<u>Individual Brief</u> for The Justice and Human Rights Committee Regarding Bill C-6

Concerning the recent Judicial Review (Dec. 1, 2020) of precedent-setting legal suit involving The Tavistock Clinic, United Kingdom with some implications for treatments offered for Gender Dysphoria (with specific reference to youth and young adult females seeking redress post-transition and desistance.)

C. Hughes

Dear Justice and Human Rights Committee Members

I would like to add this additional information/links as a Brief submission to the committee, since this has only now become available.

The recent December 2020 legal decision in the U.K., regarding the Tavistock Clinic's use of puberty blockers and the ensuing lawsuit by a former client who has since de-transitioned (from female to male to female) who was under legal age at the time of her treatment and has major regrets regarding the use of puberty blockers, hormones, surgery. is available in the first link below.

This case will likely result in the provision of other therapeutic techniques to those suffering from Gender Dysphoria, particularly R.O.G.D., both at the Tavistock and world-wide. It may also result in legal and financial compensation, in future, to those who feel that their individual best interests were not safeguarded by the clinic's Affirmation only approach to therapy.
Many clinicians in fact resigned from the clinic prior to this case due to the vast (400%) increase in female-only clients seeking relief from Gender Dysphoria and the one-approach only therapy being provided at that well-known clinic.

Canada needs to be aware that such cases are increasing hugely among the female youth population and even among young adults as they seek to deal with the various factors which individually may have produced a large increase in young-females-only seeking transition, a reversal of the statistics which have been pretty constant throughout decades until approximately 10 years ago. This is a world wide phenomenon and thus far has not been scientifically studied nor explained, but raised concern among many clinicians who practice in the treatment of Gender Dysphoria.

Anyone with common sense would have to ask:
1) Why is there such a massive (400% increase at Tavistock Clinic & U.K. with similar increases seen world wide including Canada) increase in females-only seeking assistance for Gender Dysphoria?

2) Why is a "one size fits all" ,Affirmation-therapy only, treatment provided to many of these female youth and young women in such clinics?

3) Why does the current definition in Bill C-6 not exempt qualified trained therapists, licensed within the Provinces of Canada, from Criminal Prosecution for depth-psychotherapy (which permits those individuals who wish to do so to explore further their gender identity, particularly those females who previously presented as "gay" or lesbian and who only come to identify as "Transgender" suddenly, without a history of early childhood gender dysphoria, and often in later adolescence and early adulthood?)

4). To disallow medical treatment of Gender Dysphoria (hormones, surgery) for some would be as unjust and inhumane as to prohibit full in-depth psychological exploration of Gender Dysphoria, particularly in those youth and young women who experience later on-set Gender Dysphoria and are only permitted "Affirmation" therapy. (This is indeed current practice in many clinics in Canada dealing with Gender Dysphoria which simply are not having clients conduct

their life living as the opposite sex or gender for 2 years --as recommended by WPATH-- prior to receiving hormonal treatment and/or surgery).

5). As a direct result of permitting ONLY Affirmation therapy in many clinics increasing numbers of often “gay” lesbian youth and young women are transitioning, only to then desist at a later time, and return to life as adults with years of trauma from surgeries (double mastectomies and sometimes ‘bottom’ surgery), after effects of hormone treatment (body hair, facial hair, and lowered voices/"Adam's apple" development, musculature, facial changes which are permanent etc) when they come to accept themselves as female and often lesbian
(This occurred in the Tavistock case below).

The Judicial Review summary (below link), makes very clear that youth, even as old as 17, and many young adult females in particular, are seeking redress for treatment of gender dysphoria and that the U.K. case provides a precedent which should be of concern to the Committee as it moves forward.

Amendments need to be made to ensure that the current definition (which includes “gender expression/gender identity” in the ban on “Conversion” therapy) may shed further light on the problems associated with vagueness in defining "Conversion Therapy" in Bill C-6.

The probable outcomes of such lawsuits, in other jurisdictions involving non-adult clients who later decide to de-transition, returning to their birth sex/female gender identity, and often but not always as lesbian in orientation, as well as the need for further exemptions for therapists from criminal prosecution for providing alternative therapies (depth psychotherapy) for youth experiencing gender dysphoria, should make clear why such a definition of “Conversion Therapy” at the least needs to exclude specifically “psychotherapy to explore individual gender identity and dysphoria concerns” if desired by the client, prior to seeking medical transition, particularly for youth and young women.

It would seem wise to permit therapist and client to determine the course of any therapy for gender dysphoria; neither ruling out medical options nor preventing discussion of gender identity in individual causes of dysphoria, as well as other mental health co-morbidities often experienced by those with gender dysphoria. Particularly among young women (the largest growing group experiencing dysphoria currently) this would help to prevent transition regret for some clients (as in the Tavistock case).

Minister Lametti’s vague verbal assurances that “good-faith conversations would be excluded" from Criminal Prosecution under Bill C-6 need to be codified in the law to ensure that psychotherapy for individual clients cannot be prosecuted as a Criminal Code violation under the ban on “Conversion therapy”.

It is not enough to simply state verbally in Committee that this will not happen. If this sort of “good faith conversation” in psychotherapy is not specifically excluded from criminal prosecution, there is no guarantee that Minister Lametti's repeated statement, “this will not happen in Good Faith Conversations” will not be prosecuted. (Since this law, with its vague definition of "Conversion Therapy”, must be “interpreted” by police forces upon receiving a complaint.)

Unless written into the law as an exemption for those who wish to engage in depth-psychotherapy (and not merely have their identity "affirmed" by being told they are "really a gay male" --as has happened in numerous cases of females, often lesbian, exploring their identity in therapy at Gender Dysphoria clinics) there is no guarantee that therapists will either continue to offer other forms of treatment nor that they will not be prosecuted for offering in-depth and individual counselling tailored to individual patients' needs.) Teachers, counsellors, ministers, psychiatrists and psychologists will simply stop treating with depth-psychotherapy Gender Dysphoria among youth and young women. No other 'category' of mental health concern is restricted by law in similar fashion.

Canada would be wise to strike a balance by permitting therapists to co-determine with clients the course of therapeutic discussions, without threat of criminal prosecution for using approved therapeutic discussions, rather than only Affirmation and medical transition, in treating Gender Dysphoria for some youth who seek to resolve their dysphoria through therapeutic means rather than medical intervention, hormones and surgery only. To do so would protect the rights of patients to a broad choice of therapies, including not excluding medical or hormonal treatments.

To exclude medical/hormonal options is wrong for many. To exclude other forms of therapy, by threat of criminal prosecution as "Conversion" therapy, under the current definition, is equally as wrong for some patients (those who seek transition and desist from this method of treating Gender Dysphoria with many physical and psychological traumas as a result).

Increasingly in Europe and the U.K. clinics are becoming aware that a "one size fits all" practice does not serve all who suffer from gender dysphoria, particularly females with co-morbidities such as depression, trauma, bipolar and borderline disorders, as well as autism spectrum concerns.

Sincerely,

C. Hughes

Tavistock Clinic U.K. Judicial Review Case Precedent Summary:
https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Clinic-and-ors-Summary.pdf
Full Text of Judicial Review (Summary above):
https://www.judiciary.uk/wp-content/uploads/2020/11/R-Dunn-v-SOS-for-Foreign-and-Commonwealth-Affairs.pdf

Background to the case:
https://www.transgendertrend.com/tavistock-experiment-puberty-blockers-judicial-review/?fbclid=IwAR2odjSTqMYgcV6MZPdCdzi2sG186VNpAd2MLgRAU_LAn1Wiyw_jUxqfNB4

Summary of Personal Brief to Justice and Human Rights Committee Bill C-6:

1). Without written assurance in the law Bill C-6 that therapists, other professionals (teachers, school counsellors, ministers or religious leaders,psychologists, social workers, psychiatrists, medical doctors), or family members or friends, specifically engaging in "good faith

conversations” in the course of offering therapy or counsel to any person regarding Gender Identity or Gender Expression, that they cannot be criminally investigated or have charges laid against them as “Conversion” therapy or counsel under Bill C-6, the definition in the Bill is far too vague to permit any other form of therapy than Affirmation even among children, youth and young adults.

2) Since the vast increases, world-wide, in young females only seeking Gender Dysphoria relief through counselling, therapy, and/or medical transition to male cannot be adequately accounted for by scientific studies in the past 10 years, to permit open discussion with a therapist, other professional, family member or friend about such identity questions must be safeguarded from Criminal prosecution specifically as “Good Faith Conversations” providing an exemption to the vague definition of “Conversion Therapy” as applying to “gender identity or gender expression”. This would allow for further therapeutic options, AS WELL AS Affirmation therapy, in clinics dealing with Gender Dysphoria.

3). The U.K. Tavistock Judicial Review of the case above clearly indicates that puberty blockers and hormonal/surgical treatments for SOME patients are not the sole method to be practiced (as in the case above in which a then minor patient since desisted and returned to her birth sex/gender identity, as a gay/lesbian female,) particularly in the cases of young women seeking help for Gender Dysphoria. Clearly this case is a precedent for further legal suits world-wide not only in the U.K, where similar statistics indicate that SOME young women are being ill-served by a “one size fits all” approach to Gender Dysphoria.