

December 5, 2020

To the Honorable Rob Moore, Vice Chair, Justice Committee:

I am a retired psychotherapist wanting to offer insight into the research study of Travis Salway on sexual orientation change therapy (SOCE), which Dr. Wells frequently references. Dr. Christopher Rosik has identified 13 areas of actual and potential methodological concern with this study.¹ I will address the most relevant.

1. **Prejudicial definitions:**

Salway labels SOCE as “...*pseudoscientific practices* and states that SOCE draws on a range of discredited methods including electric shock.

The pseudoscientific practices he speaks of are well established methodologies used by therapists worldwide: cognitive behavioural therapy; sex addiction therapy; emotionally focused therapy, etc. – the list is extensive. Licensed therapists haven’t been doing electric shock therapy for decades.

2. **Questionable validity** of studies cited

Salway’s survey comes from the Trevor Project (2019), an activist organization. He reports SOCE to be “associated with negative health outcomes including: self-hatred, depression, and suicidal ideation and suicide attempts” and cites a report from another activist group, Movement Advancement Project which advocates for broad therapy bans.

Prior studies² with severe methodological limitations are used as support to produce sweeping conclusions to support expansive therapy bans. “This is like studying former marital therapy clients who have since divorced to understand the harms and effectiveness of marital therapy”.³

3. **Reliance on Gay Identified Samples**

Salway et al. obtained their data through Sex Now, an online survey of sexual minority men in Canada recruited from LGB venues resulting in a sample where 96% were gay or bisexually identified. This does not include those who are same-sex attracted but do not identify in the community. These individuals are more often single, celibate or in a heterosexual relationship, and more likely to report most change-oriented goals as being helpful.

4. **Retrospective Reports**

While this is a common method of gathering information, Salway et al. note that 61% of their entire sample were age 40 *or older*. This suggests their participants were recalling SOCE from

¹ Rosik (2020)

² Shidlo and Schroeder (2002); Meanley, Haberman et al. (2020); Blosnich et al. (2020)

³ Rosik (2020)

years and often decades prior to the study. As methods are not identified, one is left to assume that this is where the allegations of shock therapy are coming from.

5. Confounding Effects of Childhood Trauma

Childhood trauma, and specifically sexual abuse has been repeatedly referenced in the lives of those who are same-sex attracted. Associations were found among sexual minorities in a prior study between long-term depressive symptoms and *sexuality-related victimization in formative years*.⁴

In fact, Blossnich's⁵ study published earlier this year, found the SOCE group was three times more likely to have *experienced sexual abuse* and two times more likely to have *experienced physical violence*. This level of risk is more than sufficient to account for the increased risk of suicidality among the SOCE group. Multiple traumatic experiences produce even stronger risks to mental health.

There is a plausible alternative hypothesis to causal effects of SOCE on suicidality - those seeking treatment are more distressed before seeking treatment than those who do not seek treatment. It is reasonable to believe experiencing suicidal behavior caused participants such concern they sought out SOCE, and not the other way around.

6. (Not So) Hidden Agendas

Salway et al., offer perhaps the most draconian application of their findings. Stating that “denouncements” by professional bodies have not brought the practice of SOCE to an end and they urge the Canadian government to eradicate SOCE, suggesting an amendment to the criminal code (p. 507). In this vision, there is only one way for sexual minorities to find health, and Salway is willing to advocate for the outlawing of all other potential paths for individuals to find health and happiness. There is a certain disingenuousness of scientific objectivity with the Salway, et al. study.

Bill C-6 should identify what methods of therapy are to be criminalized rather than attempting to ban therapeutic outcomes. It is well known within psychology that a small percentage of individuals seeking counselling, for whatever the reason, leave dissatisfied feeling the therapist has failed them. Failure outcomes of therapy for those with unwanted same-sex attractions mirror those of other counselled populations.

Sincerely,

Ann

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⁴ Meanley, Haberman et al. (2020)

⁵ Blossnich et al. (2020)

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