



**Submission to the Standing Committee on Justice Policy
Re: Bill 77, Affirming Sexual Orientation and Gender Identity Act, 2015**

June 3, 2015

INTRODUCTION

The following paragraphs provide a description of the Canadian Professional Association for Transgender Health (CPATH), a brief outline of CPATH's opposition to conversion therapy for trans and gender independent children and youth, and provide recommendations and support for Bill 77, Affirming Sexual Orientation and Gender Identity Act, 2015 (Bill 77).

CPATH

The Canadian Professional Association for Transgender Health is the only national, multidisciplinary, professional organization working to support the health, wellbeing, and dignity of trans and gender diverse people (trans). We work towards our vision of a Canada without barriers to the health, well-being and self-actualization of trans and gender diverse people, and our mandate includes:

- educating professionals and enabling knowledge exchange to develop and promote best practices;
- facilitating networks and fostering supportive environments for professionals working with and for trans people; and
- encouraging research to expand knowledge and deepen understanding about sex and gender diversity.

Our membership consists of the majority of Canadian medical and psychological professionals who focus their practice on trans health and mental health. Also represented are many leading Canadian researchers studying trans health, social determinants of health, and related issues.

CPATH holds a biannual conference that delivers clinical training in assessment and treatment of gender dysphoria. Many of our members are regularly sought out as

experts to provide continuing professional development training in trans health, mental health, and other trans related professional competencies and best practices.

CONVERSION “THERAPY” FOR TRANS CHILDREN AND YOUTH

The World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People are internationally recognized guidelines for the care of trans and gender independent people. The current version of the Standards of Care, version 7 (SOC 7) sets out the roles of mental health professionals working with children and adolescents with gender dysphoria. These roles include:

- Providing family counseling and supportive psychotherapy to assist children and adolescents with exploring their gender identity, alleviating distress related to their gender dysphoria, and ameliorating any other psychosocial difficulties.
- Educating and advocating on behalf of gender dysphoric children, adolescents, and their families in their community (e.g., day care centers, schools, camps, other organizations).
- Providing children, youth, and their families with information and referral for peer support, such as support groups for parents of gender-nonconforming and transgender children.

SOC 7 also set out a framework for psychological and social interventions for children and adolescents, which notes that “treatment aimed at trying to change a person’s gender identity and expression to become more congruent with sex assigned at birth has been attempted in the past without success particularly in the long term. **Such treatment is no longer considered ethical**”. In fact, SOC 7 states that:

- families should be supported in managing uncertainty and anxiety about their child’s or adolescent’s psychosexual outcomes and in helping youth to develop a positive self-concept.
- Mental health professionals should not impose a binary view of gender.
- They should give ample room for clients to explore different options for gender expression.
- Health professionals should support clients and their families as educators and advocates in their interactions with community members and authorities such as teachers, school boards, and courts.

In 2010, CPATH issued a position statement affirming that Gender variance and gender non-conforming behavior in children and adults do not constitute a psychological disorder. WPATH made a similar De-Psychopatholisation Statement in 2010 which explains that “The psychopathologisation of gender characteristics and identities reinforces or can prompt stigma, making prejudice and discrimination more likely, rendering transgender and transsexual people more vulnerable to social and legal marginalisation and exclusion, and increasing risks to mental and physical well-being.”

In April 2014, the Canadian Psychiatric Association issued a position statement on the Mental Health Care for People Who Identify as Lesbian, Gay, Bisexual, Transgender, and (or) Queer, co-authored by CPATH board member and psychiatrist, Albina Veltman. On the topic of conversion therapy, the position statement states “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.” The statement also highlights the fact that risks for LGBT youth can be reduced by family acceptance and that LGBT youth who come from highly rejecting families are more than three times as likely to have attempted suicide than LGBT peers who reported no or low levels of family rejection.

The Trans PULSE Project (Trans PULSE), a study which explored the social determinants of health for trans people in Ontario, found that of trans people over the age of 16 in Ontario, most were aware that their gender did not match the sex assigned to them at birth at relatively young ages (59% before the age of 10, 80% before the age of 14, and a total of 93% before the age of 19).

Trans PULSE also found that strong parental support for a youth’s gender identity was strongly correlated with much better levels of mental health and other factors that constitute social determinants of health. These results are described in the attached report that Trans PULSE prepared for the Children’s Aid Society of Toronto and Delisle Youth Services.

Specifically, trans youth with strongly supportive parents (as opposed to somewhat or non-supportive parents) were more satisfied with life (72% vs. 33%), rated their health (66% vs. 31%) and mental health (70% vs. 15%) as very good or excellent, and their self-esteem as high (64% vs. 13%). While 100% of trans youth with strongly supportive

parents reported being adequately housed, only 45% of trans youth with less than strongly supportive parents did.

Of even greater concern, when comparing trans youth with strongly supportive parents against those that do not, lack of parental support is associated with significantly higher levels of symptoms of depression (23% vs. 75%), consideration of suicide in the past year (34% vs. 70%), and, almost incomprehensibly, suicide attempts within the past year (4% vs. 57%).¹ All of these numbers are tragic, but with a 93% increased risk for suicide attempts associated with a lack of strong parental support, professional efforts to undermine parental support for a youth's gender identity should be considered not only unethical but dangerous.

Parental support for a child's gender identity continues to have impacts into adulthood. In a paper published days ago, researchers from the Trans PULSE stated that "...parental support has been previously associated with reduced suicide risk for sexual minority and trans youth, but our results demonstrate the importance of parental support for gender identity among adults, suggesting a need for all-ages family interventions."²

It should be made clear that these results have implications not only for children and youth who will transition but also for those who may, as they develop, identify as cisgender and gay, lesbian, bisexual or queer. As Trans PULSE explains "It is not clear to what extent results from this study may also apply to gender non-conforming cisgender persons, but we note that among sexual minority youth, early gender non-conformity has been associated with increased suicidal behaviour or risk, a process that may be mediated by gender harassment or bullying, or by parental disapproval of gender expression."^{3 4} In fact, there is mounting evidence indicating that pressure to conform to

¹ It should be noted that similar results with respect to levels of suicidal ideation and attempts were found in this recently released report of a national survey of trans youth. Veale J, Saewyc E, Frohard-Dourlent H, Dobson S, Clark B & the Canadian Trans Youth Health Survey Research Group (2015). *Being Safe, Being Me: Results of the Canadian Trans Youth Health Survey*. Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia. Available on-line in pdf format at www.saravyc.ubc.ca

² Greta R. Bauer, Ayden I. Scheim, Jake Pyne, Robb Travers and Rebecca Hammond, **Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada**, *BMC Public Health* 2015, **15**:525 doi:10.1186/s12889-015-1867-2

³ Ibid.

⁴ See also, Susset, F., (2014). Between a rock and a hard place: The experience of parents of gender nonconforming boys. Dans E. Meyer & A. Pullen Sansfaçon, (Éds.), *Supporting transgender and gender creative youth : Schools, families, and communities in action* (pp. 111-127). New York, NY: Peter Lang International Academic Publishers. & Susset, F. (2014). Vulnérabilité et stigmatisation des enfants non normatifs dans l'expression de leur genre. *Revue québécoise de psychologie*, 35(3), 113-136.

gender norms has deleterious effects on all children's well-being, mental health and development.

Clearly, conversion "therapy" and clinical or "therapeutic" interventions that counsel parents to make their affection, love, and support conditional on restricting a child's gender identity or expression, or that instill shame on children and youth for their gender identity or gender expression are inconsistent with overwhelming consensus of major mental health organizations have no place in professional practice. Recognition that practises may be applied to vulnerable children and youth, who have limited agency to express their opposition to such "therapies" or advocate for their rights, grounds the need to enact legislative measures to eliminate such practices.

Despite these grim realities described above, there is hope. With respect to children and youth who will transition, a 2014 study from a trans youth clinic in the Netherlands reported that of trans youth who were admitted to the program and received puberty suppression, hormone therapy, and transition related surgical care, all entrants completed the program and had psycho/social outcomes equivalent or superior to their cisgender peers.⁵ For those that do not, and for Lesbian, Gay, Bisexual, or Queer youth, they will know that they can rely on their parents to support them for who they are, whatever their gender identity, gender expression, or sexual orientation.

With professional and peer supports (such as Gender Creative Kids Canada), for trans children and their families, growing numbers of organizations working to educate professionals (such as Rainbow Health Ontario and CPATH) as well as policy (such as the Toronto District School Board's Guidelines for the Accommodation of Transgender and Gender Independent/Non-Conforming Students and Staff) and legislative measures (such as Toby's Act and Bill 77) to help address systemic issues, and increasing societal awareness of gender diversity, the future for trans and gender independent children and youth is promising.

⁵ **Young adult psychological outcome after puberty suppression and gender reassignment.** [de Vries AL](#)¹, [McGuire JK](#)², [Steensma TD](#)³, [Wagenaar EC](#)³, [Doreleijers TA](#)³, [Cohen-Kettenis PT](#)³. *Pediatrics*. 2014 Oct;134(4):696-704.

BILL 77 Recommendations

CPATH recommends that conversion “therapy” targeting **gender expression** be specifically referenced in the final version of the bill. This amendment would be consistent with the rights enumerated in the Ontario Human Rights Code.

CPATH also recommends that the exception section be expanded to reference puberty suppression and transition related services, including hormone therapy or surgical procedures, including but not limited to sex reassignment surgery.

CONCLUSION

For the reasons set out above, and many others, CPATH is very much in support of the objects of Bill 77, Affirming Sexual Orientation and Gender Identity Act, 2015.

All of which is respectfully submitted.



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Past-President

On behalf of the Board of Directors of the

Canadian Professional Association for Transgender Health