

Parliamentary Brief—Bill C-6 (Conversion Therapy)

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sex vs gender identity

Essentially, Bill C-6 promotes the very thing it purports to ban: conversion therapy. This deeply flawed legislation combines into one category "sexual orientation" and "gender identity"—two distinct concepts—where there exists no rational or clinically and legally sound reason to do so. Sexual orientation is well defined and evidenced in the scientific literature as biologically based and immutable. Science tells us that trying to change an individual's sexual orientation is like trying to change their handedness. Conversion therapy for gay and lesbian people, that is any measure intended to "correct" sexual orientation, is cruel and inhuman treatment and therefore should be criminalised.

Gender identity is an ill defined, neo-creationist abstraction which denotes how an individual innately feels about his/her biological sex predicated upon a fixed self-belief resembling cultish religiosity—for example a male human who "identifies" as a woman is therefore granted legal status as a woman based upon his self declaration. Since both sexual orientation and gender identity are linked to biological sex, the former is not evident and the latter is not fixed until after sexual maturity—gender identity in children and adolescents is fluid, as children experiment with a number of different self conceptions.

"gender identity conversion therapy" is not a clinically evidence-based concept

In Bill C-6 the definition of "conversion therapy" is fundamentally flawed because it conflates very distinct concepts—sexual orientation and gender identity.. There is no evidence based rationale for tying sexual orientation and gender identity together, this is a decision which reflects transgender activism creeping into medical science guidelines and standards of care. What is Gender Identity Conversion Therapy for Children/Adolescents? There are no studies in existence regarding Gender Identity Conversion Therapy in children and adolescents, all existing evidence pertains only to sexual orientation of adults, not the gender identity of adolescents. There is no evidence based or clinical rationale for the designation of wait and see as non affirming therapy and sterilisation and lobotomising the endocrine system as affirming therapy for gender discordant adolescents. This designation is not supported by valid and reliable science. Since gender identity is tied to sex, it is not fixed in children and does not become fixed until sexual maturity. It follows, then, that there's no such thing as gender identity conversion therapy for children and adolescents. (Cantor, 2020)

autism, ACEs and differential diagnoses of "gender dysphoria"

Many psychosocial factors heavily influence a child's self perception, which is essentially what gender identity is—adverse childhood experiences (ACEs) such as emotional, physical, and sexual abuse, eating disorders, and neurological disabilities such as autism. Each of these conditions/phenomena present clinically very similarly to gender dysphoria. We do children a grave disservice by:

1. ignoring the impact of trauma, which causes individuals to feel ill at ease in their bodies and to adopt coping strategies involving rigid patterns of thinking (Cook et al., 2005, 390-398)
2. ignoring the obvious connection between autism and gender dysphoria—research has consistently found a clinically significant connection between autism and gender dysphoria.

In 2010 de Vries et al. studied the presentation of gender dysphoria in autistic children and noted that the vast majority of children with gender dysphoria are either same sex attracted or autistic. [Hisle-Gorman et al 2019](#) found that children with autism are four times more likely to receive a diagnosis of gender dysphoria compared with matched controls. [Recent research](#) based on unpublished data from Tavistock Gender Clinic in the UK points to autism as a causative factor in gender dysphoria and calls for restrictive use of irreversible treatments which may ultimately exacerbate the symptoms without addressing the root cause and cause more harm to the child vis a vis the underlying condition.

Given the causative connection between autism and gender dysphoria, as well as between gender dysphoria and ACEs/sexual abuse/eating disorders, it's questionable there is such a thing as gender dysphoria at all. Screening for autism should be a first line assessment for all individuals who present with gender dysphoria. Transitioning must be seen as a treatment modality and not a path to an innate identity and not an inalienable human right. It's legally, ethically and morally unsound to designate as an inalienable human right a particular medical treatment without clinical indications to warrant said treatment—self identification doesn't meet the clinical definition of medical indication. Developmentally, children cannot consent to treatment which entails compromising their sexual function and reproductive capacity, and currently the Royal High Court in the UK is weighing the evidence of a Judicial Review of the Gender Identity Services and will make a decision as to the legality of such treatment in that country.

the delicate developmental balance of puberty

Endocrinologist Michael Laidlaw likens stopping puberty to stunting eye or limb growth—envision an individual with an adult sized skull or torso and child sized eyes or limbs. If that sounds disturbing it should do—stopping puberty has an equally disturbing and distorting effect, only it's less visible. Puberty describes the process through which a child metamorphoses into an adult. The master gland, the pituitary, controls and regulates the functioning of other gland and puberty blockers interfere with this functioning. *Disruption of a temporal process of development cannot be reversed.* (Laidlaw, 2020)

Essentially puberty blockers are gonadotropin releasing hormone agonists (GnRHa), meaning they block the secretion of reproductive hormones which contribute to sexual development and maturation. Sex hormones play a key role in brain as well as bone development and maturation. Disruption of these processes cannot be reversed—gnRHa are not a pause to provide more time, as if that were the answer anyway—they essentially lobotomise the young endocrine system. Put another way, brain and bone development are irreparably stunted by puberty blockers and the long term effects of this off-label, experimental use of these pharmaceuticals is unknown. Puberty is a necessary part of growth and development and a key factor influencing resilience building in adolescence. Puberty is not a disease and young endocrine systems are not Netflix shows which we can pause for the sake of a baseless ideology. Remember, disruption of a temporal process of development cannot be reversed.

the humans rights implications of Bill C-6

Bill C-6 would mandate off-label and experimental use of powerful synthetic hormones as well as surgical amputation/removal of healthy reproductive tissue—all irreversible treatments with profound side effects, the most grave of which are loss of sexual function and reproductive capability—in children. Bill C-6 would criminalise any psychological screening or treatment for autism and other underlying causes of adolescent psychological distress, which the Canadian Medical Association itself feels is clinically necessary. Autism is a neurologic disability involving hypersensitivity of the nervous system and related sensory processing distortions—autistic people inherently feel alien in our bodies because of diminished interoception and proprioception and sensory processing amplification. Autistic [girls are overwhelmingly over represented in those presenting with gender dysphoria](#) and the vast majority of detransitioning females are autistic.

The UN *Committee on the Rights of the Child* has identified forced sterilization of girls with disabilities as a form of violence and [state signatories](#) to the *Convention on the Rights of the Child*, of which Canada is one, are expected to prohibit by law the forced sterilization of children with disabilities. The *International Covenant on Civil and Political Rights* and the *International Covenant on Economic, Social and Cultural Rights*, the *Committee on the Elimination of Discrimination Against Women* all address forced sterilisation of girls and women, and of disabled people as grave human rights violations. The *Convention on the Rights of Persons with Disabilities* underscores the importance of informed consent in all health care decisions of disabled persons, including surgical procedures and affirms their rights to maintain fertility on an equal basis with non disabled persons. Bill C-6 violates the bodily integrity of adolescents. It violates Canada's international human rights commitments—are we still the Canada of Lester B. Pearson or not?

summary

1. Bill C-6 limits clinicians and primary care providers' professional ability to respond appropriately and [ethically](#) to the needs of their patients, minimise harm, and maximise wellbeing.
2. Bill C-6 infringes on the rights of gender dysphoric individuals to receive the most effective, least invasive, most appropriate and individualised medical treatment by criminalising certain non invasive treatments.
3. Bill C-6 mandates treatments for gender dysphoric children and adolescents which require the child to consent to his/her own sterilisation and loss of sexual function before s/he even has the developmental capacity and life experience to understand what this means
4. Bill C-6 criminalises screening for autism and other underlying psychological issues in children presenting with gender dysphoria, potentially leading to their (forced) sterilisation causing Canada to
 - a. violate the *Convention on the Rights of the Child* of which Canada is a signatory
 - b. violate the *Convention on the Rights of Persons with Disabilities* of which Canada is a signatory
 - c. commit violence against girls according to the *UN Committee on the Rights of the Child*.

5. Bill C-6 mandates gay conversion therapy—transitioning is gay conversion therapy

recommendations for Bill C-6

1. Remove 'gender identity'
2. Define gnRHa + cross hormones + surgery—ie so called 'gender affirming treatment'—as conversion therapy for gay children and adolescents
3. Criminalise the use of gnRHa + cross hormones + surgical treatment of gender dysphoria/gender identity disorder for anyone under the age of 25 years of age

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