

November 30, 2020

Dear Members of The Standing Committee on Justice and Human Rights,

My name is Peter Gajdics. I am a 55-year old Canadian survivor of so-called “conversion therapy,” which occurred in Victoria, British Columbia between 1989 and 1995. The “therapy” began when I was 24 years old, still a young adult, and ended when I was 31. I am writing today to share the details of my story and to provide comments regarding Bill C-6, An Act to amend the *Criminal Code* (conversion therapy), based on my lived experience.

I am the author of the 2017 book *The Inheritance of Shame: A Memoir*, which chronicles my six years in this “therapy,” my medical malpractice suit against my former psychiatrist for treating my sexuality as a disease, and my long road to recovery. In 2018, my book was awarded the Silver Medal in LGBT Nonfiction from the Independent Publisher Book Awards, and was nominated for The Publishing Triangle Randy Shilts Award for Gay Nonfiction. Also in 2018, I helped initiate the first municipal ban on conversion therapy in Canada in my home city of Vancouver, and have advocated for protections of the LGBT community and legal bans on conversion therapy for over two decades.

I support Bill C-6, and applaud Canada’s government in speaking publicly about a form of torture that has plagued the LGBT community for generations. Indeed, there is nothing new about this torturous act of trying to “change” gay or trans people, paradoxically referred to as conversion therapy, except for government’s brave attempt to finally legally ban it in Canada. I do, however, have some suggestions that I sincerely hope the Committee will consider in attempting to strengthen the new law. Briefly, I believe the new law should be for all ages, and should not include any mention of the idea of “consent.”

Over the last many years, I have shared my story and various “lessons learned” at numerous public events, including in June 2019 at Thomson Reuters Outlaws Canada, “Bad Education: Leading the Abolition of LGBTQ Conversion Therapy,” in Toronto, Ontario. I started writing about my experiences soon after my recovery, and some of those articles have appeared in various international magazines and journals, including in *Gay Times* (UK), *The Gay and Lesbian Review/Worldwide* (US), *Advocate* (US), *Maclean’s* (Canada), *Huffington Post* (Canada), and *Xtra* (Canada), among others. I have been interviewed by several media, including CBC The National (and other CBC coverage for TV, radio and print), PBS, CKNW (radio), CHEK News (TV), BBC News (print), Global National (TV), and others. Links to many of these articles, interviews and other coverage of my book and advocacy can be found at: www.inheritanceofshame.com/media.

Over the course of nearly two decades, in advocating for tougher regulations or legal bans on conversion therapy for everyone, including adults, I have also shared my story with lawmakers and politicians, including Randy Boissonnault, in his capacity as special advisor on LGBTQ2 issues to the Prime Minister; several Members of Parliament (MPs),

including The Honourable Dr. Hedy Fry, The Honourable Randall Garrison, The Honourable Jagmeet Singh, the Honourable Sheri Benson, and others; various Members of Legislative Assembly (MLAs), both in my home province of British Columbia and elsewhere across Canada; and several municipal city councillors, again both in British Columbia (before and during the Vancouver ban in 2018) and in other provinces (including during Calgary's ban in 2020). I also sent a summary of my "therapeutic" experiences to the office of the Prime Minister of Canada.

My "Therapeutic" Story

In 1989, when I was 24 years old and enrolled as an undergraduate at the University of Victoria, my then family physician referred me to a licensed psychiatrist for psychotherapy. I had recently come out as gay to my family, and their rejection of my homosexuality had left me isolated, depressed, and suicidal. As I explained to my new psychiatrist: I was struggling to reconcile myself with my sexuality when I knew my family would never accept me for who I was. I also knew that I needed to deal with a history of childhood sexual abuse. The psychiatrist said he could help, and I began his treatment, a form of primal scream therapy, soon after.

Within a few months, the psychiatrist explained that my history of abuse had "created" my false belief that I was gay, and so my therapy's goal, he told me, would be to face past trauma in order to "correct the error" of my sexual orientation and revert to my "innate heterosexuality" (his words). He prescribed a sedative and an anti-depressant, and explained that the medications would be a necessary part of treatment. I resisted both the doctor's interpretation of my sexuality and the use of medications. He said that he would discontinue treatment if I did not do as I was told. As I had nowhere else to turn, I accepted his advice, reluctantly, and continued treatment, and the medications.

Soon after, the psychiatrist increased the medications' dosages rapidly, providing further clarification that the medications would help "silence the noise" of my homosexuality, that they would help "flip" me over "to the other side." I was ordered to move into a house, with several of his other patients, and to cut all contact with family and friends. He added additional antidepressants to my regime of medications, and escalated their dosages yet again. Due to the debilitating side effects of the medications and the emotional intensity of the primal scream regressions, I was soon forced to drop out of university.

It is important to mention that at no time did my psychiatrist or I ever use language like "conversion therapy." Though the terminology of "conversion therapy" was not as common during my treatment, even in 2020, practitioners of these treatments never refer to themselves as practicing anything remotely called "conversion therapy" (or "reparative therapy," etc.). That said, *ideologically*, the entire focus of my treatment soon became about trying to "correct" my sexual orientation.

By this time I had accepted the doctor's logic that my history of trauma had created my homosexuality—I guess I can say that I accepted as truth the lie that my homosexuality and been caused by abuse, and so everything that followed seemed to me to make "sense,"

within its own internal logic. In all of my ensuing regressions I tried my best to relive the trauma of past abuse in order to purge myself of my (gay) desires and reclaim what the doctor said, and I now believed, to be my birthright: my heterosexuality. I took whatever medications the doctor prescribed, as I believed they were all a necessary part of my treatment's goal. "No gain without pain," the doctor would tell me.

During one of my excruciating primal regressions, about two years into treatment, the doctor injected me for the first time with ketamine hydrochloride (an animal anesthetic), and then he proceeded to physically coddle and nurture me. Weeks later, he explained that injections of ketamine and ongoing "reparenting" sessions would become a necessary part of treatment in order to heal my broken inner masculinity, which again, he said, had contributed to my false homosexuality. Weekly injections of ketamine and reparenting sessions followed for roughly the next two years.

Meanwhile, the doctor continued to increase the other medications' dosages to what I learned years later were near fatal levels (e.g., my daily dosage of Elavil, one of the many antidepressants I was taking, was now at 600 milligrams). One day, while I was in my bedroom at the "therapeutic" house, I (accidentally) overdosed. The doctor was called to the house and he added an anti-psychotic to my cocktail of medications (by this time, a sedative, four concurrent antidepressants, continued injections of ketamine).

Despite all efforts, by the doctor and myself, my same-sex desires still had not "changed," and so the doctor introduced aversion therapy into my treatment. He instructed me to bottle my feces and to sniff its contents whenever I saw a man I was attracted to. He said that gays had "confused their sex organs," which according to him was "incorrect data," and I needed to "remember where gay men had sex." Again, I did as I was told. This final "remedy" filled me with revulsion, overwhelming shame, and thoughts of suicide. Privately, I had also started cutting my skin. When I shared these thoughts and acts of self-inflicted harm with the doctor, I was reprimanded and reminded that without his help I would "probably just get AIDS and die."

Toward the end of six years of treatment, the doctor began to lower the dosages of medications, stating that I would need to take a "short rest," then continue along the same trajectory of "correction." As a result of the lowered medications, for the first time in years I gained back some mental acuity. Slowly, to my horror, I began to realize the truth of what I had been living—what the doctor had been doing to me, what I'd been doing to myself. I left the house, where I'd been living for five of my six years of treatment, and discontinued contact with the doctor. I was 31 years old.

For the first two "post" therapy years, between 1995 and 1997, I was shell-shocked. It was not so much that I wanted to kill myself as I thought I was already dead. I experienced night terrors, hypervigilance, outbursts of crying and then numbness, flashbacks to the treatment (particularly, the aversion treatment) and the doctor screaming that I would never be a man as long as I was experiencing sexual feelings for other men. Likely it goes without saying that my treatment with this doctor did not help me with the childhood

sexual abuse; on the contrary, the doctor's treatment of my sexuality exacerbated all of my presenting complaints when I first sought his help.

As the shock of the treatment waned, replaced instead with outrage, I knew I needed to do something in order to speak out about what had happened. I wrote a five-page complaint letter, detailing just the facts of my treatment with this doctor, and I mailed it to British Columbia's College of Physicians and Surgeons. The College conducted a two-year investigation into the doctor's treatment, ending with a hearing before their ethical standards and conduct review committee, at which the doctor, his lawyer and I all attended. The doctor denied all wrongdoing. As far as I know, the College did not reprimand him in any significant way, and he continued with his private practice in Victoria, British Columbia.

After the College complaint concluded, in 1999, I sued the doctor for medical malpractice on the grounds that he had treated my sexuality as a disease and had tried to "change" me from homosexual to heterosexual (the statement of claim included many other issues, some of which were not directly related to my sexuality). The doctor denied all wrongdoing. He maintained that I had consented to his treatment, although he said that he had never tried to "change" my sexuality but had only treated me for "depression." After four years of legal proceedings, the lawsuit settled out of court, in 2003.

Over the next nearly 15 years, I wrote articles and ultimately my book for three main reasons: first and most importantly, I wrote to stay alive—to resist the silencing effects of shame brought on from a form of "therapy" that sought to eradicate who I was as a person. Second, I wrote to try to understand why I had ended up in that treatment, why I had stayed, and what, if anything, I had learned. Third, I wrote as a political act—to try to prevent the recurrence of similar acts of torture on other vulnerable people.

Throughout this time, it never occurred to me that similar treatments should be banned simply for minors. I had been a legal adult (24) when I met my psychiatrist, and I fully understood (and understand) how anyone, even an adult, could fall prey to the lie, largely embedded in our culture (still to this day), that their sexuality might have been "caused" by past trauma—or any other false premise upon which similar treatments are based.

As virtually every reputable global health and human rights organization denounced all forms of conversion treatment, confirming that their claims of "change" were fraudulent and often caused irreparable harm, I also personally recognized the importance of legally banning conversion therapy for everyone. To me, the main issues around conversion therapy were fraudulence and harm, which applied to all ages.

As I'm sure the Committee members will appreciate, anyone who approaches a helping professional, whether regulated or unregulated, secular or religious, is already vulnerable by virtue of the fact that they are seeking help for some kind of problem, if not trauma. The client seeking help will always be vulnerable to the power differential of that relationship, and will often do whatever is asked of them, trusting that the helper has their best interest at heart ("First, do no harm"). In the case of these conversion treatments, a need to

“belong” will often turn into a need to “change” oneself. The locus of attention shifts from the actions of the helper to the sexuality or gender of the person seeking help. This was all true for me, and I believe it is true for anyone undertaking any of these treatments, even today, no matter what their age.

In my own case, the basis upon which much of my treatment proceeded was based on the lie that abuse had caused my homosexuality. Almost immediately after beginning treatment, the doctor prescribed doses of incredibly potent medications. I had initially sought psychiatric care because of a history of trauma. I was vulnerable, and suicidal. “Consent” was lost along the way, but even at the start of that relationship, I do not believe that true consent could have ever been given while under such distress.

I realize, of course, that my experiences may be viewed by some as extreme, even as something that “couldn’t happen again today”; however, I can share that these are the exact words I have heard countless times by others, dating back to when I first left treatment: “This couldn’t happen again *today*.” As I write in my book: “*The horror of it all provokes disbelief.*” Banning conversion therapy is important because conversion therapy *is* horrific, and banning conversion therapy is important because conversion therapy *does* still occur *today*, under various labels and guises. Though the facts of my treatment will differ from others and their own experiences, I firmly believe that these basic principles of a fraudulent practice, combined with vulnerability, trust, and lack of true consent, will always apply to all, even today.

Worth noting is the fact that there are no current federal laws that would prohibit what happened to me today, that would attempt to prevent it from recurring with anyone else again, or even that could potentially hold a similar practitioner accountable for their actions. When I met my doctor in 1989, The American Psychiatric Association had already long before declassified homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (1973). Canada in particular has never viewed homosexuality as a mental illness. For my entire six years of psychiatric “care,” my doctor billed the Medical Services Commission of British Columbia for the treatment of “depression,” while the main focus of his treatment, its *ideology*, was to try to “change” my sexuality. Factually, there has never been a billable treatment in any government-funded matrix as “conversion therapy.” No one outwardly claims to practice anything called “conversion therapy,” and no one, certainly no regulated practitioner, ever bills government for any such treatment. In sum, conversion therapy is a covert practice that occurs despite the regulations that oppose it, not because regulations allow it.

Bill C-6, An Act to amend the Criminal Code (conversion therapy)

My main concern with Bill C-6 is that I do not think it goes far enough in prohibiting these “change” efforts from occurring with all people, including with legal *adults*.

The point of legally banning conversion therapy, at least in my opinion, is to put an end to these barbaric treatments of LGBT people. To be clear—efforts to “change” anyone’s sexual orientation to heterosexual or gender identity to cisgender would not even exist

today if it weren't for homophobic and transphobic *ideologies*—institutionalized belief systems, enacted and entrenched over countless generations—that have viewed gay, lesbian, bisexual and trans people as inherently broken by virtue of being gay or trans, and therefore in need of “change” (“healing,” “correction,” “curing,” etc.). This is torture.

LGBT people everywhere have endured much suffering, and countless others have died in the name of trying to “change” themselves into something they are not and never will be. Even people who claim to have “changed,” I believe, are ultimately just living out a form of cognitive dissonance—presenting as one thing to the world (heterosexual, or cisgender) while living the lie of being something else entirely inside (homosexual, or transgender). The entire gay rights movement, beginning in the late 1960s, has been built on the attempt of all LGBT people to live an open, honest and congruent life, as productive members of society, outside of the lie of this “closet.”

I know that some people who oppose these bans state that in a free and democratic society, adults should retain the right to “choose” any treatment they want—that efforts to prevent them from doing so, in the form of bans, are even “fascistic.” Respectfully, I completely disagree with this perspective. I believe that an adult’s “right to choose” does not mean that practitioners should be given free reign to enforce a violent and discriminatory practice through their programs. Adults, of course, have the right to do as they please in the privacy of their own lives; helping professionals, conversely, do not have the right to practice, advertise or charge a fee to anyone, regardless of that person’s age, for a kind of treatment that is proven to be *fraudulent* and can cause *harm*.

In order to be truly effective, bans on conversion therapy must be for all ages. Banning conversion therapy is about trying to end a fraudulent practice that causes harm. Banning conversion therapy is not about attempting to end it for minors but allowing it, with “consent,” for adults. In fact, not banning conversion therapy outright and instead, including even the suggestion of “consent,” presents conversion therapy as a real form of therapy that some people might still be able to “choose.”

With all due respect, presenting conversion therapy in this context would completely misrepresent the horror of its intent; it would add unnecessary confusion to the already complicated ordeal of trying to eradicate these treatments from Canada’s landscape. I can appreciate that in attempting to ban conversion therapy mainly for minors, government may be trying to prevent having the law struck down through some kind of legal challenge; however, not banning conversion therapy outright sends a mixed message and implies that a criminal offence is warranted because of the harm these treatments cause to *some* (minors), but that there may still be something about them that is useful or at least not as harmful to *others* (adults).

Rather than focussing this new law on the fact that conversion therapy is a fraudulent practice and causes harm, the way Bill C-6 is worded now centres on the issues of “choice” and “coercion”—that an adult could conceivably still “choose” one of these treatments “of their own free will.” Honestly, if these treatments are fraudulent and damaging to some, I’m not sure how they could not be just as fraudulent and damaging to others.

The point of a ban on conversion therapy is not that an adult might try to defend the right in a court to consent to this kind of activity; the point of this ban is that the very thing these adults might try to consent to is what a ban on conversion therapy should seek to abolish.

Furthermore, reference to the word “will” in particular makes it sound as if there are times in these helping relationships when the client is *not* vulnerable or when they have complete and autonomous agency—a suggestion that is entirely false and does not adequately reflect the reality of these types of relationships.

Any suggestion of “coercion” makes it seem as if the act of conversion therapy could be anything other than coercive, which also does not accurately reflect the dynamics in these treatments. Regardless of whether or not a client seemingly “consents” to treatment, it is important to remember that all forms of conversion therapy are inherently coercive and it is disingenuous (and confusing) to imply that in certain cases it could be anything but.

As sexual orientation, gender identity and gender expression are all protected grounds for discrimination under the *Canadian Human Rights Act*, it seems to me that there is no more basic right for any person, whatever their sexual orientation or gender identity, than to live without the fear that they will be told to “change” their sexuality or gender. Sexual orientation and gender identity are core principles of any human being. I experienced my own treatment as sexuality abuse. The treatment was an assault on my core self.

With respect to the *Canadian Charter of Rights and Freedoms*, it also seems to me that banning conversion therapy even for so-called “consenting adults” would constitute a reasonable and justifiable limit, given not just the lack of scientific evidence as to the efficacy of conversion therapy but to its actual proven fraudulence, demonstrated harm, and reasonably foreseeable dangers.

Finally, for all those who claim banning conversion therapy threatens their freedom of religion, I would say, simply, that bans on conversion therapy oppose the tyranny of LGBT people; they do not oppose religion.

Thank you for your time in reviewing this statement. If you require any other further information, please do not hesitate to contact me.

Sincerely,

Peter

A handwritten signature in black ink, appearing to read 'P. Gajdics', with a stylized flourish at the end.

Peter Gajdics