

Dear Committee Members,

I am submitting a response to the proposed Bill C-6 regarding conversion therapy.

I am opposed to this Bill based on the crucial fact that sexual orientation and gender identity are not the same and should not be conflated. While it is often the case that many children may present to healthcare professionals with gender identity concerns, the evidence shows that a vast majority of these children will desist at puberty and many will actually be gay, rather than gender dysphoric. Taking an affirmation approach to validating children's gender identity and placing children on so-called puberty blockers has the effect of reducing the numbers of children who desist and increases the likelihood of them continuing on to transition. The effects of transition – taking cross sex hormones and surgeries – are not without negative side effects and impacts and the increasing rates of young adults who are “detransitioning” suggest that this approach is creating increased regret and the mental health concerns this entails.

I would urge the Committee to seek the advice and research of experienced professionals who research and practice gender identity therapy. There are numerous and complicated reasons why people experience issues with their gender identities but there are patterns of behaviour. It would appear from the research to be the case that only a tiny minority of children persist with gender dysphoria while others may be gay and desist with their feelings of discomfort with their gender identity. But there are also increasing numbers of children and young adults with autism who are seeking treatment. What many psychologists are also seeing is children presenting at adolescence with separate mental health issues who are fixated on gender identity but that their issues stem from something other than gender identity or dysphoria. Transitioning will not aid these cases to resolving their mental health issues and may in fact worsen their mental health.

It is of major concern that if this Bill is passed that healthcare professionals and psychologists will feel unable to do their jobs properly by exploring other causes of a patient's gender dysphoria for fear of committing the offence of conversion therapy. Since gender identity therapy often consists of medical treatment it is a potentially highly invasive treatment with the potential to cause many negative impacts. This is completely distinct from the issue of sexual orientation since there is no medical intervention required in terms of medications or surgery and so it can be said that children and young adults seeking healthcare with regards to issues with their sexual orientation are low impact and non-invasive.

I think that gay conversion “therapies” are unethical and cause negative impacts for the patients and I cannot see any negative ramifications for banning such techniques but as I've illustrated above, this is a separate issue from gender identity which is far more complicated and the various therapies that may be positive for those in need of appropriate healthcare are at risk if gender identity is included in this Bill in its current form.