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# Standing Committee on Justice and Human Rights

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Chair: Ms. Iqra Khalid





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• (1105)

[English]

**The Chair (Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.)):** Good morning, everybody.

I call this meeting to order. Welcome to meeting number 13 of the House of Commons Standing Committee on Justice and Human Rights, as we endeavour to study Bill C-6.

As for some housekeeping rules, when you're speaking, please speak slowly and clearly so that interpretation is not impacted. When you're not speaking, please keep your microphone on mute. You have the ability to select the interpretation language, at the bottom of your screen, so that you can understand everybody.

We're quite lucky today to have two ministers to speak to Bill C-6. I'd like to welcome the Honourable David Lametti, Minister of Justice and Attorney General of Canada. I'd also like to welcome the Honourable Bardish Chagger, Minister of Diversity and Inclusion and Youth.

We are also joined by some witnesses from the Department of Justice. They are François Daigle, associate deputy minister; and Robert Brookfield, deputy assistant deputy minister. Then we also have a representative from the Department of Canadian Heritage. He is Fernand Comeau, executive director of the LGBTQ2 secretariat.

Ministers, you'll have five minutes each to make your opening remarks, and then we'll go into our two rounds of questions.

We'll start with Minister Chagger, for five minutes.

Go ahead, Minister.

**Hon. Bardish Chagger (Minister of Diversity and Inclusion and Youth):** Madam Chair and members of the committee, I would like to start by acknowledging that I am joining you from Waterloo, Ontario, the traditional territory of the Anishinabe, Haudenosaunee, and Neutral people.

Thank you for inviting me to appear before you to discuss Bill C-6 alongside my colleague, the Honourable David Lametti, Minister of Justice and Attorney General of Canada.

Conversion therapy practices are based on the misguided idea that a person's sexual orientation, gender identity or gender expression can and should be changed to fit a narrow-minded view of what is normal.

[Translation]

This idea is not only wrong, but harmful, and this kind of practice has no place in our society.

The Government of Canada must always stand up for those who are being attacked or persecuted simply for being who they are, and for those who are being prevented from living their lives fully, free from discrimination and violence. It is our duty to protect the rights and freedoms of all Canadians, and to build a country where everyone feels safe, welcome, and included.

[English]

Promoting, protecting and increasing diversity and inclusion in Canada are fundamental parts of my mandate as Minister of Diversity and Inclusion and Youth. I am fully committed to these objectives and to supporting LGBTQ2 communities from coast to coast to coast.

The changes to the Criminal Code proposed in Bill C-6 support and protect LGBTQ2 individuals by criminalizing coercive and systematic efforts to change a person's sexual orientation, gender identity or gender expression into something or someone they are not.

There have been some comments about what this bill would or wouldn't do. I want to be absolutely clear. This bill does not criminalize a person's faith or individual values. This bill does not criminalize exploratory conversations with your kids, students or mentees. This bill targets forced and coordinated efforts to change someone into something or someone they are not.

Bill C-6 also allows us to protect equality rights, including religion and LGBTQ2 rights. The bill does not impose a hierarchy of rights.

Over the past year, I've participated in a number of round table discussions with stakeholders about LGBTQ2 issues. These once in-person conversations have become virtual. The COVID-19 pandemic has impacted the world. All Canadians have been affected, and disproportionately certain segments. LGBTQ2 communities are no exception.

Through these discussions, I've heard clearly the toll imposed by conversion therapy. The thought of another generation having to endure conversion therapy crushes my soul. It is essential that we acknowledge the people whose lives have been lost, as well as survivors. I cannot help but also think of the lives still currently being destroyed.

We all have a role to play in building an even better, safer and consciously more inclusive Canada for everyone. We can all work to build a better future, where children, who arrive in this world innocent, free and happy, are not taught bigotry or to be ashamed of who they are. Imagine a Canada where every Canadian can lead an authentic life and be true to oneself. Imagine the contributions they could make.

• (1110)

[*Translation*]

Last Friday, I had the pleasure of announcing that we had taken a first step towards the very first federal LGBTQ2 action plan with the launch of a federal LGBTQ2 survey. The survey can be accessed until February 28 and will focus on our government's work to improve social, health and economic outcomes in diverse LGBTQ2 communities everywhere in Canada.

[*English*]

Prime Minister Justin Trudeau often says that in Canada diversity is one of our greatest strengths. The unique and diverse forms of gender identity, gender expression and sexual orientation are part of that diversity.

I would like to underscore why it is important that we are all coming together constructively today. I want us to be conscious of the human aspect, the individual toll, that is at stake here. This is a reality that many have lived and continue to live in Canada. It is our job as parliamentarians to protect Canadians from this harmful, destructive practice.

Bill C-6 is another step toward true inclusion in Canada. Ridding Canada of conversion therapy is a campaign commitment, and I can personally attest to this being a consistent ask in all round tables I've held with LGBTQ2 communities.

I'd like to thank you for your attention. I look forward to hearing Minister Lametti's comments and then answering your comments and questions.

**The Chair:** Thank you very much, Minister.

We will now move on to Minister Lametti, for five minutes.

Go ahead, sir.

[*Translation*]

**Hon. David Lametti (Minister of Justice and Attorney General of Canada):** Thank you, Madam Chair.

Dear colleagues, I'm in Ottawa and am accordingly taking part in this meeting on traditional Algonquin territory.

I am pleased to be speaking with you today about the criminal law reforms in Bill C-6, An Act to amend the Criminal Code (conversion therapy).

The nearly unanimous support that led to the referral of Bill C-6 to this committee reflects its vital importance. I would like to thank everyone who spoke courageously about their own experiences of discrimination. These are the realities of LGBTQ2 people that give us a better understanding of why Bill C-6 is so essential to the protection of their dignity and equality.

More specifically, Bill C-6 and the five new criminal offences it is proposing target a practice that is discriminatory against LGBTQ2 people because, this practice claims that LGBTQ2 individuals can and must change a fundamental part of their identity, namely their sexual orientation or gender identity. This practice has its roots in the erroneous and discriminatory idea that non-heterosexual orientations and non-cisgender identities are illnesses that can be "corrected".

In short, it's origins betray the discriminatory points of view on which the practice is based. These points of view are completely out of sync with modern science. It's not surprising to find that conversion therapy is seen as ineffective, and harmful to those subjected to it.

• (1115)

[*English*]

I will focus on the bill's definition of conversion therapy, because there appears to be some persisting confusion about its scope.

Bill C-6 defines conversion therapy as "a practice, treatment or service designed to change a person's sexual orientation to heterosexual or gender identity to cisgender, or to repress or reduce non-heterosexual attraction or sexual behaviour". The definition, therefore, has two elements: first, that the conduct at issue amounts to a practice, treatment or service; and second, that the practice, treatment or service is designed to achieve one of the prohibited objectives.

The terms "treatment", "service" and "practice" are used in the Criminal Code and various other federal and provincial statutes, including in provincial conversation therapy-related statutes' definitions of conversion therapy. For example, P.E.I.'s legislation refers specifically to a "practice, treatment or service".

Notably, in none of these contexts are these terms defined, largely because the terms have a clear, literal meaning. In Bill C-6's conversion therapy definition, the term "treatment" means a "therapy or procedure used to treat a medical condition", according to Merriam-Webster. That is how the term is also used and understood in the Criminal Code's mental disorder provisions, for example section 672.59.

The term "service" in this context means "labor that does not produce a tangible commodity"—again, in Merriam-Webster. The term is also used in this way in the human trafficking provisions, whereby traffickers extract a "labour or service" from their victims, as in section 279.04 of the Criminal Code. The term is also found in the Cannabis Act, to refer to using the "services" of youth in the commission of cannabis-related offences, or to services related to cannabis in the context of commercial activity.

The term “practice” means “a repeated or customary action”, again in Merriam-Webster. The term is also used in this way in the Criminal Code’s illegal betting provisions, section 203, and the animal cruelty provisions, section 445.2.

All of these terms imply an established or formalized intervention, one that is generally offered to the public or a segment of the public. A mere conversation cannot, therefore, be considered a practice, service or treatment, unless it forms part of a formalized intervention, such as a talk therapy session.

[*Translation*]

The second part of the definition reduces its scope still more. The practices, services and treatments need to be specifically designed to achieve clearly defined objectives. That’s why the definition uses the terms “heterosexual,” “cisgender,” and “non-heterosexual”. More precisely, to be covered by the definition, the intervention must be designed to change a person’s sexual orientation to heterosexual, or their gender identity to cisgender, or to repress or reduce non-heterosexual attraction or sexual behaviour.

This means that the practices, services or treatments designed to achieve other objectives, such as abstinence from all sexual activity, combatting sexual dependency or criminal sexual behaviour—such as child sexual assault—are not clearly covered by the definition. Legitimate medical or therapeutic practices cannot enter into the definition either, such as interventions designed to support a person’s gender transition, careful observation of young people whose gender identity does not match the sex assigned to them at birth, or detransition for those who choose.

**The Chair:** Thank you, Mr. Lametti.

**Hon. David Lametti:** Indeed, these practices are designed to help...

[*English*]

**The Chair:** Minister Lametti, my apologies, but we’re out of time. I’m sure that a lot of these issues will come out during questions and answers.

**Mr. Michael Cooper (St. Albert—Edmonton, CPC):** On a point of order, Madam Chair, it has been brought to my attention that the English phone line is almost inaudible. Through the clerk, could IT look into that? Perhaps we could suspend to make sure the phone line for staff is working appropriately.

• (1120)

**The Chair:** Absolutely. I’m not sure about the suspension, given that we’re in a pretty intense time crunch. I’m sure IT will work their best.

On that note, we are celebrating 20 years of clerkship for our committee clerk.

Mr. Clerk, thank you very much for everything you’ve done over these 20 years and your growth.

**The Clerk of the Committee (Mr. Marc-Olivier Girard):** Thank you so much. It goes directly to my heart.

**The Chair:** Thank you.

We are looking into the IT issues right now, Mr. Cooper.

We’ll go into our first round of—

**Hon. Kerry-Lynne Findlay (South Surrey—White Rock, CPC):** I have a point of order on a technical issue again, Madam Chair.

**The Chair:** Yes, Madame Findlay.

**Hon. Kerry-Lynne Findlay:** As we found before, when you start talking, we can’t hear you, unless we switch from a language to the floor and back—which Mr. Virani pointed out, and I thank him for it. If you just give a beat before you start, to allow us to move over to where we can hear you...otherwise it takes several seconds before we can hear.

Thanks.

**The Chair:** Thank you for that reminder, Madame Findlay. I will definitely wait a beat before I start speaking.

We will go into our first round of questions.

For six minutes, Mr. Cooper, you have the floor.

Go ahead, sir.

**Mr. Michael Cooper:** Thank you very much, Madam Chair.

Thank you, Minister Lametti and Minister Chagger, for being here and for your presentations regarding Bill C-6.

We have heard from some stakeholders who are concerned that good-faith conversations to help individuals navigate their sexuality will be captured by this bill. Whether intentional or not, there is significant concern that this bill will capture those good-faith conversations.

When this bill was first introduced, language on the justice department’s website stated that it would not affect:

...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 support to persons struggling with their sexual orientation, sexual feelings, or gender identity.

There is a consensus in Canadian society that trying to forcibly change a person’s sexual orientation or gender should be banned. Can I first ask the justice department officials if it would be problematic to simply include the language that was on the justice department’s website, or similar language, in the bill for greater certainty?

**Hon. David Lametti:** I’ll take the liberty of responding.

As I have gone through, mainly in French, in my prepared remarks, we feel that in fact the definition already encapsulates what you are trying, in good faith, to advance. As I mentioned, within the definition, the fact that the definition has two elements to it—first that it must amount to a practice, treatment or service, and second that the practice, treatment or service has to achieve a prohibited objective.... It does in fact encapsulate what the justice department website said and what we still continue to say. It doesn’t capture good-faith conversations about people exploring their identity.

There is a “for greater certainty” provision in the act, and we don't actually even feel that that is necessary in legal terms, but we feel that it captures quite well what you're trying to put forth.

**Mr. Michael Cooper:** Thank you, Minister.

Speaking of some of the stakeholder organizations, CIJA, for example, just submitted a brief today in which they express support for the objective of the bill. Indeed, the individual who wrote that brief is a former member of Parliament, Richard Marceau, who has a long-standing track record of supporting LGBTQ rights. In that CIJA brief, there was still a concern that the language in the current bill leaves ambiguity.

I know that during a second reading debate, you did indicate that you would be prepared to work with opposition members to try to reach a consensus, to the degree that is possible, to get it right. Would you, at the very least, be open to amendments to the bill if it is...through further hearings as we proceed, so that some assurance could be provided to those groups that do have concerns?

• (1125)

**Hon. David Lametti:** Look, I've said it in the past. I'm always open to good-faith amendments to a bill. That is part of the parliamentary process. If something is already there, I'm not inclined to be open to amendments that are redundant or that are already otherwise captured in the bill. I'm happy to look at the way in which the definitions operate and analyze those. I will obviously look at the CIJA submission very carefully.

I'm open to good-faith amendments, but if it's there and it's already captured, and the best legal advice that we have is that it doesn't need to be improved, then you're going to have to bear the burden of proof of trying to convince me.

**Mr. Michael Cooper:** I note that, as I read the exemptions, it does not clearly exempt all kinds of medical or therapeutic conversations. It simply provides an exemption for a practice, treatment or service related to gender transition. Then the second exemption, I think, is arguably ambiguous. I would be interested in hearing from the department officials as to whether there would be any problem with incorporating language into the bill that would provide greater certainty.

**The Chair:** You have 30 seconds or less.

**Mr. Michael Cooper:** I did ask the department officials initially. I understand the minister's response. The question that I am asking the department officials is this: Regardless of the minister's point of view on whether the language encapsulates what I am seeking, would there be specifically an issue with incorporating “for greater certainty”? I think it's an important question that does need to be addressed.

**The Chair:** Mr. Daigle or Mr. Brookfield...?

We're having some technical challenges hearing you, Mr. Daigle. Perhaps you can provide a written response to Mr. Cooper's question at a later time.

We're going to move on to the next round of questions.

**Mr. Michael Cooper:** Madam Chair, perhaps the department officials, once their issues are resolved with IT, could provide an answer in the duration of this hour.

**The Chair:** Absolutely, if we find that time.

Thank you for raising that, Mr. Cooper.

Now we're going to go on to Mr. Kelloway for six minutes.

Go ahead, sir.

**Mr. Mike Kelloway (Cape Breton—Canso, Lib.):** Thank you, Madam Chair.

Hello to colleagues and ministers and their staff.

My first two questions will be directed to Minister Chagger.

I'm really fascinated by your portfolio, Minister, because I think diversity, youth and inclusion are our future. I've worked for many years with young people in Cape Breton—Canso. I really want to thank you for your hard work on ensuring that so many voices are heard.

Prime Minister Justin Trudeau was the first prime minister to apologize to LGBTQ2 public servants and Canadian Armed Forces members who were persecuted and discriminated against for being who they are. I think this was a very important value statement from this government on standing up for Canadians who have long been marginalized.

My question to you, Minister, is this: How confident are you that this legislation works towards the same goal?

**Hon. Bardish Chagger:** Madam Chair, through you to the member, thank you so much for that question.

I'm very confident. When we set out to have these conversations, I was not the minister at that time, so this work has continued over a series of two mandates.

Since I became Minister of Diversity and Inclusion and Youth, we've taken some steps that have built upon the work we had historically done. I think it's really important that this work continue to build upon it.

When it comes to the apology, we also had the first-ever special adviser to the Prime Minister on LGBTQ2 issues, who was Randy Boissonnault, and since then we've had a full minister at the cabinet table.

In March 2017, to continue engagement with LGBTQ2 communities in Canada, we set up the first LGBTQ2 secretariat. That's why I'm glad to see that my colleague and official Fernand Comeau is here and is building a fabulous team so that we can ensure that we are building back even better and consciously more inclusively.

This legislation builds upon that work, so I'm very confident.

• (1130)

**Mr. Mike Kelloway:** Thank you for that. I'm going to stay with you.

Could you speak to some other, non-legislative efforts, either that have been made or that we can anticipate will be made, to combat conversion therapy?

**Hon. Bardish Chagger:** One of the things I'm proudest of is that this legislation was created by community for community. It is very concerning to me that individuals and Canadians...we're so proud of our Charter of Rights and Freedoms, but we're still having to undergo this conversion therapy. Experts have proven it to be harmful and destructive.

Conversations exploring who you are are entirely welcome. They're not actually stopped within this legislation. We are always going to encourage those conversations.

Among other stuff we've done, we've seen the blood ban go down to three months. We have, however, invested in research, working through Héma-Québec as well as Canadian Blood Services, because we want to see that blood ban lifted. We've offered a series of other programs and services, including the LGBTQ2 capacity fund. We were pleased to see some of those announcements made. We'll continue building upon that work.

Thank you for those great questions.

**Mr. Mike Kelloway:** Thank you, Minister Chagger.

Minister Lametti, the fact that there are still individuals out there who are knowingly causing a person who's under the age of 18 to undergo conversion therapy is really unbelievable to me.

We've heard from many parliamentarians that this won't impact private conversations that don't constitute conversion therapy, and I think you alluded to this in your opening statement. Can you confirm this interpretation and say why it is so important?

**Hon. David Lametti:** We're trying to balance, obviously, legitimate exploratory conversations, as Minister Chagger just put it, and I think it's the right way to put it. We're not trying to ban legitimate conversations that explore who a person is. What we're trying to do is ban conversations that tell you that who you are is wrong and that you have to change. That's what we're targeting. That's what the definition targets, and I think the definition does a very good job in targeting exactly what we have to do, without being redundant.

In that way, I think we walk the very careful line between freedom of expression—freedom of religion and legitimate exploration, legitimate teaching, legitimate mentoring and legitimate conversation—and what is illegitimate, which is trying, through a practice, to change someone because there is a misguided notion that who they are is wrong.

I think the legislation does a good job with that, and I'm proud of it.

**Mr. Mike Kelloway:** Thank you very much.

**The Chair:** Are those all of your questions, Mr. Kelloway?

**Mr. Mike Kelloway:** Those are my questions.

I appreciate your time.

**The Chair:** Thank you.

Members, the phone lines for staff are now fully operational. Let us know if there are any additional challenges.

We'll now move on to Monsieur Fortin.

[*Translation*]

Mr. Fortin, you have the floor for six minutes.

**Mr. Rhéal Fortin (Rivière-du-Nord, BQ):** Thank you, Madam Chair.

Good morning, Mr. Lametti and Ms. Chagger.

Mr. Lametti, we in the Bloc québécois welcome this bill. I think in fact that it's important to exercise some control and to avoid letting things get out of control by trying to alter anyone's sexual orientation. However, the bill has some grey areas. You've already suggested some answers to my colleagues on these points,

I'd like once again to address the question of what can or cannot be done in discussions with these people. Clause 5 of the bill would amend the Criminal Code by adding clause 320.101, which states:

320.101 ...For greater certainty, this definition does not include a practice, treatment or service that relates:

...

(b) to a person's exploration of their identity or to its development.

There has been much discussion about this, but I would really appreciate it if you could tell me precisely what the words "to a person's exploration of their identity or to its development" are referring to. It seems to me that they open the door to a very broad interpretation.

● (1135)

**Hon. David Lametti:** Thank you for the question Mr. Fortin. I'm assuming that question is for me, right?

**Mr. Rhéal Fortin:** Yes, Mr. Lametti.

**Hon. David Lametti:** The clause applies to legitimate conversations, for example between a mentor and a student or a youth, between a parent and a child; or between grandparents and a grandchild. We are referring here to conversations whose purpose is to explore the identity or expression of the person's gender, without any underlying presumption that the person could be illegitimate, immoral or anything else, nor with the intent of changing their identity.

**Mr. Rhéal Fortin:** In your explanation, Minister, you told us that these are discussions between parents or grandparents and children. I do not see this restriction in clause 320.101.

It seems to be open to anyone and allow for discussion with anyone else, such as a health professional, a counsellor or a spiritual leader, or even a teacher, without any restrictions. I could be having a discussion with the son of a neighbour a few doors away and be telling him that he appears to be behaving in a very heterosexual manner and that he should remain open to homosexuality, for example. If I have understood correctly, the exception could authorize this kind of thing.

Would it be more useful to specify more precisely which people are included in the exception provided in paragraph 320.101(b)?

**Hon. David Lametti:** No specific relationships are intended. Someone can go to a professional or nonprofessional for advice, or to a family member. It's very broad.

I believe that it would be very difficult to specify all the details for such conversations, or to place any restrictions on the possibility thereof.

**Mr. Rhéal Fortin:** I agree with you. It will be very difficult, and I think that's the challenge we'll have to meet.

**Hon. David Lametti:** I agree.

We've tried to cover practices, treatments and services—concepts that are fairly well known from a legal standpoint—in a prohibition context. We've tried to provide a legal framework through the definition.

I believe the definition is sufficient, but if you have some serious suggestions for us, we'll work with you.

**Mr. Rhéal Fortin:** Many of the people I've spoken with about the bill have made suggestions, and have told me that they would like to come and give evidence. Some think that more of an emphasis needs to be placed on spiritual advisors, teachers or others. Other groups, on the contrary, think that any discussions about exploring or building an identity should be avoided, unless perhaps it's one of the parents speaking with their child.

It's a subject that is demonstrably not clear in the bill, and I admit that I find it somewhat worrisome.

**Hon. David Lametti:** You've answered your own question, in a manner of speaking. By focusing on practices, we've managed to provide a framework for the problem.

That of course is my opinion.

**Mr. Rhéal Fortin:** I'm repeating myself, but I think we need to structure these practices. I'm not saying that the bill is unnecessary, quite the contrary. I'm saying that there is a grey area and that it will be very difficult to define it. There will be differing decisions in the courts as a result of each of these issues.

I am among those who think that the courts need to have some latitude, but I also think that the legislator needs to make the laws as clear as possible. Here, my view is that room for interpretation is very broad.

That being said, there is another aspect that bothers me, which is the age of consent. There is discussion of "under the age of 18 years". In Quebec, however, the Civil Code provides that children can make decisions with respect to their health at 14 years of age. This is specified more precisely in section 14 of the Civil Code of Quebec

How do you reconcile the legislator's position in Bill C-6 and the Civil Code of Quebec's stance on the age of consent? If you can't reconcile it, can you explain this decision?

• (1140)

[English]

**The Chair:** Please answer very briefly, sir.

[Translation]

**Hon. David Lametti:** I am very familiar with the Civil Code.

**Mr. Rhéal Fortin:** I know.

**Hon. David Lametti:** I taught it for years. It's true that for treatment in Quebec, the age of consent is 14 years.

In the federal Criminal Code, the age of 18 years is used everywhere. There is another criminal code for people under the age of 18. It's an age commonly used as a dividing line.

The intent was to completely prohibit these practices for young people under the age of 18, who could be pressured. We chose 18 years because it's consistent.

[English]

**The Chair:** Thank you very much, Minister.

[Translation]

**Mr. Rhéal Fortin:** Thank you, Minister.

[English]

**The Chair:** Monsieur Fortin, you're out of time.

We will now go on to Mr. Garrison for six minutes.

Go ahead, sir.

**Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP):** Thank you very much, Madam Chair.

I hope you'll just indulge me for a moment as the NDP spokesperson for sexual orientation and gender identity. I just want to remark that today is World AIDS Day. As a gay man of a certain age, I'm very happy that we have finally gotten to the point where we can talk about the elimination of HIV, which is a scourge of the entire population, no longer just of gay men.

I tabled some Order Paper questions today, and I want to bring them to the attention of the Minister of Diversity and Inclusion. They are about how the government plans to make sure that the new testing methods are available to rural, remote and marginalized communities, because the key to eradicating HIV is for those at risk to know their status.

Now, let me return to the topic at hand today—the bill. I do want to start out by saying that I remain very supportive of the bill as a whole, even though I remain disappointed that this isn't a complete ban on conversion therapy. I want to go back to the Minister of Justice and discuss the exclusion of what people are calling "consenting adults" from this bill.

I know the minister has said he fears a charter challenge, but I want to know whether, quite apart from that, he thinks that we might be able to add adults to this bill in a way that wouldn't endanger the whole bill if there were a charter challenge.

**Hon. David Lametti:** Thank you very much, Mr. Garrison. I appreciate your question, and I understand the very sincere place from which it is coming.

We have tried, with respect to adults, to really restrict it to only consenting adults. Duress is a legally known concept, so vulnerable adults will be protected, if you will, by the legislation.



That being said, you're correct to say that I do fear a charter challenge. For an adult capable of consenting and who is not susceptible to duress and is not being subjected to duress, it would be a difficult thing to defend in court.

The best minds in my department tried to wrap their heads around it and couldn't. That was our starting position, I will admit, but if you can find a way, I'd be willing to consider it.

**Mr. Randall Garrison:** Thank you very much, Minister.

My problem is with the concept of consenting adults when it comes to conversion therapy because we have some very well-established legal principles that some things that are harmful cannot be consented to. A person cannot consent to being wounded or physically assaulted. A person cannot consent to a fight club, for instance.

In my mind, and I think that of many experts, conversion therapy amounts to an assault. If we leave what are called "consenting adults" out of the bill, I guess I would like to suggest an amendment that we specify very clearly in the bill all the various forms of lack of consent, or how we understand consent, as we have done in other parts of the Criminal Code.

• (1145)

**Hon. David Lametti:** Once again, thank you. It is something that I think we tried to cover in the bill. If we can do it better, then we'd be willing to work.

Again, the problem is always that when you try to enumerate a list of practices or conversations or whatever one wants to allow or disallow, it can create unintended consequences. The same is true for questions from some of your colleagues around the table.

That's my only caveat, but I'm always willing to work in good faith with a good-faith amendment.

**Mr. Randall Garrison:** Thank you very much, Minister.

The bill bans advertising, but it raises a question from some in the community about whether there are other kinds of promotion of conversion therapy that wouldn't strictly qualify as advertising, in particular in that they are unpaid.

Do you believe that unpaid promotion is covered in the bill at present?

**Hon. David Lametti:** We do believe that it is. It falls under the legal definitions, for both paid and unpaid. Again, I'm happy to look at that, but we were trying to cover it, and we do think we have covered it.

**Mr. Randall Garrison:** Thank you very much.

I know I have very little time here, but I want to turn to the Minister of Diversity and Inclusion.

You are currently doing a survey for an action plan. I've had a look at the survey. Unfortunately, the survey doesn't actually ask any questions about actions. It will provide some useful information on the current situation, but it doesn't even ask questions like, "Do you support a ban on conversion therapy?" or "Do you support the government doing any specific things?"

I wonder if the minister has plans to be more specific about which actions might be informed by this survey.

**Hon. Bardish Chagger:** I would like to thank the member, through the chair, not only for his comments and his question, but also for his advocacy and the fact that we are now debating this legislation at committee in part because of the foundation that he laid.

When it comes to the conversation around conversion therapy, as has been stated tonight, I would agree that most Canadians agree it does not belong in Canada. That's why it's important that the committee do its important work to make sure that the legislation is correct. I would echo Minister Lametti's comments that if there are things we believe we have covered that have not been covered, this is what we would like brought to our attention. I would think that communities have expressed clearly that that's not out for the conversation. We know it needs to be banned. It does not belong in Canada.

The purpose of the survey is about additional engagements, as to what communities are expecting and how we advance. This is building upon the work we've already done with the round tables we've already held, to make sure our government is responding to communities and proactively ensuring we're building back even better and consciously more inclusively. That's also why Fernand is joining me today. The secretariat is engaging with every single department and agency. Our government—

**The Chair:** Thank you, Minister.

My apologies. We're out of time, Mr. Garrison.

We'll go to our second round of questions now, starting with Madame Findlay for five minutes.

Go ahead.

**Hon. Kerry-Lynne Findlay:** Thank you, Madam Chair.

Thank you, Ministers, for being here today.

My first question is for department officials. When this bill was originally introduced, our feedback was to include the language from the department's website in the bill. Today we received a written brief from CIJA, an important Canadian advocacy organization, that favours adoption of the original website language in the bill.

However, at some later, more recent date, the language on the government's website was changed. Can the officials outline why that was done?

• (1150)

**The Chair:** We still can't hear you, Mr. Daigle.

**Hon. David Lametti:** We're quickly changing the device.

**Hon. Kerry-Lynne Findlay:** I hope the technical issue doesn't run into my time, Madam Chair.

**The Chair:** I have stopped your time for now.

Mr. Daigle, we still can't hear you, sir. IT will be calling you one more time.

In the meantime, Mr. Brookfield, would you like to add some words there?

**Mr. François Daigle (Associate Deputy Minister, Department of Justice):** Can you hear me?

**The Chair:** Mr. Daigle, I think your sound is coming back.

**Mr. François Daigle:** Yes. Can you hear me now?

Hello. I'm very sorry about that.

As the minister explained before, our view is that what we're criminalizing here is very clear. These are three terms that are used elsewhere in the Criminal Code: "service", "treatment" and "practice." We didn't feel there was a need to go much further than that; otherwise we would be excluding things we didn't intend to exclude.

**Hon. Kerry-Lynne Findlay:** Excuse me, Mr. Daigle. That wasn't my question. I'm not sure if you heard my full question with your technical difficulties.

I'm asking why there was a change in the wording on the website. There was a word added that was not there before. That's what I'm trying to understand.

**Mr. François Daigle:** When we draft a bill, we look at a number of things. We ended up proposing the bill that the minister has tabled in the House. What was on our website was general information about the intention. Ultimately, we developed a bill that we're comfortable with and prepared to answer questions on. We're also happy to—

**Hon. Kerry-Lynne Findlay:** With respect, I understand that, but you're not answering my question. There was widespread interest in the wording on your website to begin with and widespread support for that, but then it was changed after that. Do you not have an answer for why you changed that?

**Mr. François Daigle:** We don't draft laws on the website. We drafted a bill to reflect the information that we obtained in our consultations. We feel that our bill is very clear, and we didn't—

**Hon. Kerry-Lynne Findlay:** All right. Thank you. I must move on. I only have so much time.

Under this legislation, how many individuals or organizations does the government expect to prosecute? This is for Minister Lametti. How do you foresee a case being built against those individuals?

**Hon. David Lametti:** Well, cases are built in the usual way. There is an investigation, based on either a complaint or on other information through the police, and it goes through the prosecution service, which is either the provincial or the federal Crown, depending. It is completely independent, as we have independent prosecution services in most provinces. Thanks to my predecessor Rob Nicholson, we have an independent prosecution service at the federal level, which I also support.

We don't have very accurate statistics—we've said this before publicly—about conversion therapy, because so much of it happens in the shade. A number of studies indicate that it is a widespread practice in Canada and that it is having a significant, destructive impact on the LGBTQ2 community in Canada, and therefore we're acting.

**Hon. Kerry-Lynne Findlay:** In that vein—

**The Chair:** My apologies, Madame Findlay, but we're out of time.

We'll go on to the next round for five minutes.

Mr. Sangha, your time starts now, sir. Go ahead.

● (1155)

**Mr. Ramesh Sangha (Brampton Centre, Lib.):** Thank you, Madam Chair.

My question is for Minister Chagger. Minister, there are hundreds upon hundreds of heartbreaking testimonies from young and older men about their journey through and eventually out of conversion therapy. These stories tell of the devastating consequences of the practice of this therapy, which range from depression to suicidal thoughts. In fact, the interim result of the 2019-20 survey shows that sexual orientation, gender identity and depression changes, at first, are affecting this.

The bill before us is perhaps one of the most progressive pieces of legislation by any government to ban, criminalize and eliminate these deplorable activities, and it was about time.

However, Minister, let me ask you one question: How confident are you that this legislation is really what is needed at this time to tackle the practice of conversion therapy?

**Hon. Bardish Chagger:** Thank you, through you, Madam Chair, to the member for the question.

I would like to begin by saying that I was very pleased to see that every single member of this committee, from every single party, voted in favour of Bill C-6 in the House, and having it sent to committee. I'm hopeful that we will continue to work together to send this bill back to the House in short order. What this shows is that we all agree that any systematic effort to change someone's sexual orientation, gender identity or gender expression, in particular that of a child, is unacceptable in our communities and should be criminalized.

The bill we have here does exactly that, and lays the foundation for the elimination of this harmful and destructive practice in our country. I know there is still a lot of work to do when it comes to getting LGBTQ2 Canadians to a place where they can live out their lives freely, like most Canadians do, without the threat of violence or discrimination. As the minister responsible for inclusion, and as an ally, I will continue to work with LGBTQ2 communities and lead our government's commitment to stand up for LGBTQ2 rights. LGBTQ2 rights are human rights.

I would say in a short answer to the member that I'm very confident that this is an essential step to building a consciously inclusive Canada.

**Mr. Ramesh Sangha:** Thank you, Minister.

I really agree with you on all these things. Morally, it's not good to have these types of conversion therapies.

Can you leverage more on the moral aspect of the bill, and who is included in this law to be considered?

**Hon. Bardish Chagger:** The way I look at this, and based on the conversations I've had, in Canada I want all individuals to be their authentic selves and to be contributing members of society. I want individuals to be proud of who they are. Unfortunately, with the practice of conversation therapy, that is not the case.

The way I see this legislation is that if an individual is looking to explore their identity and discover who they are, and you're helping them on that journey in a supportive way, it's entirely acceptable. If an individual is looking to explore their identity and who they are, and you are forcing them to be something or someone they are not, it is unacceptable and does not belong in Canada.

**Mr. Ramesh Sangha:** Minister, do you think this bill against conversion therapy will bring some changes to the morality of the people who want to do this and who are going for conversion therapy? Are they going to be morally taught not to do this thing, that it's not good in society?

**Hon. Bardish Chagger:** Consenting adults who want to are not.... They will get to make their choices as adults. What I think we are trying to get to is allowing every individual to be proud of who they are. An individual usually is trying to satisfy those around them, and therefore is considering conversion therapy because they think they can change who they are, but you are who you are, and you are absolutely perfect the way you are.

I think my morals and my values actually are about lifting individuals to be their true selves in every single quality and every single expression they provide. For people who are having the conversation on their morals, I think those are individual conversations, and that's why we are making sure that all rights are being protected, including LGBTQ2 rights.

• (1200)

**The Chair:** Thank you.

**Mr. Ramesh Sangha:** Thank you, Madam Chair. Those were all my questions.

**The Chair:** Thank you, Mr. Sangha.

We will now go to Monsieur Fortin, for two and half minutes.

Go ahead, sir.

[*Translation*]

**Mr. Rhéal Fortin:** Thank you, Madam Chair.

It's not that I don't appreciate your answers, Ms. Chagger, but I wanted more specifically to address a number of points of law with Mr. Lametti.

Mr. Lametti, I remain puzzled about an unfortunate definition of conversion therapy, in which what is excluded appears to be the same thing as what is included. When we speak about what is prohibited, there is no grey area between the concepts of "against their will" and "minors".

And yet, conversion therapy is defined as follows:

...a practice, treatment or service designed to change a person's sexual orientation to heterosexual or gender identity to cisgender, or to repress or reduce...attraction...

Added to this is:

... this definition does not include a practice, treatment or service that relates

(a) to a person's gender transition;

(b) to a person's exploration of their identity or to its development.

What distinction do you make, on the one hand between the statement "change a person's sexual orientation to heterosexual or gender identity to cisgender, or to repress or reduce...attraction" and the concept of "gender transition"? Is this not saying one thing and its opposite?

**Hon. David Lametti:** Gender transition is among the therapies recognized by the medical profession and health experts, and these therapies are recognized by the provincial systems.

**Mr. Rhéal Fortin:** Excuse me for interrupting you, but I have only two minutes.

And yet the "against their will" concept is used. This is not a discussion about a service requested by a consenting adult. It says that it will be an offence if a person or a minor is made to undergo therapy "against their will".

It also says that practices, treatments or services pertaining to gender transition will be permitted. Is this really the intent?

**Hon. David Lametti:** It does not apply to legitimate practices in which a person is exploring conversion therapy or wishing to undergo gender transition.

The aim is to cover the "against their will" aspect for adults. However, for minors, the key issue is the idea of "normality". In other words, practices or services that aim at changing a person's orientation because they are not heterosexual.

**Mr. Rhéal Fortin:** May I interrupt you, Minister?

[*English*]

**The Chair:** My apologies, Mr. Fortin. You're out of time.

We'll go on to Mr. Garrison for two and a half minutes.

Go ahead, Mr. Garrison.

**Mr. Randall Garrison:** Thank you very much, Madam Chair.

I want to turn to a question that many in the community have been asking about this bill, and that is whether it adequately covers the practices that are sometimes directed at people who have a different gender expression than others. While the bill is quite clear on the traditional attempts to convert or change someone's sexual orientation, when it comes to gender identity and gender expression, there is a concern that the bill does not capture the full extent of those questions.

I would be happier if the bill used language consistent with Bill C-16, which specifically protects gender identity and gender expression. I wonder if the minister can tell me if he does believe that gender expression is covered by the bill as written.

**Hon. David Lametti:** We thought it was, but you rightly point out Bill C-16 and the difference in language in there. I would be open to suggestions from the committee if you feel that we didn't adequately harmonize those two definitions.

We do think gender expression ought to be included. In an ideal world, the language would be consistent, so we're open to an amendment in that regard.

**Mr. Randall Garrison:** Thank you very much, Minister. I guarantee you'll get one.

My last question is for Minister Chagger.

Passing a law that bans conversion therapy of course doesn't really address the trauma experienced by survivors. I wonder if there are any specific plans for her ministry to provide funding to the community to help provide programming to address the trauma of survivors of conversion therapy.

**Hon. Bardish Chagger:** That's what the action plan and survey are all about. They are opportunities to contribute, for us to....

What I have gained from my conversations with members of communities is that there are certain harms that we're not going to be able to undo, but we need to try and we need to make sure that the next generation does not have to undergo this. That's why we will continue consulting and working with communities. This legislation was informed and developed by communities. That's why I think it is quite powerful.

I once again will thank Minister Lametti for actually recognizing the discrepancy between this and Bill C-16 from a former government and for making sure that we do include that. Yes, let's work together to make sure that we are consciously building inclusivity in Canada.

• (1205)

**The Chair:** Thank you.

**Mr. Randall Garrison:** Than you to both ministers.

**The Chair:** We will now go to Mr. Moore for five minutes.

Go ahead, sir.

**Hon. Rob Moore (Fundy Royal, CPC):** Thank you, Madam Chair.

Thank you, Minister Lametti and Minister Chagger, for your appearance here today at the justice committee.

Minister Lametti, I want to jump right into the definition, because we're trying to get a bill here that does what you, in your press conference, said it would do and what your department has said it would do, but there is uncertainty around the definition. This bill hangs on the definition. I heard you say five minutes ago that your best minds put together this bill, and then I heard you say a minute ago that you missed something there in syncing up with Bill C-16.

In the early discussion on this bill, much was said about your comments and the justice department's website, which laid out what the bill did not do. It said, "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 support to persons struggling with their sexual orientation, sexual feelings, or gender identity."

There have been some—today I saw a brief from the Centre for Israel and Jewish Affairs—who have said, "Look, we're 100% against conversion therapy, but for greater certainty"—I know you believe in "greater certainty" clauses, because there are two of them

in this very bill—"would you include the language that you've spoken in this bill?"

I do want to give you the opportunity to answer a question that was put to justice department officials. Once it became public that people said "Please put this in the bill", the department website changed. Instead of saying "friends or family members provide support", the word "affirming" was added in there.

I want to know what the background on that is. Why was the website changed? I think this plays into some of the fears that people have around this bill. Just two years ago, your government said this bill wasn't necessary because it was handled at the provincial level, and you said you didn't have clear statistics on it, but we now have a Criminal Code amendment. The Criminal Code is the highest sanction we as a government can bring against people, so we want to make sure that this bill does what you said it would do.

Why was that changed on the website, Minister?

**Hon. David Lametti:** We're here and we're going to use the Criminal Code because we feel that this practice is abhorrent and needs to be eradicated from Canadian society. It's going to coordinate with what the provinces are already doing and reinforce what the provinces are already doing.

We'll go back and look at the website to see if, in fact, it has changed, but certainly in terms of a definition in an act—we have a number of lawyers around the table, including myself—what you're trying to do in a definition is succinctly capture the activity that you want to capture without capturing more than that. There is a danger of over-defining, so a long list can be either overinclusive or underinclusive. You get into debates about whether it's a closed list or an open list.

What we've done is focus on the practice. Everything that you have identified, everything that was identified in your question, is, in fact, captured by this definition, by the focus on practice, treatment or service. We're not capturing those very legitimate kinds of conversations that you cited in your question.

I think that the manner in which we have framed it in the act, from a juridical point of view, is the way to do it, and I think we've done it well, without redundancy and without need for a "greater certainty" clause.

We'll certainly look at what CIJA has said, but I haven't heard anything yet that convinces me that the definition is inadequate. We're focusing on illegitimate practices, treatments or services designed for prohibited objectives, without going further than that.

• (1210)

**The Chair:** You have 20 seconds left, Mr. Moore.

**Hon. Rob Moore:** Okay.

Thank you, Minister.

I'd just like to point out that this bill already contains two "greater certainty" measures. I think the message that we got from the Centre for Israel and Jewish Affairs we're going to hear probably more than once from good-faith witnesses who want to get at the root of this issue but also want to ensure that the things that you said this bill does not do it, in fact, does not do. I would encourage you to continue to be open to the idea of that type of amendment.

Thank you.

**Hon. David Lametti:** I'm always open to good-faith amendments, but you always have to be careful with redundancy. That can create unintended consequences down the road, so we'll be careful.

**The Chair:** Thank you very much.

We'll now go to our last round, with Mr. Zuberi for five minutes.

Go ahead, sir.

**Mr. Sameer Zuberi (Pierrefonds—Dollard, Lib.):** I want to thank both ministers for being here today and for giving their time to the committee.

I want to clarify something that Mr. Lametti already touched upon: what the bill does and does not criminalize. Although I think it's very clear to us on the committee, for the benefit of all of us, so that we can pass on the message, can you reiterate that, please? My understanding is that the bill does not criminalize conversations within families or with friends, teachers, social workers, psychologists or faith leaders. Can you just expand upon that?

**Hon. David Lametti:** I presume the question is for me, Mr. Zuberi. Thank you.

Once again, what we are trying to do is criminalize conversations that begin with the presumption that who you are is wrong and that it has to be changed, and that is done through an active practice, treatment or service. Those are the prohibited objectives in the act.

We're not trying to criminalize the legitimate kinds of mentoring conversations that people have—pastoral conversations, family conversations such as parent-child, grandparent-child—where the legitimate question is "Who am I, and how do I develop in that framework?"

In order to capture the kind of activity that we want to capture, we focused on known legal concepts—practice, treatment or service—and we have specified the prohibited objectives. We think that does, legally, what we need to do. We think it dovetails well with definitions that are being used at the provincial level with respect to provincial medical systems and medical insurance systems in the provinces. We think we have defined what we need to define in a fairly clear way.

**Mr. Sameer Zuberi:** Thank you.

In my next question, I'd like to touch upon peer-reviewed literature. I'd like to know if either minister is aware of the impacts of conversion therapy on people. In particular, what does the literature say with respect to validity, efficacy or ethics, please?

**Hon. David Lametti:** I guess that's me again.

The peer-reviewed literature on the medical side is universally condemning of this kind of practice. Some feel it's tantamount to torture, and I have to agree with that. It has devastating lifelong impacts on people. You're going to hear that from the witnesses who come before your committee. We certainly saw it in the consultation process that we engaged in before the bill.

It's absolutely destructive, and the peer-reviewed literature confirms that.

**Mr. Sameer Zuberi:** Thank you.

Just to what has been raised thus far in the questions and answers by other members, the term "coaches" doesn't appear. If we were to have an exhaustive list of individuals who can enter into exploratory conversations, the term "coaches" doesn't appear, for example.

How do you feel about limiting the categories of individuals who can enter into exploratory conversations, versus not limiting it, and what those impacts are?

• (1215)

**Hon. David Lametti:** Your question indicates why I have a very serious reservation toward listing people, because there are so many. As I answered to Mr. Fortin in French, we don't want to limit the possibilities for people to seek advice or to have mentors wherever they happen to be.

If you try to have an enumerated list of categories of people, you're always going to miss people. You're going to over-include or you're going to under-include, and you're going to create problems down the road. Ultimately, you may actually do damage by preventing someone from having a conversation he or she may want to have with someone because they're not on the list and therefore not protected.

There are all kinds of unintended consequences with elaborating that list. I am very much in favour of the approach we have taken in terms of the definition of the practice and the goal. I think that does the legal work it needs to do in a very effective, efficient and concise way.

**The Chair:** Thanks very much.

On behalf of the committee, I'd like to thank Minister Lametti and Minister Chagger for their time today.

I will remind the departments that if there are questions—and I believe Mr. Cooper did have a question that we were not able to answer because of technical challenges—if you can send a written response, that would be wonderful. You could also clarify any other questions raised as well.

Thank you very much. We'll suspend for 30 seconds as we let in our witnesses for the next panel.

Thank you again, Ministers. It's really appreciated.

● (1215) \_\_\_\_\_ (Pause) \_\_\_\_\_

● (1220)

**The Chair:** I welcome our witnesses who are here today. Thank you for your patience.

We have with us today, in our second panel on Bill C-6, Matt Ashcroft, Dr. Kristopher Wells and Dr. Kenneth Zucker, all appearing as individuals.

We have representatives from Pour les Droits des Femmes du Québec: Ghislaine Gendron and Dr. James Cantor, who is an adviser for that organization.

Before we go into our round of five minutes per witness for their opening remarks, we'll quickly go to Jacques Maziade, who is our legislative clerk, and Isabelle D'Souza, who is legislative counsel, for very brief remarks on proposing amendments and how that's going to work.

Please, go ahead.

**The Clerk of the Committee (Mr. Jacques Maziade, Legislative Clerk):** Thank you, Madam Chair.

I'll take just a few seconds to tell the committee that I will be the legislative clerk responsible for Bill C-6. As you said, my name is Jacques Maziade. If the members of the committee want to have information about the admissibility of their amendments, don't hesitate to send them to me.

[*Translation*]

Committee members can also contact me if they have any questions concerning a clause-by-clause study of the bill.

My contact information is in the memorandum that the clerk sent to all committee members last week.

Madam Chair, I would now like to turn things over to my colleague, legislative counsel Isabelle D'Souza.

[*English*]

**Mrs. Isabelle D'Souza (Legislative Counsel, House of Commons):** Good morning, everyone.

My name is Isabelle D'Souza. I am the legislative counsel assigned to Bill C-6 for the purpose of drafting amendments.

I am here today to tell you a little about the drafting process itself. I strongly encourage you to send me your amendment requests as soon as possible, in your own words, even if your proposals aren't entirely concrete yet. I will transform your instructions into legislative text in order to produce the desired legal effects.

I will also inform you if your proposals raise legal, jurisdictional or charter issues, and I will suggest alternatives, if possible. Keep in mind that all of our exchanges are confidential and non-partisan.

Note that the amendment process is like a miniature version of the private members' bills drafting process, for those who are familiar with that. We go through a draft, approval, proofreading, translation and revision of each amendment. This process can sometimes

be lengthy, depending on the complexity of the requests or the volume of requests received, and because we sometimes draft amendments for several bills at the same time, it can take several hours or even days to arrive at a final product.

For those reasons, do send me your requests for amendments as soon as possible. I understand the deadline for submission is December 9. That date is not that far away. Do not hesitate to contact me if you have any questions or concerns. I am here to help.

Thank you for your time today.

Jacques and I will now take questions about the process, if there are any.

**The Chair:** Thank you very much.

I will ask members, if they do have questions, to connect with you directly, so we can continue with our agenda for the day.

Thank you very much for your presentation.

We will now go to Mr. Ashcroft, for five minutes.

● (1225)

**Mr. Matt Ashcroft (Co-Founder and Human Rights and Social Justice Advisor, CT Survivors):** First of all, thank you to Randall Garrison and his team for inviting me to speak. It feels quite good that we have developed a great relationship since March. I'm thankful that you spoke with Erika Muse and me about the next steps for Bill C-6.

This bill is extremely important to survivors of conversion therapy practices, including me, because I know first-hand the harm that can be done from conversion therapy practitioners, even though they do not fully identify with the vocabulary of "conversion therapy".

Before I get into my speech, I'm going to say the first names and the last initials of the folks who were in my conversion therapy camp, honouring their names and honouring their confidentiality. Those names are/were: John S., Jay C., CJ or Calvin James W., Adam W., Steven M., Jerry M., Dean K., Rick S. and Rocky M. I do not know if you are here or not, but just so you know, I think about your well-being every day.

To my brothers and sister, Milton, Marlon, Makye and Myanna, I am glad that I have a relationship with you again. You have all grown into great people, and I'm glad you accept me for me. I love you always. Never forget that.

Now that I got that out of the way, I'm going to go into the heart of my speech. If you really care about what I say, you will listen with an open mind and an open heart.

Talk is cheap. Doing this process without conversing with conversion therapy survivors is quite sad. It is sad because I'm a human being who experienced this. When there are press interviews about having the best legislation in the world and you use conversion therapy survivors as a prop to make you look good, it hurts. Furthermore, it is something that I'm used to, because in conversion therapy we were used as success stories.

Not only am I grieving this, but I am grieving that this bill will not protect the Canadians it claims to protect. The Sex Now survey estimates that 47,000 people have experienced conversion therapy practices. If only 35% of the folks are under the age of 18, it means that this bill protects only 16,450 Canadians, leaving out two-thirds of the population. We need to do our best to protect as many queer, trans and non-binary Canadians as possible.

Talk is cheap. Canadian government, do you really want to be the best in the world and protect the LGBTQ2IA+ folks like you say you do? The last time I remember, when St. Albert had done their conversion therapy bylaw, you wanted the provincial governments to do their own bans and not touch it federally. Where's the transparency in what you were doing?

If you really want to take some action, here are the first steps that I recommend you take.

Australia's Victorian government worked extremely hard on their bill. It is the most comprehensive bill in the world. Thank you to Nathan Despott, co-founder of the organization Brave Network Melbourne, for his words of wisdom. I have learned a lot from having global conversations on what other countries are doing. I will reiterate the exact wording on his social media.

Number one, "It will ban all conversion practices, delivered by anyone to anyone, regardless of whether they are paid or unpaid, delivered by a professional or non-professional, or delivered to an adult or a child. It will also ban 'inducing' a person to undergo conversion practices, as well as referrals (regardless of whether professional or non-professional). There will be a criminal penalty for all of these things when injury to health (eg. mental health) can be proven. If the criminal threshold can't be met, it will go through a civil process led by the Victorian Equal Opportunity and Human Rights Commission (VEOHRC). This will not require mediation of any kind. VEOHRC will be able to investigate and provide penalties. Failure to comply will also lead to criminal penalties."

Number two, "It will be a criminal offence to advertise paid or unpaid(!) conversion practices."

Number three, "It will be a criminal offence to try to get around the law by taking a person to another state." In our case, that's a province or territory, or outside the country.

Number four, "Adults will not be deemed able to consent to participate in conversion practices, i.e., 'Informed consent' is not possible."

You cannot consent to abuse. If every medical association deems that conversion therapy practices are discredited and unproven, you should have no issues including adults.

It is time for the government to be more transparent and to protect queer, trans and non-binary Canadians, whom you claim to ally with.

• (1230)

While we're on the subject, you will also need to include trans conversion therapy into legislation, or incorporate trans medical malpractice in future legislation.

This is not a game. This is our lives.

Thank you.

**The Chair:** Thank you, Mr. Ashcroft.

My apologies. We're out of time.

We will now go to Dr. Kristopher Wells, for five minutes.

Go ahead, sir.

**Dr. Kristopher Wells (Canada Research Chair, MacEwan University, As an Individual):** Thank you.

Today I'm speaking with you from the Edmonton area, on Treaty 6 territory.

I would like to thank you for the opportunity to address the committee, in particular on World AIDS Day. Today we are fighting against another form of discrimination, prejudice and stigma in the form of conversion therapy.

In support of my comments today, I have submitted a written brief and would like to draw the committee's attention to our national report, entitled "Conversion Therapy in Canada: A Guide for Legislative Action". It includes 15 national endorsements from many public sector and LGBTQ2 organizations, background information and research, and, most importantly, the voices and experiences of the brave Canadian survivors of conversion therapy, such as Matt, who support legislative action to help end this fraudulent and abusive practice.

I would like to congratulate the Government of Canada for its leadership and action against conversion therapy, which is not therapy at all but a recognized form of coercion and abuse, and in some cases may rise to the level of torture as defined by the International Rehabilitation Council for Torture Victims and the United Nations independent expert on protection against violence and discrimination based on sexual orientation and gender identity.

I strongly support Bill C-6 as an important legislative initiative to help bring awareness to the issue of conversion therapy and its associated harm, and to provide an important mechanism for victims to seek protection and redress through the Criminal Code of Canada.

The bill also sends an important message to all Canadians about the inherent dignity, self-worth and respect that should be afforded to LGBTQ2 people. Fundamentally, no one should have to change who they are, or whom they love, to find acceptance and support in their faith, family or community.

The research is clear. Conversion therapy has been shown to be an unethical, harmful and dangerous practice. Almost all leading health, medical and professional associations have denounced conversion therapy and its associated practices.

In Canada, an open letter supporting the research consensus against conversion therapy has been signed by 120 Canadian academics and public policy experts, including 16 distinguished research chairs.

I would like to focus my remaining comments on three critical areas to consider as potential amendments to Bill C-6. These include aligning and clarifying the definition of conversion therapy, extending protections to include all adults in the legislation, and providing support for victims and survivors of conversion therapy efforts.

First, the proposed definition of conversion therapy in Bill C-6 should use a more standard and consistent definition that is currently in wide use within many municipal bylaws and provincial/territorial acts prohibiting conversion therapy. Rather than focusing on particular identities or directional orientation, these legislative definitions should use plain language and include clearly understood grounds against discrimination that are protected in all provincial and territorial human rights acts in Canada.

For example, Bill C-6 ought to align with the Canadian Human Rights Act by explicitly including protections against change efforts directed at any person's sexual orientation, gender identity or gender expression. Some simple amendments would help refine the definition in Bill C-6 and reinforce that all forms of conversion therapy are prohibited, and would also clarify which practices are not included and considered acceptable in helping individuals find appropriate support. The key here is that all approaches should be objective, neutral and non-judgmental to outcome, and focused on empowering the individual to be active in discovering and understanding their own identity.

Historically, conversion therapy efforts have been grounded in an anti-LGBTQ2 ideology with the underlying belief that LGBTQ2 people are pathological, disordered or sinful: in short, needing a so-called cure or correction away from deviance into normalcy.

Second, Bill C-6, as drafted, only prevents forced conversion therapy for adults. Because of the clear evidence of harm, and the lack of research evidence of efficacy, the notion of informed consent is not a possible justification for conversion therapy. Given the well-documented and known harms of conversion therapy, it is a reasonable limitation to restrict so-called consenting adults from engaging in conversion therapy practices.

The government has an obligation to protect all individuals from known or reasonably foreseeable harms and dangers, which is why there are strict consumer protection laws and numerous medical and health regulations in Canada. Clearly, restrictions are reasonable and justifiable limitations on individual rights and freedoms. As notable examples, Quebec's Bill 70 and many municipal bylaws apply to all ages, individuals or groups.

● (1235)

Lastly, it is imperative that the federal government work with survivors and LGBTQ2 civil society organizations to establish an education program and compensation fund to support victims of conversion therapy. Pursuing legal recourse through the Criminal Code of Canada sets a very high bar, and support is needed.

Thank you.

**The Chair:** Thank you very much, Dr. Wells.

We'll now go to Dr. Kenneth Zucker for five minutes.

Go ahead, sir.

**Dr. Kenneth J. Zucker (Psychologist and Professor (Status Only), University of Toronto, As an Individual):** Thank you for giving me the opportunity to address your committee.

I am a clinical and research psychologist. Since 1976 I have seen over 1,600 children and adolescents who experienced gender dysphoria. I was the chair of the sexual and gender identity disorders work group that was part of the task force for the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association. I have published over 300 peer-reviewed articles and book chapters on this topic, so I feel that I have the necessary background to address elements of Bill C-6.

Up front, let me state that I am in full agreement that mental health clinicians should not attempt to change the sexual orientation of individuals under the age of 18 years. However, I want to point out quite strongly that contemporary mental health clinicians do not engage in such practice and have not done so for decades. Mental health clinicians do not practise conversion therapy with gay, lesbian or bisexual adolescents.



Where I disagree quite strongly with Bill C-6 is in its additional focus on gender identity in children and adolescents. Since the State of California passed similar legislation in 2012, there has been an insidious conflation of sexual orientation and gender identity. Not only does the proposed legislation erroneously conflate two very distinct psychological phenomena, but it also completely ignores developmental considerations.

The original criticisms of sexual orientation change efforts were targeted at the unsuccessful efforts by clinicians to try to change the sexual orientation of adults. Bill C-6, by conflating sexual orientation, now targets clinicians who work with children as young as the age of three years and their parents.

In my view, this is a serious mistake. Do politicians appreciate this conflation? The background scientific material provided to the committee by Phillips and Walker is completely silent with regard to what is known about best-practice therapy for children and adolescents with gender dysphoria. No well-trained mental health clinician attempts to coercively change the gender identity of either a child or an adolescent. Well-trained clinicians consider what the best therapeutic approach might be to reduce gender dysphoria, a mental health diagnosis in *DSM-5*, and the distress associated with it. There are various ways in which this can be accomplished.

The problem with Bill C-6 is as follows.

In clause 5, proposed section 320.101 defines “conversion therapy” in part as “a practice, treatment or service designed to change a person’s...gender identify to cisgender”. Yet, the same proposed section states that this does not include “a practice, treatment or service that relates...to a person’s exploration of their identity or to its development”. Bill C-6, like many initiatives that have preceded it, is completely vacuous in defining what such exploration would look like or constitute. Let me give you a couple of examples.

A three-year-old boy expresses a very strong desire to be a girl. When asked why he wants to be a girl, he tells his parents that he likes very much to play with Barbie dolls and to wear dresses. Under Bill C-6, can a mental health clinician explore with such a child this belief? For example, would it be acceptable to point out that boys can play with Barbie dolls too?

A seven-year-old boy expresses a very strong desire to be a girl. When asked why, he says that all the boys in his classroom at school are mean and rough. In contrast, all the girls in his classroom are kind and gentle. He does not want to be mean or play rough. Under Bill C-6, can a mental health clinician explore with such a child these beliefs? For example, would it be acceptable to point out that not all boys are mean and rough and that not all girls are kind and gentle?

A 14-year-old girl expresses a very strong desire to be a boy. This girl also has a diagnosis of autism spectrum disorder, which includes the propensity to think in very binary terms. Because she does not feel like other girls, she thinks that the only option is to be a boy. Under Bill C-6, can a mental health clinician explore with this adolescent the idea that there are many ways that one can be a girl?

• (1240)

In my view, Bill C-6 should be modified in one of two ways. One is to delete entirely any reference to gender identity and restrict it to sexual orientation, the original target of criticism of conversion therapy. Failing that, Bill C-6 should be extensively revised in terms of explaining the scope of what exactly it means to engage in exploration of gender identity or its development—in other words, provide objective markers.

Such a revision would help both clinicians and families that have a child or adolescent experiencing gender dysphoria understand what the legislation truly intends to target.

Thank you.

**The Chair:** Thank you very much.

We'll now go to Pour les Droits des Femmes du Québec.

You have five minutes.

[*Translation*]

**Ms. Ghislaine Gendron (Representative of the Comité de réflexion sur l'identité de genre, Pour les droits des femmes du Québec):** Good morning.

I'd like to make a correction. I am not the president of the Pour les droits des femmes du Québec organization. I represent the organization's gender identity working group.

I'm accompanied by Dr.<sup>x</sup> James Cantor, who was the advisor to the Pour les droits des femmes du Québec organization on a gender identity issue I would like to discuss.

I will turn things over to Dr.<sup>x</sup> Cantor briefly and then resume with my comments.

[*English*]

**Dr. James Cantor (Advisor, Pour les Droits des Femmes du Québec):** I only have a few words to say.

I hope that you'll support Bill C-6, except for the inclusion of gender identity, because the bill treats it the same as sexual orientation.

As a clinical psychologist and research scientist, I've been providing therapy and publishing on the neuroscience of human sexuality for over 25 years now, including helping many transsexuals to successfully transition. I've served as a senior scientist at the Centre for Addiction and Mental Health, editor-in-chief of the journal *Sexual Abuse*, and associate professor at the University of Toronto. I'm currently the director of the Toronto Sexuality Centre.

Finally, I'm also an openly gay man. I was lucky to have appropriate and supportive therapy when I was a teenager, now long ago, and I feel honoured to have the opportunity to help ensure that future generations have access to it.

Therefore, I am here today to help provide three perspectives: that of a scientist, to point out that this legislation mistakes the content of the current science; that of a mental health care provider, to note that this bill would cause a chill effect, inhibiting my and others' ability to act in the patient's best interest; and that of a member of the LGBT community itself, to describe exactly how this is affecting my brothers and sisters.

Thank you, and I look forward to your questions.

[*Translation*]

**Ms. Ghislaine Gendron:** Thank you, Dr. Cantor.

I'd like to thank the committee members for having invited our organization, Pour les droits des femmes du Québec, or PDF Québec.

In September 2019, PDF Québec received an email from a young woman who wanted to inform us of treatment she had undergone for gender dysphoria and about how it had affected her life once she reached adulthood. She asked me to read the following evidence on her behalf:

During adolescence, my periods were so painful and frequent that they interfered with my education. My doctor was not helping me obtain appropriate care. It's also around that time that my borderline personality disorder surfaced. I was given psychiatric treatment after frequent hospitalizations. I was obsessed by the idea of being perfect, and I became very hung-up about my appearance. I didn't feel like a proper woman.

After learning about gender identities on the Internet, I found an escape route from my complexes and periods: transitioning. I was given access to hormone blockers, testosterone, and a mastectomy. The psychiatric team treating me had noted increased aggression and some suicide attempts. Rather than accepting myself, I chose it as a way to escape who I was. I stopped taking hormones after three years, but some side effects are not reversible. I went into debt to pay for breast implants. Going back is not as easy as the initial transition.

This young lady was still a minor when she underwent a mastectomy and biomedicalization. Her personality disorder had been diagnosed before she took steps to receive gender affirmation therapy. Her case is unfortunately similar to what has happened to many young ladies who show up at gender clinics. Dr. Cantor, who is with me here today, can explain it better than I could.

How would a practising psychologist who meets this young lady tomorrow be regarded under Bill C-6?

Would the psychologist be criminalized for asking a child about her perception of her condition or her self-diagnosis of gender dysphoria?

Twice as many girls as boys are affected by gender dysphoria, though the ratio has been reversed in recent statistics. In the legislative summary for Bill C-6, the subject is neither addressed nor explained.

We had to change our opening statement this morning at the very last minute, and I would like to apologize to members of the committee and to the interpreters. That's because barely three hours

ago, the BBC broadcast information of crucial importance to this topic. I'll tell you about it.

The High Court of the United Kingdom ruled today that children under the age of 16 with gender dysphoria are unlikely to be able to give informed consent to treatment with puberty-blocking drugs or cross-sex hormones.

The young Keira Bell, who detransitioned in adulthood, won her case in England against the Ministry of Health. However, our health department does not appear to have been mentioned in the bill.

Thank you for your attention.

• (1245)

[*English*]

**The Chair:** Thank you very much for your remarks.

We'll go into our first round of questions, starting with Mr. Moore for six minutes.

Go ahead, Mr. Moore.

**Hon. Rob Moore:** Thank you, Madam Chair.

Thank you to each of the witnesses who are appearing here today on Bill C-6. We appreciate your taking the time to give your perspective on this piece of legislation.

For our part, we want to make sure that we get this legislation right and that it does what it says it's going to do.

Dr. Zucker, I want to ask you a question. You mention the definition and challenges with the definition. That's something we've identified. When this bill was introduced, the minister gave lengthy remarks about what the bill doesn't do. He says that it doesn't criminalize many things, including expression of "views on sexual orientation, sexual feelings or gender identity...such as where teachers, school counsellors, pastoral counsellors, faith leaders, doctors, mental health professionals, friends or family members provide support to persons struggling with their sexual orientation, sexual feelings, or gender identity."

We're starting to get feedback from different stakeholder groups throughout Canada. One of the concerns that have been raised is that if this is what the bill purports not to do, if this is what the minister says it doesn't do, then we should fix or strengthen the language and the definition so it more narrowly focuses on what our goal is, which is to make sure that people are not subjected to conversion therapy.

Can you maybe explore a little further your thoughts on the definition and what you see as faults with the definition as it's currently construed? It's our job as parliamentarians to make sure that we get this bill right. The committee level is where we get that feedback and can perhaps have amendments that would improve the bill.

• (1250)

**Dr. Kenneth J. Zucker:** Sure, I'll try to answer that.

In science, we have a term called “operational definition”, meaning that we have a particular term and then we have to define it in a way so everybody can agree on what one is actually measuring.

My point about Bill C-6—it's very similar to all prior legislation, including Bill 77 in Ontario—is that there's this “does not apply” clause, which I read out to you. It does not include practices, etc. that relate to a person's exploration of their identity.

That is a completely vague descriptor. It does not give clinicians clear guidance on what is considered acceptable in terms of exploration. I think that is a fundamental problem. It's frightening to parents, because they worry that they're going to be accused of taking their kids for conversion therapy, whereas any well-trained clinician, as I said earlier, does not coercively try to change a child's or an adolescent's gender identity.

I think a well-trained clinician engages in all kinds of exploration. The problem with Bill C-6 is that it doesn't define what that means or doesn't mean. I think that is a very serious issue.

**Hon. Rob Moore:** Thank you, Doctor.

This question is maybe for Dr. Cantor or Dr. Zucker.

You're saying in your testimonies that the language is too vague and not certain enough, so that we don't know what is or what is not captured. If there's a reluctance on the part of the government.... We had the minister here in a prior session and I asked him if he'll accept an openness to amendments that would help to narrow in on what exactly we're talking about in the definition.

Is there a concern on your part, either one of you, that there would be a chill in health care professionals when it comes to dealing with young people who are trying to navigate, for example, gender dysphoria?

**Dr. James Cantor:** I think that's probably the most likely outcome, that we will indeed see a chill effect. Psychologists especially are, in their way, a relatively conservative group. People will say “Uh-oh”, if there's a lot of trouble. If there's a lot of activist language about it, a lot of political angling going on, many practitioners will simply resolve not to become involved. They will say, “I'm not expert enough to really make this an issue” and will just shy away from seeing any of these clients.

We will end up with clinicians, exactly as you put it, with a chill effect, simply unwilling to deal with this kind of issue; the service will become unavailable. Without a clear indication of what counts as an “exploration” and exactly what that means, anybody would have trouble going into this with the kind of confidence that a clinician needs in order to help their client.

To say that we're exploring or that a client is exploring their gender identity is to assert that there exists a concrete gender identity

and we merely need to shut up and observe. There's no evidence for that for gender identity. We have evidence for that for sexual orientation, but we cannot treat gender identity as if it's the same thing.

**The Chair:** Thank you.

We'll now go to our next round of questions, with Mr. Virani for six minutes.

Go ahead, sir.

**Mr. Arif Virani (Parkdale—High Park, Lib.):** First of all, Mr. Ashcroft, I just want to say thank you. Thank you for your candour, and thank you for your courage in presenting here and elucidating a lot of important thoughts for us to consider.

I want to voice some agreement with some of what I've heard, particularly from Dr. Wells. Even the term “therapy” seems a bit of a misnomer here, because what we're talking about is forcible, imposed treatment on individuals, and that's not therapy at all from my perspective either.

What informs this, particularly when we're talking today, on World AIDS Day—and we've talked about historic discrimination in respect of that issue for the LGBTQ2 community.... What we're talking about here is just the freedom to be who you are and to love whom you want to love. That's what informs everything we're doing.

Mr. Wells, I want to ask you a few questions, and I would ask you to take just 30 to 45 seconds for your responses.

From my perspective, this bill is quite clear in terms of what is an offence. It is an offence under the code pursuant to this bill, if it passes, to force someone to undergo something that they're not consenting to, regardless of age.

Does that provide the clarity that people need, including medical practitioners, Mr. Wells?

• (1255)

**Dr. Kristopher Wells:** I don't think the issue is around forced conversion therapy or associated practices, but this notion of whether someone can consent to what is inherently a fraudulent practice, such as conversion therapy. There isn't scientific evidence that supports its efficacy to change someone's sexual orientation or gender identity. How do you consent to something that is unscientific and that is based in an anti-LGBTQ ideology? That's why many people want the inclusion of adults. The notion of "consenting adults" is just a complete misnomer.

Likewise, let me say briefly, the problem with the legislation is that it says that in some cases conversion therapy is not acceptable for minors, but in other cases it can be acceptable for adults. It really sends a mixed message about the harms and dangers of conversion therapy by creating these artificial distinctions based on age.

**Mr. Arif Virani:** Just further on the point of consent, from a medical practitioner's perspective, as long as consent is obtained—I presume medical practitioners do this all the time, obtain consent for various treatments, this treatment or others—there would be immunization from prosecution, I would have thought.

Is that a fair assessment?

**Dr. Kristopher Wells:** The way this legislation is currently worded, and that is a concern from the LGBTQ community....

I'll give you the example of a young adult, aged 18 to 25, who is in a vulnerable situation. They may be forced to undergo conversion therapy because of pressure from their family, from their cultural community or faith community. They are not consenting to the practice, but they know what their choice is: they undergo this, or they get kicked out of their home. We know that the LGBTQ community is vastly overrepresented in the homeless population, and a large reason for that is the lack of family acceptance.

**Mr. Arif Virani:** Okay, let's talk a bit about that, because a lot of people have said this is going to somehow criminalize conversations with parents, etc.

We've heard about the notion of a list; it was covered extensively in the last session with the ministers. I'm personally of the view that the second you wade down into enumerating a list, you risk not capturing an individual. The point was raised earlier that people such as music instructors or soccer coaches aren't included in the list that was apparently on the website at one point.

What is the danger of enumerating a list, as opposed to targeting a practice, treatment or service?

**Dr. Kristopher Wells:** Certainly. As the minister has said, it's what's not listed, then, that somehow gets deemed as permissible or acceptable.

I think people are missing the point in the conversation about a list. If your practice is that your conversations are objective and neutral and don't have a predetermined outcome, then you really have nothing to worry about, because you're not engaging in conversion therapy. Often those who are engaged in conversion therapy are the ones speaking the loudest for this kind of list or these kinds of exemptions.

The legislation the government is proposing here is not that different from what has been proposed and been in operation in Canada in different provinces or territories and at municipal levels. I think what the City of Calgary has is a great example. They have very clear legislation, and then they develop their frequently asked questions and put those on their website. This is where you could get into the specific kinds of examples to show how this legislation might be interpreted in practice.

I agree that it doesn't need to be enumerated in legislation.

**Mr. Arif Virani:** Thank you.

Just quickly to Mr. Ashcroft, you gave us very compelling testimony about your own personal experience. We knew that a lot of the evidence also indicates that people who are forced into conversion therapy often experience depression and even suicidal ideation.

Could you comment on that, on the importance of the actual life-and-death nature of this kind of treatment and on what stopping it can do to prevent suicide?

**Mr. Matt Ashcroft:** I'll give you an example of my story. When I went to a conversion therapy camp, I saw somebody re-enact somebody else's rape in front of my eyes. I can't get the screams of that man that I mentioned in my testimony out of my head. It does cause depression. It does cause suicidal ideation. It's documented.

It's quite scary that we have to be in spaces like this in order to bring equity and justice to queer, trans and non-binary folks.

• (1300)

**Mr. Arif Virani:** Thank you.

**The Chair:** Thank you.

Thank you, Mr. Virani.

We'll now move to Monsieur Fortin for six minutes.

Go ahead, sir.

[*Translation*]

**Mr. Rhéal Fortin:** Thank you, Madam Chair.

My question is for Ms. Gendron from the Pour le droit des femmes du Québec organization.

Ms. Gendron, based on my understanding of your evidence and the evidence from Dr.<sup>x</sup> Cantor and other witnesses, you are in favour of the idea of prohibiting conversion therapy. That would be what the new clause 320.101 of the Criminal Code defines as follows:

320.101 ...conversion therapy means a practice, treatment or service designed to change a person's sexual orientation to heterosexual or gender identity to cisgender, or to repress or reduce ... attraction...

However, practices, treatments and services for gender transition and the exploration and construction of identity are excluded. What is excluded is rather similar to what is prohibited. That's also what I have understood from the evidence, and it strikes me as a sort of contradiction.

Would your organization not be more at ease with the idea of adding an exclusion for honest non-interventionist conversations about gender transition and the exploration and development of identity?

What I am talking about is honest conversations that are not aimed at any intervention, as opposed to allowing certain practices, treatments and services.

**Ms. Ghislaine Gendron:** No. Based on our understanding of paragraph 320.101(b), conversations are covered. Conversations are not the problem—at least I don't believe they are—but rather exploratory psychotherapy.

As Dr. Cantor and Dr. Zucker Explained, children ought not to be self-diagnosing gender dysphoria. They need to have access to psychotherapy, which does not necessarily include biomedicalization.

In other words, our major concern is that parents and children should have access to psychotherapy which does not necessarily include biomedicalization. We would like such psychotherapy, without biomedicalization, to be permitted and not criminalized by the bill.

Many young ladies who suffer from autism or personality disorders end up in gender clinics. They represent a new clientele. I would also like to hear Dr. Cantor on this subject. They self-diagnose gender dysphoria. The bill would appear to indicate that a psychologist has no choice but to corroborate this information, even though patients might be suffering from something else.

**Mr. Rhéal Fortin:** In your brief, Ms. Gendron, you mention not wishing to criminalize non-affirmative psychotherapy.

**Ms. Ghislaine Gendron:** That's right.

**Mr. Rhéal Fortin:** Conversion therapies are allowed. They're prohibited when they're carried out against a person's will or on a minor.

What I understand from your position on minors, for example, is that you would like them to have access to psychotherapy, but to non-affirmative psychotherapy not designed to alter their gender identity or sexual orientation.

Have I understood you correctly?

**Ms. Ghislaine Gendron:** No, you have not quite understood. Sorry.

**Mr. Rhéal Fortin:** You don't need to apologize.

**Ms. Ghislaine Gendron:** Unlike non-affirmative psychology, affirmative psychology willingly corroborates the gender identity presented by the child, and initially suggests social transition, puberty blockers, cross-sex hormones and perhaps even surgery. What we are proposing is that parents and children should be able to have access to these. We're afraid that anything that is not "affirmative

therapy" and that does not immediately corroborate a child's identity will be labelled "conversion therapy". We consider this a major problem in this bill.

Needless to say, we are absolutely against conversion therapy of the kind Mr. Ashcroft underwent. However, sexual orientation and gender identity must not be confused. Gender identity is a mental health diagnosis that leads to therapy—that requires therapy. Homosexuality is not a mental health diagnosis. Not at all.

• (1305)

**Mr. Rhéal Fortin:** Okay.

What you want then is for people to have access to psychotherapy services. Is that correct?

**Ms. Ghislaine Gendron:** That's right.

**Mr. Rhéal Fortin:** Would you be prepared to go as far as to accept psychotherapy aimed at influencing gender identity or orientation, but not necessarily in the sense of an individual's identity. What you are, or are not, in favour of here is not clear to me.

**Ms. Ghislaine Gendron:** What we want is for parents and children to be able to opt for psychotherapy, for the possibility of choosing affirmative therapy, and for the government not to prohibit such decisions.

When you opt for psychotherapy, it means that you do not necessarily want the child to undergo biomedicalization. We don't want the child to be automatically directed towards validation. These children are suffering. Half the children who go to gender clinics also suffer from what is called comorbidity, which is to say that they are also suffering from another mental illness. You could ask Dr. Cantor or Dr. Zucker to confirm these numbers.

The questions that need to be asked are about children's consent and self-identification. What we would like is for psychologists to be able to help determine the causes of suffering, so that they can help the children to understand it.

[English]

**The Chair:** Thank you very much.

[Translation]

**Mr. Rhéal Fortin:** Thank you, Ms. Gendron

[English]

**The Chair:** Thank you, Monsieur Fortin.

Now we'll go to Mr. Garrison for six minutes. Go ahead, sir.

**Mr. Randall Garrison:** Thank you very much, Madam Chair.

Thanks to all the witnesses for being here today.

I want to extend particular thanks to Mr. Ashcroft for his kind words at the beginning. I just want to say to him that one of the privileges of being a member of Parliament is that we often get to meet individuals like him who are incredibly brave and incredibly dedicated to telling their story in order to make the world a better place for others. I thank him for his advocacy and for being here today. I know it's not easy.

I really think the committee needs to give a bit more time today to the voice of survivors. I would like to ask Mr. Ashcroft, who I know works with a survivors' group, to maybe talk about that group and what that group has found in terms of what survivors really need.

**Mr. Matt Ashcroft:** Thank you so much for your question. I greatly appreciate it. That was actually in my speech.

Essentially, we have founded [ctsurvivors.org](http://ctsurvivors.org), which is an organization where conversion therapy survivors meet all across Canada and the United States. We are partnered with Brave Network in Melbourne, because they are doing the same thing as well.

Essentially, what we are looking for is survivor supports, further research, having a healing space where we can celebrate friendships, and mental health. We have some clinicians who are on the board with us as well. We do have a legal team that helps survivors as well.

Thank you.

**Mr. Randall Garrison:** Can you tell us a bit more about the common challenges you find that survivors are facing as a result of conversion therapy?

**Mr. Matt Ashcroft:** Survivors have a tough time with relationships and relational issues.

I am thankful that I had weekly counselling early on, so that way I can process what I have been through. A lot of survivors don't have the money and don't have the support. I think it's very important to realize that when we're working with people who have experienced trauma, we have to consider that it will take time and quite possibly they will never heal from that trauma.

We're working on creating a safe place for survivors, and we're looking for your support.

• (1310)

**Mr. Randall Garrison:** Thank you for that.

The final thing I would ask you, as the voice of survivors—and I know you mentioned some figures—is whether you can give us again a sense of the number of people who are still being subjected to various forms of conversion therapy.

I think there is a tendency for reasonable Canadians to say, “Gee, this surely must not be happening anymore.”

**Mr. Matt Ashcroft:** It is. In short, there are a couple of allegations that were the subject of a VICE article about conversion therapy practices that are happening in Kingston, Ontario. We have to amplify those voices, because they are voices that aren't being heard as much and it is still happening within the cracks.

**Mr. Randall Garrison:** Thanks.

I now want to turn back to Dr. Wells on the question of consent, because I think he made a very important contribution here.

When the minister said that he fears a charter challenge, do you think, Dr. Wells, that there is a substantive basis for fearing that charge would succeed when there are these legitimate questions about consent being possible?

**Dr. Kristopher Wells:** No, I don't share the same concerns, nor do the legal experts I have consulted with, including those who have argued already before the Supreme Court of Canada on the LGBTQ issues.

Quite simply, that is because of the clear research we've heard time and time again from all of the major professional health and medical associations, which have denounced any research or scientific support behind this notion of conversion therapy. What we do know are the harms and the dangers that it causes.

I think the best description of conversion therapy I've seen is that it is nothing more than a dangerous lie. It's an abusive, fraudulent, coercive practice, so this notion that one can give consent to something that doesn't work.... The government restricts all kinds of adult behaviours. You can't drive your car without a seatbelt. That might be part of your freedom of expression, but we know that it's not only to protect the individual but also to protect others.

There is a compelling public health interest in extending this legislation to include all adults, much as Quebec has done in their legislation—which they're debating right now, Bill 70—and many of the municipalities across Canada ensure that their legislation covers all ages.

**Mr. Randall Garrison:** Great.

Do I have additional time, Madam Chair?

**The Chair:** You have a minute left, sir.

**Mr. Randall Garrison:** I want to turn to Dr. Zucker and his concern about this question of what “exploration” means.

I wonder, and I have heard this from many people.... If we replaced “exploration” with something a bit more specific, language along the lines that what's allowed is “the exploration and development of an integrated personal identity, without favouring any particular sexual orientation, gender identity or gender expression”, is this the kind of thing that Dr. Zucker is looking for in terms of being more specific in that section of the bill?

**Dr. Kenneth J. Zucker:** It's a little better but it's still inadequate.

I think that if politicians want to take this legislation seriously in terms of how it would work for clinical practitioners, what they need to do is put this part of the legislation on pause and convene a panel of experts in the area of gender dysphoria so they can come up with a proposed consensus guideline as to what exactly constitutes “exploration”.

Failing that, the ambiguity will create a lot of anxiety.

**The Chair:** Thank you.

Thank you very much, Mr. Garrison. Your time is up.

It looks like that is all the time we will have today with our witnesses. On behalf of the committee, I would like to thank the witnesses for appearing today and for their very compelling testimony.

I look forward to any written submissions that you have provided or may be providing going forward. Thank you all very much.

The meeting is now adjourned.

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