

C-6 An Amendment to the Criminal Code (conversion therapy)

Draconian Imposition of Extremist Views

House of Commons Standing Committee on Justice and Human Rights

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Presented by:

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REAL Women of Canada is a national women's organization, federally incorporated in 1983. We are an NGO in consultative status with the Economic and Social Council of the United Nations, an active partner with the World Congress of Families and a Civil Society Organization with the Organization of American States.

We believe that the family, consisting of mother, father and children, is the foundational unit of society.

Our organization is deeply concerned about the government's Bill C-6, which amends the Criminal Code to prohibit "conversion therapy."

Overly broad and vague definition of “conversion therapy”

Bill C-6 defines conversion therapy as a practice, treatment or service designed to change a person’s sexual orientation to heterosexual, or gender identity to correspond to their birth sex, or to repress or reduce homosexual attraction or homosexual behaviour.

In October 2020, Justice Minister David Lametti stated in a [news release on the Department of Justice website](#) as follows:

These new offences would not criminalize private conversations in which personal views on sexual orientation, sexual feelings or gender identity are expressed such as where teachers, school counsellors, pastoral counsellors, faith leaders, doctors, mental health professionals, friends or family members provide support to persons struggling with their sexual orientation, sexual feelings, or gender identity.

Notably, this statement was not included in the actual wording of Bill C-6. Consequently, since it is not a part of the bill, and as a result, it is not legally binding and has no effect.

Clearly, this definition of conversion therapy in Bill C-6 makes no provision for different views on the issue based on religious beliefs, philosophical argument or scientific and medical studies. It also makes no provision for conscientious dissent.

In short, the current wording of Bill C-6, therefore, fails to protect freedom of conscience and opinion as provided in section 2 of the Charter but is in direct contradiction of this protection.

This raises concerns that this bill can result in criminal prosecution of private conversations, professional confidentiality and religious belief, including religious leaders or pastors whose faith requires individuals to live chastely in conformity with the teachings of their faith. It also compels competent professionals, including psychiatrists, psychologists, and medical practitioners to withhold their knowledgeable professional services from individuals who will be denied necessary, proper, time-tested medical treatment.

Federal government overrides parental and professional rights to decide medical treatment

The only legal treatment provided by Bill C-6 that will be available to Canadians under 18 years of age who struggles with his/her gender identity will be transition to the opposite sex by way of invasive and often experimental surgery, and pharmaceutical analogues of sex hormones whose long term effects are unknown. This treatment results in lifelong necessity for synthetic hormone injections and permanent sterility. Parents, however, will be criminalized if they have their child counselled to overcome gender problems and same-sex attractions and, instead, must accept as mandated by the state, the dubious, unreliable transgender procedures which have questionable validity.

We agree that no adult should be subject to “conversion therapy” without his/her consent, as is now the case with all medical procedures, but it is completely unacceptable that confused minors under 18 years of age cannot receive compassionate medical or pastoral counselling to accept the body with which he/she was born and relieve his/her anxiety.

Bill C-6 based on misinformation and disinformation

The failure to provide minors with full and complete counselling which is prohibited by this bill is tragic, as the bill is based on disinformation and misinformation. For example, when the Minister of Justice initially introduced Bill C-6 in March 2020, he defended it by claiming that conversion therapy was a “discredited and coercive practice” which was premised on the lie that homosexuality can be changed. He also said that treatment of homosexuals to change their orientation was “demeaning and degrading” to homosexuals and lesbians and undermined their dignity.

Thousands of people who previously identified as homosexual and transgendered and who have used various improvement therapies to become family oriented discredit this assertion. They do not agree that their decision was demeaning or degrading as they enjoy and cherish family with spouse and children. The Minister’s claim that present-day therapies and counselling dealing with unwanted orientations and habits are “harmful” is to deliberately mislead the public. See documentary *Censored* for personal testimonies of successful release from unwanted, burdensome orientations and attractions, at <https://www.lifesitenews.com/news/new-documentary-explores-the-promise-of-conversion-therapy-for-homosexuals>

No one wishes people to be harmed by any medical procedure or would disagree with the criminalizing of discredited shock therapy for treatment of all ailments, and all other such cruel discredited methods. Such methods were once accepted as harmless and even beneficial by legislators on the advice of the “experts” of the time. Times have changed. It is highly misleading to equate outdated therapies with advanced, evidence-based therapies of today.

Yet, Bill C-6 provides legislative power to criminalize those who refuse to adopt “expert” views that are contrary to basic biology and sound natural principles – namely that the biological sex of a child is determined at the time of conception.

Cognitive immaturity of minors

It is also disturbing that the bill permits minors to make the decision to supposedly change genders. Children’s cognitive immaturity during adolescence has always been recognized. This is why society has long had age restrictions in place for children, not only for consenting to medical procedures, but also for driving, voting, joining the military, and purchasing alcohol and cigarettes.

For example, the American Academy of Pediatrics (AAP) published an excerpt of a recent study from the April, 2017 issue of *Experimental Psychology*. The study reported that children under the age of fourteen years of age are not cognitively capable of crossing a busy street “because children lack the perceptual judgment and physical skills needed to consistently get across safely”. The study said that this was the case for children aged 6, 8, 10 and 12. Only by the time the children reach 14 years of age, should they be deemed competent to cross a busy street.

Contradicting its own statements, the same AAP has inconsistently deemed children cognitively competent to decide that they are the wrong sex and are capable of consenting to puberty blocking sex hormone analogues. This is bizarre, and is ignorant of science such as the study titled: *The landscape of sex-differential transcriptome and its consequent selection in human adults* – published in *BMC Biology* in 2017. This study mapped out thousands of genes – the biological databases of all the information that makes every person unique – from 53 tissues that are similar in males and females, such as the skin, muscle, and brain. The study uncovered 1,559 genetic differences between males and females that relate not only to the sexual organs, but surprisingly to other organs such as the brain, skin, and heart.

These findings suggest that there is much more involved in the notion of changing one’s gender to the opposite sex than surgery and the administration of synthetic “sex” hormones to reduce the levels of natural hormones. These illogical conclusions should not be the basis for legislation such as Bill C-6.

No scientific evidence to support transgenderism

The problem with transgenderism is that there is no scientific evidence to support it. The usual standards for medical therapy, such as proof of effect, absence of complication in bench studies, animal experiments and human trials are absent. Instead, the procedures that supposedly change an individual into another sex have been based on “clinical consensus”, which is the opinion of the “experts”, those who are performing the procedures

The mainstream narrative on transgenderism is that it is well-studied, and that there is academic consensus on its effectiveness. In reality, the literature is fraught with study design problems, including convenience sampling, lack of controls, cross-sectional design, small sample size, short study lengths, and enormously high drop-out rates among participants. Very few studies on transition escape these issues.

There is also no medical definition of transgenderism. No blood tests, genetic testing or brain imaging scans can confirm or deny the condition. Yet medical professionals are prescribing harmful puberty blockers and performing harmful surgeries, such as hysterectomies, double mastectomies and penis removal, on confused children. These procedures sterilize the patients for life, and require them to have a lifetime of expensive pharmaceutically produced medication to maintain their desired sex.

Because of this confusion and uncertainty, two recent court decisions from other jurisdiction have found conversion therapy in minors an unacceptable medical procedure:

1. A three judge panel of the [11th Circuit Court of Appeals in Florida struck down conversion therapy laws](#) that banned counsellors from providing minor clients with help to reduce or eliminate unwanted same-sex attractions, behaviours. In its opinion, the court’s regulations of ordinances opposing conversion therapy cannot survive strict scrutiny because they improperly regulate speech.
2. On December 1, 2020, the [U.K. High Court of Justice held](#) that puberty blockers are “experimental treatments” and that they cannot be given to children attempting to transition.

The ruling decreed that in order for children to give consent to being treated with puberty blockers, they would have to properly understand the immediate and long-term effects, including the correlation between “puberty blocking drugs” and “cross-sex hormones,” potential “loss of fertility,” as well as the “unknown physical consequences of taking puberty blocking drugs; and the fact that the evidence base for this treatment is as yet highly uncertain.”

The court ruled it “highly unlikely that a child aged 13 or under would be competent to give consent to the administration of puberty blockers,” adding that it was “doubtful”

that children age 14 or 15 could properly understand and appreciate the gravity of the process.

Children age 16 or older are legally recognized to “have the ability to consent to medical treatment”. As a result of the decision, the U.K. National Health Services has suspended these medical procedures on minors.

Transgender distress resolves naturally in 88% of cases

Above all else, an important factor in this controversial matter is that children’s distress about their gender, in 88% of cases, are resolved without intrusive transition, and the children come to accept their innate biological sex. This occurs by a self-correcting process involving time, growing maturity, and sometimes psychotherapy. There is no medical reason to outlaw such evidence-based psychotherapy.

Another significant fact about children claiming they were born in the wrong sex is that they also seem to have a high incidence of other psychiatric problems, such as autism, depression and anxiety disorders. Instead of dealing with these underlying problems, these children are being diagnosed with a gender disorder and prescribed puberty blockers, cross-sex hormones, and surgery to mimic their desired sex.

Significantly, in the Netherlands, physicians do not begin treatment until two years after referral, but in Canada, a minor child can be prescribed puberty delaying drugs and other treatments after a 15 minute interview. This should give Canadians pause, regardless of which side of the issue they are on.

Harmful consequences of attempting to change one’s birth sex

Transgendered activists proclaim that transitioning to another gender is a blissful event bringing them much joy and happiness. This is not the truth. Medical research tells a far different story. The transgendered experience an ongoing turbulent mental condition, with symptoms of aggression towards the self and one’s own body. This results, ultimately, in a maelstrom of sadness, hatred and compulsive self-harm ending with extensive surgery and hormone injections to “become” another sex. In effect, this genuine health issue, a mental illness, has been turned into a human rights issue, removed from the realm of evidence. This is political correctness gone berserk.

It is beyond cruel to allow these troubled individuals to undertake radical medical treatments, which will likely result in physical and psychiatric consequences, including an early death. The

medical consequences include an elevated risk of suicide, as reported in the 2014 report of the American Foundation for Suicide Prevention (AFSP) and The Williams Institute, an LGBT think-tank at the University of California in Los Angeles (UCLA), which conducted a [survey](#) of suicide among gender-confused persons. This very important document has been ignored by homosexual and transgender activists, the mainstream media and the American Psychiatric Association, perhaps because its findings are staggering. It is cruel and callous towards the transgendered to ignore this study.

The report pointed out that persons who wish to identify as “transgender” have a rate of lifetime suicide attempt that is at least 9 times higher than others. The actual figures may be even higher since many US states do not record gender or sexual orientation.

A Canadian meta-study, published in 2017, “[Varied Reports of Adult Transgender Suicidality](#)”, in *Transgender Health*, Vol. 2, No. 1 (2017), has revealed that the rate of suicide attempt within the last year by the transgendered is 22 times higher than that of the general population. One can conclude from this study that suicidal behaviour is the norm and not the exception for transsexuals.

A study published in 2011 in a [Public Library of Science](#) journal, based on Swedish data, reported that 10 years after transition, mortality from suicide was found to be strikingly high among sex-reassigned persons. It reported that transwomen— men that “transformed” themselves to women —who have undergone surgery and hormone treatment have a 20-fold higher suicide rate than that of natural women.

Further, a study published in the [British Medical Journal](#), of gender-confused women taking testosterone to transition to men, conducted in the Netherlands, on 2260 gender confused men and 1229 gender-confused women, led the authors to recommend that trans-women and trans-men, who have not undergone a mastectomy, should obtain regular mammograms from the age of 50 years if they have been using hormone treatments for more than five years. In the Journal, [Annals of Internal Medicine](#) (August 2018), a study reported that transgendered “women” (who are, in fact, men) on hormone therapy were 80–90 % more likely to experience a stroke or heart attack than natural women. This study also found that men “transgendered into women” were twice as likely to have a blood clot condition, venous thromboembolism.

The tragedy is that the mental condition of the gender confused, if properly treated, leads to an 85–98% chance of recovery. We are ignoring this fact. “Experts” allow individuals who have a mental condition to believe they were born in the wrong sex and encourage them to undergo “treatment” leading to harmful medical consequences.

Further concerns about Bill C-6 - alarming legal consequences

Further concerns about Bill C-6 include its alarming legal implications.

This bill is not a simple bill to protect homosexuals from alleged harmful treatment. Instead, this bill appears to have been deliberately drafted so as to lead to what are alarming legal implications as follows:

The provision prohibiting advertising for conversion therapy gives authority for the government to seize and delete such advertising. The bill defines an advertisement for conversion therapy as meaning “any material – including a photographic, film, video, audio or other recording, made by any means, a visual representation or any written material – that is used to advertise an offer to provide conversion therapy.” That is, this definition is so broad, it can include virtually any material critical of homosexuality or transgenderism that is publicly available which promotes or condones change therapy. This broad definition could include an offer for prayers, spiritual counselling, or even an advertisement announcing a sermon supporting a faith-based understanding of men and women. This provision therefore has serious implications to faith communities.

Compassionate therapy illogically included in the Criminal Code sections on child pornography and prostitution

The bill includes the seizure of an advertisement for conversion therapy in the same section of the *Criminal Code* dealing with the removal of obscenity, child pornography, voyeurism and advertising for sexual services (prostitution). That is, it has placed the advertising for conversion therapy (a practice, treatment or service to provide solace and hope to distressed individuals) in the same section of the *Criminal Code* dealing with sex offenses which are disreputable, and disgusting material that is damaging to society.

Therapy choice for the suffering in hate propaganda section

Conversion therapy has been placed in the Hate Propaganda section of the *Criminal Code*. The latter includes section 318(1) which prohibits any advocating or promoting of “genocide”. Genocide is defined in section 318(2) as meaning “acts committed with intent to destroy in whole or in part any identifiable group”. An identifiable group includes those identified by their sexual orientation. Section 318(2)(b) prohibits “deliberately inflicting on a group conditions of

life calculated to bring about its physical destruction”. This seems to be the core objective of Bill C-6. This provision may be interpreted as including faith-based beliefs on homosexuality as unacceptable and being similar to racial hatred (genocide).

It is noted however, that section 319(3)(b), which prohibits the public incitement of hatred, states that no person shall be convicted of this offense if he/she acted in “good faith...to establish by an argument an opinion on a religious subject or an opinion based on a belief in a religious text.” Also, section 319(3)(c) provides the defense that there would be no conviction if the statement was relevant to any subject of public interest which is for the public benefit. These defenses, however, do not apply to section 318 which deals with hate advocating/promotion of genocide. The provision against conversion therapy is bound to have a chilling effect for those providing an opinion on homosexuality based on their faith.

Eliminate speech on homosexuality and transgenders

This bill will have the effect of eliminating any dissent on homosexual/transgender issues. Homosexual advocates argue that people are born homosexual and can’t change, thus, promoting the idea that they should be treated under human rights law the same as race, that is, they are born homosexual and can’t change.

Bill C-6 has the direct effect of attacking freedom of speech and freedom of thought and belief for the Christian, Orthodox Jewish, Muslim, Hindu and Sikh faiths and others. At the very least, it imposes a concern for those expressing a faith-based belief that opposes homosexuality or transgenderism, even within a church setting. If this bill is passed, it will no longer be permitted to practice or promote a religious belief on these issues if it conflicts with current state-defined sexual orthodoxy. Homosexual advocates have stated that churches should lose their charitable status if they violate the *Criminal Code* provisions on conversion therapy. This is a reality that must be considered.

Abuse of power

Bill C-6 was introduced into Parliament supposedly to prohibit attempts by those who wish to change the sexual orientation of children under 18 years of age. This bill also restricts treatment for gender dysphoria to only surgery and hormones, while outlawing other counselling therapy of any kind. Bill C-6 is another example of the extraordinary abuse of power. It is not a simple bill, as alleged, to protect homosexuals, but instead, is a remarkable overreach that prohibits

discussion of the homosexual issue in Canada except in accordance with the political orthodoxy the government promotes, which is based on policies determined by the LGBTQ activists.

Recommendations

1. We suggest the following amendment to s.5. To protect Charter rights, Bill C-6 should clarify that the definition of conversion therapy does not include: *Private conversations in which personal views on sexual orientation, sexual behaviour, sexual identity or sexual expression, feelings or gender identity expressed by parents, legal guardians, family members, friends, teachers, school counsellors, pastoral counsellors, Faith leaders, religious leaders or health care professionals; conversations with competent psychiatrists and psychologists, pastoral counsellors, Faith leaders or religious leaders, about sincerely held beliefs and the expectations flowing therefrom.*
2. No one under 18 years of age should be permitted to submit to transgender procedures (treatment) because the risks of grave long-term harmful consequences have not been scientifically determined, and because of their immaturity in decision making.
3. Bill C-6 should mandate a delay of two years before chemical and surgical procedures are commenced on patients.
4. Bill C-6 should eliminate legal provisions prohibiting advertising and payment for transition counselling and for confiscation of property.
5. Bill C-6 must comply with s.2 Charter rights which protect religion, belief and opinion, by eliminating the provisions in the bill relating to hate propaganda which criminalize debate on homosexual/transgender issues as well as discussion or counselling.