

Submission from the **Nova Scotia Rainbow Action Project Society**

Dated December 6, 2020

NSRAP applauds Minister Lametti for bringing forward for the second time a Bill that seeks to ban the discriminatory practice of conversion therapy. As the provincial not-for-profit advocacy organization for 2SLGBTQIA+ people in Nova Scotia, NSRAP has been calling for an outright ban on conversion therapy for several years. The amendments to the Criminal Code are long overdue and we assert that criminal sanctions must be in place for those who continue this practice.

NSRAP has heard all too often about the harmful effects of the practice of conversion therapy. We know the practice continues in the shadows, and at times, blatantly, in the open in the guise of religious ministries. We have been contacted by 2SLGBTQIA+ individuals seeking support because they have been counselled and coerced to change their gender identity or sexual orientation by their religious leaders and their counsellors.

It was not long ago (summer 2018) that a group known as “Coming Out Ministries” planned to arrive from the USA to a camp in Pugwash, Nova Scotia, to lead an event to address the “LGBT issue” and the “sin issue”. This group wanted to provide testimonials to Nova Scotian adult attendees that their lifestyle as LGBT was evil and that redemption and “conversion” was available through religious ministries.

The event caused outrage in the 2SLGBTQIA+ community. NSRAP along with several other supporting organizations held rallies, signed petitions, and spoke out about the harms associated with conversion therapy and demanded that the group be “uninvited”.

The 2SLGBTQIA+ community was successful at stopping this group from arriving in Pugwash, Nova Scotia, in July 2018. Because of the outcry, the Nova Scotia government quickly passed a bill on October 11, 2018 “An Act Respecting Sexual Orientation and Gender Identity Protection” that purported to ban conversion therapy.

However, the Act fell short in that it dealt only with conversion therapy with children and youth under the age of 19, it denied provincial medical insurance payments to those practicing conversion therapy and prohibited regulated health professionals and persons in a position of trust or authority from engaging in conversion therapy with children. The Act provided no sanctions, fines or consequences for the practice.

Nova Scotia was not unlike several other provinces who also enacted legislation to address conversion therapy with children and to prohibit the use of provincial health funds for such treatment. Some cities also passed bylaws to prohibit the location of businesses offering conversion therapy in their jurisdictions.

It has become clear that the piecemeal responses of municipal and provincial governments to “ban” conversion therapy have not resulted in the end of this cruel and

harmful practice. A strong message from the Federal Government to denounce and condemn conversion therapy is essential.

This Bill is long overdue. Conversion therapy has no place in Canadian society and criminal sanctions are necessary to eradicate the practice. It is already accepted that there is no place for conversion therapy with children. However, we submit that there is no place for conversion therapy with adults, consenting or not. The Bill needs to go further to outlaw the practice entirely and leave no door open for conversion therapy to be done to “consenting adults”.

What is missing in the analysis with respect to allowing conversion therapy for “consenting adults” is the fact that members of the 2SLGBTQIA+ communities are some of the most marginalized and vulnerable persons in our society. The discrimination and oppression experienced by this population because of homophobia, transphobia and binarism will frequently bring these persons to services or to the attention of helpers or religious leaders.

The power differential between a service provider or religious leader and a vulnerable adult who is suffering is vast and can so easily be exploited. Consent is vitiated in such contexts. When intersections such as race, disability and poverty are added, the vulnerability is heightened and the “authority over” a person in the context of conversion therapy is extremely dangerous. The historical erasure of Two Spirit identities in Indigenous culture is a case in point.

The Westernized structural oppression related to heterosexism and racism played a central role in shaping the health and well-being of Two-Spirit people within our traditional territories (Taylor & Ristock, 201; Canadian Rainbow Health Coalition, 2004). Health care services are heteronormative and created barriers for Two-Spirited peoples within a system which can be difficult to access due to isolation, racism, and discomfort of western service providers.

Due to Westernized impacts on Indigenous peoples, Two Spirit individuals have had their roles within their cultures and to their own peoples harmed, reduced, or destroyed. (Morgensen, 2011; Barker, 2008). The forced assimilation to gender stereotypes have disconnected Elders from the communities, teachings were lost, and roles of healers left unkept.

Rates of violence toward Two-Spirit people are high and the mental wellness of Two-Spirit people who have historically and currently faced further marginalization based on colonial Western impacts on their cultures result in higher risks of harm. These harms include, but not exclusive to, Domestic Violence, Sexual Violence, Self-Harm, depression and suicide (Evans-Campbell et al., 2012; NAHO, 2012; Ristock et al., 2011; Taylor, 2009; McCreary Centre Society, 2006).

Finally, there is ample evidence that conversion therapy does not work. It is recognised by psychological associations such as the American Psychological Association (2009):

That the American Psychological Association concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;

and more relevantly, the Canadian Psychological Association (2015):

The Canadian Psychological Association opposes any therapy with the goal of repairing or converting an individual's sexual orientation, regardless of age. ... Scientific research does not support the efficacy of conversion or reparative therapy.

or alternatively the American Psychoanalytic Association (2012):

Psychoanalytic technique does not encompass purposeful attempts to "convert," "repair," change or shift an individual's sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes.

There is no inconsistency or discrepancy with these statements from the bodies that regulate clinical psychologists and that clearly oppose the use of conversion therapy. To further demonstrate the complete opposition to the use of conversion therapy, the following organisations have denounced its practice (in addition to those just mentioned):

- Egale, Canada
- No Conversion Canada
- Canadian Psychiatric Association
- Canadian Paediatric Society
- Canadian Association of Social Workers
- Human Rights Campaign
- Amnesty International
- American Academy of Child and Adolescent Psychiatry
- American Academy of Pediatrics
- American Associations of Sexuality Educators, Counselors, and Therapist
- American College of Physicians
- American Counseling Association
- American Medical Association
- United Nations High Commissioner of Human Rights
- World Health Organization

As indicated by the CPA statement (2015), there is no evidence that suggest conversion or reparative therapies are effective. In fact, there is strong evidence that the use of

these treatments is often associated with ethical violations such as (Drescher et al., 2016):

- Telling patients that homosexuality is a mental disorder because of practitioner beliefs when there is no evidence that this is the case.
- Breaches of confidentiality, i.e., counselors in religious schools informing administration officials about a patient's sexual behavior discussed in therapy, sometimes leading to expulsion.
- Improper pressure placed on patients, i.e., threatening to end treatment if the patients do not submit to the therapist's authority.
- Abandoning patients who eventually decide to come out as gay or lesbian, i.e., unwillingness to refer a patient to a gay or lesbian affirmative therapist when conversion therapy fails.
- Indiscriminate use of treatment, i.e., regardless of the probability of success, conversion therapists will recommend their treatments to anyone.
- When patients are not able to change their sexual orientation, conversion therapists often blame the patient, rather than the therapy. This [practice] can lead to shameful internalizations that may induce or worsen depression.

In addition, when therapists believe in the value of conversion therapy, there is strong evidence that these therapists have higher levels of negative beliefs about LGBT individuals and show lower levels of clinical competence with LGBT clients (McGeorge, Carlson, and Toomey, 2013). Simply, those that believe in or use conversion therapy are less effective therapists.

The Independent Forensic Expert Group (Djordje et al., 2020) reports that conversion therapy is ineffectively and likely to cause significant harm. Furthermore, they suggest that it constitutes cruel, inhuman, and degrading treatment akin to torture. They go onto suggest that the practice should be banned, those that use it violate professional ethics, and that regulatory bodies should denounce professionals who offer the service.

The practice is so troubling that the UN Committee against Torture (2016) recommended that a state take “the necessary legislative, administrative and other measures to guarantee respect for the autonomy and physical and personal integrity of lesbian, gay, bisexual, transgender and intersex persons and prohibit the practice of so-called ‘conversion therapy’.”

There are no exceptions as all forms of conversion therapy, including talk or psychotherapy, can cause intense psychological pain and suffering as well as being humiliating, demeaning, and discriminatory (Djorde et al., 2020). Furthermore, there is evidence that additional therapy is necessary to assist individuals in recovering from the harms of conversion therapy (Haldeman, 2002). A recent workshop on ending conversion therapy in Canada (Centre for Gender and Sexual Health Equity, 2020) not only calls for banning of the practice within all Canadian jurisdictions, but also strongly advocates for the implementation of services and supports for survivors of the practice.

While ineffective and difficult to apply, the key concern that must be raised is the increasing evidence that these practices can cause harm to patients, their families, and communities. Based on collected patient reports, it is recognised that therapists can cause psychological damage to patients, increase rates of depression and suicide, and that these effects are magnified in youth (Drescher et al., 2016).

For transgender individuals, Turban and colleagues (2020) report that the number of transgender persons subject to conversion therapy is “sizeable” (about 13.5%) and can result in devastating lifelong consequences that include compromised mental health, desire to perform self-harming behaviours, and suicide.

As stated by the Canadian Nursing Students’ Association (2020):

there is a wealth of peer-reviewed evidence that shows that conversion therapy can lead to depression, anxiety, distress, suicidal ideation, negative self-image, spiritual distress, impaired ability to maintain relationships, and sexual dysfunction.

Lesbian, gay, bisexual, and transgender youth, in particular, are more vulnerable to the negative effects of conversion and reparative therapies due to their fragile mental state coupled with the ineffectiveness of “treatment” (Hicks, 1999). Attention to this matter reached US national exposure after the death of 17-year-old Leelah Alcorn who committed suicide after forced conversion therapy.

Furthermore, it is suggested by Turban and Ehrensaft (2017) that gender identity in youth can be associated with high rates of anxiety, depression and suicidality, which is increased by conversion therapy, but decreased by affirmative protocols.

As such, NSRAP submits that all forms of conversion therapy be banned in Canada, for children, youth and adults alike, whether consenting or not, and that the criminal code provisions enacted provide the appropriate sanctions necessary to eradicate this practice.

WHO WE ARE:

Mission

The Nova Scotia Rainbow Action Project (NSRAP) seeks equity, justice, and human rights for 2SLGBTQIA+ people in Nova Scotia. NSRAP seeks to create change in our communities and our society at large so that all 2SLGBTQIA+ people are included, valued, and celebrated. We will achieve this through building community and developing strong networks outside of the community in addition to public outreach, education, and political action.

History

Since 1995, NSRAP has strived to provide a coherent voice for Two Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Aromantic and beyond people – a group we refer to as the ‘Rainbow Community’ – throughout Nova Scotia.

In 2010, NSRAP celebrated 15 years of service to the 2SLGBTQIA+ community. NSRAP has been working across Nova Scotia as a voice for our right to legal and social equity. For 25 years NSRAP has been a strong advocate for the rights of our community. NSRAP played a key role in the Halifax Rainbow Health Project and continues to work on transgender health issues, including provincial funding of gender confirming surgeries, and the rights of 2SLGBTQIA+ elders in long term care. NSRAP has participated in numerous human rights cases involving same-sex rights, and was instrumental in bringing marriage equality to Nova Scotians.

References

American Psychoanalytic Association. Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression. 2012. Retrieved from [http://www.apsa.org/sites/default/files/2012 Position Statement on Attempts to Change Sexual Orientation Gender Identity or Gender Expression.pdf](http://www.apsa.org/sites/default/files/2012%20Position%20Statement%20on%20Attempts%20to%20Change%20Sexual%20Orientation%20Gender%20Identity%20or%20Gender%20Expression.pdf). Accessed on December 3, 2020.

American Psychological Association, Task Force on the Appropriate Therapeutic Response to Sexual Orientation. (2009). Report of the task force on the appropriate therapeutic response to sexual orientation. Washington, DC: Author.

Canadian Nursing Students' Association (2020). Position Statement #2 on Condemning Conversion Therapy: Supporting 2SLGBTQ+ Health Through Evidence-Based Care. Ottawa, ON: Author.

Canadian Psychological Association (2015), CPA Policy Statement on Conversion/Reparative Therapy for Sexual Orientation. Ottawa, ON: Author.

Centre for Gender and Sexual Health Equity (2020), Ending Conversion Therapy in Canada. Vancouver, BC: Author. Retrieved 3 Dec 2020 from <http://lgbtqhealth.ca/collaboration/docs/SOGIECE-Dialogue-Report-FINAL-18Feb2020.pdf>

Djordje Alempijevic, Rusudan Beriashvili, Jonathan Beynon, Bettina Birmanns, Marie Brasholt, Juliet Cohen, Maximo Duque, Pierre Duterte, Adriaan van Es, Ravindra Fernando, Sebnem Korur Fincanci, Sana Hamzeh, Steen Holger Hansen, Lilla Hardi, Michele Heisler, Vincent Iacopino, Peter Mygind Leth, James Lin, Said Louahlia, Hege Luytkis, Jens Modvig, Maria-Dolores Morcillo Mendez, Alejandro Moreno, Valeria Moscoso, Resmiye Oral, Onder Ozkalipci, Jason Payne-James, Jose Quiroga, Hernan Reyes, Sidsel Rogde, Antti Sajantila, Matthis Schick, Agis Terzidis, Jorgen Lange

Thomsen, Morris Tidball-Binz, Felicitas Treue, Peter Vanezis, Duarte Nuno Viera (2020), Statement on conversion therapy, *Journal of Forensic and Legal Medicine*, 72, (online), doi: 10.1016/j.jflm.2020.101930.

<https://doi.org/10.1016/j.jflm.2020.101930>. Jack Drescher, Alan Schwartz, Flávio Casoy, Christopher A. McIntosh, Brian Hurley, Kenneth Ashley, Mary Barber, David Goldenberg, Sarah E. Herbert, Lorraine E. Lothwell, Marlin R. Mattson, Scot G. McAfee, Jack Pula, Vernon Rosario, D. Andrew Tompkins; The Growing Regulation of Conversion Therapy. *Journal of Medical Regulation* 1 June 2016; 102 (2): 7–12. doi: <https://doi.org/10.30770/2572-1852-102.2.7>

Haldeman, Douglas. (2002). Therapeutic Antidotes: helping gay and bisexual men recover from conversion therapies. *Journal of Gay and Lesbian Psychotherapy*, 5(3), 117–130.

Hicks, K. (1999). Reparative therapy: Whether parental attempts to change child's sexual orientation can legally constitute child abuse. *American University Law Review*, 49(2), 505-548.

McGeorge, C.R., Carlson, T.S. and Toomey, R.B. (2015). An exploration of family therapists' beliefs about the ethics of conversion therapy: The influence of negative beliefs and clinical competence with lesbian, gay, and bisexual clients. *Journal of Marital and Family Therapy*, 41, 42–56. doi: [10.1111/jmft.12040](https://doi.org/10.1111/jmft.12040)

Turban, J. L., Beckwith, N., Reisner, S. L., & Keuroghlian, A. S. (2020). Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults. *JAMA psychiatry*, 77(1), 68–76. doi: 10.1001/jamapsychiatry.2019.2285

Turban, J.L. and Ehrensaft, D. (2018), Research Review: Gender identity in youth: treatment paradigms and controversies. *Journal of Child Psychology and Psychiatry*, 59: 1228-1243. doi: [10.1111/jcpp.12833](https://doi.org/10.1111/jcpp.12833)

UN Committee Against Torture. Concluding Observations on the Fifth Periodic Report of China. 3 February 2016. CAT/C/CHN/CO/5.