

Brief in Reference to BILL C-6
An Act to amend the Criminal Code
(conversion therapy)

By Peter Goodacre

The term “Gender Identity” must remain in Bill C-6 for the safety of LGBTQ2+ lives. It is clear that there is an effort by those known as “gender critical” activists, meaning activists who oppose trans people as their true gender (among other beliefs)¹, to eliminate the language of “Gender Identity” from the bill². These efforts are based in a misrepresentation of facts and littered with logical fallacies. This removal would result in a halt of this crucial milestone for transgender and gender non-conforming safety.

Frequently “gender critical” activists state that children should not be allowed puberty blockers, even if they are determined to have clear signs of gender dysphoria. The reasoning is that it will cause irreversible damage to teens if they decide to discontinue the blockers, a patently false claim³. This standard tactic, used by those seeking to reduce the protections of trans people, is a common appeal to emotion and a logical fallacy. The common cliché, “think of the children,” has been used for years to moralize anti-LGBTQ2+ causes, like in arguments against the legalization of gay marriage. In reality, attempts at “curing” gender dysphoria in children through conversion therapy have documented significant increases in suicide attempts: “Those who were subjected to [conversion therapy] before age 10 were four times more likely to report lifetime suicide attempts than the general transgender population.”⁴

The opposition to hormone blocker usage is not based in science or ethics: puberty blockers save lives and can be reversed, while presenting minimal side effects. Children presenting clear signs of gender dysphoria who go on to receive puberty blockers show far lower

¹<https://www.insider.com/jk-rowling-what-is-a-terf-trans-exclusionary-radical-feminist-2020-6>

²<https://www.ourcommons.ca/Content/Committee/432/JUST/Brief/BR11007632/br-external/WomensHumanRightsCampaignNewfoundlandAndLabradorChapter-e.pdf>
<https://www.ourcommons.ca/Content/Committee/432/JUST/Brief/BR10961894/br-external/CanadianGenderReport-e.pdf>
<https://www.ourcommons.ca/Content/Committee/432/JUST/Brief/BR10962192/br-external/TransRationalEducationVoices-e.pdf>

³<https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/in-depth/pubertal-blockers/art-20459075>

⁴<https://www.nbcnews.com/feature/nbc-out/transgender-conversion-therapy-associated-severe-psychological-distresses-n1052416>

rates of suicide attempts than those who do not⁵. Lisa Littman's faulty study regarding "Rapid Onset Gender Dysphoria" is frequently cited as evidence that most dysphoric children and teens should not utilize puberty blockers or transition. Littman suggests gender dysphoria could be a "social coping mechanism" and a "contagion" among youth; intense statements, with no actual science to back them up. Littman's methodology is highly questionable as she cites 256 parents who state that their children experienced sudden gender dysphoria and transitions, without interviewing the children in question. The survey of these parents occurred on the websites⁶ "4th Wave Now," self-described as questioning "the medicalization of gender-atypical youth,"⁷ "Transgender Trend," which discusses "the harms of gender ideology for children and young people,"⁸ and "Youth TransCritical Professionals": The bias should be evident and the claim discredited. It should be noted that no scientific institution currently considers "Rapid Onset Gender Dysphoria" a valid diagnosis.

Another concern of "gender critical" activists is the rate of detransitioners, that is, those who begin to transition genders, but choose to transition back to their gender assigned at birth. The argument presented is that a number of people are being prescribed hormones and surgeries without enough psychological guidance, resulting in mental trauma when forced to detransition to their correct gender. A study published in 2018 found that an incredibly small percentage of people transitioning ended up detransitioning, 0.3%⁹. Obviously, detransitioners deserve to be heard and understood, but certainly not misrepresented. Out of the study, the second most common reason for seeking detransition was due to alienation from families or

⁵<https://journalofethics.ama-assn.org/article/suppression-puberty-transgender-children/2010-08>

⁶<https://www.sciencemag.org/news/2018/08/new-paper-ignites-storm-over-whether-teens-experience-rapid-onset-transgender-identity>

⁷<https://4thwavenow.com/>

⁸<https://www.transgendertrend.com/>

⁹https://journals.lww.com/prsgo/Fulltext/2018/08001/Abstract__A_Survey_Study_of_Surgeons__Experience.266.aspx

degradation of social support. This situation would clearly not be aided by the removal of the term “gender identity” from the amendment, in fact it presents clearly why it must remain.

The arguments made against the inclusion of “gender identity” in Bill C-6 have been at best illogical and at worst, malicious. The scientific approach simply does not support what “gender critical” activists are attempting to promote, with studies being either misrepresented or completely debunked. Even from an ethical standpoint, the examples used to fight against the addition of “gender identity” in this amendment are at the very least questionable. By disallowing gender “conversion therapy,” lives will be saved and generations of trans and gender non-conforming people will be rescued from the trauma of growing up in the wrong body.

Recommendation:

- 1) Retain the term “Gender Identity” in Bill C-6