

7 December 2021

Re: Canada Bill C-4 Opposed, International Federation for Therapeutic and Counselling Choice

Dear Canada Senator,

We are writing on behalf of the International Federation for Therapeutic and Counselling Choice in opposition to bill C-4 that would ban “conversion therapy”. The IFTCC is a multidisciplinary group founded in 2015, registered as a charity in Great Britain in 2017. It is led by an executive board, a range of advisory councils, and country representatives in different world regions. (IFTCC.org) Thank you for the opportunity to present our urgent concerns in opposition to bill C-4.

Bill C-4 bans even help to “reduce...non heterosexual behaviour”. The World Health Organization has recognized Compulsive Sexual Behaviour Disorder (CSBD) as a clinical syndrome in the International Classification of Diseases, 11th edition (ICD-11).[1] There are people whose sexual behaviour is compulsively taking up so much of their time or money on a daily basis that it is interfering with basic management of their lives. They urgently need the same legal right to treatment for this recognized disorder, whether the troubling behaviour is directed toward the opposite sex or the same sex. Please note, C-4 would send to prison the lead author himself of the World Professional Association for Transgender Health Standards of Care who specializes in treating Compulsive Sexual Behaviour Disorder and supports treatment for this disorder.[2] C-4 bans this treatment. Banning it should not be on the LGBT political agenda.

Further, *gay-affirmative researchers* have documented in several peer-reviewed publications of replicated, randomized, controlled trials that men who have sex with men can successfully and lastingly reduce casual same sex partners through standard therapies conducted by *gay-affirmative therapists* in order to reduce risk of HIV transmission. Bill C-4 will send LGBT-affirmative therapists to jail. This therapy protects health and potentially saves lives of sexual minority people. *It is wrong, harmful, and absurd to criminalize saving lives.* [3]

In this gay-affirmative research, men who were fathers were especially successful in reducing same sex partners.[4] These may be men who want to save their marriage to the person they love and keep their family together. International research shows many both-sex and same-sex attracted people are in opposite sex relationships.[5] People should have the right to *effective care to help them save their marriage and family. No one should take this right away from sexual minorities.*

Canada is going to find itself in an irreparable mess if it criminalizes help to decrease sexual behaviour that is unlawful, unsafe to self, others, ones marriage or family, unhealthy, or a symptom of a known psychiatric disorder or trauma, and the desire to engage in such behaviours, regardless of whether they are directed toward the opposite or same sex, are gender congruent or gender incongruent, or are behaviours of a minor or an adult.

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Politicians would end up with egg on their faces, and this would unquestionably end up in lawsuits.

*Every Canadian should have the right to effective therapy or counselling to decrease unwanted sexual or gender behaviours for whatever reason they desire without government approval of their reason and without discrimination. Otherwise politicians police the thoughts, sexuality, and gender of citizens.*

Finland's government Recommendation says, "The *first-line* treatment for gender dysphoria" includes treatment "of possible comorbid disorders" that may "*predispose* a young person to the *onset* of gender dysphoria." The Finnish government's Recommendation is based on research in Finland that found high rates of psychiatric disorders in gender dysphoric adolescents applying for gender clinic services. Researchers found *onset of these disorders was commonly BEFORE and seldom after onset of gender dysphoria.*[6] Treating predisposing disorders is the Finnish government's recommended first line treatment to reduce or resolve gender dysphoria for adolescents, and not medical gender affirmative treatments until after psychological treatments and maturing to age 25. [7] *Bill C-4 supports medical "gender transition" and criminalizes treatment that Finland's government recommends and punishes children and parents who seek this treatment for a child. THIS IS A DISASTER FOR MINORS.*

*UN nations, many in fact, reject the mandate and therapy-opposing report of an independent, individual "expert."*[8] *No UN binding agreement mentions sexual orientation or gender identity.*

*Many professional organizations around the world support the right to therapy to explore options to unwanted same-sex behaviour or feelings or unwanted incongruent gender identity.* [9]

Professional organizations that support bans rely on studies that all make the same mistake, such as Blosnich et al. (2020)[10] and Salway et al. (2020)[11]. Such studies claim therapy that is open to change in incongruent gender identity, such as Finland recommends, or open to change in same sex behaviour, or the desire or attraction to engage in it, is harmful. All claim-harming studies fail to compare rates of suicidality before therapy and after therapy. They only look at lifetime rates or rates after therapy, then blame therapy. Sullins (2021)[12] replicated Blosnich et al. using their same US nationally representative data set but using the before therapy and after therapy data that Blosnich et al. had but neglected to use. Sullins found most suicidality occurred before therapy, not after therapy. *Unsurprisingly, more people who were suicidal than people who were not suicidal had therapy, and therapy reduced their suicidality. The Salway et al. study and other such studies made the same mistake and are invalid.*

*The best available research shows therapy to reduce same sex behaviour and attraction and increase opposite sex behaviour and attraction is effective, and mental health significantly, clinically, and strongly improves. [Examples: 13,14]*

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Does banning therapy that is open to change improve mental health or “protect the human dignity and equality of all Canadians”? During *50 years* of progressively and dramatically increasing societal affirmation of LGB identity, affirmative therapy, and discouraging any change-allowing therapy that treats potentially causal underlying trauma, *LGB psychological stress* and *suicide attempts* have progressively *worsened*, according to recent research by the *originator* of the minority stress theory and colleagues (2021).

*Exactly what therapy bans require—increasing affirmative treatments and criminalizing treatments for predisposing disorders or trauma—has not decreased suicides.* Therapy ban activists are misguiding lawmakers to take exactly the wrong direction.

*A nationally representative poll of Canadian adults found 92% support consenting adults being free to get the sexuality counselling of their choice, regardless of their sexual orientation or gender identity.* [15]

Everyone should have the *right to walk away* from sexual or gender experiences or practices that do not work for them and have *support to live the way that brings them health and happiness.* The International Federation for Therapeutic and Counselling Choice urges you to *vigorously work to oppose C-4. We will support you.*

Respectfully,

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Ann Gillies, Ph.D., Licensed AAMFT/Trauma Therapist, Canada Country Representative, International Federation for Therapeutic and Counselling Choice

M.R. Davidson, Ph.D., Chairman, International Federation for Therapeutic and Counselling Choice

References:

[1] Compulsive Sexual Behaviour Disorder is in the ICD-11: <https://www.findacode.com/icd-11/code-1630268048.html> ; <https://pubmed.ncbi.nlm.nih.gov/32609629/>

[2] Eli Coleman: <https://www.sexualhealth.umn.edu/bio/institute-for-human-sexuality/eli-coleman> ; Coleman, E. et al. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, Version 7. <https://doi.org/10.1080/15532739.2011.700873> Page 180 says gender dysphoria “may be secondary to, or better accounted for by, other diagnoses.”

[3] Men reduced casual same sex partners: Nyamathi et al., 2017, <https://journals.sagepub.com/doi/abs/10.1177/1557988315590837>; Reback, C. J. et al., 2014, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3326187/pdf/nihms340906.pdf> ; Shoptaw et al., 2008. <https://europepmc.org/article/MED/15845315> ; Shoptaw et al., 2005, <https://ucdavis.pure.elsevier.com/en/publications/behavioral-treatment-approaches-for-methamphetamine-dependence-an>

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[4] Men who were fathers especially reduced same-sex partners: Nyamathi et al., 2017, <https://journals.sagepub.com/doi/abs/10.1177/1557988315590837>

[5] U.K.: Office of National Statistics (2017). P. 9, Figure 5. <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2017>

U.S nationally representative study.: Herek, G.M., Norton, A.T., Allen, T.J., & Sims, C.L. (2010). P. 192 and Table 8. <https://link.springer.com/content/pdf/10.1007%2Fs13178-010-0017-y.pdf>

[6] Finland: Kaltiala-Heino, R., Sumia, M., Työläjäarvi, M., and Lindberg, N. (2015). <https://doi.org/10.1186/s13034-015-0042-y>

[7] Finland: Recommendation of the Council for Choices in Health Care in Finland (PALKO/COHERE Finland): Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors. (2020). <https://palveluvalikoima.fi/en/recommendations#genderidentity>. UNOFFICIAL English translation: [https://segm.org/sites/default/files/Finnish\\_Guidelines\\_2020\\_Minors\\_Unofficial%20Translation.pdf](https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf)

[8] Example: Organisation of Islamic Cooperation (18-19 Oct. 2016). [https://www.oic-oci.org/subweb/cfm/43/en/docs/fin/43cfm\\_res\\_cs\\_en.pdf](https://www.oic-oci.org/subweb/cfm/43/en/docs/fin/43cfm_res_cs_en.pdf); "The Organisation of Islamic Cooperation (OIC) is the second largest organization after the United Nations with a membership of 57 states spread over four continents. [https://www.oic-oci.org/page/?p\\_id=52&p\\_ref=26&lan=en](https://www.oic-oci.org/page/?p_id=52&p_ref=26&lan=en)

[9] Professional organizations support: Haynes, 2021, <https://iftcc.org/resource/medical-and-mental-health-organisation-opposing-bans-on-therapy-for-unwanted-same-sex-attraction-or-gender-identity/>

[10] Blosnich et al. (2020). <https://pubmed.ncbi.nlm.nih.gov/32437277/>

[11] Salway et al. (2020). [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7298582/pdf/10.1177\\_0706743720902629.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7298582/pdf/10.1177_0706743720902629.pdf)

[12] Sullins (2021). [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3729353](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3729353)

[13] Pela & Sutton (2021). [https://df6a7995-c8cd-4a49-bc0d-2ef92e2cf904.filesusr.com/ugd/ec16e9\\_08ac87b9a4a94711b6b72429723cda6a.pdf](https://df6a7995-c8cd-4a49-bc0d-2ef92e2cf904.filesusr.com/ugd/ec16e9_08ac87b9a4a94711b6b72429723cda6a.pdf)

[14] Sullins, Rosik, & Santero (2021). <https://f1000research.com/articles/10-222/v2> [15] Canadian poll: Nanos, 2021, <https://www.freetocare.ca/what-canadians-think>