

Canadian research concerning the prevalence, nature, and scope of so-called “conversion therapy”

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

Principal author & correspondence:

Travis Salway, PhD

Assistant Professor, Faculty of Health Sciences, Simon Fraser University

Affiliated Researcher, British Columbia Centre for Disease Control

Research Scientist, Centre for Gender and Sexual Health Equity

travis_salway@sfu.ca

778-782-7201

Co-signatories and members of research team:

Elisabeth Dromer, BA

Masters Student, Département de médecine sociale et préventive, École de Santé Publique de l'Université de Montréal

Centre de Recherche en Santé Publique, Université de Montréal et CIUSS du Centre-Sud-de-l'Île-de-Montréal

Olivier Ferlatte, PhD

Professeur Adjoint/Assistant Professor, Département de médecine sociale et préventive, École de Santé Publique de l'Université de Montréal

Centre de Recherche en Santé Publique, Université de Montréal et CIUSS du Centre-Sud-de-l'Île-de-Montréal

Dionne Gesink, PhD

Professor, Dalla Lana School of Public Health, University of Toronto

Trevor Goodyear, RN, MSN, MPH

Addiction Medicine Research Fellow, British Columbia Centre on Substance Use

David J. Kinitz, MSW, RSW

Doctoral Candidate, Social and Behavioural Health Sciences, Dalla Lana School of Public Health, University of Toronto

Rod Knight, PhD

Research Scientist, British Columbia Centre on Substance Use

Assistant Professor, Department of Medicine, University of British Columbia

Sarah Watt, MPH

Research Coordinator, Faculty of Health Sciences, Simon Fraser University

British Columbia Centre for Disease Control

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Executive summary:

Data collected from thousands of Canadians over the past year have vastly expanded our understanding of ongoing “conversion therapy” practices (CTP). These data suggest:

- Conversion therapy remains prevalent: 5-10% of lesbian, gay, bisexual, transgender, queer, and Two-Spirit (LGBTQ2) people have experienced conversion therapy, corresponding to tens of thousands of people living in Canada. Prevalence is notably highest in the youngest groups of respondents, suggesting that conversion therapy has not disappeared and may have even increased over time.
- Conversion therapy and associated sexual orientation and gender identity and expression change efforts (SOGIECE) take different forms and occur in different settings: Results from in-depth, confidential interviews with Canadians who have experienced conversion therapy underscore the need to broaden the definition of conversion therapy in the current version of Bill C-6 – particularly, in ways that make this bill more trans-inclusive, and that capture less regulated and/or sustained conversion therapy efforts.
- Comprehensive & consistent definitions are required for effective legislative bans: Recent survey data suggest that half of those who have experienced conversion therapy in Canada do not feel the current definition in Bill C-6 encompasses their experiences.
- We recommend that the definition of “conversion therapy” be expanded, with language that better matches unifying features of conversion therapy practices.
- We expand on additional recommendations regarding provincial and territorial bans, populations to be protected, provision of supports, etc. in the brief below.

Definitions:

Throughout this brief, we use the term “conversion therapy” (or CTP) to refer to sustained and organized efforts to avoid the adoption or expression of lesbian, gay, bisexual, or queer (LGBQ) sexual orientations, gender identities that do not match one’s sex assigned at birth, and/or non-conforming gender expressions. We use the term “sexual orientation and gender identity or expression change efforts” (SOGIECE) to refer to less well-delineated attempts to persuade and affirm rigid expectations of cisgender and heterosexual expressions and identities, noting that the distinction between SOGIECE and conversion therapy is not always clear, and SOGIECE often leads to more formalized experiences of conversion therapy.

The severe and often-sustained mental health-related harms of conversion therapy and SOGIECE—including experiences of shame, anxiety, depression, problematic substance use, suicidal ideation, and suicide attempts—are well established.¹⁻⁷ Less research has been conducted to understand *when, where, how, why, and how many* people have experienced conversion therapy and SOGIECE—particularly in Canada. For these reasons, we focus this brief on recent (2019-2020) Canadian research addressing the policy-relevant question of how conversion therapy and SOGIECE can be stopped.

Prevalence of conversion therapy

Three national surveys have been conducted to-date that offer estimates of the prevalence of conversion therapy and SOGIECE:

- *SexNow 2011*: [SexNow](#) is a periodic national survey of gay, bisexual, transgender, Two-Spirit, and queer men. In 2011, we found that **3.5% of the 8,388 respondents** had experienced “sexual repair” or “reorientation” counselling.⁴
- *SexNow 2019-20*: Acknowledging that sexual repair/reorientation is only one method of conversion therapy (see next page), in the most recent cycle of *SexNow*, we expanded our definitions as follows⁸:
 - Conversion therapy: **10%* of the 9,214 respondents** had experienced “attempts to change sexual orientation or gender identity [including] more organized activities (such as counseling or faith-based rituals)”, with variation by gender identity and race/ethnicity, as shown below.
 - SOGIECE: **21% of the 9,214 respondents** had experienced SOGIECE, whereby “you or any person with authority (parent, caregiver, counselor, community leader, etc.) ever tried to change your sexual orientation or gender identity”.
- *TransPulse 2019*: [TransPulse](#) is a national community-based survey of the health and well-being of trans and non-binary people in Canada. In 2019, **11% of 2,873 respondents** reported having experienced “counselling or programs to try to make your gender match with your sex assigned at birth”.⁹

These recent Canadian prevalence estimates (4-11%) are comparable to recent estimates from the United States (US), which indicate that 4-18% of LGBTQ people in the US have experienced conversion therapy at some point in their lifetime—with estimates varying based on age of participants, other sample characteristics, and definition of CTP used.^{5-7,10,11}

In *SexNow 2019-20*, prevalence of conversion therapy experiences varied by age, as follows, in opposition to the assumption that conversion therapy practices are a thing of the past:

- <20 years: 13%
- 20-49 years: 10%
- 50+ years: 9%

Among the participants who experienced CTP, most experienced CTP in religious/faith-based settings (67%) or licensed healthcare provider offices (20%). 72% of those who experienced CTP first attended before the age of 20 years (**i.e., >28% first attended CTP as an adult**), 24% attended for one year or longer, and 31% attended more than five sessions.

Finally, in *SexNow 2019-20*, we identified participants from every Canadian province and territory who had experienced conversion therapy, with no statistically significant differences between provinces/territories, suggesting that these practices are ubiquitous across Canadian geography.

* Note that [provisional prevalence estimates](#) released from *SexNow 2019-20* were lower (8%) than what is reported here (10%); earlier, interim estimates were calculated before data collection had finished.

Nature of conversion therapy

In order to gain an in-depth understanding of the nature of conversion therapy in Canada, our team interviewed 22 individuals with direct experience between January and July of 2020. These individuals lived across Canada, in six different provinces, some in big cities, others in small towns. Some experienced SOGIECE targeting their sexual orientation, others experienced SOGIECE targeting their gender identity or expression, and some described SOGIECE targeting a combination of these traits. SOGIECE occurred in formal and structured ways, through means conventionally understood as “conversion therapy”, as well as more informal and insidious ways. Their stories demonstrated a wide range of forms and settings where conversion therapy occurs.

- **Practitioners:** SOGIECE were practiced by healthcare providers (psychiatrists, psychologists), religious leaders (Imams, ministers), and everyday people (volunteers, family, and community). Practitioners of SOGIECE are in private and public sectors, and include religious, lay, and regulated professionals or people. Licenced healthcare providers were seen in religious settings (e.g., volunteering at SOGIECE camps), hospitals, and in outpatient clinics (e.g., psychologist’s offices).
- **Settings:** Formalized efforts included one-on-one and group settings with religious leaders, healthcare providers, and volunteers (sometimes peers) in office, camp, retreat, conference, or institution (e.g., university) settings.
- **Duration:** Duration of methods ranged from a single experience (e.g., attending an event with a SOGIECE speaker, experiential weekends) to multiple months or years (e.g., drop-in groups, multi-session programs, or indefinite counselling).
- **Practices:** Practices included: fasting to reduce energy and sexual libido, intensive prayer sessions, exposure therapy (e.g., naked holding of other men), burning photos of a parent, practicing embodiment of more masculine qualities (e.g., the way they walked, talked, or engaged in activities, such as playing football), confronting parents for their role in why they (the participant) were same-sex attracted, re-enacting experiences of trauma and rebirth in group settings, sharing victories and failures of not masturbating while thinking of the same gender or looking at ‘gay’ porn, exorcism, electro-shock, hypnosis, denial of gender-affirming care (e.g., hormone replacement therapy), prescribing medication to suppress sexual desires, and psychoanalysis attempting to understand why someone is gay (i.e., where a parent was too present/absent or at what point they were molested as a child).

Despite the breadth of forms and settings, **all of these practices occurred with the intention of suppressing a particular non-heterosexual sexual orientation, gender identity that differed from sex assigned at birth, and/or non-normative gender expression.**

Scope of conversion therapy

Following the in-depth interviews, we conducted [a survey](#) of 70 individuals living in Canada with direct (attending conversion therapy) or indirect (knew someone who attended conversion therapy, or nearly attended conversion therapy themselves) experience, from September to December 2020. The objectives of this follow-up survey were three-fold:

1. To characterize the details of conversion therapy experiences among a larger sample than achieved for in-depth interviews (N=50);
2. To identify the locations (municipalities, provinces/territories) of conversion therapy practitioners across Canada;
3. To present the definition of conversion therapy in the version of the federal bill introduced on March 9, 2020 (same definition as the version sent to the Justice Committee in November 2020) and assess the degree to which this definition encompasses (or does not encompass) the experiences of respondents.

Key, provisional findings (note: data collection is ongoing):

(1) Details of CTP experiences:

- Ambiguity in “conversion therapy”: In addition to 36 individuals who indicated they had experienced conversion therapy, 14 respondents indicated, “I think that I experienced conversion therapy, but I’m not sure”—further evidence that the language of “conversion therapy” requires careful definition and specification.
- Connections between sexual orientation, gender identity, and expression: Of the 50 individuals who experienced conversion therapy directly, half reported that the efforts targeted their sexual orientation, while the other half reported that it targeted their gender identity or expression exclusively or some combination of sexual orientation and gender identity or expression—suggesting that the “targets” of conversion practices are not easily delineated.
- Settings: As in *SexNow* 2019, the majority of respondents experienced conversion therapy in a faith-based (58%) or licensed healthcare (46%) setting (categories were not mutually exclusive).
- Payment: Half of the respondents with direct experience indicated that they or someone else had paid for these services (range: \$200 - \$20,000 per person).

(2) Locations of practitioners: Survey respondents identified currently operating conversion therapy practitioners in 51 municipalities across all 10 provinces (the survey did not reach any respondents in the territories).

(3) “Does the proposed definition of conversion therapy in Bill C-6[†] encompass your experience with conversion therapy?” (24 individuals answered this question): 50%: very much; **29%: somewhat; 13%: not really; 8%: not at all**. Of those who indicated that the C-6 definition did not include their experience, most experienced CTP targeted gender identity or expression, or CTP that was not explicitly promoted to change sexual orientation or reduce non-heterosexual attraction or behaviour.

[†] “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”

Recommendations for Bill C-6

In light of these data, we recommend the following amendments to Bill C-6, to improve the degree to which it corresponds with experiences of conversion therapy documented in recent Canadian surveys and interviews:

1. Improve the definition of conversion therapy: The defining feature of conversion therapy is the goal of avoiding acceptance and acknowledgment of LGBTQ2 lives as compatible with being happy and healthy.¹² Thus, we echo the [recommendations of others](#) to add the following text to section 320.101: “for greater certainty, conversion therapy includes practices, treatments, and **sustained efforts that proceed from the assumption that certain sexual orientations, gender identities, or gender expressions are disordered, pathological, or less desirable than others, or that they are otherwise modifiable.**”
2. Include language that corresponds to conversion therapy practices that target trans and non-binary people: Given that many of the research participants we interviewed and surveyed experienced CTP targeting multiple traits beyond/in addition to sexual orientation, including gender identity and expression, it is imperative that Bill C-6 be meaningfully revised to include “gender expression,” as well as specific characteristics of trans CTP, as defined [elsewhere](#), e.g., indicating that CTP includes practices designed to “repress or reduce behaviours, traits, appearance or expression perceived as associated with a gender, gender identity, or gender expression differing from the person’s sex assigned at birth.
3. Include a provision to ban promotion of conversion therapy that may not include financial/material benefit: Given that half of the survey respondents did not pay for CTP, **additional legislative measures are needed to protect against conversion practices that are free of cost.**
4. Expand the ban to include adults: Over one third of *SexNow* respondents who experienced conversion therapy started attending these practices as an adult.
5. Advocate for multi-level government action: In multiple surveys, we have learned that a substantial number of LGBTQ2 Canadians continue to experience conversion therapy and SOGIECE within licensed healthcare settings. This suggests that existing regulatory efforts are not sufficient to curb conversion therapy.¹³ We recommend adding a statement to the preamble of the bill reiterating the need for provinces and territories to continue to pass regulatory laws, which may work in complementary ways to federal legislation.
6. Advocate for provision of supports: Given the large burden of mental health struggles among Canadians who have experienced conversion therapy, and given that there are no formal mechanisms for the tens of thousands of conversion therapy survivors to access mental health support, we recommend that members of the Justice Committee advocate to leadership of other federal ministries (e.g., Ministry of Diversity, Inclusion, and Youth) for federal funding to ensure free counseling to survivors of conversion therapy, following the recent actions the German federal government took, upon passing their federal ban. (See <https://www.bundesgesundheitsministerium.de/en/press/2020/conversion-treatments.html>, sub-header “What provisions besides the ban does the Bill contain?”).

Annotated bibliography of Canadian data regarding conversion therapy

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1. Centre for Gender and Sexual Health Equity. Report: Ending conversion therapy in Canada: Survivors, community leaders, researchers, and allies address the current and future states of sexual orientation and gender identity and expression change efforts. 2020. Available from: <http://cgshc.ca/sogiece/> This report details the nature and scope of SOGIECE practices in Canada and identifies the strategies needed to support survivors (e.g. increased awareness of SOGIECE, gaps in services for survivors), and details the actions that are needed to address ongoing SOGIECE practices, spanning both legislative and policy actions as well as measures to change the institutions in which SOGIECE may be occurring.
2. Community-Based Research Centre. Sex Now Survey results reveal prevalence of change efforts. 2020. Available from: https://www.cbrc.net/sex_now_survey_results_reveal_prevalence_of_change_efforts 2019-2020 results from CBRC's *Sex Now Survey* of GBT2Q men in Canada indicate that 20% of respondents have ever experienced SOGIECE and 8% have experienced conversion therapy. The proportion of respondents reporting experiences of SOGIECE was higher among those aged 29 or younger and those who identified as transgender or nonbinary. Exposure to SOGIECE was associated with depression, anxiety, social isolation, and coming out later in life.
3. Newman, PA, Fantus, S, Woodford, MR, Rwigema, M-J. "Pray That God Will Change You": The Religious Social Ecology of Bias-Based Bullying Targeting Sexual and Gender Minority Youth—A Qualitative Study of Service Providers and Educators. *Journal of adolescent research*. 2017;33(5):523–48. Results described in this paper suggest that sexual orientation change efforts are informed by some religious teachings and beliefs, and that family members may implicitly and explicitly encourage sexual orientation change efforts among sexual and gender minority youth.
4. Research Co. Poll conducted on LGBTQ2+ Issues in Canada. 2019. Available from: https://researchco.ca/wp-content/uploads/2019/07/Tables_LGBTQCAN1_26Jul2019.pdf Findings from a 2019 Research Co. poll exploring LGBTQ2+ issues indicate that the majority of respondents believe that conversion therapy practices are ineffective at changing a person's sexual identity or orientation (55%) and that conversion therapy should be banned in Canada (58%).
5. Salway T, Ferlatte O, Gesink D, Lachowsky NJ. Prevalence of Exposure to Sexual Orientation Change Efforts and Associated Sociodemographic Characteristics and Psychosocial Health Outcomes among Canadian Sexual Minority Men. *The Canadian Journal of Psychiatry*. 2020;65(7):502-509. doi:[10.1177/0706743720902629](https://doi.org/10.1177/0706743720902629) This article describes findings from the *Sex Now* survey of sexual minority men (2011 – 2012). Among respondents, 3.5% reported having been exposed to conversion therapy or other SOGIECE. Exposure to conversion therapy was associated with mental health and substance use outcomes (e.g. loneliness, regular illicit drug use, suicidal ideation, and suicide attempt).

6. The Trans PULSE Canada Team. QuickStat #1 – Conversion Therapy. 2019. Available from: <https://transpulsecanada.ca/research-type/quickstats/> 2019 Trans PULSE survey results indicate that 11% of 2,033 trans and non-binary people surveyed have experienced conversion therapy in an attempt to make them cis-gender. This proportion is highest among those aged 50 or older (25%) and lowest among those aged 14 to 24 (8%).

International data regarding conversion therapy and/or other sexual orientation, gender identity, or gender expression change efforts (SOGIECE)

7. Bishop, A. Harmful Treatment: The Global Reach of So-Called Conversion Therapy. OutRight Action International. 2019: <https://outrightinternational.org/reports/global-reach-so-called-conversion-therapy> This report outlines findings from an international survey exploring the global scope, which indicate that conversion therapy practices are occurring in regions across the world. Religion, culture, and protection of family honour were the most commonly reported reasons why conversion therapy occurs. Conversion therapy was most commonly promoted by religious leaders, health providers, and family members. Respondents reported a wide range of conversion therapy practices including, for example, individual and group therapy, religious rituals and prayer, and medications). The majority (82%) of participants who experienced conversion therapy did so when they were younger than 25 years old.

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3. Ryan C, Toomey RB, Diaz RM, Russell ST. Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment. *J Homosex*. 2018.
4. Salway T, Ferlatte O, Gesink D, Lachowsky N. Prevalence of exposure to sexual orientation change efforts and associated sociodemographic characteristics and psychosocial health outcomes among Canadian sexual minority men. *Can J Psychiatry*. 2020. doi:10.1177/0706743720902629
5. Turban JL, Beckwith N, Reisner SL, Keuroghlian AS. Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults. *JAMA Psychiatry*. September 2019:1. doi:10.1001/jamapsychiatry.2019.2285
6. Green AE, Price-Feeney M, Dorison SH, Pick CJ. Self-Reported Conversion Efforts and Suicidality Among US LGBTQ Youths and Young Adults, 2018. *Am J Public Health*. June 2020:e1-e7. doi:10.2105/ajph.2020.305701
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8. Salway T, Juwono S, Card K, et al. Experiences with sexual orientation and gender identity conversion therapy practices among Canadian sexual minority men, 2019-2020 (unpublished manuscript). 2020.
9. Trans PULSE Canada. Trans PULSE Canada Quick Stat #1. <https://transpulsecanada.ca/results/quickstat-1-conversion-therapy/>. Published 2020.
10. Turban JL, King D, Reisner SL, Keuroghlian AS. Psychological Attempts to Change a Person's Gender Identity From Transgender to Cisgender: Estimated Prevalence Across US States, 2015. *Am J Public Health*. 2019;109(10):1452-1454. doi:10.2105/AJPH.2019.305237
11. Mallory C, Brown T, Conron K. *Conversion Therapy and LGBT Youth*. Los Angeles, CA; 2018. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf>.
12. Salway T. Opinion: To end conversion therapy, we must understand what it actually means - The Globe and Mail. *The Globe and Mail*. <https://www.theglobeandmail.com/opinion/article-to-end-conversion-therapy-we-must-understand-what-it-actually-means/>. Published May 26, 2020. Accessed July 29, 2020.
13. Ashley F. Model Law – Prohibiting Reparative Practices. 2020. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3398402.