



W O M E N ' S A C T I O N  
A L L I A N C E V I C T O R I A

Submission to the Victorian Law Reform Commission  
Focused review of how the change or suppression practices ban  
is working  
*Change or Suppression (Conversion) Practices Prohibition Act  
2021 (Vic)*

**ABOUT WAAV**

The Women's Action Alliance Victoria (WAAV) is a member of the Affiliation of Australian Women's Advocacy Alliances (AAWAA), a peak women's rights organisation representing members and groups in all states and territories. We are secular, independent, and unaligned with any political party or religious perspective. Our members include teachers, lawyers, nurses, doctors, scientists, academics, researchers, public servants, mothers, and lesbians. We advocate for the human rights of women and girls, particularly where we are vulnerable on the basis of our sex. WAAV also has a particular interest in the welfare of children and young people, especially girls and young women, who present with gender dysphoria. We have submitted to multiple Australian government consultations and to the United Nations Office of the High Commissioner for Human Rights on matters related to the themes of this review.<sup>1</sup>

We thank the Victorian Law Reform Commission for the opportunity to make this submission.

**PRELIMINARY REMARKS**

WAAV supports the prohibition on practices that attempt to change or suppress a person's sexual orientation. The history of so-called 'gay conversion' therapy is one of documented cruelty, causing profound and lasting harm to same-sex attracted people, disproportionately to lesbians and gay men. Lesbians are a core constituent of WAAV, and we support a legislative ban on such practices, backed by appropriate civil and criminal sanctions.

Our concern is not with the Act's objectives, which we share, but with whether it is achieving them in practice, particularly in relation to its second protected characteristic: gender identity. Specifically, we submit that the Act's application to gender identity, as distinct from sexual orientation, is producing unintended consequences that undermine the very protections it was designed to provide, and that these consequences fall disproportionately on girls, same-sex attracted young people, and the clinicians who seek to care for them.

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<sup>1</sup> See WAAT, [Justice Miscellaneous \(Conversion Practices\) Bill 2024, TAS](#) (2024); NSWAA, [Submission to the NSW Mental Health and Wellbeing Strategy, 26 August 2025](#) (2025); AAWAA, [Response to the Call for Contributions OHCHR comprehensive report on mental health and human rights 3 October 2024](#) (2024).

We address the consultation questions below.

### **QUESTION 1. HAS THE ACT REDUCED OR STOPPED CHANGE OR SUPPRESSION PRACTICES?**

The Act has made an important symbolic and normative contribution to the elimination of gay conversion practices in Victoria. The Act's denunciation of practices that seek to change or suppress same-sex attraction reflects a legislative value that WAAV shares.

However, the evidence base for measuring the Act's practical impact on the occurrence of change or suppression practices is limited. The Commission notes that VEOHRC has received only 14 reports since the Act commenced in February 2022. No criminal prosecutions have been brought under the Act, or under any equivalent legislation elsewhere in Australia.

The Commission has noted that a low number of reports may reflect low awareness, reporting hesitancy, or the time required for victim-survivors to identify and seek redress for harm. These are plausible explanations; however, WAAV submits that the low prosecution rate may also reflect a further and more troubling dynamic: that the Act is functioning primarily as a deterrent: not against the harmful gay conversion practices it was designed to address, but against legitimate clinical exploration and parental engagement with children experiencing gender distress. This chilling effect is documented, as addressed under Question 3.

### **QUESTION 3. COULD THE ACT'S OPERATION AND EFFECTIVENESS BE IMPROVED?**

#### **The misapplication of the ban to gender identity**

WAAV has consistently raised concerns in submissions to Australian governments and to the United Nations that legislated bans on change or suppression practices – while well-intentioned in preventing the cruel practice of gay conversion – are misapplied in the context of gender identity. The Act's application to gender identity, as distinct from sexual orientation, is producing two serious and related unintended harms.

First, the Act as currently operating may be suppressing the sexual orientation of same-sex attracted young people rather than protecting it. Clinical evidence shows that a high proportion of young people presenting at gender clinics report same-sex or both-sex attraction.<sup>2</sup> A significant proportion of detransitioners report that their transgender identity had masked same-sex attraction<sup>3</sup> and these factors disproportionately affect girls and young women, who dominate presentations at gender clinics<sup>4</sup>. Where exploratory therapy is foreclosed by legal uncertainty about the Act's reach, these young people may be directed towards irreversible medical pathways that suppress, rather than affirm, their eventual adult sexual orientation. In this way, the Act risks facilitating a contemporary form of the very

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<sup>2</sup> See [60% of males and 70% of females attending the world's largest gender clinic \(GIDS\) are same-sex attracted](#). See also the [2015 GIDS statistics](#). [Singh et al's. \(2021\) follow-up study](#) in *Frontiers in Psychiatry* found that of 139 boys clinic-referred for gender dysphoria, 87.8% desisted and of those, 63.6% had same-sex or bisexual attraction in fantasy.

<sup>3</sup> See [Detransition-related needs and support: A cross-sectional online survey](#), *J. Homosex.* (2022) and [Individuals treated for gender dysphoria with medical and/or surgical transition who subsequently detransitioned: A survey of 100 detransitioners](#), *Arch Sexual Behaviour* (2021).

<sup>4</sup> See [Cass Review, Final report](#) (2024) and [Gender dysphoria in young people is rising—and so is professional disagreement](#), *BMJ* (2023).

suppression of sexual orientation it was enacted to prevent. The Commission should examine this risk directly.

Second, the Act is producing a chilling effect on clinical practice. The Clinical Advisory Network on Sex and Gender (CAN-SG), a UK clinical body, has reported that the Victorian Act has had “a chilling effect on therapists there, many of whom have stopped treating people with gender dysphoria for fear of being accused of conversion therapy”.<sup>5</sup> The BMJ (2023) reported growing professional disagreement about affirmative approaches to gender dysphoria in young people, noting the Cass Review finding that clinicians felt “under pressure to adopt an unquestioning affirmative approach” at odds with standard clinical assessment.<sup>6</sup> This is corroborated judicially by *Re Devin* FedCFamC1F 211,<sup>7</sup> cited in the Commission’s own paper, where Justice Strum noted the Act’s chilling effect on clinicians<sup>8</sup> – evidenced by the father having contacted “hundreds”<sup>9</sup> of therapists in Victoria unwilling to treat a gender-distressed child, and by a paediatrician’s evidence that she was unaware of any Victorian practitioners willing to offer non-affirming or exploratory approaches<sup>10</sup>.

Meanwhile, health authorities in Finland, Sweden, Norway, Denmark, and the United Kingdom, each following independent systematic evidence reviews, have moved away from blanket affirmation as the first-line clinical response to gender dysphoria in young people, towards exploratory psychological care<sup>11</sup>. This is not a theoretical concern: it is a documented harm to children’s access to clinical care occurring now, in Victoria.

Significantly, the UN Special Rapporteur on violence against women and girls, Reem Alsalem, in welcoming the Cass Review in April 2024, specifically cautioned that conversion therapy legislation must “not prevent these young women being supported holistically” and “should ensure transition does not become the only option that is acceptable to discuss with them”.<sup>12</sup> She also noted the Cass Review’s criticism of “the tendency to equate inquiries into any underlying psychological or mental health issues with conversion therapy, preventing children from getting the comprehensive support they deserve”.<sup>13</sup> This is precisely WAAV’s concern about the Victorian Act.

*Recommendation:* The Commission should recommend that the Act be amended to explicitly clarify that professional exploratory psychological care – care that explores, rather than

<sup>5</sup> [Why legislation to ban so-called Conversion Therapy could harm people with gender-related distress](#), Clinical Advisory Network on Sex and Gender (2023).

<sup>6</sup> See [Cass Review, Final report](#) (2024) and [Gender dysphoria in young people is rising—and so is professional disagreement](#), *BMJ* (2023).

<sup>7</sup> [Re: Devin \[2025\] FedCFamC1F 211](#) (3 April 2025).

<sup>8</sup> See [All options open](#), Gender Clinic News (2025) and [Good news from Down Under re medical transition of children](#), Child Protection Resource (2025).

<sup>9</sup> See [Re: Devin \[2025\] FedCFamC1F 211](#) (3 April 2025) and [Urgent review of Victoria’s transgender laws now overdue](#), HRLA (2026).

<sup>10</sup> [Re: Devin \[2025\] FedCFamC1F 211](#) (3 April 2025).

<sup>11</sup> See [Denmark joins the list of countries that have sharply restricted youth gender transitions](#), SEGM (2023), [Medical treatment methods for dysphoria associated with variations in gender identity in minors – recommendation](#) (2020); [Pasientsikkerhet for barn og unge med kjønnsinkongruens](#) (2023); [NHS commissioning, Implementing advice from the Cass Review](#).

<sup>12</sup> United Nations Special Rapporteur on Violence against women and girls, its causes and consequences, Reem Alsalem, [Official visit to the United Kingdom of Great Britain and Northern Ireland 12 - 21 February 2024](#).

<sup>13</sup> [UK: Implementation of ‘Cass report’ key to protecting girls from serious harm, says UN expert](#), OHCHR (2024).

directs, a young person's understanding of their gender identity or sexual orientation – does not constitute a change or suppression practice. The objective of such an amendment would be to ensure that the Act targets the coercive, directive practices it was designed to prohibit, while preserving access to the full range of evidence-based therapeutic options for young people.

### **The absence of a parental discussion carve-out**

The Commission's consultation paper notes that the *NSW Conversion Practices Ban Act 2024* s.3(4)(d) includes an explicit provision that parents discussing matters relating to sexual orientation, gender identity, sexual activity or religion with their children does not constitute a conversion practice. No equivalent provision exists in the Victorian Act. In the context of an Act where the definition of a prohibited practice is consent-irrelevant, this is a significant omission.<sup>14</sup> Parents of children presenting with gender distress – many of whom are acting on the same evidence base that has led major health authorities overseas to revise their clinical guidelines – should not face legal uncertainty about whether a candid conversation with their child constitutes a criminal act.

*Recommendation:* The Commission should recommend the inclusion of an explicit parental and family discussion carve-out, consistent with the NSW model.

## **QUESTION 4. HOW CLEAR IS THE ACT'S DEFINITION OF WHAT IS AND IS NOT A CHANGE OR SUPPRESSION PRACTICE?**

### **The definition of 'gender identity' is self-referential and unanchored**

The Act defines 'gender identity' by cross-reference to the *Equal Opportunity Act 2010* (Vic) s.4, which in turn defines it as "a person's gender-related identity, which may or may not correspond with the person's assigned sex at birth". This definition is subjective and self-referential: it provides no objective criterion by which a person's gender identity can be established, confirmed, or distinguished from other psychological presentations. It follows that the prohibited conduct – conduct "on the basis of" a person's gender identity "for the purpose of" changing or suppressing it – is correspondingly undefined at its foundation.

This creates a profound problem of legal certainty. A clinician who forms the professional view that a young person's gender distress may be better understood as, for example, an expression of internalised homophobia, a trauma response, or an autism-related presentation – all of which are well-documented co-occurring conditions in young people presenting at gender clinics – and who explores those possibilities with the young person, cannot know with confidence whether their clinical conduct is caught by the prohibition. This cohort also commonly presents with co-occurring conditions (including autism, depression, anxiety, and trauma<sup>15</sup>) that warrant careful clinical assessment before any pathway is

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<sup>14</sup> This is particularly significant for adults who may actively seek exploratory or non-affirming therapeutic support, as the Act overrides their autonomy to choose their own care: a clinician may face criminal liability regardless of whether the client has given informed consent to the approach.

<sup>15</sup> [Gender dysphoria and psychiatric comorbidities in childhood: a systematic review](#), *Aus J Psych*, (2021); [The prevalence of coexisting mental health conditions in gender diverse autistic people: A systematic review](#), *Res in Autism Spectrum Disorders* (2024); [Mental health correlates of autism spectrum disorder in gender diverse young people: Evidence from a specialised child and adolescent gender clinic in Australia](#), *J Clin Med*. (2019); [Case report: Adolescent with autism and gender dysphoria](#), *Front. Psychiatry* (2021); [Gender dysphoria and related symptoms in autism spectrum disorder: A bilingual review of the literature](#), *Brain Sci*. (2024). Also, a 2024 PMC study found that over

pursued, and the definition of gender identity in the Act provides no guidance as to how a clinician working with this complex cohort is to proceed.

### **The s.5(1) definition is consent-irrelevant**

The definition of a change or suppression practice under s.5(1) explicitly applies “whether with or without the person’s consent.” While this framing is appropriate in the context of gay conversion practices, where consent obtained under religious or social coercion should not be a defence, its application to exploratory psychological care for gender dysphoria produces a perverse result. A young person who actively seeks exploratory therapy to understand their own experience cannot consent to receiving it, because the Act renders the provider’s conduct potentially unlawful regardless of the young person’s wishes. This removes therapeutic autonomy from the very vulnerable young people the Act is designed to protect.

### **The s.5(2)(a) exclusion is structurally one-sided**

As the Cass Review final report noted,<sup>16</sup> the intent of psychological intervention “is not to change the person’s perception of who they are but to work with them to explore their concerns and experiences and help alleviate their distress”. Section 5(2)(a) of the Victorian Act provides that a practice is not a change or suppression practice if it “is supportive of or affirms a person’s gender identity or sexual orientation”. However, the five specific examples listed under that provision all relate to gender transition or gender identity – none addresses sexual orientation specifically. The Act contains no equivalent explicit exclusion for exploratory, questioning, or watchful-waiting approaches. The structural asymmetry sends a clear legislative signal that affirmation is protected but exploration is not: a signal that clinicians, parents, and others are rationally responding to by avoiding non-affirming engagement entirely, regardless of their clinical or parental judgement (as documented above).

### **The consultation paper acknowledges the clarity problem**

The Commission’s own consultation paper cites the Collis report (commissioned by VEOHRC) finding that the term “change or suppression practice” is not well understood, and that there is a need to establish clearly, with practical examples, the distinction between supportive care and harmful interventions. WAAV submits that this lack of clarity is not merely a communication problem to be resolved by better fact-sheets; rather, it reflects a genuine structural ambiguity in the Act’s definition, particularly as it applies to the gender identity limb. No amount of guidance material or public education can resolve an ambiguity that is embedded in the legislation itself: only amendment can do that.

*Recommendation:* The Commission should recommend legislative amendment to:  
(a) include an explicit exclusion for exploratory therapeutic engagement and parental discussion from the definition of “change or suppression practice,” consistent with the approach taken in the NSW Conversion Practices Ban Act 2024.

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40% of gender-diverse youth in a large cohort had diagnoses of mood disorders, with approximately 20% having generalised anxiety disorder; see [Characteristics of children and adolescents referred to specialist gender services: a systematic review](#), *Archives of Disease in Childhood* (2024).

<sup>16</sup> [Cass Review. Final report](#) (2024).

(b) add to s.5(2) an explicit exclusion for exploratory psychological care, that is, care provided by a health professional that is open as to outcome and directed at understanding, rather than changing or suppressing, a person's experience of their gender identity or sexual orientation.

### **CONCLUDING REMARKS**

WAAV thanks the Commission for the opportunity to make this submission. The amendments we recommend are modest and targeted: they do not disturb the Act's core purpose or weaken the prohibition on coercive change or suppression practices. They simply ensure that the space for careful, open, evidence-based clinical and parental engagement is explicitly preserved, as comparable legislation in NSW has already recognised. The harms we have identified are not hypothetical: they are documented, judicially noted, and reported by clinicians in Victoria.

We commend this submission to the Commission.