Protecting the Physical and Psychological Integrity of Children and Adolescents with Gender Dysphoria

Brief on Bill C-6

Submitted by

Pour les droits des femmes du Québec (PDF Québec)

November 12, 2020

PDF QUÉBEC
pour les droits
des femmes du Québec

A mixed, non-partisan, feminist citizens' group founded in 2013 and made up of more than 500 members from diverse backgrounds.

PDF Québec believes that true democracy is only possible if genuine equality between women and men is achieved.

PDF Québec supports a democratic and secular society.

Written by

Ghislaine Gendron
Analyst and Head of PDF Québec's committee on gender identity

Michèle Sirois
Anthropologist and Acting Vice-President of PDF Québec

With the invaluable help of the members of PDF Québec's board of directors

The authors would like to thank all those who assisted them.

Contents

Summary

On October 1, 2020, the federal government introduced Bill C-6: An Act to amend the Criminal Code (conversion therapy) in the House of Commons. This bill amends the *Criminal Code* to prohibit practising or advertising conversion therapy.

The legislative summary of Bill C-6 rigorously documents the history and scientific evidence regarding "conversion therapy," or sexual orientation change efforts (SOCE). Pour les Droits des Femmes du Québec (PDF Québec) fully supports these findings and the goal of banning these therapies through deterrents. Homosexuality is not a disease that must be "treated" in order to change a person's sexual orientation.

However, Bill C-6 fails to highlight the evidence supporting the existence of conversion therapy to "change a person's … gender identity to cisgender" (to use the bill's wording). It also fails to define specifically what these conversion "efforts" would consist of.

In the legislative summary of Bill C-6, the government merely refers to an article in the *Canadian Journal of Psychiatry*, in which the author states that there is no evidence about the prevalence of "conversion therapy" for transgender people in Canada.[1]

The author does not, however, define or describe "conversion therapy" for transgender people and uses the terms "gender" and "sex" interchangeably, as if they were synonyms. He then applies his findings about conversion therapy for sexual orientation to conversion therapy for transgenderism. The author, like the government, makes no reference to gender dysphoria (GD) in children, which causes suffering for which they seek therapy. Unlike homosexuality, GD is a mental health diagnosis that often requires treatment, particularly in children and adolescents.

The government has a responsibility to children and adolescents with gender dysphoria.

The suffering of these vulnerable individuals compels us to take care of them, and Bill C-6 misses the mark.

[1] Salway, T., et al., "Prevalence of Exposure to Sexual Orientation Change Efforts and Associated Sociodemographic Characteristics and Psychosocial Health Outcomes among Canadian Sexual Minority Men," *Canadian Journal of Psychiatry*, January 26, 2020, https://journals.sagepub.com/eprint/WD8EWWWHW6RZYUNVG8XR/full.

Introduction

On September 12, 2019, PDF Québec received an email from a young woman asking for help. We would like to share an excerpt with the committee.

> My name is Sarah, and I'm a 19-year-old woman who was maimed by an inadequate treatment for gender dysphoria when I was a teenager.[2] I could not provide informed consent for this treatment because I was suffering from severe mental health problems at the time. As you are probably aware, underage girls who are uncomfortable with their bodies (a normal discomfort, considering hypersexualization and the repercussions of being perceived as a girl or woman) are offered hormones and surgery.
>
> One year after I stopped taking hormones, I became pregnant. I won't be able to breastfeed because I received an unnecessary mastectomy.… I know that I'm not the only one to have detransitioned, because there was a Radio-Canada article on the subject.…

Sarah, now 20, shared her story and her suffering with us. The "affirmative therapy" (see section 2.2) she received has given her a deep voice that she finds difficult to come to terms with. She recently gave birth to a baby girl whom she cannot breastfeed, owing to a mastectomy she received when she was a minor (at age 17) and while she was suffering from a personality disorder diagnosed prior to her application for "gender affirmation" therapy. She also lost some of her hair.

After she was prescribed testosterone by a psychologist who was applying the principles of affirmative therapy at a gender clinic in Montreal, Sarah had to be committed to a psychiatric hospital after a number of suicide attempts. She was 16.

This letter and the subsequent follow-up motivated PDF Québec to begin taking an interest in a phenomenon that reportedly affects two times more adolescent girls than boys at puberty. Medical experts worldwide have not been able to explain why this ratio has inverted in the last two decades.[3] We are equally alarmed, as feminists, given the impacts on the health of these adolescent girls.

In addition, along with many medical experts around the world, PDF Québec is gravely concerned by the staggering increase in cases of adolescents identifying with the other sex or suffering from GD. Reputable newspapers have reported increases of 1,500% among girls in Sweden and 3,000% among children in the United Kingdom.[4]

In Canada, the research findings of Hayley Wood et al. also show comparable statistics among adolescents who were referred to GD clinics in Toronto.[5] The number increased from 20 or so adolescents per year

---

[2] Not her real name.

[3] Zucker, K.J., "Adolescents with Gender Dysphoria: Reflections on Some Contemporary Clinical and Research Issues," *Archives of Sexual Behavior*, 2019, p. 48: https://doi.org/10.1007/s10508-019-10518-8.

[4] Turner, J., "Giving puberty blocker to 'trans' children is a leap into the unknown," *The Times* (United Kingdom). February 21, 2020: https://www.thetimes.co.uk/article/giving-puberty-blocker-to-trans-children-is-a-leap-into-theunknown-x3g37sb7f.

[5] Wood, H., Sasaki, S., Bradley, S. J., Singh, D., Fantus, S., Owen-Anderson, A., Di Giacomo, A., Bain, J., and Zucker, K. J., 2013, "Patterns of Referral to a Gender Identity Service for Children and Adolescents (1976–2011): Age, Sex Ratio, and Sexual Orientation," *Journal of Sex & Marital Therapy*, 39:1, 1-6, DOI: 10.1080/0092623X.2012.675022, http://dx.doi.org/10.1080/0092623X.2012.675022.

(aged 13 to 20) in the early 2000s to approximately 95 in 2008, with twice as many girls as boys being treated.

Bill C-6 is a source of considerable confusion because it applies findings from studies on SOCE to GD therapy for children and adolescents.

We are calling on the government to remove GD from Bill C-6 and to take into account the lack of medical consensus on the treatment of GD before moving forward with a bill that could have serious consequences on the health of children and adolescents, particularly young girls.

1. The dubious conflation of sexual orientation and gender dysphoria

1.1 Sexual orientation

In 1973, the American Psychiatric Association removed homosexuality from the pathologies and personality disorders listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). In Quebec, the Association des Psychologues du Québec and the Ordre des Psychologues du Québec (OPQ) both state in no uncertain terms that homosexuality is not a disease or a mental disorder and that attempting to change one's sexual orientation would risk raising false hopes and causing greater distress once the treatment predictably fails.[6]

PDF Québec supports and commends the government's efforts to ban conversion therapy, which is in fact already prohibited by the professional bodies' codes of ethics and professional conduct.

1.2 Gender identity and gender dysphoria

While homosexuality is not an illness and does not require treatment, this is not the case for GD, which is a mental health diagnosis and often requires care and treatment, particularly in children and adolescents. The suffering of these vulnerable individuals compels us to take care of them, but Bill C-6 unfortunately does not.

The second part of Bill C-6 prohibits therapy to "change a person's … gender identity to cisgender." Since the bill is regulating therapies, it seems more accurate to talk about "gender dysphoria" rather than "cisgenderism." The latter refers to discourse on "gender identity," not to the suffering or psychological distress experienced by children and adolescents. One might even ask, what exactly is the purpose of Bill C-6? Does it aim to create legislation to regulate treatments for mental health diagnoses, based on the recommendations of experts from Health Canada and around the world, or does it aim to convey the requests of transgender people to respect how they feel about their gender identity? If these are in fact the objectives of the bill, we believe it is essential to clearly identify and define them and differentiate between them.

---

[6] Opinion of the Ordre des psychologues du Québec, 2012, "Les interventions qui visent à changer l'orientation sexuelle," https://www.ordrepsy.qc.ca/c/document_library/get_file?uuid=b57fed59-38cb-4496-8976-2a5b832cf035&groupId=26707. [French only]

While GD is often presented as a human rights issue, it is rarely seen from the perspective of mental health diagnosis. Yet it is by virtue of this diagnosis that care, therapy, surgery and biomedicalization are provided and covered by the Québec Health Insurance Plan (RAMQ) and private health insurance in Canada and elsewhere.

GD is defined as the suffering experienced by people as a result of a perceived misalignment between the psychological experience of themselves as a man or woman (or boy or girl) and the sexual characteristics of their body. This suffering may require healing in the form of care, treatment and therapy.

2. Lack of consensus on diagnosis and treatment

The experts are divided on this issue. According to the scientific literature, some authoritative sources, such as the DSM-5, classify GD as a mental health diagnosis, while other researchers claim that the GD diagnosis in children is an example of a conflict between the individual and the society in which they live.[7] Many see GD as neither an illness nor a social construct, but as a normal, though less common, variation of gender expression.

According to some, the need for treatment makes GD a disorder. Others argue that it is an illness insofar as there is a disconnect between the body and mind that causes suffering. They would liken GD to anorexia disorder, which is also categorized as a type of body dysphoria.

Who should we believe? Well, there would be no need for people experiencing GD to undergo medical procedures to make their lives easier if it were merely a "normal variation" of gender expression. In other words, if GD is merely a normal variation, how can we justify the way our society medicalizes it and pays for the biomedicalization and surgeries that are part of the "affirmative" approach? However, one thing is certain: by drafting legislation to cover the costs of treatment, therapy, surgery and biomedicalization related to gender identity, governments are clearly taking a position on this debate and recognizing GD as a mental health diagnosis.

Just as there is no consensus on the causes of GD, there is no agreement on the therapeutic approaches to treating it. Experts around the world are divided as to what causes GD and how to most appropriately treat children with GD. An empirical study entitled "Early Medical Treatment of Children and Adolescents With Gender Dysphoria," conducted by Curium-Leiden University Medical Centre's Department of Child and Adolescent Psychiatry, in the Netherlands, and the University Medical Center of Amsterdam's Department of Medical Psychology, provides a very good summary.[8] Its findings list the points of disagreement among the interdisciplinary teams of experts consulted around the world:

---

[7] Vrouenraets, J. J., et al., "Early Medical Treatment of Children and Adolescents With Gender Dysphoria: An Empirical Ethical Study," *Journal of Adolescent Health*, Volume 57, Issue 4, October 2015, pp. 367–373, https://www.jahonline.org/article/S1054-139X(15)00159-7/fulltext.

[8] Vrouenraets, J. J., et al., "Early Medical Treatment of Children and Adolescents With Gender Dysphoria: An Empirical Ethical Study," *Journal of Adolescent Health*, Volume 57, Issue 4, October 2015, pp. 367–373, https://www.jahonline.org/article/S1054-139X(15)00159-7/fulltext.

> Seven themes give rise to different, even opposing, opinions on treatment:
>
> (1) the (non-)availability of an explanatory model for GD; (2) the nature of GD (normal variation, social construct or [mental] illness); (3) the role of physiological puberty in developing gender identity; (4) the role of comorbidity; (5) possible physical or psychological effects of (refraining from) early medical interventions; (6) child competence and decision making authority; and (7) the role of social context how GD is perceived.

In closing, the authors stated, "As long as debate remains on these seven themes and only limited long-term data are available, there will be no consensus on treatment. Therefore, more systematic interdisciplinary and (worldwide) multicenter research is required."[9]

Two therapeutic approaches for diagnosing and treating children and adolescents with GD have emerged from the medical research of the past 35 years. Unfortunately, we are concerned that some supporters of Bill C-6 are trying to prohibit one of them.

2.1 The cautious exploratory psychotherapy approach

The first exploratory psychotherapeutic approach, which could be described as "vigilance and patience," favours an open-minded attitude that accommodates the varied experiences of children suffering from GD. It seeks to understand and support them throughout the development of their gender identity. This approach encourages an exploration of the possible causes of a child's suffering without ever excluding the possibility that GD is a primary catalyst. This therapy reflects and takes into account the fact that approximately 20% of children are not comfortable in their own body after adolescence and will have to live adult lives while identifying with sociocultural behaviors usually associated with the other sex (what activists call gender expression and gender identity). The remaining 60%–80% of children experiencing symptoms of varying degrees of severity[10] will accept their birth sex when they reach adolescence and go on to live normal adult lives, without the need for medication or surgery, like most of us.[11]

Research confirms that children make up a small part of the people who experience GD and that GD

---

[9] Vrouenraets, J.J., et al, Op. cit.

[10] One statistic that is undisputed by Gender Identity Development Services (GIDS), a government organization that provides care for gender dysphoric children and reports to the U.K.'s Department of Health, and North American gender clinics, reveals that, in the absence of medical intervention, approximately 85% of gender dysphoric children accept their biological sex after puberty. https://t.co/CJWsLb358d?amp=1.

[11] *International Journal of Transgenderism*, ISSN: 1553-2739 (Print) 1434-4599 (Online) Journal homepage: http://www.tandfonline.com/loi/wijt20, "The myth of persistence: Response to 'A critical commentary on follow-up studies and "desistance" theories about transgender and gender non-conforming children' by Temple Newhook et al. (2018)," Zucker, K. J.

will "persist" into adolescence and adulthood for only 10%–27% of prepubescent children:[12] [13]

> Treatment for prepubertal children therefore is predominantly psychological. However, those children who still experience GD when entering puberty, almost invariably will become gender dysphoric adults.[14] [15]

2.2 The "affirmative" or "affirmation" therapy approach

The second therapeutic approach is referred to as "affirmative" insofar as it focuses on the affirmations of children suffering from GD about their gender identity, which they feel is inconsistent with their sexual characteristics. According to the affirmative approach, even young children are able to know and feel whether they are girls or boys. As a result, therapists are advised to believe children (or parents who report these assertions) and help them affirm the gender they have embodied by enabling them to name themselves, dress or behave as a person of that gender.

This approach assumes that children have the cognitive ability and "competence" to consent to biomedical interventions to change their sexual identity, which involves the administration of puberty blockers for prepubescent children, cross-sex hormones for adolescents and potentially surgeries that can objectively be called invasive, such as mastectomies, removal of sexual organs or reconstruction of the sexual characteristics of the other sex.

3. Children's ability to consent to invasive treatment

We are of the opinion that the "position" that children have the ability to consent to biomedicalization should be of particular concern to lawmakers, given what neuroscience teaches us about the maturity of the adolescent (not to mention the prepubescent) brain, namely, that

> … brain maturity is an ongoing process, which can last until someone's mid-20s. Certain decision-making skills among adolescents, such as the assessment of short- and long-term risks and benefits, are different from those of adults, especially in emotionally charged situations.[16] [translation]

Another concerning fact is that research is revealing disturbing levels of co-morbidity in GD diagnoses. Studies show that 52% of children and 32% of adolescents who seek medical help for GD have at least

---

[12] Wallien, M.S.C., and Cohen-Kettenis, P.T., "Psychosexual outcome of gender-dysphoric children." *Am Acad Child Adolesc Psychiatry* 2008; 47.

[13] Steensma, T.D., McGuire, J.K., Kreukels, B.P., et al., "Factors associated with desistence and persistence of childhood gender dysphoria; A quantitative follow-up study," *J. Am Acad Child Adolesc Psychiatry*, 2013.

[14] Vrouenraets, J. J., et al., "Early Medical Treatment of Children and Adolescents With Gender Dysphoria: An Empirical Ethical Study," *Journal of Adolescent Health*, Volume 57, Issue 4, October 2015, pp. 367–373, https://www.jahonline.org/article/S1054-139X(15)00159-7/fulltext.

[15] This statement does not take into account the recent increase attributed to "rapid onset gender dysphoria," which will be discussed later in this brief.

[16] Brabant, B., Bioéthique On Line 2016, "Adolescents, neurosciences et prise de décisions médicales: devrions nous revoir certaines dispositions du Code civil du Québec?" 2016. https://aqec.ca/wpcontent/uploads/2018/10/BBrabant.pdf. [French only]

one other mental health diagnosis (autism, depression, borderline personality disorder, ADHD and so on).[17] [18] Another study shows that 43% of children and adolescents who visited gender identity clinics have a serious mental illness.[19] After seeing these figures, lawmakers should ask themselves whether adolescents or children have the ability to make an informed decision about such invasive drug-based treatments.

In London, a lawsuit filed by a young girl who detransitioned raises questions about the ability of children to provide informed consent for these treatments.[20] Two additional lawsuits are currently under way in England, including one by the mother of a young autistic girl who also detransitioned. Moreover, the British government has commissioned an independent report on affirmative therapy and the biomedicalization of minors.

In Canada, as we submit this brief (November 2020), a mother has just obtained a temporary injunction from the Supreme Court of British Columbia to prevent her 17-year-old daughter from undergoing a "gender-affirming surgery," as publicly related by the CBC. The young girl in fact wants a mastectomy, while her mother says that she is caught up in a fad.[21] How many parents would be as brave as this mother?

In England, like in Sweden, the Department of Health commissioned an independent study to assess the services available to children for the treatment of GD and to develop evidence-based recommendations for future use of these drugs. This report is eagerly awaited.

3.1 The effects of hormone blockers

In a letter to the editor of the prestigious scientific journal *Archives of Sexual Behavior* published on October 21, 2020, Dr. Robert D'Angelo of the Institute of Contemporary Psychoanalysis in Los Angeles wrote the following about administering hormone blockers to adolescents:

> Until recently, puberty blockers were considered safe and fully reversible, but there is now emerging evidence of their adverse effects on the bone and brain health (Klink, Caris, Heijboer, van Trotsenburg, & Rotteveel, 2015; Joseph, Ting, & Butler, 2019; Schneider et al., 2017).[22]

It should be noted that triptorelin, commonly referred to as a "puberty blocker," is approved for treating

---

[17] Wallien M.S., Swaab H., and Cohen-Kettenis P.T., "Psychiatric comorbidity in clinically referred children with sexual identity disorders," *AM Acad Child Aolesc Psychiatry*, 2007.

[18] De Vries A.l., Doreleijers T.A., Steensma T.D., and Cohen-Kettenis P.T., "Comorbid psychiatry in gender dysphoric adolescents," *Child Psychiatry*, 2012.

[19] Meyenburg B., "Gender Dysphoria in Adolescents: Treatment difficulties," *Prax Kinderspychol Kinderpsychiatr*, 2014.

[20] https://www.thetimes.co.uk/article/can-life-changing-decisions-be-left-to-children-ng8rs9kmr.

[21] CBC, November 10, 2020. https://www.cbc.ca/news/canada/british-columbia/judge-blocks-double-mastectomy-for-transgender-teen-after-mother-sues-1.5795848.

[22] D'Angelo, R., Syrulnik, E., Ayad, S., et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria," *Arch Sex Behav* (2020), https://doi.org/10.1007/s10508-020-01844-2.

advanced prostate cancer in men and endometriosis in women and for chemically castrating male sexual offenders. It is also used in children to stop the rare cases of early puberty, where this drug is administered and licensed for only a short period of time, since the long-term use of these products in children has never been reviewed by any evidence-based scientific study. Triptorelin is administered off-label to children with GD.

3.2 Cross-sex hormone administration

Dr. D'Angelo's letter states that "cross-sex hormones are associated with cardiovascular complications, including a fourfold increased risk of heart attacks in biological females, and a threefold increase in the incidence of venous thromboembolism in biological males (Alzahrani et al., 2019; Nota et al., 2019)."[23]

The recent (2020) findings published by Dr. Michael Biggs, Associate Professor at Oxford's Department of Sociology, in the journal *Archives of Sexual Behavior* are equally alarming.[24] Dr. Biggs observed that affirmative therapy protocols had a negative effect in girls with GD: testosterone administration did not alleviate their GD-related suffering. Instead, it amplified their psychological distress.

4. Definition and interpretation of "conversion therapy"

Can we criticize therapists for trying to facilitate the psychological questioning and exploration of their patients, particularly children, given that gender identity is fluid and changes with age and individual experiences? Would Bill C-6 criminalize therapists who provide opportunities for young patients to explore all options, including the acceptance of their body and their sex? Should these therapists fear accusations of practising "conversion therapy"?

Medical expertise strongly contradicts the preamble of Bill C-6, which labels the possibility that gender identity can be changed as a "myth."[25] There is in fact a consensus in the scientific community that gender tends to vary with age, sex, environmental circumstances and individual experiences.

In his letter, Dr. D'Angelo denounces the conflation of exploratory psychotherapy for GD with accusations of conversion therapy. In addition, he severely criticizes other researchers for considering all GD therapy through the binary lens of "affirmative" therapy or "conversion" therapy (the term they use to describe exploratory psychotherapy). Dr. D'Angelo calls on the scientific community to resist the stigmatization of psychotherapy to treat GD and support rigorous research on the effectiveness of different psychological treatments for alleviating or curing GD.

---

[23] D'Angelo, R., Syrulnik, E., Ayad, S., et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria," *Arch Sex Behav* (2020), https://doi.org/10.1007/s10508-020-01844-2.

[24] Biggs, M., "Gender Dysphoria and Psychological Functioning in Adolescents Treated with GnRHa: Comparing Dutch and English Prospective Studies," *Arch Sex Behav* **49,** 2231–2236 (2020), https://doi.org/10.1007/s10508-020-01764-1.

[25] House of Commons, 43rd Parliament, 2nd Session, October 1,2020, Bill C-6, An Act to amend the Criminal Code (conversion therapy), https://parl.ca/DocumentViewer/en/43-2/bill/C-6/first-reading.

On the subject of affirmative therapy, Dr. D'Angelo urges the utmost caution: "To the extent that psychological treatments can help an individual obtain relief from GD without undergoing body-altering interventions, ensuring access to these interventions is not only ethical and prudent but also essential" (our emphasis).[26]

This is all the more relevant given that several of these cases have been associated with a phenomenon called "rapid onset gender dysphoria," which surfaces in adolescents who have never experienced discomfort with their "gender" identity per se, but who feel they belong to the other sex because they experience discomfort, rejection, shame or unhappiness related to the hormonal and physiological changes occurring in their bodies at that age.[27]

5. Lessons learned from foreign governments: Policy mistakes and reversals

5.1 Sweden

On February 22, 2020, *The Guardian*, a British newspaper, reported an alarming explosion in GD cases of 1,500% among 13–17-year-old girls in Sweden.[28] Sweden's Social Democratic government, under pressure from LGBTQ groups, had proposed a law in 2018 to lower the legal age for obtaining sexual surgery from 18 to 15 without having to obtain parental consent beforehand.

Things began to turn around in March 2019, when a psychiatrist from Gothenburg's Sahlgrenska Academy wrote an article in the *Svenska Dagbladet*, a popular newspaper, warning the public that hormone treatments and surgeries to remove children's sex organs were a large-scale experiment that could become one of the worst medical scandals ever to hit Sweden, particularly because of mastectomies on children as young as 14 without a prior investigation of whether their distress could be attributable to causes other than GD.

The studies and reports sent to the Swedish Minister of Health to justify lowering the age limit were severely criticized by the Swedish Agency for Health Technology Assessment. On December 20, 2019, the agency concluded that there was very little research on the reasons for the recent outbreak of adolescent girls reporting gender dysphoria and very little research on the risks or benefits of hormone treatment and surgery.

---

[26] Idem.

[27] Littman, L., (2018) "Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria," *PLoS ONE* 13(8): e0202330. https://doi.org/10.1371/journal.pone.0202330.

[28] Orange, R., "Teenage transgender row splits Sweden as dysphoria diagnoses soar by 1,500%," *The Guardian*. February 22, 2020.

5.2 United Kingdom

Pending the submission of an independent report commissioned by the government, Tavistock & Porter, the U.K.'s leading gender dysphoria clinic for children, is being targeted by lawsuits and a wave of criticism from health care personnel, psychologists and nurses. Many of its employees have resigned.

Critics argue that the clinic is misleading underage patients and their parents by not telling them that nearly 100% of children who start taking hormone blockers end up taking cross-sex hormones with irreversible effects.[29]

A specialist who resigned from London's Tavistock & Porter clinic sounded the alarm:

> One psychologist, who wished to remain anonymous, said, "Our fears are that young people are being over-diagnosed and then over-medicalized."
>
> We are extremely concerned about the consequences for young people.... For those of us who previously worked in the service, we fear that we have had front row seats to a medical scandal.[30]

Conclusion and recommendations

Young girls undergo significant biological and hormonal changes during adolescence. It is not uncommon for them to experience at times intense menstrual pain and discomfort. In the eyes of some men and boys their age, many girls suddenly become perceived as objects of sexual lust, despite their being unprepared for this attention, which they did not ask for. Some feel pain as their breasts develop, and many discover their sexual orientation. These are very significant disruptions that can lead a child whose brain is not yet mature to make decisions and undergo therapy with potentially life-long consequences.

Women cannot, under any circumstances, ascribe the label of "conversion therapy" to therapeutic approaches that would help young girls identify the root causes of their unhappiness or psychological distress and give them tools to accept their changing bodies.

Our concern is that some of the provisions in Bill C-6 would deter medical professionals from practising exploratory psychotherapy, that is, any therapeutic practice that falls outside the "affirmative" and "conversion" therapy binary. As a result, parents of children and adolescents with GD would have fewer available therapy options.

---

[29] Janice Turner, "Giving puberty blocker to 'trans' children is a leap into the unknown." *The Times (United Kingdom)*, February 21, 2020, https://www.thetimes.co.uk/article/giving-puberty-blocker-to-trans-children-is-a-leap-into-theunknown-x3g37sb7f.

[30] Laura, "Children's transgender clinic hit by 35 resignations in three years as psychologists warn of gender dysphoria 'over-diagnosed,'" December 12, 2019, https://www.telegraph.co.uk/news/2019/12/12/childrens-transgender-clinic-hit-35-resignations-three-years/.

In its current wording, Bill C-6 could be viewed as the government intervening in a medical debate by discouraging therapists from choosing less invasive practices than affirmative therapy for fear of criminal prosecution for conversion therapy. This appears to be unprecedented interference by lawmakers in medicine that would circumvent the role of Health Canada and its medical experts to independently review and evaluate therapy involving medication for children. Indeed, Health Canada does not appear to have been consulted in the legislative process, even though children's health is at stake.

List of recommendations

1. We are calling on the government to remove "conversion" therapies to "change a person's … gender identity to cisgender" [sic] from Bill C-6.

2. We are calling on the government to refrain from intervening in a medical debate on the best treatment for gender dysphoria through legislation that could discourage health professionals from choosing to provide non-invasive exploratory psychotherapy to treat children with gender dysphoria. Lawmakers must be mindful of the lack of consensus in Canada and around the world on how to best treat gender dysphoria.

3. We are calling on the government to use independent studies and consult recognized experts in the treatment of gender dysphoria and to involve Health Canada experts in the process, as the British and Swedish governments have done with their respective health departments.

4. We are calling on lawmakers and politicians to not encourage the criminalization "non-affirmative" psychotherapy to treat gender dysphoria by subjecting it to penalties and prosecution, and to not thereby reduce access to medically recognized treatment alternatives for patients seeking solutions to their distress other than biomedical interventions.

5. We are calling on the government to remove profoundly sexist terms and concepts from Bill C-6, such as the term "cisgender," which stems from the confusion between biological sex at birth and gender, which is socially constructed. Some terms in the legislative summary, including "sex assigned at birth," deny biological realities; sex is not assigned, but observed at birth and even beforehand.[31] This discourse reinforces harmful stereotypes about the sociocultural roles and behaviours that women and men are locked into simply because of the sex to which they belong.

[31] Physicians observe the sex of children. The notion of "assigned" sex only applies to intersex children, because when they are born, health care professionals must decide what to write on official documents regarding their sex. In the vast majority of cases, however, sex can be very easily identified by health care professionals and is not "assigned" at all.