

To The Standing Committee on Justice and Human Rights:

I am concerned that Bill C-6 will create legislation that limits the treatment options available to Canadians, particularly children (including adolescents), who declare a gender identity opposite to their sex.

Our children deserve the best treatment with the healthiest outcomes, and we must strive to ensure that is what they receive. If laws are enacted that limit the treatment options available without clear evidence to support such restrictions, this could be catastrophic for our children.

We cannot conflate sex or sexuality with gender identity, and we cannot directly translate results of studies completed on adults to children. Unlike the evidence we have regarding the harms of conversion therapy with regard to sexuality, it is not yet clear how we might even define conversion therapy when it comes to gender identity, especially in children. As noted in the UK's Bell v Tavistock judgment (<https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>), it is possible that affirming a child's opposite gender may actually be harmful.

The judgment in the Bell v Tavistock case is an astonishing, eye-opening read and, like that court appears to have been, I was shocked to learn that after many years of providing gender identity treatment to minors, Tavistock could not provide data supporting the benefits of their approach to the social and related medical transitioning of children. The judgment noted evidence presented that diagnosis and affirming of the opposite gender may actually influence identity-forming rather than simply support it. If so, affirming could then be viewed as a form of conversion therapy in children. The evidence-based conclusions reached in this judgment support an extremely cautious approach to initiating gender transition in children.

Approaches or treatments that ignore the possibility of trauma or other significant challenges that may contribute to a child's sense of unease will not result in healthier outcomes for our children. For example, it is unreasonable to presume that children will admit to sexual abuse readily when there is a preponderance of evidence telling us that they very rarely do. Legislating "no questions asked" transitioning for children at the risk of ignoring other reasons these feelings might exist in children could inflict further abuse rather than provide relief. We must not fail any children who need trauma therapy, or other support, regardless of their gender identity.

Given the Overall Conclusions reached in Bell v Tavistock regarding the lack of informed consent for minors undergoing gender transition, I am very concerned about the potential harm to children that could result if Bill C-6 is enacted as it is now written.

Though I believe all Canadians deserve the ability to choose the gender identity therapy approach that best suits their needs, children in particular must have access to the full range of therapy approaches as they grow, change, learn about themselves, and continue to evolve into adults under the guidance of their parents. This must include the ability to gently and supportively uncover if there are other reasons a child might be expressing discomfort with their sex or gender identity.

In closing, I strongly support amending Bill C-6 to ensure all Canadians have access to treatments that provide the best evidence-based health outcomes. To do this we cannot restrict gender identity therapy and treatment in a way that could neglect the treatment of underlying trauma, or other challenges including autism. We all seek the best health outcomes for Canadians, but there is no evidence that the limitations proposed as they relate to gender identity would benefit our children in particular.