

## **Bill C-6**

I oppose any form of therapy that seeks to change a child's sexual orientation or that pushes a child to conform to sex role stereotypes.

What's concerning about this legislation is that it conflates sexual orientation and gender identity as a single issue. Sexual orientation does not involve drastic, irreversible medical treatment. Gender transition does. In addition, the very existence of detransitioned people who once fervently believed they were trans makes it clear that some people can and do change their minds about their transgender identification.

It's critical for children and young people who wish to transition to receive careful therapy that encourages them to explore why they wish to transition and how that transition could affect their lives.

Unfortunately, conversion therapy legislation either explicitly or implicitly prohibits this type of self-exploration.

Parents and therapists should be able to provide other strategies to help young people manage their dysphoria until it fades or diminishes, or until they are old enough to fully understand the consequences of medical intervention.

## **High Court case against the Tavistock and Portman NHS Foundation Trust**

What lies ahead is best illustrated in this court case brought by Keira Bell, a young woman who made the decision to transition as a child then regretted it and detransitioned.

The following are excerpts from an interview with Keira Bell before the landmark ruling:

As a 14-year-old, Keira Bell started experiencing severe discomfort with her body. She did not fit into stereotypes about femininity and thought that the problem was her body. She hated the idea of growing into a woman and thought that maybe hating pink dresses and make-up meant that she was not female. What if her discomfort meant that she was boy?

Instead of questioning the underlying problems, such as depression, self-hatred and low self-esteem, with compassion and care, the NHS's gender clinic for children advised this teenage girl that she was indeed male, and that the best treatment for her dysphoria was to immediately begin blockers which would stop her puberty development.

Following three separate, one-hour appointments, GIDS put Keira Bell on a pathway that began with puberty blockers at 16, cross-sex hormones at 17, and resulted in a double mastectomy by the age of 20. We do not know enough about the long-term impact of puberty blockers and cross-sex hormones, or their effect on children's cognitive and reproductive development, but Keira knows that this medical treatment did not resolve the dysphoria she was experiencing.

**RRS:** "Looking back now, how do you reflect on those years of your life?"

**KB:** "I look back with a lot of sadness. There was nothing wrong with my body, I was just lost and without proper support. Transition gave me the facility to hide from myself even more than before. It was a temporary fix, if that."

**RRS:** "How can society address gender dysphoria in children and teenagers, without resorting to experimental, and oftentimes unnecessary, medical practices?"

**KB:** "It has to start with how we look at gender non-conformity, and non-conformity in general. Almost every girl (if not all) that wants to or has transitioned has felt like they are wrong because they do not conform to something that this society deems as important or necessary. Role models are really important. Young lesbians or bisexual women, especially those of us who are black or brown, don't have many role models. We need better mental health support, and I think that speaks for most countries. Mental health support is a great preventative measure."

**RRS:** "Over the years, a lot of adults, particularly medical professionals, were involved in your treatment. Did any of them express doubts or challenge you against making these life-altering decisions?"

**KB:** "In my experience, when professionals outside of the gender identity clinic saw me, they were hesitant about dealing with me much, because (at least back then) gender dysphoria or the desire to change sex was a rare occurrence in patients. They would direct you to the Gender Identity Development Service as they were under the impression that the GIDS gave specialist support and therapy in a neutral environment. This of course wasn't the case. Once I arrived there, I was not challenged in any sense and I was affirmed [as a boy] from the beginning."

<https://womansplaceuk.org/2020/11/30/keira-bell-there-was-nothing-wrong-with-my-body/>

The question at the heart of the case that Keira Bell took against the Tavistock and Portman NHS Trust, which runs the Gender Identity Development Service (GIDS) for children with gender dysphoria, "Can a child consent to life-altering and irreversible medical treatment as part of transitioning their gender?"

The recent U.K. High Court's landmark ruling clearly sets out that in referring children as young as 10 for puberty-blocking drugs, GIDS has been misinterpreting the law on child consent. As a result of the ruling, children will now receive the protection to which they are legally entitled. This ruling protects young patients (and clinicians) by requiring a judge's oversight of the "experimental" puberty blockers intervention.

<https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

The following is a breakdown of the judgement by Transgender Trend, one of the groups granted intervener status by the courts:

“The judgment is a damning indictment of clinical practice at the GIDS. The case was decided on facts and evidence known to the Tavistock, and ultimately on the lack of facts and the weakness of the evidence in the Tavistock’s defence. The GIDS lacked even basic data on children who had been given puberty blockers. In the court judgment the judges expressed ‘surprise’ in the following areas:

- In respect of the ages of children treated with puberty blockers between 2011 and 2020, the data has not been collated for each year.
- In respect of the number or proportion of young people referred by GIDS for puberty blockers who had a diagnosis of ASD or any other mental health diagnosis, the data has not been collated and there has been a lack of investigation or analysis.
- In respect of the proportion of those on puberty blockers who progress to cross-sex hormones there is no data available, even for those who commence cross-sex hormones within the GIDS itself. Children were not tracked into adult services.

The GIDS puberty blocker ‘trial’ did not even track outcomes.

The judgment handed down today has established the salient facts about puberty blockers and cross-sex hormones:

- Puberty blockers are not ‘fully reversible’.
- Puberty blockers do not ‘buy time’, they are the first stage of a medical pathway very few children come off.
- There is no evidence that puberty blockers alleviate distress.
- The pathway of blockers and cross-sex hormones has serious physical consequences, including the loss of fertility and full sexual function, with profound long-term risks and consequences.
- The treatment is experimental.

The most damning evidence of complacency in the service is the fact that the GIDS offers troubled adolescents no alternative therapeutic treatment pathway. Far from being a last resort treatment, blockers and hormones are the only treatment for children with complex histories and mental health conditions. This is the result of a service that operates on ***the basis of ideology*** in place of clinical standards. The judgment raises the issue of medical negligence and our immediate concern is for the children who have already been through this medical system.” (*Emphasis my own*)

<https://www.transgendertrend.com/keira-bell-high-court-historic-judgment-protect-vulnerable-children/>

In a nutshell, gender ideology tells kids that if they don't fit traditional gender roles they must be trans and are put on a path to be converted to one of two stereotypes.

Basing 'gender' on how well you perform 'femininity' or 'masculinity' is very damaging to gender non-conforming (GNC) youth. Essentially kids are being put on the path to transition because of their toy, hair and clothing preferences.

Not so long ago, such signs of gender atypicality were seen as possible (though not certain) indicators that the child might grow up to be gay.

Putting GNC kids on puberty blockers that lead to cross-sex hormones and sterility is just another form of conversion therapy. Considering a lot of GNC youth grow up to be homosexual - this is very homophobic.

More damning quotes from the clinicians blowing the whistler on the Tavistock:  
**“The clinicians have warned that complex histories and adolescent confusion over possible homosexuality are being ignored in the rush to accept and celebrate every young person’s new transgender identity.”**

**“They believe that physically healthy children are being medicated in response to pressure from transgender lobby groups and parental anxieties.”**

**“So many potentially gay children were being sent down the pathway to change gender, two of the clinicians said there was a dark joke among staff that “there would be no gay people left”.**

**“It feels like conversion therapy for gay children,” one male clinician said. “I frequently had cases where people started identifying as trans after months of horrendous bullying for being gay,” he told The Times.**

**Carl Heneghan, director of the Centre of Evidence-based Medicine at Oxford University, said: “Given paucity of evidence, the off-label use of drugs [for outcomes not covered by the medicine’s licence] in gender dysphoria treatment largely means an unregulated live experiment on children.”**

**“Calls to end transgender ‘experiment on children’”**

**Staff quit NHS clinic over ethics and safety fears”**

**by Lucy Bannerman, April 8 2019, The Times**

**<https://www.thetimes.co.uk/article/c4343502-5981-11e9-b371-613f81256d20>**

This bill, as it stands, will promote conversion therapy not ban it - turning this bill on it's head. The only way to eliminate the conflict is to separate the two issues. It's the only way to do proper due diligence. We can learn from the experiences in the UK, we do not have to reinvent the wheel.

I would like to end with a quote from an article written by a transman who has been through transition (and I recommend reading the entire article for the full benefit of this person's experience):

**“As someone who has experienced medical transition first-hand, I am convinced that it's better to err on the side on discretion, and leave life-altering decisions to adults who have the benefit of a fully developed brain. The next time my daughter's friend, or any child, comes to me for advice on their gender dysphoria, here's what I'd tell them: “There are people who need to medically transition to walk peacefully through their lives, and you, kiddo, might be that person. But, right now, you are a child, and your body is developing everything you need to be a healthy, happy, strong adult. When you grow up, you get to decide about your life.”**

<https://quilllette.com/2020/10/06/forget-what-gender-activists-tell-you-heres-what-medical-transition-looks-like/>