

Submission to the Standing Committee on Justice and Human Rights Respecting Bill C-6

November 10, 2020

I am writing to share my observations and recommendations on the above referenced Bill, particularly with respect to its impact on children. This submission is informed by my almost 20 years of experience supervising youth -- age twelve to seventeen -- who were in conflict with the law, my reading of the Bill, and further investigation into the subject matter. I wish to make clear that I do not support any *coercive* practice, treatment, or service for anyone, regardless of age. I also want to state that I recognize transgenderism is real and transitioning can be beneficial for some adults.

Wording of Bill C-6:

The Preamble of Bill C-6 calls it a “myth” that gender identity can be changed. This would seem inherently contradictory for, if that is so, what is meant by “gender transition,” which is specifically cited in 320.101 (a) as *an exclusion* to the (proposed) definition of conversion therapy?

The (proposed) definition of conversion therapy is itself confusing. It is worded in such a way that it appears to criminalize practice, treatment, or service that is *body affirming*. Is this the authors' intent? Furthermore, the Bill contains *no exceptions* for persons with gender dysphoria who *voluntarily* seek support, desisters who *voluntarily* seek support to not proceed with transitioning, or persons detransitioning from a transgender identity *who voluntarily* seek support. As it stands, Bill C-6 appears limited to a *one-way* gender affirmation, which may result in fewer professionals being willing to risk criminalization for providing counselling that is not transgender affirming to the aforementioned persons. The Bill's language should be clarified so as not to impact the lived experience and needs of those struggling with gender dysphoria and, in particular, the detransitioners and desisters, who are increasingly making their voices heard, even taking court action, and citing inadequate counselling.¹²³⁴⁵

Children:

Perhaps most concerning of all, Bill C-6 fails to recognize that children have limited decision making ability. In my interactions with youth, I observed that most were concrete thinkers, unable to extrapolate from the present to a year or more in the future. This is because their brains are not yet fully grown. In **Understanding the Teen Brain**, the Stanford Children's Health's website states:

“The rational part of a teen's brain isn't fully developed and won't be until age 25 or so. In fact, recent research has found that adult and teen brains work differently. Adults think with the prefrontal cortex, the brain's rational part. This is the part of the brain that responds to situations with good judgment and an awareness of long-term consequences. Teens process information with the amygdala. This is the emotional part. In teen's brains, the connections between the emotional part of the brain and the decision-making center are still developing—and not always at the same rate. That's why when teens have overwhelming emotional input, they can't explain later what they were thinking. They weren't thinking as much as they were feeling.”⁶

Because feelings can change over time, they are unlikely to be a reliable guide on which to base decisions, particularly decisions which have long-term medical consequences. Youth require adult guidance and direction in the use of information; otherwise, information is potentially unhelpful or misleading. It is imperative that youth struggling with gender dysphoria receive adequate support and counselling specific to their developmental and mental health needs.

Mental Health and Gender Identity:

There are also concerns related to concurrent mental health issues among persons struggling with gender identity. **Spectrum News**, which reports news and analysis of research on autism, reported in a September 14, 2020 online article, **Largest Study to Date Confirms Overlap Between Autism and Gender Diversity** that:

“The (study’s) five datasets together include 641,860 people, mostly adults; 30,892 have autism and 3,777 identify as gender diverse. . . About 30,000, or 5 percent, of the cisgender people in the study have autism, the researchers found, whereas 895, or 24 percent, of the gender-diverse people do. . . The researchers also explored the relationship between gender identity and six mental health conditions, including schizophrenia, depression and attention deficit hyperactivity disorder (ADHD). . . . Gender-diverse people have higher rates of all six conditions than cisgender people, do, according to the new study. The association was highest for autism and depression.”⁷

It should be noted that while the study is based primarily on adults, these mental health conditions are not limited to adults and can present during adolescence or before.

Rising Numbers of Gender Nonconforming Children:

CBC reported in a March 2019 online article, **Spike in Demand for Treatment of Transgender Teens**:

“Dr. Stephen Feder, the co-director of the gender diversity clinic at CHEO, a children's hospital in Ottawa, said a decade ago the pediatric hospital saw one or two patients a year who wanted to change their gender or had questions about their gender identity. Last year, 189 patients were referred to the clinic. . . . This kind of growth is happening at clinics across the country and around the world. The BC Children's Hospital received 240 referrals last year, compared to 20 in 2013. SickKids in Toronto saw 100 referrals in 2013. That number has since doubled. . . . A decade ago, there was an equal number of boys and girls coming to the clinic. Now, 75 per cent of the patients at CHEO are trans male, meaning they were born female but now identify as male.”⁸

In that same article, CBC reported CHEO Endocrinologist Dr. Margaret Lawrence as saying:

“ . . .there is no explanation for the growth. We really don't know. I think there's much more knowledge, much more awareness in the community in general about gender diversity, and that gender diversity is different than sexual orientation.”⁸

There are a number of theories as to what is fueling the rise in the numbers of children referred to such clinics. Regardless of the reasons, it is possible that over time, the numbers of persons who transitioned, regret it, and seek to detransition may also rise. Parliamentarians should be mindful of that possibility due to the risk of lawsuits, among other concerns.

Conclusion:

Bill C-6 needs to be re-worked to clarify its objectives, recognize the unique developmental needs of children, better define what constitutes conversion therapy, and ensure the legislation does not put at risk practice, treatment, or service for persons who *voluntarily* seek support around issues related to gender dysphoria, detransitioning, or desisting.

Bibliography

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