BILL M 218–2019 (British Columbia)

SEXUAL ORIENTATION AND

GENDER IDENTITY PROTECTION ACT

A Cautionary Response

ABSTRACT

Some politicians in Canada at the present time believe that "conversion therapy" (also sometimes referred to as "reparative therapy") should be abolished as soon as possible, with criminal sanctions being created to encourage this outcome. The problem is that it is far from clear from public statements and existing drafted and enacted legislative wording what the activity *is* that people are rushing to legislate against, and there is a real danger that in passing legislation under such circumstances, significant, unwarranted intrusions by the state will occur, intentionally or otherwise, into the lives of medical professionals (including counsellors), religious leaders (including but not limited to Christian pastors, priests, and youth leaders), teachers, parents, and indeed minors. This document, originating from a number of concerned professionals, addresses the draft bill M 218–2019 (British Columbia) in particular, arguing that it should not be passed into law without significant amendments designed to clarify what it is, and is not, prohibiting.

1. Preamble: On Freedom and Hate

The long-term preservation of a properly free, pluralist, and flourishing society is a challenging business, and it requires a lot of commitment and hard work on all sides. Among its requirements is that we protect each other's freedom of speech, and do not seek to suppress it by misrepresenting its true nature. This means, among other things

(1) refraining from characterizing as "hate speech" our opponents' expression of what they believe to be facts, along with the interpretations and opinions arising from the facts;

(2) refraining from caricaturing as "haters" anyone with whom one disagrees, and from referring to any institution that provides such people with space in which to share their ideas as "supporting hate"; and

(3) refraining from all other attempts to suppress by way of shaming and intimidation the lawful gathering-together of fellow-citizens to listen to someone exercising their freedom of speech.

These are simply fundamental disciplines that we must embrace if we are to maintain the good society, and if we neglect them, serious consequences will follow. They form part of the social contract that enables everyone to participate fully in the affairs of the political community as positive stakeholders in it. If we cannot talk to each other freely, openly, and respectfully in the public square, and deal with our differences by argument and persuasion, then we shall inevitably invite the rise of a resentful, non-participatory tribalism that in the end can only damage everyone. We shall produce a deeply fractured, ideologically-driven society in which citizens, having come to despair of the power of speech to accomplish anything important, resort to other means to achieve it. History teaches us this lesson, and we would be wise to attend to it.

We *need* to attend to it especially in a contemporary world in which, unfortunately, illegitimate resort to the language of "hate" is already becoming ubiquitous, and is in fact turning up in some surprising places. On July 27, 2019, a UK newspaper reported that Australian swimmer Mack Horton had recently refused to take the podium for a medal presentation with controversial Chinese swimmer Sun Yang, who has been accused of doping. Sun Yang responded by describing himself as a champion of athletes' rights, and his rivals as "haters."[1] He, for one, had clearly grasped the usefulness of the accusation in avoiding debate about the facts. In British Columbia this same tactic has become prevalent in recent times specifically in public discourse concerning sexual orientation and gender identity. It is a brave *institution* that offers space in which a person can speak out against any aspect of the "correct ideological line" in respect of these matters, as determined by the core groups of activists defending that line; both the University of British

Columbia and the Vancouver Public Library were banned from the Pride Parade in Vancouver in July 2019, for example, precisely for facilitating freedom of speech in this regard.[2] It is a brave *person* that enters such spaces in the first place either to *raise* a voice of concern or opposition to the "correct line," or simply to *listen* to such a voice. Such are the times in which we live, when to fail fully to support another's viewpoint is allegedly to "hate."[3]

In such an atmosphere, many people are simply cowed because, unfortunately, intimidation *works*; history also teaches us *this* lesson. All but the most robust citizens, fearful at a minimum of public shaming, and more seriously of penalties such as the loss of employment, shrink into their shells. They keep to themselves their beliefs and their concerns about what is happening around them, and even though they might be professional people who are normally quite self-confident, they choose not to share with others the expertise and the knowledge that they possess for fear of causing trouble. One of the great problems that this creates, however, is that, for lack of any contradictory pressure, the "correct line" can gain the appearance of self-evident truth in the public domain. This is a particular problem when politicians, who are themselves perhaps cowed, then seek to legislate on the basis of "the facts" – since the "facts" that they encounter are those from only one side of what ought to be (but is not in reality) a proper public debate. Poorly drafted and even dangerous legislation may then follow.

This brings us directly to the reason why this document has been composed. It is an attempt at freedom of speech on an important matter of the moment: the *Sexual Orientation and Gender Identity Protection* Bill (M 218–2019), introduced by Dr. Andrew Weaver of the Green Party, that is currently awaiting its second reading in the BC legislature.[4] This Bill seeks to prohibit both health professionals and other persons "in a position of trust or authority in relation to a minor" from providing what it calls "conversion therapy" to that minor. It defines "conversion therapy" (also known by other people as "reparative therapy") as "counselling, behaviour modification techniques or the administration or prescription of medication or any other practice, treatment or service provided with the purported objective of changing a person's sexual orientation or gender

identity or expression." The prohibition excludes, however, "services that provide acceptance, support or understanding of a person or that facilitate a person's coping, social support or identity exploration or development, or a gender-confirming surgery or any related service." The Bill itself does not define "sexual orientation" or "gender identity," so it might be helpful to add those definitions here (from *Merriam Webster*). Sexual orientation is "a person's sexual identity or self-identification as bisexual, heterosexual, homosexual, pansexual, etc."[5] Gender identity is an "internal sense of being male, female, some combination of male and female, or neither male nor female.[6]

1. The *Affirming Sexual Orientation and Gender Identity Act* (Ontario, 2015)

Perhaps the best way of introducing our concerns is first to describe the 2015 Ontario Act that touched on similar matters.[7] The Ontario legislation, without using the language of "conversion therapy" as such, forbids those providing health care services in that province from offering "any treatment that seeks to change the sexual orientation or gender identity of a person under 18 years of age," while also offering exclusions that are virtually identical to those in the BC Bill. However, the Ontario Act includes an important addition in respect of the consent of the minor. It allows that "treatment that seeks to change … sexual orientation or gender identity" is permitted *if* the minor "is capable with respect to the treatment and consents to the provision of the treatment." The way in which this Act is drafted, then, appears to allow medical professionals to explore with all minors over the course of time whether or not their feelings about themselves amount to a sexual orientation or a gender identity that is unchangeable (the "facilitation of … identity exploration" is permitted), and in that context (with their consent) to engage with them in "treatment that seeks to change" these feelings. In addition, "[t]he Lieutenant Governor in Council may make regulations, clarifying the meaning of "services," "sexual orientation", "gender identity" or "seek to change." This appears to reflect an awareness that what sexual orientation and gender identity are, and how we should deal with these phenomena, is a disputed matter in

Canadian society that might require arbitration – which may in turn explain why the Ontario legislation does not seek to forbid people other than health professionals from trying to influence the course of the lives of minors in these matters. There is no hint of any idea in the Ontario legislation, for example, that parents are forbidden from raising their children as they think best – unless, of course, they wish to force those children into certain kinds of non-consensual medical treatment ("a substitute decision-maker may not give consent on a person's behalf," the Act tells us).

All in all, the sense that one gets from the Ontario legislation is that the legislators' core concern was to outlaw *coercion* by healthcare professionals with respect to matters of sexual orientation and gender identity in minors. Perhaps they had in mind the kind of "boot-camp" environments designed by some religious groups historically to "cure" their children of sexual attractions that they believed to be wrong. Coercion is certainly on many *other* people's minds, when they hear, speak, or write about "conversion therapy," as we can see in the public statements of some politicians over the past several years. Indeed, in July 2019 the Federal Government itself pointed out that "existing Criminal Code offences—such as kidnapping, forcible confinement and assault—may apply in cases where a person is forced to undergo conversion therapy."[8] These are the activities that many other Canadians associate with "conversion therapy": kidnapping, forcible confinement, assault, and indeed "aversion therapy that attempts to condition a person's behaviour by causing them discomfort through things like electric shocks when they're exposed to specific stimuli."[9] The same kind of association is, incidentally, apparent in a 2018 US Senator's reference to "psychological torture."[10]

2. <u>By Way of Nova Scotia</u>

If these are the kinds of activities that the BC Bill aims to outlaw, then certainly the signatories to this document, along with the vast majority of Canadians, would have no quibble at all with it. In particular, we would entirely agree in rejecting what have historically been referred to as "aversive"

sexual orientation change efforts (or SOCE, for short)—practices like electric shock treatment, or the administration of nausea-inducing drugs accompanied by the presentation of homoerotic stimuli. The fact is, however, that the BC bill appears to wish to forbid a lot more than simply aversive SOCE, and it draws into its prohibitions a lot more people than simply health professionals. At these points the bill becomes highly problematic for a number of reasons. As drafted, in fact, it looks like an even more radical version of another Act pertaining to the same subject matter that is already quite problematic: the *Sexual Orientation and Gender Identity Protection Act* in Nova Scotia (2018).[11]

This Nova Scotia Act, which aims to "protect … youth from damaging efforts to change their sexual orientation or gender identity," specifies that these include "any … service or tactic used with the objective of changing a person's sexual orientation or gender identity," including "counselling," except in the case of persons "over the age of sixteen years, capable of [and actually] consenting to the services." It adds that "*[n]o person in a position of trust or authority* [our emphasis] towards a young person under the age of nineteen years shall make any change effort with respect to the young person" (except in the case of consenting over-sixteens). This represents a very significant progression in comparison to the earlier Ontario Act.

The first thing to notice is that the prohibition relates to *any* "change effort." The language is significant: the intention is apparently to ban *anything* that medical professionals and others have previously been doing with SOCE (i.e., sexual orientation *change efforts*). In other words, it is not only about "aversive" but also "non-aversive" change efforts: activities like counselling, visualization, social skills training, and psychoanalytic therapy. The explicit mention of "counselling" among the prohibited "services or tactics" in the Act makes this clear. So certain kinds of mere *speech*, among other things, are prohibited.

Secondly, the ban is complete for minors under the age of sixteen, *whether or not they consent*. The Nova Scotia legislators apparently believe that young teenagers are old enough to consent to "gender-confirming surgery or any services related to gender-confirming surgery" that will

irreversibly change their lives forever.[12] However, even if they feel confused about their sexual attractions, or if these attractions are positively unwanted, and they would like to explore with a counsellor (say) the roots of the perceived problem and all the options available for dealing with it—well, they are apparently not old enough to consent to *this*. They have no freedom of choice in the matter. It is at this point still clearer that this Nova Scotia legislation is not simply (or even mainly) about preventing the *coercion* of minors; notwithstanding the rather vague exclusion clause relating to "services that provide acceptance, support or understanding of a resident or the facilitation of a resident's coping, social support or identity exploration or development," this legislation appears to be about preventing minors even from seeking counselling of a certain type in relation to important matters of personhood. Certain kinds of *choice* are prohibited.

Thirdly, it is not only healthcare professionals who are banned from "change efforts" in the Nova Scotia Act, but any "person in a position of trust or authority toward a minor." We must assume that this includes at a minimum parents, pastors/priests, and teachers. Apparently, no such persons may use "tactics" designed to lead to "change," not even with respect to their own children. Which "tactics" are these? Counselling, certainly, but beyond that we are not explicitly told. Perhaps it might include prayer, for example? It seems that even parents, faced with their own child's current perception of his or her sexual orientation, are now permitted only to respond by affirming it; they cannot "counsel" them in a different direction. They are apparently not allowed to talk to the child, for example, about the possibility that sexual orientation is not a fixed and immutable aspect of his or her nature, and might well change over time. Certain kinds of *belief* are prohibited in this legislation, at least if they lead on to action (as beliefs typically do).

3. <u>Beliefs and Facts</u>

Why would legislators wish to prohibit such speech, choice, and belief? The most likely reason is that they believe them all to be at variance with what they consider to be important, undisputed facts. The existence of these facts makes it legitimate to deny people, in this area of life, their

customary freedoms. What are these "facts"? They can only be that (1) a person's sexual orientation or gender identity are *indeed* fixed and immutable from a young age, and (2) that any attempts on someone's part to explore whether change is possible in these aspects of identity are inevitably "damaging" to that person. Gender-*confirming* surgery is therefore acceptable for minors (for example) but anything that aims at "change" rather than "confirmation" is banned. To put this in a different way: the nature and significance of sexual orientation and gender identity, and how we should act in response, are no longer *disputed* matters that might require arbitration, or even discussion. They are instead *settled* matters that justify *certain kinds* of intervention in a minor's life (with their consent), but at the same absolutely forbid other kinds. When it comes to these "other kinds" of intervention, the law is obliged to step in and protect the minor from all kinds of adults, and indeed from him or herself.

Many Canadians and others do appear to think in precisely this way nowadays. They, too, hold it simply to be a fact that "identity" is fundamentally an internal, stable, entity within the body that individuals are capable of discovering and naming by empirical means, or have already found, and that cannot be changed.

The Nature of Identity

The reality is, however, that there are very good reasons not to agree that this is a "fact" at all. To begin at the most general level, "to the degree that identity is not biological (and much, but not all of it is), then it's a drama enacted in the world of other people."[13] It is a social product

> in at least three ways. First, people do not create themselves from air; rather, what is possible, what is important, what needs to be explained all come from social context … Second, being a self requires others who endorse and reinforce one's selfhood, who scaffold a sense that one's self matters and that one's efforts can produce results … Third, the aspects of one's self and identity that matter in the moment are determined by what is relevant in the moment.[14]

Although identity is not determined by environment, it *is* substantially shaped by it, since all human thinking "is influenced by the context in which it occurs, including physical and social features of the external context."[15] It is as much "I am (in community), therefore I think," as it is "I think, therefore I am." Identity is "a set of complex compromises between the individual and society as to how the former and the latter might mutually support one another in a sustainable, long-term manner."[16] It is a *goal* as much anything else, involving "efforts [that] can produce results" (as our earlier quote puts it). For while identity can be focused "on the past—what used to be true of one, [and] the present—what is true of one now," it can also be focused on "the future—the person one expects or wishes to become, the person one feels obligated to try to become, or the person one fears one may become."[17] Identity shapes behaviour, but behaviour in turn also shapes identity, whether in establishing the status quo or opening up the possibility of a different future. Identity is not, therefore, an individually-determined, fixed entity, but a "plastic" reality that is socially-constructed in very significant ways. This is especially true in the case of the young, and it is directly related to the great plasticity of young brains themselves, which get wired and rewired through experience, including group experience, as they develop: "brains change over time depending what they do, and what they are made to do."[18] Yet it also remains possible for adults to make choices about behavior that impact their identity. Therapists depend on this very reality, for example, in dealing with people who identify as addicts, whether we are speaking of alcohol, drug, or sex addiction. It may be true for such a person that "I am an addict," but it is possible through good counselling and daily choices, in the midst of strong community support, to progress to "I am a clean addict," and sometimes to a situation in which the power of the addiction over one's life is significantly reduced.

All of this is widely known among professionals in the relevant fields of study, and it has seeped out in various ways into the world at large. This is why we so routinely find comments on the Internet that simply presuppose the truth of it. One clinical psychologist affirms that "we have to realize that identity is the furthest thing from being fixed."[19] Another blogger complains that

in current debates about immigration "we end up making identity seem like something that is set in stone."[20] Still another refers disparagingly to the high profile given to "individual identity … in western psychology," much of which "is about the individualised self with a supposedly fixed identity."[21]

Sexual Orientation

It is hardly surprising, then, that sexual orientation, as one aspect of a person's perceived and confessed identity, is not necessarily any more stable over time than any other aspects. A 2002 study already suggests, for example, that "women's sexuality and sexual orientation are potentially fluid, changeable over time, and variable across social contexts."[22] A 2011 article confirms this finding, and adds that "there is evidence that male sexual attractions and behaviors can also be fluid."[23] A 2016 study categorically states that "arguments based on the immutability of sexual orientation are unscientific, given what we now know from longitudinal, population-based studies of naturally occurring changes in the same-sex attractions of some individuals over time."[24] A 2019 blog reporting on a still more recent academic study concerning both men and women summarized it, similarly, by saying that "far from being a fixed preference, the findings suggest that *sexual identity and attraction undergo extensive and often subtle changes throughout a person's life* [our emphasis], continuing long past adolescence and into adulthood."[25] Clearly "sexual orientation" does not refer necessarily to a stable, unchangeable feature of a person's life; a particular instance of it may in fact well be a passing phase in one's life, whether it is experienced by a younger or an older person. Many people looking back on such a phase specifically with respect to same-sex attraction, have come to the conclusion that in their cases it was the result of factors like "emotional and/or sexual abuse; unmet emotional needs; depression, OCD or other unfulfilled needs. In short these issues were childhood wounds to their psychosexual and/or psychosocial development."[26] Sexual orientation is not necessarily "fixed and immutable."

Nor are attempts by consenting individuals proactively to change it by way of activities like counselling, before it changes itself, necessarily damaging to those individuals. Even the 2009 American Psychological Association (APA) report on appropriate therapeutic responses to sexual orientation, which was produced by a highly unrepresentative group of psychologists (and one psychiatrist),[27] and was no advocate of "psychological interventions to change sexual orientation," was only prepared to say in opposition to these interventions that "there is insufficient evidence to support [their] use."[28] At the same time it conceded that certainly "some individuals [consenting to the interventions] modified their sexual orientation identity (i.e., group membership and affiliation), behavior, and values … in a variety of ways and with varied and unpredictable outcomes, some of which were temporary."[29] Nor did that APA report support the widespread, current idea that these interventions are generally harmful:

> Early and recent research studies provide no clear indication of the prevalence of harmful outcomes among people who have undergone efforts to change their sexual orientation or the frequency of occurrence of harm … we cannot conclude how likely it is that harm will occur from SOCE. However, studies from both periods indicate that attempts to change sexual orientation may cause or exacerbate distress and poor mental health in *some individuals* [our emphasis], including depression and suicidal thoughts.[30]

The report stated directly, indeed, that "[r]ecent research reports indicate that there are individuals who perceive they have been harmed and others who perceive they have benefited from nonaversive SOCE."[31] As to *this* kind of intervention, the report tells us, there is testimony to both positive and negative outcomes. It is unfortunate that it is only the testimony of the harmed individuals that appears to be influencing the contemporary discussion in Canada, and with powerful effect. The positive testimony of many others concerning the benefit they have derived from such interventions *at least to some extent*, if it is known at all, is simply not taken seriously.[32]

Even the public statements of distinguished medical professionals are ignored, like that of psychologist Nicholas Cummings, former president of the APA, who wrote in 2013 as follows:

> Gays and lesbians have the right to be affirmed in their homosexuality. That's why, as a member of the APA Council of Representatives in 1975, I sponsored the resolution by which the APA stated that homosexuality is not a mental disorder and, in 1976, the resolution, which passed the council unanimously, that gays and lesbians should not be discriminated against in the workplace. But contending that all same-sex attraction is immutable is a distortion of reality. Attempting to characterize all sexual reorientation therapy as "unethical" violates patient choice and gives an outside party a veto over patients' goals for their own treatment. A political agenda shouldn't prevent gays and lesbians who desire to change from making their own decisions.[33]

He further reports that in addition to the thousands of gay and lesbian patients whom he and his staff treated over twenty-five years and who attained as a result "a happier and more stable homosexual lifestyle," he also oversaw many who were seeking to change their sexual orientation, and of these, "hundreds were successful."[34] It is not that all or even most people with same-sex attraction can be "converted" (which is in fact an entirely inappropriate word for what we are discussing). It is simply that, *evidently*, some change is possible at least for some people. Moreover, it is *evidently* the case (as the academic studies on this topic reveal) that exploring this possibility by way of activities like counselling, whatever the outcome may be, is not necessarily, or even normally harmful.

Gender Identity

The case with gender identity is similar, as one would also expect in the light of what we know about identity in general. It is particularly clear—and this is important when we are discussing legislation concerning minors—in the case of pre-pubescent children with "gender dysphoria."

This manifests itself as "significant distress and/or problems functioning associated with [a] conflict between the way [people] feel and think of … their physical or assigned gender."[35] It is a complex condition. One aspect of the complexity is that "underlying conditions can be mistaken for gender dysphoria, including autism and borderline personality disorder."[36] Another is precisely that, since no child is an island, environmental factors play an important role in the ways that children perceive their gender identity as they are shaped in community—for example, in a family.[37]

Such complexity needs to be taken seriously, with different actions being carefully weighed in response to each (perhaps quite different) case. For a considerable length of time now, the larger context informing the actions of health professionals as they have taken these actions has been the knowledge that, with appropriate support and counselling, "only a small number of children with gender dysphoria will continue to have symptoms in later adolescence or adulthood."[38] These "wait and see" counselling and support efforts have been far from "damaging" to the children concerned. Indeed, the medical profession has generally regarded them as vastly preferable to an "affirming" approach to young children, with its likely outcomes in (a) the later consumption of puberty-blockers whose full risks are unknown,[39] but which will almost certainly guarantee (it seems) (b) that the child will progress later to cross-sex hormones,[40] which possess significant health risks,[41] and then (c) to irreversible surgeries that will by no means guarantee the disappearance of the gender dysphoria first diagnosed, nor improve the person's happiness in general.[42] As Debra Soh already noted in 2017, "it simply doesn't make sense for a child to undergo the challenges of a social or physical transition [to his or her affirmed identity] if they are likely to grow comfortable in the body they already have, on their own."[43]

It is only in very recent times in Canada that this perspective has come to be widely challenged by those who believe that, even in the case of very young children, the only appropriate response to their stated perceptions of their gender identity is affirmation, and the beginning of their "transition" from male to female or female to male. Any opposition to this view is then

characterized (actually caricatured) as a "change effort." Dr. Stephen Levine, a US specialist in this area, draws attention to this same phenomenon, whereby what used to be widely considered as an aspect of ordinary, ethical medical care with respect to gender dysphoria—specifically, that pediatricians and mental health professionals may intervene to help both the parents and the child discuss the matter well before puberty—is regarded by "some activists … [as] 'reparative therapy.'" He notes that this view, typically held by "strangers to the families," is tantamount to the view that "parents have no right to seek help for their concerns about their gender-nonconforming children."[44] Debra Soh characterizes the new situation as a case of "ideology … taking precedence over science," criticizing "the current popular dogma of affirming young children who say they want to transition to the opposite sex," and suggesting that many of those promoting this dogma are more intent on "winning, at any cost, the ideological war" rather than considering "the best interest of these children." She also claims that (already in 2017) there is extreme pressure on clinicians "to endorse the early transitioning model for their young patients, even when it may not be the best way forward for them."

This is borne out by numerous accounts from around the world, including cases where pressure to adopt to the "correct line" in this matter has led to people leaving their employment (voluntarily or not). One such person is Kirsty Entwistle, formerly a clinical psychologist at the Gender Identity Development Services (GIDS) in Leeds, UK. On July 18, 2019, she sent a very full, open letter to her former employer expressing concern that "GIDS clinicians are making decisions that will have a major impact on children and young people's bodies and on their lives, potentially the rest of their lives, without a robust evidence base."[45] The whole letter is worth reading, but particularly striking is Entwistle's claim that she "went to work at GIDS expecting to do complex assessments and differential diagnosis," but discovered in reality that if she did not arrive at the "correct" diagnosis after assessment, she ran "the risk of being called transphobic."[46]

The fact of the matter is that "gender identity" in young minors is not necessarily, and indeed not normally, "fixed." It can, and it typically does, change over time.

Environment and Identity

To sum up: it is *very far from being* an obvious "fact" that a minor's sexual orientation or gender identity are immutable from a young age, and that any freely-entered into explorations as to whether "change" is possible are "damaging." This entire way of thinking about identity is in fact problematic. "Identity" in minors is something that it is in the process of begin *shaped* by the environments in which they live, and it develops over time; it is not something that is already simply "there," to be "changed" or left alone by third parties. These shaping environments include traditional institutions like families and churches, as well as schools. It is in the midst of such *communities* that identity is formed, as adults teach children what they believe to be true and false, right and wrong, and so on, interpret the world for them, and model for them a way of life. Nowadays the environment in which minors live their lives is (for better or worse) also global in nature, by way of the Internet – which brings us to a spectacular, relevant, contemporary example of the power of environment in shaping identity. For the Internet creates previously unparalleled opportunities for "social contagion" to develop: "the spread of affect or behaviour from one crowd participant to another; one person serves as the stimulus for the imitative actions of another."[47] This is a well-recognized phenomenon among psychologists, and many historical examples can be cited—for example, the "wave of suicides" that swept across Europe in the late eighteenth century in the wake of Goethe's novel *Young Werther*, "as if the very act of suicide was somehow infectious."[48]

Only such "contagion" can possibly explain the dramatic, recent increase worldwide in cases of what used to be the relatively rare condition of gender dysphoria, such that (for example) "the Gender Identity Development Service in the United Kingdom alone has seen a 2,000 percent increase in referrals since 2009."[49] The "social contagion" explanation is particularly plausible with respect to the relatively new phenomenon of "rapid onset gender dysphoria," where teenagers (usually girls) with no previous history of the condition suddenly announce their desire to

transition to the opposite sex. In a 2018 American study by Lisa Littman, the author notes that eighty-seven per cent of her subjects were reported by their parents as identifying as transgender only after spending more time online than was customary, and after friends of theirs had already "come out."[50] This is not particularly surprising in a contemporary context in which (a) enormous societal pressure is routinely placed on girls to have a certain kind of body type and personality, which often leads on to self-hatred and self-harm; (b) they have been told from a young age (not entirely consistently with [a]) that they can be whoever they want to be; and (c) they are aware of countless famous and not-so-famous adults and teenagers who have had surgery precisely so that *they* can be who they want to be. Environment shapes ongoing identity formation, including one's internal sense of one's gender identity. It is not simply "there."

Partisan Legislation

This brings us back to the Nova Scotia Act. It appears to be premised on certain convictions concerning both the facts about sexual orientation and gender identity and their correct interpretation, which are not well-grounded. There is good reason, though, to think that these are not "the facts" at all. The consequence of the legislators holding these convictions is that they have essentially brought the full weight of their legislative power behind what is in reality a particular set of poorly-grounded *beliefs* about these matters. They have pronounced these beliefs "orthodox," along with the actions that follow on from them (including, specifically, "gender-confirming surgery or any services related to gender-confirming surgery"). At the same time they have pronounced any opposing beliefs "heretical," along with the actions that follow on from *them*. They have thereby intruded very significantly into the heretics' freedom of thought, opinion, and action, their freedom of association, and their freedom of religion, and specifically into the rights of most minors to pursue their own chosen path in dealing with matters of sex and gender. They have also chosen to interfere with the right of medical professionals to exercise their medical expertise as they see fit in dealing with patients, and with the right of parents to raise their children

as they also think best—in respect not only of matters like religious faith, but also what they believe with good reason to be the (real) facts. Every Canadian who cares about liberty, and who wishes to lives in a genuinely pluralistic, liberal country, should be concerned by this outcome.

4. The British Columbian Bill

We return now to BC Bill M218–2019. Our assumption at the outset is that those who have drafted this bill are well-motivated, public-spirited people who are intent on helping and protecting vulnerable people, which is all to the good. However, the Bill as drafted is even more problematic than the Nova Scotia Act. It gives every impression of taking things even further along a particular track defined by a particular (and faulty) belief-system.

Conversion Therapy

The first additional problem lies in the choice of the term "conversion therapy" itself, which was not used in the Ontario and Nova Scotia Acts. If the Bill's drafters did not deliberately intend to send a message by using this term, it is a very unfortunate one for them to choose. The reason is that it suggests *precisely* an intention to interfere with BC doctors in the exercise of their good judgment about how best to deal with patients. In 2015, just after the Ontario *Affirming Sexual Orientation and Gender Identity Act* became law, the distinguished psychologist Dr. Ken Zucker was fired by the Centre for Addiction and Mental Health (CAMH) in Toronto. Rainbow Health Ontario, an organization committed to promoting the health of Ontario's LGBTQ communities, argued in the light of the new law that what Zucker was doing in his Child, Youth, and Family Gender Identity Clinic was illegal, and they succeeded in getting him fired and the clinic closed. What was his crime? It was nothing other than the well-established, professional "wait and see" approach to children with gender dysphoria described above. This was characterized successfully by his opponents, however, *precisely* as "conversion therapy."

So the question that inevitably arises in relation to the Bill M218–2019 is this: what kind of practice is it actually setting out to ban? Does it include a "wait and see," counselling approach to prepubescent children on the part of health professionals, already under attack from many activists? Does the Bill mean thereby to put these health professionals at risk of the loss of their professional licenses by way of regulatory college malpractice/unprofessional conduct proceedings (since presumably practicing contrary to explicit provincial law would be deemed unprofessional conduct)? It would certainly be reasonable in the circumstances to interpret this as *one aspect* of the "conversion therapy to the minor" that the Bill, mimicking the Nova Scotia Act, prohibits any "person in a position of trust or authority in relation to a minor" from providing. The catch-all clauses imply, in addition, that *parents and other adults* are forbidden from responding to minors in ways that are not entirely affirming of their current perceptions concerning gender identity. Gender identity as perceived by even quite young individuals is now to be considered as an objective, fixed reality like skin or eye color, and no other perspective on the matter is allowed. There is indeed no *room* for "perspective"; the "facts" speak for themselves.

Consent

It would also be reasonable to suppose that BC Bill M218–2019 has in its sights *all* "change efforts," initiated by minors or not, with respect to sexual orientation, and not only those undertaken in coercive environments. This is not only because of how it mimics the Nova Scotia Act, but also because of how it diverges from both it and the original Ontario Act. As we have seen, the Ontario Act allows "treatment that seeks to change" if the minor is capable of consent and in fact consents"; the Nova Scotia Act allows it under such conditions if the minor is over the age of sixteen years; Bill M218–2019, however, contains no consent clause at all. It only mentions any kind of "consent" in order to forbid it (in the case of adults giving consent on a minor's behalf).

This is the second "new problem" in BC Bill M218–2019. Its form implies even more strongly than the Nova Scotia Act that this is not a Bill concerned in the end about *coercion*. It

apparently aims, quite simply, to ban *all* attempts at what it thinks of as "changing" an under-nineteen person's sexual orientation or gender identity or expression, whether or not that person consents to the attempt or indeed initiates it. One assumes that this is because, just like the Nova Scotia legislators, the Bill's drafters (or those advising then) hold as "facts" that a minor's sexual orientation or gender identity is fixed and immutable, and that any explorations concerning the possibility of "change" are "damaging." Like the Nova Scotia legislators, in consequence, they appear to be intent on imposing what are in fact dubious *beliefs* about these subjects on the entirety of the remainder of the BC population. One of the more remarkable consequences of this Bill passing into law as drafted, in fact, is not only that very *young* teenagers in BC would be considered (legally) old enough to consent to "gender-confirming surgery or any related service" (puberty-blockers and cross-sex hormones) but not to "conversion therapy," but also that *older* teenagers would not be able to consent to the latter. Are older minors who are considered competent to drive a vehicle and to give consent to sexual activity at sixteen, and to vote at eighteen, not competent to consent to counselling in respect of their sexual attractions? Why is that? In fact, why are teenagers of *all* ages not considered competent to consent in this matter, whereas children as young as ten can consent to taking puberty-blockers (whose full risks, we repeat, are unknown)?

Criminalization

All of this is particularly important given the Federal Government's stated intention to amend the Criminal Code in order to deter the "shameful" practice of conversion therapy, which makes the question of what "conversion therapy" truly *is* a really pressing one. There is indeed a Bill currently before the Canadian Senate that has already been drafted with this aim in mind. If this Bill passes, it will become a crime punishable by up to five years in prison to advertise to anyone (adult or minor) "an offer to provide conversion therapy for consideration [payment]," and to receive "a financial or other material benefit, knowing that it is obtained by or derived directly or indirectly from the provision of conversion therapy to a person under the age of eighteen." Conversion

therapy in this case is "any practice, treatment or service designed to change an individual's sexual orientation or gender identity *or to eliminate or reduce sexual attraction or sexual behaviour between persons of the same sex* [our emphasis]." It seems clear that this new element to the wording has been explicitly introduced to ensure that "conversion therapy" in relation to sexual orientation includes counselling that only claims to *help* people with unwanted same-sex attraction ("reduce") rather than to eliminate it – which of course the great majority of healthcare professionals involved in such counselling, not being fraudsters, have not claimed or advertised. Not even consenting adults are to be presented with this possibility of help, it seems, even though many people have testified that such interventions *have* in fact helped them, at least to some degree. If this Bill were to pass, an adult would in addition face a prison term for seeking to help minors in this way in exchange for payment.

It is particularly troubling that "gender identity" is included in this Senate Bill, given what we noted above about the Zucker case. The pressure on health professionals in Canada to follow the "correct line" in this matter is no less great in 2019 than it was in 2017. The effect of amending the Criminal Code to include the crime of "conversion therapy" without being exceedingly specific about what is intended *and not intended* will very likely make these professionals even more prone than they are at present to avoid "the Zucker mistake" in treating children with gender dysphoria, and instead simply to "go with the ideological flow" – or simply stop working with children altogether, because the risk is too great in view of the ambiguity of the law. This is because anyone in "business" who has the "conversion therapy" label successfully hung around his or her neck, however unjust it may be, would then risk not only social shaming and loss of professional license/employment, but also criminal prosecution. This "mistake-avoidance" ethos would in turn be disastrous for children and their parents who are dealing with gender dysphoria, and who need the best, impartial advice from doctors that they can get – *especially* in a situation marked by "social contagion." *Especially* in such circumstances, healthcare professionals should not be working in a

professional and legal environment conditioned by a particular kind of identity politics, such that they are obliged simply to "affirm" a child's self-diagnosis of their condition and act accordingly.

The Meaning of Freedom

But *all* of us should be free from this kind of government intrusion into our lives on the basis of ideology disguised as facts. Therefore, all of us should be concerned about, and asking questions about, BC Bill M218–2019 in its present shape. *Is* it, despite appearances, a Bill that is only about outlawing blatantly coercive practices akin to torture in respect of minors who currently think of themselves as members of minority communities? Well and good. Or is this in reality a Bill that is premised on a particular set of disputable beliefs about the right way of interpreting and properly "handling" matters of sexual orientation and gender identity, and that is designed to establish those beliefs, and the actions that follow on from them, as the only right *and legal* way of interpreting and properly handling such matters? Is this a Bill that simply aims to forbid the residents of BC – whether healthcare professionals, parents, or others – from believing otherwise, and from living their professional and other lives accordingly? Especially against the background of the introduction of SOGI 123 into BC schools, it is unfortunately all too easy to interpret the current situation in this way: that the Province intends by way of SOGI 123 to inform minors about the right way in which to think about sex and gender, and by way of Bill M218–2019 to prevent even their parents from teaching or counselling them otherwise.

5. A Proposal Concerning the Bill

It may well be that those who drafted BC Bill M218–2019 will themselves be surprised by the possible interpretation that we have offered of its wording, because they did actually intend only to ban coercive practice. If so, the current problems with the Bill can easily be resolved by rewording and offering further clarification. In the absence of such rewording and clarification,

however, we believe that the Bill should not pass into law, whereupon (for the reasons stated above) it can only cause great mischief. We propose the following:

a) Given the very different ways in which the term "conversion therapy" has been used in recent debate concerning sexual orientation and gender identity issues, and its particularly misleading use in relation to certain well-established protocols for dealing with gender dysphoria in minors, this term should be avoided in the Bill (just as it should be avoided by the Federal Government if it decides to change the Criminal Code). Instead, the Bill should specify the particular practices that it seeks to ban, and provide reasons for doing so. For example, "aversive SOCE are inhumane and should for that reason be banned"; "it is fraudulent to advertise any SOCE as ensuring the 'conversion' of any minor from one sexual orientation to another"; "it is wrong to subject any minor to confinement and coercion so as to force a change in their currently stated sexual orientation or gender identity." In providing such reasons, the Bill should be sure to treat even-handedly
    i) all the evidence pertaining to the nature and significance of self-reports by minors concerning sexual orientation and gender identity.
    ii) all the adult personal testimony pertaining both to changes and non-changes in sexual orientation and gender identity over time, as well as all the testimony to both benefit and harm arising from counselling in this regard.
b) The consent clause from the 2015 Ontario Act should be inserted into the BC Bill so that minors do not have less freedom to consent to counselling than to "a gender-confirming surgery or any related service."
c) The "exceptions clauses" (under "Definitions" [1]) should be expanded to make it explicitly clear that the legislation is not intended to interfere with:
    i) The right of healthcare professionals, without threat to their reputation, licensing, or employment, to offer what they believe is their best counsel

to, and treatment of, minors experiencing distress concerning their current sexual attractions or sense of gender identity.

ii) The right of parents to discuss with their children in a non-coercive manner the nature and significance of their current experience of sexual attraction or gender identity, in the context of the parents' understanding of all the facts and the family's moral and/or religious worldview.

iii) The right of other adults "in a position of trust or authority" in relation to minors to discuss with them in a non-coercive manner the nature and significance of their current experience of sexual attraction or gender identity, in line with their understanding of all the facts and their moral and/or religious worldview, and without threat to their reputation or employment.

The willingness or otherwise of the BC Legislature to include such explicit exceptions in the Bill will go a long way toward demonstrating whether it governs on behalf of all British Columbians, or is in fact intent on imposing a very particular ideology on a large number of Canadian citizens who would like to raise their children as they wish, and in the course of this child-rearing to be able to access both education and healthcare that is not overly characterized by ideological concerns. Subsequent decisions by the Federal Government concerning amendments to the Criminal Code will likewise demonstrate its own commitment to all its citizens.

NOTES

[1] "Australian Swimmer Shayna Jack Fails Doping Test," *The Guardian*, July 27, 2019, accessed July 28, 2019, https://www.theguardian.com/sport/2019/jul/27/australian-swimmer-fails-doping-test-reports.

[2] Clare Hennig, "UBC barred from Vancouver Pride Parade for Hosting Controversial Speaker," CBC News, July 8, 2019, accessed July 28, 2019, https://www.cbc.ca/news/canada/british-columbia/ubc-barred-from-marching-vancouver-pride-parade-1.5204724; Simon Little, "Vancouver Public Library Barred from Pride for Hosting 'Hateful' Speaker," Global News, July 23, 2019, accessed July 28, 2019, https://globalnews.ca/news/5672704/vancouver-public-library-barred-pride/.

[3] The extent of the problem is indicated, e.g., in the fact that academics are now resorting to open letters calling for academic freedom when discussing sex and gender. Nic Zumaran, "Academics Call for Freedom for Fearless Discussion of Gender Issues," BioEdge, August 9, 2019, accessed August 13, 2019, https://www.bioedge.org/bioethics/academics-call-for-freedom-for-fearless-discussion-of-gender-issues/13174.

[4] Legislative Assembly of British Columbia, *Sexual Orientation and Gender Identity Protection Act*, accessed July 28, 2019, http://www.bclaws.ca/civix/document/id/lc/billscurrent/4th41st:m218-1.

[5] "Sexual Orientation," *Merriam-Webster* Online, accessed July 16, 2019, https://www.merriam-webster.com/dictionary/sexual%20orientation.

[6] "Gender Identity," *Merriam-Webster* Online, accessed July 4, 2019, https://www.merriam-webster.com/dictionary/gender%20identity.

[7] Government of Ontario, *Affirming Sexual Orientation and Gender Identity Act*, accessed July 10, 2019, https://www.ontario.ca/laws/statute/S15018.

[8] Hannah Thibedeau, "Ottawa Looking at Criminal Code Reforms to Deter 'Shameful' Conversion Therapy," CBC, July 9, 2019, accessed July 20, 2019, https://www.cbc.ca/news/politics/conversion-therapy-criminal-code-1.5204919.

[9] Alvin Yu, "Conversion Therapy: What you Need to Know," CBC News, July 13, 2019, accessed July 19, 2019, https://www.cbc.ca/news/canada/conversion-therapy-what-you-need-to-know-1.5209598.

[10] Michael Cook, "Can Sexual Orientation Change? Yes, According to a New Study," Mercatornet, August 21, 2018, accessed July 19, 2019, https://www.mercatornet.com/conjugality/view/can-sexual-orientation-change-yes-according-to-a-new-study/21629, quoting US Senator Scott Wiener.

[11] Nova Scotia Legislature, *Sexual Orientation and Gender Identity Protection Act*, accessed July 19, 2019, https://nslegislature.ca/legc/bills/63rd_2nd/3rd_read/b016.htm.

[12] In case anyone is unaware of just how young such children can be in some parts of the world, consider e.g. that in San Diego in 2016 a fourteen-year-old minor underwent an irreversible double mastectomy on the basis of her perception concerning her true gender. Peter Rowe, "How a Girl Born at 2 Pounds Became a Happy Boy," *San Diego Union Tribune*, April 7, 2016, accessed on June 19, 2019, https://www.sandiegouniontribune.com/lifestyle/people/sdut-transgender-teens-new-life-2016apr07-story.html.

[13] Jordan Peterson, "Gender Politics has No Place in the Classroom," *National Post*, accessed July 19, 2019, https://nationalpost.com/opinion/jordan-peterson-gender-politics-has-no-place-in-the-classroom.

[14] Daphna Oyserman, Kristen Elmore, and George Smith, "Self, Self-Concept, and Identity," in *Handbook of Self and Identity*, ed. Mark R. Leary and June Price Tangney, 2nd ed. (New York and London: Guilford, 2012), 69-104 (76).

[15] Oyserman et al., "Self," 88.

[16] Peterson, "Gender Politics."

[17] Oyserman et al., "Self," 69.

[18] Joseph Brean, "Shattering the Scientific World's History of Gendered Brain Assumptions," *National Post*, July 15, 2019, accessed July 17, 2019, https://nationalpost.com/news/shattering-the-scientific-worlds-history-of-gendered-brain-assumptions. Brean is offering a summary of the view of neuroscientist, Gina Rippon, *The Gendered Brain: The New Neuroscience That Shatters the Myth of the Female Brain* (London: Bodley Head, 2019). For a briefer introduction to the topic of brain plasticity in general, see Kendra Cherry, "How Experience Changes Brain Plasticity," Very Well Mind, updated June 26, 2019, accessed July 11, 2019, https://www.verywellmind.com/what-is-brain-plasticity-2794886.

[19] Lisa Firestone, "Changing Your Sense of Identity: Five Powerful Actions We Can Take to Challenge our Negative Self-Perception," Psychology Today, accessed July 17, 2019, https://www.psychologytoday.com/us/blog/compassion-matters/201712/changing-your-sense-identity.

[20] Jonathan Morgan, "Is Identity Fixed?," Change Writer, accessed July 17, 2019, http://changewriter.net/is-identity-fixed/.

[21] Suman Fernando, "Connections," *Openmind*, accessed July 17, 2019, http://www.sumanfernando.com/Connections.pdf.

[22] Letitia Anne Peplau and Linda D. Garnets, "A New Paradigm for Understanding Women's Sexuality and Sexual Orientation," *Journal for Social Issues* 56 (2002): 330-50 (abstract), accessed July 22, 2019, https://spssi.onlinelibrary.wiley.com/doi/abs/10.1111/0022-4537.00169.

[23] Michael C. LaSala, "Sexual Orientation: Is It Unchangeable?," Psychology Today, accessed July 22, 2019, https://www.psychologytoday.com/ca/blog/gay-and-lesbian-well-being/201105/sexual-orientation-is-it-unchangeable.

[24] Lisa M. Diamond and Clifford J. Rosky, "Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities," *Journal of Sex Research* 53 (4-5) (2016), 363-91 (363).

[25] Carly Cassella, "Here's More Evidence Sexual Orientation is Fluid right into our Adult Years," Sciencealert, May 5, 2019, accessed July 22, 2019, https://www.sciencealert.com/sexual-orientation-continues-to-change-right-through-our-teens-and-into-adulthood.

[26] Voices of Change, accessed July 22, 2019, www.voicesofchange.net.

[27] Joseph Nicolosi, "APA Task Force Report—A Mockery of Science," Joseph Nicolosi, accessed July 19, 2019, https://www.josephnicolosi.com/apa-task-force/.

[28] American Psychological Association, *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation* (Washington DC: APA, 2009), 120, accessed July 19, 2019, https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf.

[29] APA, *Sexual Orientation*, 120.

[30] APA, *Sexual Orientation*, 42.

[31] APA, *Sexual Orientation*, 43.

[32] Such testimonies, along with those of others who have left a gay lifestyle without necessarily engaging in "change efforts", are everywhere in evidence, not least in personal form on the Internet; as a starting point, see (e.g.) the Voices of Change website (www.voicesofchange.net). For some academic studies on "change efforts" specifically, see (e.g.) the following, all of them accessed on July 20, 2019. In 2000 a large study found that after receiving therapy and making other efforts to change, only 35.1% of the participants who had previously viewed themselves as "more homosexual than heterosexual," "almost exclusively homosexual," or "exclusively homosexual" in their orientation "continued to view their orientation in this manner." Joseph Nicolosi, A. Dean Byrd, and Richard W. Potts, "Retrospective Self-Reports of Changes in Homosexual Orientation: A Consumer Survey of Conversion Therapy Clients," *Psychological Reports* 86 (2000): 1071-1088, http://journals.sagepub.com/doi/abs/10.2466/pr0.2000.86.3c.1071. A 2010 study reported among men "dissatisfied with their same-sex attraction" increases in heterosexual self-identity and in reported heterosexual feelings and behavior, along with a decrease in reported homosexual feelings and behavior, after participating in "change efforts", with "the two most helpful techniques [being] understanding better the causes [of] one's homosexuality and one's emotional needs and issues and developing nonsexual relationships with same-sex peers,

mentors, family members, and friends." Elan Y. Karten and Jay C. Wade, "Sexual Orientation Change Efforts in Men: A Client Perspective," *The Journal of Men's Studies* 18 (2010): 84-102, http://journals.sagepub.com/doi/abs/10.3149/jms.1801.84. A 2011 longitudinal study concluded that "change of homosexual orientation appears possible for some and that psychological distress did not increase on average as a result of the involvement in the change process." Stanton L. Jones and Mark A. Yarhouse, "A Longitudinal Study of Attempted Religiously Mediated Sexual Orientation Change," *Journal of Sex and Marital Therapy* 37:5 (2011), https://www.tandfonline.com/doi/abs/10.1080/0092623X.2011.607052 . Finally, a 2018 study surveyed one hundred and twenty-five men who had undergone "change efforts", 68% of whom reported some to much reduction in their same-sex attraction and behavior (ranging to "some" to "much"), as well as an increase in attraction to women. About 14% claimed that their orientation had changed from exclusively homosexual to exclusively heterosexual. On the whole, the participants found their therapy helpful; only one reported extreme negative effects. Paul L. Santero, Neil E. Whitehead, and Dolores Ballesteros, "Effects of Therapy on Religious Men Who Have Unwanted Same-Sex Attraction," *Linacre Quarterly*, July 23, 2018, 2018, http://journals.sagepub.com/doi/abs/10.1177/0024363918788559. This last paper has now been retracted by the journal dues the lack of a prior statistical review of the paper, which does not affect its usefulness for those addressing the question of whether "change efforts," as such, are perceived by some people as beneficial.

[33] Nicholas A. Cummings, "Sexual Reorientation Therapy not Unethical," *USA Today*, July 30, 2013, accessed July 20 2019, https://www.usatoday.com/story/opinion/2013/07/30/sexual-reorientation-therapy-not-unethicalcolumn/2601159/.

[34] Cummings, "Sexual Reorientation."

[35] "What is Gender Dysphoria," American Psychiatric Association, https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria,

[36] Debra W. Soh, "CBC's Decision against Airing Transgender Kids Doc Should Leave Everyone Unsettled," CBC News, December 18, 2017, accessed July 10, 2019, https://www.cbc.ca/news/opinion/transgender-kids-documentary-1.4453667. She is writing here about CBC's decision not to air the 2017 BBC documentary, *Transgender Kids: Who Knows Best?*, which lays bare the ideological conflict that currently marks debate about gender identity, and remains viewable at present at https://vimeo.com/217950594, https://www.dailymotion.com/video/x58s24i, and https://www.thetalentmanager.com/talent/25458/alex-gower-jackson.

[37] Walt Heyer reports, e.g., that as a four-year-old boy his grandmother repeatedly, over several years, dressed him in a full-length purple dress and told him how pretty he was as a girl. This led on to later sexual abuse by another family member. Walt Heyer, "Hormones, Surgery, Regret," *USA Today*, February 11, 2019, accessed July 8,

https://www.usatoday.com/story/opinion/voices/2019/02/11/transgender-debate-transitioning-sex-gender-column/1894076002/. In May 2019 the High Court in the UK affirmed the right of a four-year-old boy to live as a girl after it transpired that his foster parents were sending him to school in a girl's uniform. Two other children assigned to the couple also had gender identity issues. Michael Cook, "4-Year-Old Can Begin Transgender Transition, says UK Court," BioEdge, May 19, 2019, accessed July 11, 2019. https://www.bioedge.org/bioethics/4-year-old-can-begin-transgender-transition-says-uk-court/13063.

[38] "Gender Dysphoria," https://www.psychologytoday.com/ca/conditions/gender-dysphoria, accessed July 8, 2019; also, "the majority of children with suspected gender dysphoria don't have the condition once they reach puberty," https://www.nhs.uk/conditions/gender-dysphoria/treatment/, accessed July, 8, 2019. See further T. D. Steensma et al., "Factors Associated with Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study," *Journal of the American Academy of Child and Adolescent Psychiatry* 52 (2013): 582–590; James Cantor, "Do Trans-Kids Stay Trans- When They Grow up?" Sexology Today, January 11, 2016, accessed August 12. 2019, http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow_99.html; Kenneth J. Zucker, "The Myth of Persistence," *International Journal of Transgenderism* 19 (2018): 231–245, published online May 29, 2018, https://www.tandfonline.com/doi/abs/10.1080/15532739.2018.1468293.

[39] Paul W. Hruz, Lawrence S. Mayer, and Paul R. McHugh, "Growing Pains: Problems with Puberty Suppression in Treating Gender Dysphoria," accessed July 11, 2019, https://www.thenewatlantis.com/publications/growing-pains.

[40] Annelou L.C. de Vries et al., "Puberty Suppression in Adolescents with Gender Identity Disorder: A Prospective Follow-Up Study," accessed July 18, 2019, http://www.pinktherapy.com/portals/0/CourseResources/de_Vries_Puberty_Suppression_in_Adolescents_with_GD.pdf. This study found that of seventy young adolescents treated with puberty suppression drugs ("gonadotropin-releasing hormone analogues [GnRHa]"), allegedly "to provide time to make a balanced decision regarding actual gender reassignment," none "withdrew from puberty suppression, and all started cross-sex hormone treatment, the first step of actual gender reassignment."

[41] Eva Moore, Amy Wisniewski, and Adrian Dobs, "Endocrine Treatment of Transsexual People: A Review of Treatment Regimens, Outcomes, and Adverse Effects," *Journal of Clinical Endocrinology and Metabolism* 88 (2003): 3467-3473, accessed July 11, 2019, https://doi.org/10.1210/jc.2002-021967.

[42] It is sometimes suggested that "transitioning" is a cure for suicidal tendencies in people with gender dysphoria, but there is little reason to think that this is the case. One 2011 study from Sweden actually found that "[p]ersons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population," concluding that "sex reassignment, although alleviating gender dysphoria,

may not suffice as treatment for transsexualism, and should inspire improved psychiatric and somatic care after sex reassignment for this patient group." Cecilia Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," PLoS ONE 6 (2): e16885. https://doi.org/10.1371/journal.pone.0016885. In other words, the community as a whole has an ongoing need, after the hormonal and surgical adjustments, for mental and other health care. This in turn begs the question as to how far the condition would better have been dealt with *from the beginning* as a mental health issue. Generally, "over 90 percent of people who commit suicide have a diagnosed mental disorder." Michelle Cretella, "I'm a Pediatrician. How Transgender Ideology has Infiltrated my Field and Produced Large-Scale Child Abuse," Intellectual Takeout, July 5, 2017, accessed July 11, 2019, https://www.intellectualtakeout.org/article/im-pediatrician-how-transgender-ideology-has-infiltrated-my-field-and-produced-large-scale.

[43] Soh, "CBC's Decision."

[44] Stephen B. Levine, "Informed Consent for Transgendered Patients," *Journal of Sex and Marital Therapy* 45 (2019): 218-229 (224), accessed July 18, 2019, https://www.tandfonline.com/doi/full/10.1080/0092623X.2018.1518885. 224.

[45] Kirsty Entwistle, "An Open Letter to Dr Polly Carmichael from a Former GIDS Clinician," accessed July 29, 2019, https://medium.com/@kirstyentwistle/an-open-letter-to-dr-polly-carmichael-from-a-former-gids-clinician-53c541276b8d.

[46] Entwistle, "An Open Letter." Consider further the interview recorded in the aftermath of the recent firing of the psychiatrist Allan Josephson by the University of Louisville in the USA for sharing at a conference "his professional opinion on the medicalization of gender-confused youth." Madeleine Kearns, "Gender Dissenter Gets Fired," National Review, accessed July 17, 2019, https://www.nationalreview.com/2019/07/allen-josephson-gender-dissenter-gets-fired/.

[47] Paul Marsden, "Memetics and Social Contagion: Two Sides of the Same Coin?," *Journal of Memetics: Evolutionary Models of Information Transmission* 2 (1998): 171-85, accessed July 17, 2019, http://cfpm.org/jom-emit/1998/vol2/marsden_p.html. The definition is quoted from *The Handbook of Social Psychology*.

[48] Marsden, "Social Contagion."

[49] See Cretella, "Pediatrician."

[50] Lisa Littman, "Rapid Onset Gender Dysphoria in Adolescents and Young Adults: A Study of Parental Reports," PLoS ONE 13(8): e0202330, accessed on June 13, 2019, https://doi.org/10.1371/journal.pone.0202330. The original study was published on August 16, 2018, and a corrected version, with the conclusions unchanged, was issued on March 19, 2019 after an outcry from some activists working in transgender clinics led to an investigation of the original.

See also the comments by Susan Bradley in Douglas Todd, "If your Child Talks About being a Different Gender, Take it Slowly," Vancouver Sun, updated May 7, 2018, accessed July 11, 2019, https://vancouversun.com/opinion/columnists/douglas-todd-if-your-child-talks-about-being-a-different-gender-take-it-slowly.