



Submission to the Department of Justice and Community Safety:

Legislative options to prohibit conversion practices in Victoria

22 November 2019

Thorne Harbour Health

Thorne Harbour Health is one of Australia's largest community-controlled health service providers for people living with HIV, and the lesbian, gay, bisexual, trans and gender diverse, and intersex (LGBTI) communities. Thorne Harbour Health primarily services Victoria and South Australia, but also leads national projects. Thorne Harbour Health works to protect and promote the health and human rights of LGBTI people and all people living with HIV.

Acknowledgement

Thorne Harbour Health recognises: the nebulous, transient nature of the conversion practices movement; that many LGBTQA+ people are religious; that people who facilitate conversion practices are often themselves victims of those practices; and that it is difficult to define the conversion movement without the input and advice of survivors who have lived experience. We are fortunate in Victoria that we have some of the world's most organised conversion practice survivor groups, including the Brave Network, which have through the National Taskforce on the LGBTQA+ Conversion Movement produced *Actions for change: a policy guide*. This submission has drawn on the recommendations in this guide as well as the knowledge and wisdom of survivor groups, and is mindful of the connections those groups and people have to legislative changes that have occurred overseas, and the relative success or otherwise of those changes. We thank the Brave Network for providing feedback on this submission.

This submission has been endorsed by

Brave Network Melbourne
SOGICE Survivors
Equal Voices Melbourne

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1. Introduction

Thorne Harbour Health welcomes the opportunity to provide feedback on legislative options to prohibit conversion practices in Victoria.

Based upon an understanding of the enduring psychosocial impact of conversion practices experienced by survivors, Thorne Harbour Health supports a comprehensive response to conversion practices and calls for the establishment of a Conversion Practices Redress Commission (hereafter the Commission). The Commission would provide community education, make referrals to adequately trained support services and provide financial reimbursement for survivors' out-of-pocket support expenses, issue cease and desist orders and fines related to conversion practices, and determine the amount of financial compensation for survivors. Commission decisions would be subject to review by a tribunal such as the Victorian Civil and Administrative Tribunal.

The approach outlined in this submission was guided by the following principles:

1. **Difference is not a defect:** LGBTI people are not broken and do not need to be fixed. Pathologising people on the basis of their sexual orientation, gender identity or expression, or sex characteristics is wrong and has negative health impacts.
2. **Human rights are non-negotiable:** The human rights of LGBTI people must be protected and promoted, including the right of trans and gender diverse, and intersex people to bodily integrity and autonomy.
3. **Safe and equitable health care and education for all:** All LGBTI people deserve to live happy and healthy lives, and to enjoy the benefits of health and education systems that are safe, affirming, and supportive.

The definition of prohibited conversion practices should be comprehensive, unambiguous and careful to avoid unintended consequences.

The law should be retrospective to ensure it captures historical cases of conversion practices.

The legislative and regulatory response should protect everyone subjected to conversion practices, including children and young people, adults and people who are vulnerable; It should be layered and include both civil and criminal law, as well as cease and desist orders to encourage behaviour change. This will ensure the widest appropriate justice for survivors.

Conversion practices should not in and of themselves constitute a criminal offence. The scope of criminality should include existing criminal family violence, child abuse, injury offences etc., with conversion practices considered an aggravating factor, similar to, or clarifying that they are a form of, prejudice-motivated crime when performed in conjunction with existing criminal acts.

Civil and criminal penalties should also apply to anyone who takes a person out of the State with the intention of having conversion practices performed, with appropriate nuance to the particular circumstances in which this represents a breach of civil law or a criminal offence.

Civil penalties should apply to any professional or organisation that performs, advertises, counsels, provides referrals, or encourages others to engage in prohibited conversion practices. The Commission would issue cease and desist orders to any natural person (including professionals) or organisation to cease engaging in prohibited conversion practices. Civil penalties should only apply to non-professional natural persons when they breach cease and desist orders. Additional and higher civil penalties should apply to professionals or organisations who breach cease and desist orders. Fines should be redirected to fund the work of the Commission.

Professional Regulatory Bodies (PRBs) should engage in investigative/disciplinary procedures against professionals who are the subject of a complaint. Relevant PRBs should be the first port of call for all civil conversion practice complaints that involve professionals.

A community education and awareness campaign, funded and developed by the Commission with appropriate community involvement, would direct survivors of conversion practices to the Commission. As already mentioned, the Commission would also: make referrals to adequately trained support services; oversee mediation between complainants and subjects of a complaint if both voluntarily agree to participate; and issue cease and desist orders and fines and determine financial compensation, with decisions reviewed by a tribunal such as VCAT. Tribunal decisions could be appealed and go through the court system.

Relevant staff at the Commission and wraparound support services should receive training on conversion practices so they can sensitively and appropriately provide services to survivors and handle conversion practice complaints.

Data collection and de-identified reporting, additional research, and an evaluation of the implemented legislative and regulatory framework will be required. The Commission should fund this, and any research or evaluation should be conducted in partnership with an appropriate tertiary institution.

2. Summary of recommendations

Terminology

1. Adopt the following definition:

Conversion practices are any practice, service, tactic, sustained effort, purported treatment, or ideology acted upon that changes, suppresses or eliminates, or seeks to change, suppress or eliminate a person's sexual attraction **or** identity, or affirmation or expression of a gender identity different to the one assumed at birth.

Where:

Sexual attraction is a person's sexual attraction towards persons of the same gender or more than one gender.

Sexual identity is a sexual identity that is not heterosexual.

Gender identity is a person's self-recognised gender, which may or may not correspond with their sex assigned at birth.

Protected groups

2. Protect everyone, including children, adults and vulnerable people from conversion practices.
3. Provide an intermediary service similar to the Intermediary Pilot Program launched by the Victorian Government in July 2018 when a survivor of conversion practices is a 'vulnerable person'.
4. Commit to implementing a separate civil regulatory framework for regulating medical interventions on the grounds of intersex status.

Proposed regulatory framework

5. Adopt a principle-based approach to regulating conversion practices.
6. Regulate conversion practices wherever they occur, not just in professional settings, and ensure this regulation is appropriately nuanced and understanding of the situational context.
7. Enact civil penalties for any professional or organisation that performs, advertises, counsels, provides referrals, or encourages others to engage in a prohibited conversion practice.

8. Enact civil penalties for any person (i.e. natural person or organisation) that breaches cease and desist orders.
9. Enact higher civil penalties for professionals or organisations that breach cease and desist orders than for non-professional natural persons.
10. Treat conversion practices as an aggravating feature when performed in the context of acts which are already criminal such as assault, either by clarifying that they constitute a form of prejudice-motivated crime, or by creating additional penalties for 'conversion practice-related' crime.
11. Amend s 7 of the *Family Violence Protection Act 2008* (Vic) to clarify that conversion practices performed by a family member constitute family violence.
12. Explicitly identify conversion practices as unlawful and falling within the definition of reportable conduct under Victorian Child Protection legislation.
13. Make it unlawful to take a person from the State with the intention of having prohibited conversion practices performed, with appropriate nuance to the particular circumstances in which this represents a breach of civil law or a criminal offence.

Regulatory and support mechanisms

14. In instances where the subjects a complaints of conversion practices are professionals for which there is a relevant Professional Regulatory Body, that the Professional Regulatory Body be the first port of call for civil complaints.
15. Professional Regulatory Bodies must be obligated to report to the Conversion Practices Redress Commission on the outcome of disciplinary proceedings relating to conversion practice complaints.
16. Professional Regulatory Bodies must be obligated to refer complainants to the Conversion Practices Redress Commission so they can obtain support.
17. Establish a Department of Justice and Community Safety administered Conversion Practices Redress Commission.

18. The Conversion Practices Redress Commission should administer:
 - a. community education about the harms of conversion practices, obligations under the new legislation and regulatory scheme, and the right of survivors of such practices to seek redress;
 - b. referrals to adequately trained support services;
 - c. financial reimbursements for survivors out-of-pocket support expenses;
 - d. mediation when both the complainant and subject of the complaint agree to voluntarily engage in mediation;
 - e. cease and desist orders and fines, and determine the amount of financial compensation (reviewed by a tribunal such as VCAT); and
 - f. financial compensation to survivors of conversion practices.

19. That the Victorian Government work with the Federal Government to provide up to 40 Medicare-funded Mental Health Care Plan treatment sessions per annum for survivors of conversion practices.

Training, data sharing, research and evaluation

20. Train relevant Professional Regulatory Bodies and staff working for the Conversion Practices Redress Commission, so that they sensitively and appropriately handle conversion practice complaints.

21. Train support services that survivors of conversion practices will be referred to by Conversion Practices Redress Commission.

22. Train school teachers and chaplains about conversion practices and their harms.

23. Train youth and mental health services about conversion practices and their harms.

24. Make de-identified data collected in relation to conversion practice complaints publicly available.

25. Fund appropriate research and evaluation to inform future developments in Victorian conversion survivor support.

3. Background

3.1. Conversion practices are harmful

We support the Brave Network and other survivor groups' viewpoint that conversion practices (a.k.a. ex-gay and ex-trans practices) are always driven by conversion ideology, which is the view that people of diverse sexual orientations, gender identities or gender expressions are disordered or broken.

The harmful nature of conversion practices, including long-term psychological harm and increased risk of suicide, are outlined in the *Preventing Harm, Promoting Justice* report produced by the Human Rights Law Centre and La Trobe University and released in October 2018,¹ and the Health Complaints Commissioner's November 2018 report from their inquiry into conversion therapy.² Conversion practices are unethical, ineffective, irreconcilable with Victorian values, and have a clear negative health impact.

3.2. Conversion practices breach human rights

As noted in the *Preventing Harm, Promoting Justice* report, "Conversion practices harm the health and wellbeing of LGBT people and represent a violation of the right to health... The right to health is the right to the enjoyment of the highest attainable standard of physical and mental health. It includes the right to control one's health and body, including sexual and reproductive freedom and the right to be free from interference including torture, non-consensual medical treatment and experimentation... In addition, conversion activities can constitute torture or cruel, inhuman and degrading treatment, particularly when they are administered through force or to children."³

¹ Jones, T, et al. '*Preventing Harm, Promoting Justice: Responding to LGBT Conversion Therapy in Australia. Melbourne*' (2018) GLHV at ARC SHS and the Human Rights Law Centre
<<https://www.hrlc.org.au/reports/preventing-harm>>

² Health Complaints Commissioner, '*Report on inquiry into conversion therapy Executive Summary*' (November 2018)
<<https://www2.health.vic.gov.au/about/publications/researchandreports/report-on-inquiry-into-conversion-therapy-executive-summary>>

³ Jones, T op cit 44-45.

4. Terminology

4.1. ‘Conversion therapy’ versus ‘conversion practices’

Except where necessary, this submission does not refer to ‘conversion therapy’, and we do not believe legislation or messaging by government should do so either, because conversion practices were rejected by medical bodies decades ago (following which they shifted to the broader community), and because the term implies that there are therapeutic benefits to such practices when there are none.

‘Conversion practices’ is a more appropriate term to refer to practices that seek to change, suppress, or eliminate an individual’s sexual orientation, gender identity, or gender expression, including informal practices that would not be readily labelled as ‘therapy’. This is consistent with the approach outlined in the *Legislative options to implement a ban of conversion practices* discussion paper issued by the Victorian Department of Justice and Community Safety.⁴

4.2. Defining conversion practices

We believe a broad statutory definition of ‘conversion practices’ is necessary to ensure that all such harmful practices are adequately captured. Accordingly, we recommend the adoption of the following definition:

Conversion practices are any practice, service, tactic, sustained effort, purported treatment, or ideology acted upon that changes, suppresses or eliminates, or seeks to change, suppress or eliminate a person’s sexual attraction or identity, or affirmation or expression of a gender identity different to the one assumed at birth.

Where:

Sexual attraction is a person’s sexual attraction towards persons of the same gender or more than one gender

Sexual identity is a sexual identity that is not heterosexual

Gender identity is a person’s self-recognised gender, which may or may not correspond with their sex assigned at birth.

Practices do not have to be effective in changing, suppressing or eliminating sexual attraction, sexual identity, gender affirmation or expression, or gender identity.

⁴ Department of Justice and Community Safety Victoria, ‘*Legislative options to implement a ban of conversion practices*’ (2019) <<https://engage.vic.gov.au/conversion-practices-ban>>

Examples of a practice, tactic, sustained effort, purported treatment, or ideology acted upon, include but are not limited to pastoral care, behaviour modification techniques, or formal or informal programs. More specifically, these practices are rooted in the following false and misleading assertions:

- that a person's sexual attraction or identity, or gender identity or expression, is a form, consequence or symptom of psychological trauma or developmental issues;
- that it is possible to change a person's sexual attractions towards persons of the same gender or more than one gender; or
- that a person's sense of their gender identity as being different to the one assumed at birth.

Recommendation 1

Adopt the following definition:

Conversion practices are any practice, service, tactic, sustained effort, purported treatment, or ideology acted upon that changes, suppresses or eliminates, or seeks to change, suppress or eliminate a person's sexual attraction **or** identity, or affirmation or expression of a gender identity different to the one assumed at birth.

Where:

Sexual attraction is a person's sexual attraction towards persons of the same gender or more than one gender.

Sexual identity is a sexual identity that is not heterosexual.

Gender identity is a person's self-recognised gender, which may or may not correspond with their sex assigned at birth.

5. Protected groups

5.1. Children, adults, and vulnerable groups

While most international jurisdictions have only prohibited conversion practices against children, we believe the prohibition on conversion practices should protect everyone: children, adults, and vulnerable people such as those with a cognitive impairment, an intellectual disability, or a mental health condition.

In the case of adults, we do not believe that the prohibition should be limited to adults who are coerced or subjected to undue influence, such as economic or emotional dependence. We take this view because conversion practices are harmful even when consenting adults seek them. Conversion practices have no potential benefits and are always harmful. Therefore, consent is irrelevant in the context of conversion practices.

Victoria has the opportunity to enact 'best practice' legislation to protect all of its citizens from harmful conversion practices.

Recommendation 2

Protect everyone, including children, adults and vulnerable people from conversion practices.

Vulnerable people may suffer from a range of communication challenges due to cognitive impairments and/or other mental health conditions, including some that may have developed because of conversion practices. Therefore, the support of a social worker, speech pathologist, or psychologist may be required to facilitate communication by the vulnerable person.

In the context of vulnerable survivors of conversion practices, a scheme that provides skilled communication specialists who assist vulnerable witnesses to give their best evidence should be made available.

Recommendation 3

Provide an intermediary service similar to the Intermediary Pilot Program launched by the Victorian Government in July 2018 when a survivor of conversion practices is a vulnerable person.

5.2. Intersex minors

While some have argued elsewhere that non-consensual, medically unnecessary interventions to change the sex characteristics of intersex children represent a form of ‘conversion practice’, in practice a separate legislative and regulatory approach is needed to protect intersex minors from such medically unnecessary interventions. The reason for this is that, in some circumstances, interventions on intersex minors may be medically necessary. On the other hand, conversion practices that seek change, suppress or eliminate a person’s sexual orientation, gender identity or gender expression are never medically necessary, nor even therapeutic.

In our submission to the Australian Human Rights Commission’s 2018 inquiry into protecting and promoting the human rights of people born with variations in sex characteristics in the context of medical interventions,⁵ Thorne Harbour Health outlined our recommended approach to protecting intersex minors from medically unnecessary interventions.

Recommendation 4

Commit to implementing a separate civil regulatory framework for regulating medical interventions on the grounds of intersex status.

⁵ Thorne Harbour Health ‘*Submission to the Australian Human Rights Commission: Protecting and Promoting the human rights of people born with variations in sex characteristics in the context of medical interventions*’ (2018).

6. Proposed regulatory framework

6.1. Principle-based regulation approach

Principle-based regulation is responsive and places ‘emphasis on flexibility and the complementarity of regulatory instruments, rather than following a preset sequence of responses.’⁶ It enables, where relevant, the regulatory body of the professional practice in question to participate in the response to the prohibited practice, and undertake disciplinary action, based on the professional body rules of ethics, codes, protocols and other related instruments.

A principle-based regulatory approach to conversion practices is the preferred approach to operationalise the new law, as it can achieve restorative justice outcomes for the survivor. Restorative justice enables survivors to experience a sense of redress for the harm and suffering endured when they see institutions and professional regulatory bodies take affirmative steps and action in dealing with members who advocate and/or conduct conversion practices.

Recommendation 5

Adopt a principle-based approach to regulating conversion practices.

6.2. Nature of laws

Criminalisation would send a clear message that conversion practices are unacceptable and will not be tolerated. However, criminal penalties require that the offence be defined specifically and proven beyond a reasonable doubt; a high burden of proof that will be difficult to prove, particularly in the many cases where the alleged prohibited conversion practice was only witnessed by the complainant and the subject of the complaint. For this reason, criminal penalties are unlikely to result in many successful convictions, and are therefore unlikely to have the intended effect of changing behaviour and eliminating conversion practices. That said, we believe there are some criminal penalties, that when combined with civil penalties under a civil regulatory scheme, will remain desirable.

6.2.1. New civil law for conversion practices

The majority of instances of conversion practices occur outside professional settings. Therefore, in order to be effective, regulation of conversion practices must apply wherever they occur.

⁶ Peter Drahos (ed), *Regulatory Theory: Foundations and Applications* (Australian National University Press, 2017) 117, xxviii.

As professionals and organisations have a duty of care and should know better than to harm those under their care through conversion practices, civil penalties should apply to professionals and organisations that do so. Professionals and organisations should also be subject to higher maximum penalties than non-professional natural persons if they breach cease and desist orders.

Recommendation 6

Regulate conversion practices wherever they occur, not just in professional settings, and ensure this regulation is appropriately nuanced and understanding of the situational context.

Recommendation 7

Enact civil penalties for any professional or organisation that performs, advertises, counsels, provides referrals, or encourages others to engage in a prohibited conversion practice.

Recommendation 8

Enact civil penalties for any person (i.e. natural person or organisation) that breaches cease and desist orders.

Recommendation 9

Enact higher civil penalties for professionals or organisations that breach cease and desist orders than for non-professional natural persons.

6.2.2. Clarifying when conversion practices are criminal offences

It might be that conversion practices, of the type envisaged as reaching the criminal threshold, are already covered under provisions relating to offences against the person (e.g., causing serious injury, assault, etc.). If this is the case, then the 'conversion practice' component might be an aggravating feature of some sort, like prejudice-motivated crimes.

Recommendation 10

Treat conversion practices as an aggravating feature when performed in the context of acts which are already criminal such as assault, either by clarifying that they constitute a form of prejudice-motivated crime, or by creating additional penalties for 'conversion practice-related' crime.

6.2.2.1. Conversion practices as family violence

Some conversion practices may already be considered family violence under the *Family Violence Protection Act 2008* (Vic). If there is any doubt on this point, then an amendment to s 7 might be necessary.

Recommendation 11

Amend s 7 of the *Family Violence Protection Act 2008* to clarify that conversion practices performed by a family member constitute family violence.

6.2.2.2. Reportable conduct scheme

The *Preventing Harm, Promoting Justice* report recommended that: 'State Government agencies explicitly identify conversion practices as unlawful and falling within the definition of reportable conduct (including the removal of children to overseas countries to undergo conversion practices which are illegal in Australia) to inform responses by child protection services, justice agencies and family violence support services.'⁷ We support this recommendation.

Recommendation 12

Explicitly identify conversion practices as unlawful and falling within the definition of reportable conduct under Victorian Child Protection legislation.

⁷ Jones, T, et al. op cit 69.

6.2.3. Taking a person out of the State for conversion practices

The *Preventing Harm, Promoting Justice* report recommended a criminal offence for taking anyone out of Australia for the purposes of conversion practices, and that this offence be “confined to forced or coerced” conversion practices “where there is a risk of physical harm”.⁸ As Victoria is set to be the first State in Australia to make conversion practices unlawful acts in and of themselves, we believe the law should prohibit taking a person from the State, rather than the country, with the intention of having conversion practices performed. We also agree that given the proposed broad definition of conversion practices, that there should be appropriate nuance to the particular circumstances in which taking a person out of the State with the intention of having conversion practices performed represents a breach of civil law or a criminal offence.

Recommendation 13

Make it unlawful to take a person from the State with the intention of having prohibited conversion practices performed, with appropriate nuance to the particular circumstances in which this represents a breach of civil law or a criminal offence.

⁸ Jones, T, et al. op cit 67.

7. Regulatory and support mechanisms

7.1. Professional regulatory bodies

A person from a professional body who engages in a conversion practice in breach of civil law must first be subject to disciplinary proceedings by the regulatory body of that profession, based on the rules, regulations, ethical codes of practice, protocols or practice guidelines of that professional body, which already exist to address harmful practices. This is important because it acts as a behaviour change and change management tool for both the profession in question, and the person within the profession who conducted the conversion practice.

Recommendation 14

In instances where the subjects of complaints of conversion practices are professionals for which there is a relevant Professional Regulatory Body, that the Professional Regulatory Body be the first port of call for civil complaints.

Recommendation 15

Professional Regulatory Bodies must be obligated to report to the Conversion Practices Redress Commission on the outcome of disciplinary proceedings relating to conversion practice complaints.

Recommendation 16

Professional Regulatory Bodies must be obligated to refer complainants to the Conversion Practice Redress Commission so they can obtain support.

7.2. Conversion Practices Redress Commission

The Victorian Government should establish a Conversion Practices Redress Commission in the Department of Justice and Community Safety to administer a number of regulatory and support functions required for the justice and health of survivors. The components of the proposed Commission are as follows.

7.2.1. Community education

A community education campaign to inform Victorians about conversion practices, their harms, and the options survivors of conversion practices have to seek redress and support will be required to support the implementation of the new regulatory framework. The campaign should include people with lived experience of conversion practices and direct survivors to the Commission. A separate, targeted education campaign that informs religious bodies of the new legislation and regulatory framework, and their obligations under it, will be required.

7.2.2. Resourcing access to trained support services for survivors

While addressing past harms is the desired outcome, some aspects of a redress scheme may not work for survivors who are understandably not interested in participating in the process, or of having any further contact with the individuals or institutions that perpetuated their abuse. Counsellors trained to recognise the risk of such trauma being exacerbated should therefore be central to the redress process.⁹

It is essential that survivors of conversion practices are able to access financial reimbursement for psychological support, and are able to be referred to trained support services, both before and even without having to go through a formal legal process.

7.2.2.1. Intake and referral to trained support services

An intake worker based at the Commission should provide a central access point that survivors are directed to by a community awareness campaign, and through which survivors can be referred to relevant, adequately trained support services. Referrals should prioritise LGBTI community-controlled services over mainstream services. The Commission should create a central database of people accessing support that logs information at all points, from intake, referral to support services and financial reimbursement for out-of-pocket expenses, to mediation and financial compensation.

7.2.2.2. Financial reimbursement

Financial reimbursement for psychological support should not have to wait until the outcome of mediation or a tribunal or court decision. Adequate funding of psychological support should be accompanied by Victorian Government advocacy to the Commonwealth to extend Medicare-funded counselling for conversion practice survivors (see 7.3. below).

⁹ Theo Gavrielides, 'Clergy Child Sexual Abuse and the Restorative Justice Dialogue' (2013) 55(4) *Journal of Church and State* 617.

7.2.3. Mediation

The subjects of a complaint may engage in mediation with complainants through the Commission; importantly, however, both the complainant and the subject of a complaint must voluntarily enter into mediation.

7.2.4. Commission decisions

The Commission would issue cease and desist orders and fines, and determine financial compensation for survivors of conversion practices, with decisions reviewed by a tribunal such as VCAT. Tribunal decisions could be appealed and go through the court system.

Breaking a cease and desist order would result in financial penalties in the form of fines, with higher penalties for professionals and organisations than for natural persons who are not professionals. Income from fines should be redirected to fund the Commission.

Recommendation 17

Establish a Department of Justice and Community Safety administered Conversion Practices Redress Commission.

Recommendation 18

The Conversion Practices Redress Commission should administer:

- a. community education about the harms of conversion practices, obligations under the new legislation and regulatory scheme, and the right of survivors of such practices to seek redress;
- b. referrals to adequately trained support services;
- c. financial reimbursements for support services;
- d. mediation when both the complainant and the subject of the complaint agree to voluntarily engage in mediation;
- e. cease and desist orders and fines, and determine the amount of financial compensation (reviewed by a tribunal such as VCAT); and
- f. financial compensation to survivors of conversion practices.

7.3. Medicare-funded Mental Health Care Plans

At any point in time, survivors of conversion practices should be able to see a GP and access psychological support through a Mental Health Care Plan. Currently, such plans have a limit of 10 Medicare-funded counselling sessions, although recently changes were made that will enable people with eating disorders to access up to 60 Medicare-funded treatment sessions.

Recommendation 19

That the Victorian Government work with the Federal Government to provide up to 40 Medicare-funded Mental Health Care Plan treatment sessions per annum for survivors of conversion practices.

- If the subject of a complaint and complainant both agree to it, the Commission will oversee mediation.
- The Commission will issue cease and desist orders and fines, and determine financial compensation for survivors of conversion practices.
- Commission decisions would be reviewed by a tribunal such as VCAT.
- Tribunal decisions could be appealed and go through the court system.

If a complainant initially contacts Victoria Police:

- Victoria Police will refer the complainant to the Commission and to the relevant PRB if the subject of a complaint is a professional.
- If the subject of a complaint appears to have committed a criminal offence, then the police will conduct an investigation and progress the matter through the court system.

If a complainant initially lodges a complaint with a Professional Regulatory Body or the Health Complaints Commission:

- If the subject of a complaint appears to have committed a criminal offence, they will immediately refer the matter to Victoria Police.
- They will undertake disciplinary proceedings/investigations, refer the complainant to the Commission, and report to the Commission on the outcome of the disciplinary proceedings or investigation, when finalised.
- PRBs should be required to complete disciplinary proceedings and refer and report to the Commission in a timely fashion.

9. Training, data sharing and evaluation

9.1. Training

All components of the response – relevant professional bodies, the Commission and support services – should receive training to ensure they make appropriate referrals and handle conversion practice survivors and complaints in a way that is sensitive to the uniqueness of different LGBTI communities, of the harms of conversion practices, and of the needs of survivors. Appropriately supported conversion practice survivor groups should lead the training.

Recommendation 20

Train relevant Professional Regulatory Bodies and staff working for the Conversion Practices Redress Commission, so that they sensitively and appropriately handle conversion practice complaints

Recommendation 21

Train support services that survivors of conversion practices will be referred to by Conversion Practices Redress Commission.

In addition to a general community education campaign and training for key components of the redress and support response, there is an argument for training key professionals in the wider community who may be likely to encounter people who have been or may be currently subject to conversion practice efforts.

Recommendation 22

Train school teachers and chaplains about conversion practices and their harms.

Recommendation 23

Train youth and mental health services about conversion practices and their harms.

9.2. Data sharing, research and evaluation

Open access to de-identified conversion practice data collected by the Commission is important both in the interests of transparency as well as advancing social research into these practices.

Recommendation 24

Make de-identified data collected in relation to conversion practice complaints publicly available.

LGBTI populations have been, and often continue to be, omitted from government policies, strategies, data collection, research, and service evaluation. The Commission should be adequately resourced to fund appropriate research and evaluation to inform future developments in Victorian conversion survivor support. Any research or evaluation should be conducted in partnership with an appropriate tertiary institution.

Recommendation 25

Fund appropriate research and evaluation to inform future developments in Victorian conversion survivor support.

10. Conclusion

Victoria has the opportunity to implement the world's best legislative and regulatory framework for conversion practices. This submission has proposed what such a framework and its regulatory mechanisms could look like. It is essential that the regulation of conversion practices not be a tokenistic ban, but rather a comprehensive regulatory response that effectively addresses the problem of conversion practices in the contexts and forms in which they are practised. This response should draw on criminal and civil laws, with a civil regulatory scheme that makes trained support services, as well as redress and financial compensation, available and accessible to survivors.