

No Conversion Canada

Ending the Torture: Banning Conversion Therapy Practices in Canada

A Brief to the Standing Committee on Justice and Human Rights regarding Bill C-6 - An Act to amend the Criminal Code (conversion therapy)

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About Conversion Therapy

Conversion therapy is not a “therapy” at all, but **a fraudulent, deceptive, and unscientific practice known to cause significant harm to vulnerable people**. Conversion therapy practices go by many different names such as reparative therapy, reintegrative therapy, reorientation therapy, ex-gay therapy, gay cure, and “sexual orientation and gender identity and expression change efforts” (SOGIECE). In the past, conversion therapy has been supported and performed by a wide range of health and medical professionals, including psychiatrists, psychologists, sexologists, medical doctors, and licensed therapists. In almost 30 countries, conversion therapy is still supported as a legitimate practice by public officials, judges, or police and is offered by the state through private health clinics and schools. As recently as 2012, some psychotherapists in Quebec were charging as much as \$12,000 for conversion therapies.

Unfortunately, as a result of ongoing state-sponsored homophobia, biphobia, and transphobia, there are still 70+ countries in the world where being LGBTQ2 is considered a crime, including more than 6 countries where it is punishable by death deeply rooted in this anti-LGBTQ2 ideology, conversion therapy practices continue to occur openly in many of these countries and exists in all regions of the world.

Today, despite the overwhelming consensus of medical and health professionals, conversion therapy is still widely endorsed by some faith leaders, spiritual healers, cultural and religious communities, and families under different guises and in various direct and indirect forms. For example, some parents will seek out “change efforts” when they suspect their child might be LGBTQ2 and may agree to send them to programs or to faith leaders who purport to be able to help their children live a heterosexual or cisgender identity. Where local programs do not exist, or are prohibited by law, some parents enroll their children in online conversion programs or send them abroad to reorientation retreats or camps. Many young adults are also susceptible to conversion therapy when they are told the only way to gain the love and acceptance of their family, faith, or community is to change or deny who they are.

While in most countries it might be rare to still find someone who is willing to perform electroshock treatment or electroconvulsive therapy as a way to “cure” a person’s sexual orientation or gender identity, **more modern “treatments” are still commonly available including aversion therapy, behavioural conditioning, hypnosis, extreme fasting, sleep deprivation, “corrective” rape, exorcism, spiritual prayer, gender coaching, isolation from family and peers, and/or medical or drug-induced treatments, which actively attempt to change, alter, deny, or suppress a person’s true sexual orientation, gender identity, or gender expression.**

It has been **well-established that there is no credible or valid scientific research that indicates you can change a person’s sexual orientation or gender identity, rather what research does tell us is how these so-called “change efforts” can have devastating impacts on its victims, including increased anxiety, depression, self-hatred, compromised mental health, post-traumatic stress disorder, suicide or suicidal thoughts, and many other lifelong psychological and social issues.**

Conversion therapy practices are unethical and immoral because they imply that LGBTQ2 lives are less valuable, less desirable, and less worth living than heterosexual or cisgender persons. Ultimately, these practices believe that being an LGBTQ2 person is a disorder, sin, or disease that must be fixed, cured, healed, or repaired.

Conversion therapy has existed in Canada in various forms, and under different names and practices, since the 1950s. It gained prominence during the 1980s and 1990s and became increasingly used on LGBTQ2 Canadians through organizations such as Exodus International. Several powerful first-hand accounts from survivors of conversion therapy have also recently been published, including a vivid and detailed memoir written by Canadian survivor Peter Gajdics.

According to new preliminary research from the Community-Based Research Centre, an estimated 8% (or 47,000) of GBT2Q men, who participated in the [2019 Sex Now survey](#), have experienced conversion therapy in Canada. This is considerably higher than previous research data, which estimated that 20,000 sexual minority men had been exposed to sexual orientation change efforts. Similar research conducted as part of the [2019 Trans PULSE Canada community-based survey](#) found that 11% of trans and non-binary people surveyed had undergone conversion therapy in an attempt to make them cisgender. Among those 50 years or older, 25% had experienced conversion therapy. Clearly, trans and non-binary Canadians are extremely vulnerable to conversion therapy efforts, which often focuses on attempts to discourage individuals from medically transitioning and to live according to their gender assigned at birth. These conversion therapy practices are often part of coded language that refers to “gender ideology,” “de-transitioning,” “gender critical,” and associated false scientific diagnoses such as “rapid onset gender dysphoria” as though trans identities were a form of social contagion or disease to be cured.

Given these preliminary research findings, the real figures for LGBTQ2 Canadians who have undergone conversion therapy are most likely much higher due to the experiences of shame and trauma of its victims, and associated underreporting, sampling challenges, and research that has yet to fully capture the experiences of sexual minority women. Likewise, conversion therapy has never been formally tracked in Canada and now mainly occurs outside of mainstream health facilities and, as a result, has largely gone underground, making it more difficult to detect the full extent of its operations and impact.

Expert Consensus and International Considerations

The global scientific consensus confirms that conversion therapy does not work and is an illegitimate and fraudulent practice, which is now mostly found in some faith and cultural communities that believe being LGBTQ2 is the result of childhood abuse, absent or overbearing parents, and/or is a sin, choice, or “deviant lifestyle” from which a person must be saved.

Conversion therapy has been widely denounced as a harmful and unethical practice by dozens of major medical, health, and human rights organizations around the world including the United Nations, World Health Organization, World Psychiatric Association, Pan American Health Organization, Canadian Psychological Association, Canadian Psychiatric Association, Canadian Paediatric Society, Canadian Association of Social Workers, American Medical Association, Human Rights Campaign, and Amnesty International. At last count, [over 60+ professional health organizations/associations](#) have also denounced conversion therapy as a deceptive, dangerous, and harmful practice.

Despite conversion therapy’s current lack of criminal legislation in Canada, the fraudulent practices of conversion therapy are incompatible with the spirit of several of Canada’s national and international obligations related to various laws and international agreements. These include the Canada Health Act, the Canadian Human Rights Act, the Canadian Charter of Rights and Freedoms, the United Nations Convention on the Rights of the Child and the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, among others.

Under the Canadian Human Rights Act, children and young people in Canada are protected from discrimination based on their gender identity, gender expression and sexual orientation. The protections included within Bill C-6 codifies the rights of trans, gender diverse and LGBTQ2+ children and youth to live free from harm and protected against discrimination.

Subjecting children to unscientific “therapies” intended to repair or cure them of their sexual orientation, gender identity or gender expression violates a child’s right to protection against discrimination enshrined in Article 2 of the [UN Convention on the Rights of the Child \(CRC\)](#) to which Canada is party. It violates the CRC’s guiding principle of Best Interest of the Child (Article 3) by failing to ensure that protection is provided and aligned with a child’s well-being. Moreover, Article 19 requires Canada to take “legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation” which effectively describes the harm caused to children and youth subjected to conversion therapy.

According to the [United Nations’ Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity](#), conversion practices “inflict severe pain and suffering, resulting in long-lasting psychological and physical damage...these practices are inherently degrading and discriminatory. They are rooted in the belief that LGBT persons are somehow inferior, and that they must at any cost modify their orientation or

identity to remedy that supposed inferiority...such practices constitute an egregious violation of rights to bodily autonomy, health, and free expression of one's sexual orientation and gender identity." It's important to note that the office of the UN Independent Expert calls for all member states to end conversion practices by "prohibiting such interventions in health-care, religious, education, community, commercial or any other setting—public or private, establishing punishments for non-compliance, and investigate respective claims and creating mechanisms to provide access to all forms of reparations to victims."

In addition, according to the [International Forensic Expert Group \(IFEG\) of the International Council on the Rehabilitation of Torture Victims \(IRCT\)](#) – a network of over 150 torture rehabilitation centres in 75 countries, and the world's largest membership-based civil society organisation specialised in the field of torture rehabilitation - all forms of conversion therapy should be banned: "conversion therapy, a practice that aims to change, 'cure' or 'repair' an individual's sexual orientation or gender identity, is a global problem that causes severe physical and psychological suffering to its victims. A new expert statement by the IRCT and the Independent Forensic Expert Group (IFEG) concludes that conversion therapy is practiced in more than 69 countries, is unscientific and violates the global ban on torture and ill-treatment."

Recently, No Conversion Canada collaborated on the development of [a comprehensive report](#) by Dr. Kristopher Wells, conversion therapy survivors and civil organizations about the state of conversion practices in Canada. For ease, we have included some notable position statements from leading professional or expert groups in Canada related to this recent report, below:

- **Canadian Association of Social Workers (CASW):**

Social workers uphold the right of every person to be free from violence and threat of violence. Accordingly, CASW strongly condemns all forms of conversion therapy as it is not evidence based, widely discredited, and causes great harm – especially among children and youth. CASW supports this national guide, and we call on all levels of government to put the health, safety, and security of Canadians first by unanimously supporting and expediting legislation that prohibits all forms of conversion therapy. Not one more person in Canada should endure the harm of this damaging and discredited attack against their identity.

- **Canadian Psychological Association (CPA):**

The Canadian Psychological Association endorses this national guide and opposes any therapy with the goal of repairing, changing, suppressing, or converting an individual's sexual orientation, gender identity, or gender expression, regardless of age. Conversion therapy, or reparative therapy, refers to any deliberate attempt to change the sexual orientation, gender identity, or gender expression of any person. It can include prayer or religious rites, modification of behaviours, and individual or group counselling.

Scientific research does not support the efficacy of conversion or reparative therapy and its associated practices. Conversion or reparative therapy can result in negative outcomes such as distress, anxiety, depression, negative self-image, a feeling of personal failure, difficulty sustaining relationships, self-harm, suicide ideation, and sexual dysfunction. There is no evidence that the negative effects of conversion or reparative therapy counterbalance any distress caused by the social stigma and prejudice these individuals may experience.

The Canadian Psychological Association also recognizes that individuals differ in the fluidity of their identities and sexual attractions across the lifespan, but does not view such naturally occurring fluidity as supporting arguments in favour of conversion or reparative therapies. As well, individuals may experience distress about their identities, attractions, or orientation, due to negative internalized beliefs or external factors such as family, religious, cultural, or societal values or discrimination. As such, seeking therapy from an LGBTQ2-affirmative or person-focused therapist is a positive step towards maintaining one's mental health and well-being.

- **Canadian Teachers Federation (CTF):**

The Canadian Teachers' Federation strongly supports LGBTQ2 inclusive education and opposes all forms of "conversion therapy" as harmful to the inherent dignity and well-being of people everywhere, especially LGBTQ2 youth. As an organization committed to social justice and human rights, we fully endorse the development of Sexual Orientation and Gender Identity school policies, LGBTQ2 inclusive curriculum, and legislation to support the health and safety of LGBTQ2 Canadians. Conversion therapy has no place in our schools, just as it has no place in our society.

- **The LGBT Purge Fund:**

The LGBT Purge Fund endorses this important national guide and strongly supports legislation that prohibits any form of conversion therapy. We are an organization that knows all too well the damaging impact of cruel and dehumanizing treatment against LGBTQ2 people. The LGBT Purge Fund works on reconciliation initiatives for survivors of the so-called "LGBT Purge" – A period of time in Canada when LGBTQ2 people were harassed, criminalized, discriminated against and fired from their jobs in the federal government, the RCMP and the Canadian Armed Forces. This dehumanizing treatment has a profound, life-long experience on people who experience it. This guide is an important tool to help legislators better protect LGBTQ2 people and ensure that they are protected from the cruel and harmful practice of conversion therapy.

- **Egale:**

The practice of conversion therapy is abhorrent, and its consequences are devastating. It is premised upon the mistaken notion that sexual and gender minorities suffer from an illness that must be corrected. This resource provides a good starting point for practitioners, policy makers and the public to educate themselves on the harms of conversion therapy, and steps

they can take to end this dangerous practice from happening in Canada and abroad. Egale fully supports legislative action at all levels of government to prohibit conversion therapy.

Legislative Recommendations to Improve Bill C-6

Bill C-6 represents a historic moment for all Canadians, but in particular, those of the LGBTQ2+ community, in its fundamental assertion of their right to exist free from harm, abuse or efforts to change. Despite the significance of this human rights legislation, simple amendments can be made to strengthen and improve the Bill and ensure greater clarity and effectiveness in combatting conversion practices in Canada.

Summary of Recommendations:

1. Bill C-6 **should** include language around gender expression, aligning with the Canadian Human Rights Act
2. Bill C-6 **should** extend protections to all people, regardless of age or so-called “consent”
3. Bill C-6 **should** ensure trans and non-binary people are protected
4. Bill C-6 **should** restrict advertising and referrals
5. Bill C-6 **should** add a preamble encouraging provinces, territories and municipalities to continue developing their own legislation
6. Bill C-6 **should** be accompanied by funded supports for survivors
7. Bill C-6 **should not** limit its scope due to perceived fear about freedom of expression or religion
8. Bill C-6 **should not** remove the term “behaviours”

Recommendations:

1. Bill C-6 **should** include language around gender expression, aligning with the Canadian Human Rights Act

Gender expression is the way you portray your gender – typically through your appearance, dress or mannerisms. Since 2017, the Canadian Human Rights Act has included gender expression (along with sexual orientation and gender identity) as protected against discrimination. This recognizes that people are often subject to homophobia or transphobia solely because of how they present themselves separate from how they identify. Language in Bill C-6 should mirror this. Additionally, in [a survey](#) of conversion therapy survivors conducted by Simon Fraser University, the University of British Columbia and University of Victoria, half the participants expressed that Bill C-6 as written would *not* have fully protected them. Practically, conversion therapy might target being “too girly” or “too much of a tomboy.” These relate to gender expression but are just as harmful to someone’s mental health.

2. Bill C-6 **should** extend protections to all people, regardless of age or so-called “consent”

The 2019 [Sex Now Survey](#) conducted by the Community-Based Research Centre – Canada’s largest and longest-running health survey on gay, bisexual, trans, Two-Spirit, and queer men (GBT2Q) – revealed that a third of respondents who experienced conversion therapy started attending these practices as an adult. The data shows that prevalence was notably highest in the youngest groups of respondents, underscoring the fact that conversion therapy is not “a thing of the past” and may have even increased over time. As for “consenting” adults, there is international consensus that *any* efforts to change sexual orientation, gender identity, or gender expression result in increased anxiety, depression, self-hatred, compromised mental health, post-traumatic stress disorder, suicide, or suicidal thoughts. This includes statements from reputable medical and scientific organizations such as the Canadian Psychological Association, American Psychiatric Association, World Health Organization, and [dozens more](#). Conversion therapy is abuse, and one cannot consent to abuse.

Those who seek or acquiesce to conversion therapy – including adults – often do so because they believe living as an LGBTQ2 person will prevent them from being happy, healthy, or successful. That is a flawed and dangerous position, and any purported benefits of “consensual” conversion are often derived tangentially – such as finding a community, having a sympathetic ear, or feeling a greater sense of control in one’s life. These benefits can be achieved through evidence-based mental health support by service providers or community groups that *don’t* devalue or suppress LGBTQ2 identities.

Given the well-documented and known harms of conversion therapy, it is a reasonable limitation to restrict so-called “consenting adults” from engaging in conversion therapy practices, services, or treatments. The government has an obligation to protect all individuals from known or reasonably foreseeable harms and dangers, which is why there are strict consumer protection laws and numerous medical and health regulations in Canada. Restrictions and regulations are common and in place to protect the best interests of Canadians from recognized dangers, harms, and fraudulent and abusive practices. As notable examples, *Quebec’s Bill 70: An Act to protect individuals from conversion therapy given to change their sexual orientation, gender identity or gender expression*, and municipal bylaws passed in Edmonton, Calgary, Beaumont, St. Albert, and other cities in Canada, apply to all ages, individuals, and groups. There are no exemptions or circumstances where conversion therapy practices are deemed permissible, regardless of who they target.

It is illogical and inconsistent that federal legislation would be weaker than legislation passed by other levels of government. Additionally, delineating by age is problematic, since it implies that conversion therapy may be dangerous/harmful to some (minors), but not necessarily to others (adults). This dichotomy creates the false perception that in some cases conversion therapy might be a permissible or legitimate practice, which it is not.

In its current form, Bill C-6 provides no protections for young adults (18-30) who are extremely vulnerable and are often targeted by conversion therapy practices. In many cases, these young adults may feel they have no choice but to engage in conversion therapy efforts because of pressure from non-accepting families, faith, or cultural communities.

Government legislation should apply to all ages without exception. The notion that only “forced conversion therapy” is prohibited and, by contrast, there can be such a thing as “consenting adults” is misguided. How can any individual actively consent to conversion therapy practices when they are known to be inherently deceptive, coercive, and fraudulent? The delineation and exceptions provided by Bill C-6 are very concerning and problematic.

3. Bill C-6 should ensure trans and non-binary people are protected

The 2019 [Trans Pulse](#) survey revealed that one in 10 trans people in Canada have experienced conversion therapy to try and make their gender align with their sex assigned at birth. We join the Community-Based Research Centre and the Centre for Gender and Sexual Health Equity, among others, in calling for [amendments](#) that better includes and protects trans people. The Centre for Gender and Sexual Health Equity writes:

“In its current form, Bill C-6 narrowly defines conversion therapy – excluding practitioners who insist that they are not intending to ‘change a person’s... gender identity’ but whose goal is nevertheless to discourage or delay the adoption of gender identities not assigned at birth, as well as non-conforming gender expressions.”

By narrowing on the language of “change,” conversion therapy practitioners find a loophole and continue to delay, withhold, or discourage transitioning. This is in opposition to [research](#) showing that transitioning – socially, legally, or medically – significantly improves people’s mental health, safety and employment outcomes.

4. Bill C-6 should restrict advertising and referrals

The vast majority of conversion therapy practices occur predominantly outside of the formal health care system and are often covert or underground practices, which seldom are explicit in their intent, purpose, or methods. As such, they become harder to detect and often flourish through a deceptive network of referrals. For example, conversion therapy services frequently refer to persons with “unwanted same-sex attractions” or masquerade as peer-support or fellowship programs where so-called “consenting adults” seek to voluntarily suppress same-sex attractions or actively deny an LGBTQ2 identity. These programs are seldom formally advertised and are instead actively promoted through an organized network of hidden referrals.

To address this covert practice, an amendment could be made to include prohibitions on advertising and referral. See the proposed addition in green:

(4) Subsection 164(8) of the Act is amended by adding the following in alphabetical order: advertisement for conversion therapy means any material — including a photographic, film, video, audio or other recording, made by any means, a visual representation or any written material — that is used to advertise an offer, **or make a referral**, to provide conversion therapy contrary to section 320.104;

5. Bill C-6 **should encourage provinces, territories and municipalities to continue developing their own legislation**

Practitioners of conversion therapy frequently use misinformation and creative language to conceal what they do — “counselling” struggling LGBTQ2 people to adopt harmful beliefs and practices that suppress their minority sexual orientation or gender identity.

Bill C-6 will go a long way in protecting LGBTQ2 people in Canada from these harmful practices, but it shouldn’t be seen as a final step. Municipal, provincial, and territorial legalisation — much like the ones already enforced across the country — add additional layers of security and reinforce a message that efforts to change someone’s sexual orientation, gender identity or gender expression should not be tolerated.

Bill C-6 should include text to encourage other orders of government to act further to protect their local communities. Notwithstanding the importance of this federal conversion therapy ban, additional legislation enacted by municipal, provincial, and territorial governments — to enact by-laws and regulate business licenses and health professionals — remain critical to ensure that harmful and discredited conversion therapy practices are stopped.

6. Bill C-6 **should be accompanied by funded supports for survivors**

Legislative bans are an important part of undermining conversion therapy in Canada — but they are only one of many tools the government can use to support and protect LGBTQ2 people. For instance, right now there are thousands of conversion therapy survivors who are traumatized from its effects. We recommend the government fund free support counselling, therapeutic groups, community education, or community building opportunities for these survivors, similar to [recent steps](#) the German federal government took upon passing their conversion therapy ban.

These services can go beyond supporting just conversion therapy survivors in Canada by also helping impacted families, as well as newcomers who may have experienced the harmful practice in another country. It is critical that policymakers consult meaningfully with survivors in developing these supports.

7. Bill C-6 **should not limit its scope due to perceived fear about freedom of expression or religion**

Bill C-6 specifically targets “treatments, services and practices,” clearly excluding casual conversations, sermons, or statements. Any attempt to create an exhaustive list of “excepted

groups” (i.e. parents, teachers, coaches, etc.) will encourage conversion therapy practitioners to find loopholes in that list.

Operationalizing anti-LGBTQ ideology into a treatment, service, or practice – regardless of your relationship to the victim – is conversion therapy. A teacher, for instance, should not be able to offer “family-oriented” role-playing exercises every other week for students questioning their sexuality or gender identity. Nor should a faith leader offering a service to “exorcise” or “pray away” same-sex attraction.

While the Canadian constitution does protect a citizen’s right to free expression and religion, there are limits, such as those banning hate speech or violent threats. These are examples of a “proportionate and reasonable” limit to freedoms, much like the Supreme Court of Canada has already ruled in other cases related to LGBTQ2 rights. Other jurisdictions that ban conversion therapy or similar practices have had their laws tested in courts, but to date all these laws have been upheld.

8. Bill C-6 should not remove the term “behaviours”

Removing this terminology would play into the hands of conversion therapy practitioners who *already* have pivoted their language away from “conversion” and toward “living a healthier, happier lifestyle” – but one that depicts LGBTQ2 “lifestyles” as barriers to that goal.

Again, the goal of Bill C-6 must be reinforced here: to prevent LGBTQ2 people from harm. If a service or treatment claims not to “change” or “convert” and instead focuses on behaviours – yet still reinforces an underlying principle that living as a LGBTQ2 person is flawed, damaging and undesirable – this *is still* conversion therapy. Both LGBTQ2 and non-LGBTQ2 people can and should be able to access supportive counselling or therapies in relation to their sexuality, particularly in the context of managing and addressing traumas related to sexual abuse or assault. But services that fundamentally stigmatize and devalue queer and trans identities or “lifestyles” should not have a place in Canada.

Any concern that the proposed legislation will produce a “chilling effect” among mental health practitioners with respect to providing counselling or therapies related to sexual orientation, gender identity, or gender expression is unfounded. For instance, in Ontario, where conversion therapy has been banned amongst health professionals since 2015, there have been no reports of people being unable or less able to access to sex, relationship or self-esteem counselling.

About No Conversion Canada

No Conversion Canada is a national, nonpartisan, non-profit, grassroots and volunteer-led coalition dedicated solely to eradicating conversion therapy in Canada. No Conversion Canada works directly with conversion therapy survivors, LGBTQ2+ activists, academics, civil society

organizations, professional groups and policymakers to raise awareness about conversion therapy in Canada. Our goal is to develop comprehensive legislation at all levels of government, to criminalize and outlaw this form of discriminatory abuse as well as establish comprehensive social and financial survivor supports to acknowledge the suffering of former and current victims.

No Conversion Canada was founded in 2018, however the movement to ban conversion therapy in Canada has existed for decades thanks to the tireless efforts of conversion therapy survivors. We extend our greatest appreciation for their courage, hard work and resiliency in this fight for safety and freedom.

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