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A brief submitted to the Standing Committee on Justice and Human Rights
Regarding Bill C-6, An Act to amend the Criminal Code (conversion therapy)

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Introduction

Bill C-6 is the latest iteration of the proposal to ban the practice of conversion therapy for sexual orientation and gender identity for all people, but with a special focus on children introduced by the current federal liberal party of Canada.

“Conversion Therapy” as understood by the general population brings to mind horrific images of spiritual, mental and/or physical abuse against homosexual individuals as dramatized in pop culture, such as the current Netflix programme ‘Ratched’; practices such as these are obviously abhorrent and should of course be outlawed as they have been for 50 years.

However, this bill as currently drafted reveals a number of contradictions and problems in its construction such as:

1. Falsely deems gender identity as fixed and immutable
2. Conflates sexual orientation with gender identity
3. Uses scientific evidence from studies on only one homogenous group, namely homosexual males.
4. Uses scientific evidence that ignores the extremely high prevalence of possible body dysphoria brought on by sexual abuse committed on children.
5. Paradoxically deems mature minorities incapable of making own treatment decisions regarding non-trans-identifying therapy yet fully capable of decisions regarding irreversible medical procedures. The second statement appears to be in flat contradiction of the first.
6. Defines conversion therapy as one way only; making it illegal to convert to sex observed at birth, but allows, affirms and does not question conversion to transgenderism.
7. Deems “affirming support” conversations as the only non-criminalized interactions allowable.

1. Gender Identity is not fixed for life.

Bill C-6 is built upon a fatally flawed premise that it is a “**myth that gender identity can or ought to *be changed*.**” (Emphasis mine.)

According to the Ontario Human Rights Commission (the agency which is cited by experts and policy makers and deferred to on matters of gender identity rights by the federal Government of Canada), the definitions of gender identity, gender binary, and gender fluidity is referenced here:

"Gender binary: a social system whereby people are thought to have either one of two genders: man or woman. These genders are expected to correspond to birth sex: male or female. In the gender binary system, there is no room for interpretations, for living between genders, or for crossing the binary. **The gender binary system is rigid and restrictive for many people who feel that their natal sex (sex they were labelled with at birth) does not match up with their gender or that their gender is fluid and not fixed.**" (Emphasis mine.)

"Gender identity: each person's internal and individual experience of gender. It is a person's sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their birth-assigned sex.

For most people, their sex and gender identity align. For some, it does not. A person may be born male but identify as a woman, or born female but identify as a man. Other people may identify outside the categories of woman/man, **or may see their gender identity as fluid and moving between different genders at different times in their life.**" ¹ (Emphasis mine.)

Gender identity cannot be both fixed and unchangeable for children expressing transition desires *AND* fluid and unfixed for those (presumably) same children uncomfortable in either gender but needing to live as either or both.

2. Sexual Orientation and Gender Identity are inherently different

Sexual Orientation is to Gender Identity as refrigerators are to the kitchen sink; which is to say, they have absolutely nothing in common besides the fact that they both reside in the same room of the house; these two terms must not be used interchangeably or one confused for the other.

To illustrate this more fully for you, I will take the example of 'Pips' Philip or Pippa Bunce²; a cross-dressing man who identifies as a woman part time. This man works for Credit Suisse as the Director / Head of Global Markets Technology Core Engineering Strategic Programs; in 2018 he was awarded a place on a list of the Top 100 Women in Business by the Financial Times for dressing as a woman 3.5 days a week³. This man is married to a woman with whom he has two grown children. Does this man become a lesbian and does his wife also become a lesbian if they have marital relations while he is identifying as a woman?

¹ <http://www.ohrc.on.ca/en/policy-preventing-discrimination-because-gender-identity-and-gender-expression/appendix-b-glossary-understanding-gender-identity-and-expression>

² <https://www.linkedin.com/in/pips-phil-or-pippa-bunce-4795121/?originalSubdomain=uk>

³ <https://www.standard.co.uk/news/uk/gender-fluid-exec-named-on-list-of-top-100-women-in-business-a3942896.html>

Sexual orientation is apparently fixed, immutable, and not a volitional choice; meaning that sexual attraction for physical relations is fixated on a specific type of genitals. Genitals cannot be switched out according to gender identity or expression like stereotypical gendered clothes are. However, this is exactly what the creators of the transgender umbrella have done; by conflating sexual orientation and gender identity, they have gathered all different categories of people into one. As earlier defined, gender identity can be fluid, changeable, and moveable over a lifetime.

3. Scientific Evidence is sex biased towards homosexual males

According to the Scientific Evidence posted on the Department of Justice website, 2 Sex Now Surveys have been completed which included self-reported information from the male homosexual population. No females took part in these surveys according to the 2019 sex now online survey.

“The Sex Now Survey is a national survey of sex between guys. The survey asks questions about your everyday life, including your sex life, mental health, substance use, attitudes and your opinions on Canadian Blood Services current deferral policies **for guys who are into guys.”⁴**

Neither the 2019 or 2018 Sex Now surveys include the question of natal sex; the 2015 questionnaire is unavailable or unpublished at this time. The exclusion of the natal sex question throws the data into disarray as we cannot therefore determine how many respondents under the trans umbrella have undergone physical changes such as with hormones or surgery to present as “guys who are into guys” and how many are simply expressing the opposite gender through clothing and makeup or by thought process alone. The fact that it is Canadian Blood Services asking the questions, no questions reference any female reproductive body parts, and one question asked about testicular cancer strongly assumes that this survey was completed by only natal males.

The justification of **excluding any natal females from the scientific evidence**, literally half the Canadian population, used by the Department of Justice does not seem very scientific or just.

4. Data shows an astronomical correlation between childhood sexual abuse and trans identification

The prevalence of childhood sexual abuse is statistically much higher for trans identified persons than in the general population or homosexual population. There is a lot of data that correlates childhood sexual abuse with trans identification as well as evidence that abuse does not correlate to homosexuality.

⁴ https://www.cbrc.net/sex_now_2019_online_survey

The Transpulse Survey 2015: Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada; Table 1 Weighted background characteristics of trans people in Ontario, Canada⁵ shows 70.7% of the trans people surveyed responded that they had experienced childhood physical or sexual abuse. **71% equates to 270 children of 380.**

The Transgender sexual violence survivor's data from FORGE (2004) Sexual violence in the Transgender Community Survey reports that: **"More than ¾ of the respondents (78%) reported that they had first experienced "unwanted sexual touch" by age 12."**⁶

- 5. Paradox: Children are highly suggestible, vulnerable to exploitation and incapable of consenting to "conversion therapy" while simultaneously able to independently regulate their emotions, masterfully command and manage their medical self diagnosis in the sure knowledge of what treatment they need for their bodies in the moment and also able to foresee the consequences of those decisions 20 years down the road.**

I think this statement speaks for itself, while laying out the basis of many future lawsuits. (Contrary to section 7 of the Charter - Life, Liberty and Security of the Person)

Furthermore, all the studies, surveys and propaganda perpetuated by media, activists, and lobbyists agree and insist that transgender people have the highest risk of suicide and mental health issues in all the land.

We know that common risk factors for suicide include anxiety, deep depression, psychiatric illness, substance abuse, etc., so why in the world are experts going against their own long established sage advice to avoid making huge life changing decisions when in this altered mental state, agreeing to a child's self diagnosis and immediately handing out extremely toxic controlled substance drugs, hormones, and surgeries essentially on demand?

⁵ <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-1867-2/tables/1>

⁶ <https://www.acesdv.org/wp-content/uploads/2014/06/Trans-Sexual-Violence-Survivors-Self-Help-Guide.pdf>

6. Defines conversion therapy as a against the law in one direction only, making it illegal to convert to sex observed at birth; but allows, affirms and does not question conversion to transgenderism.

Specific legislation already in effect in many of Canada's provinces specifically asserts that conversion therapy does not include the following:

- a. services that provide acceptance, support or understanding of a person or the facilitation of a person's coping, social support or identity exploration or development; and
- b. sex-reassignment surgery or any services related to sex-reassignment surgery.⁷

Bill C-6 as currently written asserts the same concept in its own language.

Pink News and LGBTQ Nation have reported earlier this year how in Iran, where being homosexual is against the law and punishable by death, the only way to stay alive if found to be gay is to surgically transition to the opposite sex.^{8 9} **This exception to the rule against conversion sets some children up for a terrible, horrific possibility: that of “transing away the gay”.**

In the UK, many staff have outright quit their jobs at the Tavistock clinic the NHS Gender Identity Development Service main center because of fears that homophobia is pushing children onto the trans path.¹⁰

Even extremely liberal Sweden, has recently seen a major shift in the perception of gender reassignment due to the fact of the 1500% increase of dysphoria diagnoses among teenage girls, with backlash mounting from de-transitioning females whose bodies have been irreversibly altered with no way back. Even Sweden's health minister has now distanced herself from a shelved controversial law that seeks to lower the age for sex reassignment surgery from 18 to 15 and remove the need for parental consent, reminding people that it was her predecessor and not her who drafted that law.¹¹

⁷ https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/LegislativeSummaries/432C6E

⁸ <https://www.lgbtqnation.com/2020/03/iran-forcing-gay-men-gender-transition-surgeries-make-straight/>

⁹ <https://www.pinknews.co.uk/2020/02/22/iran-gay-forced-gender-reassignment-surgery-the-sun/>

¹⁰ <https://www.thetimes.co.uk/article/it-feels-like-conversion-therapy-for-gay-children-say-clinicians-pvsckdvq2>

¹¹ <https://www.theguardian.com/society/2020/feb/22/ssweden-teenage-transgender-row-dysphoria-diagnoses-soar>

This bill will codify the right to take children to Iran (and possibly 7 other countries that have laws against homosexuality) for sex reassignment surgery against their will for the perceived cultural sin of being gay while at the same time removing any possibility of redress or justice for said child since this right will explicitly be deemed non-criminal.

Canada has a large and growing population of Iranian immigrants; roughly 202,000¹² who might have fled their country for the very reason they could be forced or tricked back there – forcible surgical conversion therapy.

7. Tying the hands of health care providers prevents them from protecting patients from medical contraindications.

In medicine a contraindication is a specific situation in which a drug, procedure, or surgery should not be used because it may be harmful to the person.

This bill removes the health care provider's autonomy in assessing and evaluating the best path forward and treatment protocol for a person with body dysphoria, depression, suicidal thoughts and intentions, etc. It creates ethical stress for the care provider when they must follow only one affirmation direction for patients, completely disregarding any comorbidities (multiple medical conditions at the same time) under threat of imprisonment.

The ones who cannot go against their consciences will resign, leaving only the uncaring, flippant, non curious bottom of the barrel care providers who are only there for the paycheque; once again failing a very vulnerable population.

The thought of what is already happening with a greater tidal wave yet to come brings to mind the inhumane treatment my biological mother endured at the hands of doctors following government mandated policies and laws that stated those with mental illness should be sterilized¹³; she was sterilized by the Alberta NDP government, and years later was paid out a paltry amount of guilty blood money that by no means relieved the memory of given an abortion and hysterectomy in one fell swoop while under government care. In the end, the act which was deemed "in the patient's best interests and for her own good" cost the government 50 years of psychiatric housing and care at the Ponoka mental hospital.

The words at the beginning of the last sentence of this bill's Charter Statement **"Avoiding these harms outweighs considerations of individual autonomy..."** chills

¹² <https://vancouversun.com/opinion/columnists/douglas-todd-iranian-asylum-seekers-surge-in-canada-amid-spiralling-conflict>

¹³ <https://historyofrights.ca/encyclopaedia/main-events/eugenics/>

me to the bone; I have seen them before from the same authoritarian source. History repeats.

Conclusion

From the documentation the federal government has put forth, it seems it has only considered one narrow viewpoint in the rush to pass this bill through parliament. Yet all one has to do, is glance back at the not so long ago past to see the harms and ills our federal government has rained down on the heads of Canadians in the name of 'good intentions', specifically when deciding to intervene between parents and children and legislating what can be done to children's bodies, and who may perpetrate such acts.

The following is a shameful Canadian list to consider:

Eugenics and Compulsory Sterilization Program

The Duplessis Orphans

Indian Residential Schools

The parallels that link Bill C-6 to Canada's 3 most egregious examples above are not hard to see. Who among those here will have to stand up and apologize to the wave of de-transitioners denied talk therapy and instead pushed down a childhood trans path? The difference between those past scandals and now is that back then, information on who made these terrible decisions was difficult to pin down; however, in these informative times, it will not be difficult to name the names of those responsible for this shoddy bill and hold them to account.

The great impact this bill could have on people's lives both for better and for worse demands that all who vote for it must be absolutely morally and ethically sure, without a shadow of a doubt that the laws it creates must first do no harm.

In its current form, I don't believe Bill C-6 meets that bar; especially regarding the confusion of gender identity and sexual orientation as evidenced by the speeches and comments by many of the MPs who have spoken in first and second reading who naively use the term gender identity when they are speaking about sexual orientation.

Consider this: If a gay child or teenager receives some unintended offensive talk therapy the worst that may happen is they go off and possibly have some awkward, embarrassing or uncomfortable sex in order to explore their sexuality and orientation. On the flip side, if a trans identifying child or teenager receives an affirmation only model from health care, the worst that can happen is breast and genital removal, sterilization, permanent medicalization, bone degeneration, IQ reduction, loss of pelvic structure, extreme regret, etc.

My motivation for writing this brief is the overwhelming feeling of dread I experience daily since hearing of this bill. The ill considered realities of transgender ideology begged, and then howled for my attention.

Normally, I am a very private person who does not broadcast personal details about my history, but this issue compels me to speak up.

I have personal lived experience of:

- being a gender non-conforming child and teenager,
- a childhood sexual abuse survivor,
- a foster child,
- adopted,
- a runaway and homeless
- involved in the juvenile justice system
- birth mother to a child I surrendered to adoption,
- mother to a vulnerable disabled adult daughter
- mother to two intelligent, beautiful, manipulative, internet savvy teenagers who can be easily swayed by their peers or the internet
- grew up in the same household with many indigenous survivors of intergenerational trauma as a direct result of residential school harms, and racist government policies, the effects of which nobody in our household escaped,
- lost a native foster brother to AIDS in 1993 who ended up a twink sex worker and needle drug addict who died at the age of 26;
- foster sister to Georgina Faith Papin, confirmed victim of Robert Pickton, mass murderer pig farmer,
- have a 24 year old nephew who transed in BC but is now regretful and seeking de-transition
- etc., etc., etc.

Having lived a life impacted by 2 of the most egregious Canadian government policies means that I cannot un-see the patterns and signs of systematic government interference and potential for abuse.

Nor can I un-hear the voices of vulnerable kids desperately seeking love and acceptance from any group who will have them in their normal developmental quest for greater independence away from parents and family.

Had this been the law 40 years ago, any of these de-transitioners could have been me...there but for the grace of god go I; I am lucky.

My recommendations:

1. Define the parameters of “conversion therapy” in relation to gender identity and expression. Clearly outline the physical and verbal actions and phrases that have been shown to cause injury so that health care providers may steer clear of possible harms while enabling them to build a treatment path around each patient’s individual diagnoses and needs.
2. Greatly expand the spectrum of persons consulted on this bill to include parents, women, girls, de-transitioners, transsexuals, and those affected and impacted by the policies of government interference between parents and children in the past; eugenics sterilization survivors, residential schools survivors (sixties scoop) and Duplesse orphans.
3. Add a clause under the definition of conversion therapy that disallows a practice, treatment or service designed to change a person from homosexual to transgender and remove the end sentence that states:

“For greater certainty, this definition does not include a practice, treatment or service that relates

(a) to a person’s gender transition; or

(b) to a person’s exploration of their identity or to its development.”
4. Add a clause explicitly stating that no child under the age of 18 shall be removed from Canada for the purpose of changing them from homosexual to transgender.
5. Define which agency will be held responsible for criminal charges in the case of de-transitioners who have not or do not receive the benefit of thorough exploration, assessment and counseling for their gender dysphoria; particularly when overlapping factors such as sexual abuse, trauma, or autism are present.