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CONVERSION THERAPY IN CANADA:

A Guide for Legislative Action

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TREVOR

Written Endorsements

Conversion therapy is akin to torture. While serving as Special Advisor to the Prime Minister on LGBTQ2 Issues, survivors and activists shared with me their traumatic experiences as well as their mental and physical pain. I was shocked by the scope and scale of conversion therapy in our country. We must end these heinous and harmful practices in Canada.

All orders of government need to listen to survivors and experts. LGBTQ2 children, adults and seniors deserve protection from people who would seek to change them. We must empower LGBTQ2 Canadians to state clearly and emphatically, "Do not try to change me. I am perfect as I am."

The full weight of federal, provincial, municipal and indigenous laws must be put in place to protect our community. Now is the time for allies – and for champions. Use this Guide. Activate and agitate. Demand change. Across this land. Together we can end cycles of harm, fear, and shame and embrace diversity.

Randy Boissonnault,
Former Member of Parliament and Special Advisor to the Prime Minister of Canada on LGBTQ2 Issues

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.

Fred Phelps, MSW, RSW, CAE, Executive Director,
Canadian Association of Social Workers

CUPE LGBTQ2+ activists and allies have fought homophobic and transphobic discrimination, harassment and violence at work and in the community. We support survivors of conversion practices and call on governments and employers to step up efforts to end these violent acts. With members in municipal, health care, social services and other sectors where survivors work and receive services, CUPE adds its voice to this important campaign.

Mark Hancock,
CUPE National President

The Canadian Psychological Association endorses this national guide and opposes any therapy with the goal of repairing, changing, supressing, 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.

Dr. K.R. Cohen, Chief Executive Officer, Canadian Psychological Association

UFCW Canada opposes conversion therapy. Any effort to change a person's sexual orientation or gender identity is contrary to Canadian values upheld by the Canadian Charter of Rights and Freedoms and human rights legislation. We stand in solidarity with conversion therapy survivors, whose stories delineate the irreparable harms that arise from so called "change efforts" in society. We wholeheartedly endorse this publication as we continue to advocate with organizations working to end conversion therapy in Canada.

Paul Meinema, National President,
UFCW Canada

Written Endorsements *cont'd*

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. This national guide is a tremendous resource to support legislators and policy makers in taking action to create safer, more respectful and inclusive communities that fully welcome, affirm, and celebrate all LGBTQ2 people.

CTF/FCE

Shelley L. Morse,
CTF/FCE President

Conversion therapy is a human rights abuse, plain and simple. It violates the right to physical and mental integrity. In some instances, people are deprived of their liberty in order to be subjected to anti-scientific "treatment" for a supposed "problem" manufactured from ignorance. It can never be acceptable in a free and democratic society that people be subjected to cruel, inhuman and degrading measures, resulting in lasting harm, in order to satisfy someone else's religious or cultural beliefs deeming them sinful, deviant or defective. What is particularly odious is the notion that such hate and abuse could be allowed to masquerade as therapy. Lawmakers have the power to curtail and combat such abuse. With that power comes the responsibility to use it.

HIV LEGAL NETWORK | RÉSEAU JURIDIQUE VIH

Richard Elliott, Executive Director,
HIV Legal Network

The United Church of Canada highly recommends the use of this informative, well researched, and thorough guide, to educate and assist people of faith to take action as they seek to affirm the value and dignity of all God's children. The voices of LGBTQ2+ people impacted by conversion therapy, and the section on how to respond to common arguments against conversion therapy bans, will both inspire and resource individuals and faith communities in speaking out against this spiritually, physically, and mentally harmful practice.

The United Church of Canada

Rev. Michael Blair, Executive Minister,
Church in Mission, The United Church of Canada

PSAC continues to fight for the rights of the LGBTQ2+ communities. We are vehemently opposed to any form of violence, harassment or discrimination in the workplace and continue to provide support mechanisms and resources to our LGBTQ2+ members and allies. Conversion therapy is the damaging practice of denying LGBTQ2+ identity and dignity and trying to coerce people to change their identity. It hurts children, adults and tears families apart. PSAC supports the creation of this guide to support legislators and policy makers in ensuring all levels of government put an end to conversion therapy.

PSAC AFPC
Public Service Alliance of Canada
Alliance de la Fonction publique du Canada

Chris Aylward, National President,
Public Service Alliance of Canada

This excellent resource provides comprehensive information and a roadmap for action to ban conversion therapy in Canada. Canada's unions are committed to working with our 2SLGBTQI allies to work toward ending this devastating and damaging practice.

CANADIAN LABOUR CONGRESS
CONGRÈS DU TRAVAIL DU CANADA

Larry Rousseau, Executive Vice-President,
Canadian Labour Congress

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.

LGBT Purge Fund | Le Fonds Purge LGBT

Michelle Douglas, Executive Director,
The LGBT Purge Fund

Written Endorsements *cont'd*

We strongly encourage everyone to read this important guide, which details the history, research, and damage caused by so-called "conversion therapies" and the impact and devastation these abusive practices have caused to so many individuals, families, and to our society.

It is very important that all professional orders and associations reflect on whether they have issued directives and provided education and training to their members to prevent these unethical and abusive practices from continuing to occur.

The Foundation Émergence offers its full support for this reference guide and encourages all levels of government to take concrete action to end conversion therapy in Canada, Quebec, and around the world.

The issue of suicide among LGBTQi2 + people has preoccupied us since the very beginning of the Foundation Émergence, more than 20 years ago. In the actions that we carry out with the general public in order to fight against homophobia, biphobia, and transphobia, we act for the emergence of a world that is inclusive of sexual and gender diversity. The criminalization of conversion therapy is a clear message, but more needs to be done to educate, inform, and raise awareness of the realities of people who undergo conversion therapy and who recognize themselves in the plurality of sexual and gender diversity.

So, all together, let's talk loud and clear about the harms and abuses that conversion therapy has inflicted on our community. Let us use this excellent guide to raise awareness among elected officials at all levels so that they are inspired to take action to ban these unscientific and abusive therapies in all of their forms.

fondation émergence

Patrick Desmarais, President,
Emergence Foundation
International Day against Homophobia
and Transphobia (# may17mai)

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.

Egale

Helen Kennedy,
Executive Director, Egale Canada

For LGBTQ2+ people in Canada to confront today's economic challenges, they need good jobs with rising incomes. Unfortunately, stigma, stereotypes, bias and discrimination against LGBTQ2+ people still pervade hiring processes across our country. This keeps many of us out of the workforce and in poverty. Despite significant progress, LGBTQ2+ communities continue to experience high rates of depression, anxiety, substance use, self-harm, and suicidality, which can further exacerbate difficulties achieving and maintaining meaningful employment. When jurisdictions recognize how reprehensible practices like "conversion therapy" contribute to these barriers, they unlock the incredible potential of Canada's LGBTQ2+ communities and encourage our full and equal participation in the economy. Pride at Work Canada/Fierté au travail Canada is pleased to support the recommendations in this guide and looks forward to the important legislative work it provokes.

PRIDE AT WORK CANADA / FIERTÉ AU TRAVAIL CANADA

Colin Druhan, Executive Director,
Pride at Work Canada/Fierté au travail Canada

Rainbow Railroad's mission is to help LGBTQI people flee to safe havens, often as a matter of life or death. We often hear harrowing stories from around the world of overt violence towards people just because they are LGBTQI – whether the perpetrators are governments, police forces, or other state actors. Although the tactics persecutors use are diverse, the end goal is always the same – to erase LGBTQI people and reject their existence. And that's precisely the aim of conversion therapy, a form of persecution that is equally as harmful as one that is overtly violent. Rainbow Railroad fully endorses the findings of this report, and proudly joins No Conversion Canada in their call to implement national legislation that bans once and for all the destructive practice of conversion therapy. The bottom line is that Canada cannot fully advocate for human rights for LGBTQI people abroad while people are still being subjected to conversion therapy here at home.

RAINBOW RAILROAD

Kimahli Powell, L.L.D (Hons),
Executive Director,
Rainbow Railroad |Rainbow Railroad USA

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I DON'T WANT HEALING ANYMORE, NOT FROM WHO I AM, I JUST WANT HEALING FROM THE SCARS OF TRYING TO CHANGE.

Jonathan Brower, theatre artist and conversion therapy survivor, from his play 'oblivion.'

Conversion Therapy in Canada: A Guide for Legislative Action

The development of this guide has been supported by leading experts, academics, persons with lived experience, and faith and community leaders to assist legislators and policy makers in better understanding their roles and responsibilities in taking action to protect LGBTQ2[1] people from "conversion therapy" within their local communities.

This revised guide builds upon an earlier publication[2] and provides updates on new research, lived experiences of survivors, and recent legislative and policy developments, including the introduction of federal legislation to criminalize conversion therapy.

"What is 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[3]. 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)[4]. 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 licenced 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[5]. As recently as 2012, some psychotherapists in Quebec were charging as much as $12,000 for conversion therapies[6].

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[7]. 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.

"I first met my ex-gay mentor through a friend at church; he introduced me to ex-gay literature and the reparative therapy paradigm, which stated the reason I was gay was because my parents weren't good enough. After years of extreme self-controlling behaviour to stifle my sexuality reinforced by my faith community, I broke down and considered suicide. Years later, I still feel it's after effect in my romantic and social relationships."

Harper (they/them) from British Columbia, Conversion Therapy Survivor

[1] *This guide, in keeping with language used by the Canadian federal government, uses LGBTQ2 (lesbian, gay, bisexual, transgender, queer, and two-spirit) as an initialism to represent the diverse spectrum of sexual and gender diverse identities who are impacted by conversion therapy efforts. Sexual and gender minorities is also a synonymous and frequently used term, especially within academic contexts. Where research studies use different language such as LGBT or LGBTQ to define the populations included in their work, this guide uses that same language.*

[2] *Wells, K. (2019). Conversion therapy in Canada: The roles and responsibilities of municipalities. MacEwan University.*

[3] *Drescher, J., et al. (2016). The growing regulation of conversion therapy. Journal of Medical Regulation, 102(12), 7-12.*

[4] *Bothe, J. (2020). It's torture, not therapy. A global overview of conversion therapy: Practices, perpetrators, and the role of states. International Rehabilitation Council for Torture Victims.* www.irct.org

[5] *Independent Forensic Expert Group. (2020). Statement on conversion therapy. Journal of Forensic and Legal Medicine.* https://doi.org/10.1016/j.jflm.2020.101930

[6] *Saulnier, A., Gadbois, J., & Tremblay, L. (2018). Healing homosexuality: Sexual reorientation practices in Quebec. Alliance Arc-en-ciel.*

[7] *See the ILGA World Map for a map of sexual orientation laws around the world and the Trans Legal Mapping Report.* https://ilga.org/maps-sexual-orientation-laws

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 supress 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[8] 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[9].

In 2013, the American Psychiatric Association (APA) issued a position statement, which reaffirmed earlier scientific findings and stated, no trustworthy "research evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation needs to be changed" (p. 1)[10]. The APA also states that ethical practitioners respect all individuals with diverse gender identities and expressions and encourages psychotherapies that affirm individuals sexual orientation and gender identities[11]. Likewise, opposing gender affirmative care and treatment is tantamount to a form of conversion therapy, which operates under the misguided belief that gender nonconformity is a pathological disorder needing to be cured[12].

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 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[13]. At last count, over 60+ professional health organizations/associations have also denounced conversion therapy as a deceptive, dangerous, and harmful practice[14]. A list of significant position statements can be found in the appendix of this guide.

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.

A recent statement from the Independent Forensic Group identifies how "many conversion therapy practices bear similarity to acts that are internationally acknowledged to constitute torture or other cruel, inhuman, or degrading treatment or punishment[15]."

[8] See the open letter in support of conversion therapy prohibition legislation in Canada, which has been signed by over one hundred academics and public policy experts. https://www.noconversioncanada.com/legislation-support

[9] A comprehensive overview of the efficacy of conversion therapy, including a review of 47 peer reviewed studies, see Corne For ll University's public policy research portal: https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-whether-conversion-therapy-can-alter-sexual-orientation-without-causing-harm/

Also see: Flentje, A., Heck, N. C., & Cochran, B. N. (2014). Experiences of ex-ex-gay individuals in sexual reorientation therapy: Reasons for seeking treatment, perceived helpfulness and harmfulness of treatment, and post-treatment identification. Journal of Homosexuality, 61(9), 1242-1268. https://doi.org/10.1080/00918369.2014.926763

[10] Scasta, D., & Bialer, P. (2013). American Psychiatric Association Position Statement on Issues Related to Homosexuality. https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy

[11] American Psychiatric Association Position Statement on Conversion Therapy and LGBTQ Patients. (2018).

[12] Ashley, F. (2019). Homophobia, conversion therapy, and care models for trans youth: Defending the gender-affirmative approach. Journal of LGBT Youth. https://doi.org/10.1080/19361653.2019.1665610

[13] For a current listing of organizational positions on conversion therapy, see: https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy

[14] Services prohibited do not include services that provide acceptance, affirmation, support, or understanding of a person or the facilitation of a person's coping, social support of identity exploration or development, or any services related to gender affirmation surgeries or treatments.

[15] Independent Forensic Expert Group. (2020). Statement on conversion therapy. Journal of Forensic and Legal Medicine. https://doi.org/10.1016/j.jflm.2020.101930

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[16, 17].

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[18]. Despite these occurrences, legislation prohibiting conversion therapy has taken a patchwork approach, with more recent attention thanks to mainstream Hollywood films such as "Boy Erased[19]," "The Miseducation of Cameron Post[20]," and recent documentaries such as "Pray Away[21]" and "Thy Will Be Done[22]," which aired on CTV's W5 investigative news program in January 2020. 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[23]. The recent and growing movement against conversion therapy has largely been led by the voices of brave survivors[24] and affiliated advocacy groups such as Born Perfect, The Trevor Project, No Conversion Canada, and the Community-Based Research Centre.

According to new preliminary research from the Community-Based Research Centre, an estimated 8% (or 47,000) of GBT2Q men, who participated in the Sex Now survey, have experienced conversion therapy in Canada[26]. This is considerably higher than previous research data, which estimated that 20,000 sexual minority men had been exposed to sexual orientation change efforts[27]. Similar research conducted as part of the 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[28]. 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[29].

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.

A recent 2019 opinion poll highlights how a majority of Canadians (3 in 5) oppose conversion therapy. Less than 25% of Canadians believe that you can actively convert an LGBTQ2 person to become heterosexual through psychological or spiritual intervention. Support in prohibiting conversion therapy across Canada was highest amongst women (62%) and those ages 18 to 31 (64%)[25].

[16] Streed Jr., C. G., Anderson, S., Babits, C., & Ferguson, M. A. (2019). Changing medical practice, not patients – Putting an end to conversion therapy. The New England Journal of Medicine, 381(6), 500-502. https://www.nejm.org/doi/10.1056/NEJMp1903161

[17] Practices of so-called "conversion therapy": Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. (2020). United Nations General Assembly. 44th Session of the Human Rights Council. https://www.ohchr.org/EN/Issues/SexualOrientationGender/Pages/ReportOnConversiontherapy.aspx

[18] At its peak, Exodus International supported over 400 ministries in 17 countries and, in 2013, formally ceased operations in North America soon after then President Allan Chambers renounced conversion therapy and apologized for the "pain and hurt" Exodus had caused. At last count, 9 former ex-gay leaders have denounced conversion therapy as ineffective and harmful. See: https://www.theatlantic.com/politics/archive/2015/10/the-man-who-dismantled-the-ex-gay-ministry/408970/

[19] Edgerton, J. (2018). Boy Erased [Film]. Focus Features.

[20] Akhavan, D. (2018). The Miseducation of Cameron Post [Film]. Film Rise.

[21] Stolakis, K. (2020). Pray Away [Film]. Multitude Films.

[22] O'Keefe, K. (2020). Thy Will Be Done [Documentary]. W5: CTV. https://www.ctvnews.ca/w5/how-religious-organizations-use-conversion-therapy-to-try-to-make-lgbtq-people-straight-1.4791880

[23] Gajdics, P. (2017). The Inheritance of Shame: A Memoir. Brown Paper Press.

[24] Ending conversion therapy in Canada: Survivors, community leaders, researchers, and allies address the current and future states of sexual orientation and gender identity and expression change efforts. (2020). Vancouver, Canada. http://www.cgshe.ca/sogiece/

[25] This survey was conducted from July 15 to 17, 2019 by Research co. To view the full data set, see: https://researchco.ca/2019/07/26/wrapped-in-sorrow-words-are-token/

[26] This research is based on preliminary findings from data collected as part of the 2019-20 Sex Now survey. See: Community-Based Research Centre. (2020). Sex Now Survey results reveal prevalence of change efforts. https://www.cbrc.net/sex_now_survey_results_reveal_prevalence_of_change_efforts

[27] Data in this research was collected and analyzed from the 2011-12 Sex Now survey. See: Salway, T., Ferlatte, O., Gesink, D., & Lachowsky, N. J. (2020). Prevalence of exposure to sexual orientation change efforts and associated sociodemographic characteristics and psychosocial health outcomes among Canadian sexual minority men. The Canadian Journal of Psychiatry, 1-8. https://doi.org/10.1177/0706743720902629

[28] The Trans PULSE Canada Team. (2019). Quick Stat #1 – Conversion Therapy. https://transpulsecanada.ca/results/quickstat-1-conversion-therapy/

[29] "Gender critical" is a term often associated with trans exclusionary radical feminists who seek to delegitimate the existence of trans people. For more on anti-trans discourses and conversion therapy, see Ashley, F. (2018). There is no evidence that rapid onset gender dysphoria exists. PsychCentral. https://psychcentral.com/lib/there-is-no-evidence-that-rapid-onset-gender-dysphoria-exists/

Research on Conversion Therapy

This section provides a brief overview of significant and newly published research studies on conversion therapy.

Conversion Therapy and LGBT Youth

The Williams Institute[30], which is a public policy research institute based at the UCLA School of Law, estimates that:

- 698,000 LGBT adults (ages 18-59) in the United States have received conversion therapy, including about 350,000 LGBT adults who endured treatment as adolescents.
- 20,000 LGBT youth (ages 13-17) will receive conversion therapy from a licensed health care professional before they reach the age of 18 in the 41 states[31] that currently do not prohibit the practice.
- 6,000 LGBT youth (ages 13-17) who live in states that prohibit conversion therapy would have received such therapy from a licenced health care professional before the age of 18 if their state had not taken action to restrict the practice.
- 57,000 youth (ages 13-17) across all states will receive conversion therapy from religious or spiritual advisors before the age of 18.

The Williams Institute highlights how conversion therapy "is practiced by some licensed professionals in the context of providing health care and by some clergy or other spiritual advisors in the context of religious practice" (p. 1). Conversion therapy practices most commonly include talk therapy and sometimes involve "aversion treatments, such as inducing nausea, vomiting, or paralysis; providing electro shocks; or having the individual snap an elastic band around their wrist when the individual became aroused to same sex erotic images or thoughts" (p. 1).

Cornell University

As part of the Centre for the Study of Inequality, Cornell University researchers identified 47 peer-reviewed studies examining whether conversion therapy can alter sexual orientation without causing harm. After reviewing the available research, they conclude "there is no credible evidence that sexual orientation can be changed through therapeutic intervention. Most accounts of such change are akin to instances of 'faith healing.' There is also powerful evidence that trying to change a person's sexual orientation can be extremely harmful. Taken together, the overwhelming consensus among psychologists and psychiatrists who have studied conversion therapy or treated patients who are struggling with their sexual orientation is that therapeutic intervention cannot change sexual orientation[32]."

[30] *Mallory, C., Brown, T., & Conron, K. J. (2018). Conversion therapy and LGBT Youth. Los Angeles, CA: Williams Institute.* https://williamsinstitute.law.ucla.edu/publications/conversion-therapy-and-lgbt-youth/

[31] *At the time of publication of the William's Institute's report, only 9 states had enacted specific legislation prohibiting conversion therapy.*

[32] *For further information see Cornell University's Public Policy Research Portal:* https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-whether-conversion-therapy-can-alter-sexual-orientation-without-causing-harm/

National LGBT Survey: Summary Report (UK)

This UK Government sponsored survey involved over 108,000 validated responses, making this the largest national survey to date of LGBT people in the world[33]. The report found that 5% of LGBT respondents had been offered conversion therapy services, while 2% had actually undergone it. Survey participants reported conversion therapy was provided by:

- Faith-based organizations (51%)
- Health care professionals (19%)
- Parent/Guardian (16%)
- Persons from my community (9%)

"At sixteen, my parents paid to send me to a Christian counsellor in the basement of the Baptist Church. The therapist said, 'This is a choice Mitchell, this is something you are choosing to do.' She said, 'This isn't natural. This is so sinful.' She told me to put my gay feelings in a box and ask God to pray the box closed. She said, 'Live a straight life. Find an acceptable woman who will satisfy you.' I refused to keep going back to her. I told my parents I was cured. That's when we started to distance ourselves and things got colder between us. Thirteen years later, we're still working to thaw and heal our relationship."

Mitchell from New Brunswick, Conversion Therapy Survivor

Family Acceptance Project: San Francisco State University

This academic study[34], published in 2018, included 245 LGBT White and Latino young adults (ages 21-25) from California who had been subjected to parent-initiated sexual orientation change efforts during adolescence. The study investigated the impacts of these change efforts in relation to mental health and adjustment in young adulthood.

Rates of attempted suicide by LGBT young people whose parents tried to change their sexual orientation were more than double (48%) the rate of LGBT young adults who reported no conversion experiences (22%). Suicide attempts nearly tripled for LGBT young people who reported both home-based efforts to change their sexual orientation by parents and intervention efforts by therapists and religious leaders (63%).

High levels of depression more than doubled (33%) for LGBT young people whose parents tried to change their sexual orientation compared with those who reported no conversion experiences (16%), and more than tripled (52%) for LGBT young people who reported both home-based efforts to change their sexual orientation by parents and external sexual orientation change efforts by therapists and religious leaders.

Sexual orientation change experiences during adolescence by both parents/caregivers, and externally by therapists and religious leaders, were associated with lower young adult socioeconomic status, less educational attainment, and lower weekly income.

LGBT adolescents who came from highly religious families, and from families with lower socioeconomic status, were the most likely to experience both home-based and external conversion therapy attempts. Gender nonconforming youth, and youth from immigrant families, were more likely to experience external conversion efforts that were frequently initiated by their parents and caregivers.

This is the first published research study to examine young adults' retrospective reports of parent-initiated efforts to change their sexual orientation during adolescence, and the associations between these experiences and young adult mental health and adjustment.

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[33] *Government Equalities Office. (2018). LGBT action plan: Improving the lives of lesbian, gay, bisexual and transgender people. London: Author.* https://www.gov.uk/government/publications/lgbt-action-plan-2018-improving-the-lives-of-lesbian-gay-bisexual-and-transgender-people

[34] *Ryan, C., Toomey, R. B., Diaz, R. M., & Russell, S. T. (2018). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment. Journal of Homosexuality.* https://doi.org/10.1080/00918369.2018.1538407

The Trevor Project – National Survey on LGBTQ Youth Mental Health

This study published in 2019 represents the largest cross-sectional survey on LGBTQ youth in the United States and included 34,808 youth respondents, ages 13 to 24, from all 50 states[35]. After eligibility requirements were conducted, 25,896 qualified responses were included in the final analyses. In relation to conversion therapy, results indicated:

- Approximately, two-thirds (67%) of youth respondents reported that someone had tried to convince them to change their sexual orientation or gender identity.
- Those youth who reported attempts to change their sexual orientation or gender identity were more likely to attempt suicide than youth who reported no change attempts (23% v. 8%).
- When asked directly if they had undergone conversion therapy, 5% indicated they had[36].
- Of those youth who had undergone conversion therapy, 42% had reported a suicide attempt.
- 57% of transgender and non-binary youth who had undergone conversion therapy reported a suicide attempt in the last year.
- 71% of youth reported experiencing discrimination due to either their sexual orientation or gender identity.

Conversion Therapy Efforts and Suicidality Among LGBTQ Youth

This research engaged in statistical analysis of a 2018 online survey conducted by the Trevor Project, which included 34,808 young people from the United States between the ages of 13-24[37]. Research findings highlight a significant association between exposure to sexual orientation and gender identity change efforts (SOGICE) and suicidality among young people. The research found LGBTQ youth who underwent SOGICE were more than 2 times as likely to report having attempted suicide in the past year and were more than 3 times as likely to report multiple suicide attempts.

The strongest predictors for suicide and SOGICE included younger age, parents or caregivers using religion to say negative things about being LGBTQ, self-identification as transgender or nonbinary, and youth who experienced discrimination, physical threats, or harm because of their sexual orientation or gender identity.

The authors conclude "young LGBTQ individuals reporting suicidality after having undergone SOGICE represent an extremely vulnerable population that would benefit from additional protections and support" (p. e4).

Harvard Medical School and The Fenway Institute – Transgender Conversion Therapy

Transgender individuals are those who have a "sex assigned at birth that does not align with their gender identity" (p. e1). Conversion therapy when it is applied to transgender people involves attempts to change a person's gender identity to become cisgender[38]. Similar to attempts to change a person's sexual orientation, conversion therapy that targets transgender individuals is not supported by research and is ineffective, harmful, and unethical. Attempts to change a person's gender identity can have devastating lifelong consequences including compromised mental health, self-harming behaviours, and suicide.

This research study analyzed data gathered as part of the 2015 US Transgender Survey, which included a cross-sectional nonprobability sample of 27,715 transgender adults in the United States[39]. The study found that 13.5% of respondents (n= 3749) reported experiences with conversion therapy. Notably, conversion therapy efforts were found to have taken place in all 50 states.

The authors conclude by stating the number of transgender people exposed to conversion therapy is sizable, and "given this exposure's association with adverse mental health outcomes, the frequency of practice warrants public health attention" (p. e3).

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[35] The Trevor Project. (2019). National survey on LGBTQ youth mental health. https://www.thetrevorproject.org/survey-2019/

[36] For comparison purposes, The Trevor Project survey asked different questions about conversion therapy and change efforts as some youth who have undergone conversion therapy may not use that terminology to name or describe their experience.

[37] Green, A. E., Price-Feeney, M., Dorison, S. H., & Pick, C. J. (2020). Self-reported conversion efforts and suicidality among US LGBTQ youths and young adults, 2018. American Journal of Public Health, e1-e7. Advance online publication. https://ajph.aphapublications.org/doi/10.2105/AJPH.2020.305701

[38] Cisgender is a term for people whose gender identity aligns with or matches the sex that they were assigned at birth.

[39] Turban, J. L., King, D., Reisner, S. L., & Keuroghlian, A. S. (2019). Psychological attempts to change a person's gender identity from transgender to cisgender: Estimated prevalence across the United States, 2015. American Journal of Public Health, 0, e1-e3. https://doi.org/10.2105/AJPH.2019.305237

Journal of the American Medical Association – Psychiatry

A peer-reviewed article published in 2019 examined recalled exposure to gender identity conversion efforts (GICE), which involved a cross-sectional study that included 27,715 transgender participants with representation from all 50 US states, territories, and overseas military bases[40]. The study found that recalled exposure to GICE was significant among adults with 14% of all transgender survey respondents and 19.6% among those respondents who had directly discussed their gender identity with a professional. The study also found that lifetime and childhood exposure (before the age of 10) are associated with adverse mental health outcomes in adulthood including severe psychological distress, lifetime suicidal ideation, and lifetime suicide attempts. The authors support the position that GICE should be avoided with children and adults.

"I was studying to be a minister at my Church when they found out that I was struggling with my sexuality. For three months, I had to go to a counsellor 4 to 5 times a week and read countless books about how evil it was to be gay. They even put an app on my phone to monitor my activities. Later they put me through many prayers of exorcism to 'deliver' me from my so-called demons. It was endless. I was shunned and ostracized. They constantly told me that I needed to love God more and more and more. It just made me feel helpless and broken. As a result, I ended up getting married to a woman to help cover up my secret identity as a gay man. I figured if I couldn't beat them, I needed to join them to make it stop. I loved her and couldn't keep it up anymore. Eventually, I ended up divorced, with kids. Kids whom I loved deeply and dearly. Now thankfully, after a long journey, I am an openly proud gay man. But the damage has been done, and there have been unspeakable consequences that I will pay for the rest of my life because of conversion therapy."

Shawn from Alberta, Conversion Therapy Survivor

[40] *Turban, J. L., Beckwith, N., Reisner, S. L., & Keuroghlian, A. S. (2020). Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults. JAMA Psychiatry, 77(1).* https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2749479

"Six years of conversion therapy left me shell-shocked, like I'd just escaped a war, a war against my sexuality in which I'd been an active participant. When I left treatment at age 31, I could hardly speak about any of it, let alone comprehend what had happened. My mind was frozen. The treatment left me highly anxious, then depressed, with nightmares and frequent flashbacks to the doctor who administered the treatment on me. To say I felt guilty and experienced increased shame about having gone through this experience is an understatement. In trying to change my sexuality, I had almost killed myself. And in believing that he could change me from a homosexual to a heterosexual, the person who practiced this torture on me, a licensed physician, had almost killed me. I still don't know how I didn't die. Slowly, anger over this injustice replaced the inconsolable grief. Anger can be a great motivator, but anger can be like a flame that burns itself out. I had to learn to forgive and to move on in my life. Forgiveness does not condone the doctor's actions. I forgave myself so that I could move on. So that I could heal."

Peter Gajdics, Conversion Therapy Survivor and Author, "The Inheritance of Shame: A Memoir."

The State of Conversion Therapy Legislation in Canada.

Federal Law

In March 2020, Federal Justice Minister David Lametti and Diversity and Inclusion and Youth Minister Bardish Chagger announced the introduction of *Bill C-8: An Act to amend the Criminal Code (conversion therapy)* for first reading in the House of Commons. Bill C-8 proposes five new *Criminal Code* offences related to conversion therapy, which include:

- causing a minor to undergo conversion therapy;
- removing a minor from Canada to undergo conversion therapy abroad;
- causing a person to undergo conversion therapy against their will;
- profiting from providing conversion therapy;
- advertising an offer to provide conversion therapy.

If found guilty, a person could be liable to imprisonment from two to five years depending on the nature of the indictable offence.

While the introduction of this legislation is laudable, as proposed, it still contains some problematic language, noticeable gaps and absences, and, ultimately, falls short of protecting all Canadians from the harms and dangers of conversion therapy[41]. Major concerns with Bill C-8 include the following:

1. The bill contains a problematic and limited definition of conversion therapy, which fails to include "gender expression", even though this is a ground on which discrimination is prohibited under the *Canadian Human Rights Act*.

2. Any language focused on issues of "consent" and "coercion" is misdirected, as this fails to recognize the antecedent impact of systemic homophobia, biphobia, and transphobia on the lives of LGBTQ2 people. Instead, the legislation should focus on conversion therapy as a harmful, unscientific, and deceptive set of practices. The law should not remove liability of the provider of conversion therapy on the ostensible basis that the recipient consented, when the practice itself is proven to be fraudulent and harmful. This would create a significant loophole limiting the protective effect of the law. The government has an obligation to protect 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.

   The "coercion" that occurs in conversion therapy is also the direct extension of the pre-existing (homo/bi/transphobic) duress that causes an LGBTQ2 person (or their guardians, in the case of minors) to seek out so-called "treatments" in the first place. Finally, by its very definition, conversion therapy is itself an extremely coercive practice, therefore focusing on issues of consent and coercion suggests that there might be some forms of conversion therapy that are not fraudulent or harmful, or that there could be ways to practice conversion therapy in a non-coercive manner, all of which is incorrect and contrary to leading expert opinion.

3. Delineating by age is problematic, since it implies that conversion therapy may be dangerous/harmful to some (minors), but not necessarily to others (adults). "Adults" could also include a person who has just turned or is a few years above legal age. These young adults are extremely vulnerable and are often targeted by conversion therapy practices. Government legislation should cover all ages. The notion that there can be "consenting adults" is misguided. How can any individual actively consent to conversion therapy practices when these are known to be deceptive, coercive, and fraudulent?

4. Even if "informed consent" to conversion therapy was considered a legitimate basis on which to excuse the provider from liability, explicit protections for vulnerable adults who may lack the capacity to consent are absent from the legislation. It is unclear whether a legal guardian or substitute decision maker could provide consent for conversion therapy services.

5. As introduced, Bill C-8 does not explicitly restrict or prevent referrals to conversion therapy services or programs. This prohibition should be included under a clearer definition of "advertising an offer to provide conversion therapy services."

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[41] See the open letter on Bill C-8 from the Centre for Gender & Sexual Health Equity, which calls for more robust government legislation to protect trans and non-binary Canadians from all forms of conversion therapy. Detailed examples designed to improve Bill C-8 are included in the Appendix listed on the website. http://cgshe.ca/open-letter-bill-c-8-excludes-conversion-therapy-practices-that-target-trans-people/

[42] There are numerous examples of government interventions designed to protect citizens from harm, including the control and regulation of pharmaceutical and other drugs, approval of medical devices, food and agriculture safety, and countless other consumer protection measures. Provincial and territorial governments also frequently set standards for health care and establish regulations and standards of practice for medical and other professionals. The point here is that governments frequently place limits on what types of health care interventions can be provided and restrictions on conversion therapy would be no different because of the pressing public interest and consumer protection concerns, including the protection of the vulnerable from harm and abuse. Accordingly, there is no unconstrained right to demand a service, treatment, or intervention simply because a person wants to receive it.

6. The legislation must explicitly apply to both licenced and unregulated professionals and any person, group, or organization who offers or provides conversion therapy. There should be no exemptions allowed based on religious grounds, cultural norms, or other beliefs. These are not legitimate grounds on which to allow the application of deceptive, coercive, fraudulent, and harmful practices with impunity.

7. Concerns have also been raised about how this legislation may inadvertently affect or restrict access to gender-affirming services and treatments for trans and gender diverse people. Unfortunately, some individuals still utilize conversion therapy practices to discourage, impede, or prevent gender transition supports and services.

8. Any federal legislation should also revoke the charitable status, if held, of any organization that promotes, advertises, or practices any form of conversion therapy.

In August 2020, Parliament was prorogued, which stopped all committee work and any future consideration of pending government legislation, which included Bill C-8. Upon the re-sumption of Parliament, Minister Lametti re-introduced identical conversion therapy prohibition legislation, which is now known as Bill C-6. It is anticipated the Bill will be sent to the Justice Committee for public deliberation and consideration of any potential amendments. Any new federal legislation must be fully comprehensive, created with meaningful consultation and input from survivors, and include critical protections for all persons, regardless of their age, identity, or capacity[43].

Provincial/Territorial Laws

At the provincial and territorial level, only the provinces of Ontario, Nova Scotia, and Prince Edward Island have specific legislation in place. These provincial laws focus on protecting minors from conversion therapy practices performed by regulated health professionals. New Brunswick, Quebec, and Yukon Territory have recently introduced similar draft legislation to prohibit conversion therapy within their jurisdictions. British Columbia, Alberta, Saskatchewan, Manitoba[44], Newfoundland and Labrador, Nunavut and the Northwest Territories are all without any form of legislation, thereby leaving their citizens vulnerable and without formal protections or remedies[45].

In most cases, provincial legislative approaches have focused on prohibiting conversion therapy among regulated health professionals, restricting funding/billing codes and insurable services, and only extend limited protections to minors (i.e., those under the age of majority). These limitations allow conversion therapy practices to continue to target adults, including vulnerable young adults. Similarly, it means that such practices often occur with impunity in unregulated professions and within community or faith-based networks or contexts.

Municipal Bylaws

Surprisingly, some of the most comprehensive approaches against conversion therapy have come at the municipal level, with prohibition bylaws in several cities and counties across Canada. In 2018, the City of Vancouver was the first municipality in Canada to pass legislation prohibiting conversion therapy as part of licenced business practices. In 2019, the County of Strathcona ("Sherwood Park") became the second municipality in Canada and first in Alberta to pass a prohibition bylaw. It also instituted a governance policy restricting the use of county grants, funding, facilities, donations, or other contributions to organizations that currently practice or promote conversion therapy. Despite continued inaction and indifference from the Government of Alberta, the province has become an epicentre for conversion therapy legislation at the municipal level, with Edmonton, St. Albert, the Regional Municipality of Wood Buffalo ("Fort McMurray"), the Town of Rocky Mountain House, Spruce Grove, Calgary, and Lethbridge all having passed prohibition bylaws. The City of Beaumont has introduced a notice of motion to examine options to prohibit conversion therapy and the Town of Strathmore has begun a public engagement process to create a conversion therapy prohibition bylaw.

Elsewhere in Canada, in August 2018, the City of Montreal passed a declaration unanimously condemning conversion therapies and encouraged the Government of Canada to criminalize conversion therapy and for the Government of Quebec to take all necessary measures to end conversion therapy in the province[46]. In January 2020, the city of Saint John, New Brunswick introduced a notice of motion to direct their administration to prepare options for action to address conversion therapy. In April 2020, Saskatoon became the first municipality in Saskatchewan to vote in favour of creating a conversion therapy prohibition bylaw. Clearly, there is growing interest and momentum across Canada in stopping conversion therapy by whatever means are available to end these abusive practices.

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[43] A sample model law has been developed to help guide the development of provincial and federal legislation, which provides extensive definitions and detailed examples of both prohibited and permitted practices. See: https://policyoptions.irpp.org/magazines/july-2019/we-need-clear-laws-against-conversion-therapy/

[44] Although Manitoba has no formal legislation, the Ministry of Health, Seniors and Active Living issued a policy position on conversion therapy, which states "It is the position of the Manitoba government that conversion therapy can have no place in the province's public health-care system. Therefore, Manitoba Health, Seniors and Active Living expects the province's regional health authorities and health profession regulatory colleges to ensure that conversion therapy is not practiced in Manitoba's health-care system."

[45] For an updated listing of conversion therapy prohibition legislation in Canada, see the national map at https://www.noconversioncanada.com/legislation-map

[46] Sucar, D. (2019, August 19). Plante to propose declaration against conversion therapy practices on Monday. Montreal Gazette. https://montrealgazette.com/news/local-news/plante-to-propose-declaration-against-conversion-therapy-practices-on-monday

How can Legislators Take Action Against Conversion Therapy?

The Government of Canada has made a strong and public commitment to take action against conversion therapy. Given these actions, some municipalities and provinces may question whether further local legislation is still necessary or if it would be redundant or merely symbolic in nature.

There are several important reasons why all levels of governments should take action against conversion therapy.

1. Every level of government has an important role to play when it comes to prohibiting conversion therapy as each has different powers and remedies available.

Municipal governments can amend existing or create new bylaws, policies, or ordinances that reflect the values, beliefs, safety, and well-being of their local community. Through such instruments, they can, for example, regulate eligibility for municipal funding, access to space, and license to operate a business.

Provincial and territorial governments can pass legislation to change health regulations to ensure no medical provider, licensed health practitioner, or mental health worker can provide conversion therapy as a regulated health, counselling, or insured service. They can also review billing codes and practices to prevent conversion therapy from being funded as part of public or private health care.

The federal government can make amendments to the criminal law to ensure that anyone who practices or advertises conversion therapy, no matter where it is conducted, will be guilty of committing an offence and liable to a criminal penalty, up to and including imprisonment. The federal government can also restrict public (federal) funding and revoke the charitable status of any organization that practices or promotes conversion therapy.

2. Waiting for federal legislation to be finalized and proclaimed in force can be a multi-year process and leaves residents in your province, city, or community exposed and vulnerable to these dangerous and abusive practices. Also, enforcing criminal charges, as would occur pursuant to the provisions introduced in the Criminal Code by Bill C-6, involves a much higher burden, of proof "beyond a reasonable doubt," than what is required when issuing a ticket for a bylaw infraction. For many vulnerable community members, a local bylaw provides a more direct, accessible, and immediate remedy than criminal charges, which often take years to prosecute.

3. By developing legislation, your municipal or provincial government is being proactive in its beliefs and commitments and can ensure that no financial or other resources are provided to individuals or groups who practice, promote, or support conversion therapy.

4. Last, and perhaps most importantly, legislation at the local or provincial level to prohibit conversion therapy legislation sends a powerful and direct statement about the kind of community you want to create – one that is open, inclusive and welcoming to all. No one should have to change who they are or who they love to find support and acceptance in your community.

Along with these legislative efforts, education is also needed to help the public understand that conversion therapy is still being practiced in many communities, causes great harm to a particularly vulnerable minority, and continues to frequently occur in many faith and cultural communities and families that are not welcoming or accepting of LGBTQ2 people.

House of Commons Standing Committee on Health's Report on the Health of LGBTQ2IAS Communities in Canada

RECOMMENDATION 21:
"That the Government of Canada work with the provinces and territories to eliminate the practice of conversion therapy in Canada and consider making further modifications to the Criminal Code."

Full Report: https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP10574595/hesarp28/hesarp28-e.pdf

Considerations for Municipalities

Dozens of municipalities, counties, states, provinces, and territories across North America have passed bylaws, ordinances, and policies prohibiting conversion therapy within their communities. In the case of municipalities, most provincial or territorial governments[47] allow cities, towns, and counties the flexibility to create their own bylaws relating to:

- respecting the safety, health, and welfare of people;
- protection of people and property;
- people, activities and things in, on or near a public place;
- businesses, business activities, and persons engaged in business; and
- enforcement of bylaws including the creation of municipal offences and also allows for each offence, fines up to a set amount or imprisonment for not more than one year, or both.

Most municipal governments are also allowed to:

- pass bylaws regulating or prohibiting, and providing for a system of licences, permits or approvals including establishing fees for licences, permits and approvals;
- prohibit any activity, industry, business or thing until a licence, permit or approval has been granted;
- impose terms and conditions on any licence, permit, or approval and who may impose them;
- identify the conditions that must be met before a licence, permit or approval is granted or renewed, the nature of the conditions and who may impose them;
- provide for the duration of licences, permits and approvals and their suspension or cancellation for failure to comply with a term or condition or the bylaw or for any other reason specified in the bylaw; and
- provide for an appeal, and the body that is to decide the appeal and related matters.

Municipalities have passed bylaws prohibiting conversion therapy for a variety of reasons, including:

- promoting the physical and psychological well-being, safety, security, dignity, inclusion, and equality of LGBTQ2 persons and all city residents;
- protecting vulnerable citizens of all ages from dangerous, deceptive, and abusive practices;
- restricting and preventing harmful, unscientific, and fraudulent practices from occurring within their community;
- encouraging citizens to report conversion therapy practices if they are occurring within their community; and
- reiterating a city's values and beliefs in creating and supporting a diverse, welcoming, inclusive, safe, and supportive community for all of its citizens.

Municipalities will approach the prohibition of conversion therapy differently, depending on the nature and structure of their bylaws, policies, and ordinances. Some common approaches have included amending current business licensing requirements, land use bylaws, and other consumer protection requirements to restrict conversion therapy.

A more comprehensive, and recommended, approach has been to create a standalone conversion therapy prohibition or business bylaw that restricts advertising and prevents the practice of conversion therapy by all individuals and groups on all persons. In the case of a business bylaw, which in some municipalities may provide exemptions to non-profits and religious organizations, such a bylaw needs to clearly indicate that such exemptions do not apply to conversion therapy as a legitimate or approved business, service, or practice.

Irrespective of the approach taken, it is important that bylaws have "teeth" by including significant penalties and fines[48]. For example, fines provide added strength to a bylaw and can serve as a significant deterrent and powerful tool of enforcement. In addition to bylaws, some municipalities have enacted corporate or governance policies to restrict the use of grants, funding, facilities, or other contributions, financial or otherwise, to organizations that practice or promote conversion therapy.

It is important that bylaws and policies are not only focused on preventing conversion therapy for youth, but also for adults. A recent global survey[49] revealed that 45% of respondents between the ages of 18 and 24 experienced conversion therapy change efforts, with an additional 37% having been under 18 years of age. Prohibitions that only include children leave young adults vulnerable as targets for coercion and abuse, and they are often left without any recourse when they are victimized.

Suggested Conversion Therapy Definition:

"Conversion therapy" means a practice, treatment, or service designed to change, repress, or discourage a person's sexual orientation, gender identity, or gender expression, 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 social, medical, or legal gender transition; or

(b) to a person's non-judgmental exploration and acceptance of their identity or development.

[47] As an example, see the Province of Alberta's Municipal Government Act. http://www.qp.alberta.ca/documents/Acts/m26.pdf

[48] For example, in Alberta, under the Municipal Government Act, the maximum fine that can be levied in a bylaw is $10,000. Most conversion therapy bylaws passed in Alberta have included this maximum fine, which applies to each instance of offering conversion therapy services.

[49] Bishop, A. (2019). Harmful treatment: The global reach of so-called conversion therapy. OutRight Action International. https://outrightinternational.org/reports/global-reach-so-called-conversion-therapy

Common Arguments Against Conversion Therapy Prohibition Laws and Charter Considerations

Those arguing in support of the right to practice conversion therapy, and who are the most vocal against government prohibitions and sanctions, typically rely upon four main arguments.

1. Freedom of Religion

Proponents of this argument believe conversion therapy prohibition laws are a violation of their constitutionally protected religious freedoms enshrined in s. 2(a) of the *Canadian Charter of Rights and Freedoms*.

For individuals to establish that the application of conversion therapy prohibition laws constitutes a breach of their particular right to freedom of religion, they would need to demonstrate to the court that they sincerely believe in the practice of conversion therapy, that the practice has a nexus with their religion and that the laws interfere, in a manner that is more than trivial or insubstantial, with their ability to act in accordance with that practice or belief[50]. Even if particular individuals were able to meet these requirements to establish a conflict with their right to freedom of religion, that right is not absolute. Under s. 1 of the *Charter*, the protection of rights and freedoms is subject to "such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society".

Conversion therapy, at its core, is discriminatory on the basis of sexual orientation, gender identity, or gender expression. It is based on the wrongful assumption that being anything other than heterosexual and cisgender is unnatural, undesirable, and immoral. This is fundamentally inconsistent with the values expressed in s. 15(1) of the *Charter*, which protects the right to equality without discrimination on the basis of sex and the analogous ground of sexual orientation.

Further, medical and health experts concur that conversion therapy practices are illegitimate, unethical, and detrimental to a person's mental health and well-being. This is evidenced by the overwhelming consensus of the scientific research literature and the 60+ professional health, medical, and human rights organizations that have denounced conversion therapy practices. The purpose of conversion therapy prohibition laws is to protect citizens – and particularly members of the LGBTQ2 community – from the demonstrable and significant harms of conversion therapy.

Justification of a law under s. 1 of the *Charter* requires the government must demonstrate that (i) the legislative objective of the law is pressing and substantial, (ii) there is a rational connection between the objective and the law, (iiii) the law impairs the *Charter* right no more than is reasonably necessary to achieve the objective, and (iv) the limitation of the right is proportional to the benefits in terms of the greater public good of achieving the objective[51].

Applying this test to conversion therapy prohibition laws, their objective is to prevent discrimination and significant harm caused by conversion therapy and the prohibitions on conversion therapy are rationally connected to that objective. The laws should extend no more than is reasonably necessary to achieve that objective. Finally, there is proportionality because the restriction on religious freedom is narrow (limited to conversion therapy practices without restricting religious thoughts, teachings, or beliefs about LGBTQ2 people, the right to prayer, or the right to worship) while the benefits to society, and particularly to some of the most vulnerable individuals in our society, are significant.

An example of a limitation on freedom of religion in another context is the decision of the Supreme Court of Canada in *Law Society of British Columbia v. Trinity Western University*[52]. In that case, the law society refused to grant approved status to a proposed law school of an evangelical Christian university because the university required its students and staff to adhere to a covenant that prohibited, among other things, same-sex sexual relationships. The university argued that this refusal interfered with freedom of religion, contrary to s. 2(a) of the *Charter*. The court upheld the decision of the law society on the basis that its objective was to prevent the risk of significant harm to LGBTQ2 people, that the limitation on the *Charter* right of freedom of religion was minor, and that there was no reasonable alternative that would reduce the impact on *Charter* protections while sufficiently furthering the objective.

Similar reasoning would apply to prohibitions on conversion therapy, even if an individual could establish that such prohibitions in some way interfered with their right of freedom of religion.

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[50] *Law Society of British Columbia v. Trinity Western University [2018] 2 SCR 293 at para. 63.*

[51] *R. v. Oakes [1986] 1 SCR 103.*

[52] *Supra, n. 1.*

2. Freedom of Expression

Proponents of this argument believe laws prohibiting them from performing conversion therapy are a violation of their constitutionally protected right of freedom of expression under s. 2(b) of the *Charter*.

Like freedom of religion, the right to freedom of expression is not absolute, and there are many examples of restrictions on freedom of expression, where the objective of the restriction is the prevention of harm to others.

An example of such a limitation is the decision of the Supreme Court of Canada in *Saskatchewan Human Rights Commission v. Whatcott*[53]. That case involved a challenge to a prohibition on hate speech under the Saskatchewan Human Rights Act, in the context of brochures vilifying members of the LGBTQ2 community. The Court found that the prohibition was justified under s. 1 of the *Charter* as (i) the objective of tackling causes of discriminatory activity to reduce the harmful effects and social costs of discrimination, was pressing and substantial, (ii) the prohibition was rationally connected to that objective, (iii) the prohibition in respect of hate speech (but not certain wider prohibitions) minimally impaired the right of freedom of expression, and (iv) "the benefits of the suppression of hate speech and its harmful effects outweigh the detrimental effect of restricting expression which, by its nature, does little to promote the values underlying freedom of expression."

Similar reasoning applies to a prohibition designed to prevent discrimination and significant harm caused by conversion therapy which, by its nature, does little to promote the values underlying freedom of expression.

3. Personal Autonomy

Proponents of this argument believe that prohibitions on conversion therapy interfere with their "right to life, liberty, and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice" under s. 7 of the *Charter*.

The right to life, liberty, and security of the person protects a sphere of personal autonomy involving inherently personal choices that go to the core of what it means to enjoy individual dignity and independence[54]. It also protects individuals from government action that has the likely effect of seriously impairing a person's physical or mental health[55]. To succeed with a claim under s.7 of the *Charter*, an individual must show not only that the law in question interferes with that right, but also that the law does not accord with the principles of fundamental justice – for example, that it is arbitrary (that it bears no connection to the law's purpose), that it is vague or overbroad, or that the seriousness of the deprivation of the right is grossly disproportionate to the objective of the law[56].

If an individual is able to establish that the law interferes with this right and that such interference does not accord with the principles of fundamental justice, the law may nevertheless be upheld if the government establishes that it is a reasonable limit that can demonstrably justified in a free and democratic society under s. 1 of the *Charter*.

The proponents of the argument that prohibitions on conversion therapy are invalid under s. 7 of the *Charter* fall into two categories – those who argue that they have the right to decide to undergo conversion therapy themselves, and those who argue that they have the right to decide that their child should undergo conversion therapy.

Much of the analysis discussed above in the context of freedom of religion and freedom of expression applies equally in the context of personal autonomy – (i) a prohibition on conversion therapy is rationally connected to the objective of preventing discrimination and significant harm caused by conversion therapy, (ii) properly drafted, such prohibitions will not be vague or overly broad, and (iii) the effects of the limitation on personal autonomy are not grossly disproportionate to the benefits of the laws.

An example of a valid limitation on personal autonomy (and freedom of religion) in the context of parental rights is *B.(R.) v. Children's Aid Society of Metropolitan Toronto*[57], where the Supreme Court of Canada decided that the child protection agency could deny parents the "right" to refuse a blood transfusion for their child (based on religious grounds), where that blood transfusion was required to protect the health and safety of the child.

Similar considerations would apply to prohibitions on conversation therapy, with the objective of protecting the health and safety of LGBTQ2 citizens, including LGBTQ2 children and youth, against the imposition of harmful practices in order to satisfy a parent's own personal religious beliefs.

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[53] *[2013] 1 SCR 467.*

[54] *Godbout v. Longueuil (City) [1997 3 SCR 844 at para. 66; Association of Justice Counsel v. Canada (Attorney General) [2017] 2 SCR 456 at para. 49.*

[55] *R. v. Monney [1999] 1 SCR 652, Chaoulli v. Quebec [2005] 1 SCR 791*

[56] *Canada (Attorney General) v. Bedford [2013] 3 SCR 1101*

[57] *[1995] 1 SCR 315*

4. Gender Confusion

This more recent argument is not based on Charter rights, but rather is premised on the unfounded assumption that conversion therapy prohibition laws will prevent medical and health professionals from appropriately treating and supporting children with gender dysphoria or internalized conflicts in a prudent and cautious way. What underlies this concern is an erroneous belief that children are "gender confused" or are too young to know their true selves[58]. Treatment protocols and medical guidelines to support transgender youth have been well established by the World Professional Association of Transgender Health[59] and the American Academy of Pediatrics[60]. Conversion therapy prohibition laws support the core principles of these guidelines, which call for a gender-affirmative approach that involves consent-based treatment and a continuum of medical, psychological, and social support.

The American Academy of Pediatrics endorses the position "there is no scientific evidence that reparative [conversion] therapy helps with gender dysphoria or prevents children from becoming transgender adults. Instead, experts and professional organizations believe that it inflicts lasting damage on children. It harms family relationships and makes children feel ashamed of who they are[61]."

Other arguments have been raised that conversion therapy prohibition laws also prevent what some call "de-transitioning"[62], which occurs in a very small number of individuals who regret their transition experience and wish to return to their gender assigned at birth. Conversion therapy prohibition laws do not prevent or restrict any form of social, legal, or medical transition. Supporting people who "de-transition" is not conversion therapy, because it is not about changing their identity or having a predetermined preference for an end goal, but rather providing support for a person's existing, self-determined identity.

"I don't think we're ever meant to fully RECOVER from something like conversion therapy. It's traumatizing, particularly because it can destroy relationships and also teaches us to undermine ourselves and our feelings. It's discouraging to see LGBTQ+ rights being pitted against religious freedom, but I think that served as a wake-up call for many that we can't go on treating people like this. Seeing people come forward with courage and to tell their stories truthfully has been one of the most healing experiences in my life."

Matthew from British Columbia, Conversion Therapy Survivor

"Life during and after conversion therapy was a horror. I even lived in my car for a couple of days before moving in with my best friend's family to finish graduate school while grappling with PTSD. The fact that I had to pay out of my own pocket to receive necessary mental health care in order work through the trauma that was done to me – the trauma from which my conversion therapist directly profited – is abhorrent. Nobody should have to go through that experience. Today, along with my studies, I am resolute to advocate for LGBTQ2+ people, who are overrepresented as victims of suicide, mental health challenges, poverty, and homelessness. I know many of these experiences first-hand. Stopping conversion therapy is a positive step in the right direction to righting the wrongs of Canada's long anti-LGBTQ2+ legacy. It's time for this abuse to end and to continue working together advocating for more equitable and progressive policy here in Canada."

Victor from New Brunswick, Conversion Therapy Survivor

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[58] Temple Newhook, J., Pyne, J., Winters, K., Feder, S., Holmes, C., Tosh, J., Sinnott, M. L., Jamieson, A., & Pickett, S. (2018). A critical commentary on follow-up studies and "desistance" theories about transgender and gender-nonconforming children. International Journal of Transgenderism, (19)2, 212-224. https://doi.org/10.1080/15532739.2018.1456390

[59] Coleman, E., et al. (2012). Standards of care for the health of transsexual, transgender, and gender non-conforming people (7th Version). World Professional Association for Transgender Health. https://www.wpath.org/publications/soc

[60] Rafferty J, AAP Committee on Psychosocial Aspects of Child and Family Health, AAP Committee on Adolescence, & AAP Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness. (2018). Ensuring comprehensive care and support for transgender and gender diverse children and adolescents. Pediatrics, 142(4). https://pediatrics.aappublications.org/content/pediatrics/142/4/e20182162.full.pdf

[61] Murchison, G. (2016). Supporting and caring for transgender children. Human Rights Campaign Foundation. https://www.aap.org/en-us/Documents/solgbt_resource_transgenderchildren. *pdf at p. 13.*

[62] The language of "desistence" or "de-transitioning" are extremely problematic as they assume a binary view of gender and a "normal" pathway of development, especially in children. What should be central to any gender-affirmative approach is support for open and non-judgmental exploration of a person's gender identity and expression, at any age.

U.S. and International Perspectives

A strong movement against conversion therapy has been gaining traction in the United States, including legislation in 20 states (e.g., California, Washington, New York, Illinois, New Jersey, Utah, and others), with North Carolina becoming one of the most recent and first southern states to institute prohibitions[63]. Likewise, dozens of small and large cities and counties have also taken action by passing local bylaws or ordinances preventing conversion therapy (e.g., New York, Seattle, Denver, Cincinnati, Milwaukee, Philadelphia, Pittsburgh, Palm Beach, Tallahassee, and others) from occurring in their communities. However, it is important to note that virtually all these prohibitions only apply to licensed therapists, focus exclusively on minors, and in some cases allow for religious exemptions, which undermine these important protections and leave LGBTQ2 children and adults vulnerable to abuse. Given the litigious nature of the United States, many of these conversion therapy laws have been tested in courts as a violation of religious freedoms and, to date, all have been upheld[64].

National laws prohibiting conversion therapy have been instituted in several countries around the world including most notably in Brazil, Ecuador, and Malta[65]. In December 2019, the German Cabinet approved a bill to prohibit advertising or offering conversion therapy to minors, vulnerable individuals, and to adults without their consent. Violations could result in imprisonment of up to one year and fines of up to $30,000 Euros. Countries including Mexico, Britain, Ireland, New Zealand, and Australia are also considering legislative options to take action against conversion therapy and its associated practices.

In February 2020, the United Nations Independent Expert on the protection against violence and discrimination based on sexual orientation and gender identity held an expert meeting on the practices of so-called "conversion therapy" at Harvard Law School. This special meeting brought together more than 30 experts, academics, survivors, and participants to discuss the global scope of conversion therapy, its impact on victims and survivors, and measures adopted to prevent, penalize, or prosecute those who perform it, along with remedies provided to victims. A thematic summary report on conversion therapy was presented at the 44th Human Rights Council in June 2020. This report highlighted how "practices of 'conversion therapy', based on the incorrect and harmful notion that sexual and gender diversity are disorders to be corrected, are discriminatory in nature. Furthermore, actions to subject lesbian, gay, bisexual, trans or gender-diverse persons to practices of 'conversion therapy' are by their very nature degrading, inhuman and cruel and create a significant risk of torture" (p. 21)[66]. The report also identified 4 key recommendations, which include:

(1) taking legal or administrative action to prohibit conversion therapy;

(2) banning all advertisement and practices of conversion therapy whether carried out in healthcare, religious, education, community, commercial, or any other settings (including public or private);

(3) establishing a system of sanctions for non-compliance, which include appropriate investigation and prosecution; and

(4) creating monitoring, support and complaint mechanisms so victims have access to all forms of reparations, including legal assistance and access to support and rehabilitation services.

"They made me sign a form to keep my experience confidential. I wasn't allowed to share anything with anyone about what happened. I bought into a lie. If I did speak out, the other camp members would come after me. It all made me feel very depressed and alone. It felt like no one really understood me. They made me feel like my life wasn't even my own."

Matt from Ontario, Conversion Therapy Survivor

[63] An updated map identifying the current status of U.S. conversion therapy laws can be found at https://www.lgbtmap.org/equality-maps/conversion_therapy

[64] Moss, I. (2014). Ending reparative therapy in minors: An appropriate legislative response. Family Court Review, 52(2), 216-329. https://onlinelibrary.wiley.com/doi/abs/10.1111/fcre.12093

[65] Mendos, L. R. (2020). Curbing deception: A world survey on legal regulation of so-called "conversion therapies." ILGA World. https://ilga.org/Conversion-therapy-report-ILGA-World-Curbing-Deception

Also, see the ILGA Toolbox to Combat So-Called "Conversion Therapies" https://ilga.org/downloads/toolbox_combat_conversion_therapies_ILGA_World.pdf

[66] Practices of so-called "conversion therapy": Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. (2020). United Nations General Assembly. 44th Session of the Human Rights Council. https://www.ohchr.org/EN/Issues/SexualOrientationGender/Pages/ReportOnConversiontherapy.aspx

Religious Perspectives

Although many faith-based organizations and religious institutions are often the most ardent defenders and practitioners of conversion therapy, thankfully, there is a growing movement against it, which includes statements and notable pronouncements from the Church of England and the Church of Jesus Christ of Latter-day Saints (LDS), who supported the state of Utah's recent anti-conversion therapy legislation.

In Canada, Generous Space Ministries launched "Pastors Stopping the Harm" to encourage faith leaders to denounce conversion therapy and to provide spaces of inclusive worship, affirmation, and support for LGBTQ2 people. The United Church of Canada also strongly condones the practice of conversion therapy and supports a vibrant and growing network of affirming ministries and congregations[67].

In Calgary, Alberta, 44 clergy members and faith leaders from LGBTQ2 affirming churches, mosques, synagogues, and faith congregations united to support the city's conversion therapy prohibition bylaw and issued an open letter to City Council stating that religion should not be used as a justification for discrimination and how they "unequivocally denounce any form of faith or religion that supports the suppression and oppression of LGBTQ2S+ people from living in the fullness of who they are."

"They tried to change me. They knew I was gay, before I even knew. They kept me behind after school for special lessons in how to act more masculine. They told me I didn't walk with my back straight enough. They said your voice isn't low enough, you're effeminate. They would teach me how to hold my arms up in Church, and if my hands tilted forward too much, they would snap my hands back and say, 'Tom, you're too limp-wristed.' They tried to preach it out of me. They tried to cure me. They tried to turn me into what they wanted me to be. I was so afraid I was going to hell. There is no surviving it, so I finally left."

Thomas Jordan Argue, New Brunswick, Conversion Therapy Survivor

Conversion Therapy in Canada's Schools

As this guide and other research indicates, modern forms of conversion therapy are still occurring in Canada. It is particularly troubling how these practices are frequently being promoted in some catholic and faith-based schools, which often occur under the guise of "pastoral approaches to care." Many of these approaches refuse to allow or place restrictions on gay-straight alliances (GSAs), refer to LGBTQ2 students as "persons with same-sex attractions," suggest that transgender and non-binary youth are being influenced by a so-called "gender ideology," and enact policies that call LGBTQ2 youth to live chaste lives. Referrals to groups like Courage International and Journey Canada are also common.

What is shared with all of these approaches is how they fundamentally disavow LGBTQ2 identity and reassert the belief that LGBTQ2 people are broken, disordered, or damaged. Some schools and programs may use language that appears welcoming (because of human rights legislation and funding requirements), but they are seldom openly accepting and affirming environments. These actions operate on the same premise as conversion therapy, which denies a healthy and happy LGBTQ2 identity and strives to change or suppress a person's sexual orientation, gender identity, or gender expression as though it is something immoral, sinful, or contagious that needs to be managed or contained.

Many schools still operate under these "don't say gay" beliefs, deny the lived realities of transgender and non-binary students, and seek the complete erasure of LGBTQ2 identities, curriculum, and safe spaces under the premise that "all lives matter" and they are required to treat all students the same. These modern conversion therapy practices have the desired effect of rendering LGBTQ2 students silent, invisible, and vulnerable within their school environments.

[67] *The United Church of Canada has excellent resources to support affirming faith leaders and congregations in taking action against conversion therapy. See:* https://www.united-church.ca/social-action/justice-initiatives/conversion-therapy

Concluding Perspective

In this guide we have attempted to provide a brief synopsis of current research and background information regarding the nature, history, and motivations of conversion therapy and its practitioners. We encourage all communities and varying levels of government to take action to end this harmful and unethical practice.

Increasingly, more governments are signaling their support for LGBTQ2 communities by passing non-discrimination laws, strengthening hate crime provisions, and funding LGBTQ2 organizations and cultural events, such as pride festivals. These are all important aspects of allyship and strong visible statements of support. However, allyship is not a one-time act. It is an ongoing process that requires us to look more deeply at our everyday practices and policies to ensure they are as welcoming and affirming as possible. Passing legislation and policies that specifically name and prohibit conversion therapy are more than just mere symbols, ultimately, they are important statements about our values and beliefs and the kinds of communities we wish to build. If a law can prevent one vulnerable youth or adult from experiencing the devastation of conversion therapy, that is one person saved from a potential lifetime of despondency and despair.

In closing, we would also like to emphasize that support for the victims and survivors of conversion therapy are also needed to help them heal from the trauma and suffering they may have experienced. Many victims have been cast out of their homes, families, and communities and may feel extremely isolated and alienated. In some cases, it can take years for survivors to recover from their experiences and to be in a position to speak out publicly and share their stories. With appropriate supports in place, survivors can begin to heal and rebuild their lives, which often requires dedicated professional support.

We dedicate this guide to the tremendous strength, courage, and resilience of the survivors of conversion therapy. We see you. We hear you. We believe you are born perfect and should never be required to change who you are or who you love to find happiness and acceptance in your heart, family, faith, and community.

When asked what he would say to his 16-year-old self who underwent conversion therapy, Jonathan had this message:

"Jonathan, you're trying so hard to be what you think God and everyone else wants you to be. When in reality, the reason God's not answering your prayers for healing is because you already are who he wants you to be. Take a step back. Start loving who you are. Recognize that love isn't something you have to turn off in order to be accepted by God."

Jonathan from BC, Conversion Therapy Survivor

Watch Jonathon's video message at:
www.youtube.com/watch?time_continue=3&v=pF0EBt-e9u0&feature=emb_logo

Resources for Further Inquiry

Affirming Connections
https://affirmingconnections.com

Born Perfect
http://bornperfect.org/

Community Based Research Centre
https://www.cbrc.net

Egale Canada
https://egale.ca

Generous Space Ministries
https://www.generousspace.ca

Human Rights Campaign
https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy

ILGA World
https://ilga.org

No Conversion Canada
https://www.noconversioncanada.com

The Trevor Project
https://www.thetrevorproject.org

YQueerL Caucus
http://yqueerl.ca/portfolio-items/conversion-therapy/

"One of the things that is really weird is their belief in demons. People can have demons inside of them. To get demons out, you need to have a deliverance session.... Of course, homosexuality is a big and dirty demon. I believed it, because that's what is taught publicly at church, explicitly; there's no taboo about it. You'll hear about it every Sunday. Obviously, I made the connection that if homosexuality is a demon, then I have a demon inside of me. I asked for a deliverance session at 12 years old.... You get into a room, you have to fast for three days.... I had three people holding me.... Then I confessed all of my sins. After that, I drank olive oil.... They call it 'anointing oil'.... Demons hate anointing oil.... The prophet laid his hands on me; he started thanking the Lord, and then BANG! 'IN THE NAME OF JESUS, I BANISH YOU! I BANISH YOU! I BANISH YOU!... I felt nothing. I felt no demons. I was just crying, because I really didn't want to be like that. Imagine how brainwashed I was. But that's it, I was crying and crying. And he would say, 'Stop crying! Stop crying! It's the faggot demon that's crying'.... I was being held by two people, while he was screaming in my ears... for thirty minutes."

Anonymous from Quebec, Conversion Therapy Survivor

I was introduced to a pastor who was supposed to “save me”. I received nothing but constant humiliation, demeaning and contradictory injunctions: long prayers, sometimes more than 4 hours, during which I was made to drink disgusting oils, supposedly to purify me. They paraded me before the whole congregation as “possessed” and said they had a duty to “heal me.” The humiliation was followed by required fasting for 40 days. I was only allowed a glass of orange juice and a glass of milk at 6pm. My body did not hold. I ended up in the hospital after 28 days. When the fasting did not work, it was because the “demons” were too strong, they needed bigger means to “cure me”.

I plunged so deep into depression that I could no longer see the light. Death seemed to me the only remedy for my pain. I started to think about how to end it. After several attempts, something did not let me die. I finally received the help I needed. I was supported and I got out of the abuse. However, the victims of conversion therapy were not just me. My whole family has suffered. Family ties were challenged, trust was broken, and we no longer understood each other. For them, I had given my soul away to the devil. For me, they did not value my life.

During all those years of looking for myself, I lost many friends who ended up choosing suicide after or during their ordeals with conversion therapy. Who will restore those stolen lives to us? Who will pay the price? The consequence of conversion therapy is death: Either you commit suicide or let yourself die, or you die inside (which is not better). I survived it, what about the others? What is being done to protect them?

Stéphane from Alberta, Conversion Therapy Survivor

Appendix

Position Statements of Major Medical, Professional, and Human Rights Organizations Against Conversion Therapy

CANADA	POSITION STATEMENT
Canadian Psychological Association	"The Canadian Psychological Association opposes any therapy with the goal of repairing or converting an individual's sexual orientation, regardless of age. Conversion therapy, or reparative therapy, refers to any formal therapeutic attempt to change the sexual orientation of bisexual, gay and lesbian individuals to heterosexual (e.g., Nicolosi, 1991; Socarides & Kaufman, 1994). It can include prayer or religious rites, modification of behaviours, and individual or group counselling (Bright, 2004; Nicolosi, 1991)."
Canadian Psychiatric Association	The CPA opposes the use of reparative or conversion therapy, given that such therapy is based on the assumption that LGBTQ identities indicate a mental disorder and (or) the assumption that the person could and should change their sexual orientation and (or) their gender identity and gender expression.
Canadian Pediatric Society	"Conversion or reparative therapy, where attempts are made to turn gay males or lesbians into heterosexuals, are clearly unethical and should not be provided by physicians, nor should physicians refer patients for such therapy.... Conversion and reparative therapies should not be provided because they do not work, and have the potential to heighten guilt and anxiety."
Canadian Association of Social Workers	The Canadian Association of Social Workers unreservedly endorses and accepts the position of the Canadian Psychological Association and uses the same statements.
Canadian Counselling and Psychotherapy Association	"It is clear that reparative/conversion therapy or any other action or therapy that does not respect the individual rights and autonomy of the individual would be a serious contravention of the CCPA Code of Ethics and Standards of Practice. Any such activities, including those that would intentionally seek to change or direct an individual's sexual orientation or gender identity would be considered misconduct and be actionable by the CCPA Ethics Committee."
Professional Order of Sexologists of Quebec	The Professional Order of Sexologists of Quebec wishes to inform those who wish to obtain such services [as conversion or restorative therapies], for themselves or for their child, that: • the effectiveness of these therapies has not been demonstrated; • harmful psychological effects have been demonstrated on the people who followed them; • that they are banned in several regions of the world; • and by most professional associations of psychology, psychiatry and medicine as well as professional orders, including the Professional Order of Sexologists of Quebec as evidenced by this opinion.
College of Registered Psychotherapists in Ontario	Standard Affirming Sexual Orientation and Gender Identity "Members refrain from providing services such as conversion or reparative therapy, which seek to change or direct a person's sexual orientation or gender identity."

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Position Statements of Major Medical, Professional, and Human Rights Organizations Against Conversion Therapy

New Brunswick Association of Social Workers	"Conversion therapy is a banned practice for New Brunswick Social Workers. There are no exceptions and are no instances where involvement with the practice is acceptable…. Social workers have the professional responsibility to not be affiliated with the practice of conversion therapy and should work to eliminate this practice in society, to make a more just society…. a pathological disorder, is not supported by empirical evidence, and imposes significant harm on individuals and communities (Bright, 2004). Therefore, conversion therapy cannot be provided to clients, even in cases where they adamantly request these services."
Manitoba College of Social Workers	"In accordance with the Manitoba College of Social Workers values, Code of Ethics (2018) and Standards of Practice (2018), the College opposes conversion therapy and prohibits social workers from providing any form of social work service involving conversion or reparative therapy. Conversion therapy contradicts core social work values, ethics and standards of practice and is therefore not approved as a form of social work intervention."
Alberta College of Social Workers	ACSW accompanies the Canadian Association of Social Workers (CASW) and many other professional organizations in opposing all forms of conversion therapy. Interventions reported to suppress or change sexual orientation, gender identity or gender expression are harmful practices, not therapy. Conversion therapy infringes on the guiding principles inherent to social work values and ethics and the practice of conversion therapy violates the tenets of the social work profession. Engaging in the practice of conversion therapy, in any form, does not align with the core values of the social work profession, the CASW Code of Ethics and the ACSW Standards of Practice. ACSW recognizes that sexual and gender diverse identities and expressions are normal and healthy variations within the whole of human experiences. Social workers will work with all members of the sexual and gender diverse community in a manner consistent with core social work values, ethics and principles.
College of Alberta Psychologists	A psychologist shall not, in the course of providing a professional service, provide any treatment, counselling, or behaviour modification technique with the objective of changing or modifying the sexual orientation, gender identity, or gender expression of an individual who: 6.3.1 is under 18 years of age, or 6.3.2 is 18 years of age or older and lacks the ability to: 6.3.2.1 understand the information that is relevant to a decision respecting consent to treatment, counselling, or a behaviour modification technique, and 6.3.2.2 appreciate the reasonably foreseeable consequences of the decision. 6.3.3 Despite any other law, no person is permitted to give consent on behalf of an individual described in sections 6.3.1 or 6.3.2 to the provision of any treatment, counselling, or behaviour modification technique referred to in section 6.3.
Alberta Teachers' Association	6.2.15.7 The Government of Alberta should prohibit reparative therapies that purport to "change," "cure," "fix" or "repair" a person's sexual orientation, gender identity or gender expression [2017].
British Columbia Teachers' Federation	12.25 – That the BCTF state its opposition to: 1. the use or promotion of "reparative therapies" or "conversion therapies" aimed at changing, lesbian, gay, or bisexual students' sexual orientation. 2. the referral of any student to therapists who promote and practice this form of abuse. And, that the BCTF call upon both the provincial and federal governments to ban "conversion therapies."

Appendix

Position Statements of Major Medical, Professional, and Human Rights Organizations Against Conversion Therapy

INTERNATIONAL	POSITION STATEMENT
World Psychiatric Association	There is no sound scientific evidence that innate sexual orientation can be changed. Furthermore, so-called treatments of homosexuality can create a setting in which prejudice and discrimination flourish, and they can be potentially harmful (Rao and Jacob, 2012). The provision of any intervention purporting to "treat" something that is not a disorder is wholly unethical…. WPA considers same-sex attraction, orientation, and behaviour as normal variants of human sexuality. It recognizes the multi-factorial causation of human sexuality, orientation, behaviour, and lifestyle. It acknowledges the lack of scientific efficacy of treatments that attempt to change sexual orientation and highlights the harm and adverse effects of such "therapies."
World Medical Association	"Conversion" or "reparative" procedures, which claim to be able to convert homosexuality into asexual or heterosexual behaviour and give the impression that homosexuality is a disease. These methods have been rejected by many professional organisations due to a lack of evidence of their effectiveness. They have no medical indication and represent a serious threat to the health and human rights of those so treated…. The WMA strongly asserts that homosexuality does not represent a disease, but rather a natural variation within the range of human sexuality…. The WMA condemns so-called "conversion" or "reparative" methods. These constitute violations of human rights and are unjustifiable practices that should be denounced and subject to sanctions and penalties. It is unethical for physicians to participate during any step of such procedures.
Pan American Health Organization	"Reparative" or "conversion therapies" have no medical indication and represent a severe threat to the health and human rights of the affected persons. They constitute unjustifiable practices that should be denounced and subject to adequate sanctions and penalties.
International Society of Psychiatric-Mental Health Nurses	There have been sound arguments against the practice of reparative or conversion therapies. It is clear that these treatment modalities raise numerous ethical concerns and challenge the code of ethics of medical, psychological, nursing, and social work disciplines. Therefore, ISPN strongly opposes reparative therapy.
British Association for Counselling & Psychotherapy	The British Association for Counselling & Psychotherapy (BACP) is dedicated to social diversity, equality and inclusivity of treatment without discrimination of any kind. BACP opposes any psychological treatment such as 'reparative' or 'conversion' therapy which is based upon the assumption that homosexuality is a mental disorder, or based on the premise that the client/patient should change his/her sexuality.
Amnesty International	Medical "treatment" of LGBT people against their will and aimed at changing their sexual orientation or gender identity is cruel, inhuman or degrading treatment which could amount to torture. It should be prohibited in all circumstances. The involvement of health professionals in such "treatment" violates international codes of medical ethics prohibiting their involvement in torture or ill-treatment. 100 National medical associations that have not yet done so should affirm that homosexuality is not a medical disorder and should condemn, and prohibit their members from participating in, any treatment aimed at "curing" or "treating" it.

Appendix

Position Statements of Major Medical, Professional, and Human Rights Organizations Against Conversion Therapy

UNITED STATES	POSITION STATEMENT
American Medical Association	AMA […] opposes, the use of "reparative" or "conversion" therapy that is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her homosexual orientation. AMA will develop model state legislation and advocate for federal legislation to ban so-called reparative or conversion therapy for sexual orientation or gender identity. The support for legislative bans strengthens AMA's long-standing opposition to this unscientific practice.
American Psychiatric Association	"The American Psychiatric Association does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed." 1. APA reaffirms its recommendation that ethical practitioners refrain from attempts to change individuals' sexual orientation. 2. APA recommends that ethical practitioners respect the identities for those with diverse gender expressions. 3. APA encourages psychotherapies which affirm individuals' sexual orientations and gender identities. 4. APA encourages legislation which would prohibit the practice of "reparative" or conversion therapies that are based on the a priori assumption that diverse sexual orientations and gender identities are mentally ill.
American Psychological Association	Therefore, be it resolved, that the American Psychological Association affirms that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity; Be it further resolved, that the American Psychological Association reaffirms its position that homosexuality per se is not a mental disorder and opposes portrayals of sexual minority youths and adults as mentally ill due to their sexual orientation; Be it further resolved, that the American Psychological Association concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation; Be it further resolved, that the American Psychological Association encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals distressed by their own or others' sexual orientation.

Appendix

Additional Worldwide Organizations with Position Statements Against Conversion Therapy

1. Australian College of Nurse Practitioners
2. Australian Medical Association
3. Australian Psychological Society
4. Queensland Psychoanalytic Psychotherapy Association
5. Royal Australasian College of Physicians
6. Royal Australian and New Zealand
7. College of Psychiatrists (regional) Australia
8. Austrian Public Health Association
9. Austrian Society for Psychiatry, Psychotherapy and Psychosomatics
10. Federal Council of Psychology
11. College of Psychologists of Quebec (regional)
12. Chilean College of Psychologists
13. Costa Rica Professional Association of Psychologists
14. German Medical Association
15. Hong Kong College of Psychiatrists
16. Hong Kong Psychological Society
17. Indian Psychiatric Society
18. Psychological Society of Ireland
19. Israel Medical Association
20. Israel Psychiatric Association
21. Israeli Adolescent Medicine Society
22. Israel Pediatric Association
23. Israel Association of Family Physicians
24. Israel Child and Adolescent Psychiatric Association
25. Lebanese Psychiatric Society
26. Aotearoa New Zealand Association of Social Workers
27. Norwegian Psychiatric Association
28. Paraguayan Society of Studies on Human Sexuality
29. Psychological Association of the Philippines
30. Polish Sexology Society
31. Psychological Society of South Africa
32. South African Society of Psychiatrists
33. Spain General Council of Psychology
34. Turkish Psychological Association
35. British Psychological Society
36. National Counselling Society (United Kingdom)
37. Royal College of Psychiatrists (United Kingdom)
38. Association for Family Therapy (United Kingdom)
39. Association of Christian Counsellors (United Kingdom)
40. British Association of Behavioural and Cognitive Psychotherapies
41. British Association of Drama Therapists
42. College of Sex and Relationship Therapists (United Kingdom)
43. Psychotherapy and Counselling Union (United Kingdom)
44. Royal College of General Practitioners (United Kingdom)
45. UK Council for Psychotherapy
46. National Association of School Psychologists (United Kingdom)
47. American Academy of Child Adolescent Psychiatry
48. American Academy of Nursing
49. American Academy of Pediatrics
50. American Academy of Physician Assistants
51. American Counseling Association
52. American Federation of Teachers
53. American Medical Women's Association
54. Child Welfare League of America
55. National Association of School Nurses USA
56. National Association of Secondary School Principals USA
57. National Education Association USA
58. School Social Work Association of America
59. American Association for Marriage and Family Therapy
60. American Association of Sexuality Educators, Counselors and Therapists
61. American College of Physicians
62. American Counseling Association
63. American Osteopathic Association
64. American Psychoanalytic Association
65. American School Counselor Association
66. American School Health Association
67. National Association of Secondary School Principals (USA)
68. National Association of Social Workers (USA)
69. International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues