

The following submission to this review has been received

1. Has the Act reduced or stopped change or suppression practices? Describe any impact you think the Act has had on the occurrence or the nature of change or suppression practices.

The Act has stopped change or suppression practices. Unfortunately the extremely broad definition in the legislation includes practices that do not cause harm. The legislation has stopped these practices as well. As a result the net effect of the legislation has not been a reduction in harm to the target community. Instead it has had the net effect of increasing harm by removing the ability for this community to speak openly with others.

For example one of the leaders in our faith community says this:

"I think it is preventing us thinking about what ministry to the LGBT(sic) could look like. It's not on our agenda, and probably won't be with these laws in place. A large demographic of our state are missing out on spiritual care because of the fear [leaders have] of praying the wrong thing."

There is a climate of fear within our faith community that prevents us from engaging in harm free, life giving pastoral conversations with people regarding gender identity and sexual orientation. The result of this is that people are denied care and are ultimately harmed by the Act.

2. To what extent do you think the community is aware of and understands: a. the Act and how it works b. what change or suppression practices are and c. the harm caused by change or suppression practices

a) Within our faith community we have engaged in extensive training on the Act and how it works. So our faith community is aware of and understands its implications. Our faith community understands that the government is inappropriately intruding into religious freedom, and inappropriately dictating to faith communities how we should act and behave. Parents in our faith community understand that they are not able to have open and honest discussions with their own children on the matters of gender identity or sexual orientation, in fear that these conversations could contravene the Act.

b) Our faith community understands how the Act defines Change or Suppression Practices. Our faith community also understands that the Act's definition is not in line with current medical thinking and represents an outdated view (refer the Cass Review and bans on puberty blockers in other jurisdictions).

Our faith community understands that the Act defines Change or Suppression Practices in a very misleading and harmful manner and does not allow people to question or change their sexuality or gender identity except in one specific direction.

c) Our faith community understands that the harm alleged in the Act is based on political ideology rather than medical fact. We understand that the legislation's overreach and overly broad definition of a Change or Suppression act is causing real harm to those it claims to protect by restricting practices that do not cause harm.

3. Could the Act's operation and effectiveness be improved? If so, how?

The Act can be improved by restricting the definition of a Change or Suppression practice to those practices that are abusive, exploitative, coercive or predatory. Doing so would enable open, harm free and life giving conversations to take place within our faith community on matters of gender orientation and sexual identity that are currently prohibited by the Act.

Removing the civil penalty scheme so that only those practices that meet thresholds determined by the courts would also improve the effectiveness of the Act.

4. How clear is the Act's definition of what is and what is not a change or suppression practice? If further clarity is needed, what forms of clarification would be most helpful?

The Act's definition of a Change or Suppression practice is overly broad and needs to be significantly narrowed in scope. A Change or Suppression practice should be defined as those practices that are abusive, exploitative, coercive or predatory only and reflect current medical evidence and legal developments.

The definition of a Change or Suppression should exclude conversations between parents and children, religious practices and clinical counselling.

5. How clear is the exclusion for health service providers? If further clarity is needed, how could this best be achieved?

This area is not within my competence to answer.

6. Is greater clarity needed about how people of faith can hold and express their beliefs to support clear understanding and compliance with the Act? What forms of clarification would be most helpful?

The very nature of the question indicates the profound violation of religious freedom that is contained within the Act. My faith community does not need further clarity, it needs our basic religious freedoms to be respected. Which this Act does not do. My faith community feels that we are being victimised for our beliefs, beliefs that do not cause harm. We regard the Act and the VEOHRC as instruments of oppression.

The question is revealing in that it implicitly, and accurately, acknowledges that there is a lack of clarity. The Act contains an overly broad and unhelpful definition of a Change and Suppression practice which has resulted in a lack of clarity generally. The most helpful clarification would be to significantly narrow the definition of a Change and Suppression practice within the Act and exclude religious practices from the Act.

7. How effective are VEOHRC's awareness and education materials on change or suppression practices? What improvements, if any, could help strengthen community understanding and compliance?

I have read the VEOHRC materials in detail and attended VEOHRC lead training seminars aimed at my faith community. I have found the VEOHRC material deeply offensive to my faith community and our beliefs. The VEOHRC have adopted the approach that they are an expert in matters of faith and seek to dictate to faith communities how they should practice their beliefs. This is offensive overreach by a government department. As a result I have not promoted VEOHRC material within our faith community as doing so would create significant hostility to the government and the VEOHRC. The VEOHRC material is not fit for purpose.

The VEOHRC material misrepresents our faith community and the pastoral care we seek to practice. Their examples of harmful practices are caricatures of what I would regard as poor pastoral care.

The VEOHRC material is currently out of date and does not reflect the evolving medical understanding and practice in this area. It advocates a single affirmation model and does not consider other alternatives thus causing harm to the community it claims to protect.

The Act is very vague and its definitions unnecessarily broad and this makes it virtually impossible for an entity like the VEOHRC to provide clear and helpful advice. Given the confusion inherent in the Act the VEOHRC have adopted an interpretation of that Act that can be charitably described as enthusiastically embracing legislative overreach.

If so, please describe what those barriers are.

I do not see any barriers to reporting. The VEOHRC has broad and excessive powers, if anything their powers should be reduced not expanded. There is a lack of transparency by the VEOHRC in

terms of their reporting of investigations and complaints. The recent VEOHRC annual reports do not report any information (including statistical) on VEOHRC compliance activity.

9. Are there changes that could help support VEOHRC to carry out its functions or improve the effectiveness of the civil response scheme? If so, please describe any changes.

No

10. Are there barriers to reporting, investigating and prosecuting criminal change or suppression offences? If so, what are they?

Given the lack of transparency by the VEOHRC on compliance activity it is difficult to answer this question.

11. Are there other aspects of the criminal offences in the Act that limit their effective operation? If so, what changes or supports could improve their operation?

No

12. Do existing avenues for redress adequately meet the needs of victim-survivors of change or suppression practices? Are there gaps, harms or barriers that require an additional or separate redress mechanism?

A redress mechanism is not appropriate. A comparison with child abuse is helpful at this point. It has always been accepted in Victoria that sexual activity with children is morally wrong. For example, carnal knowledge of a girl under 10 and sodomy were death penalty offences in Victoria up until 1949. I acknowledge that the definition of sodomy in legislation at that time included consensual acts between adults. However the legislation was primarily (but not always) used to prosecute acts by adults against children. For example the hanging of ██████████ in 1867 for committing sodomy with an 18 month old infant. Given that, it has been appropriate to implement a retrospective redress scheme to hold organisations to account for their failures to protect children from what general society has always regarded (at least in Victoria) as a significant wrongful act.

The same cannot be said for Change or Suppression practices. It is not appropriate to hold individuals or organisations accountable for actions taken in the past that were not generally regarded as wrongful at the time.

13. Should a civil cause of action be introduced under the Act? What distinct purpose would it serve compared to existing pathways?

I don't believe this is necessary as the existing pathways are sufficient.

