Ban on Conversion Therapy

Bill C-6

Brief

Conversion Therapy and the Rights of Children

by

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Introduction

The definition of "conversion therapy", as it is currently expressed in Bill C-6, would amend the Criminal Code of Canada, s. **320.101** by adding the words:

> . . . means 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.[1]

In the Preamble to the Bill, "conversion therapy" is described as a practice that "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".[2] Sexual orientation is now well-protected under Canadian law, including the Canadian Charter of Rights and Freedoms. The idea that someone's attraction to persons of the same sex "can and ought to be changed" would now be considered wrong by most people.

But the same cannot be said of "gender identity". It is very unclear as to what this actually means, whether gender identity is fixed or immutable, and whether there is any justification for believing that "conversion therapy" poses any threat to persons who identify themselves as "transgender" or some other gender identity. The Legislative Summary of Bill C-6 provides some information on conversion therapy, but the research all relates to sexual orientation. The sources cited do not give any independent material on conversion therapy in relation to gender identity.[3]

This Brief raises concerns that the application of "conversion therapy" to gender identity or expression is not based on any real understanding of what this means or what its affects might be, in particular on children. It is the author's belief that there is a very substantial likelihood of serious harm being done to children and young adults who have, or claim to have, gender identity issues. The current practice of affirming children's perceived gender identity is often too quick at directing many children towards pharmaceutical, medical and surgical interventions before a full understanding of what the issues are has been ascertained, or before a child has sufficient maturity to understand the long-term implications of "transitioning", even where consent from the child has been obtained. Individuals genuinely trying to assist children and young adults through a more cautious approach may find themselves subject to criminal penalties, thus making it even more difficult for people to seek the help they need. Finally, there appears to be evidence that gender transitioning, especially among children under the age of 18, is itself a form of conversion therapy turning children and young adults from being same-sex attracted into persons taking on the characteristics of the opposite sex, thus rendering them "heterosexual".

It is the author's view that all references to "gender" be removed from this Bill until there is a much greater understanding of issues surrounding "gender identity", "gender expression" and "gender transition" in relation to conversion therapy.

Sexual Orientation

The Canadian Supreme Court has established very clearly that "sexual orientation" is an analogous ground under S.15 of the Canadian Charter of Rights and Freedoms. This has been accepted in subsequent cases and in human rights legislation across the country.

> While I ordinarily have reservations about concessions of constitutional issues, I have no difficulty accepting the appellants' contention that whether or not sexual orientation is based on biological or physiological factors, which may be a matter of some controversy, it is a deeply personal characteristic that is either unchangeable or changeable only at unacceptable personal costs, and so falls within the ambit of s. 15 protection as being analogous to the enumerated grounds.[4]

"Sexual orientation" is not defined in Bill C-6. nor in other human rights legislation in Canada. Nevertheless, definitions of sexual orientation frequently reiterate that it is "immutable", or "changeable only at unacceptable personal costs" which "conversion therapy" from gay to heterosexual must necessarily require. Sexual orientation, whether heterosexual, homosexual (gay or lesbian) or bisexual, is a complex aspect of human sexuality and diversity which is now widely accepted in Canadian society. Although the prevalence of conversion therapy in relation to anyone other than a small minority of gay men does not appear to be widespread, attempting to alter someone's sexuality in the form of "conversion therapy" should probably be illegal.[5]

Protecting lesbian, gay and bi-sexual children and young adults from conversion therapy should be of concern to legislators. The "best interests of the child . . . shall be a primary consideration in all actions concerning children".[6] The concept of the "best interests of the child" is central to laws relating to children in Canada.[7] This includes protection of their mental and physical wellbeing, access to health care, education and freedom from exploitation.

Gender Identity

Bill C-6 also includes gender identity from transgender to "cisgender", exploration of gender identity, and gender transition as potential objects of a ban on conversion therapy. None of these terms relating to "gender" is defined in this Bill. "Gender identity or expression" were included as prohibited grounds in both the Canadian Human Rights Act, ss.2 and 3, and under the provisions prohibiting "hate speech" in the Canadian Criminal Code.[8] But again, no further definition of what is meant by "gender identity" or "gender expression" is provided.

The Ontario Human Rights Commission's "Policy on Preventing Discrimination and Harassment because of Gender Identity and Gender Expression" (2014) does provide some useful attempts at a definition:

> **Gender identity** is each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their birth-assigned sex. Gender identity is fundamentally different from a person's sexual orientation.
>
> **Gender expression** is how a person publicly presents their gender. This can include behaviour and outward appearance such as dress, hair, make-up, body language and voice. A person's chosen name and pronoun are also common ways of expressing gender.

> **Trans** or **transgender** is an umbrella term referring to people with diverse gender identities and expressions that differ from stereotypical gender norms. It includes but is not limited to people who identify as transgender, trans woman (male-to-female), trans man (female-to-male), transsexual, cross-dresser, gender non-conforming, gender variant or gender queer.[9]

As the OHRC clearly states, "[g]ender identity is fundamentally different from a person's sexual orientation" whether heterosexual, homosexual, or bisexual. Sexual orientation, although it may manifest in various ways or have various causes, is relatively straightforward compared to gender identity or expression. Sexual orientation is clearly connected to biological sex. Same-sex attraction or opposite-sex attraction both refer specifically to two biological sexes – male and female. It does not depend on any physical change, or medical, psychiatric, or surgical intervention. Any such intervention would probably amount to "conversion therapy" in some form.

The definitions of gender identity and gender expression in the OHRC Policy guidelines do not explicitly say anything about physical or medical intervention. But, if one's gender identity does not conform to "birth-assigned sex", this does frequently lead to medical treatments such as puberty blockers (in children), hormone therapies, and sometimes cosmetic surgeries such as radical mastectomies, genital removal and/or reconstruction, hysterectomy, breast augmentation, reconstruction of facial features or other bodily manifestations of sexual identity. Even without such physical interventions, gender identity can cause considerable distress in the form of "gender dysphoria" where someone feels they were "born in the wrong body".

The following is a description of the experience of a person who transitioned as an adult from female to male:

> I wasn't "born in the wrong body." I was born female. But I didn't like it. So I changed my appearance, at significant monetary, psychological, and physical cost, with plastic surgery and hormones. My sex never changed, though. Only my appearance changed.
>
> Anyone going through this is in store for a brutal process. Yet we now have thousands of naïve parents walking their children into gender-treatment centers, often based on Internet-peddled narratives that present the transition experience through a gauzy rainbow lens. Many transition therapies are still in an experimental phase—as you will learn if you become sick during or after these treatments.
>
> During my own transition, I had seven surgeries. I also had a massive pulmonary embolism, a helicopter life-flight ride, an emergency ambulance ride, a stress-induced heart attack, sepsis, a 17-month recurring infection due to using the wrong skin during a (failed) phalloplasty, 16 rounds of antibiotics, three weeks of daily IV antibiotics, the loss of all my hair, (only partially successful) arm reconstructive surgery, permanent lung and heart damage, a cut bladder, insomnia-induced hallucinations—oh and frequent loss of consciousness due to pain from the hair on the inside of my urethra. All this led to a form of PTSD that made me a prisoner in my apartment for a year. Between me and my insurance company, medical expenses exceeded $900,000.[10]

The following is about a young girl who is now suing the Tavistock Gender Identity Development Services clinic and the National Health Service in the UK with regards to her own experience of transitioning and her experience of “detransitioning”:

> Keira describes being a tomboy as a child. When asked how strongly she felt the need to change her gender identity, she replied that it gradually built up as she found out more about transitioning online.
>
> Then as she went down the medical route, she said "one step led to another".
>
> She was referred to the Tavistock GIDS clinic at the age of 16. She said after three one-hour-long appointments she was prescribed puberty blockers, which delay the development of signs of puberty, like periods or facial hair.
>
> She felt there wasn't enough investigation or therapy before she reached that stage.
>
> "I should have been challenged on the proposals or the claims that I was making for myself," she said. "And I think that would have made a big difference as well. If I was just challenged on the things I was saying."
>
> . . .
>
> A year after starting the puberty-blockers she said she was prescribed the male hormone testosterone, which developed male characteristics like facial hair and a deep voice. Three years ago, she had an operation to remove her breasts.
>
> "Initially I felt very relieved and happy about things, but I think as the years go on you start to feel less and less enthusiastic or even happy about things.[11]

It is clear from these two descriptions that changing one’s gender is an extremely intrusive series of medical and surgical treatments that, even where the transition is felt to be beneficial overall, will require a lifetime of hormone treatments, follow-up medical care and the possibility of permanent damage. In the case of the young woman involved in a lawsuit against the Tavistock GIDS clinic who has since tried to “detransition”, or reverse the process of gender transitioning, it is clear that many of the affects of even short-term use of puberty blockers and hormone treatments can cause permanent physical changes. A radical mastectomy is not reversible. If people decide they do not wish to change genders, even after having begun pharmaceutical, medical, and surgical procedures, how can it be said that gender identities are fixed or immutable?

Problems with Definitions of Gender Identity and Expression

The definitions of gender identity or gender expression pose two significant problems. First, what is the difference between gender and biological sex? Does one depend on the other? Sexual orientation, whether heterosexual, homosexual or bi-sexual clearly relies on the existence of biological sex (with the exception of a tiny minority of people, known as “intersex”, who are born with chromosomal anomalies rendering their sexual development unclear) which is binary. Credible research which claims to refute the fundamental importance of biological sex as binary relies almost exclusively on studies into “intersex” conditions, which have no relation to “gender” or “transgender”. According to the Canadian Institutes of Health Research:

'Sex' and 'gender' are often used interchangeably, despite having different meanings:

Sex refers to a set of biological attributes in humans and animals. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy. Sex is usually categorized as female or male but there is variation in the biological attributes that comprise sex and how those attributes are expressed. [intersexual characteristics]

Gender refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Gender identity is not confined to a binary (girl/woman, boy/man) nor is it static; it exists along a continuum and can change over time. There is considerable diversity in how individuals and groups understand, experience and express gender through the roles they take on, the expectations placed on them, relations with others and the complex ways that gender is institutionalized in society.[12]

Sexual orientation seems to have some innate, genetic, epigenetic or other deeply-rooted cause. But, what is gender identity? Is it innate? And if so, on what basis can that be demonstrated? How can an "internal and individual experience of gender" be quantified or defined in any meaningful way that can be objectively assessed? What does a ". . . sense of being a woman, a man, both, neither, or anywhere along the gender spectrum" actually mean? And what is the "gender spectrum"? The necessity for radical medical and surgical treatment to make some people who are uncomfortable with the gender norms usually attached to their biological sex would indicate that gender is not innate. It is indeed a matter of social or psychological construction which is neither fixed nor immutable. The experience of gender varies widely and can change over time, both socially and in individuals. The resort to medical or surgical intervention is designed to make the sexed body conform as much as possible to an idea of gender, which is entirely subjective.

The second problem is that gender "identity" seems to be legally distinct from gender "expression", as in the Canadian Human Rights Act s.2 "gender identity or expression". Can "gender identity" exist without any form of objective "expression"? It would seem so, as the use of the disjunctive word "or" generally means in legal terms that the two ideas need to be treated as separate alternatives, whereas the word "and" means both must apply. Gender identity appears to be an entirely subjective condition separate from gender expression. Therefore "gender expression" can be interpreted as separate from identity, meaning "how a person publicly presents their gender . . . [and] . . . can include behaviour and outward appearance such as dress, hair, make-up, body language and voice. A person's chosen name and pronoun are also common ways of expressing gender".[13] But these forms of expression need not have any connection to any identity, fixed or passing. This would seem to mean that "gender identity" depends entirely on the word of the person making a statement about their gender, and that gender expression may not be a trustworthy guide to identity.

There is no mention of gender reassignment medical or surgical treatment in the Canadian Human Rights Act, merely a sense of self-determined identity or the public presentation of one's gender through dress, cosmetics, voice, names and pronouns, etc. How is it possible to determine if such public displays of gender presentation actually conform to gender identity of any kind, let alone any identity that might or might not be ". . . different from their birth-assigned sex". This becomes particularly

problematic in children whose ideas about gender presentation or “expression” may have nothing to do with their biological sex or “gender identity”, whatever that might mean.

Conversion Therapy as Applied to Children

The application of “gender” to a ban on conversion therapy in relation to children creates some profoundly serious problems. In Bill C-6 anyone “. . . who knowingly causes a person to undergo conversion therapy against the person’s will” could be found guilty of either an indictable or a summary conviction. This reference is to adults. Anyone “. . . who knowingly causes a person who is under the age of 18 years to undergo conversion therapy is” liable to be charged and convicted of either an indictable or a summary conviction. For children “under the age of 18 years” the words “against the person’s will” are omitted, indicating that the ban on conversion therapy for children does not rely on their knowledge or consent.[14] In addition, it will be an offence to take a minor out of the country for conversion therapy, amending s. **273.3(1)(c)** of the Criminal Code.[15]

Many children who request, demand or are encouraged to believe that transitioning from one gender to another will help them with problems of identity both before, and especially during and after puberty, are said to be "coming out" as transgender and should be allowed to go through a process of transitioning from male to female or, more commonly, female to male as a means of curing problems of depression, including suicidal thoughts, and to help them live their real authentic lives. However, not enough research exists to demonstrate whether this is true or not. Identity issues in children and adolescents are not uncommon. The reasons can include autism, histories of sexual abuse, underlying mental health issues, or even seeing "trans" as trendy and cool, especially on social media, leading to peer group acceptance. For some girls it may also be a reaction to hyper-sexualized gender norms of femininity that they are uncomfortable with. Puberty is a difficult process for children, especially for girls.[16]

A major factor also appears to be homophobia, both societal and internalized, as a driver of the demand for gender reassignment in both children and young adults.

> While being gay or lesbian often raises questions about upbringing and pushes blame buttons for parents, being born into the ‘wrong body’ is a blame-free fluke of nature, so perhaps it’s easier that way for parents?
>
> I was one of those children who ‘felt like a boy’, preferred boys clothes, loved football and my racing bike. It was distressing to find myself attracted to girls and if I’d been born 40 years later than I was, I may well have labelled myself as trans and gone down the route of changing my gender. This is also true of most gay, lesbian and bisexual friends, colleagues and clients I’ve talked to over the years. Perhaps we were fortunate to have been children in an era before the polarisation of gender became a global industry. We are all now ordinary, and some quite extraordinary middle-aged people who are comfortable in our identities, and proud of ourselves for surviving the painful process to get there. It’s worth remembering that a number of recent research studies have concluded that most children who are gender non-conforming grow up to be happy gay men and lesbians.[17]

A very recent phenomenon that should be causing a lot of concern is "Rapid Onset Gender Dysphoria" where children, especially girls, who have displayed no symptoms of gender dysphoria suddenly start

expressing the view that they are not girls, but boys, or some other gender identity such as non-binary or gender fluid. The numbers of transgender children seeking treatment, over 90% of whom are now girls, has literally skyrocketed in the last few years. In Sweden there was reported to be "a 1,500% rise between 2008 and 2018 in gender dysphoria diagnoses among 13- to 17-year-olds born as girls."[18] The increase seems to be a global phenomenon according to statistics collected in the UK.[19] A study done in 2015 in both Amsterdam and Toronto found similar evidence of both a rapid increase in numbers and a change from male to female persons seeking treatment.[20] The reasons are unclear why this is happening, and why it is mainly effecting girls.[21] In this study, Dr. Lisa Littman found that:

> [t]he AYA [adolescent and young adult] children described were predominantly natal female (82.8%) with a mean age of 16.4 years at the time of survey completion and a mean age of 15.2 when they announced a transgender-identification. Per parent report, 41% of the AYAs had expressed a non-heterosexual sexual orientation before identifying as transgender. Many (62.5%) of the AYAs had reportedly been diagnosed with at least one mental health disorder or neurodevelopmental disability prior to the onset of their gender dysphoria (range of the number of pre-existing diagnoses 0–7). In 36.8% of the friendship groups described, parent participants indicated that the majority of the members became transgender-identified. Parents reported subjective declines in their AYAs' mental health (47.2%) and in parent-child relationships (57.3%) since the AYA "came out" and that AYAs expressed a range of behaviors that included: expressing distrust of non-transgender people (22.7%); stopping spending time with non-transgender friends (25.0%); trying to isolate themselves from their families (49.4%), and only trusting information about gender dysphoria from transgender sources (46.6%). Most (86.7%) of the parents reported that, along with the sudden or rapid onset of gender dysphoria, their child either had an increase in their social media/internet use, belonged to a friend group in which one or multiple friends became transgender-identified during a similar timeframe, or both.[22]

Experimentation with gender can be very positive, challenging stereotypes and allowing children and young adults to freely explore who they are. The problem arises when this experimentation gets translated into affirmation of a psychological state that will likely not be permanent, and physical interference with bodies that are otherwise healthy. Instead of seeking to understand why anyone would feel why they were "born in the wrong body", people, especially children and young people, are being referred to medical services designed to alter the body to fit the mental state, rather than the other way around. In some cases, gender transitioning through pharmaceutical or surgical means might be justified. I have no quarrel with any adult who chooses this path for themselves. But transitioning children and adolescents is quite another thing. Most children will grow out of this feeling of gender incongruence. The figures on "desistance" as it is called are difficult to measure, but somewhere from 65% to perhaps as high as 90% of children will grow out of their feelings of gender dysphoria by the time they reach adulthood. And, as noted above, many will prove to be gay, lesbian or bi-sexual. The feelings about gender identity are much more likely to be about sexual orientation than they are about gender.[23]

One study that generated a lot of interest and publicity in 2019 claimed that transition surgeries did provide long-lasting relief for children who felt they were "born in the wrong" body.[24] The American Journal of Psychiatry, that originally published this study, had to publish a major correction to it as "the results demonstrated no advantage of surgery in relation to subsequent mood or anxiety disorder - related health care visits or prescriptions or hospitalizations following suicide attempts in that

comparison". in fact gender transitioning had no effect on depression, mental health issues or suicidal thoughts. The retraction received much less publicity.[25]

Medical Treatment for Gender Dysphoria in Children

Meanwhile, legislation is being passed and policies devised very broadly to allow for children to be put on puberty blockers, hormone treatments and, as they get older, cosmetic surgeries. The long-term affects of these treatments are only now being given much attention some of which are permanent. Even with the best results, gender transitioning requires a lifetime of medication and possibly further corrective surgeries, as well as evidence of long-term health concerns relating to infertility, lack of sexual function, cardiovascular health, bone fragility, and other mental and physical health problems. Even puberty blockers, widely described as completely reversible and safe, are now being questioned. Hormone therapies have long been known to have serious irreversible side effects. The National Health Service in the UK has now significantly altered their former position that puberty blockers and hormone treatments for children are safe:

> Little is known about the long-term side effects of hormone or puberty blockers in children with gender dysphoria. Although the Gender Identity Development Service (GIDS) advises this is a physically reversible treatment if stopped, it is not known what the psychological effects may be. It's also not known whether hormone blockers affect the development of the teenage brain or children's bones. Side effects may also include hot flushes, fatigue, and mood alterations.
>
> From the age of 16, teenagers who've been on hormone blockers for at least 12 months may be given cross-sex hormones, also known as gender-affirming hormones. These hormones cause some irreversible changes, such as:
>
> - breast development (caused by taking oestrogen)
> - breaking or deepening of the voice (caused by taking testosterone)
> - Long-term cross-sex hormone treatment may cause temporary or even permanent infertility.
>
> . . .
>
> The NHS in England is currently reviewing the evidence on the use of cross-sex hormones by the Gender Identity Development Service.[26]

I am mostly concerned with children here, but conversion therapy and the banning of such therapies also can also affect adults. For example, children and adolescents who change their minds as they mature into adults may wish to "desist" transitioning or even "detransition", as in the case of Keira Bell cited above. A ban on conversion therapies for adults under Bill C-6 as it presently stands would not appear to make this illegal, but it might put a significant chilling effect on medical professionals asked to help young adults. For children who change their minds before reaching the age of 18 a ban on conversion therapy may well result in either desistance or detransitioning being labelled as conversion therapy, and therefore illegal. Under our current medical consent rules In Canada for children:

> . . . the patient need not reach the age of majority to give consent to treatment. In all Canadian provinces and territories the determining factor in a child's ability to provide or refuse consent is whether the young person's physical, mental, and emotional development allows for a full

> appreciation of the nature and consequences of the proposed treatment or lack of treatment — whether or not the patient has attained the age of majority.[27]

This broad view of consent by children includes gender transitioning. Children do not need either parental consent or even knowledge. Detransitioning or desistance should also be seen as medical treatment to which children may consent. It is odd that the offense of conversion therapy against children does not mention consent or knowledge by the child. Does this mean that either desistance or detransitioning would be illegal as conversion therapy even with the child's consent? Conversion therapy would seem to include detransitioning and desistance as altering "gender identity to cisgender" (presumably this means "trans" gender identity to cisgender, although the language is not clear), "cisgender" being the gender that corresponds with a child's birth sex. For adults this is not criminal unless it is done "against their will". But for children the requirement of consent or "will" is not mentioned in the Bill. Therefore, anyone offering "a practice, treatment or service designed to change a person's . . . gender identity to cisgender", where that person is under the age of 18, even with their knowledge and consent, could be liable to criminal penalties of up to five years imprisonment. This would include any person taking a minor out of Canada for medical treatment leading to desistance or detransitioning treatment in another country. In addition, anyone who "knowingly advertises an offer to provide conversion therapy" or "who receives a financial or other material benefit, knowing that it is obtained or derived directly or indirectly from the provision of conversion therapy" to either adults or children, are liable to conviction for a criminal offense with a possible prison sentence.

Even more disturbing, given that a majority of children and young adults who seek gender reassignment or transitioning will likely grow up to be gay, lesbian or bi-sexual is that, without the passage of this Bill, altering a child's gender is itself, in most cases, a form of homophobic conversion therapy **even with the child's consent**. It would appear that gender transitioning is actually **right now** the most prevalent form of conversion therapy for sexual orientation in children, and that the chief purpose of this Bill is to correct any possible legal problems associated with this. Bill C-6, if passed, would have the effect of making conversion therapy illegal with the exception of "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".

Conclusion

In conclusion, this Bill would appear to be fatally flawed in that it includes gender identity, expression, transgender and "cisgender" which are not clearly defined and for which no research on conversion therapy from a gender different from "sex assigned at birth" has been done. It extends legislative policy to make conversion therapy illegal for gay, lesbian and bi-sexual people to a group with no clear connection to sexual orientation at all. The impact on children will likely be profound. The damage done to young bodies is probably irreversible. If this is Bill is passed as it stands, it could well cause serious damage to anyone seeking to help children or even adults in making decisions based on a full analysis of what their problems might be. It could lead to criminal convictions for individuals whose only goal is to help people navigate these very unclear and difficult waters. It might also lead to multiple civil lawsuits or even a Charter challenge. The inclusion of children in this Bill appears to be contrary to the protection of the rights of children under international law (see above).

I would recommend that the references to gender identity, "cisgender" and gender transition; or "exploration of . . . [gender] identity or to its development" be removed from Bill C-6 altogether. At the very least these reference to persons under the age of 18 years should not be included.

[1] Bill C-6 "An Act to amend the Criminal Code (conversion therapy)", Second Session, Forty-third Parliament, 69 Elizabeth II, 2020, HOUSE OF COMMONS OF CANADA at https://parl.ca/DocumentViewer/en/43-2/bill/C-6/first-reading.
[2] Ibid.
[3] Phillips, K. and Walker, J. **Legislative Summary of Bill C-6: An Act to amend the Criminal Code (conversion therapy)** at https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/LegislativeSummaries/432C6E#txt10, and sources cited.
[4] **Egan *v.* Canada** (per Justice LaForest for the majority) at [1995] 2 S.C.R. 513, 528. See https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/1265/ind According to the 2011–2012 *Sex Now Survey*, approximately 3.5% of the 8,388 sexual minority42 men surveyed had been exposed to conversion therapy in Canada.ex.do.
[5] Above, note 3 where the authors note state "According to the 2011–2012 *Sex Now Survey*, approximately 3.5% of the 8,388 sexual minority men surveyed had been exposed to conversion therapy in Canada". Of this small number, only "7.9% had been exposed in the previous 12 months". This does **not** suggest that conversion therapy is a serious contemporary problem even for gay men. There is no indication of any independent research done on lesbians, bi-sexuals or transgender individuals in this Summary.
[6] Article 3(1) of the ***United Nations Convention on the Rights of the Child*** at https://www.ohchr.org/en/professionalinterest/pages/crc.aspx. Canada ratified the Convention on 12 December 1991.
[7] See Noël, JF **The Convention on the Rights of the Child at** https://www.justice.gc.ca/eng/rp-pr/fl-lf/divorce/crc-crde/conv2a.html#ftnref1 for the status of the Convention in Canadian law. Canadian Bar Association **Best Interests of the Child: A Three-Fold Concept** at https://www.cba.org/Publications-Resources/Practice-Tools/Child-Rights-Toolkit/theChild/Best-Interests-of-the-Child#:~:text=Article%203(1)%20of%20the,shall%20be%20a%20primary%20consideration.%E2%80%9D.
[8] Statutes of Canada, Ch.13, 2017 "An Act to amend the Canadian Human Rights Act and the Criminal Code" at https://parl.ca/DocumentViewer/en/42-1/bill/C-16/royal-assent.
[9] Ontario Human Rights Commission, http://www.ohrc.on.ca/en/policy-preventing-discrimination-because-gender-identity-and-gender-expression#:~:text=Under%20the%20Ontario%20Human%20Rights,unions%2C%20trade%20or%20professional%20associations.
[10] Newgent, S. **Forget What Gender Activists Tell You. Here's What Medical Transition Looks Like** (6 October 2020) ***Quillette*** at https://quillette.com/2020/10/06/forget-what-gender-activists-tell-you-heres-what-medical-transition-looks-like/.
[11] Holt, A. **NHS gender clinic 'should have challenged me more' over transition** (1 March 2020) **BBC News** at https://www.bbc.com/news/health-51676020. The case involving this young woman and another person is still pending judgement as of the date of this Brief.
[12] Canadian Institutes of Health, **What is Gender? What is Sex?** https://cihr-irsc.gc.ca/e/48642.html. See also Conger, K. **Of mice, men and women: Making research more inclusive (Spring, 2017) *Stanford Medicine*** at https://stanmed.stanford.edu/2017spring/how-sex-and-gender-which-are-not-the-same-thing-influence-our-health.html#; World Health Organization **Gender and Genetics** at https://www.who.int/genomics/gender/en/;
[13] Above, note 9.
[14] Above, note 1.
[15] Ibid.
[16] Parents of Rapid Onset Gender Dysphoria, **Gender Dysphoria** at https://www.parentsofrogdkids.com/other-causes-for-gender-dysphoria?fbclid=IwAR1uWcxLJXChWRxR1U3t5i6uR5r74GKaaR5FNeqv3AC4M7rBk3Ugo_mOQq0. See also Schrier, A. **Irreversible Damage: The Transgender Craze Seducing Our Daughters** (Regnery Publishing, Washington, D.C., 2020).
[17] Patterson, T. **Unconscious Homophobia and the Rise of the Transgender Movement** (2018) Vol.24, No. 1 ***Psychodynamic Practice***, 56 at p.59.

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