

# Submission to the Federal Standing Committee on LGBTQ+ Health to Consider Taking Action regarding the Harms of Conversion Therapy

## Background

This submission asks the committee to consider federal actions that could be taken to i) prevent trans and gender diverse individuals<sup>1</sup> from experiencing the harmful impacts of reparative or conversion therapy and ii) to better ensure access to gender affirmative care in healthcare and social service practices. The authors of this submission are particularly concerned about the impact of conversion therapy and lack of access to affirming care has on young trans and gender diverse individuals.

Conversion therapy was once a common practice, but as more became known regarding support for trans and gender diverse young people in the early 2000s, the affirming model began to be developed. The affirming model aims to support young people in their authentic gender health (Hidalgo et al., 2013) and parents are encouraged to be “child-taught” and celebrate their child no matter their future identity (Hill & Menvielle, 2009). Many historical events played a role in the paradigm shift toward an affirming model, including but not limited to: critique by journalists (Burke, 1996), researchers (Hird, 2003; Grace, 2015; Langer & Martin, 2004; Pyne, 2014a; Tosh, 2011) and mental health clinicians (Ehrensaft, 2011; Hill & Menvielle, 2009; Pickstone-Taylor, 2003; Wallace & Russell, 2011; Wong, 2014); local, online and media activism challenging pathologizing treatment (Pyne, 2015a,b; Tosh, 2011; Williams, 2017; Winters, 2006); research showing negative results associated with rejecting a trans child’s identity (Travers et al., 2012; Turban et al., 2018, Pullen Sansfacon et al 2018) and positive results associated with affirmation (Hill, Menvielle, Sica & Johnson, 2010; Olson et al., 2017); supportive parent leadership (Manning et al., 2015); legal change including the banning of “conversion therapy” in some jurisdictions (Ontario Legislature, 2015); and a growing list of professional position statements supporting trans children and denouncing “conversion therapy” by the World Professional Association for Transgender Health (WPATH, 2011), the Canadian Professional Association for Transgender Health (CPATH, 2015), the Canadian Psychological Association (CPA, 2015), the Canadian Association of Social Work Educators (CASW, 2015), the Substance Abuse and Mental Health Services Administration (2015), the American Psychological Association (Drescher & Pula, 2014), the American Academy of Pediatrics (Rafferty, 2018), and the American Academy of Child & Adolescent Psychiatry (2018).

### I) Defining Conversion Therapy

According to a recent statement by the AACAP (2018), the existence of an a priori goal for a child’s gender identity, is considered “conversion therapy” and is stated to “lack scientific credibility and clinical utility.” [https://www.ola.org/en/legislative-business/committees/justice-policy/parliament-41/transcripts/committee-transcript-2015-jun-03#P348\\_77936](https://www.ola.org/en/legislative-business/committees/justice-policy/parliament-41/transcripts/committee-transcript-2015-jun-03#P348_77936) Although the term “conversion therapy” originally referred to religious-based therapies purported to change an individual’s sexual orientation, as noted by the American Academy of Child and Adolescent Psychiatry (AACAP), the meaning of the term has expanded in recent years to encompass efforts to change an individual’s core gender identity or promote a preferred outcome for their gender identity, therapies that according to the AACAP “lack scientific credibility” (AACAP, 2018 cited in Temple-Newhook et al., 2018)

### II) Research Evidence

A 2003 study found that when gender atypical children are pressured to conform to gender norms, they are prone to distress (Carver et al., 2003). A 2009 study found that parental rejection of gender expression in LGBT youth is associated with suicide attempts, depression, drug use, sexual risk taking (Ryan et al., 2009). Two Canadian therapists conducted an analysis of conversion therapy efforts through the lens of attachment theory, finding that the model of encouraging parents to reject children’s self-

---

<sup>1</sup> The term trans and/or gender diverse identities is taken from the Ontario Human Rights Code regarding Gender Identity and Expression and can include, but are not limited to, a diverse array of experiences and identities, including two-spirit, non-binary, agender, genderqueer, cross dresser, transgender, transsexual, as well as those who identify as men or women but have a history that involves a gender transition.

defined gender, instills shame in the child and breaks parent-child bond (Wallace & Russell, 2013). In a 2010 comparison study, the children receiving a reparative approach were found to have significantly higher behavioural and emotional problems than those seen in an affirming clinic (Hill et al., 2010).

The Ontario Trans PULSE study surveyed over 400 trans people in the province in 2009/2010 and 125 were youth (16-24). This study examined young people's health and wellbeing in relation to their parents' level of support for their gender. The results were very stark. Youth who had strong parental support for their gender were more satisfied with life, had better physical and mental health, higher self-esteem, were more likely to want to be parents themselves, and were more likely to have adequate housing and food. A in depth qualitative study of trans youth in Quebec recently shown similar patterns (Pullen Sansfacon et al 2018). When youth had strong parental support for their gender identity, they also had much lower rates of depression, were much less likely to have considered suicide in the past year, and their risk of a suicide attempt dropped by a staggering 93% (Travers et al., 2012). Studies show that when gender diverse, gender creative, and young trans people are socially supported in their gender identities, measures of wellbeing mirror that of non-transgender children and youth (Veale J. et al, 2015, Olson, 2016, Bauer et al, 2010). Recent research also shows that use of a trans youth's chosen name is linked to reduced depressive symptoms, suicidal ideation, and suicidal behaviour (Russell et al., 2018). Practices that affirm young people's gender identity, whether in family settings, schools, medical institutions or in the community lead to youth wellbeing (Pullen Sansfaçon et al 2018) ([http://www.jahonline.org/article/S1054-139X\(18\)30085-5/fulltext](http://www.jahonline.org/article/S1054-139X(18)30085-5/fulltext))

### III) *Statements by Health and Mental Health Experts*

In a study published in 2014 in a German child psychiatry journal, Katharina Rutzen and colleagues asked 13 international experts their opinion on attempting to correct children's gender expression to match social norms. Out of 13 world experts, 11 said they found this approach "unethical". Child psychiatrist Herbert Schreier called a reparative approach "coercive" (see Schwartzapfel, 2013). Child psychiatrist Edgardo Menvielle wrote: "Therapists who advocate changing gender variant behaviours should be avoided" (Menvielle, Tuerk & Perrin, 2005, p. 45). Child psychologist Diane Ehrensaft (2011) wrote that parents "should be applauded" if they "take their child in their arms and flee" from reparative treatment (p.13).

In the words of children's mental health experts:

*"Therapists who advocate changing gender variant behaviours should be avoided."*

- Dr. Edgardo Menvielle, Child-Adolescent Psychiatrist, Children's National Medical Center, Washington DC

Dr. Herbert Schreier, an Associate Psychiatrist at the Benioff Children's Hospital in Oakland, said (of the CAMH program specifically):

*"...it's really coercive... it's asking parents to deny who the kids say they are..."*

- Dr. Herbert Schreier, Associate Psychiatrist, Benioff Children's Hospital, Oakland, CA

Dr. Diane Ehrensaft, who is the Mental Health Director at the Child and Adolescent Gender Centre, San Francisco said:

*"The mental health profession has been consistently doing harm to children who are not 'gender normal,' and they need to retrain"*

- Dr. Diane Ehrensaft, Developmental and Clinical Psychologist, Mental Health Director at the Child and Adolescent Gender Centre, San Francisco

### IV) Professional Position Statements

The following professional organizations have formally issued statements denouncing conversion therapy for trans individuals and in support of an affirmative care approach:

World Professional Association for Transgender Health (WPATH, 2011)  
Canadian Professional Association for Transgender Health (CPATH, 2015)  
Canadian Psychological Association (CPA, 2015)  
Canadian Association of Social Work Educators (CASW, 2015)  
Substance Abuse and Mental Health Services Administration (SAMHSA, 2015)  
American Academy of Pediatrics (Rafferty, 2018)  
American Academy of Child & Adolescent Psychiatry (2018)  
American Psychological Association (Drescher & Pula, 2014)

Some examples of specific points made in these professional statements include:

In 2011, the World Professional Association for Transgender Health stated that: "Treatment aimed at trying to change a person's gender identity and expression [...] is no longer considered ethical."

In 2014, the International Federation of Social Workers wrote: "Worldwide we can see efforts to depathologize gender non-conformity on medical, therapeutic, judicial and social levels. Efforts to remove gender non-conformity from all formal disease classification systems and to call a halt to continuing ineffective and harmful medical or mental health efforts to change such identities or expressions of gender must continue."

Finally, in a statement that launched in 2015, the Canadian Association of Social Work educators and the Canadian Association of Social Workers stated: "Gender identity is a core aspect of the self. Any professional's attempt to alter the gender identity or expression of a young person to align with social norms is considered unethical and an abuse of power and authority. Specifically, social workers must reject any attempt to prevent a child from growing up to be transgender, transsexual, two-spirit, gay, lesbian, bisexual or queer."

#### V) Legal Considerations

Over the past few years, Canada has adopted explicit human rights legislation aimed at offering protection for transgender people – including young trans individuals. At the federal and provincial level human rights legislation now prohibits discrimination and harassment based on gender identity or expression. The Criminal Code requires courts to consider the appropriateness of additional sanctions when a crime is motivated by hatred based on gender identity or expression. Recently passed child protection and education legislation contain provisions to help ensure that trans and gender creative children and youth are safe and included. For example, in a recent ruling by the BC Supreme Court, a judge ruled that a parent's expressions of rejection of their child's gender identity, both publicly and privately, constitutes family violence against the child. In this case, the judge granted a protection order restraining a father from attempting to pressure his son to abandon treatment for gender dysphoria (<https://www.courts.gov.bc.ca/jdb-txt/sc/19/06/2019BCSC0604.htm>). In many provinces, the health care consent legislation does not specify a minimum age requirement. Rather, youth who are competent, i.e. understand the nature of a medical treatment and its attendant risks and benefits, have the right to make their own health care decisions. In June 2015, Ontario passed the Affirming Sexual Orientation and Gender Identity Act (Bill 77), making it an act of professional misconduct for an Ontario health professional to provide any treatment that seeks to change the sexual orientation or gender identity of a minor (sometimes referred to as "conversion" or "reparative" therapy).

#### VI) Why Federal Action is Necessary

It is important that federal action is taken to protect trans individuals, especially young trans and gender diverse people because: i) laws that protect trans children and youth across Canada remain disparate and lack consistency across provinces, ii) trans youth, across Canada, remain an extremely vulnerable population to conversion therapy, and iii) these young people also face many challenges in accessing

affirmative care. Therefore, federal actions are needed to ensure prompt access to social and medical gender affirming care and to provide protection against conversion therapy. This is necessary in order to guarantee access for all young people to gender affirming health and social care services in Canada to ensure their overall wellbeing.

### **Recommendations to the Committee**

Based on our expertise and the most recent research evidence, we urge the Committee to take the following actions:

- Work with provincial and territorial partners to develop an action plan to ensure trans and gender diverse young people have access to affirming services and care, and to protect them from the harms of conversion therapy;
- Work with child welfare agencies to ensure trans and gender diverse children and youth have protection for their gender identity and gender expression and protection from conversion therapy;
- Work with provincial and territorial partners to ensure funding to health and social services using a gender affirming model, including services for children and youth as well as supports for parents and guardians of trans and gender diverse young people.
- Increase funds for resources to meet the specific needs of more vulnerable trans and gender diverse young people, including those who are Two Spirit or Indigenous, racialized, disabled, and living in rural and northern communities.

Signatories

Jake Pyne, Ph.D

Julie James, Ph.D  
Assistant Professor  
School of Child and Youth Care  
Ryerson University

Julia Temple Newhook  
Professional Associate  
Janeway Pediatric Research Unit  
Faculty of Medicine, Memorial University

Kimberley Manning  
Principal, Simone de Beauvoir  
Associate Professor, Political Science  
Concordia University

Annie Pullen Sansfaçon, Ph.D  
Professor (full)  
Canada Research Chair on transgender children and their families  
School of Social Work, University of Montreal

Cindy Holmes, Ph.D  
Assistant Professor  
School of Social Work  
University of Victoria

Jennifer Dyer, Ph.D  
Associate Professor  
Gender Studies Department Director  
Memorial University

## References

Canadian Association of Social Workers, Canadian Association for Social Work Education. Joint statement on the affirmation of gender diverse children and youth. Ottawa, ON: Canadian Association for Social Work Education; 2015.

Canadian Psychological Association. "Psychology works" fact sheet: gender dysphoria in children. Ottawa, ON: Canadian Psychological Association; 2015. Available from: [www.cpa.ca/docs/File/Publications/FactSheets/PsychologyWorksFactSheet\\_GenderDysphoriaInChildren.pdf](http://www.cpa.ca/docs/File/Publications/FactSheets/PsychologyWorksFactSheet_GenderDysphoriaInChildren.pdf). Accessed 2017 Jan 28.

Canadian Professional Association for Transgender Health. *Submission to the Standing Committee on Justice Policy re: Bill 77, Affirming Sexual Orientation and Gender Identity Act, 2015*. Victoria, BC: Canadian Professional Association for Transgender Health; 2015. Available from: [www.cpath.ca/wp-content/uploads/2016/02/2015-06-03-CPATH-Submission-Re-Bill-77-Affirming-Sexual-Orientation-and-Gender-Identity-Act-2015.pdf](http://www.cpath.ca/wp-content/uploads/2016/02/2015-06-03-CPATH-Submission-Re-Bill-77-Affirming-Sexual-Orientation-and-Gender-Identity-Act-2015.pdf). Accessed 2017 Jan 28.

Durwood L, McLaughlin KA, Olson KR. Mental health and self-worth in socially transitioned transgender youth. *J Am Acad Child Adolesc Psychiatry* 2017;56(2):116-23.e2. Epub 2016 Nov 27.

Edwards-Leeper L, Spack NP. Psychological evaluation and medical treatment of transgender youth in an interdisciplinary "Gender Management Service" (GeMS) in a major pediatric center. *J Homosex* 2012;59(3):321-36.

Ehrensaft D. *The gender creative child. Pathways for nurturing and supporting children who live outside gender boxes*. New York, NY: The Experiment Publishing; 2016.

Herman JL, Flores AR, Brown TNT, Wilson BDM, Conron KJ. *Age of individuals who identify as transgender in the United States*. Los Angeles, CA: The Williams Institute; 2017.

Hidalgo MA, Ehrensaft D, Tishelman AC, Clark LF, Garofalo R, Rosenthal SM, et al. *The gender affirmative model: what we know and what we aim to learn*. *Hum Dev* 2013;56:285-90.

Hill DB, Menvielle E, Sica KM, Johnson A. An affirmative intervention for families with gender variant children: parental ratings of child mental health and gender. *J Sex Marital Ther* 2010;36(1):6-23.

Murchison G, Adkins D, Conard LA, Ehrensaft D, Elliott T, Hawkins LA, et al. *Supporting and caring for transgender children*. Washington, DC: Human Rights Campaign, American Academy of Pediatrics, American College of Osteopathic Pediatricians; 2016. Available from: [www.hrc.org/resources/supporting-caring-for-transgender-children](http://www.hrc.org/resources/supporting-caring-for-transgender-children). Accessed 2018 Mar 14.

Olson KR, Durwood L, DeMeules M, McLaughlin KA. Mental health of transgender children who are supported in their identities. *Pediatrics* 2016;137(3):e20153223. Epub 2016 Feb 26.

Ontario Human Rights Commission. *Gender identity and gender expression*. Toronto, ON: Ontario Human Rights Commission; 2014. Available from: [www.ohrc.on.ca/en/gender-identity-and-gender-expression-brochure](http://www.ohrc.on.ca/en/gender-identity-and-gender-expression-brochure). Accessed 2017 Jan 28. [Google Scholar](#)

Pyne J. *Gender independent kids: a paradigm shift in approaches to gender non-conforming children*. *Can J Hum Sex* 2014;23(1):1-8.

Pullen Sansfaçon, A. Hébert, W. Ou Jin Lee, E. Faddoul, M. Tourki, D et Bellot, C. (2018)

Digging Beneath the Surface: Results from Stage One of a Qualitative Analysis of Factors Influencing the Well-being of Trans Youth in Quebec. *Journal of Transgenderism*. DOI :10.1080/15532739.2018.1446066

Roberts AL, Rosario M, Corliss HL, Koenen KC, Bryn Austin S. Childhood gender non-conformity: a risk indicator for childhood abuse and posttraumatic stress in youth. *Pediatrics* 2012;129(3):410-7. Epub 2012 Feb 20. [OpenUrlAbstract/FREE Full TextGoogle Scholar](#).

Rutzen, K., Nieder, T., Schreir, H. & Moller, B. (2014). Clinical treatment of children and adolescents with gender dysphoria from international experts' point of view. *Praxis der Kinderpsychologie und Kinderpsychiatrie*, 63(6), 449-464.

Sherer I. Social transition: supporting our youngest transgender children. *Pediatrics* 2016;137(3):e20154358. Epub 2016 Feb 26.

Temple Newhook J, Pyne J, Winters K, Feder S, Holmes C, Tosh J, et al. *A critical commentary on follow-up studies and "desistance" theories about transgender and gender-nonconforming children*. *Int J Transgenderism*. In press.

Travers R, Bauer G, Pyne J, Bradley K, Gale L, Papadimitriou M. Impacts of strong parental support for trans youth. A report prepared for Children's Aid Society of Toronto and Delisle Youth Services. Toronto, ON: TransPulse; 2012. Available from: <http://transpulseproject.ca/research/impacts-of-strong-parental-support-for-trans-youth>.

Veale J, Saewyc E, Frohard-Dourlent H, Dobson S, Clark B & the Canadian Trans Youth Health Survey Research Group (2015). *Being Safe, Being Me: Results of the Canadian Trans Youth Health Survey*. Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia.

Wallace R, Russell H. Attachment and shame in gender-nonconforming children and their families: toward a theoretical framework for evaluating clinical interventions. *Int J Transgenderism* 2013;14(3):113-26.

World Professional Association for Transgender Health. *Standards of care for the health of transsexual, transgender, and gender nonconforming people*. 7th ed. World Professional Association for Transgender Health; 2011. Available from: <https://www.wpath.org/publications/soc>. Accessed 2017 Jan 2