INTERNATIONAL FEDERATION FOR THERAPEUTIC & COUNSELLING CHOICE

RESTORING THE MOSAIC

Honorable Members of the Justice Committee:

I am Dr. Ann Gillies – retired psychotherapist, here to provide evidence that

Bill C-6 Discriminates Based on Sexual Orientation

Bill C-6, as it presently stands, clearly and significantly discriminates against Canadians on the basis of sexual orientation.

Except where prevented by local laws similar to Bill C-6, Canadians are presently able to seek and receive therapeutic assistance, as desired, with numerous sex-related concerns, including:

- Reduction or Repression of intrusive sexual thoughts and fantasies; as well as undesired sexual thought patterns in otherwise nonsexual contexts, such as a classroom, workplace, or family gatherings
- Reduction of casual sex with many partners
- Management of the risk of remaining sexually 'faithful' to a committed partner, e.g., spouse
- Reducing or eliminating the use of pornographic materials, including violent materials, whether frequent or occasional
- Reduction or repression of the compulsive engagement in or addiction to sexual activities
- Reduction or repression of sexual fetishes and related behaviours
- Strengthening the ability to say "No" to another's sexual advances event while sexually attracted to that individual. (e.g., to decline the advances of an abusive former significant other)

Canadians may seek this therapeutic assistance because they reasonably believe that, for them, these thoughts, feelings, or behaviours are harmful in at least one of the following ways:

- Damaging to the continued existence of a valued romantic relationship, e.g., marriage, especially to the co-parent of their child(ren)
- Risking their susceptibility to and/or transmission of a sexually transmitted disease or infection, including HIV
- Distracting them from their work, studies, or recreational pursuits, potentially damaging their career or educational prospects
- Damaging their ability to engage in a fulfilling sexual life.
- Causing or contributing to feelings of disempowerment, and/or other symptoms of depression, generalized anxiety disorder, or substance abuse

- Reducing their capacity to form or maintain valuable non-sexual relationships with persons to whom they may be sexually attracted to; such as coworkers, close biological relatives, and/or minors
- Causing or involving financial expenditures greater than they believe they can afford
- Creating and sustaining painful inner conflict with their own personal values, including ethical, spiritual, and professional values

The unwanted sexual thoughts, feelings, and behaviours listed above are not uncommon, and the (non-exclusive) list of harms they can cause is serious; any one or more them constitutes a valid reason for accessing therapy.

Bill C-6, as presently written, will inhibit Canadians' attempts to procure assistance with these issues, and therefore to address these harms, *if and to the precise extent that* those Canadians' sexual attractions, thoughts, and/or behaviours are directed toward members of the same sex.

In other words, Bill C-6 discriminates specifically against homosexual, bisexual, pansexual, and other Canadians who experience sexual thoughts, feelings, or behaviours directed toward members of the same sex that they find actually or potentially harmful to their own wellbeing.

As written, Bill C-6 will be directly responsible for physical, psychological, emotional, and other damage, suffered by Canadian members of sexual minority groups as a result of the lack of access to therapeutic supports. No Canadian's access to therapeutic support with regard to their sexuality and sexual expression should be cut off on the basis of their sexual orientation.

This is true whether or not the Canadian in question has reached the age of 18. Undesired, uncontrolled, and/or otherwise harmful sexual thoughts, feelings, attractions, and behaviours do not conveniently wait for the age of majority to manifest in the minds and lives of young Canadians.

In order to avoid discrimination on the basis of sexual orientation while protecting Canadians of sexual minorities, the definition of "conversion therapy" in 320.101 should be amended **to allow Canadians of any age access to consensual, non-coercive practices, treatments, or services** to repress or reduce non-heterosexual attraction or sexual behaviour. The law must protect the access of *all* Canadians to therapeutic supports in the area of sexuality.

Along with this, parents also must be ensured of their right to parent their minor aged children according to the parents established values and beliefs, and not be forced to adapt their values and beliefs to the unsubstantiated thoughts and ideas of their children who have been subjected to new cultural ideologies. For instance the new 'transgender' movement is currently under scrutiny after a ***thirty-fold increase in just ten years.***[1] Reports of rushed diagnosis[2] [3], the pressure to prescribe life changing and reportedly harmful drugs[4] with lifelong ramifications as

[1] Lockwood, S. & Lambert, H. (2019, December 12).
[2] Donnelly, L. (2019)
[3] Doward, J. (2019)
[4] Dyer, C. (2019)

well as the subsequent recommendations of self-mutilation by double mastectomies, etc. are being examined after a parliamentary inquiry in the UK.

Affirmation-only research is highly biased. The doctors (and their clinics) primarily charged with conducting studies are strong advocates of affirming subjective feelings and using medical

treatment (puberty blocks, hormones, and surgical treatment) to help kids transition.[5] Such doctors are deeply invested in this type of therapy and making sure the outcomes support their theories. The "appropriateness of affirmation therapy most often is assumed, not evaluated"[6].

Long term results of transitioning are not addressed, and children especially, are being subjected to lifelong interventions which harm the body, mind and soul[7].

Unlike the epidemic of self-harm behavior, (gender dysphoria) care providers are not exploring to find the right treatment. Instead, on a broad front, drastic treatment with high doses of sex hormones and breast and genital surgery is introduced. This despite the lack of any scientific evidence for these treatments for children, and probably not for young adults either[8].

In the fall of 2019, there was a **65% decline in the number of referrals to gender clinics** in Sweden. This corresponded with experts calling on the government to review clinical protocols and more balanced media coverage of the phenomenon of regret among gender transitioners, including the airing of a documentary entitled "Trans Train"[9].

Canadians need to start asking the same questions as Sweden!

These children and young people are not getting a simple tattoo. They are lining up to endure extreme body modification surgeries, the like of which have previously not been allowed for minors with healthy bodies, based on a false perception of self, fueled by social media and activists. Parents have a right to accurate research and responsibility to protect their children from harm.

Bill C-6 Promotes Unscientific Falsehood and Discrimination Against Sexual Minorities

The second paragraph of the Preamble of Bill C-6 refers to "the myth that a person's sexual orientation and gender identity can and ought to be changed", thereby implying that sexual orientation does not change. Several large-scale longitudinal studies on the stability of same-sex attractions have now been completed, and they unequivocally demonstrate that **same-sex and other-sex attractions *do* change over time in some individuals.**[10]

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[5] Robbins and Tuttle (2018).
[6] Ibid
[7] The College of Physician and Surgeons has recognized such risks and even suspended the license of a doctor found to be incompetent for failing to appropriately address the physical and psychological risks in transgender care. See https://www.cpso.on.ca/DoctorDetails/James-Scott-Bradley-Martin/0024498-29320
[8] Roman, S., (2020)
[9] The Swedish U-Turn on Gender Transitioning for Children (Nov. 2020)
[10]Savin-Williams, R.C., Joyner, K., & Rieger,G., (2012); Ott, M.Q., (2011);
Dickson, N., et al., (2013); Mock, S.E., & Eibach, R.P. (2012) See also Kinnish, Strassberg & Turner (2005)

For example, one study of over 20,000 US youth found that, of the youth (ages 18-24) who chose a non-heterosexual sexual orientation descriptor, "43% of the men and 50% of the women chose a different sexual orientation category six years later," as did 3% of heterosexual men and 11% of heterosexual women.[11] Although the *degree* of sexual orientation change seems difficult to reliably estimate, the *occurrence* of change in sexual orientation is indisputable.[12]

As the American Psychological Association's own *Handbook of Sexuality and Psychology* explains, "Research on sexual minorities has long documented that many people recall having undergone notable shifts in their patterns of sexual attractions, behaviors, or [orientation] identities over time."[13]

Furthermore, the Preamble to **Bill C-6 misrepresents and marginalizes those sexual minorities who experience their sexuality as chosen, nonexclusive, or variable.**[14] A 2010 study of 662 US adults who self-reported as homosexual or bisexual found that more than 10% of gay men, 30% of lesbians, and about 60% of bisexual men and women reported having at least some degree of choice in their sexual orientation.[15]

These results are similar to those found in previous studies.[16] In order both to avoid spreading unscientific falsehood and to avoid discrimination against and even the very denial of the existence of the sexual minority Canadians who experience their sexual orientation as partially or wholly chosen, the second paragraph of the Preamble should be removed, or at the very least modified to remove the words "can and".

Bill C-6 Ignores the Scientific Research on Sexual Orientation Change Efforts

It has already been shown that a person's sexual orientation can change, because many people's sexual orientations *do* change during the course of their lives. Furthermore, since some people report at least some degree of choice with regard to their sexual orientation, by definition some people are able to change their own same-sex thoughts, attractions, behaviours, orientation and identity, of their own volition.

Since Bill C-6 targets therapists (and others) who purport to offer some kind of practice, treatment, or service designed to change a person's sexual orientation, it must be asked:

1. Whether sexual orientation can be changed by any such practice, treatment, or service. That is, can a therapist (or equivalent), by working with a person (client) who wants to change their sexual orientation, help that person change their sexual orientation of their own volition?

[11] Diamond, L.M., &. Rosky, C.J. (2016).
[12] See Diamond and Rosky, 369.
[13] Diamond, L.M. (2014)
[14] Diamond and Rosky, (2016)
[15] Gregory M. Herek et al., (2010)
[16] Diamond and Rosky, (2016)

2. If so, can this be done in a way that is not otherwise harmful to the individual seeking to change their own sexual orientation?[17]

If the answer to the first question is in the negative, the therapist is guilty of false advertising. If the answer to the second question is in the negative, then the therapist is, at the very least, offering dangerous services that should be carefully regulated, and is likely already prohibited by their association.

But, if the answer to both questions is in the affirmative, then Bill C-6 **must be rewritten** in such a way as to protect this practice rather than prohibit it.

It is indeed possible for therapeutic change efforts to alter clients' sexual orientation. For example, in one retrospective study of 882 people, of the subgroup of 318 people who reported having been exclusively homosexual in sexual orientation before undergoing sexual orientation change therapy, 45.4% reported being more homosexual than heterosexual (11.1%), almost entirely heterosexual (16.7%), or exclusively heterosexual (17.6%) after having done so.[18] The study's authors report that 7.1% of the study's participants had "deteriorated in some ways, at least, during their participation" in sexual orientation change therapy,[19] which also means that ***92.9% did not so deteriorate***. Indeed, most reported statistically and clinically significant psychological and/or interpersonal functioning improvements.[20]

A separate study by scholars hostile to sexual orientation change therapy, who had originally planned to study the damage caused by such therapy, found that participants in therapy intending to alter their sexual orientation have reported numerous positive side effects, including:

- increased relief resulting from self-disclosure,
- increased hope and insights,
- effective coping strategies,
- improvements in self-esteem,
- increased sense of belonging,
- improvements in relationships,
- and increased spiritual and religious feelings.[21]

A third study of 117 homosexual men who voluntarily underwent sexual orientation change therapy found that 100% of the men reported increases in self-esteem and 99.1% in social functioning, while 92.3% reported decreases in depression, 72.6% in self-harmful behaviour,

[17] It is important to note that *any* type of psychological treatment can result in unwanted outcomes, including the potential for perceived harm, complete failure, and possible relapse. See also Lambert M.J., & Ogles, B.M. (2004)
[18] Nicolosi, J., Byrd, A.D,. & Potts, R. W. (2000).
[19] Nicolosi, Byrd, and Potts, 1081.
[20] Nicolosi, Byrd, and Potts, 1079–80.
[21] Shidlo, A., & Schroeder, M., (2002). As the authors note (p. 251), their research project was originally titled, "Homophobic Therapies: Documenting the Damage", but their discovery that some of their research participants reported positive effects from sexual orientation change therapy caused them to alter both the title and the scope of their research. Another study has found that that both sexual orientation change therapy proponent and opponent participants described positive experiences from sexual orientation change therapy. See Beckstead, A. L. & Morrow, S.L., (2004).

58.9% in suicidal ideation and attempts, and 35.9% in alcohol and substance abuse.[22] Subjects in this study, on average, reported statistically significant decreases in homosexual feelings and behaviour and a corresponding statistically significant increase in heterosexual feelings.[23]

Clearly, sexual orientation change therapy should not simply be discarded. Instead, additional research should be carried out on its effectiveness in order to clinically determine who is most and least likely to benefit from it, who is most likely to be harmed, what training and other qualifications providers of this therapy should have, etc. As such, Bill C-6 should be explicitly amended in order to prohibit *only* coercive, non-consensual sexual orientation change efforts.

Not only would Bill C-6 criminalize gay-affirmative psychotherapists and discriminate against LGBT couples seeking to reduce or change sexual or gender behaviours that risk their health[24] [25] [26] [27] [28]marriage, or happiness, another unaddressed concern is that of therapies and support for individuals who have labeled themselves 'virtuous pedophiles'[29].

Of offending pedophiles, a disproportionate percentage is classified as homosexual in some studies[30]. Male victims account for a larger proportion of children sexually assaulted by a pedophile and are more likely than female children to have been victimized by someone in a position of authority (14% versus 7%).[31]

Virtuous pedophiles?

In August, 2014, Luke Malone[32] wrote an article featuring, Adam who a is 16 year old, who had formed his own group for teenage pedophiles committed to not abusing children. It's a story about a group of young pedophiles who've come together to ***prevent themselves from offending and from using child pornography.*** The article considered the apparently radical idea of treating potential sex offenders before they hurt people—treating pedophilia as both a public and mental health crisis[33].

Bill C-6 will effectively criminalize such support groups and the therapists or caregivers that are able to help reduce, repress or even change pedophilic thoughts, attractions, and behaviours.

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[22] Karten,E.Y.
[23] Karten, 143–44.
[24] Nyamathi, A., Reback, D.J., Shoptaw, S., Salem, B.E., Zhang, S. & Yadav, K. (2017)Shoptaw S., Reback C.J., Peck J.A., et al. (2004)
[25] Shoptaw S., Reback C.J., Peck J.A., et al. (2004)
[26] Shoptaw, S., Reback, C.J., Peck, J.A., Yan, X., Rotheram-Fuller, E., Larkins, S., Veniegas, R.C., Freese, T.E., & Hucks- ,Ortiz, C. (2005)
[27] Shoptaw, S., Reback, C.J., Larkins, S., Wang, P., Rotheram-Fuller, E., Dang, J., & Yang, X. (2008).
[28]Reback, C. J., & Shoptaw, S. (2014)
[29] Sexology Today: (2019)
[30] Freund, Heasman, Racansky, & Glancy, 1984); (Freund & Watson, 1992)
[31] Rotenberg, C. & Cotter, A., (2017).
[32] Malone, L. (2014).
[33] Sicha, C., 2014.

Concluding Remarks

You may be wondering why I stand here as a retired Canadian mental health professional providing research in apparent opposition to Bill C-6 and the plethora of information you have no doubt been inundated with, in support of this bill.

I am deeply concerned about the effect of this bill on the freedom of parents to be able to lovingly guide their child in the area of sexuality; on the freedom of clergy to speak freely to their congregations about sexuality and of God's plan for humanity; on the freedom of therapists to work in the best interest of their clients; and on the freedom for academics to provide accurate research in the area of LGBTQ without being silenced by universities and their academic associations.

The punishment is high for challenging psychological associations on the efficacy of change allowing conversations:

- expulsion from academic life,
- intimidation,
- loss of employment,
- and verbal debasement and harassment,

But the price must be paid if we are to succeed in the fight for the freedom for parents to raise their children as they see fit, and for adults to be able to choose the kind of health care they desire, in accordance with their own values and desires.

Sincerely

Ann

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