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Chair: Ms. Iqra Khalid



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• (1105)

[English]

The Chair (Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.)): I call this meeting to order.

Welcome to the 14th meeting of the Standing Committee on Justice and Human Rights.

Pursuant to the order of reference of Wednesday, October 28, 2020, the committee is studying Bill C-6. Today's meeting is in a hybrid format. Members, obviously, can participate in person or by video conference. Witnesses can only participate by video conference. All members, regardless of their method of participation, will be counted for the purposes of quorum.

To ensure an orderly meeting, I will outline a few rules.

Members and witnesses may speak in your official language. You will see the interpretation selection at the bottom of your screen. You can follow along in either the floor, English or French. Before speaking, click on the microphone icon to activate your own mike. When you are done speaking, please put yourself on mute to minimize any interference.

I will remind you that all comments by members and witnesses should be addressed through the chair. We'll try our best, the Clerk and I, to maintain a speakers list to ensure that everybody has their say. Use the "raise hand" action at the bottom of your screen if you would like to speak.

Masks are required, obviously, for Mr. Cooper and me. We have ours over here.

If you need to get my attention, just signal to the clerk or to me. I would appreciate that.

Today I'd like to welcome the following witnesses. As an individual, we have Erika Muse. We have 2 Spirits in Motion, represented by Jack Saddleback, co-chair, and also the Association of Reformed Political Action Canada, represented by André Schutten, the legal counsel and director of law and policy, and Jose Ruba, the adviser.

Without further delay, we'll go right into the opening remarks by witnesses. Each witness has five minutes.

We'll start with Erika Muse.

Go ahead. You have five minutes.

Miss Erika Muse (As an Individual): Hello, and thank you to the committee for inviting me here as a witness. Thank you to my mom, Vicki Hartley, for loving and supporting me through all this.

My name is Erika Muse and I am a survivor of trans conversion therapy. I underwent conversion therapy at the now-closed youth gender clinic at the Centre for Addictions and Mental Health, CAMH, in Toronto, with Kenneth Zucker. Yes, that is the same Kenneth Zucker who spoke to you on Tuesday, painting himself as a semi-retired professional and academic arguing for the rights of trans youth.

Dr. Zucker saw me as a patient for seven years, from the ages of 16 to 23, and denied me trans-affirming health care in the form of both hormones and surgery until I was 22. Dr. Zucker instead put me through what he has termed "desistance treatment" for trans youth. He interrogated me in talk therapy for hours at a time, inquisitorially attacking, damaging and attempting to destroy my identity and my self-esteem, and to make me ashamed and hateful of myself.

I specifically saw him in order to be referred for puberty blockers and trans hormone replacement therapy, as his clinic was the only one able to provide these treatments for many Ontarian youth at the time. Instead of providing affirmative care to fix my growing gender dysphoria and mental health issues, Zucker intentionally denied me care.

Trauma has cloaked many of my memories of the horrible treatment he put me through, but I remember the day he commented very positively on how my shoulders and ribcage had filled out. I had grown to look like a man. I remember trying not to cry in his office. Years into treatment, he had condemned me to the fate I wished to avoid, the very one I asked him every session to save me from. He made my body a prison and it is to this day.

Conversion therapy almost broke me and I live with its physical and emotional scars to this day, but I was only a small part of Zucker's practice. I spoke up as a survivor of his treatment for Ontario's Bill-77, which banned conversion therapy in Ontario. That bill led to his clinic being reviewed and shut down when the review found that he'd been practising conversion therapy and denying trans health care to the population he was meant to protect. Zucker now practises privately.

Furthermore, Zucker has written and published many scholarly articles and books on his conversion therapy practices for trans youth and has advocated for adult conversion therapy on trans people as well. He lied to you when he spoke on Tuesday. He practises conversion therapy on trans people to this day, on people of all ages, and he sees trans lives and trans existence as something to be hated and stopped.

I think he only gave up on trying to stop me when he realized he couldn't win, but he's still trying to hurt others. This is the most important thing I want you to know. Zucker attempted to change my gender identity both before and after I turned 18, and he never allowed for exploration, consideration or development of my gender. Instead, he worked as much as he could to stop me from being my true self.

Zucker and his colleagues are the international proponents and researchers of conversion therapy for trans people of all ages across the world. Canada exports our home-grown hatred to the rest of the world but Bill C-6 will delegitimize that and stop it from being spread further. Whatever these theories and papers call their practices—"autogynephilia", "rapid-onset gender dysphoria", "watchful waiting" or "desistance therapy"—by Zucker and Blanchard and Littman and Cantor and Bailey and Bradley, and so many others.

They all have one thing in common. They're all conversion therapies and practices for trans people. They're attempts to define being trans as wrong, bad and something to be stopped, and they are efforts to stop trans people from living our own lives.

There are many briefs in front of the committee stating that gender-affirming care is actually conversion therapy for gay, lesbian or bisexual youth and that gender identity should be removed from the purview of Bill C-6. I implore you, do not listen to them. These briefs and the testimony you heard yesterday and may hear in future sessions are based in research crafted through blood and agony and pain from me and the many other trans people who suffered for years at CAMH and who have suffered since.

I know because I'm in that study data, because Zucker asked me to be one of his participants and I had no right to refuse. This is a blight, a wound on the lives of trans people across the world. You can stop it, but you must go further to make sure it can't happen anymore. You must extend Bill C-6 to ban conversion therapy at all ages. Canadians cannot consent to fraudulent practices or to bodily and mental harm, and conversion therapy is a terrible harm.

You must further add language to the definition in Bill C-6 of conversion therapy so that practices cannot act to change someone's gender expression as well as their gender identity, to bring it into harmony with the Charter of Rights and Freedoms. You must strike the greater certainty clauses from that definition, as Zucker and many other practitioners of conversion therapy against trans people present their services as part of exploring or developing a patient's gender identity.

I saw Zucker for a referral, a service related to my gender identity. That was what the youth gender clinic's purpose was in CAMH and in the Ontario health system. Instead, he used that power and that position to ruin my life, my body and my mind. The wounds that Zucker caused me can never be undone. I don't know if I'll be

able to heal and feel right or whole, or right as a person, ever again. This Parliament, this committee can make sure it never happens to Canadian people, ever again.

Thank you.

• (1110)

The Chair: Thank you very much, Ms. Muse.

We'll now go on to 2 Spirits in Motion, with Jack Saddleback.

Go ahead, sir. You have five minutes.

Mr. Jack Saddleback (Co-Chair, 2 Spirits in Motion): [*Witness spoke in Cree as follows:*]

miyo-kíkisiþâyâw. Jack Saddleback nitisihkâson.

[*Cree text translated as follows:*]

It is a good day, Jack Saddleback is my name.

[*English*]

My dear friends and respected relatives as well.

My name is Jack Saddleback. I go by he/him pronouns, and I am from the Samson Cree Nation in Maskwacis, Alberta. I'm also an out and proud Cree two-spirit transgender gay man.

Today I am representing the 2 Spirits in Motion society as the co-chair and am speaking to you from the Treaty No. 6 Territory of Saskatoon, Saskatchewan.

I speak today as an invited member to address the need of Bill C-6 in the Criminal Code of Canada to criminalize conversion therapy in our country.

As stated through the Government of Canada's website on the announcements of the reintroduction of this bill:

Diversity and inclusion are among Canada's greatest strengths. Canadians must feel safe in their identities, and free to be their true selves. This is why the Government of Canada is acting on its commitment to criminalize conversion therapy in Canada.

I commend this strong stance and implore the Government of Canada to pass this bill with the following in mind.

This year marks the 30th anniversary of the adoption of the term "two spirit" by indigenous LGBTQ2IA people and organizations in North America, which was brought by a vision and offered by Dr. Myra Laramee in Manitoba in 1990. This extended the understanding of the term two spirit to be a pan-indigenous acknowledgement of the historical acceptance of gender and sexual diversity in indigenous communities prior to colonization.

I should say that this particular term of two spirit is intended, as well, simply as a placeholder until each community member can rightfully uncover and reclaim their ancestral knowledge and language of these sacred roles.

I feel it is vital that the voice of two-spirit people be within speaking to the bill for three clear reasons.

Number one is our indigenous world views of gender and sexual diversity and our inherent culture of non-interference and respect that have uplifted each community member for their unique gifts for time immemorial.

Number two is the attempted subjugation of indigenous children and indigenous communities to adhere to a patriarchal cisnormative gender binary system and the heteronormative narrative imposed on these lands.

Number three are the ongoing effects of these systems, such as residential schools, that put two-spirit/2SLGBTQ2IA peoples in harm's way when it comes to conversion therapy.

Speaking to point one, our indigenous world views of gender look at multi-dimensional aspects of a person in that their vessel, or body, is simply that—a vessel. These vessels certainly do come with teachings, and they are one part of a whole. Our understanding of gender is not based on the body; rather, it is based on the skills, gifts and roles that a person holds within their community.

Further, our indigenous world view of love understands that *sáki-hito-maskihkiy*, or love medicine, was one of the most powerful of medicines graced to our people by *kisemanito*, or the great being. We understood that we had no place as human beings to stand in the way of who a person loves, as we understood that love is love.

There are a number of teachings I would be more than happy to share with you at a later date, but today we must focus on the latter two of my points when addressing conversion therapy.

In point two, we look at the harmful effects of the attempted subjugation of indigenous children and indigenous communities to adhere to a patriarchal cisnormative gender binary system and the heteronormative narrative that has been imposed.

These systems have been used through the Canadian Charter of Rights and Freedoms itself, the bureaucratic systems that run our country, and more specifically, when looking at indigenous communities, the Indian Act, and how aspects of the act attempt to impose these mentalities.

Further, concrete examples of these imposed narratives come from my own family who have shared stories of the outlawing of our ways of life, and how this has impacted our traditional oral teachings, which in turn affected the openness of our discussions of gender and sexual diversity.

I say these teachings and the facts to lead me to my third point, that being the ongoing effects of these systems, such as residential schools, that put two-spirit/2SLGBTQ2IA peoples in harm's way when it comes to conversion therapy.

Our own communities are still reeling from the effects of the aforementioned systems. Some of the biggest impacts are the pivot-

ing and intergenerational trauma that has introduced a culture of interference for indigenous communities across Turtle Island.

Now I say the next few items with the greatest of care. Our own indigenous communities have been subjected to conversion therapy through the malicious use of residential schools that have harmed many indigenous families, and more specifically, numerous named and unnamed two-spirit children. These effects are still happening today. This is taking place bluntly or surreptitiously under the guise of biased cultural leaders, or where two-spirit community members are at the spear's edge of the harmful effects of conversion therapy that tries to strip them of their natural love for the same gender or more genders, or to discredit their own gender identity and gender expression.

• (1115)

When looking at Bill C-6, we must take into account the tremendous impact that colonization has had on our traditional world views and acceptance of gender and sexual diversity.

Thus, my friends, I reiterate that Bill C-6 must pass and must do so with the intention of being accessible to all citizens affected by conversion therapy, and it must be intersectional in principle, as conversion therapy looks different from culture to culture—

The Chair: Thank you, Mr. Saddleback.

Unfortunately, we're out of time, but I'm sure that we'll be able to address more of this during the questions and answers.

Mr. Jack Saddleback: Sure.

The Chair: We'll now move to the Association for Reformed Political Action Canada with André Schutten and Jose Ruba.

You have five minutes between the two of you.

Mr. André Schutten (Legal Counsel and Director of Law and Policy, Association for Reformed Political Action Canada): Thank you so much, Madam Chair and honourable committee members.

Degrading and harmful practices are wrong and they should be banned, yet legislators must be nuanced and precise in their definitions to avoid capturing practices and services that are helpful to some. The definition of conversion therapy in C-6 is too broad and vague. It captures helpful counselling and psychological support for children, teens and adults, as my colleague, Jose, will address in a moment.

As it stands, Bill C-6 would make it a criminal offence for parents to bring their child to a counsellor to address gender dysphoria and for the counsellor to help that child. The penalty for both the counsellor and the parent is up to five years in prison. Bill C-6 will also deny to some members of the LGBTQ community the broad range of counselling choices that are freely available to all other Canadians. In a tragic twist, Bill C-6's overly broad definition ends up discriminating against the very people it purports to help, contrary to the charter.

While the federal government should be concerned about and legislate on dangerous methods, such as electroshock therapy, surgical or pharmaceutical interventions and so on, it must not conflate methods on the one hand with goals on the other. Again, Jose will speak about his personal experience with this in a moment.

ARPA Canada supports a well-defined ban on conversion therapy. Our written submissions propose amendments in more detail. I'll just highlight three.

First, add the word "therapeutic" at the beginning of the definition of conversion therapy to focus the scope of this bill and alleviate legitimate concerns of parents, teachers and spiritual leaders. Second, cut the reference to sexual behaviour from the definition because it unfairly prevents members of the LGBTQ community from accessing counselling that's freely available to all other Canadians. Finally, add a clarification that conversion therapy does not include religious teaching on identify and ethics. That would direct police, investigators and prosecutors to focus their attention not on religious minorities, but rather on outdated therapeutic practices.

I'll now turn it over to my colleague, Jose.

• (1120)

Mr. Jose Ruba (Advisor, Association for Reformed Political Action Canada): Members of Parliament, thank you for taking the time to hear my comments today.

I came to Ottawa as a journalism student years ago, excited to learn about Canadian rights and freedoms. I am speaking today because I believe Bill C-6 threatens the rights of all Canadians, but especially LGBT Canadians.

When I lived in Ottawa, I began to see a counsellor to help reduce my unwanted same-sex attractions and behaviour. Sadly, those of us who benefit from this counselling are not included in these discussions. That is why I need to share a statement supported by dozens of my friends who have gone through the same experience. We applaud the government if it wishes to pass legislation that criminalizes, in an explicit manner, coercive counselling practices, but Bill C-6 conflates harmful methodologies with the goals Canadians choose for themselves.

We are Canadians whose goal was to reduce unwanted sexual behaviour or gender confusion. We chose counselling as the methodology to achieve this goal. We were not coerced or harmed by this counselling; rather, this counselling helped us reduce behaviours that we no longer wanted to engage in. For many of us, this counselling saved our lives.

This counselling is threatened by Bill C-6's definition of conversion therapy. The definition is not used by any professional body in

North America. The Canadian Psychological Association, the Canadian Psychiatric Association and their American counterparts do not include the phrase "reduce non-heterosexual attraction or sexual behaviour". Good counselling will always help patients change behaviour they no longer want to engage in.

There are legitimate reasons why Canadians would want to reduce sexual behaviour without changing their orientation. Sexual behaviour can include porn, sexual addiction or extramarital affairs. If Bill C-6 passes, heterosexuals would be able to get supports to reduce these behaviours, but LGBT Canadians will not. Consenting adults would not be able to pay for a professional counsellor and mature minors would have no choice at all. In fact, this bill says that only the counselling sessions of LGBT Canadians will be regulated by criminal law. That would be a violation of our charter rights.

Now, the government argues that this bill would not impact a person's gender transition or person's exploration of their identity or development, but by adding the phrase "reduce non-heterosexual attraction or sexual behaviour" the government is already telling us what we're allowed to conclude from our exploration. We agree with ARPA's proposed amendments and ask you add "coercion" to the definition of conversion therapy.

We are not asking that you agree with our goals. We are asking you to respect our right to set goals for ourselves. In other words, we are simply asking that you recognize we exist.

Thank you.

The Chair: Thank you very much for that.

We will now go into our first round of questions of six minutes each, starting with Mr. Moore.

Hon. Rob Moore (Fundy Royal, CPC): Thank you, Madam Chair.

Erika Muse, Jack Saddleback, André Schutten and Jose Ruba, thank you for being here. I know it's a different set-up when we're here virtually, but all of your advice is helpful as we deal with Bill C-6.

Jack Saddleback, it seemed as if you were just about to finish your statement. I only have six minutes, but if you want to take 30 seconds or so and finish what you were going to say, go ahead and do that.

Mr. Jack Saddleback: That's awesome. Thank you, Mr. Moore.

And my apologies to the clerk. I didn't hear you telling me to wrap up.

I just have 10 seconds.

In regards to you, my friends, I reiterate that Bill C-6 must pass and must do so with the intention of its being accessible to all citizens affected by conversion therapy. Furthermore, it must also be intersectional in principle, as conversion therapy looks different from “culture to culture” in our country, and the essence of this bill must be put forward with the teachings of *sākihito-maskihkiy*, in the spirit of love medicine for all people in their right to be free and to be accepted as unique beings.

Thank you very much for allowing me to finish.

Hon. Rob Moore: Thank you.

We had the minister here on Tuesday.

Mr. Schutten, the minister said that it's clear that Bill C-6 does not apply to good-faith conversations about one's sexuality with a doctor, or that a psychologist may have with a patient, or that a faith leader may have with a member of their flock.

I hear what you are saying on conversion therapy and certainly support a ban of it. Key to the work this committee is doing is that we need to get the right definition of conversion therapy. It's alarming to hear that this definition has not been used in any other case.

Do you agree with the minister's assessment that this wouldn't apply to good-faith conversations between someone exploring their issues around sexuality with a doctor, faith leader, etc?

● (1125)

Mr. André Schutten: I believe that the current definition in proposed section 320.101 is too ambiguous to be able to say that for certain, one way or the other. And certainly if I were a criminal defence lawyer—I did a bit of criminal defence work before I came to work where I am now—I would be very concerned about the way this definition is written. I'm quoting from the Supreme Court of Canada, which has said:

It is a fundamental requirement of the rule of law that a person should be able to predict whether a particular act constitutes a crime.

Because the definition is so ambiguous, I think that all Canadians, particularly the pastors and the doctors you've just mentioned, Mr. Moore, deserve clarity and certainty in the law. It's not here. So adding a clarification, which has been on the Justice website for a long time, and which the Justice minister to his credit has been emphasizing in his oral remarks doesn't target that, which would be good, but it needs to be in the law. It has to be in the Criminal Code.

Hon. Rob Moore: I want to explore that further. The Department of Justice website lays out a paragraph saying this is what this bill doesn't do, and that's been used as a communication piece by the minister. It aligns with what the minister said about the bill in his press conference introducing it, but if we back up just two years ago, the federal government was called upon to institute a Criminal Code ban on conversion therapy. As you know, the Criminal Code is the highest sanction we have in Canada. At the time, the federal government said this was primarily in the domain of the provinces, and that it would therefore not introduce Criminal Code amendments. Fast forward two years and we have this bill. It's very important that we get the definition right when we're talking about the Criminal Code.

I agree that individuals need to know where they stand before the law, and having the definition clear is so important.

There are two "for greater certainty" type clauses after the definition. What would be the downside of including the language in the definition that the department has on its website?

Mr. André Schutten: Thanks again.

I don't see a downside to adding that. Because there already exist two clarifying statements, a third one adding greater clarity again would be wholly appropriate. I note as well that there have been multiple briefs submitted to the justice committee from a diverse range of witnesses that make this same point.

CIJA made this submission in written form, and I'd also endorse the very thorough legal research and the brief of the Christian Legal Fellowship as well, where they make the same point. I don't see the downside to adding that clarification.

Hon. Rob Moore: Do I have any time, Madam Chair?

The Chair: You have 10 seconds, Mr. Moore.

Hon. Rob Moore: Okay. Thank you, Madam Chair, and to all of the witnesses for helping to inform our decision-making.

The Chair: Thank you very much, Mr. Moore.

We'll now move on to Mr. Maloney for six minutes. Go ahead, sir.

Mr. James Maloney (Etobicoke—Lakeshore, Lib.): Thank you, Madam Chair, and let me add my thanks to all of the witnesses for coming today.

This is a very difficult topic, and there are varying opinions on it, although I think there's consensus on one thing, and let me give you an example.

I was talking to a friend recently. He asked me what I was doing. I told him that I was on the justice committee and that we were discussing legislation banning conversion therapy. He seemed puzzled. I explained to him what conversion therapy was and he said, “Well, I didn't even think that was still legal and how can anybody possibly be opposed to this legislation?” I said, “Well, you'd be surprised.”

I told him that a number of people are actually opposed to it, and that there are still some people who think it needs to be further refined. I think the second part of that statement is where we're at on this committee. I think there's consensus from the witnesses today that banning conversion therapy is vital.

Let me start with you, Mr. Schutten.

We've heard testimony that this legislation, because of the definitions you've referred to, might put a freeze on therapy and, I think you said, might prevent parents from taking their children for counselling and might have an impact on religious environment.

With respect, sir, I've looked at this legislation, and it simply doesn't do that. I'm receiving a number of calls at my office and emails from people who are saying, "Look, I'm not going to be able to go to church now, and I'm not going to be able to talk to my priest." My concern is that some of these thoughts that are being put out there are creating confusion on what the legislation is trying to do.

The goal of the legislation is simply to ban an archaic process and approach to dealing with people who want to live their life the way they feel they should, and it's as simple as that.

Do you agree with that? Do you agree that there are people out there who are causing a great deal of confusion, which is doing harm to the goal of this legislation?

• (1130)

Mr. André Schutten: Thanks for the question.

It's important to be, yes, very precise about the definition, and I completely agree with you, sir, about where we're all aligned on this committee and amongst the witnesses. I think some people have inflated the risk with this particular bill. It won't prohibit any individual from seeking any type of counselling from a pastor, a priest, a religious counsellor and so on.

Rather, I think where the ambiguity lies in the bill and in the definition is that it will, or it will at the very least, chill that ability for people who are struggling with questions about personal identity, sexuality, sexual ethics and so on, who want to seek that kind of help that's in line with perhaps their own religious convictions or other reasons why they want to seek counselling—

Mr. James Maloney: I'm sorry. I totally disagree with that. I don't think it will have that effect at all, because you're suggesting that doctors and religious counsellors and parents are going to misinterpret this law. People are going to be able to do what's appropriate with their own circumstances and their own families. It's up to professionals who are doctors and religious leaders to abide by the law.

I don't think that's going to happen at all, unless there are people out there perpetuating this theory—wrongfully, in my opinion—because.... Let's get back to the basics here. We have a goal. This legislation has a purpose. Everybody agrees on what it is. Let's not distort that goal by clouding it with issues that people who are opposed to it want to perpetuate.

That's where I think you and I disagree. I apologize for interrupting.

Mr. André Schutten: No problem.

May I respond, Madam Chair?

Mr. James Maloney: Yes.

Mr. André Schutten: With respect then, I'd say just take the example of my co-panellist Mr. Ruba. He sought out counselling, talk therapy from a professional, to try to align his religious convictions—and Jose can speak for himself of course—with a particular thing that he was struggling with—same-sex attraction in his work.

The service that's offered by the person or the professional he went to is prohibited by this bill. I quote to you the justice minis-

ter's own words in committee two days ago, where he said that talk therapy is covered by this definition.

So outdated modes or methods like shock therapy and all kinds of other horrible practices should be banned, absolutely—

Mr. James Maloney: Again, I'm going to interrupt you because I don't have much time.

With respect, I disagree with you again. This bill specifically allows for adults to seek therapy if that's what they wish to do. To quote your colleague, he said we should allow people to set their own goals, and this bill, with respect, does just that.

The prohibition that you've just enunciated...I don't see it in the legislation.

• (1135)

Mr. André Schutten: The barrier there is, of course, that the professional that Mr. Ruba sought and got counselling from cannot make money doing it, can't advertise it, and so for people like Mr. Ruba, his rights then are interfered with because he can't get that help, whereas every other Canadian can.

Mr. James Maloney: No, no, no—he is allowed to get therapy. This legislation makes it against the law for people to promote it, make money and advertise. Those are two distinctly different things, sir, and I think that's maybe where the confusion lies.

Unfortunately, I'm out of time, so we'll have to stop there.

The Chair: Thank you, Mr. Maloney. That is indeed all the time that we have.

[*Translation*]

Mr. Fortin, go ahead for six minutes.

[*English*]

Go ahead, sir.

[*Translation*]

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Thank you, Madam Chair.

I would also like to thank all the witnesses who are joining us today. I know that it's not easy to participate virtually, but their testimony is precious for informing our thought process on this bill, on both sides, regardless of the position they hold.

I would like to continue the discussion with Mr. Schutten about his concern.

Once again, I also understand that everyone seems to agree in saying that conversion therapies must be banned. According to certain witnesses, we should go further and ban them for everyone and not only for minors and those who are being forced to participate. That's one thing.

Conversely, some would want to allow objective discussions in good faith with young people, for instance. What comes to mind first are discussions between a pastor and young children in the community. We are concerned because we understand that the pastor has a certain amount of influence over the community.

The minister is telling us that he wants to allow good faith conversations. I see those conversations as non-interventionist. These are objective discussions where no attempt is being made to influence individuals on what their gender identity should or should not be. I may be wrong, but that is how I see it.

So here is my question for Mr. Schutten: would I not be correct in thinking that, in those good faith discussions, a pastor would necessarily tend toward wanting to influence the individual on what their gender identity or sexual orientation should be? Wouldn't the pastor be biased?

[English]

Mr. André Schutten: Thank you very much for that thoughtful question.

I think there's a great range of diversity within Canada, in particular religious diversity. There are also many people within the LGBTQ community who have particular religious identities and who want to make sure that they live their religious identity faithfully and truly while also dealing with and living out their life as an LGBT individual.

Pastors or spiritual leaders can walk that path. I can speak only for the religious community that I come from; I can't speak for other religious communities. Certainly within my community, our identity first is as children of God and as image-bearers of Jesus Christ. That's our primary identity, our leading identity.

So, if I want to seek help or guidance from a spiritual leader within my tradition, then he's going to lead with that. That's an assumption I have going into the conversation, and that's the assumption he's going to have in the conversation as well. That should be available to me as a Canadian without restriction from the civil government. It should be free to every Canadian to seek out counselling and help, services and practices, that are in line with their religious convictions, and that's not coercive, abusive behaviour.

[Translation]

Mr. Rhéal Fortin: Thank you, Mr. Schutten.

However, would those discussions...

The Chair: I apologize, Mr. Fortin.

Mr. Rhéal Fortin: Yes?

[English]

The Chair: Just very quickly—and I've stopped your time so this is not impacting it—one of our witnesses, Erika Muse, has her hand raised, so if you would like, you can also ask her for an intervention. It's really up to you.

[Translation]

Mr. Rhéal Fortin: I don't understand, Madam Chair.

Do I have any time left or not?

You want me to turn to Ms. Muse, is that it?

• (1140)

The Chair: Yes.

[English]

You have two minutes left still, but I'm just letting you know that Erika has her hand raised, so if you would like her to comment, you can ask her too.

[Translation]

Mr. Rhéal Fortin: I understand, but I first want to finish the discussion with Mr. Schutten because this question is important to me.

Mr. Schutten, do we agree in saying that the pastor you are talking about who would be asked for advice or support would be biased?

From the outset, the pastor will try to influence the individual on what their gender identity or sexual orientation should be.

Am I right in saying this?

[English]

Mr. André Schutten: Yes, he's going to bring the religious convictions of that community to bear, for sure.

[Translation]

Mr. Rhéal Fortin: That's exactly what the bill is trying to ban: influencing someone. They don't want a minor to be influenced on their gender identity or their sexual orientation. That is what they are trying to avoid.

Thank you, Mr. Schutten.

Ms. Muse, did you want to add anything?

I yield the floor to you for the remainder of my time. I am listening.

[English]

Miss Erika Muse: Yes, I wanted to add that, in my opinion, this idea that there cannot be any discussion in talk therapy with therapists exploring issues related to sexuality or gender is completely unfounded. There are international standards about discussing issues of sexuality and gender with psychiatrists and psychologists. These have been signed on to by medical groups and medical associations in Canada, and these services do not prevent in any way Canadians from speaking about issues concerning their own sexuality or other issues. They only prevent the practitioner from carrying out conversion therapy practices in response, which are clearly defined by those same groups and in the bill.

[Translation]

Mr. Rhéal Fortin: Thank you, Ms. Muse.

The Chair: Thank you, Mr. Fortin.

[English]

Now we'll go on to Mr. Garrison for six minutes, please.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Thank you very much, Madam Chair.

I just want to start by saying that one of the great privileges of being a member of Parliament is the fact that you get to meet a wide variety of amazing Canadians, so I want to personally thank Erika Muse and Jack Saddleback for the experiences, knowledge and wisdom they've shared with me as a member of Parliament. I really thank them for appearing at committee today.

I want to ask them about what's not in the bill. The bill presumes that there's such a thing as a consenting adult for conversion therapy, and I want to start by asking Erika Muse whether she believes that people can consent to conversion therapy?

Miss Erika Muse: Absolutely 100% not. You cannot consent to conversion therapy, because you might be told that it's one thing, but it is ultimately a destructive or hurtful practice, and under Canadian law, you cannot consent to bodily harm in any respect, and that definitely applies. Any consent that someone thinks they're giving to conversion therapy is coerced, because they're being sold a lie if they believe this is going to help them and change their identity, when it is not effective and has been proven to not have any effect.

I went through conversion therapy after the age of majority only because Dr. Zucker was the only one who was allowed by the Ontario health system to prescribe me the gender reforming care I needed. My conversion therapy was coerced for that reason.

Mr. Randall Garrison: You would feel that for most those who have been subjected to conversion therapy, there really isn't any element of free will involved.

Miss Erika Muse: I would say that for everyone. You think that you might be able to consent, but you really don't have any idea what you're getting into. Again, that is already included in the concept of the Criminal Code.

Mr. Randall Garrison: Thank you.

Mr. Saddleback, I have the same question for you. Do you believe it's possible to freely consent to conversion therapy?

Mr. Jack Saddleback: I would agree with my colleague here that there is no ability for free consent when it comes to conversion therapy or conversion. In regard to this bill, I think, for us as a society, we have to look much deeper at why the whole aspect of conversion therapy even exists. We must look at the larger patriarchal, cisnormative, heteronormative narrative that is trying to be imposed by a certain thought process.

The aspect that human beings are multi-dimensional and that we are diverse within our nature is what we must uphold here in Canada; thus the bill must be passed. There must be the freedom for people not to worry about going into conversion therapy or being pulled into that whole mentality.

Further...actually, no, I'll leave it there.

Thank you.

• (1145)

Mr. Randall Garrison: The bill doesn't actually specifically address gender expression.

Mr. Saddleback, I would like you to talk a bit more about whether you think a bill that leaves out gender expression could be adequate.

Mr. Jack Saddleback: I think that's a huge gap when we're looking at this bill. If you look at the Charter of Rights and Freedoms, gender expression is alluded to within it, if not clearly stated. For this bill to leave that out, I think it's a huge miss.

When we look at conversion therapy, and coming back to my point about this larger systemic and societal viewpoint of what gender is, and what sexual and/or romantic orientation is, we also have to understand that the outdated, archaic mentalities of gender and gender norms certainly do put people in harm's way.

If you look at a young boy who's dressing in "feminine clothing", and then for this to be seen as an opportunity for conversion to happen because they are not dressing "like a boy", that itself is concerning if this is not included in the bill.

Mr. Randall Garrison: In your presentation you talked about various forms of conversion therapy going on in the margins in first nation communities.

Could you talk a little bit more about what you have observed of these kinds of practices.

Mr. Jack Saddleback: I say this with the greatest of care, as I believe that this particular aspect of the bill, and the education and awareness that needs to take place within indigenous communities, need to be done by indigenous communities for indigenous communities.

I believe that's where the 2 Spirits in Motion Society, as well as many of our other colleagues across Canada, will be able to have these discussions with our own community members.

When it comes to the events that have taken place, and the things we have observed, and the stories we have heard, unfortunately, some of our cultural leaders are still reeling from the effects of colonization where the aspects of cisnormativity and heteronormativity are certainly still steeped within that trauma that everyone is still reeling from, more specifically within residential schools where that was then instilled in our young indigenous children who now are adults.

It comes in the form of cultural ceremonies. Even for myself, and I will speak very freely about this, I did have a cultural leader of mine who, unfortunately, for lack of a better word, tried to exorcise me in regard to who I am as a trans man and as a gay man to let me know that I was not supposed to exist.

I think that itself highlighted for me the true impact of colonization and these mentalities on indigenous communities. I think it's very important and vital that we take these intersectional viewpoints of this bill, and I circle back to the fact that it has to happen by community for community when moving forward.

The Chair: Thank you.

Mr. Randall Garrison: Thank you.

The Chair: Thank you, Mr. Garrison.

We will now go into our second round of questions starting with Mr. Cooper, for five minutes.

Go ahead, sir.

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Thank you very much, Madam Chair, and I want to thank all of the witnesses for your very important testimony as we consider Bill C-6.

I'm going to direct my questions to Mr. Ruba.

Mr. Ruba, through you, Madam Chair, we heard from witnesses on Tuesday who expressed concern that Bill C-6 would create a chilling effect on counsellors and medical professionals who may fear consequences for providing any services that could help patients like you manage unwanted behaviours or attractions.

Have you experienced this chill effect?

Mr. Jose Ruba: Yes. Actually I have already talked to a Christian counsellor who I know in Calgary. As many of you know, a by-law that is written in a similar way to the federal law is already in place in Calgary. One Christian counsellor I talked to has already said that she's very scared of talking about this with her clients. Another pastor told me that she was very scared of even returning the calls of people asking for support from people of her own faith.

So the chilling effect is real. On being able to access this service, I disagree with the member, Mr. Maloney, because this bill says that I cannot access or pay for a service that everyone else can, based solely on my sexual orientation and faith. That's outright discrimination.

I'm actually pretty saddened and appalled that people who speak about being able to express and respect the diversity of this country would completely ignore what I just said as a person who benefited from this counselling and freely chose to get it.

I represent dozens of people who agree with me on this, and we have a right to at least be acknowledged that we exist. The last testimony we just heard basically said that we don't, and that's sad for a group of people who want to argue for diversity.

• (1150)

Mr. Michael Cooper: Mr. Ruba, the government has provided assurances that your rights won't be infringed upon. You spoke about the effect that the bylaw in Calgary has had on your ability to access counselling services that you freely want to access. Can you speak to the government's assurances that there really is nothing to worry about here?

Mr. Jose Ruba: If there were nothing to worry about, then they wouldn't even be having to add information on the website saying that conversations wouldn't be included. The problem, as I said, is the addition of the phrase "repress or reduce non-heterosexual behaviour". There are many reasons anyone, even if they don't want to change their sexual orientation or gender identity, would want to reduce sexual behaviour, as I mentioned. There are LGBT people who support what we're saying when it comes to this, because they ought to have the same rights as every other Canadian to access care. There's a difference between banning bad methodologies, which we all agree on doing, and telling Canadians what goals they should be able to achieve.

A counsellor is like a GPS: You plug in the information and she tells you how to get there, but it's our decision to decide where we want to go. If I choose to be chaste and celibate, which I am.... If

there were a movie called "The 44-Year-Old Virgin", I would be the star. That would be me.

The point is that it's my decision. If I have a right to be chaste and celibate, then I ought to have the right to choose a counsellor who I can pay for, just like everybody else.

Mr. Michael Cooper: You noted that the definition in the legislation is novel in that no professional body has any similar or same definition as that provided for in the bill. Can you speak to that a little more? As you do so, would you also perhaps elaborate on changes you would like to see to the bill to ensure that individuals like you are not discriminated against from accessing counselling that you desire?

Mr. Jose Ruba: Again, just simply adding the word "coercion" to practice or therapy, right at the start of the definition, would make this very fair and very safe and acknowledge the right that people like myself exist. We have a right to access this care.

When it comes to being able to just look at the counselling opportunities and the support, if we have a right to choose what our sexual practices are, even if that means choosing to be a virgin until you're 44, then we have to have a right to get that support.

When it comes to what's happening in Calgary now, there is a radical chilling effect in what's happening to churches. They're very scared. They actually say that they have to be willing to challenge the law even just to do their job as believers, whether they're Christians, Sikhs, Hindus or Muslims. There's a billion people who believe that when it comes to sexuality, God designed it for a husband and wife in marriage. We have a right to live according to those beliefs and practise that. This bill says your goal is wrong, and it dictates what a religious goal should be. That is not something that jives with the Charter of Rights and Freedoms.

The Chair: Thank you very much.

We'll now move on to Mr. Sangha for five minutes.

Go ahead, Mr. Sangha.

Mr. Ramesh Sangha (Brampton Centre, Lib.): Thank you, Madam Chair. Thanks a lot.

Thank you very much to the witnesses for your valuable input on this very delicate issue.

My question is for Erika Muse, who has already gone through the statement declaring that she was the victim of this therapy.

Thank you very much for the testimony. The issue before us today is very important, one that will affect Canadians from coast to coast. I have heard from some critics that conversion therapy isn't an issue in Canada, but I don't believe that to be true. Even one Canadian being subject to this abhorrent practice is wrong.

Can you comment on the prevalence of this practice and why the legislation is a necessity?

• (1155)

Miss Erika Muse: I can absolutely comment on the prevalence of this practice and the necessity of the legislation. Unfortunately, we don't have numbers about how many people went through CAMH because of how scarring and hurtful a process it was.

What I can say is that universally, every single trans person who is out and who is trying to seek gender-affirming care has already had an incredibly intense process of coming to terms with themselves. As part of this, they are always being confronted by people with these conversion therapy ideas, like autogynephilia and rapid-onset gender dysphoria, from critics and people who don't want them to transition. Again, these are practices in conversion therapies that come from Canada, that come from Toronto, that are practised in Toronto to this day.

What we do here changes the script. What we do here says these ideas are not credible and refuses to allow them to be perpetrated against trans people from coast to coast here in Canada and elsewhere in the world, period. This is no longer something that is acceptable in 2020, basically.

Mr. Ramesh Sangha: Okay.

I do agree that it will affect the LGBTQ people in a broad way.

What is your position when it comes to the question of children?

Miss Erika Muse: I want to respond to something that Jack Saddleback said. He mentioned that gender expression is often how children are identified for trans-conversion therapy, which is very true. Dr. Zucker mentioned in his testimony on Tuesday that a child who is seen to be gender non-conforming, such as wearing a dress or playing with the wrong toys, was a frequent referral to a clinic and a frequent referral to his private practice now.

Those same ideas are the ones used against children, and they make it even harder for children, even at a young age, to define themselves, when the idea of exploring who they are is thought of as something that needs to be brought to therapy.

It might not be wrong. Often, one of the statements that gets said is that these children will not turn out to be trans, which is fine and true, but the idea that these need to be medicalized hurts everybody—both trans and cis people.

Mr. Ramesh Sangha: I personally don't believe that it is morally right to push someone for conversion therapy.

At the same time, I asked the same question of Minister Bardish Chagger, who was here the day before yesterday for the statement. [*Inaudible—Editor*] in the community, which is diverse and inclusiveness, is there in our community.

Anyone can answer. Perhaps Mr. Jack Saddleback can answer this one regarding the question of morality included in these type of therapies.

The Chair: You have 30 seconds, Mr. Saddleback.

Mr. Jack Saddleback: Morality, when it comes to the situations of conversion therapy.... Honestly, I throw this mirror back on Canada: Exactly what are we talking about when we're looking at conversion itself?

I bring my point back to the heteropatriarchal cisnormative, gender binary and the heteronormative narrative that is placed upon these lands that keep people—trans, cisgender and people of all different sexual and romantic orientations—within these archaic mentalities of what it means to be human. We're trying to convert people into one way of thinking and into one way of being, when in actuality the human experience is diverse. People deserve to live free, full and fulfilling lives.

This bill needs to pass to ensure that we are protecting all Canadians, especially our young Canadians, who are simply trying to explore themselves.

Thank you.

The Chair: Thank you very much, Mr. Saddleback.

You're out of time, Mr. Sangha.

We'll move on to Mr. Fortin for two and a half minutes.

[*Translation*]

Mr. Rhéal Fortin: Thank you, Madam Chair.

This is a really delicate topic, and I see, like probably everyone here, that we don't really have enough time to cover the issue. That's unfortunate, but I think that we should still talk about it. Every piece of testimony is teaching me a bit more about this, and I thank the witnesses for that.

Mr. Ruba, if I have understood correctly, you feel that what is referred to as good faith conversations where no one is trying to influence anyone is something that should continue with young people as with everyone else. You think discussions should be allowed between a pastor, a psychologist or someone else and a young person about their sexual orientation or their gender identity, provided that no attempt is being made to influence the young person.

Did I understand that correctly?

• (1200)

[*English*]

Mr. Jose Ruba: Again, I believe in good-faith conversations, sir. I support that very much. However, I don't agree that any conversations have any kind of lack of influence.

When I studied journalism, one of the arguments we had was whether we can actually be objective as journalists. The answer is no. We all have biases. Your question has a bias leading to what you want me to say. That's absolutely fine; you have a right to do that. All we're asking is that we all have a right to do that.

I'm a youth pastor as well. This kind of law.... Let me give you an example.

If a 14-year-old girl in my youth group came to me and said she wanted to have sex with her classmate, I would be able to say as a Christian that we don't support sex before marriage. If her classmate was a female and not a male, this law would prevent me from giving the exact same counsel.

I don't think it's the right of government to tell me what I should be able to teach my youth group when it comes to what our faith teaches.

[*Translation*]

Mr. Rhéal Fortin: Okay.

So it is a matter of influence, if I have understood correctly. I am trying to reconcile all this.

It would not be acceptable for anyone—be it a pastor, a psychologist or a neighbour—to try to influence an individual. For example, when it comes to gender identity, they don't want someone telling a little boy that he is not allowed to wear a dress and that he must dress as a boy. However, an objective discussion where a little boy was asked why he is wearing a dress is something that should be allowed.

Did I understand correctly, Mr. Ruba?

[*English*]

Mr. Jose Ruba: We have to be—

The Chair: I'm so sorry—

Mr. Jose Ruba: —able to respect and show grace to everybody. That's what we believe as Christians, but—

The Chair: My sincerest apologies. We do—

Mr. Jose Ruba: —to say that we can't influence people doesn't work.

The Chair: Sorry, sir. Thank you. My apologies. We're out of time for Monsieur Fortin. Hopefully, you'll get to comment. If you would like to provide written submissions to that response, that would be great. My apologies. We're in a time crunch.

We'll now go to Mr. Garrison for two and a half minutes.

Go ahead, sir.

Mr. Randall Garrison: Thank you very much, Madam Chair.

I am quite optimistic that we will pass a bill banning conversion therapy. I'm not as optimistic that it will be as expansive as I, and some of our witnesses, would like to see. When we get done with that, we still are left with the legacy of conversion therapy, so I'd like to take this last bit of time and maybe give a minute each to Erika Muse and Jack Saddleback to talk about the supports that are available or not available to survivors of conversion therapy.

Maybe we can start with Erika and then go to Jack.

Miss Erika Muse: There are no supports available, period. We do not have any trained trauma supports available through the Canadian public health care system in general. Mental health care supports are not provided, especially ones that provide to survivors themselves.

My treatment at the hands of Kenneth Zucker made me unable to work for a number of years and ruined my mental health. I'm currently on Ontario government disability because of that.

There is no allowance for me to regain lost income or to put my life back together in some respect. Importantly—and this is very important for me as a trans survivor—the denial of medical health care by Dr. Zucker specifically changed my body permanently, and there is no funding through the public health care system for any way to make that better for myself, through surgery or other practices, to heal the physical changes and hurts that he did to me.

In response to that, there are no supports, but I dearly wish that there would be some in general.

Mr. Randall Garrison: Thank you, Erika, for being so brave and for sharing your experience with us.

Jack, can you comment on the situation in indigenous communities?

Mr. Jack Saddleback: I'd say that we create our own supports.

I believe that my fellow witness here, Erika, is right with regard to there being no formal supports when it comes to survivors of conversion therapy. Simply, the supports come from within the community.

Within the indigenous community, we have a very strong, united, two-spirit community across Canada and even in the United States. We are expanding to other countries to look at these shared experiences of colonialism on indigenous people and at how these aspects of conversion therapy have impacted us around the globe.

In saying so, I want to reiterate that our strength is our resiliency. We will continue to be our true selves, and we will continue to revitalize our sacred roles that were harmed by these colonial tactics and, thus, conversion therapy.

Thank you.

● (1205)

The Chair: Thank you.

Thank you, Mr. Garrison. That's all the time we have today for this panel.

On behalf of the committee, I'd like to thank all of the witnesses for taking the time to share their experience and expertise with us.

We'll now suspend for a minute as we let in our next panel of witnesses.

Thank you again, members, for your patience.

● (1205)

(Pause)

● (1210)

The Chair: Good afternoon, everybody. I call this meeting back to order.

We are studying Bill C-6. I have just a few comments for witnesses before we get started.

Before speaking, please wait until I recognize you by name, and then unmute yourself on the microphone. Once you're done speaking, please mute yourself again to limit any interruptions. You have the ability to select the language of interpretation at the bottom of your screen so that you can listen in throughout the whole meeting and understand.

When you're speaking, please speak slowly and clearly. This is for interpretation purposes. When you're not speaking, as I said, your microphone should be on mute.

This is a reminder that all comments by members and witnesses should be addressed through the chair. My pronouns are she and her. If witnesses and members feel comfortable, please do share your pronouns so that we can address you properly.

With that, I'd like to introduce our witnesses.

We have Timothy Keslick, an ASL-English interpreter; Dr. Travis Salway, an assistant professor in the faculty of health sciences at Simon Fraser University; Emmanuel Sanchez; and Adrienne Smith, a lawyer.

Welcome, witnesses.

We'll start with Timothy Keslick for five minutes.

Go ahead, sir.

Mr. Timothy Keslick (ASL-English Interpreter, As an Individual): Good afternoon, Madam Chair and members of the standing committee. My name is Timothy Keslick, and my pronouns are he/him. I'm currently an ASL English interpreter in the province of Ontario.

I'm speaking today from the traditional and unceded lands of the Mississaugas of the New Credit, the Anishinabe and the Haudenosaunee, lands that are governed under The Dish with One Spoon wampum treaty.

Please do forgive my nerves. This is my first time speaking in this kind of forum, so bear with me.

I currently have a bachelor's degree in linguistics, with a focus on language and power, as well as a bachelor's degree in interpretation, ASL English, with a focus on message analysis and intercultural discourse. I'm also a Catholic Christian and someone who identifies as a member of the LGBTQ2S+ community. I identify with the labels of queer, same-sex attracted, and/or gay.

I am very grateful to all those who made today possible: to Natasha Filoso-Timpson for her patience in corresponding with me to arrange for a notice of meeting, to those who were involved in the tech set-up, and to you, the members of the Standing Committee on Justice and Human Rights, for your time and attention today.

When I was asked to speak on the bill today, I was a bit defensive, as you may imagine. Conversion therapy is definitely a very triggering concept for a lot of people in the queer community, me included. Even now, as I'm talking, I can feel my heart beating more quickly and my eyes are watering up a bit. That's because of the experiences of friends, and also those of people who I may not have met, but I've certainly heard the stories of people who have either tried to pray the gay away or beat them until they repressed their same-sex desires.

In a more personal way, at one point I had gone to confession to a priest. I wasn't confessing that my sin was same-sex attraction. Being attracted to someone of the same sex is not viewed as a sin by the Catholic church, but I was confessing to something different and separate. That meeting resulted in it coming out that I was same-sex attracted, and I ended up being kept in a room and kind of restrained in a chair, while the priest kept trying to pray over me, trying to exorcise this demon of homosexuality from me.

I can say from a very deep place of personal lived experience and hurt that conversion therapy in its actual sense does harm. I also want to make it clear on this note that while that kind of experience can and does happen, and happened to me, I don't want it to seem that it's reflective of the majority of views of Catholic priests. It certainly is not of those whom I have had the honour and pleasure of interacting with. It's also not the experience of most Catholics who identify as queer individuals or those with same-sex attraction, but it doesn't make it any less wrong or any less hurtful. I just want to be transparent on that point.

Again, when I was originally asked to speak on this bill, I was like, "Well, I'm certainly not going to be speaking against the bill because I would actually fully support it." As I said, I don't think conversion therapy should be allowed, and I don't think people should be able to ship off their queer family members or loved ones to a different country and have them go through that form of abuse there if it's outlawed here in Canada. At the same time, as I said, I stand by the decision against actual conversion therapy, but after reading through the actual draft of the legislation, however, I cannot support Bill C-6 in its current wording.

The value of the proposed bill is that it wants to reduce harm and it wants to prevent members of the queer community from being hurt simply because of something that they do not have any control over: something that they don't have any control over choosing, and something that—at least based on the majority of scientific and peer-reviewed articles that I've read—they can't change.

The problem for me, however, as someone who would have access to my services limited by this bill, is that the passing of this bill would cause harm to me. Because of various instances of emotional neglect growing up, I have very physically and emotionally unhealthy relationships. At times, these relationships have led me to being sexually assaulted, as well as emotionally manipulated. I currently see a counsellor, and we talk about ways for me to have better boundaries and to protect myself, and to make sure that any relationship I enter into is free, happy and healthy.

Under this bill, this kind of therapy would be taken away from me. The bill doesn't make any distinctions between good therapy or bad therapy. The bill would capture my therapy as one that wants to reduce non-heterosexual attraction or, more specifically, sexual behaviour. Without realizing that my therapy isn't actually trying to stop me from dating any guy, it's simply trying to stop me from dating the wrong guy. It's there trying to help me avoid people and situations that would harm me and have already harmed me.

The bill may not want to take away this kind of counselling, and I would applaud it for that, but the issue, however, is that the language right now is much too ambiguous and too far-reaching. If I were working and were trying to interpret this bill into ASL for a deaf consumer, I would definitely need to seek a lot of clarification and do additional research outside of the context of the bill to find out what is and is not included.

• (1215)

That kind of ambiguity in a piece of legislation this important is very concerning to me. I think the bill needs to be amended to clarify the definition of conversion therapy. I don't want the good counselling that I have received to be taken away from me, and as it is right now, the bill doesn't guarantee that. The goal of this bill is to prevent harm from coming to the queer community and to prevent harm from being done to the queer community, but as it is right now, the bill would take my counselling away from me, and that would cause harm.

Again, thank you very much for your time and attention. After the other witnesses, with permission from the chair, I am open to any questions.

Thank you.

The Chair: Thank you very much, Mr. Keslick.

We'll now go to Dr. Travis Salway.

Please go ahead.

Dr. Travis Salway (Assistant Professor, Faculty of Health Sciences, Simon Fraser University, As an Individual): Thank you, Madam Chair, for having me here today.

I use he/him pronouns.

I am joining you from the unceded Coast Salish territories of Tsleil-Waututh, Squamish and Musqueam nations, and I'm grateful to them.

I want to start by humbly acknowledging outspoken Canadian advocates who have endured conversion therapy and told and retold their traumatic stories in order for us to finally take action. Thank you, to Erika Muse, Matt Ashcroft, Jules Sherred, Harper Perrin, Sonya Taylor, Peter Gajdics, David Kinitz, Victor Szymanski and many more.

I'm here to share statistics and stories my colleagues and I have collected over the past year from hundreds of Canadians who have experienced conversion therapy. This research has convinced me that the current draft of the federal bill leaves many instances of conversion therapy untouched. Our research started with a national survey of 9,000 gay, bisexual, queer, trans, and two-spirit men conducted just last year. We found that one in 10, corresponding to tens of thousands of individuals, had experienced conversion therapy in Canada. To better understand how so many Canadians could continue to be exposed to these practices, we interviewed and surveyed, in English and French, 50 individuals who had direct experiences with conversion therapy.

One of the most important things we learned is that none of these individuals simply showed up to a service advertised to change a person's sexual orientation or gender identity. Acknowledging this, we presented participants with the exact definition of conversion therapy included in the draft bill before you, and half told us that this definition did not encompass their experiences. One explained that the service he attended was described to him as a "pursuit for purity", thereby skirting the language of being "designed to change [his] sexual orientation." Nonetheless, the premise of this service, as with all conversion therapies, was that living as an out LGBTQ2

person was unacceptable and avoidable. This led us to conclude that the defining feature of so-called conversion therapies is not conversion but, rather, the goal of rejecting LGBTQ2 lives as compatible with being happy and healthy. For these reasons, I recommend that the definition of conversion therapy be amended to clarify that conversion therapy includes all sustained efforts that proceed from an assumption that certain sexual orientations, gender identities, or gender expressions are disordered, pathological, or less desirable than others.

Next, I will speak to the experiences of study participants who attended conversion therapy as adults. While the risk of coercion by parents and other adults may decrease with age, the psychosocial outcomes associated with conversion therapy—including isolation, anxiety, and suicide—persist. Moreover, many Canadians continue to rely upon familial support well into their 20s and beyond, making the age-18 threshold arbitrary in this context. Even for those who have moved away from home, the choice to attend conversion therapy is a false choice. One interviewee explained that his parents threatened to stop paying for his university education if he did not comply with their wish for him to reject a gay identity. For these reasons, I recommend expanding conversion therapy protections to people of all ages.

Third, I want to emphasize the critical importance of ensuring that this bill fully accounts for conversion therapy that affects transgender and non-binary people. In our national survey, conversion therapy exposure was twice as high—20%—among trans and non-binary respondents, likely owing to pervasive transphobia across multiple Canadian institutions today. As you heard from Erika Muse this morning, trans conversion therapy remains insidious, in many cases condoned by licensed professionals who claim to act in their patients' best interests.

To trans people listening: I want you to know that I and many others see you and celebrate you for who you are.

To cisgender people listening: I encourage you to express this sentiment without hesitation to trans people in Canada.

For these reasons, I recommend that the committee adopt the recommendations offered by Erika, by legal scholar Florence Ashley, and by over 500 individuals and organizations that have signed our open letter, which will ensure equity for trans people when it comes to this bill.

Finally, I want to note that we cannot rely on a single legislative action to eradicate all conversion therapy. A fully effective strategy will require bans at multiple levels of government, as well as LGBTQ2-affirming educational resources. For these reasons, I urge that a statement be added to the preamble of the bill reiterating the need for provinces and territories to continue to pass regulatory laws, which can work in complementary ways to federal legislation.

Thank you for your time.

• (1220)

The Chair: Thank you very much, Dr. Salway.

We'll now go to Emmanuel Sanchez for five minutes.

Go ahead.

Mr. Emmanuel Sanchez (As an Individual): Honourable members of Parliament, good afternoon. My name is Emmanuel. Thank you for giving me the opportunity to share my personal story with you.

I see that Dr. Salway has failed to accurately represent his interview of my story and of my journey, so allow me to share it with you.

I was around five years old the first time I noticed that I was attracted to the same sex. At first I didn't pay much attention to the attraction; however, as I grew older I began to notice it more and more. I endured a lot of bullying in school at the hands of other boys. As a result of the bullying and previous abuse I had gone through, I drew nearer to girls in a desire for safety and protection. I was called fag, queer and girly. This bullying really belittled me and caused me great confusion.

I began to question my sexual orientation and gender identity. At the age of 12 years I severely hated myself and regretted being alive. I felt incredibly lonely during this time and didn't feel safe confiding in anyone. I thought my only option was to end my life, but I'm so thankful that all attempts to do so failed.

In my teen years I began to explore gay culture on the Internet. I deeply longed to understand my sexuality, who I was and where I belonged. When I turned 16, I decided to identify as gay. I greatly feared rejection and ostracization from my family, friends and faith community.

I began to engage in same-sex relationships and to visit gay bars in efforts to fully accept myself and embrace this new identity. Although not everyone in my life agreed with the decisions I was making, they were all very loving, caring and supportive of me as an individual.

I was never asked or required to change my behaviour or what I believed in in order to belong. During this time I was told by many outside the community I regularly surrounded myself with that as long as I was happy and living my truth, that's all that mattered. I agreed with them, or so I thought.

As a 16-year-old, I realized that even though I was doing everything that society says will make me happy, I was still very unsettled. On my own initiative I chose to regularly meet with a counsellor who compassionately cared for me. She affirmed my sexual identity and encouraged me to continue living the life that I was living.

Week after week I would hear the same message and I would leave feeling just as confused as when I walked in. Seeing that I was not getting the support I needed, I sought out counselling, this time from a pastor at a church. He was incredibly compassionate and caring and neither affirmed nor condemned the decisions I was making or my sexual identity. In fact, we didn't even address those points at first.

Instead, we began to tackle the difficulties I had walked through as child. As I went on that journey each week that I met with him, I was able to identify the lies that I was believing about myself and I began to experience a truth that restored my heart. I started to see

life differently and deeply loved it. Joy began to swell within me. I began to see myself for who Jesus truly created me to be.

As a result, I decided I no longer wanted to continue the course my life was on. I ceased to engage in same-sex relationships and instead sought to live my life in a way that was consistent with my faith and beliefs.

I am very thankful to have received the guidance and support I freely sought out as a teenager. Had it not been for that, I don't think I would be breathing today and sharing this story with you.

The counselling I received didn't remove all my same-sex attractions. However, I found a deep joy and fulfilment in not engaging in same-sex behaviours, in order to live in accordance with my beliefs and convictions. I and many others like me, young and old, regularly rely on the support of counsellors and mentors to help us to continue the life we have chosen.

I understand that this is not a popular opinion. I'm not asking you, however, to agree with our decisions; I am simply asking that you acknowledge that people like me exist.

I stand with you in your efforts to see LGBTQ+ individuals protected and loved. Therefore, I ask that you create a well-written bill that truly bans coercive and abusive methods while respecting the individual's freedom at any age to chose the type of support they want and their desired goal. I trust you will make a decision that will benefit and protect the citizens of Canada while upholding fundamental rights and freedoms.

• (1225)

Let's move forward together and ensure that our land and our people continue to be glorious and free.

Thank you so much for your time and for listening to my story.

The Chair: Thank you, Mr. Sanchez.

We'll now go to Adrienne Smith.

You have five minutes. Go ahead.

Adrienne Smith (Lawyer, Adrienne Smith Law): Thank you, Chairperson.

[Translation]

My name is Adrienne Smith.

[English]

I'm joining you today from the unceded territories of the Musqueam, the Tsleil-Waututh, and the Squamish people as well. As an uninvited settler in occupation, I'm committed to a decolonization that involves reparations and the return of land.

I am a social justice lawyer and a non-binary person. I use they/them and their pronouns.

• (1230)

[*Translation*]

In French, the masculine or neuter pronoun is “il”.

I could answer your questions in French.

[*English*]

In support of my submission today, I am submitting a written brief. I'm grateful to appear in support of Bill C-6, which seeks to regulate, by criminal sanction, practices that seek to convert queer and trans people by force or coercion.

Having listened carefully to other witnesses in the debate on this bill, I have three main points. The first is about the definition. The second is about the charter compliance of the bill. The third is about the necessity to protect transgender people in the sanction that is sought.

First, with respect to the definition, all parties have agreed about what we're talking about and all have expressed their will to stop it. Still, I note, the committee is encountering challenges to the scope of the bill from those who would seek greater certainty. With respect, the practice of conversion is abusive and fraudulent, and in no way bears any similarity to the distracting hypotheticals that you are hearing about or the kinds of counselling that people have witnessed to today that have been helpful to them. Those practices will still be allowed.

Again, with respect, I see people who are raising concerns repeatedly and are doing so for political reasons, based possibly on their opposition to the core of the bill and not in good faith. I work as a criminal lawyer. I have no concerns about what this bill says. I dispute that there would be a chill on legitimate care.

This bill would end coercive programs that seek to undermine the sexual orientation and gender identity of two-spirit, queer and trans people. It would not unduly limit spiritual and parental guidance unless that guidance seeks by force to convert, in which case it should be captured by the prohibition.

I agree that importing the terms of “gender identity and expression” from Bill C-16 would clarify.

I think that would be a helpful clarification.

With respect to the charter, I would recommend a brief amendment. I think, to start, the bill is charter-proof as it stands. I would recommend that the committee consider an amendment that would close the dangerous loophole with respect to adults. As drafted, the bill would allow adults to consent to conversion practices. It seems to me that the drafters of the bill have left this loophole out of fear that there would be a charter challenge.

I heard Minister Lametti ask for input, and I have some. I think the prohibition on this dangerous activity would be charter compliant for adults because it is a valid practice of the criminal law that's not in conflict with provincial power. The provinces agree this isn't valid health care. The harm is clear. The bill is carefully tailored to capture the harm. There would be a minimal infringement on religious practices that would sanction this type of abuse. Benevolent religious practices would not be captured by the scope of the bill.

Finally, the minister knows that the charter is not unlimited and is restricted by section 1, which sets out limits that are reasonably necessary in a free and democratic society. The protection of people standing farthest from justice is a reasonable limit. Sound medical care would still be allowed if you prohibit consent to abuse by adults, as I recommend. If you do not insert such language, we should tighten up the language around what consent means in this setting.

Finally, trans people need to be included within the wording of this bill. You've been urged by some witnesses, who are not friends of my community, to peel back protections for non-binary people. I think these folks seek to draw Parliament and this committee into an unhelpful debate about the merits of gender-affirming health care. That question is not before you. To be clear, many of these arguments unmasked of artifice deny the inherent dignity of queer and trans people.

As a result, I strongly recommend a slight amendment and that you adopt this bill.

Thank you.

The Chair: Thank you very much for that.

We'll now go into our first round of questions, starting with Mr. Lewis for six minutes.

Go ahead, sir.

Mr. Chris Lewis (Essex, CPC): Thank you, Madam Chair. I certainly appreciate the opportunity to ask questions of these amazing witnesses.

To Mr. Keslick, you mentioned that you felt nervous in the beginning. I think you are a seasoned pro already, and that was a job very well done.

This is for both Mr. Keslick and Mr. Sanchez. Earlier this week the Minister of Justice said that he felt the bill was clear enough that it would not infringe on good faith conversations. To both of you, what is your message to the minister on this?

• (1235)

Mr. Emmanuel Sanchez: I would say that if Mr. Lametti is attempting to truly ban coercive and abusive practices, why are the words “coercion” and “abuse” not in the definition as he is defining conversion therapy?

My second concern and second message to him is that there is a clause that makes it okay to have affirming conversations. My concern with that is that affirming conversations are incredibly ambiguous. What would be affirming to you may not be as affirming to me as it might to somebody else. I really feel that the definition needs a clear, concise understanding of what it is banning and what it is not banning in order to avoid confusion.

As well, like Mr. Keslick, I am somebody who requires counselling and guidance to help us both live according to our views and faith, but currently a lot of counsellors now are unwilling to provide that care for us. I can prove that, because that's a lot of the conversations that I've heard amongst various counsellors even here in Calgary, as the bylaw that we have is very similar to this bill by the federal department.

Mr. Timothy Keslick: I would echo Emmanuel's comments. In terms of the spirit of the bill and the intention behind it, I very strongly support it, but there are two main issues for me just about its lack of clarity.

One, again, is that, because there aren't any limiting terms, the scope is too broad. Proposed section 320.101 identifies conversion therapy as a "practice, treatment or service" and then anything "to repress or reduce non-heterosexual attraction or sexual behaviour".

That last part, the sexual behaviour, would unnecessarily exclude anyone who is seeking sex and love addiction counselling services regardless. For example, for me, I'm not intending to seek to change my actual attractions. I'm not trying to become a straight individual. I'm simply trying to reduce harm in the way that I engage with that particular attraction, and that definition of harm does not come from a particular faith or religious community. It's from some folks that I have heard today who have alluded to it. It's just based on scientific study.

There are a lot of studies that are unbiased and not related to any kind of faith background or secular background. It's just a peer-reviewed study identifying that sex addiction is harmful regardless of the community: homosexual, heterosexual and anyone on the spectrum of gender identity. So, really, there's a lack of clarifying terms, such as "coercion". And then also there's the language of reducing sexual behaviour and non-heterosexual sexual behaviour, which is not very clearly defined.

Other witnesses have said that the intent is not to exclude those helpful practices, but as it stands, just as I'm looking at the document, that's not very clear, so I think that should be amended.

Mr. Chris Lewis: Thank you to both the witnesses.

Madam Chair, this is for you to Mr. Sanchez.

I think all Canadians agree that coercive, harmful practices that forcibly try to alter a person's sexual orientation should be banned. You raised concerns with how this bill is structured, in that it risks banning good-faith conversations to help individuals navigate their sexual identify. In your opinion, sir, would it be beneficial to clearly outline in the bill that those conversations would not be impacted?

Mr. Emmanuel Sanchez: Thank you for your question, Mr. Lewis.

Yes, as I said earlier, I definitely think there needs to be greater clarification defined within the bill. I think what's really important and what I see as a danger is the government's trying to regulate sexual behaviour. I understand that regulating certain methods is important, and that's why I stand with all who are opposed to conversion therapy, coercion and abuse to regulate those methods that are not healthful and that are, as Dr. Salway said, unscientific and unfounded. There's just no proof of their working.

I see the need to have regulation against that, but my concern is that they are not just attempting to regulate methods but attempting to regulate what I should and shouldn't believe. Whether I have sex with a guy or not—excuse my bluntness—is my choice, and if I choose to see a counsellor or see a mentor who is helping me to not engage in same-sex relationships or same-sex sexual activity, that should be my choice as well.

To be honest with you, I don't have an incredible debating point to make about what the law should say or how it should be structured. I'm just hoping that Mr. Lametti and the other members of the committee who are in charge of formulating this bill together can take into consideration my story.

As I said in my presentation, out of the 50 people whom Dr. Salway interviewed, one of them was me, but he obviously failed to include me in his study and in his presentation of it. I'm really hoping that members of Parliament can take me, Timothy and many others around Canada like me—young adults, old adults and teenagers—into consideration.

Thank you so much, Mr. Lewis.

• (1240)

The Chair: That concludes your six minutes.

Mr. Chris Lewis: That's all I have?

Very well. Thank you.

The Chair: We'll now go on to Mr. Virani for six minutes.

Go ahead, sir.

Mr. Arif Virani (Parkdale—High Park, Lib.): Thank you, Madam Chair.

To preface, I want to clarify things, because we've had in the last two hours a lot of misinformation, disinformation or inaccurate portrayals of what's going on.

The first point is that freedom of religion and conscience is protected in the charter. That's in section 2(a).

The second point is that freedom of expression is protected in the charter. That's in section 2(b).

The third point is that Mr. Ruba asserted that freedom of contract or economic engagement is somehow protected. It is not. That's jurisprudence under section 7 of the charter.

The fourth point is that repression is in a proposed definition section of this bill. So too is doing this type of therapy against someone's will. That's in the immediately succeeding proposed section.

Lastly, "affirming" is not in the bill. That's language from the website.

The question I have is about the notion of the chilling of conversations. I'm going to put this to Adrienne Smith. We've heard a lot about this, including someone asserting in the previous hour that if a 14-year-old wanted to engage in sex that was heterosexual, a religious individual who perhaps believed that this was contrary to religious doctrine would be able to tell them they shouldn't do that, but that if they wanted to do it in a same-sex scenario, they would be impeded somehow by this bill.

I personally think that's categorically false with regard to what this bill does and does not do. I'm wondering, Adrienne Smith, if you'd like to comment on whether the chilling of simple conversations is what's targeted here or whether there's something more than that, including therapy, treatment or service that is applied against someone's will.

I'll turn this over to you, Adrienne.

Adrienne Smith: Thank you, Chairperson.

I would answer the member that of course this assessment is correct. The mischief that seeks to be regulated by this bill is clear. It does not capture good-faith conversations with faith leaders or with counsellors who are helpful. There is no double standard as compared with same-sex or different-sex or same-gender or different-gender relationships, except that large parts of society condemn queer and trans people and seek by force to restrict their relationships. When people are exercising autonomy over their own health care and their own behaviour, whether they're doing it in a secular, a medical or a religious setting, that type of counsel is not the intended target of this bill.

I think the government's intention has been clearly expressed in several circulars, and I think because this is a criminal prohibition the courts will be narrow in interpreting what is meant to be captured.

The kinds of beneficial conversations with faith leaders and counsellors that some of the witnesses and you have been talking about will in my view still obviously be permitted, despite the efforts of Parliament to capture harm and abuse that is coercive and damaging.

Mr. Arif Virani: Ms. Smith, I want to continue with you, with your criminal law expertise.

We had people in the previous panel who were not criminal lawyers—who declared that—but were opining on whether this was void for vagueness, whether there would be a section 7 or section 1 problem with respect to this law. These people do not understand the criminal law and do not know what constitutes an offence or what doesn't.

What are your thoughts on that?

Adrienne Smith: I disagree that there is a chill because of doubt. I have no doubt about what conduct is being captured. It is quite clear what is meant, and that is coercive and harmful behaviour aimed at queer and two-spirit folks in order to change them into something they are not.

Supportive conversations are not captured. Conversations at the supper table or in the temple or the synagogue are not going to be

captured. What are going to be captured are coercive programs of force and oppression, whether or not those are secular or religious.

I think this is well within a valid exercise of Parliament's criminal power. For the protection of Canadians we ban many things. We ban many kinds of conversations, like threats and hate speech. We ban many kinds of behaviour like assault and sex assault.

In my respectful opinion, conversion programs are akin to those kinds of assaults and trespass and ought to be banned. The court will have no problem sorting out what is meant and what is not.

• (1245)

Mr. Arif Virani: In my last 90 seconds, I just want to put to you something that has arisen, because people have said that it seems like it's conversion therapy masquerading under another guise. We heard on Tuesday that under gender reassignment counselling that may take place, people are actually being led down a path of conversion therapy. We heard it again this morning from Erika Muse's testimony.

How do we get at that pernicious issue? We know what we're trying to target. We also know that the counselling we've talked about needs to be enabled to occur. People need to be able to ask genuine questions and explore identities. How do we ensure that we're targeting exactly conversion therapy, and not more and not less? Do you have any thoughts on that?

Adrienne Smith: I think that importing the words from Bill C-16 on gender expression and identity would be helpful in the current bill. I don't think there's currently a conflict, because this bill is about the federal government's exercise of the criminal law power in restricting a harm.

Regulating what counts as health care is the role of the provinces, and they are fairly unanimous about the fact that conversion programs are not health care; but the kinds of helpful counselling and the entire medically sanctioned process of gender-affirming transition care for trans people is validly medically supported health care. I see no conflict.

Mr. Arif Virani: Thank you.

In my last eight seconds, I just want to say Mr. Sanchez, Mr. Keslick and the witnesses who came forward before, thank you for sharing your personal experiences and for your courage in testifying. It's to be applauded.

Thank you.

The Chair: Thank you very much, Mr. Virani.

We'll now go on to Monsieur Fortin for six minutes. Go ahead, sir.

[*Translation*]

Mr. Rhéal Fortin: Thank you, Madam Chair.

I thank all the witnesses for joining us today.

First, Dr. Salway, you said that you think the definition should be amended. I think that just about everyone here has an idea of how such an amendment should be drafted. Ideas can vary.

Can you tell us in clear terms what you are proposing as an amendment to the definition and, if so, send it to us in writing?

[English]

Dr. Travis Salway: Absolutely. I, along with several of my colleagues, will be submitting a brief with all of these recommendations.

There are three components of the definition that I believe need to be amended, two of which you've already heard about. That is the addition of "gender expression" and also, in the current wording of the definition of conversion therapy, there is a second phrase to define conversion therapy as including practices to "reduce non-heterosexual attraction or sexual behaviour". We need a similar statement that corresponds to practices that would reduce behaviours, traits, or appearances or expressions associated with a gender identity or gender expression that differs from sex at birth, so that it is properly trans-inclusive.

The third addition I would recommend is adjusting the language around changing sexual orientation or gender identity. From what we heard in talking to people who've been through conversion therapy, that was not how the service was promoted or advertised. Rather, the service was about avoiding LGBTQ2 outcomes or identities. I think we need clarify that, actually, the intention of these services is not so much a change to our intrinsic personhood, but rather an avoidance of LGBTQ2 identity.

[Translation]

Mr. Rhéal Fortin: Mr. Sanchez, you said earlier that you would want people to be able to have access to discussions or consultations on this topic at any age.

Are you not somewhat worried about the validity of consent?

For instance, do you think that a five-year-old child, as in the example you gave us, is capable of consenting to any kind of therapy or consultation regarding their gender identity or sexual orientation?

• (1250)

[English]

Mr. Emmanuel Sanchez: Thank you so much for your question.

I think that, ultimately, parents are in the lives of their children for a reason, and their children have been given to them for a reason. Do I think that a five-year-old can accurately give consent to a practice such as this? I can tell you that when I was five years old, I was more interested in playing with sand and toys, and making wasps fight each other in containers. There's not a whole lot that I was considering when I was five years old. It was when I grew older. Having the freedom, as a teenager, to choose the type of support and counselling I wanted was incredibly beneficial.

My concern is that if Canada believes that, at 16 years old, I can consent to having sex with whomever I want, why don't they—

[Translation]

Mr. Rhéal Fortin: Allow me to interrupt you, Mr. Sanchez. You said that earlier, and I understood it. I don't want to be impolite, but my time is limited.

What I wanted to know is whether you think a five-year-old child can give their consent.

In your case, at five years old, did you have the same insight you have today on that situation?

[English]

Mr. Emmanuel Sanchez: Sir, I would say that if a child can give consent to gender transition, they can give consent to counselling, as well. Let's not be divisive, and let's not be biased in this.

[Translation]

Mr. Rhéal Fortin: Thank you.

Ms. Smith also proposed an amendment. I would like to have some clarifications and perhaps something written on this if possible.

Ms. Smith, can you specify what kind of an amendment seems desirable to you in that respect?

Adrienne Smith: Thank you, Madam Chair.

I have proposed a number of amendments. Could the member specify which one he is talking about?

Mr. Rhéal Fortin: I would like you to talk to me about the amendment you are proposing to the definition and, if possible, for you to send it to us in writing. I would actually like you to suggest to us in writing what you think would be useful to make the bill more adapted to realities.

Adrienne Smith: Yes, absolutely. I will forward you a short write-up.

I think that sexual identity, gender identity and gender expression are terms that should be included in the definition to clarify it.

Mr. Rhéal Fortin: Okay.

There actually appear to be two definitions in section 320.101. The provision talks about what is banned and, at the end, what is allowed. It is somewhat divided. So I understand the grey areas you are telling us about, but my concern is the exclusion—in other words, what will be allowed.

I think that everyone agrees that conversations in good faith should be allowed. I see them as undirected conversations, but that is what I would really like to hear your opinion on.

How should the exclusion be defined?

[English]

The Chair: Thank you.

Unfortunately, we're out of time. Hopefully, Adrienne Smith can answer your questions in your next round.

Thank you very much.

We will now go to Mr. Garrison for six minutes.

Go ahead, sir.

Mr. Randall Garrison: Thank you very much, Madam Chair.

I'd like to go first to Dr. Salway. Some aspersions were cast on his professional research, and I'd like to give him a chance to talk about that.

In your original presentation, Dr. Salway, you said that about half of those in your survey, who had been subjected to conversion therapy, didn't think this bill covered their experience. Could you tell us a little bit more about that?

Dr. Travis Salway: Absolutely.

Thank you for your question.

I echo your committee members in thanking Mr. Sanchez and Mr. Keslick for bringing their stories here.

My job as a public health researcher is to talk about threats to groups of people, to populations and to the public. What our research shows is that, overwhelmingly, this practice is associated with harm, and that overwhelmingly the people who experience it, experience it under conditions where their sexual orientation, gender identity and gender expression has not yet been affirmed and appreciated. That's the context in which I'm bringing data to you today.

In terms of where the survey respondents felt that the definition didn't quite cut it, the respondents largely fell into two groups.

One is of people who went to a program, service or practice that was advertised not so much to change sexual orientation, gender identity or gender expression, but rather to encourage behaviours that were consistent with particular heterosexual and cisgender values. Nonetheless, the objective of these programs was to avoid having people in the programs expressing LGBTQ2 identities. For them, what would bring the bill around to cover their practices would be a clarification that this is the intention of conversion practices.

The other group is trans and non-binary people who do not see their experiences as being properly covered by that language of changing a gender identity to cisgender.

As I said in my previous comments, I'm happy to suggest some wording for that. We have Adrienne Smith here, who is also suggesting wording along those lines.

• (1255)

Mr. Randall Garrison: Thank you for that.

We have heard lots of testimony about making some improvements to the definition. I think the committee will take that very seriously.

I also neglected to thank all of the witnesses in my opening statement. Of course, those who bring their personal experiences to committee do so sometimes at great personal cost, so I think we need to acknowledge and thank them for doing that.

I want to turn to Adrienne Smith again. One of the things you suggested was that if the bill still allows so-called consenting adults to be subjected to conversion therapy, we add some measures to define what constitutes "consent". I wonder if there are parallels for

defining consent elsewhere in the Criminal Code and what kinds of things you might suggest.

Adrienne Smith: Consent is a fraught area in the criminal law. The committee will be familiar with how it is considered in the context of sexual assault, for example. I think there is some very helpful language about consent capacity and coercion put forward by the Centre for Gender and Sexual Health, which would be of use to the committee. You might consider importing it because mature minors, young queer and trans people and two-spirit folks who may have achieved the age of majority are still vulnerable to consenting to this type of abuse, often in an effort to keep their families together or to maintain some harmony in their congregations, in a way that really stretches the notion of informed and free consent.

Mr. Randall Garrison: Thank you for that.

Dr. Salway, would you like to comment on the question of consent in the research you conducted?

Dr. Travis Salway: I'll just elaborate on what I said in my statement, which is that I think people become susceptible to these practices when they're in an environment where LGBTQ2 identities are not recognized or affirmed.

I think what this bill does is to bring further clarity to parts of Canada where people remain under the false understanding that they cannot be LGBTQ2 and be happy and healthy. In those contexts, I think consent is not possible, as you've heard other people say. It's an abusive practice that takes advantage of the fact that these individuals have not yet had a chance to receive the message that their core being, that their identity, can be affirmed and appreciated.

Mr. Randall Garrison: I know we're running out of time here, but could you talk a little about the patterns of harm that your research revealed people had suffered, and whether people were able to find supports in dealing with that harm?

Dr. Travis Salway: Absolutely. One of the nearly universal, most common harms was loss of personal relationships with family of origin, and also loss of opportunities to create romantic and sexual connections, in the case of sexual orientation, with people with whom they could have otherwise connected.

In other cases, there's the loss of years if not decades of being able to be employed and being able to be a person in your own body and your skin. Worse, we heard, and as we've seen in many studies from around the world, are the remarkably high rates of anxiety, suicidal ideation and attempts, and substance use to cope with that trauma and stress.

As Erika said this morning, there are, to my knowledge, no publicly funded supports for people who have been through conversation therapy. There are a few groups that have sprung up out of communities of survivors that I think are doing great work. However, we need much more support—formal support—to help the tens of thousands of people who have been through this.

Mr. Randall Garrison: Thank you very much, Madam Chair.

I believe that concludes my useful time.

The Chair: Thanks very much, Mr. Garrison.

We'll go into our second round of questions, starting with Madam Findlay for five minutes. Go ahead, please.

• (1300)

Hon. Kerry-Lynne Findlay (South Surrey—White Rock, CPC): Thank you, Madam Chair.

Thank you, witnesses, all of you, for being here.

I know that for some of you, particularly with personal stories, this is not easy and I think you're doing amazingly well. Of course, although I'm a lawyer, not all of us are, which most Canadians would be happy to hear. This is really not just about lawyers and legislators, but about how it affects real people and how the average Canadian sees this.

Mr. Keslick, you raised some concerns that this bill could infringe on the ability of individuals, like you, seek guidance to help navigate their sexuality. There have been others who have echoed that.

We know this bill defines conversion therapy as a practice, treatment or service that reduces non-heterosexual attraction or sexual behaviour. You've raised the concern that the bill might inhibit the ability to seek support for sex addiction and for reducing sexual activity.

Can you explain your concerns about this? Do you think the bill could be improved by clearly stating that it does not apply to good-faith conversation?

Mr. Timothy Keslick: Thank you very much for the question, Madam Findlay.

As it is right now, my therapist currently supports me in avoiding things like sexual promiscuity or sexual actions with people who are physically or emotionally unavailable—who are in a monogamous relationship or something like that—as well as unhealthy sexual practices—for example, the tendency to engage in a sexual practice without knowing someone's HIV or STI status, without using the proper protection, or without making sure it's in a physically and emotionally safe space.

My therapist also supports me in avoiding relationships with people who take advantage of me at times in those realms. Because these physical and emotional relationships are with someone of the same sex, technically under proposed section 320.101, this might be considered a therapy that is designed to reduce that sexual behaviour.

Ultimately my goal is to reduce that particular unhealthy sexual behaviour, which is completely unrelated to the fact of who it is with, but to the fact that the behaviour itself is not healthy regardless of who it is being done with.

I do echo the comments of a lot of other witnesses and MPs that the goal of the bill is to allow that kind of healthy dialogue to still happen. It's not officially codified in the bill—it is great that it's present in other places and other documents and circulars and things—and if it's not actually encoded in black and white in the

text of the legislation, that, to me personally, is still very concerning.

Hon. Kerry-Lynne Findlay: Thank you, Mr. Keslick. I have only so much time, so I'll keep going here.

This is really for either you or Mr. Sanchez.

The Canadian Centre for Israel and Jewish Affairs made a submission to our committee to add an amendment for greater clarity. I would note that even Minister Lametti started his testimony on this bill saying that there seems to be some confusion about its scope. Taking the testimony in its entirety, I would agree with that.

He just said that they would add a definition in the bill because it does not include private conversations in which personal views on sexual orientation, sexual behaviour, sexual identity or sexual expression, feelings or gender identity are expressed by parents, legal guardians, family members, friends, teachers, school counsellors, pastoral counsellors, faith leaders, religious leaders or health care professionals. This language was, at one time at least, on the justice department's website.

I'm just wondering if the two of you can comment on whether you feel this would be a step in the right direction in giving more clarity and better defining what this bill is aimed at.

Mr. Keslick, you put your hand up first.

Mr. Timothy Keslick: I definitely think, in a broader sense, that it is important to identify what the bill does cover and doesn't cover, so I do think an amendment like that would be very helpful.

At the same time, even then I still do think that could leave the door open for some unhealthy interpretation. Even sometimes in different human relationships, there is a difference of power, so it's important to make sure that things are put in place in the bill to prevent different power dynamics in whatever conversation, whether they're personal, private or professional. It is important that there be protections against that as well, so the short answer is yes, but with additional clarification.

Hon. Kerry-Lynne Findlay: I appreciate that.

Mr. Sanchez, do you have a comment?

The Chair: In 10 seconds....

Mr. Emmanuel Sanchez: In 10 seconds, I'm honestly not entirely sure what to say, but I do appreciate your question and your bringing it up, and I will stand by Mr. Keslick's comments.

Thank you.

• (1305)

Hon. Kerry-Lynne Findlay: Thank you.

The Chair: Thank you very much, Madam Findlay.

We'll now move to Mr. Kelloway for five minutes.

Go ahead, sir.

Mr. Mike Kelloway (Cape Breton—Canso, Lib.): Thank you, Madam Chair.

Thank you to all the witnesses for being here today and sharing with this committee some very powerful testimony.

Through you, Madam Chair, my questions are going to be directed to Dr. Salway.

Like you, Dr. Salway, I have a really keen interest in supporting vulnerable populations, and I think no matter who we are or what race we are or how old we are or how we identify ourselves, we all deserve to be given agency over how we choose to make life decisions in our own lives.

I understand that your research has resulted in an improved understanding of patterns and causes of mental health outcomes among sexual-minority populations. We know that conversion therapy isn't actually a therapeutic process, and I can only assume it has a lingering or long-term impact on the mental health of folks.

Based on your research, Dr. Salway, I'm wondering if you can unpack and do a deep dive for this committee, for Canadians, the negative correlation between mental health and conversion therapy.

Dr. Travis Salway: It's hard to know where to begin.

I started to look more deeply into the question of conversion therapy when I was invited to give a statement to your colleagues at the Standing Committee on Health who were undertaking a historic study on LGBTQ2 health last spring. I said to the committee at that time that despite decades of really wonderful legal and social progress in Canada to support the rights of LGBTQ2 Canadians, there remain some fairly large blind spots, and this is one.

It's a large blind spot, not only because it directly affects one in 10 LGBTQ2 Canadians, but also affects all of us in that it is a threat to our livelihood and our well-being. It is a threat to the question of whether our identities are accepted, acknowledged and appreciated within Canada. Previous legislation protecting our rights is about things that we should be protected from that could be harmful to us, but also questions like, should we be able to marry, and should we be able to be free from discrimination? The difference in this legislation is that it's about the core of our beings and whether our identities are compatible with Canadian values. The message that we want to send is that, yes, they are.

To answer the second part of your question on where this leads to harm, yes, we have seen from my previous research and the research of many of my colleagues in Canada and beyond that unfortunately LGBTQ2 Canadians continue to experience dramatically higher rates of suicide, depression, anxiety and substance abuse, and from other Canadian research we know that this is almost entirely attributable to something that is known as "minority stress".

Minority stress includes conversion therapy, which is the sharpest edge of it—conversion therapy being someone trying to push you away from that identity—but it also includes more insidious things that wouldn't fall into this legislation but that would be clearly signalled as incompatible with Canadian values, things like being called names, being dismissed from work or social environments and social groups, generally being given a message that somehow you're less valuable or less worthy. I think the real oppor-

tunity here with this legislation is to resolve that question very clearly and send a very clear message to all Canadians who are trans, two spirit and LGBQ that you are wanted, you're included and you don't need to fear the threat of these practices.

Mr. Mike Kelloway: Thank you, Doctor.

How much time do I have left, Madam Chair?

The Chair: You have about a minute and a half.

Mr. Mike Kelloway: That's wonderful.

I'm going to stick with you, Doctor. Bill C-6 defines conversion therapy as the following:

...a practice, treatment or service designed to change a person's sexual orientation to heterosexual or gender identity to cisgender, or to repress or reduce non-heterosexual attraction or sexual behaviour.

In May I read an opinion piece by you, I believe it was in *The Globe and Mail*, where you spoke to how important it was to understand conversion therapy if we wanted to end it.

Do you think the definition in this bill as it stands helps us to understand conversion therapy?

Dr. Travis Salway: Based on the survey I was talking about earlier, I think we get halfway there.... For some people, yes, the services they experienced were framed as being about that second part of the definition, which is to repress or reduce non-heterosexual attraction or sexual behaviour. That's excellent, and I'm grateful that the government is interested in moving toward efforts to stop those practices.

To get all the way there, for all 50 individuals we surveyed, we need to ensure that the definition includes other practices that have the goal of avoiding LGBTQ2 identities. It would then encapsulate services that we know, over time, have been adjusting their language and adjusting how they frame their services to avoid prosecution under municipal codes and other legislative efforts, but will prevent it nationally.

● (1310)

The Chair: Thank you very much.

That concludes your time, Mr. Kelloway.

Now we'll move on to Monsieur Fortin for two and a half minutes.

[*Translation*]

Mr. Rhéal Fortin: Thank you, Madam Chair.

That's obviously very little time, but I will try to shed light on an element with Mr. Keslick, if I may.

Mr. Keslick, you told us earlier that you dislike the fact that services you are now receiving from a psychotherapist could be banned based on the current definition in the act. However, you also told us that you dislike the fact that, when you were younger, a pastor tried to exorcise you to make you heterosexual.

Do you not see a bit of a contradiction there?

How would you reconcile the two positions—on the one hand, wanting to allow a psychotherapist to interact with you and, on the other hand, wanting to forbid a pastor or someone else from trying to influence your sexual orientation or your sexual identity?

Mr. Timothy Keslick: Thank you, Mr. Fortin.

[English]

Thank you for your question.

There's actually a great distinction between the two. One, a member of the clergy is not a licensed or regulated member of a professional college. They don't have formal training in psychology or psychiatry. Their realm is the spiritual, not the psychological, emotional or other non-faith-related needs of the human person. At the same time, in that meeting, the sole goal of the preacher was to stop the attraction itself.

In terms of the therapy I receive, the goal is not to stop the attraction to people of the same sex; the goal is to stop those sexual behaviours regardless of who it's with. It doesn't matter if I were doing those behaviours with a man, a woman or a trans individual. It doesn't matter. The goal is that the behaviour itself is unhealthy because it would put my sexual health at risk, and also my physical health and my emotional health.

The counsellor is not telling me to stop being a gay person. They're not telling me to stop being a queer person. They're not telling me to stop pursuing relationships with people of the same sex. They're saying, hey, these specific behaviours are unhealthy, and stop doing those behaviours.

In the same way that a doctor may say, hey, smoking is not good for you, or, hey, you should maybe lay off the McDonald's and try a salad instead, they're not trying to stop my actual behaviour at its roots; they're not trying to stop my attraction. They're just trying to stop the particular aspect of how I exercise that behaviour in a way that's unhealthy.

[Translation]

Mr. Rhéal Fortin: If I understand correctly what you told us, in the definition, a distinction must really be made between sexual behaviour and sexual attraction. So treatments to change behaviour should be allowed, regardless of the age.

Did I understand correctly?

[English]

Mr. Timothy Keslick: No. That's actually not what I'm saying.

[Translation]

Mr. Rhéal Fortin: Okay.

[English]

Mr. Timothy Keslick: I haven't made any comments in terms of limitations about age. My sole point is that there should be a distinction between attraction and behaviour in terms of exactly what those distinctions look like and how those play out. I'm not a lawyer, nor am I a politician. That's not my realm of expertise.

In terms of language, though, the concept of an attraction and stopping an attraction and the concept of a behaviour and stopping the behaviour are two totally separate things.

The Chair: We'll stop there. Thank you very much.

[Translation]

Thank you, Mr. Fortin.

[English]

Now, last but not least, we'll hear from Mr. Garrison for two and a half minutes.

Go ahead, sir.

Mr. Randall Garrison: Thank you very much, Madam Chair.

I want to go again to Adrienne Smith, lawyer and transgender non-binary person. We've had some comments on the question of parental rights versus kids' rights when it comes to questions of identity and orientation. They raise this intersection of the provision of, or the failure to provide, gender-affirming health care. Could you make some comments—in both of those capacities—about the rights of kids to their own identity and sexual orientation?

• (1315)

Adrienne Smith: Chairperson, thank you.

I would respond to the member by clarifying that the decision around consent to health care for young people is regulated by the provinces. In British Columbia, this is set out clearly in the Infants Act. In my province and Mr. Garrison's province, it's a question for medical practitioners to decide.

For young people, it is quite foreign from what we're talking about here. Despite efforts of some witnesses to draw us astray into that debate, speaking for myself, I was clear as a young person about who I was and what I needed to thrive and survive. Those services were not available to me in a way that they are now. I'm actually quite hopeful that we're supporting trans, non-binary and two-spirited young people differently.

If I could take the liberty, Mr. Garrison, I will answer a question that Monsieur Fortin asked me earlier and that I think we've been getting at. The core of the problem around the definition is really about harm. I would exclude programs that are coercive and that are not part of legitimate health care, which would include spiritual conversations that are involuntary and that hurt us, and private conversations that are involuntary and that are part of programs designed to hurt us.

If we focus on harm, then the container of the law around the mischief is clear, and there's no problem with the age of consent because harm is the focus, rather than features of the individual and the reason they have been enrolled or sought counsel or health care.

Mr. Randall Garrison: Thank you very much for both of those answers. I think they are quite useful to the committee.

Thank you very much. We're looking forward to the next meeting.

In the interest of time, Madam Chair, I will conclude my questions there.

The Chair: Thank you very much, Mr. Garrison.

At this time, I'd like to thank all of the witnesses on behalf of the committee for your powerful testimony and for appearing before us today in our deliberations on Bill C-6.

For now, the meeting is adjourned.

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