

**Brief to the Standing Committee on Legal and Constitutional Affairs on Bill C-6 An Act to  
Amend the Criminal Code (Conversion Therapy)  
June 15, 2021**

I write to you today with deep concern regarding elements of Bill C-6. I am a parent of a biological female who identified as a transman, heterosexual, then transman, lesbian, to transgender nonconforming queer, in her battle with Gender Dysphoria. I have a deep concern regarding elements of Bill C-6 as it pertains to healthcare choices and treatment of gender identity as an inclusion in the definition of conversion therapy. In addition, the misinterpretation of Bill C- 6 was demonstrated by the Department of Justice on their website.

Bill C- 6 - Preamble Myth<sup>1</sup>

*"Whereas conversion therapy causes harm to society because, among other things, it is based on and propagates myths and stereotypes about sexual orientation, gender identity and gender expression, including the myth that a person's sexual orientation, gender identity, and gender expression ought to be changed;"*

The question must be asked does Bill C-6 prevent an independent minor, or a parent of a minor, from available healthcare, now and in the future? I believe it does by the use of the word "myth." It implies that treatment is not needed because changes in gender identity do not happen, that it is a myth, that it ought not to happen, that it is static and not dynamic, and does not cause distress. Thus, implying that it is unhealthy to propose for someone to change. It is, in effect, stating that gender identity desistance (reversing to one's birth sex after transitioning) does not happen. However, it is well established that "desistance" does occur after undergoing a complete medical sex transition to revert to birth sex<sup>2</sup>. Make no mistake changing one's gender often uses off-label drugs (Testosterone) with permanent changes and reversal of a transition with no healthcare assistance and nowhere to fit in society.

There are simply not enough safeguards in this Bill to allow for the expansion of healthcare for transgender minors and to fill the medical care gaps for adolescent persons who may be "transgender" for right now. Stating that gender identity cannot change, or not ought to change, is a real lie because it defies fluidity in personal choice. It is a detriment to restrict the types of treatment options available now or evolve in the future with Bill C-6. Gender Incongruence is not a quick decision for many, and identity evolves throughout human development. We should not as a country create laws solely on thoughts, desires, and feelings that conflate transgender rights with transgender healthcare or with co-morbidities<sup>3</sup> that may be or may not be present in a population.

Gender dysphoria<sup>4</sup> is a well-documented condition and is being equalized with gender incongruence<sup>5</sup>. Simple put gender incongruence is a non-alignment of birth sex with a desire; Gender dysphoria is non-alignment with birth sex with distress. There is a conflation that these two conditions equal a myth. It is not a myth for a person to be in debilitating distress over their gender. It is also conflating and misleading not to state the inclusion of treatments of comorbidities that accompany gender identity. That includes Clinical Depression, Anxiety, and the underreported clinical findings demonstrating needed assessments of Autism, ADHD, Borderline Personality Disorder, Ego Dystonic Disorder, Depersonalizing Disorder, and Post Traumatic Stress Disorder as part of treatments of gender distress.

The Bill also reflects a dire one-sidedness to promote the conversion therapy of gender identity affirmation as demonstrated on the Department of Justice website<sup>6</sup>

"Proposed ***Criminal Code*** offences related to conversion therapy."

"These new offences would not criminalize private conversations in which personal views on sexual orientation, sexual feelings or gender identity are expressed such as where teachers, school counsellors, pastoral counsellors, faith leaders, doctors, mental health professionals, friends or family members provide affirming support to persons struggling with their sexual orientation, sexual feelings, or gender identity."

The interpretation of Bill C-6 by the Department of Justice clearly states gross negligence in understanding free speech and putting limitations on healthcare options. Noting that only "affirming support" can only be provided neglects the documented harms<sup>7</sup> of Affirmation Therapy, noting this appears nowhere in the actual Bill. Having only one way to discuss distress or a desire in itself is by all accounts enforcing Affirmation Conversion therapy by limiting choices, freedom of discussion consequences, and the limitation of medical care or treatments to private conversations only.

### **Summary**

We should not as a country create laws solely on thoughts, desires, and feelings that conflate transgender rights with transgender healthcare. They are both equally essential and equally distinct.

As a society, we cannot agree with persons who want to dismember themselves, their organs for the sake of a desire, a thought, or feeling that does not go under strict scrutiny. We have to help and protect their future; that is a duty as a parent and the responsibility of the SENATE to uphold basic logic, proper safeguarding, and factual science. Canada should not be a place where parents are jailed for questioning, speaking out, or demanding better healthcare on the medicalization of their children like Rob Hoogland, in B.C. Nor should we have laws like Bill C-6 where the wording is not precise, where some Members in parliament stated, "yes, the wording is bad, we'll fix it later, I support it." Listening to some debates was downright appalling in their lack of concern, flippancy, and lack of professionalism.

### **Recommendations**

I request that the SENATE appoint a scientific evidence-based committee to address the concerns with Bill C-6 and the following modification of Bill C-6:

1. removal of the word myth, and the impliedness that gender identity does not change,
2. establish wording for the explicit inclusion of disorders associated with gender dysphoria,
3. withdraw the limitation of healthcare to private conversations, providing a clear distinction in Bill C-6 that that Affirmation only therapy is not the only approved treatment or allowable discussion point,
4. the Senate strongly recommends a National Enquiry into transgender health care and Gender identity, including a comprehensive review of how people with gender dysphoria are treated in this country and the gaps in healthcare. The Enquiry needs to include evidence-based materials similar to what is included in the UK<sup>8</sup>, Finland<sup>9</sup>, Sweden<sup>10</sup>, USA<sup>11</sup>, and the poor assessment of World Professional Guidelines for Transgender Healthcare<sup>12</sup>,

5. that the Senate examine the Articles in the United Nations Conventions on the Rights of the Child, Bill-C-6 is in entirety for the apparent violations of the rights of the child in particular Articles 14,17,24 and 25,
6. that the scientific-based committee for review Bill C-6 include experts such as Dr. Stephen B. Levine and the Society of Evidence-Based Gender Medicine (SEGM.org)
7. that there is a clear and correct interpretation of the law on the Department of Justice Website.

I believe the majority of Canadians are against Conversation therapy, as I am. We do need to protect gay, lesbian, and transgender rights. We also have to protect healthcare for this same population and the right to heal identity with distress with a variety of protocols. We need to keep the sanity of families intact. However, this is not a fix-it later issue as debated by some Members of Parliament; not fixing the definition with clear, explicit language to aid misinterpretation may kill people with Affirmation only, destroy lives and families.

## Citations

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