

December 6, 2020

Attn: Members of the Standing Committee on Justice and Human Rights:

Re: Bill C-6 – An Act to Amend the Criminal Code (“Conversion Therapy”)

The Children’s Aid Society of Toronto (CAS-Toronto) strongly supports Bill C-6, *An Act to Amend the Criminal Code (“Conversion Therapy”)*, which was reintroduced to Parliament on October 1st 2020. As an agency that has served children, youth and families for over 125 years, CAS-Toronto commends the government for moving this progressive legislation forward as it will increase the safety, health and wellbeing of 2SLGBTQ+ communities across Canada. We would like to propose a few amendments to strengthen Bill C-6. Finally, CAS-Toronto calls for the Canadian Parliament and Senate to put the safety, health and wellbeing of children and youth first by supporting Bill C-6 into law. No one in Canada should have to endure the harm of the outdated and dangerous practice of conversion therapy, which undermines their sexuality or gender identity and expression.

CAS-Toronto is one of the largest Board-operated child welfare agency in North America and has a long history of serving children, youth and families. This includes openly supporting 2SLGBTQ+ children, youth and families, as indicated in our ground-breaking Board policies in 1994 to support same-sex fostering and adoption. In 2015, CAS-Toronto released a statement to support the government of Ontario’s Bill-77 on Affirming Sexual Orientation and Gender Identity. The ban on conversion therapy as outlined in Bill C-6 aligns with CAS-Toronto’s *Out and Proud Affirmation Guidelines: Practice Guidelines for Equity in Gender and Sexual Diversity*,ⁱ and our Board-approved policy, “Equitable Child Welfare Services Relating to Sexual Orientation and Gender Identity/ Expression.”

Conversion therapy or “reparative” therapy is a practice aimed at changing, repressing or discouraging the sexual orientation or gender identity of 2SLGBTQ+ individuals. In the past, these types of therapies have been supported and performed by medical doctors, psychiatrists, psychologists and licenced therapists, as well as religious groups and leaders. Conversion therapy has been known to consist of damaging practices such as electroshock or electroconvulsive therapy, chemical castration, hypnosis, sleep deprivation, exorcism and aversion therapy. There is no valid, scientific evidence to indicate that any therapy can effectively change a person’s sexual orientation or gender identity. In fact, these types of therapies can cause devastating long-term effects on individuals such as negative mental health outcomes, post-traumatic stress disorder, suicidality and self-hatred. These therapies are grounded in the erroneous belief that some gender/sexual identities and expressions are inferior to others, which negatively impacts and marginalizes 2SLGBTQ+ identities.

Despite the known harms, conversion therapy is still used among some licenced practitioners, some faith leaders, and some cultural/religious communities. By contrast, effective therapies include interventions that support self-acceptance and pride in one’s identity; strategies to deal with the impacts of hetero/cisnormativity, discrimination and prejudice; support for gender

transition if desired; and support for families to understand and support their children's gender and sexual identities and expressions. ^{ii iii ivvvviiiiiix}

CAS-Toronto recognizes that families want the best for their children and youth. Conversion therapy reinforces misguided parental fears and notions that 2SLGBTQ+ children and youth are “the problem,” or have fallen along the wrong path, rather than understanding that the key problem is the lack of acceptance by society that 2SLGBTQ+ young people often encounter. Conversion therapies with children and youth often use behavioural modification techniques to encourage hetero/cisnormativity, instructing families to discourage their children's 2SLGBTQ+ identities and expressions and to encourage narrow gender norms. Unfortunately, these kinds of family behaviours suppress children from being their true selves, and ultimately increase their children's risks of depression, anxiety, hopelessness, school underperformance, mental health challenges, problematic substance use, homelessness, self-harm and suicidality. These family behaviours typically communicate to their children, even if unintended, that there is something fundamentally wrong with who they are, and children experience this as rejection. Finally, these family behaviours and the explicit or implicit rejection they communicate may drive a wedge in the relationship between parents/caregivers and children, leaving the young person at even higher risk for poorer outcomes, and leaving the family divided. ^{x xi xiiixiiixivxxvixvii}

By contrast, research and clinical practice, as noted above, indicate that the strongest protective factors that produce the most positive levels of health, well-being and outcomes for 2SLGBTQ+ young people include:

1. family acceptance and support for their gender/sexual identities and expressions;
2. support for and access to gender transition supports and health care, if desired;
3. other supportive adults who accept and support their gender/sexual identities and expressions; and
4. connection to community (including 2SLGBTQ+ peers/mentors, cultural/faith communities, and other communities) who accept and support their gender/sexual identities and expressions.

When families support their children's gender/sexual identities and expressions, young people experience substantially improved health and wellbeing, and families are stronger and experience closer relationships with their children.

While we applaud the government for bringing Bill C-6 forward, we recommend strengthening it in the following areas:

1. Extend protections to all adults by removing the provision to allow "informed consent" by adults;

Because these therapies are documented to be harmful, informed consent cannot be given, even by adults. Many young people we serve remain vulnerable after the age of 18 and rely on tangible or financial family support, as well as emotional/psychological family support for their gender/sexual identities and expressions.

2. Clarify definitions of "conversion therapy" to align with the Canadian Human Rights Act, and to focus on practices over practitioners – that is, prohibit practices that discourage some gender/sexual identities and expressions over others, and indicate that permitted practices should be non-judgemental with no pre-determined outcome;

Few practitioners who practice conversion therapy would name it as such. The issue is not who is providing the therapy or how it is named or described; what is important is preventing therapies that dissuade or devalue some gender/sexual identities or expression of identity compared to others.

3. Extend the bill to clearly include expression of sexual/gender identities;

Children need protection from therapies that claim that they are not intending to prevent a gender/sexual identity, but nevertheless instruct families to discourage gender expression that falls outside narrow societal gender norms, or to encourage disparate sexual expression. For example, the child assigned male at birth who wishes to wear pink and nail polish, but whose identity we may not know yet; or the youth who is

told they can be LGBT but is encouraged not to act on it, unlike their heterosexual counterparts.

4. Add provisions for support for conversion therapy survivors, and resources for community education about sexual orientation and gender identity/expression.

With respect to the above cautions regarding the harmful practice of conversion therapy, we at CAS-Toronto strongly support Bill C-6 and the ban of conversion therapy federally. We call on the Canadian Parliament and Senate to quickly pass this bill into law, with the recommended amendments, so that gender and sexual minorities in Canada can be safer and protected from harmful conversion therapies.

Sincerely,

Farrell Hall

Director of Diversity, Equity and Inclusion
Children's Aid Society of Toronto
30 Isabella St.
Toronto, ON M4Y 1N1
416-924-4640 ext. 2099
fhall@torontocas.ca

ⁱ Children's Aid Society of Toronto (2012). Out and proud affirmation guidelines: Practice guidelines for equity in gender and sexual diversity. www.torontocas.ca/out-and-proud

ⁱⁱ Ryan, C. (2009). Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children. San Francisco State University.
http://familyproject.sfsu.edu/sites/sites7.sfsu.edu/familyproject/files/FAP_English%20Booklet_pst.pdf

ⁱⁱⁱ Central Toronto Youth Services (2016). Families in transition: A resource guide for families of transgender youth, 2nd Ed. Toronto. <https://ctys.org/information/resources/ctys-publications/>

^{iv} Travers, R., Bauer, G., Pyne, J., Bradley, K., Gale, L., Papadimitriou, M. (2012). Impacts of Strong Parental Support for Trans Youth: A Report Prepared for the Children's Aid Society of Toronto and Delisle Youth Services.
<https://transpulseproject.ca/research/impacts-of-strong-parental-support-for-trans-youth/>

^v Ryan, C., Huebner, D., Diaz, R.M., Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics* 123(1): 346-352.
<https://pediatrics.aappublications.org/content/123/1/346.short>

^{vi} Substance Abuse and Mental Health Services Administration (2014). A practitioner's resource guide: Helping Families to support their LGBT children. HHS Publication No. PEP14-LGBTKIDS. Rockville, MD. [A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children \(sfsu.edu\)](http://www.samhsa.gov/families-to-support-their-lgbt-children)

^{vii} Olson, K.R., Durwood, L. & McLaughlin, K. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics* 137(3): e20153223

<http://pediatrics.aappublications.org/content/pediatrics/early/2016/02/24/peds.2015-3223.full.pdf>

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^{ix} Taylor, A.B., Chan, A., Hall, S.L., Saewyc, E. M., & the Canadian Trans & Non-binary Youth Health Survey Research Group (2020). Being safe, being me 2019: Results of the Canadian trans and non-binary youth health survey. Vancouver: University of British Columbia. https://apsc-saravyc.sites.olt.ubc.ca/files/2020/11/Being-Safe-Being-Me-2019_SARAVYC_ENG_1.1.pdf

^x Ryan, C. (2009). *ibid.*

^{xi} Central Toronto Youth Services (2016). *ibid.*

^{xii} Travers, R., Bauer, G., Pyne, J., Bradley, K., Gale, L., Papadimitriou, M. (2012). *ibid.*

^{xiii} Ryan, C., Huebner, D., Diaz, R.M., Sanchez, J. (2009). *ibid.*

^{xiv} Substance Abuse and Mental Health Services Administration (2014). *ibid.*

^{xv} Olson, K.R., Durwood, L. & McLaughlin, K. (2016). *ibid.*

^{xvi} Bauer, G.R., Scheim, A.I., Pyne, J., Travers, R., & Hammond, R. (2015). *ibid.*

^{xvii} Taylor, A.B., Chan, A., Hall, S.L., Saewyc, E. M., & the Canadian Trans & Non-binary Youth Health Survey Research Group (2020). *ibid.*