Detrans Canada

# Brief to the House of Commons Standing Committee on Justice and Human Rights Regarding Bill C-6

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**INTRODUCTION**

We are writing this brief to voice the concerns of our members, who are homosexual and bisexual Canadians who have sought treatment for gender dysphoria through existing gender therapy institutions. Our members are detransitioners - people who have re-identified with their birth sex or found other ways to manage gender dysphoria that doesn't involve further medical transition. Our members need support for continuing complex mental health issues and the negative health outcomes resulting from the medical treatments.

We oppose Bill C-6 because it is harmful to gender dysphoric children, and denies resources to individuals with internalized homophobia, body dysmorphia and other mental health concerns that often accompanies or generates gender dysphoria. This Bill will punish therapists who try to help us, ban life-saving therapies that our members need, and force gender dysphoric children on a trajectory towards unnecessary medical risks.

**HARMFUL PRIORITIES**

This Bill confuses the concepts of gender identity, gender expression and gender dysphoria. Gender dysphoria is the medically-recognized mental health disorder that is based on both gender non-conformity and distress with one's physical sex. Gender expression is how someone's behaviors, mannerisms, hobbies and tastes are interpreted by social expectations as appropriate - or inappropriate - for their sex. Gender identity is how someone names their sense of gender - which means different things to different people, and is based on many internal and external factors.

Bill C-6 oversimplifies gender, and prioritizes supporting an identity over comprehensive care for gender dysphoria. The priority of this Bill should be the long-term mental and physical well-being of gender dysphoric minors, not how quickly they can begin social and medical transition, or how consistently they maintain a gender identity.

Bill C-6 presumes a binary of cis versus trans identity, but many of our members don't fit in these categories. People who are either post-transition or who are still gender dysphoric and re-identified as their birth sex are ignored in this Bill, and their medical care will be limited by the Bill's wording as a result. The Bill also implies that the only options for therapy are either conversion therapy or medical transition, but this is false. There are in fact many more options (which potentially have better outcomes) that have been left out of this analysis.[1]

**NO PROTECTION AGAINST HOMOPHOBIA**

This Bill doesn't stop the conversion therapy of gay and bisexual kids in gender therapy. The vast majority of gender dysphoric people are homosexual or bisexual. 2 There are good reasons why internalized homophobia can lead to gender confusion. For example, Jaah Kelly had this to say about why she transitioned:

> "I knew that I was a girl who liked other girls. But because of what I was taught, I felt like the only way you would like another girl is if you were a boy."[3]

The pressure to transition often comes from parents who would rather have a trans kid than a gay kid. Tavistock's Gender Identity Development Service (GIDS) in the UK works with young children and has

been sued for judicial review[4] for their lack of mental health care before affirming a child's gender identity by giving them experimental hormone blockers. It was argued that a child cannot understand and therefore consent to the risks of hormone blockers. Former clinicians have also raised concerns about these practices:

> "It feels like conversion therapy for gay children," some [former Tavistock] clinicians stated. "For some families, it was easier to say, this is a medical problem, 'here's my child, please fix them!' than dealing with a young, gay kid."[5]

With Bill C-6, gender therapy will become the primary form of gay conversion therapy in Canada. The Bill as currently drafted prevents therapists from making good-faith inquiries about whether gender dysphoria could actually be rooted in a negative reaction to same-sex attraction. Someone struggling with internalized homophobia won't be aware of, or will deny, this fact. But the threat of criminal prosecution at the hands of homophobic parents or distressed clients will have a chilling effect on therapists' ability to provide appropriate, culturally competent, gay-positive therapy in helping clients struggling with their sexuality.

Additionally, the premature prescription of hormone blockers, cross-sex hormones, and surgical interventions to gender dysphoric kids is often unnecessary and harmful.[1] In studies on gender dysphoric youth who did not receive medical intervention, 85% reconcile with their birth sex as they finish puberty and, for many of them, this includes coming to terms with their sexual orientation.[6] There is no good justification for exempting medical transition in minors in this Bill when, statistically, the vast majority of minors seeking gender therapy will resolve their issues without it. We believe that it is wrong to medically alter kids' bodies to make society more comfortable with their sexuality and gender expression.

In a personal testimonial, Member "A" of Detrans Canada speaks to these issues:

> "I knew I liked girls from a young age. I felt I was inadequate or incomplete as a lesbian. I felt I must be a man to be legitimate, or I must have male parts before I can have sex. I hated myself for being a masculine girl, a lesbian, and I felt like it was all my fault, so I would cut and burn myself, and drink heavily as a teen, to make it all go away. I thought I had to be a husband, and be able to father children for a relationship to be legitimate.
>
> I never got therapy for my internalized homophobia. No one made the connection. The symptoms of my internalized homophobia matched those of gender dysphoria. That combined with my natural gender nonconformity led professionals to assume I was a man trapped inside a woman's body. They offered me transition, as a way to "correct" my body, instead of helping me cope with my emotions. I lived as a trans man for 10 years and took testosterone.
>
> I am now in a lesbian relationship where I am seen as my true self, where I don't have to make any alterations to my body, and can just exist as I am. It has been tremendously healing for me. I wish other gays and lesbians with extreme internalized homophobia like myself can find self love without feeling the need to fit into the heterosexual world through transition." [7]

**LIMITING THERAPEUTIC OPTIONS WILL CAUSE HARM**

There are several possible therapeutic goals in the treatment of gender dysphoria: [1]

- the relief of gender dysphoria by first addressing related mental health concerns. (Most gender clinic clients have co-occurring mental health concerns, including internalized homophobia, bullying, sexual violence, body dysmorphia, PTSD, OCD, eating disorders, depression, autism, anxiety, and more. In one study, 75% of gender dysphoric minors had co-occurring psychological issues) [8]
- resolving their gender dysphoria by accepting their gender expression as non-traditional, but still reconciling with their biological sex
- Social and medical transition

These outcomes roughly correspond to the goals of 3 accepted treatment approaches: [1]

- Watchful waiting
- Therapeutic resolution and self-acceptance
- Affirming gender identity with social transition and medical intervention

Bill C-6 would allow for only the third option, social and medical transition, to be exempt from the risk of criminal prosecution for conversion therapy, even though it is in fact the most radical -- and only irreversible -- treatment option.

The risks of social and medical transition are unacceptably high, and should not be used as anything but a last resort.[9] The Council for Choices in Healthcare in Finland has recently released new guidelines that do not approve of transition surgeries for minors. [10]

Detrans Canada wants the exemption for transition-related, physically-altering medical interventions (including puberty blockers, chest binding, hormones and surgical interventions) to be removed, and for those practiced banned for patients under age 18.

The most common justification for using medical interventions like hormone (puberty) blockers is to prevent suicide. The suicide rate for gender dysphoria is higher than the general population, but is comparable to other groups with complex mental health issues. [11] Many of our members presented with serious mental health concerns but were often told they would naturally resolve after transition. However, one analysis of the most recent data shows that hormone blockers increase suicidality and thoughts of self harm.[12] Additionally, a recent compilation of data on medical transition has concluded that the more transition-related surgeries a gender dysphoric person undergoes, the more likely they are to commit suicide.[13] There is simply no justification for using the most extreme intervention available, while ignoring the risks created by the co-occurring mental health issues.

Treatments routinely given to children, such as hormone blockers, are marketed as a “pause button” for puberty. Parents and children are told that its purpose is to give gender dysphoria kids time to decide if they would like to transition. However, data shows that 99% of gender dysphoric children who go on hormone blockers will continue onto cross-sex hormones (hormones given to replicate the hormone profile of the opposite sex).[14] This is in stark contrast to the 85% of dysphoric kids whose dysphoria resolves successfully and without transition using a ‘watchful waiting’ approach. [6] It is in fact possible that early interventions such as puberty blockers restrict the child’s ability to resolve their gender

dysphoria, but since no other treatments are offered in Canada, therapists may feel this is the only option. Thus, gender dysphoric children are set on a path to medical transition that may not have been necessary.

Member "C" of Detrans Canada has said the following about her experience of being pushed towards surgical transition by her own physician:

> "After about two months of taking cross-sex hormones, my physician told me that she was going to stop refilling my prescription for testosterone if I did not make an appointment with a surgeon for a double mastectomy. I had told her from the beginning that I had no plans to have either a double mastectomy or genital surgery. She persisted, though, that this was the next step in my transition and that my mental health would decrease into suicidal ideation if I didn't pursue surgery." [7]

The majority of our members are now lifelong medical patients who have medical trauma resulting from decisions they made as children. There is currently no lower age limit in Canada for children to receive transition-related medical interventions. The long-term consequences can be severe. [1, 6, 11, 19] Our members have suffered from disabling pain, psychosis, surgical complications, infertility, sexual dysfunction, suicidality, and depression caused by irreversible hormone treatments and surgery that, ultimately, provided no long-term resolution of their gender dysphoria.

It is neither safe nor ethical for Bill C-6 to exempt only transition-related body modifications as treatment to resolve a mental health issue in children. Our shared experience as detransitioners demonstrates that children who medically transition do not fully understand how serious and irreversible the process is. Our members often report not understanding the transition process and naively believing that their sex-change operation would resolve all of their mental health issues, and/or actually transform them into the opposite sex. Their understanding of gender, separate from the gender roles expected of them, was not clear or complete during their formative years of psychological development.

Bill C-6 as currently drafted could therefore result in children in Canada declaring a gender identity while in a state of crisis affecting their sense of self-perception. Bill C-6 would mean that this conception of self could never lawfully be challenged by a therapist, even though it could set these children on a path of lifelong medical interventions.

Even interventions that are viewed as harmless, such as chest binding (similar in concept to a corset, but designed to keep breast flat) -- seen as one of the most non-invasive methods of transition -- have 28 medically-documented, serious, negative consequences. [15] Our members have experienced many of them, including permanent changes to their ribs and lung capacity.

Here is a personal testimonial from Keira Bell, an associate of Detrans Canada from the UK, about her experience with hormone blockers and informed consent:

> "I am someone who began medical transition years ago as a 16 year old girl via Tavistock's Gender Identity Development Service (GIDS) clinic in London, UK. I was affirmed and welcomed as a boy almost immediately from my first appointment which reinforced my false conviction that I was meant to be a boy. Before long I was prescribed hormone blockers

> (Gonapeptyl) which set me on an inevitable path to cross-sex hormones and a double mastectomy to remove my breasts.
> Hormone blockers were discussed with me in a flippant manner and I was told they were "fully reversible". This gave the impression that they were not a big deal and would not affect me in any way long-term. The NHS recently admitted that "little is known about the long-term side effects of hormone or hormone blockers in children with gender dysphoria" In reality, these drugs were an imperative point in my transition and have had a detrimental affect on my health and development in many aspects. Without medical intervention it is a strong possibility that my gender dysphoria would have resolved. I would have continued to develop physically and cognitively, therefore naturally becoming comfortable with my body. Today I still experience negative effects from the treatment, including issues with my cognitive function, mood and bones/joints.
> I now realise as an adult that the "consent" that I gave as a 16 year old was not and could not have possibly been informed." [7]

**We believe that transition-related body modifications in children under age 18 should be banned, and that the exemption provided in Bill C-6 should instead be made for good-faith therapies encouraging self-acceptance and prioritizing the treatment of other mental health issues that generate gender dysphoria.**

Personal testimonials from our members (available in full on our website [7] ) demonstrate the profound consequences of not treating some of the mental health issues that commonly accompany gender dysphoria, including sexual abuse, bullying, bipolar disorder, schizoaffective disorder, and more. [8] Therapists need to be able assess and apply the appropriate treatment intervention for their clients without risking criminal prosecution.

**THERAPISTS WILL RISK CRIMINAL CHARGES**

The definition of conversion therapy in the Bill is so vague that it includes good-faith efforts by clinicians who are following clinical guidelines. An example is an article titled "I underwent conversion therapy", in which therapy exploring how past traumas led to a disrupted sense of self is characterized by the author - and this Bill - as 'conversion therapy', despite the fact that the author did not even meet the clinical criteria for gender dysphoria. [16] Additionally, addressing mental health and trauma is exactly the kind of treatment that would be beneficial to our members. The Bill saddles therapists with legal risks in treating gender dysphoric children with anything but identity affirmation and transition-related medical interventions. This one-size-fits-all focus on medical transition will be inappropriate for the majority of gender dysphoric children. [1]

A personal testimonial from an American associate of Detrans Canada speaks to the existing over-emphasis on medical transition of most gender therapists:

> "I was also confused as to why suddenly I was feeling awful and disconnected from my own experience again, wondering if I could "really" change my sex. I was kindly told that trans people doubt themselves all the time, it was nothing to worry about. I was told to keep pushing through and that this doubt would fade with time. I was even told that if I stopped transitioning, I would probably regret it like older trans people who wished they had transitioned as a teen and I would

> be angry I threw away an opportunity to guide my body in the direction I desired. Instead of any investigation into whether continuing testosterone was the best course of action, my doctor just was giving me the answer I wanted at the time; that the doubts would go away and transition was the right answer for me. I was continuously told as a teenager that it was **never the wrong option**." [7]

Currently, there is not a single LGBT organization or Gender Identity Clinic in Canada that even recognizes the existence of detransitioners, much less offers appropriate health care and support. Passing Bill C-6 as currently drafted would make it almost impossible for detransitioners to find therapists willing to risk criminal charges in order to help our members pursue any kind of therapy that could result in what this Bill over-simplistically characterizes as a 'cis-gender identity.'

Some detransitioners will look for a mental health professional to help them process their transition, detransition, and medical trauma, and to learn different ways of managing their gender dysphoria. However, several of our members have gone to mental health professionals only to be told they should transition again. Under current conversion therapy laws in other jurisdictions, therapists are already scared to help any gender dysphoric person reconcile with their body.

Here, a personal testimonial from Member "A" of Detrans Canada, in which she discloses that the only option offered to her as a gender dysphoric patient was transition, even when there was evidence that medical transition was harming her:

> "There is no support for detransitioning. Every time I went to speak to a doctor or therapist, they all concluded the same thing: that I was trans, and I must stay on my hormone regimen. Me wanting to desist or stop, was seen as me being unwell, and not taking my medicine. If I explained that the hormones seemed to be making my mental health worse, they would shame and coerce me into taking them again anyway." [7]

Transition advocates frequently deny that children are given transition-related medical interventions. For example, Dr. Glynnis Lieb has stated that "nobody that I know in this field supports or engages in medically transitioning children," and has said that promoting transition is not the objective of this Bill.[17] We agree that mental health issues should not be met with medicalized institutional responses. However, our members have first-hand experience of transitioning as minors, and cursory fact-checking will find statements like this one on the Sick Kids' Transgender Youth Clinic website:

> "The primary function of our interdisciplinary clinic is to provide information on medical options and a treatment plan for puberty blocking and medical transition." [18]

The definition of conversion therapy in this Bill is clear in allowing invasive transition-related medical interventions to continue with *no limits on how young the child might be*.

Children with gender dysphoria deserve better. The distress of dysphoria deserves cautious therapies, alternative strategies to reconcile with their birth sex, informed consent as adults to explore physical interventions, and post-transition support regardless of the gender identity of the patient.

In the words of an American associate of Detrans Canada:

> "My final course of action after around two years led to me internalizing my own failure; how a treatment that always works, didn't work for me. How I was a freak and not normal with my body ruined on top of it. I stopped seeing that therapist and my doctor while quitting testosterone independently, which wasn't safe but I couldn't take it anymore. All my providers did was confuse me more and make me feel more alienated by my own doubts and feelings, instead of actually doing their jobs." [7]

**AMENDMENTS**

Detrans Canada calls on the Committee to make amendments to Bill C-6 to include:

1. A ban on any physicially-altering transition-related medical intervention, including puberty blockers, genital surgery, synthetic cross-sex hormonal body modifications and chest binding in gender dysphoric and transgender-identified children under age 18.

2. Explicit wording allowing for the therapeutic support of gender non-conforming, gender dysphoric, transgender-identified and same-sex attracted children without physical interventions.

3. Explicit wording allowing for good-faith, clinically-appropriate therapeutic support for detransitioners, desisters and gender non-conforming people to manage or resolve their gender dysphoria without resorting to gender transition.

4. Explicit wording to provide assurance that detransitioners are included and supported in our right to access appropriate and critical therapies and post-transition health care.

5. Explicit wording to prohibit gender therapy from being used as conversion therapy to repress or conceal same-sex attraction in children.

In addition, Detrans Canada calls upon the Committee to undertake a gender-based analysis of Bill C-6 prior to its passage, in order to fully understand the impact of this legislation, especially on female persons under age 18.

**CONCLUSION**

Bill C-6 states that it is a "myth" that a person's gender identity can be changed. However, our members have gone through many changes in understanding their gender identity. Our membership is growing, but for all the wrong reasons.

The post-transition experience is complex and often isolating. The deliberate denial of our inconvenient existence is cruel and exclusionary. Bill C-6 as drafted denies our very existence, as well as our right to receive appropriate non-medical therapies.

**DESCRIPTION OF DETRANS CANADA**

Detrans Canada is an independent and non-partisan advocacy organization that supports detransitioning, desisting, and re-identifying Canadians.

We believe those who are in the process of questioning, ending or reversing a gender identity or gender transition process should be offered support, access to high-quality research, access to informed medical professionals, and the ability to advocate for themselves.

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**GENERAL RESOURCES**

The Trans Train, (2019), Swedish documentary with English subtitles.
https://www.dailymotion.com/video/x770h8o

NHS child gender clinic: Staff welfare concerns ‘shut down’ (2020) - BBC Newsnight
https://www.youtube.com/watch?v=zTRnrp9pXHY

NHS child gender clinic: Staff concerns date back more than a decade (2020) - BBC Newsnight
https://www.youtube.com/watch?v=8MYWT1Cfp1g

Ellie and Nele: From she to he - and back to she again (2020) - BBC News
https://www.bbc.com/news/stories-51806011

Gender identity is hard but jumping to medical solutions is worse (2019) - The Economist
https://www.economist.com/open-future/2019/12/03/gender-identity-is-hard-but-jumping-to-medical-solutions-is-worse

“The man I am trying to be is not me” (2020) *The International Journal of Psychoanlysis*, Roberto D’Angelo
https://www.researchgate.net/publication/344734287_The_man_I_am_trying_to_be_is_not_me