

**Submission to the Standing Committee on Justice and  
Human Rights respecting Bill C-6 *An Act to Amend the  
Criminal Code (Conversion Therapy)***

By Erin Brewer

October 31, 2020

I am a former “trans” kid.

As a child I dressed in my brothers’ clothes.

I did my best to act like other boys.

I wanted to be called “Timothy”.

I got in trouble for being too aggressive both verbally and physically.

I practised peeing standing up so I could use the boy’s bathroom.

In first grade Ms. Hicken, my teacher at Howard R. Driggs Elementary School, asked the school psychologist to evaluate me. She could tell there was something terribly wrong.

In a meeting, the school psychologist told Ms. Hicken and my mother that I wanted to be a boy.

Rather than affirming that I was a boy, the school psychologist came up with some simple recommendations for my teacher and parents to help alleviate my gender dysphoria and body dysmorphia.

These recommendations were:

- Reinforcing positive ideas of being a woman
- Exposing me to strong and talented women
- Putting me in a special group of kids with communication problems
- Putting me in activities with girls such as Brownies and Bluebirds

Most people think that “conversion therapy” bans in fact require therapists to “affirm” a child’s sexual orientation as well as gender identity. The simple recommendations that my school psychologist made that put me on a path towards resolving my gender dysphoria would be illegal if the “conversion therapy” is ban is enacted.

Transgender activists have adopted a philosophy regarding children with gender identity issues and body dysmorphia. They insist children should be transitioned to the gender they identify with, first socially, and as they reach puberty, medically. They deny that talk therapy is helpful in managing and resolving gender dysphoria and yet I am living proof that it is.

Transgender advocates scare parents, telling them that if they don't allow their children to transition, their child is at risk of depression, anxiety, drug use, homelessness, and suicide. This fear mongering convinces parents to allow children to dictate name changes, preferred pronouns and medical interventions even though we recognize that children are not capable of making these kinds of decisions in any other situation.

There is no other case in which therapists are encouraged, required, or legislated to affirm a child who has inaccurate perceptions about themselves.

A child who suffers from anorexia is not "affirmed" in her perception that she is fat.

A child who suffers from bi-polar disorder is not "affirmed" in a belief that he will rule the world when he is manic.

A child who is crippled by anxiety is not "affirmed" that her anxiety is a healthy coping mechanism.

Although my school psychologist did not know it, between kindergarten and first grade my brother and I were abducted by two men and taken to a public restroom. I was brutally sexually assaulted and my brother was not. In my child's mind, I thought that being a boy would prevent me from ever being hurt the way those men hurt me. Not my mother, not my school teacher, not my school psychologist knew that my trans identity was based upon my desire to keep my body from being sexually violated again. It took years of therapy before I understood the connection. I never would have understood that my hatred of my female body was the result of it having been violently violated. I never would have realized that my transgender identity was a coping mechanism.

Talk therapy helped me because my therapists did not affirm my trans identity; they did not accept that the hatred I had for my female body was normal.

I am so thankful that my school psychologist put me on a healing path. I am grateful to other therapists who helped me understand that the self-hatred I had was a result of the sexual assault not because I was inherently flawed.

I shudder to think of what my life would be like if I had been encouraged to believe that I was transgender. I would have lived my life hating myself. I likely would never have had my three children who brought so much joy into my life because the hormones used for medical

transitioning result in infertility and a lifetime of damaging side effects. I might have had my breasts surgically removed in an attempt to appear less female.

I cannot imagine how we can force therapists to tell transgender children they are born in the wrong body to confirm that a child's self-hatred is appropriate.

I have talked to dozens of others with stories like mine who adopted a transgender identity as children to cope with the trauma of abuse or assault.

Children who were traumatized will be further traumatized if a ban on therapy aimed at addressing gender dysphoria is enacted. As a person who benefitted greatly from such in depth therapy I am concerned that including gender identity as part of the definition of "conversion therapy" in Bill C-6 with the prospect of a criminal prosecution, a criminal record and a prison sentence if the law is found to have been violated, will dissuade therapists from providing such needed therapy to young people who will then be deprived of the same positive outcome that I had. I therefore recommend that gender identity be removed from the definition of "conversion therapy" in Bill C-6.

Respectfully submitted by

Erin Brewer

Notes:

Up to 94% of children who identify as "trans" may not really be trans:

As noted in the WPATH Standards of Care, "Gender dysphoria during childhood does not inevitably continue into adulthood. In follow-up studies of prepubertal children (mainly boys) who were referred to clinics for assessment of gender dysphoria, the dysphoria persisted into adulthood for only 6-23% of children...Newer studies, also including girls, showed a 12-27% persistence rate of gender dysphoria into adulthood." – *Standards of Care for the Health of Transsexual, Transgender and Gender-Nonconforming People, version 7, 2012*, of The World Professional Association for Transgender Health (page 11).