

Bill C-6: Amendments

Dear M. Iqra Khalid, members and associate members,

I'm writing as a proud Canadian, loving ALL our communities, and motivated to improve the communities I can influence with love, decency, inclusivity and harmony even with our differences.

I am in favor of Bill C-6 to ban undesirable efforts to change a person's sexual orientation or gender identity. False advertising has no place in our society, including this field. However, I am describing 5 concerns that I have with the proposed bill. This proposed definition will discriminate against some of the very people it purports to protect! I'm suggesting an amended bill that would address all of these concerns and achieve the goal of protecting all vulnerable minorities. I hope it helps us to move forward!

Summary

The 5 concerns in short are:

1. A false, outdated statement in the preamble will dramatically reduce this law's chances of surviving a charter challenge. The preamble's claim that a person's sexual orientation and gender identity cannot be changed is patently false. Current research is studying the well reported fluidity and longitudinal changes in orientations and identities. There are many testimonies of persons describing their transitions in both directions.
2. To limit the freedom of choice for minors and detransitioning individuals, who are not following popular trajectories, is inhumane and unacceptable.
3. Reduction of sexual behavior is often beneficial and needed for a) health reasons, b) to conquer addiction and c) to build stable lifelong relationships.
4. Freedom of religion and speech need to be guaranteed in the law if we want the cooperation of our faith communities.
5. Ban false advertising, not all advertising. (See freedom of choice, above.)
6. Suggested amendments.
7. Reference materials.

1. The preamble myth - an embarrassment if challenged

The phrase in the preamble, "*the myth that a person's sexual orientation and gender identity can [...] be changed*" is actually an **outdated myth** itself. There is an abundance of evidence, both scientific and observational, that sexual orientation can be changed and do change in many members of the LGB population. Evidence of gender identities changing among trans people is even more commonplace in the psychological and medical fields. The new word "detransition" is now an accepted operational term.

The claim that sexual orientation is immutable used to be a frequent argument in advancing the goals of the LGB movement. However, it conflicts with scientific evidence. Diamond and Rosky[9] wrote "*arguments based on the immutability of sexual orientation are unscientific, given what we now know from longitudinal, population-based studies*". They are not alone in this conclusion. Longitudinal observations of the fluidity have led academics like Kaestle (2019)[13] to start developing new theories based on *sexual orientation trajectory* rather than the fixed orientation currently being used. A decade ago, there might have been a chance to defend the immutability myth only on academic grounds, but not anymore with current research.

From a political point of view, Diamond and Rosky[9] also state "*that the immutability of sexual orientation should no longer be invoked as a foundation for the rights of individuals with same-sex attractions and relationships*". This problem was already noted by Halley in 1994[10].

This myth has already been discarded in popular press. *Planned Parenthood* has updated their educational material to state clearly "*Your sexual orientation can change over your lifetime.*" [7]

In addition to the scientific facts, there are numerous Canadians who can testify from their personal real-life experiences that they have detransitioned to a more fulfilling life. Hundreds of these people went so far as to publish their testimonies in the public sphere. They are often being vilified and bullied by radicals, and falsely accused of hate speech. Their true stories are often suppressed or censored in both mainstream media and social media. (See some of the video links in the addendum.) These true-life experiences cannot be ignored, and are on its own a proof of the falsehood of the preamble. The preamble threatens the rights of these individuals.

The preamble defines the purpose of, and frame of reference for interpreting the law, and thus contradicts some of the assurances given in the Justice press release on their web site. Prime Minister Trudeau has tasked this committee to amend the bill that it will not be struck down in court as has happened with MAiD. Bill C-6 cannot be based on a false, outdated claim.

2. Freedom of choice for minors and detrans

We want to protect minorities and especially SOGIE minorities. Every individual is unique and some will desire detransitioning. It is a minority, but we cannot criminalize them. We cannot let Bill C-6 discriminate against individuals' choice (both adults and minors), nor impose un-scientific limitations to treatments they may desire and need.

The definition of conversion therapy and banning of advertising will remove possibilities to find support for people wanting a reduction of sexual behavior or improvements to their cisgender orientation. The only support that they may get, will be to direct them away from cisgender and away from heterosexual. Any other support will be criminal. The court case in the UK of Keira Bell [1] vs. the NHS was partly because of the NHS's lack of cisgender guidance when Keira was (mis)diagnosed. Keira won the case [15].

If minors are allowed to choose their gender identity from a young age; their freedom to change and choose cisgender as their aim should not be taken away either. Identity is fluid, and it would be unconstitutional to limit their rights by limiting their fluidity.

3. Reduction of sexual behavior is needed

The law should not make it illegal for people to find help for reducing unwanted or problematic sexual behavior. If children realize that their excessive sexual behavior may become problematic, they need to be able to obtain help. If a convicted rapist needs treatment to reduce his excessive sexual behavior, such treatment cannot be made illegal. Here are 3 reasons why Canadians may need it:

a. Sexual Transmitted Infections/Diseases

By 2017 the Canadian incidence of syphilis has increased by an alarming 167% in just 9 years. Other STI's are even more problematic for our health services. [16]

Reduction of sexual behavior is the only guaranteed method to be safe against certain diseases. Traditional programs encouraging "safe sex" has been proven to be ineffective. STI's like HPV, herpes, and syphilis are not fully stopped by using condoms. Research has shown that where abstinence is practiced, it has the greatest ability to reduce the spread of STI's. Abstinence applies to a minority, and that minority needs protection, not discrimination.

b. Sexual addiction

Sexual addiction, like pornography addiction and internet addiction, is a psychological problem that has to be addressed by our mental health services. Sexual addictions are often mentioned as a cause for criminal and even violent behavior. Treatments for all addictions are notorious for a high failure rate. However, that is not a reason to ban such treatments or

rehabilitation programs (once false advertising has been dealt with). A long list of existing sex addiction treatment centres in Ontario by *Psychology Today* can be found at [14]. All those centres are not trying to change sexual identities or orientations, but all of them will have to stop offering services under Bill C-6 and that is just in one city.

c. Stability in relationships

Stability in life-long relationships benefits the whole society. Trust and faithfulness are often destroyed by unwanted sexual behavior. The bill should not criminalize or limit access to support for people needing help to reduce risky sexual behaviors, in order to improve their life-long relationships.

4. Freedom of religion and speech need to be guaranteed.

The current bill would end up in court firstly because of the Christophobia it contains, not due to homophobia. Many Christian analysts believe it is just a matter of time until a radical activist will sue some Christian leader who presented a Bible study on living a moral lifestyle, for promoting conversion therapy.

Christophobia is a real growing threat to harmony and inclusivity in our diverse Canadian societies. This law opens the avenue for radical activists with anti-Christian motivations to abuse this law by threatening and bullying well-intentioned loving Christians by falsely accusing them of criminal intent. Unless this is clarified in the law, just the fear of Bill C-6 will produce antagonism and opposition from all religions that teach sexual faithfulness in marriage. Let us show our inclusivity by closing the loopholes for Christophobic bigots.

5. Ban false advertising

A blanket ban on all conversion therapy advertising would cause unjust discrimination to minorities as mentioned above. The bill should make advertising illegal only if it includes promises or guarantees of success that cannot be substantiated. Legal advertising may be required to include warnings (similar to tobacco) as determined by the CPA. Those same warnings should also apply to any psychotherapy where success cannot be guaranteed. Patients should know the risks of failed therapy but this should not limit their access to it.

Suggested amendments

My suggested definition is wider than the existing one, but by including “desired choice” it addresses almost all my concerns.

Preamble

Whereas conversion therapy causes harm to society because, among other things, it is based on and propagates myths and stereotypes about sexual orientation and gender identity, including the myth that a person’s sexual orientation and gender identity ~~can and~~ ought to be changed;

Definition of conversion therapy

320.101 In sections 320.102 to 320.106, conversion therapy means a practice, treatment or service designed to change a person’s sexual orientation away from the person’s desired choice. ~~to heterosexual or gender identity to cisgender, or to repress or reduce non-heterosexual attraction or sexual behaviour.~~ For greater certainty, this definition does not include a practice, treatment or service that relates
(a) to a person’s gender transition or detransition; or
(b) to a person’s exploration of their identity or to its development; or
(c) to a person’s spiritual life or religious convictions.

I want to thank the committee for the vital and far-reaching work they are doing.

Yours sincerely,

Ferdí Louw

Community builder

Addendum:

References to both scientific and observational (video testimonies) evidence against immutability.

1. A number of testimonies recorded specifically for Bill C-6:
<https://StopTheBan.ca/testimonies-personal-testimonoes-trom-ex-gays-and-ex-transgenders/>
2. Members of parliament mentioned several testimonies during the second reading's debate:
Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): A young woman here in the Lower Mainland, Susan, identified as a boy for as long as she could remember. Susan wants the government to know that it must protect the right of Canadians to seek the counselling of their choice.
Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Max said her gender transition was not the solution to her severe depression. Lee said she should not have been encouraged to transition. Elle said that at the time, she did not realize it was possible to not hate her body.
Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Colette, a young woman in Lethbridge, Alberta, suffered from sex addiction. Colette made the decision to go find therapy to help reduce the feelings she was experiencing after the [rape] trauma and porn use. She said that this counselling, along with a sex addiction support group that she attended, saved her life.
Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Carrie was a minor when she transitioned. Now she is publicly expressing her experience. She was prescribed hormones after four sessions of therapy and she noted that no attempts were made at these therapy sessions to process personal issues that she raised and no one in the medical or psychological field tried to dissuade her from her gender transition or offer an option other than possibly waiting until she was 18.
3. A well established channel with many testimonies mostly from the USA:
<http://www.pfox.org/personal-stories/>
<https://www.youtube.com/user/PFOXvideos/videos>
4. Elle has a YouTube channel dedicated to her detransition experiences:
<https://youtu.be/n0pVuZ0CT7Q> & <https://youtu.be/Sqern7nxX20> "I'm a 20 year old woman who thought I was a man for 5 years. I like to talk about the mistakes I've made, and how things will get better."
Max: <https://youtu.be/nFoovHHrBe4>
Lee: <https://youtu.be/IsnV5heKerc>
Cari: <https://youtu.be/9L2jyEDwpEw>
Wilna van Beek – Canadian <https://youtu.be/tKGeEJprEI0>
Stephen Bennett: <https://youtu.be/Yx1TYTnHgKU?t=27>
5. Mainstream media: Mayoral candidate Bill de Blasio's wife Chirlane McCray, a former lesbian, opens up about falling in love with a man
<https://www.nydailynews.com/news/election/de-blasio-wife-chirlane-mccray-talks-lesbian-article-1.1339398>
6. Evidence Shows Sexual Orientation Can Change: Debunking the Myth of "Immutability" by Peter Sprigg, Family Research Council <https://downloads.frc.org/EF/EF19C38.pdf>
7. *Planned Parenthood* has updated their educational material to state clearly "Your sexual orientation can change over your lifetime."
<https://www.plannedparenthood.org/learn/sexual-orientation/sexual-orientation/what-causes-sexual-orientation>

8. The Legislative Summary of Bill C-6 (Publication No. 43-1-C8-E by Karin Phillips and Julian Walker, Legal and Social Affairs Division, 2020-04-15), acknowledges that though SOCE is rejected by the CPA as inefficient, there exists "*limited scientific evidence supporting its efficacy*".
https://lop.parl.ca/staticfiles/PublicWebsite/Home/ResearchPublications/LegislativeSummaries/PDF/43-1/PV_43-1-C8-E.pdf

9. Recent studies show that change is not only possible, but also very natural among LGBT people. "*Of the 7.5% of men and 8.7% of women who chose a non-heterosexual descriptor at ages 18 to 21, 43% of the men and 46% of the women chose a different category by age 23. Among the same-sex-attracted youth who changed, 57% of the men's changes and 62% of the women's changes involved switching to completely heterosexual.*"
 The authors conclude "*Like many other scholars across many other disciplines, we maintain sexual minority rights that are framed as if they depend on scientific findings of immutable "conditions" are not worth fighting for.*"
 Diamond and Rosky. *Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities*
<https://psych.utah.edu/resources/documents/people/diamond/Scrutinizing%20Immutability.pdf>

10. Political reason: "Because immutability is not a requirement for successful pro-gay litigation, moreover, Professor Halley contends that pro-gay litigators who invoke the argument from immutability do so not only at their option, but at the risk of misrepresenting and dividing the community they hope to represent."
 Halley, Janet E. "Sexual Orientation and the Politics of Biology: A Critique of the Argument from Immutability." *Stanford Law Review*, vol. 46, no. 3, 1994, pp. 503–568. *JSTOR*,
<https://www.jstor.org/stable/1229101>

11. This study explored attitudes and beliefs among sexually fluid and non-sexually fluid individuals ... Participants were 188 female and male young adults in the United States with a same-gender orientation, ages 18–26 years.
 Katz-Wise, S.L., Hyde, J.S. Sexual Fluidity and Related Attitudes and Beliefs Among Young Adults with a Same-Gender Orientation. *Arch Sex Behav* **44**, 1459–1470 (2015).
<https://doi.org/10.1007/s10508-014-0420-1>

12. This research investigated sexual fluidity in attractions and sexual identity and associations with sexual orientation dimensions and sexual identity development in 199 (124 female, 75 male) US sexual minority young adults, ages 18–26 years.
 Sabra L. Katz-Wise (2015) Sexual fluidity in young adult women and men: associations with sexual orientation and sexual identity development, *Psychology & Sexuality*, 6:2, 189-208, DOI: [10.1080/19419899.2013.876445](https://doi.org/10.1080/19419899.2013.876445)

13. Defining sexual minority status longitudinally over critical developmental periods is essential for understanding the roots of health disparities. Theory supports multidimensional continuums, but current research often examines single measures of sexual activity, sexual attractions, or self-labelled identity separately. Here, a new typology of longitudinal latent classes describes dynamic multidimensional processes continuing from late adolescence (ages 16 to 18) through the late 20s. Using Add Health data (N = 6,864)
 Christine E. Kaestle (2019) Sexual Orientation Trajectories Based on Sexual Attractions, Partners, and Identity: A Longitudinal Investigation From Adolescence Through Young Adulthood Using a U.S. Representative Sample, *The Journal of Sex Research*, 56:7, 811-826, DOI: [10.1080/00224499.2019.1577351](https://doi.org/10.1080/00224499.2019.1577351)

14. *Psychology Today* provides a long list of existing sex addiction treatment centres in Ontario as an example of non-conversion therapy centres that will be outlawed.
<https://www.PsychologyToday.com/ca/treatment-rehab/sex-addiction-program/ontario>.

15. Keira Bell and the NHS court case. *NHS gender clinic 'should have challenged me more' over transition.* <https://www.bbc.com/news/health-51676020>
<https://www.bbc.com/news/uk-england-cambridgeshire-55144148>
Keira Bell has led. The rest of us must follow, or collude in harm
<https://www.theArticle.com/keira-bell-has-led-the-rest-of-us-must-follow-or-collude-in-harm>

16En. Report on sexually transmitted infections in Canada, 2017

In 2017, a total of 126,322 cases of chlamydia were reported as well as 29,034 cases of gonorrhea and 4,083 cases of infectious syphilis which corresponded to a rate of 345.7, 79.5 and 11.2 per 100,000 population, respectively.

While STIs are curable or manageable and prevention can reduce transmission, rates of STIs have been increasing dramatically over the last decade. Between 2008 and 2017, the rates of chlamydia increased by 39%, gonorrhea by 109% and infectious syphilis by an alarming 167% (Figure 1).

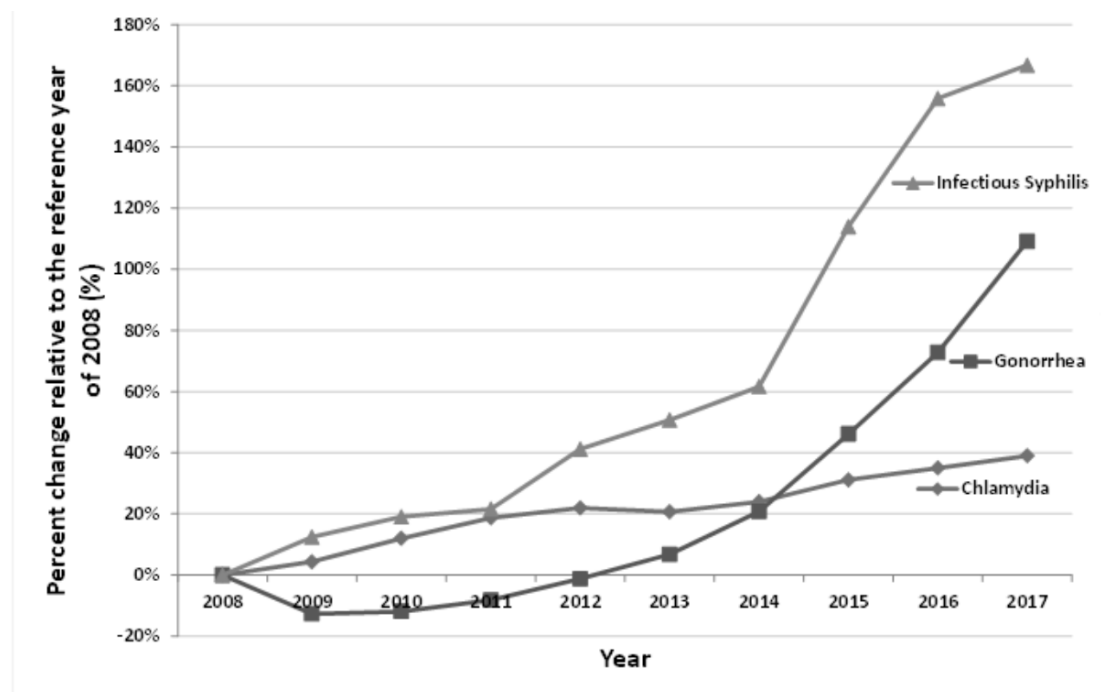


Figure 1. Percent change relative to the reference year of 2008 of STI rates in Canada, 2008-2017
<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/report-sexually-transmitted-infections-canada-2017.html>

French translation for reference 16:

16Fr. Rapport sur les infections transmissibles sexuellement au Canada, 2017

En 2017, un total de 126 322 cas de chlamydie ont été rapportés ainsi que 29 034 cas de gonorrhée et 4 083 cas de syphilis infectieuse ce qui correspond respectivement à un taux de 345,7, 79,5 et 11,2 pour 100 000 personnes.

Bien que les ITS peuvent être guéries ou gérées et que la prévention puisse réduire la transmission, il faut savoir que les taux d'ITS ont augmenté de façon spectaculaire au cours de la dernière décennie. De 2008 à 2017, les taux de chlamydie ont grimpé de 39 %, de gonorrhée de 109 % et de syphilis infectieuse de 167 % (figure 1).

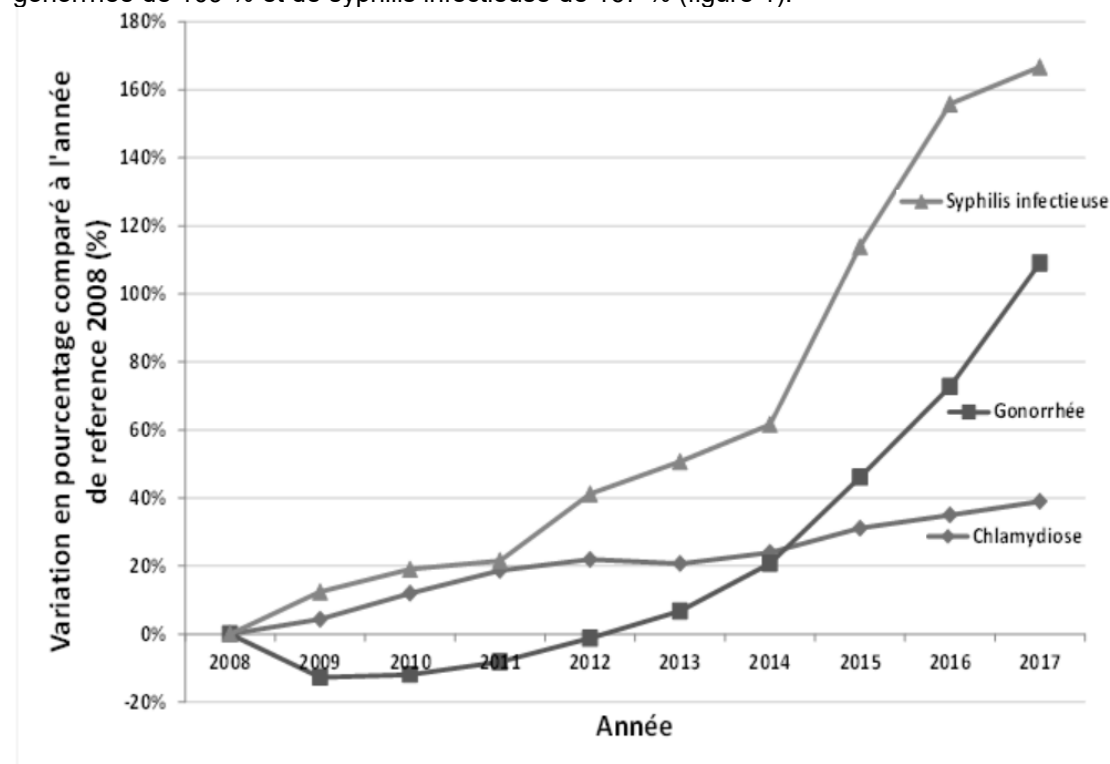


Figure 1. Variation en pourcentage par rapport à l'année de référence 2008 des taux d'ITS au Canada, 2008 à 2017

<https://www.canada.ca/fr/sante-publique/services/publications/maladies-et-affections/rapport-infections-transmissibles-sexuellement-canada-2017.html>