PAFE
Parents As First Educators

Analysis of Bill C-6, *An Act to amend the Criminal Code (conversion therapy)*

EXECUTIVE SUMMARY

From the perspective of parents, *Bill C-6, An Act to amend the Criminal Code (conversion therapy),* is an unbalanced attempt to limit the options for guiding individuals who are exploring their gender identity and sexual orientation. We say "unbalanced" because it would allow parents to choose "affirmation therapies" for their children but, at the same time, it would prevent the same parents from seeking therapy that potentially would reinforce their children's identification with their birth gender or with a heterosexual sexual orientation.

This lack of balance first reveals itself in the bill's preamble, where it states that

> conversion therapy causes harm to society because, among other things, it is based on and propagates myths and stereotypes about sexual orientation and gender identity, including the myth that a person's sexual orientation and gender identity can and ought to be changed.

The assertion that sexual orientation and gender identity cannot change is unsupported by facts. The American Psychological Association's *Handbook of Sexuality and Psychology* states that same-sex attraction, behaviour, romantic partnerships, and identity all can change over a lifetime.[1] In the case of trans youth, up to 98% of boys and 88% of girls resolve feelings of gender dysphoria, according to the American Psychiatric Association.[2]

As one of Canada's leading parental rights organization, we are obliged to point out that parents have responsibilities in the raising of their children. Among these include the responsibilities to work with their child, in consultation with a counsellor, to determine what therapies are suitable for their child's psychological evolution. It is the parents' duty to look at the "long game" and the "big picture", with an adult perspective, that the child does not have. This responsibility is not merely a parental responsibility, but it is a responsibility exclusive to parents, and not shared with the government. It goes without saying that the parent, with the help of therapists of the parents' choice, must listen to the needs and concerns of the child. But as so often is the case with parenting, events cannot always be driven by the child's perceptions. Sometimes parents must step in and make a decision. The decision, for example, to bring a child with gender dysphoria to a counsellor who would explore ALL the options, including any interest in identifying with their birth sex, may be temporarily unwelcome but in the long run may be gratefully appreciated by the child.

Parents as First Educators contests that Bill C-6 is an unacceptable restraint on parental authority. It would unnecessarily exclude therapies that have a proven record of success, and

force children toward medical treatments and therapies that are experimental, have a limited testing record, and can leave youth with significant, long term health consequences.

Below we will analyze why Bill C-6 should be rejected, because it:

- is not justified by science;
- will harm children;
- infringes on parental rights.

SCIENCE SUPPORTS CHANGE THERAPY

Bill C-6 proposes that change therapies are harmful and should not be attempted because same-sex attraction and gender identity are immutable. Is this what science truly says?

Gender Identity is Not Immutable

Up to 98% of boys and 88% of girls resolve feelings of gender dysphoria, according to the American Psychiatric Association, suggesting that gender identity is similarly fluid among trans youth.

Behavioural therapists propose that behaviors can change due to the thoughts you constantly entertain and the environment in which you live. In the case of same-sex attraction, individuals can to some extent rewire the brain if they choose to change or reduce their same sex thoughts and attractions. A study by Nicolosi et al (2000) found that of 882 subjects undergoing change therapy, 45.4% reported a significant shift toward heterosexuality, while 35.1% reported that their orientation was unchanged.[3]

Regarding gender dysphoria, the Canadian therapist Ken Zucker had a success rate between 80 and 97% in helping trans youth identify with their birth sex at his clinic at the Canadian Association of Mental Health in Toronto during his thirty-five-year career.[4]

It is hardly a myth that sexual attraction and gender identity can change. Gender dysphoric children, especially, do change their identities, and in very high numbers.

Reported rates of harm for change therapy are the same as for other major forms of psychotherapy

To assert that change therapy *uniformly* results in harm to the individual is inaccurate. The American Psychological Association launched a Task Force on Appropriate Therapeutic Responses to Sexual Orientation in 2007, but it denied representation to therapists practicing change therapy. A review of journal literature produced by this body concluded that there is no evidence that sexual orientation can be successfully modified by change therapy. This contention has been vigorously challenged by change therapy practitioners such as Christopher Rosik, who alleged that the biases of this body led to low standards of scientific rigor in evaluating the potential of change therapy to cause harm. He stated that the APA Task Force

> "has no way of knowing if the prevalence of reported harm from SOCE [Sexual Orientation Change Efforts] is any greater than that from psychotherapy in general. Research demonstrates 5-10% of clients report deterioration while up to 50% experience no reliable change during treatment."[5]

Since the percentage of people who report dissatisfaction with change therapy is the same for those who present with marital problems, addictions, depression, etc. there is no reason to regard it as any less scientifically valid than therapies for these latter conditions.

When efforts to change sexual orientation are done in the context of a religious community, many can experience distress, yet others are able to reconcile the two in a way that is concordant with life satisfaction and health[6] according to a significant body of research.[7]

Dr. Kenneth Zucker points out a similar flaw in the argument of trans-activists that trans children will commit suicide if they don't receive affirmative counselling.[8] He calls it clinically unsophisticated. The clinical question, he says, is why do they feel suicidal? The suicidality can also be related to the fact that these children also have other mental health issues, like depression, anxiety and ADHD, for which there are similarly high rates of suicidal ideation.

Ruling out a whole spectrum of therapies that have the same rates of success as therapies for other major psychological problems such as marital problems, addictions, depression, etc. is misguided.

BILL C-6 FORCES CHILDREN TOWARD A SET OF MEDICALLY HARMFUL OUTCOMES

Bill C-6 will require parents to choose **only** affirmation therapies for their children experiencing gender dysphoria (the feeling of being born in the wrong body). Yet scientists express grave concerns about the practice of offering children life-altering hormone blocking drugs—"puberty blockers"— at transgender clinics. Canadian pediatrician, Dr. Edward Les, has been an outspoken critic of what is known as gender affirmation therapies. He has called the massive doses of cross-gender hormones ingested by transitioned individuals "grist for the malignancy mill,"[9] significantly boosting the risk of breast, prostate, and other cancers.

Australian pediatrician Dr. John Whitehall and Oxford University professor of evidence-based medicine Carl Heneghan have claimed that lack of solid, long-term evidence makes medical treatment of trans children "experimental."[10] Child and adolescent psychiatrist Dr. Christopher Gillberg says he thinks that offering unproven gender affirmation therapies may be "possibly one of the greatest scandals in medical history."[11] Hundreds of Swedish children a year are given puberty blockers and cross-sex hormones, he says, risking infertility in the face of their parents' doubts.

Of further concern is the alleged fast tracking of children into taking these therapies. A therapist who worked at the U.K.'s Tavistock Child Transgender Clinic left the clinic after becoming alarmed at the speed at which the clinic offered treatment to children. She filed for judicial review of the Tavistock clinic. That decision rendered Dec. 1, 2020, found that puberty blockers

and cross-sex hormones are experimental treatments which cannot be given to children in most cases without application to the court.

The decision determined:

- Puberty blockers are not fully reversible.
- Puberty blockers do not buy time; they are the first stage of a medical pathway very few children come off.
- There is no evidence that puberty blockers relieve distress.
- The pathway of blockers and cross-sex hormones has serious physical consequences, including the loss of fertility and full sexual function, with profound long-term risks and consequences.
- The treatment is experimental.

The Tavistock situation illustrates what happens when ideology reigns over science. The clinic offers troubled adolescents no alternative therapeutic treatment path: the **sole** treatment offered to children with complex histories and mental health conditions is hormone therapy.

Adults who have de-transitioned after transitioning say that they needed dispassionate voices telling them that with time, the feelings of identity confusion will pass and warning of the long-term consequences of hormones and surgery.[12] This bill will strand parents without needed medical means to help their children in a time of sexual confusion. The example of Keira Bell, a complainant in the Tavistock case, will illustrate this.

At the age of 14, Bell said she wanted to identify as a boy. After attending three counselling sessions at the Tavistock clinic she was prescribed puberty blockers at the age of 16. At 20 she had a double mastectomy. Bell subsequently came to regret those procedures. She no longer thinks of herself as "trans." She is now concerned that trans-affirmative medical experiments may have made it impossible for her to have children.

Bell told the court that the clinic should have challenged her more over her decision to transition to a male.

She praised the Dec. 1 decision, saying, “I wish (the judgement) had been made before I embarked on the devastating experiment of puberty blockers. My life would be very different today.”[13]

Canada should not open itself up to charges of medical negligence for putting in place legislation that would force experimental, risky medical procedures onto Canadian children.

BILL C-6 INFRINGES ON PARENTAL RIGHTS

Bill C-6 infringes on the parental right to determine what is in the best interest of their children. These rights are recognized in common law as “natural rights,” including the right to custody, to direct their children’s education and religious training, to discipline them, and to make decisions about their health care.

Bill C-6 violates the right to direct the child's health care decisions as well as to guide their education and religious training.

The parent is in the best position to evaluate the best therapy for their children. In the case of gender dysphoric children, the recent Tavistock decision states that children are not in a position to give informed consent about their long-term fertility, since as a result of their age they have not experienced desires about having children. Therefore, except in highly unusual circumstances decisions about treatment of gender dysphoria are the natural responsibility of the parent.

Bill C-6 would make it impossible for parents of gender dysphoric children to seek out counselling at the hands of licensed professional therapists, even though these therapies have helped countless children.

Canadian parent Chris, featured in the BBC documentary "Transgender Kids," testified to the years of daily battles he had to fight when living with a gender confused child.[14] His daughter, Alex, experienced gender dysphoria from the age of to two to twelve, when she voluntarily told her parents she wanted to be a girl again. They took her to Dr. Zucker's clinic in Toronto. Alex recollects her time at Dr. Zucker's clinic as enjoyable saying "When I went to CAMH I always looked forward to it."[15] It seems irresponsible and cruel to deprive parents of that which could best help their children, and to prevent children access to a place of calm, and a lifeline.

Moreover, Bill C-6 could penalize parents for exercising their roles as the director of their children's religious education.

Bill C-6 defines conversion therapy as:

> "a practice, treatment or service designed to change a person's sexual orientation to heterosexual or gender identity to cisgender, or to repress or reduce non-heterosexual attraction or sexual behaviour. For greater certainty, this definition does not include a practice, treatment or service that relates
> **(a)** to a person's gender transition; or
> **(b)** to a person's exploration of their identity or to its development."

In its inclusion of the word "service", which is commonly defined as "useful labor that does not produce a tangible commodity," religious sermons or instructions could be captured.

Since Bill C-6 punishes anyone who causes a minor to undergo "conversion therapy," parents could then be exposed to prosecution if they frequent churches or mosques that routinely teach that there are two genders, or that marriage consists of one man and one woman. And since parents have a right to transmit their moral and spiritual tradition to their children, C-6 would violate this fundamental parental right.

Bill C-6 exposes parents to unacceptable legal risks for the "crime" of being a good parent, of refusing to go along with questionable medical trends that leave children maimed and sterilized and for something as basic as seeing to their moral instruction.

CONCLUSION

Bill C-6 should be rejected because it:

- Falsely assumes that sexual orientation and gender identity cannot change.
- Forces children toward a therapeutic pathway of affirmative medicine that is associated with significant medical risks and permanent sterility, about which they are incapable of giving informed consent.
- Deprives parents of therapeutic options for their gender dysphoric and same-sex attracted children that have been proven to be beneficial.
- Threatens the parental right to direct their children's health care.
- Violates the parental right to guide their children's education.

Parents As First Educators (PAFE) supports the authority of parents over the education of their children through grassroots activism. **PAFE** monitors and intervenes to ensure elected politicians keep their activities transparent and accountable to the public. We are the largest parent group in Ontario.

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