

Brief to Senate: Bill C-6

To the Senate Committee on Legal and Constitutional Affairs

Regarding Bill C-6

An Act to amend the Criminal Code (conversion therapy)

Submitted by The Society for Evidence-Based Gender Medicine

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The Society for Evidence-Based Gender Medicine (SEGM) is a non-partisan, non-profit, scientific organization comprised of medical specialists in endocrinology, pediatrics, psychiatry, obstetrics, and family medicine, as well as scientists, clinicians, psychologists, researchers, and medical educators. Our mission is to promote safe, compassionate, ethical, and evidence-informed healthcare for children, adolescents, and young adults with gender dysphoria.

As currently written, Bill C-6 has serious problems that are likely to lead to reduced access to quality healthcare for a key subset of the population it aims to protect: young people suffering from gender dysphoria.

Using the term “conversion therapy” in the context of gender dysphoria is not only misleading but also inaccurate. “Conversion therapy” refers to an ideological and, historically, religiously-motivated effort to “convert” lesbian, gay, and bisexual individuals to become heterosexual. Conversion therapy has not been practiced or supported in any domain of Canada’s health system for at least 30 years in relation to LGB individuals. To suggest that this practice is being applied to gender-questioning youth is erroneous and will only serve to further inflame the already highly politicized field of transgender medicine.

In young people, gender dysphoria arises from a wide range of causes, often in complex developmental and family contexts (Churcher Clarke & Spiliadis, 2019; D’Angelo, 2020). Should Bill C-6 pass as written, it will effectively make it illegal to consider the role of developmental, family, and mental health issues in generating or contributing to a young person’s gender dysphoria. There is a very real risk that all forms of supportive and explorative psychotherapies for young patients who present with gender dysphoria will be classified as “conversion”.

A dozen studies have concluded that the majority (61-98%) of children who struggle with gender-related issues will identify with their biological sex before reaching mature adulthood, either spontaneously, or with the help of ethical, supportive psychotherapy (Ristori & Steensma, 2016; Singh, 2021). Most gender-dysphoric children and adolescents grow up to be lesbian, gay, or bisexual adults. Prioritizing medical transition, while making it extremely difficult or even impossible to access noninvasive approaches to managing gender dysphoria, could actually be viewed as a form of conversion therapy, disproportionately affecting the population of lesbian, gay, or bisexual adults.

The notion of “first, do no harm” dictates that noninvasive treatments should be attempted before invasive, risky, and irreversible interventions, based on low-quality evidence, are



considered (D'Angelo et al., 2020). Attempts to conflate ethical and developmentally-informed psychotherapy with harmful conversion therapy are particularly problematic given the rise of a new population of gender dysphoric adolescents, composed primarily of females suffering from significant mental health and neurodevelopmental comorbidities with no childhood history of gender distress, for whom psychological interventions may be more appropriate (Bewley et al., 2019; Cantor, 2018; de Graaf & Carmichael, 2019; de Vries, 2020; Ristori & Steensma, 2016). Emerging evidence about regret following irreversible interventions in this novel population of adolescents is now recognized (Butler & Hutchinson, 2020; Entwistle, 2020; Griffin et al., 2020, Vandenbussche, 2021).

To date, the evidence for medical treatments in general is recognized to be “low” or “very low quality,” as acknowledged by the Endocrine Society and several systematic reviews (Hembree et al., 2017; Heneghan, Carl & Jefferson, Tom, 2019; Hruz, 2020; NICE, 2020a; NICE, 2020b). A recently completed review of evidence conducted by the UK NHS / NICE concluded that the evidence of benefits of medical interventions for youth is of very low quality and needs to be carefully weighed against the risks of these interventions, which range from bone health to fertility to cardiovascular problems (Alzahrani et al., 2019; NICE, 2020a; NICE, 2020b).

These concerns have prompted several European countries, including the UK, Sweden, and Finland to curb the wide-spread use of medical interventions, and put a greater emphasis on the role of psychological interventions. In April 2021, a policy went into effect in Sweden, discontinuing the use of all hormonal interventions (including puberty blockers and cross-sex hormones) for children under 16, and asserting that any medical interventions happen only in research settings with proper informed consent (The Karolinska Hospital Policy Statement, 2021). The UK is reviewing its approach to medical care for gender dysphoric minors (known as the “Cass Review”), following its High Court Ruling that found puberty blockade to be experimental, and that young gender dysphoric people can rarely consent to hormonal treatments. (Bell-v-Tavistock Judgement, 2020 ; “NHS to Hold Review into Gender Identity Services for Children and Young People,” 2020). Finland has also updated its treatment guidelines in the last 12 months, prioritizing psychological support over irreversible medical treatments for gender dysphoric minors.

Canada should pay close attention to these international developments. As the awareness of the low-certainty of benefits and the significant potential for harm of hormonal interventions in gender-dysphoric minors grows worldwide, it is critical that young people suffering from gender dysphoria have unfettered access to non-invasive modalities that help them alleviate their distress.

Mental health practitioners play a unique role in the lives of young people because of their understanding of the complexity of childhood and adolescent psychosexual development. We recommend that the Canadian government reaffirm its support for developmentally informed psychological approaches for the management of gender dysphoria in young people and protect the rights of gender dysphoric patients to access noninvasive solutions for their distress.

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On behalf of the Board of Directors of the Society for Evidence-based Gender Medicine (SEGM)



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