

I am writing today in response to Bill C-6, the proposed conversion therapy ban. **My submission addresses four points:**

1. The definition of conversion therapy in the Bill is too broad as it seeks to control the behaviour of LGBT Canadians, preventing them from accessing essential services (page 3).
2. The law makes no distinction between a six-year-old and a sixteen-year-old. It assumes that everyone under 18 has the same mental capacity to know what it means to be a male or female but does not have the mental capacity to choose a counsellor to support them (page 4).
3. Laws and professional standards are already in place against torture, forcible confinement and other coercive counselling practices. The law would then merely be a symbolic gesture that targets foundational beliefs of millions of Canadians about marriage. The federal government does not have the jurisdiction to create laws that regulate morality and religious teachings (page 5).
4. The legislation directly discriminates against LGBT Canadians, even those who do not want conversion therapy but may simply want to reduce unwanted behaviour as it denies them services available to other Canadians (page 9).

Safe and welcoming?

I moved to Calgary fourteen years ago to continue my work in non-profit ministry. It was a difficult decision. After living on my own since university, I was forced to move into my parents' home, with little income, single, and with my 30th birthday only a few weeks away. But as a Christian, I believed that God was guiding my career and I trusted Him with this difficult decision. I trust that God's plans are always the best for us, including His plans for our career and our life choices. This includes in the area of sexuality. For over 2000 years, our faith, along with many other faiths which represent billions of people around the world, teaches that sex is a gift of God for a husband and wife in marriage. Any sexual activity outside that bond, including pre-marital sex, extra-marital sex or homosexual sex, is not part of God's design. This does not mean we hate people who have a different sexual ethic. It simply means our belief about God's design, governs how we ought to behave and act.

Being a single man, I accepted and still accept these teachings. I have chosen to avoid sexual activity and remain a virgin and celibate. I also accept these teachings as a same-sex attracted man.

Before moving to Calgary, I sought out friends, Christian leaders and professional counsellors to help me deal with these attractions. Many argue that "conversion therapy" is fraudulent because sexual orientations cannot change. After seeing several counsellors, I also realized that a complete change may take a long time or may be impossible. But change isn't the only reason why people like me would see a counsellor for our sexual questions.

Counselling helps us put sexuality into perspective and encourages us to remain celibate while trusting our God for the intimacy we need. And that's why within months of moving to Calgary, I

sought out a Christian counsellor who would talk to me about my sexuality. The counsellor helped me understand that my identity did not have to be based on my sexual attractions. It did not have to define me. For me, the identity that I have in Christ is far more important and far more life-giving. I have never regretted seeing that counsellor or living out a chaste life.

Unfortunately, the conversion therapy ban proposed would prevent me from seeing any paid professional counsellor who agrees with my sexual ethic. Being celibate and same-sex attracted is difficult enough as it is. But when my own government prevents me from accessing counselling services simply because of my faith and my sexual orientation, that makes me feel unwelcome.

I strongly support a targeted law that would prevent torture or coercion or verbal abuse in the counselling room. However, a broad ban, such as the one currently proposed, treats torturing gay children in church basements the same as praying for someone to overcome a gay pornography addiction. It prevents the teaching of texts from religious books like the Bible, violates the rights of LGBT people of faith to exercise that faith and even prevents LGBT people, regardless of faith, from getting counselling available to heterosexual, cisgender Canadians. To avoid this, the law must remain focused on coercive or abusive counseling techniques and not venture into banning religious and moral beliefs that govern behaviour. I urge Parliament to consider these four concerns in the wording of the Bill:

1. Defining conversion therapy: Free to choose behavior

The first problem of the proposed law is how it defines “conversion therapy.” I gave a public submission to the Edmonton City Council when they were defining “conversion therapy” and heard the stories of those advocating for the bylaw. We heard many horrible stories of people being tortured, coerced or harmed by people attempting to change their sexual orientation. But when the wording of the bylaw came out, words like “coercion,” “forcible confinement,” or “torture” were nowhere to be found. Instead, the wording was as broad as possible to prevent anyone from merely advocating for a traditional or religious view of sexuality. The proposed law has the same problem.

Those testifying for the ban cited healthcare groups opposed to conversion therapy. Many healthcare professional groups have come out against “conversion therapy” and define it as an attempt to change someone’s orientation often using manipulative or harmful techniques. However, the definitions used by these health care groups are not the same as the one in the Bill. As you can see in Appendix 1, major North American health associations do not define conversion therapy as, “a practice, treatment or service designed to change a person’s sexual orientation to heterosexual or gender identity to cisgender, or to repress or reduce non-heterosexual attraction or sexual behaviour.” The only time behaviour is mentioned is when the Canadian Psychological Association includes “behaviour modification” as a tool to change sexual orientation but it does not ban counseling that aims to alter the behaviour of a consenting patient.

The definitional difference is key because even if studies could show that sexual orientations don’t change, they do not deny that “behaviour” can change with counselling. Professional counsellors and others will testify that those who seek counselling mostly seek help to change their behaviour. Sexual

behaviour, regardless of your orientation, is a choice and in law, we are free to engage, or not engage, sexually with any consenting adult.

This is what my counsellor helped me understand. He helped me accept that I may not be able to choose my sexual attractions but I could choose my behaviour and remain celibate. He did not do anything extreme or harmful to me but respected my choice to refrain from same-sex sexual behaviour. Unfortunately, the broad definition in the proposed law does not respect that choice. If my counsellor encouraged me to remain celibate and not act on my same-sex attractions today, that practice would be considered “conversion therapy” under the law and banned. In other words, I can remain chaste but I cannot access professional support available to others who are straight and want to remain chaste.

2. There is no distinction between six-year-olds and sixteen year-olds.

There are two big assumptions about youth that Bill C-6 makes that need to be justified.

First, Bill C-6 treats anyone under 18 as if they have the same capacity for understanding long-term decisions. The Bill makes no distinction between the decision-making ability of a six-year-old and the decision-making ability of a 16-year-old. Clearly laws already recognize that these groups have different capacities. This is why laws allow for older youth to drive, work and in many provinces, engage in sexual activities or even get married at around 16 years of age. Six-year-olds who do not have such legal rights.

Secondly, the Bill presupposes that no young people want to get support in being celibate or living a gender identity congruent with their biology. If they are mature enough to know their gender identity at six-year-old, they should be mature enough to choose the support they want, even if it is from people who may not want them to engage in sexual activity or to transition. Mature minors, for example, may choose to remain celibate until a certain age and seek help from family and friends to live out according to their faith.

Most Canadians understand that supporting someone sometimes requires not supporting their choices. Supportive parents, for example, do not have to agree with every one of their child’s choices or beliefs, in order to be supportive. However, this proposed law criminalizes parents’ right to disagree with their child’s sexual and gender behaviour. Bill C-6 bans any kind of counselling or support for anyone under 18 that discourages same-sex attractions or behaviour, even for youth that want that kind of support. This includes support from counsellors, parents and clergy that would teach cultural and religious beliefs that may also be important to the individual seeking the support. A parent knows best if their young child is mature enough to understand what they are claiming to be and that right should be protected.

There are certainly children who experience transgender identity at a very young age and will maintain that identity all their life. But as many examples in the UK and the US now show, far too many young people are encouraged to explore a transgender identity not because of their own personal experiences but because of external factors. These factors include social pressure, childhood

confusion or simply not understanding what their physical body will experience when they undergo hormonal or physical treatment.²

Bill C-6, as worded, would also force religious groups to act against their religious and moral beliefs. For example, as a youth leader in my church, I already encourage the teenagers in my group to abstain from sexual behaviour until they are married to one member of the opposite sex. If a 14-year-old girl from our group came to me to ask my opinion if she were to engage in sexual behaviour with her boyfriend, I would reiterate the teachings of our faith. However, if she wanted to engage in sexual behaviour with a girlfriend, Bill C-6 would prevent me from discouraging her sexual activity. I would be allowed to care for my youth in one situation by telling her an important teaching that I believe leads to her benefit but prohibited from providing care in another situation because of who she wants to have sex with. I've attached as Appendix 3, correspondence between one constituent and a member of the Spruce Grove legal staff team who cannot give a definitive answer that such discriminatory requirements would not be imposed by the bylaw (Spruce Grove's bylaw also utilized the same language as Bill C-6).

In fact, anyone who preaches from their religious texts, especially to young people, in order to discourage same-sex sexual behaviour could then be classified as committing "conversion therapy" under the broadly worded Bill. For example, the Apostle Paul in his first letter to the church of Corinth, states,

⁹ Don't you realize that those who do wrong will not inherit the Kingdom of God? Don't fool yourselves. Those who indulge in sexual sin, or who worship idols, or commit adultery, or are male prostitutes, or practice homosexuality,¹⁰ or are thieves, or greedy people, or drunkards, or are abusive, or cheat people—none of these will inherit the Kingdom of God. ¹¹ Some of you were once like that. But you were cleansed; you were made holy; you were made right with God by calling on the name of the Lord Jesus Christ and by the Spirit of our God. 1 Corinthians 6:9-11

The plain reading of this text seems to imply that same-sex sexual behaviour can change. But if any Christian leader, publicly teaches this passage of scripture and encourages youth in their congregation to follow the biblical principles found in this text, that would qualify as an attempt to "reduce...non-heterosexual behaviour." Now some Christian groups argue that this passage has nothing to do with homosexuality but paedstry and rape. That is their right to believe that. Parsing through what religious texts however, is not the job of the government. You simply do not have that jurisdiction.

The plain reading of Bill C-6 would mean that sermons, homilies or any religious presentation would be subject to city scrutiny in the enforcement of the law. I had the privilege of sitting right beside Dr. Kris Wells, one of the main advocates for these conversion therapy bans, when we gave opposing testimonies to the Edmonton City Council. When I asked the councilors if they intended to send bylaw

² Barnes, Hannah and Deborah Cohen, 'How do I go back to the Debbie I was?' BBC Newsnight, <https://www.bbc.com/news/health-50548473>, November 26, 2019.

officers to every house of worship to ensure we were not, “praying the gay away,” they responded that this was not their goal. Dr. Wells, however nodded the entire time I asked that question: he has publicly said that churches have to be regulated by the bylaw. And despite the Edmonton councilors’ insistence, the wording of the bylaw corresponds to Dr. Wells interpretation, since in practice, it targets the religious teaching that sex is meant for a married, opposite-sex couple.

3. A question of jurisdiction: Targeting a religious belief

Those who push for a conversion therapy ban insist that it is necessary because religious organizations continue to harm LGBT individuals by forcing them to change their sexual orientation. This despite the fact that the practices that justify the need for a ban, are already criminal acts under the federal *Criminal Code* or banned by provincial regulations.

- Torture is defined and banned under the Criminal Code Section **269.1 (1)**. Though the clause explicitly deals with government officials using torture, Michael Spratt of the national Criminal Lawyers’ Association, told a Parliamentary committee that existing laws on aggravated assault, kidnapping, and forcible confinement “are sufficient to deal with the issues addressed through this legislation.”³
- Forcible confinement is dealt with in the Criminal Code under a ban on “kidnapping.” Section 279 (2) of the Criminal Code says:

Every person commits an offence who kidnaps a person with intent

- **(a)** to cause the person to be confined or imprisoned against the person’s will;
 - **(b)** to cause the person to be unlawfully sent or transported out of Canada against the person’s will; or
 - **(c)** to hold the person for ransom or to service against the person’s will.
- The Alberta Child Welfare Act requires that all reasonable suspicions of child abuse or neglect be reported. Failure to report is an offence under this Act.

Attacking this belief system seems to be the goal of Dr. Wells and those pushing for this Bill. In his statement to Edmonton City Council, Dr. Wells mentioned that Edmonton was still exposed to “conversion therapy” because the Edmonton Convention Centre hosted a large religious event that featured dozens of organizations which “support conversion therapy.” The only event that this could be referring to is Breakforth/The One Conference, a yearly Christian conference which covers a variety of Christian topics. One of the topics that year was on sexuality. I know this because I participated on a panel discussion about how Christians ought to love our LGBT neighbours despite our disagreements. Conversion therapy was never part of the program. Yet this example shows how easy it is for Wells to conflate merely upholding the traditional belief on sexuality with wanting to

Huron, Debra, “Why Canada has no new law on torture by individuals,” **Ricochet**, <https://ricochet.media/en/1560/why-canada-has-no-new-law-on-torture-by-individuals>, Nov 30, 2016.

torture gay young people until their sexual orientation changes.

Wells along with Pam Rocker, a leader in her church, also created a document that claims the City of Calgary ban would not prevent religious Calgarians from exercising their faith. But further down the document, it becomes clear that Calgarians would only be allowed to practice their faith if we agree with their moral or theological views of sexuality:

What is not allowed under a conversion therapy bylaw is any form of intervention that tries to change, fix, repair, or heal a person's sexual orientation, gender identity, or gender expression. These methods or tactics assume LGBTQ2S+ people are disordered, broken, pathological, or sinful. All forms of support, including prayer, are welcome and encouraged when they focus on supporting and affirming a person's sexual orientation, gender identity, or gender expression.⁴

The debate over conversion therapy more than suggests what the real agenda is behind the push for the Bill. No Conversion Canada, another group working with Dr. Wells has already openly stated in a comment on Facebook page that it will use this law to try to silence the non-profit group I work for – even though we don't even do counselling. Simply supporting my right to get the counselling of my choice justifies them to make a threat like this:

Luckily for LGBTQ+ Canadians your open support for conversion therapy will soon be illegal in Calgary, and then everywhere in Canada. We will be reporting this post. Shame on you. Jan, 24 2020 Faith Beyond Belief Facebook page comment

I hope the government's aim is not to go after the religious teaching that God designed sexuality for opposite sex marriage. It is a belief held by millions of Canadians which is protected under the law. Even when same-sex marriage was legalized in Canada, the then Liberal government of that day explicitly made exemptions for churches and other religious groups from having to adopt this view as part of their religious practices. This basic right should then mean groups and individuals like myself can practice this belief openly and advocate for it. A targeted law against coercive practices would protect both LGBT Canadians from harmful therapy while protecting the right of Canadians to get religious counselling of their choice. They are not mutually exclusive goals.

As someone who constantly needs support and prayer, I of course agree that we should always support those who come to us for help. But support does not always mean agreement with a person's beliefs or behaviour. That is not part of the Christian worldview. We can believe that sex should be saved for a husband and wife and still respect and care for our LGBT friends just as they can care for us and not agree with our theology. Disagreement is not hate. These are two different things and that must be acknowledged. The government must respect the rights of its citizens to decide what our

⁴ Wells, Kris, Keith Murray and Pam Rocker, **ENDING the Practices of CONVERSION / REPARATIVE THERAPY or SEXUAL ORIENTATION, GENDER IDENTITY and EXPRESSION CHANGE EFFORTS (SOGIECE) in CALGARY**, https://www.calgarypride.ca/wp-content/uploads/2020/01/Conversion_Therapy_Ban_Myths_YYC.pdf

sexual behaviour should be and who we can talk to about that behaviour. On this issue, this means the law must target “coercive” and “harmful” practices that are akin to torture, not theological beliefs about sexuality.

4. Denying services to LGBT Canadians: Free to choose one’s identity

One of the most effective arguments made to justify a conversion therapy ban is the allegation that all studies show that everyone who has gone through a conversion therapy ban has been harmed or traumatized. On the Edmonton-based radio program, The Ryan Jespersen Show, Dr. Wells asserted that there is no evidence that anyone has benefited from “conversion therapy.”

It should still not be allowed and accepted because quite simply we know it doesn’t work [even for consenting adults]. There’s no research anywhere that proves that that approach is appropriate. That it’s valid and that it actually changes someone. What it does is it increases their shame, their stigma that no matter how hard I pray or I try, I can’t change. Quite frankly it leads people to take their own lives. And talk to the survivors that have gone through that, even as young adults, it’s often the pressure in their community to fit in to gain acceptance that forces them to go to their elders, these religious leaders to lay hands on them for them to change and every single one of them who has survived conversion therapy will tell you it’s inappropriate and it doesn’t work and it needs to stop.⁵

Flawed Methodology

The authors of the document, *Conversion Therapy in Canada: The Roles and Responsibilities of Municipalities*,⁶ cite several studies that purport to show that conversion therapy is always harmful and that anyone who has experienced it, has been harmed. They then use this research to advise municipal governments to ban any counselling that would uphold a traditional ethic of sexuality, gender identity and sexual behaviour. However, each of the studies cited, suffers from one fundamental methodological flaw which is acknowledged by some of the researchers themselves: they only interviewed those harmed by conversion therapy and not those who claim to be helped by it (Please see Appendix 2).

In order to study the efficacy of any procedure, researchers should study a representative sample of those who have experienced the procedure. In this case, the researchers only interviewed people who were active in the LBGT community or who identify as LGBT, those already hostile to the notion of changing one’s sexual orientation or gender identity. Conversion therapy purports to change someone’s sexual orientation and so if successful, those who have undergone successful “conversion

⁵ **Ryan Jespersen Show: Will Edmonton become the next city to institute a conversion therapy ban?** 630 CHED, August 20, 2019, <https://omny.fm/shows/ryan-jespersen-show/will-edmonton-become-the-next-city-to-institute-a>

⁶ **Conversion Therapy in Canada: The Roles and Responsibilities of Municipalities**, MacEwan University et. al, Oct. 11, 2019 [https://static1.squarespace.com/static/5bfdaab6365f02c7e82f8a82/t/5da0829e5d0b280255df6baf/1570800302517/Conversion+Therapy+in+Canada++Roles+%26+Responsibilities+for+Municipalities+\(October+11,+2019\).pdf](https://static1.squarespace.com/static/5bfdaab6365f02c7e82f8a82/t/5da0829e5d0b280255df6baf/1570800302517/Conversion+Therapy+in+Canada++Roles+%26+Responsibilities+for+Municipalities+(October+11,+2019).pdf)

therapy” could never be captured in these studies.

One sympathetic analysis of a study cited in the document, explained, “The study has some limitations, which are further described in the manuscript. Notably, the authors recruited only people who identified as LGBT at the time of the study. The study would not have included people who identified as LGBT during adolescence but not at the time of the study.”⁷

Dr. Travis Salway, who helped produce research for this document, openly admits that men who do not frequent gay bars or gay dating websites, were excluded from his research, the very people who would want conversion therapy and claim it helped them.

We estimate that 3.5% of sexual minority men in Canada have been exposed to SOCE at some time in their life. Assume that 4% of the population are sexual minorities this estimate corresponds to approximately 20,000 Canadian sexual minority men. ***The burden of exposure is in fact much larger because our survey excluded sexual minority men who do not frequent sexual minority websites or community channels and therefore are not part of the sampling frame for the study as well as sexual minority women.***⁸

But rather than acknowledging that their research cannot be representative of all those who have gone through “conversion therapy”, these researchers extrapolate conclusions about people they did not survey. In fact, Salway estimates how many men have gone through conversion therapy and assumes that all of their experiences must be negative.

We believe that 4% is an underestimate of the prevalence of SOGICE exposure for the following reasons. First, in the Sex Now study, 30% of those exposed to SOGICE had attempted suicide; assuming this association extends to suicide deaths, many individuals who were exposed to SOGICE and subsequently died by suicide are unfortunately missing from the survey sample. Second, interviews with SOGICE survivors suggest that many SOGICE survivors remain reluctant to participate in LGBTQ2-branded spaces or events or even identify as a sexual minority; thus, SOGICE survivors are less likely than the average sexual minority individual to be recruited into the study (which relies upon sexual minority community organizations, websites, social media channels to recruit participants, and sexual minority identification).⁹

But if these individuals do not identify as gay and are not part of the gay community, they will likely

⁷ Turban, Dr. Jack, *Gay Conversion Therapy Associated with Suicide Risk: A new study provides concrete evidence that gay conversion therapy is dangerous*, Psychology Today, Nov 14, 2018, <https://www.psychologytoday.com/us/blog/political-minds/201811/gay-conversion-therapy-associated-suicide-risk>

⁸ Ibid, p5 [emphasis added].

⁹ **Protecting Canadian sexual and gender minorities from harmful sexual orientation and gender identity change efforts: A brief submitted to the Standing Committee on Health for the Committee’s study of LGBTQ2 Health in Canada**, Travis Salway, PhD Postdoctoral Research Fellow School of Population and Public Health University of British Columbia, <https://www.ourcommons.ca/Content/Committee/421/HESA/Brief/BR10447600/br-external/SalwayTravis-2-e.pdf>

not behave the same as those who do identify as gay. Good research methods prevent extrapolating data about one group from another group that behaves completely differently.

These research flaws do not negate, of course, that some people have had bad experiences with conversion therapy. But it should put into question the sweeping legislation based on non-representative samples. At the bare minimum, it should create an impetus for a study that captures all the experiences of Canadians with “conversion therapy.” We cannot trust someone that says 100% of people who have gone through conversion therapy are harmed if the only people who they are willing to talk to, are already hostile to it.

Because these researchers completely ignore those of us who have benefited from Christian counselling, even in their data collection, they come up with harmful stereotypes to explain the existence of same-sex attracted Christians who want “conversion therapy.” Dr. Kris Wells argues that those still seeking “conversion therapy” are akin to drunk drivers too inebriated to make any clear choice. Therefore, we should not be allowed to choose the healthcare professional we want and must get Dr. Wells’ permission to decide who can take care of us professionally.¹⁰ In other words, LGBT Canadians who disagree with Dr. Wells should not have access to a counsellor of their choice because of our faith and our sexual orientation. This is clearly a violation of our human rights and the Canadian Charter of Rights and Freedoms.

Now Bill C-6 does create a small caveat for those seeking help. It does not ban, “a practice, treatment, or service that relates to a person’s non-judgmental exploration and acceptance of their identity or development” but because the definition of “conversion therapy” includes any attempt to change sexual **behaviour**, this caveat would not protect LGBT Canadians from being unequally prevented from accessing professional counselling services, even those not seeking “conversion therapy.”

For example, a person seeking help to overcome sexual addiction or pornography use, may want counselling to reduce engaging in those sexual behaviours. If those sexual behaviours involved heterosexual activity, they could get professional help without any government interference. However, if it was gay sexual activity they were involved in, discouraging those practices would be considered “conversion therapy.” Even if the government says they would not prosecute in those situations, the chilling effect in the counseling community would discourage many from broaching the topic at all. It is appropriate for LGBT Canadians to want to reduce or change their sexual behaviour **sometimes**. But this Bill would only allow straight Canadians to get professional help to do this.

In the same way, Bill C-6 would encourage support services for anyone, including minor children as young as five or sex, to transition from their biological sex. However, if they choose to de-transition and return to their biological sex, they would be prevented from accessing the same kind of counselling under the law. In other words, cisgender people wanting to transition would get support but transgender people wanting to de-transition would not. This double standard is *prima facie* discrimination against trans people.

¹⁰ **What is conversion therapy? An expert explains, July 9, 2019** <https://www.youtube.com/watch?v=znCdQ9KFDok>

Conclusion: A safe and welcoming for all

If the government passes the law as currently proposed, it would be publicly professing that it is not being tolerant and open to all. Canadians must know that such a law limits the rights of LGBT and other Canadians. This is what happened in New York City. In January of this year, Dr. Dovid Shwartz, a Jewish counsellor, took his city to court for interfering with private conversations he has with willing patients through NYC's badly worded conversion therapy bylaw, a bylaw not even as broadly worded as the ones here. NYC's bylaw stated,

For the purposes of this subchapter, the term “conversion therapy” means any services, offered or provided to consumers for a fee, that seek to change a person’s sexual orientation or seek to change a person’s gender identity to conform to the sex of such individual that was recorded at birth.¹¹

His lawsuit made the point that those who come to him do so willingly because they want to hear from someone who adheres to the Jewish faith. The lawsuit states, “The patient-psychotherapist relationship requires giving patients the ability to express themselves without fear of reprisal and allowing therapists the freedom to respond to that expression with understanding; it is the last possible place where the government should be dictating what topics or ideas are off limits.” The bylaw “reaches into this confidential relationship to prohibit the discussion and exploration of ideas—and even the patient’s own, personal goals—to which the New York City Council objects.”¹² The city, realizing that courts would likely rule against their bylaw, rescinded it..

I believe that my beliefs about sexuality are part of God’s good design and benefit all of us when we obey Him. I take my beliefs about sexuality so seriously, I choose to live out those beliefs everyday by remaining celibate and not acting out on my sexual attractions. Despite this, I am not suicidal. I am not depressed. I am ever grateful for the chance to serve my God and my community. But just like many Canadians, I want to be able to get the support of a professional counsellor, or pastor or friend, whenever I need it and to talk about whatever we need to talk about. Please do not take away that right from me just because of my faith and my sexuality.

Sincerely,

Jose Ramos

¹¹ <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=3080991&GUID=959D1885-B55F-46CE-B422-7FC094A1E3EF&Options=ID%7cText%7c&Search=conversion+therapy>

¹² O’Neil, Tyler, *Jewish Therapist Sues NYC Over Counseling Censorship Law, Joining Ex-Gays*, PJ Media, Jan. 24, 2019 <https://pjmedia.com/news-and-politics/tyler-o-neil/2019/01/24/jewish-therapist-sues-nyc-over-conversion-therapy-ban-joining-ex-gays-n63346>

Appendix 1: Definitions of Conversion Therapy Among Different Healthcare Groups in Contrast with Bill C-6:

Though these healthcare organizations oppose any attempt to change sexual orientation, they do not state or cite any studies that say patients cannot alter or choose their **behaviour** with the help of a trained counsellor. In contrast, Calgary's proposed municipal bylaw defines conversion therapy to include changing one's behaviour and ban any counselling that would help a consenting patient choose how to behave.

Organization	Conversion Therapy Definition
American Psychiatric association	<p>APA expanded on that position with a statement in 2013: "The American Psychiatric Association does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed."</p> <p>APA Reiterates Strong Opposition to Conversion Therapy https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy</p>
Canadian Psychiatric Association	<p>Reparative or conversion therapy: A range of pseudo- scientific treatments that aim to change a person's sexual orientation from homo- to heterosexual.</p> <p>Mental Health Care for People Who Identify as Lesbian, Gay, Bisexual, Transgender, and (or) Queer Albina Veltman, MD, FRCPC; Gary Chaimowitz, MB, ChB, FRCPC <i>A position paper developed by the Canadian Psychiatric Association's Standing Committee on Professional Standards and Practice and approved by the CPA's Board of Directors on April 22, 2014.</i> https://www.cpa-apc.org/wp-content/uploads/LGBTQ-2014-55-web-FIN-EN.pdf</p>
American Psychological Association	<p><i>Sexual orientation conversion therapy</i> refers to counseling and psychotherapy to attempt to eliminate individuals' sexual desires for members of their own sex.</p> <p>A Primer for Principals, Educators and School Personnel, Just the Facts about Sexual Orientation and Youth, https://www.apa.org/pi/lgbt/resources/just-the-facts</p>
Canadian Psychological Association	<p>Conversion therapy, or reparative therapy, refers to any formal therapeutic attempt to change the sexual orientation of bisexual, gay and lesbian individuals to heterosexual (e.g., Nicolosi, 1991; Socarides & Kaufman, 1994). It can include prayer or religious rites, modification of behaviours, and individual or group counselling (Bright, 2004; Nicolosi, 1991).</p>

	<p>CPA Policy Statement on Conversion/Reparative Therapy for Sexual Orientation, https://cpa.ca/docs/File/Position/SOGII%20Policy%20Statement%20-%20LGB%20Conversion%20Therapy%20FINALAPPROVED2015.pdf</p>
American Academy of Pediatrics	<p>Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.</p> <p>American Academy of Pediatrics, <i>Homosexuality and Adolescence</i>, 92 Pediatrics 631 (1993), available at http://pediatrics.aappublications.org/content/92/4/631.full.pdf.</p>
Canadian Pediatric Society:	<p>Conversion or reparative therapy, where attempts are made to turn gay males or lesbians into heterosexuals, are clearly unethical and should not be provided by physicians, nor should physicians refer patients for such therapy.</p> <p>Adolescent sexual orientation: Position Statement https://academic.oup.com/pch/article/13/7/619/2639171</p>
American Academy of Child and Adolescent Psychiatry	<p>The American Academy of Child and Adolescent Psychiatry finds no evidence to support the application of any “therapeutic intervention” operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such “conversion therapies” (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, “conversion therapies” should not be part of any behavioral health treatment of children and adolescents.</p> <p><i>The AACAP Policy on “Conversion Therapies” (2018)</i>, available at https://www.aacap.org/aacap/policy_statements/2018/Conversion_Therapy.aspx.</p>
American Psychoanalytic Association	<p>As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice.</p> <p>Psychoanalytic technique does not encompass purposeful attempts to ‘convert,’ “repair,” change or shift an individual’s sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes.</p>

	<p><i>Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression (2012), available at http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender.</i></p>
<p>American School Counselor Association</p>	<p>The professional school counselor works with all students through the stages of identity development and understands this may be more difficult for LGBTQ youth. It is not the role of the professional school counselor to attempt to change a student's sexual orientation or gender identity. Professional school counselors do not support efforts by licensed mental health professionals to change a student's sexual orientation or gender as these practices have been proven ineffective and harmful (APA, 2009).</p> <p><i>The Professional School Counselor and LGBTQ Youth (2014), available at http://www.schoolcounselor.org/school-counselors-members/about-asca-%281%29/position-statements.</i></p>
<p>Community-Based Research Centre</p>	<p>The more commonly used term of “conversion therapy” (also known as “reparative therapy”) is any form of treatment which attempts to actively change someone's sexual orientation, gender identity or gender expression. This involves organized, sustained efforts.</p> <p>Conversion Therapy & SOGIECE https://www.cbrc.net/conversion_therapy_sogiece</p>
<p>Bill C-6</p>	<p>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 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</p> <p>(a) to a person's gender transition; or 35</p> <p>(b) to a person's exploration of their identity or to its development.</p>

Appendix 2: Methodological Issues with Conversion Therapy Studies

Conversion Therapy Study	Methodology
<p><i>Under the Lens of the Investegaytors: Sex Now Survey 2011</i>, Page 2-3 Community-Based Research Centre https://www.cbrc.net/under_the_lens_of_the_investigaytors_sex_now_2011</p>	<p>This research group is the main source for the data presented to city councils in Alberta. Unfortunately, the research it presents cannot represent a complete picture of Canadian experience on conversion therapy because of its flawed methodology. The researchers claim to want to look at the effect of conversion therapy on Canadians but then only survey those active in the gay community, at bars, on gay websites and as part of gay organizations. But if conversion therapy is used by those who do not want to identify with or be part of the gay community, then those individuals would be hard to capture in the data. Worse, those who would be happy with the results of their “conversion therapy” counselling, would be completely left out of their research. This means their research should not form the basis of any bylaw.</p> <p>Though these are the 2011 numbers, current documents they use still cite this data. Though they are in the process of collecting new data for 2020, there is no sign that they have changed their sample collection methodology. For example, I only saw this study because of the research I am doing for this report. Groups with people who have had positive experiences with conversion therapy or people who no longer identify as LGBT, are not directly contacted for their survey.</p> <p>“Our next challenge, and what became a big component of our weekly Investigators’ meetings, was our outreach strategy and work to recruit survey participants. We each took on different regions of Canada and began connecting with different gay groups, organizations, sports teams, gay clubs and bars, sub-communities, and other various gay networks within those regions—to reach as many gay men as possible. We also worked on advertising our survey through online sites and social media...”</p> <p>Travis Salway describes their methodology for this study this way: “Participants were recruited from an array of online community venues including dating and sex-seeking websites,</p>

	<p>social media, community organization newsletters, a database of previous study participants, and word of mouth.”¹³</p> <p>He goes on to admit that the research could not capture a large segment of men exposed to conversion therapy.</p> <p>“We estimate that 3.5% of sexual minority men in Canada have been exposed to SOCE at some time in their life. Assume that 4% of the population are sexual minorities this estimate corresponds to approximately 20,000 Canadian sexual minority men. <i>The burden of exposure is in fact much larger because our survey excluded sexual minority men who do not frequent sexual minority websites or community channels and therefore are not part of the sampling frame for the study as well as sexual minority women.</i> {Emphasis mine}”¹⁴</p> <p>Rather than recognizing that this lack of representation would completely skew their data, especially since they are supposed to be testing the efficacy of “conversion therapy,” the researchers double down.</p>
<p>Protecting Canadian sexual and gender minorities from harmful sexual orientation and gender identity change efforts</p> <p><i>A brief submitted to the Standing Committee on Health for the Committee’s study of LGBTQ2 Health in Canada</i></p> <p>Travis Salway, PhD Postdoctoral Research Fellow, School of Population and Public Health University of British Columbia travis.salway@bccdc.ca 604-707-2567</p>	<p>Salway and the CRBC are the source of the estimation that there are 20,000 sexual minority men in Canada who have undergone any kind of conversion therapy known as SOGICE (a term that includes both conversion therapy and any behavioural modification counselling). But by interviewing only self-identified LGBT individuals, he of course could not capture the thoughts of those who have left the community or who do not want to identify as LGBT. He even acknowledges this flaw in his research but makes it worse. He extrapolates from the reactions of those in the community and assumes that those who have not been surveyed would feel the same. He does not even consider that those who did go through “conversion therapy” and are happy with the results, would give different answers and would not be represented in his study.</p> <p>“We believe that 4% is an underestimate of the prevalence of SOGICE exposure for the following reasons. First, in the <i>Sex Now</i> study, 30% of those exposed to SOGICE had attempted suicide;</p>

¹³ Salway, Travis 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**, p3, <https://journals.sagepub.com/doi/pdf/10.1177/0706743720902629>.

¹⁴ Ibid, p5.

<p>https://www.ourcommons.ca/Content/Committee/421/HESA/Brief/BR10447600/br-external/SalwayTravis-2-e.pdf</p>	<p>assuming this association extends to suicide deaths, many individuals who were exposed to SOGICE and subsequently died by suicide are unfortunately missing from the survey sample. <i>Second, interviews with SOGICE survivors suggest that many SOGICE survivors remain reluctant to participate in LGBTQ2-branded spaces or events or even identify as a sexual minority; thus, SOGICE survivors are less likely than the average sexual minority individual to be recruited into the study (which relies upon sexual minority community organizations, websites, social media channels to recruit participants, and sexual minority identification).</i>” [Emphasis mine]</p>
<p><i>LGBT Action Plan: Improving the Lives of Lesbian, Gay, Bisexual and Transgender People</i>, Government Equities Office, UK https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBT-Action-Plan.pdf</p>	<p>This study only surveyed those who identified with the LGBT community. Anyone who chose not to identify with the LGBT community and has gone through conversion therapy, and benefited from it, would not have been surveyed.</p> <p>“In July 2017, the Government launched a national survey of LGBT people. The survey was open to anyone who identified as having a minority sexual orientation, gender identity or had variations in sex characteristics. It asked questions about people’s experiences of living in the UK and in accessing public services. We asked questions about education, healthcare, personal safety and employment.”</p> <p>In producing the study, the government also reiterated their support for non-coercive counselling:</p> <p>“We will bring forward proposals to end the practice of conversion therapy in the UK. These activities are wrong, and we are not willing to let them continue...Our intent is protect people who are vulnerable to harm or violence, whether that occurs in a medical, commercial or faith-based context. <i>We are not trying to prevent LGBT people from seeking legitimate medical support or spiritual support from their faith leader in the exploration of their sexual orientation or gender identity.</i>” [Emphasis added]</p>
<p><i>Conversion Therapy and LGBT Youth Update:</i> Brief, UCLA School of Law, Williams Institute Study, June 2019, https://williamsinstitute.law.ucla.edu/wp-</p>	<p>In the footnotes of this study, the researchers explained that only those who identified as LGBT were offered the survey on conversion therapy. It did not ask if the respondent had same-sex sexual attractions. This means only those who have embraced an LGBT identity and who would naturally be opposed to conversion therapy, would be surveyed. Anyone who claims that conversion</p>

<p>content/uploads/Conversion-Therapy-Update-Jun-2019.pdf</p>	<p>therapy reduced or eliminated their same-sex or transgender feelings(the very claim of conversion therapists), or who refuse to identify with the LGBT community, would not be captured in this survey:</p> <p>“About the Generations Study. <i>Generations</i> participants were recruited by Gallup, Inc., a survey research consulting company (http://www.gallup.com/) using the Gallup Daily Tracking Survey as initial contact. <i>Generations</i> baseline participants were screened and enrolled in the study between March 28, 2016 – March 30, 2017. The Daily Tracking Survey is a telephone interview of a national probability sample of 1,000 adults ages 18 and older that is conducted daily (350 days a year) to inquire about topics including the respondents’ politics, economics and general well-being...</p> <p>The <i>Generations</i> study used a 2-step recruitment procedure. In the first step, utilizing a question asked of all Gallup respondents, all LGBT individuals were identified. The Gallup question to assess sexual orientation and gender identity asked by the phone interviewer is, “I have one final question we are asking only for statistical purposes. Do you, personally, identify as lesbian, gay, bisexual, or transgender?”</p> <p>In the second step, Gallup respondents who were identified as LGBT were assessed for eligibility for participation in the <i>Generations</i> study and those eligible were invited to participate in <i>Generations</i>. Respondents were eligible if they identified as LGB (and not transgender) in response to a <i>Generations</i> question that asked if they were <i>lesbian, gay, bisexual, queer, or same-gender loving</i>, if they were in the age and race/ethnicity groups targeted for the 3 cohorts under investigation in <i>Generations</i>: ages 18-25, 34–41, or 52–59; Black, Latino, or White; completed 6th grade at least, and if they spoke English well enough to conduct the phone interview in English. Transgender respondents were recruited into a contemporary TransPop study...”</p> <p>https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-Update-Jun-2019.pdf</p>
<p><i>Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents:</i></p>	<p>This small study purports to show the harm LGBT youth face when their parents force them to undergo conversion therapy. But even friendly responses pointed out a flaw in the research.</p>

<p><i>Implications for Young Adult Mental Health and Adjustment,</i> Caitlin Ryan , PhD, Russell B. Toomey , PhD, Rafael M. Diaz , PhD & Stephen T. Russell , PhD, Pages 159-173 Published online: 07 Nov 2018,</p> <p>https://www.tandfonline.com/doi/full/10.1080/00918369.2018.1538407</p>	<p>In response to this study, Dr. Jack Turban, who also researches LGBT issues and opposes conversion therapy, points out the flaw in the study’s methodology in a footnote to his review of the study:</p> <p>“The study has some limitations, which are further described in the manuscript. Notably, the authors recruited only people who identified as LGBT at the time of the study. The study would not have included people who identified as LGB during adolescence but not at the time of the study. Regardless, however, the study shows that there is a sizable number of people exposed to sexual orientation conversion therapy who then suffer poor mental health outcomes and that these mental health outcomes are worse than LGB young adults who are not exposed to conversion efforts.”</p> <p>https://www.psychologytoday.com/us/blog/political-minds/201811/gay-conversion-therapy-associated-suicide-risk</p>
<p><i>Psychological Attempts to Change a Person’s Gender Identity From Transgender to Cisgender: Estimated Prevalence Across US States, 2015,</i> Jack L. Turban, Page 26, https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305237</p>	<p>Dr. Jack Turban surveyed self-identified transgendered individuals but admitted the flaw in only surveying them when studying the effects of conversion therapy:</p> <p>“With those considerations in mind, outreach efforts were focused on addressing potential demographic disparities in our final sample that could result from online bias and other issues relating to limited access. Although the intention was to recruit a sample that was as representative as possible of transgender people in the U.S., it is important to note that respondents in this study were not randomly sampled <i>and the actual population characteristics of transgender people in the U.S. are not known. Therefore, it is not appropriate to generalize the findings in this study to all transgender people.</i> [Emphasis added]</p> <p>An initial phase of outreach involved developing lists of active transgender, LGBTQ, and allied organizations who served transgender people and would eventually support the survey by spreading the word through multiple communication platforms and in some cases providing direct access to the survey at their offices or facilities. Establishing this network of “supporting organizations” was an essential component of reaching a wide,</p>

	diverse sample of transgender people.”
<p><i>Changing Sexual Orientation: A Consumers’ Report, Professional Psychology, Research and Practice</i>, 2002, Shidlo, Ariel and Michael Schroeder, sponsored by the National Lesbian and Gay Health Association and the National Gay and Lesbian Task Force</p>	<p>In contrast to the research cited, these researchers were able to find participants from gay and lesbian AND non-gay press and reached out to both gay and ex-gay organizations, including a national professional association of conversion therapists. Some participants even joined the study based on the recommendation of “conversion” therapists. Because they were able to capture a wider set of experiences, Drs. Ariel Shidlo and Michael Schroeder, admitted that they had to change the name of their study when they started doing interviews. “After the first 20 interviews, we discovered that some participants reported having been helped as well as harmed. Consequently, we broadened the inquiry and changed the project name [from <i>Homophobic Therapies: Documenting the Damage</i>] to a more inclusive one: <i>Changing Sexual Orientation: A Consumers’ Report</i>”¹⁵ [Emphasis added]</p>

¹⁵ Shidlo, Ariel and Michael Schroeder, *Changing Sexual Orientation: A Consumers’ Report*, Professional Psychology, Research and Practice, 2002, p 251.

Appendix 3: Correspondence between Spruce Grove Legal Representative and Pastor David Fisher over their similarly-worded “conversion therapy” bylaw, March 2020

1) Would we as a church be in contravention of the proposed bylaw if we advertise a study in which traditional Christian teaching on sexuality is presented, namely fidelity in heterosexual marriage and chastity outside of marriage?

As mentioned above, this is difficult to answer without all of the context. The bylaw does not prohibit freedom of speech or the preaching in general of one’s beliefs. The definition of advertise in the bylaw says: “Advertise means to promote by any means or through any medium of communication the availability of a good or service or other thing.” Therefore, sharing a story or a study would not fall under that definition unless it was used to promote services for conversion therapy or as its objective is specifically attempting conversion therapy – as defined in the bylaw.

2) Would I be considered to have engaged in conversion therapy if I counsel youth to limit their sexual behaviour? (see 2.4 & 3.1). Or would the law only apply to counsel offered to homosexual youth?

Again, very difficult to answer without the entire context. The definition of conversion therapy does include “counselling” but also discusses the objective of any such practice. If the intent is about “changing” a person’s sexual orientation or reducing or eliminating same sex attraction then it may be a violation. The bylaw does say that “services that provide acceptance, support, or understanding of a Person or that facilitate a person’s coping, social support, or identity exploration or development” are permitted. Again, the whole context and intent would be key as to whether counsel was simply to limit sexual behaviour of any kind (which is not contemplated in the bylaw) or if it met the other parameters of the bylaw prohibition and/or exclusions as defined.

3) Would this bylaw enshrine the affirmation of gender transitioning as the only legally acceptable approach in counselling transgendered youth asking for a sex change?

Our bylaw excludes gender affirming surgery or “related services” as those are not within municipal jurisdiction. There are already rules and regulation in place regarding those in the Province of Alberta. I would again refer you to the bylaw definition of conversion therapy and the exclusions thereof listed under 2.4 a) and b) as a general answer to the question posed.

Appendix 4: Responses to Arguments by “Conversion Therapy” Ban Proponents

The following are responses to the common arguments used to justify a broadly defined, “conversion therapy” ban:

1. Conversion therapy studies show that it harms participants.

The studies in Canada that look at the effectiveness of “conversion therapy” are based on incomplete data. In fact, researchers openly admit they only seek participants from gay organizations, bars, dating sites and other outlets in the gay community. If a therapy purports to change one’s sexual orientation from gay to straight, then anyone who has been helped with that therapy would not be surveyed using this methodology.

Moreover, all the respondents to these surveys would not be sympathetic to conversion therapy since they identify as LGBT and do not want to change their sexual identity. Only those harmed by it or who are strongly opposed to it would be surveyed. This does not negate the negative experiences cited by the researchers but it does show that a more comprehensive study needs to be done before it becomes the foundation for any legislation.

2. “Conversion therapy” is fraudulent because it doesn’t work.

This argument assumes that people who seek conversion therapy would only see success if their sexual identity or orientation changes. Some people claim that it does but more often than not, the counselling participants receive, helps them simply to reduce unwanted attractions or helps them avoid sexual behaviour they do not want to indulge in. This could include pornography, lust or sexual activity. Sometimes the counselling simply helps encourage them to remain celibate and to keep the faith. Proponents of the ban point to various health organizations that say that “conversion therapy” does not work to change **sexual orientation**. However, none of these organizations say that good, healthy counselling cannot help patients change unwanted **behaviour**.

3. The proposed conversion therapy ban does not go after religious beliefs about sexuality.

The wording of Bill C-6, prevents any kind of counselling that reduces unwanted sexual attractions or behaviour. However, all faiths have moral rules about how and when sexual behaviour can be practised. Most teach that it should only occur within opposite-sex marriage. The Bill allows the government to adjudicate religious institution can teach on sex. For example, a pastor could not preach from parts of the Bible that explicitly forbid non-heterosexual behaviour without it being potentially defined as “conversion therapy.”

Criminal laws or at the very least, professional standards of healthcare unions, are already in place against torture, coercive counselling and forcible confinement.. This means any law is redundant unless it aims to ban something other than behaviour that is already a criminal act. In this case, it seems to be that the ban would target the beliefs and practices of those who uphold the view that sexuality should be saved for opposite-sex marriage.

4. The proposed conversion therapy ban would not target conversations between consenting adults.

Unless the ban is modified to explicitly mention coercive or non-consensual practices, there is no provision for protecting conversations between a counsellor and a consenting patient, of any age. In fact, attempts to add a “consent” clause have been removed in various drafts of municipal bylaws in Alberta.

5. The proposed conversion therapy ban helps transgender youth.

The ban makes an exemption for a youth, of any age, to get counselling and support to transition from their biological sex. However, no support is allowed under this bylaw for that same child if she chooses to transition back. In other words, a cisgender person can get support to transition but a transgender person cannot get support to de-transition.

6. Churches and other religious groups cannot use their religion to justify torture and coercive counselling. Courts have ruled that “conversion therapy” bans are a legitimate restriction on religious freedoms.

No one who opposes the ban has argued that their religious beliefs justify torture or coercion. However, the rights of LGBT Canadians to receive the counselling of their choice must be protected. The Bill directly discriminates against LGBT Canadians, even those not seeking conversion therapy, as it would prevent them from reducing unwanted same-sex sexual behaviour. They would not be able to get counselling to help them stop using porn or to avoid sexual addictions, if it involved same-sex behaviour. Courts have not adjudicated on the rights of LGBT Canadians to choose not to identify with the LGBT community or to modify their same-sex behaviour.

7. The proposed conversion therapy ban promotes a safe and welcoming society for all.

The current wording of Bill C-6 prevents Canadians from accessing services available to others simply because of their faith and sexual orientation, thus making them feel unsafe and unwelcome.

Appendix 5 (Updated): Existing Laws

LGBT activists insist the government pass laws against “conversion therapy” to ban heinous practices such as torture or electro-shock therapy. However, these practices are already illegal and are covered by other jurisdictions.

Abuse	<p>Different provinces have their own laws concerning family violence, which includes physical and emotional abuse.</p> <p>https://www.justice.gc.ca/eng/cj-jp/fv-vf/laws-lois.html</p>
Assault	<p>Criminal Code of Canada:</p> <ul style="list-style-type: none">• 265 (1) A person commits an assault when<ul style="list-style-type: none">○ (a) without the consent of another person, he applies force intentionally to that other person, directly or indirectly;○ (b) he attempts or threatens, by an act or a gesture, to apply force to another person, if he has, or causes that other person to believe on reasonable grounds that he has, present ability to effect his purpose; or○ (c) while openly wearing or carrying a weapon or an imitation thereof, he accosts or impedes another person or begs.• Marginal note: Application<p>(2) This section applies to all forms of assault, including sexual assault, sexual assault with a weapon, threats to a third party or causing bodily harm and aggravated sexual assault.</p><p>https://laws-lois.justice.gc.ca/eng/acts/c-46/section-265.html</p>
Coercive counseling	<p>The Canadian Psychological Association has clear ethical standards about coercion in their <i>Canadian Code of Ethics for Psychologists</i> (2017, Fourth Edition) they state:</p> <p>In adhering to the Principle of Respect for the Dignity of Persons and Peoples, psychologists would:</p>

	<p>Freedom of consent</p> <p>I.27 Take all reasonable steps to ensure that consent is not given under conditions of coercion, undue pressure, or undue reward. (Also see Standard III.29.)</p> <p>I.28 Not proceed with any research activity, if consent is given under any condition of coercion, undue pressure, or undue reward. (Also see Standard III.29.)</p> <p>I.29 Take all reasonable steps to confirm or re-establish freedom of consent, if consent for service is given under conditions of duress or conditions of extreme need.</p> <p>I.30 Respect the moral right of individuals and groups (e.g., couples, families, organizations, communities, peoples) to discontinue participation or service at any time, and be responsive to non-verbal indications of a desire to discontinue if the individuals or groups involved have difficulty with verbally communicating such a desire (e.g., young children, individuals with language disabilities) or, due to culture, are unlikely to communicate such a desire orally.</p> <p>https://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf</p>
Forcible Confinement	<p>Criminal Code of Canada</p> <p>Kidnapping</p> <ul style="list-style-type: none"> • 279 (1) Every person commits an offence who kidnaps a person with intent <ul style="list-style-type: none"> ○ (a) to cause the person to be confined or imprisoned against the person's will; ○ (b) to cause the person to be unlawfully sent or transported out of Canada against the person's will; or ○ (c) to hold the person for ransom or to service against the person's will. <p>https://laws-lois.justice.gc.ca/eng/acts/c-46/section-279.html</p>
Torture	<p>Criminal Code of Canada</p> <p>Torture</p>

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| | <ul style="list-style-type: none">• 269.1 (1) Every official, or every person acting at the instigation of or with the consent or acquiescence of an official, who inflicts torture on any other person is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years. |
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<https://laws-lois.justice.gc.ca/eng/acts/C-46/section-269.1.html>