

Ending conversion therapy in Canada:

Survivors, community leaders, researchers, and allies address the current and future states of sexual orientation and gender identity and expression change efforts

February 18, 2020
Vancouver, Canada, Coast Salish Territories



No Conversion Canada

ORGANIZATIONAL SPONSORS:

Centre for Gender and Sexual Health Equity, Vancouver, Canada, www.cgshe.ca

Community-Based Research Centre, Vancouver, Canada, <https://www.cbrc.net>

British Columbia Centre for Disease Control (BCCDC), Vancouver, Canada,
www.bccdc.ca

BCCDC Foundation for Public Health, Vancouver, Canada, <https://bccdcfoundation.org>

Faculty of Health Sciences, Simon Fraser University, Burnaby, Canada,
<https://www.sfu.ca/fhs.html>

No Conversion Canada, Ottawa, Canada, <https://www.noconversioncanada.com>

Born Perfect, San Francisco, United States of America, <http://bornperfect.org>

LAND ACKNOWLEDGEMENTS:

This meeting took place on the traditional unceded territories of the x^wməθk^wəyəm (Musqueam), Sk̓wx̓wú7mesh (Squamish), and Tsleil-Waututh peoples.

FUNDING:

BCCDC Foundation for Public Health
Faculty of Health Sciences, Simon Fraser University
Community-Based Research Centre

CORRESPONDANCE:

Dr. Travis Salway, travis_salway@sfu.ca

Assistant Professor, Simon Fraser University Faculty of Health Sciences
Research Scientist, Centre for Gender & Sexual Health Equity and British Columbia
Centre for Disease Control

Mailing address: Blusson Hall 10506, 8888 University Drive, Burnaby, B.C.,
Canada V5A 1S6

SUGGESTED CITATION:

Ending conversion therapy in Canada: Survivors, community leaders, researchers, and allies address the current and future states of sexual orientation and gender identity and expression change efforts. (2020). Vancouver, Canada.

Available at: www.cgshe.ca/sogiece

Design/Layout: Megan Bobetsis

©Centre for Gender and Sexual Health Equity (CGSHE), 2020.

CONTACT: comms@cgshe.ubc.ca

Administrative Office: 1190 Hornby St. (11th floor), Vancouver, BC, V6Z 2K5

Community Office: 647 E Hastings St., Vancouver, BC, V6A 1R2

CONTENTS

Executive Summary.....	4
Context for the 2019 Vancouver SOGIECE Dialogue.....	5
Definitions.....	6
FINDINGS PART ONE: SOGIECE in its many forms.....	7
FINDINGS PART TWO: Supporting survivors.....	10
2(A) Raising awareness of conversion therapy with specific audiences and settings.....	11
2(B) Implementing services and supports for survivors.....	11
2(C) Barriers to implementation of effective supports.....	12
FINDINGS PART THREE: Legislative action and policy.....	13
3(A) SOGIECE bans across multiple jurisdictions.....	13
3(B) The importance of language in SOGIECE bans.....	13
3(C) Survivors first.....	14
FINDINGS PART FOUR: Creating & supporting LGBTQ2- affirming institutions.....	15
4(A) Regulatory responses and policies.....	15
4(B) Influencing “hearts and minds”.....	16
4(C) The “inverse of SOGIECE”.....	16
FINDINGS PART FIVE: Communications for a broad, societal understanding of SOGIECE.....	17
5(A) Toward greater clarity on the nature of SOGIECE...17	
5(B) Arts-based approaches and other creative media outlets.....	18
5(C) Whose stories are we missing?.....	18
FINDINGS PART SIX: Next steps.....	19
Conclusion.....	19
Participant List.....	20
References.....	22

EXECUTIVE SUMMARY

Context: Sexual orientation and gender identity and expression change efforts (SOGIECE) refer to a broad set of treatments, practices, or sustained efforts that aim to repress, discourage, or change a person’s sexual orientation, gender identity, or gender expression. In June of 2019, the House of Commons Standing Committee on Health recommended that “the Government of Canada work with the provinces and territories to eliminate the practice of conversion therapy in Canada and consider making further modifications to the Criminal Code.” In this context, the 2019 Vancouver SOGIECE Dialogue was held on November 2, 2019. Our objective was to convene survivors, community leaders, researchers, and policy advocates in order to share professional and lived experiences of SOGIECE, identify key health and social service needs of SOGIECE survivors, exchange ideas about pan-North American interventions, and determine how research could be undertaken to address gaps in knowledge.

Breadth of SOGIECE: SOGIECE take many forms and occur in many settings, including the home, schools, camps, religious settings, and the offices of unlicensed counsellors and licensed healthcare providers. In this context, so-called ‘conversion therapy’ represents only the tip of the iceberg of a much broader set of SOGIECE, which are undergirded by pervasive societal cissexist and heterosexist attitudes. **Given the multifaceted and inter-jurisdictional complexity of SOGIECE, Dialogue participants affirmed the need for a multipronged strategy to stem exposure to SOGIECE and the associated harms.** We considered four categories of intervention to address harms associated with SOGIECE.

(1) Support for survivors: SOGIECE survivors remarked that it is important that support services be led by survivors themselves, acknowledging that there can be healing in shared experiences. Suggested approaches to enable the healing and recovery of survivors included story-telling, strengths-based approaches, trauma-informed services, holistic approaches (inclusive of socialization needs), and tailored supports for those wishing to retain a connection with their faith or spirituality, as well as distinct supports for LGBTQ2 newcomers who may have experienced SOGIECE in an international context.



Support for ending conversion therapy comes from many directions.

(2) Legislative action and policy: Federal, provincial, and municipal governments have distinct jurisdictional authorities, and there are legislative and policy mechanisms that can be used to stop SOGIECE at each of these three levels of government. Clarity and specificity of language is critical to the effectiveness of conversion therapy bans. Dialogue participants pointed to specific examples of how legislation can clearly delineate prohibited practices.

(3) Changing institutions: Inspired by examples of religious and healthcare institutions that formerly practiced SOGIECE and have now adopted an LGBTQ2-affirming approach, we asked, what actions are needed to further create and support LGBTQ2-affirming institutions, broadly and across all of Canada? We considered regulatory responses and policies, such as those enacted by many healthcare professional organizations throughout North America. We also discussed strategies that can influence “hearts and minds” of institutional leaders and opinion leaders. And finally, we contemplated how to incentivize the “inverse of SOGIECE”, acknowledging that many people are exposed to SOGIECE because they express distress about their gender identity or sexual orientation in the absence of services that convey the promise of positive outcomes for LGBTQ2 people.

(4) Communications: Enacting the above three interventions requires a broad set of communications that will reach all Canadians, so that they may understand the nature and scope of ongoing SOGIECE in Canada. More work is needed to educate the public (and in some cases SOGIECE survivors and perpetrators themselves) on what constitutes SOGIECE, how it continues to enact harm, and what can be done to address harms associated with SOGIECE. More tools are needed to reach broader audiences, and this may require the pursuit of creative and arts-based methods. Finally, we reflected on the need to elevate survivor stories that still need to be heard, those from Indigenous peoples, bisexual people, those from faiths other than Christianity, immigrants, and people of color, among others.

Conclusion: SOGIECE encompass a wide range of settings and practices. It is not a single, delineated practice. As such, there is no “silver bullet” that will eradicate it from Canadian society. Rather, we propose a multi-faceted and multi-stakeholder response that includes—but is not limited to—survivor supports, legislative bans, institutional policies, and improved communications of the nature and effects of SOGIECE. Based on our 1-day Dialogue, we suggest that strategies to stem SOGIECE should center the voices of survivors, use explicit and consistent language, and seek broad audiences (including LGBTQ2 communities, allies, parents, teachers, healthcare providers, religious leaders, legislators, and members of the public) to clarify and confirm that: SOGIECE continues in Canada (and elsewhere) today and continues to cause harm to LGBTQ2 people; however, **SOGIECE is preventable, and we all have a role to play in bringing about its eradication.**

CONTEXT FOR THE 2019 VANCOUVER SOGIECE DIALOGUE



Survivors, community leaders, researchers, and allies stand together.

Available evidence suggests that over 20,000 lesbian, gay, bisexual, transgender, queer, and Two-Spirit (LGBTQ2) Canadians have been exposed to ‘conversion therapy’—treatments, practices, or sustained efforts that aims to repress, discourage, or change a person’s sexual orientation, gender identity, or gender expression.¹ In February 2019, the Canadian federal government reviewed a petition from Member of Parliament Sheri Benson (Saskatoon West) to ban conversion therapy for minors in Canada.² The petition received 18,200 signatures from across the country, signaling a strong desire among Canadians to end these practices³ and to address the harms associated with them—including longstanding mental and physical harm and in some cases, suicide (see Appendix A, available at www.cgshe.ca/sogiece, for a full review of the known harms of conversion therapy).

The federal government responded to the petition by acknowledging that conversion therapy does not reflect the values of Canadians, nor those of the federal government. However, the federal government deemed it could not take action to enact a ban at this time, on the basis that “this issue [banning conversion therapy] primarily implicates the regulation of the health profession, which is a provincial and territorial responsibility.”⁴ LGBTQ2 researchers and advocates responded in turn by challenging the assumptions of the federal government’s argument, specifically noting that the denouncement of conversion therapy by more than 49 health professional organizations has to-date not

brought an end to conversion therapy in Canada.⁵

Responding to evidence presented to the House of Commons Standing Committee on Health, the Standing Committee recommended in June 2019 that “the Government of Canada work with the provinces and territories to eliminate the practice of conversion therapy in Canada and consider making further modifications to the Criminal Code.”⁶

In this context, **the 2019 Vancouver Sexual Orientation and Gender Identity and Expression Conversion Efforts (SOGIECE) Dialogue** was convened on November 2, 2019. The Vancouver Dialogue included 31 survivors, community leaders, researchers, and policy advocates who coalesced to:

- Share professional and lived experiences about SOGIECE in a supportive, affirming, and collaborative environment;
- Identify key health and social service needs of SOGIECE survivors;
- Exchange ideas about pan-North American interventions, including policy and advocacy work, public awareness & education, and improved supports for SOGIECE survivors; and,
- Determine how research could be undertaken to fulsomely characterize the prevalence and nature of SOGIECE in Canada, as well as to inform interventions to prevent new harms and ameliorate ongoing negative health and social impacts of SOGIECE.

DEFINITIONS

Definitions of conversion therapy have shifted over time. The term ‘conversion therapy’ historically referred to religious-based therapies targeting a person’s sexual orientation. Over time, these practices have been adapted and expanded.⁷ Consequently, in 2019, conversion therapies may target gender identity or expression in addition to (or apart from) sexual orientation, and may occur in a number of settings beyond religious institutions, including licensed and unlicensed practitioners’ offices—as further detailed in FINDINGS PART ONE.

In this report, we are guided by Florence Ashley’s definition of **conversion therapy**: “any treatment, practice, or sustained effort that aims to repress, discourage or change a person’s sexual orientation, gender identity, gender modality, gender expression, or any behaviours associated with a gender other than the person’s sex assigned at birth or that aims to alter an intersex trait without adequate justification.”⁸ Two elements of Ashley’s definition help to specify practices that constitute conversion therapy: 1) conversion therapy starts with a premise that diverse non-heterosexual sexual orientations and non-cisgender gender identities or expressions should be denied and suppressed rather than affirmed and supported; 2) conversion therapies are sustained efforts, i.e., defined by a *prolonged* and deliberate attempt to deny and suppress LGBTQ2 identities.

In some cases, efforts to “repress, discourage, or change” one’s sexual orientation, gender identity, or gender expression are less delineated and more insidious. For example, a teenager who expresses distress about their gender identity or sexual orientation may go to (or be taken to) a counselor, healthcare provider, church leader, or other person of authority for advice on the matter. When persons in positions of authority espouse **cissexist**⁹ or **heterosexist**¹⁰ attitudes, they may delay or impede the adoption of an affirming and integrated gender identity or sexual orientation identity, and may thus knowingly or unknowingly function to repress, discourage, or change an individual’s gender identity and/or sexual orientation. Together, this broader set of practices constitute **sexual orientation and gender identity and expression conversion efforts** (SOGIECE).¹¹

FINDINGS PART ONE:

SOGIECE IN ITS MANY FORMS

We started the 2019 Vancouver Dialogue by acknowledging that SOGIECE and conversion therapy encompass a wide range of practices and settings, targeting sexual orientation, gender identity, and/or gender expression. We acknowledged that SOGIECE affect people of all ages. While youth may be particularly vulnerable, harmful effects of SOGIECE are well documented among adults (see Appendix A, www.cgshe.ca/sogiece).

Settings: SOGIECE may occur in many settings, including:

- **Home & family:** SOGIECE often begin at home, especially for youth.¹² Paradoxically, as societies are becoming more accepting and affirming of LGBTQ2 people and many youth ‘come out’ at earlier ages, the increased visibility of LGBTQ2 people creates more opportunities for youth to be exposed to SOGIECE or conversion therapy.¹³ As their sexual orientation or gender identity or expression becomes visible, youth are exposed to parents, caregivers, and other adults of authority who persuade or compel youth to attend conversion therapy.¹⁴
- **Religious settings:** Faith-based conversion therapy is demonstrably alive and well in Canada.²⁰ These practices largely stem from longstanding and deep-rooted heterosexist and cissexist religious beliefs. For example, one Canadian coalition of Christian leaders asks members to “deny that it is consistent with God’s holy purposes in creation and redemption, as revealed in Scripture, to adopt a homosexual or transgender self-perception.”²¹ In the US, it is estimated that approximately 35% of transgender people exposed to

Exposure to conversion therapy during critical periods of development (e.g., adolescence, early adulthood) has been shown to have lasting negative impacts on young people that persist (or even exacerbate) throughout the life course.¹⁵

- **Schools:** When diverse sexual orientations, gender identities, and gender expressions are not affirmed at home, youth may seek reassurance, support, or guidance from peers, teachers, and counselors at school. Thus, schools can be critical junctures where LGBTQ2 youth either receive positive and affirming messages about their sexual orientations, gender identities, and gender expressions, or receive cissexist and heterosexist messages, including through SOGIECE and conversion therapy.¹⁶ SOGI-inclusive sex-ed curricula, LGBTQ2-affirming counselors, and LGBTQ2 content integrated in coursework may all serve to buffer youth from the risk of SOGIECE/conversion therapy.
- **Camps:** The 2018 film *The Miseducation of Cameron Post* brought widespread attention to present-day “camps” that continue to practice conversion therapy to countless LGBTQ2 youth.¹⁷ While some assume that these camps are exclusively or primarily a phenomenon of the United States, Canadians can (and do) access these US camps, many of which continue to seek an expanded clientele.¹⁸ Moreover, if camps that incorporate SOGIECE are in operation in Canada, it is likely that their advertisement of SOGIECE is muted or disguised—given that conversion therapy practitioners in other settings in Canada have veiled their practices with cautious or contradictory language.¹⁹
- **SOGIECE**²² and 60% of lesbian, gay, and bisexual people exposed to SOGIECE²³ experienced SOGIECE in religious settings. **It is important to recognize, however, that Christianity and other religious faiths are not inherently at odds with an LGBTQ2 identity. In Canada, there are many examples of churches that have adopted LGBTQ2-affirming approaches.**²⁴ As of December 5, 2019, 353 Canadian pastors and religious leaders have signed *Pastors Stopping the Harm*, committing to a set of LGBTQ2-affirming tenets, including: “We believe LGBTQ2S+ people are Beloved of God,” and “we call on our fellow pastors to cease any spiritual interventions with the purpose of changing an individual’s sexual orientation or gender identity.”²⁵
- **Unlicensed counselors/providers:** Not all conversion therapy practitioners are religious or use faith-based approaches. In some cases, unlicensed counselors or providers offer pseudo-scientific conversion therapy services. Because these practitioners do not operate with a license and are not subjected to regulative oversight, healthcare and professional regulatory measures are insufficient to prevent conversion therapy in these settings.²⁶

- Licensed healthcare providers:** Finally, despite popular assumptions that self-regulation of licensed healthcare providers has eradicated or at least marginalized SOGIECE from these settings, Dialogue participants pointed to multiple examples of how publicly funded and regulated professionals practiced conversion therapy even after it had been denounced by their professional colleagues and regulatory bodies.²⁷ Trans individuals seeking medically-necessary gender-affirming care are particularly vulnerable to practices such as “the corrective approach,” which discourages gender non-conformity in order to direct patients to avoid transgender status as adults.²⁸ Related SOGIECE targeting gender identity and expression include gatekeeping, in which physicians and other healthcare professionals deny or delay access to life-saving and gender-affirming interventions, such as gender-affirming hormone treatment.²⁹ Newcomers may be particularly susceptible to experiencing SOGIECE at the hands of licensed healthcare providers, as many are unfamiliar with the norms/parameters of regulated healthcare in the Canadian context. One physician attending the Dialogue reflected on the many people who have died by suicide because healthcare providers inhibited access to gender-affirming care. This physician explained that these suicides are caused by medical intervention (i.e., iatrogenic)—in this case the intervention being deterrence from accessing gender-affirming care.

As is evident from the breadth of settings described above, **conversion therapy is not a monolithic or clearly delineated practice. Rather, overt conversion therapy is a collection of practices that are, in fact, only the “tip of the iceberg.”** As illustrated in Figure 1, overt conversion therapy is underpinned by more prevalent practices that are also harmful to the health and wellbeing of LGBTQ2 people.

Immediately undergirding conversion therapy are SOGIECE. As noted above, SOGIECE are directly related to conversion therapy in that both sets of practices aim to repress, discourage, or change one’s gender identity, gender expression, and/or sexual orientation. SOGIECE additionally, however, include practices that are less well defined and advertised than conversion therapy, and in some cases practices that may not be sustained. For example, by our definition, while a structured set of 10 one-on-one sessions offered by a faith-based counsellor in order to help someone struggling with their sexual orientation or gender identity live a heterosexual and cisgender life constitutes conversion therapy, a conversation (or multiple conversations) between a faith-based leader and parishioner in which the parishioner is dissuaded from

living with or adopting an LGBTQ2 identity constitutes SOGIECE. SOGIECE may additionally include more subtle but pervasive practices that attempt to erase or diminish LGBTQ2 identities. One Dialogue participant remarked, “*it is important to remain flexible about how we define and name SOGIECE. Somebody who is bi[sexual], for example, nowadays is often told it is just a phase.*”

Of course, in reality, conversion therapy and SOGIECE are not neatly separated. In many cases, what starts as SOGIECE may lead to conversion therapy, and all conversion therapy is a form of SOGIECE. Moreover, the negative health effects of experiencing SOGIECE are similar to those of conversion therapy: poor self-esteem, self-hatred, anxiety, depression, problematic substance use, social isolation and loneliness, and suicide ideation and self-harm.³⁰ Thus, for the remainder of this report, we use the inclusive term SOGIECE (inclusive of conversion therapy), except where we are talking about specific practices that are more appropriately described as ‘conversion therapy.’

SOGIECE (including conversion therapy) is enabled and condoned by **widespread heterosexism and cissexism in contemporary societies**, including in Canada. As described in the Canadian House of Commons Standing Committee on Health’s 2019 Report on *The Health of LGBTQIA2 Communities in Canada*, despite decades of legal and social gains, LGBTQ2 people continue to face pervasive stigma in Canada today.³¹ The social values and preferences represented by cissexism and heterosexism cannot be separated from SOGIECE, which stem from these exact premises. Thus, the groups and individuals who continue to espouse or implicitly support cissexist and heterosexist attitudes (e.g., prominent and outspoken commentators who deny the experiences and identities of trans people³²) facilitate SOGIECE, by adding a sense of legitimacy or even empowerment to their ongoing practices.

We therefore place cissexism and heterosexism at the base of the conversion therapy pyramid and suggest that fully eradicating conversion therapy from society requires challenging cissexism and heterosexism in their many forms and expressions.

Finally, at the 2019 Dialogue, we reflected on the words of Two-Spirit scholar Sarah Hunt who describes the lasting impact of European-colonial residential schools on enforcing European cissexist and heterosexist norms and behaviors, reminding us that: “Residential schools racialized native children as “Indians” while enforcing strict divisions between girls and boys through European dress and hairstyles, as well as physically separating them in different dorms.”³³ Thus, the often-traumatic—culturally, physically,

psychologically violent—experience of tens of thousands of Indigenous people in the residential school system constitutes its own form of SOGIECE.³⁴ Those of us working to eliminate SOGIECE must strive to understand the ways in which western/European binary notions of gender have created historical and contemporary cases of SOGIECE for

Indigenous peoples, and we tentatively suggest that attempts to use organizing approaches informed by Two-Spirit (pre-colonial traditions that venerate diverse sexual orientations and gender identities) and Indigenous trans and queer people may help to reduce experiences of SOGIECE among Indigenous communities.³⁵

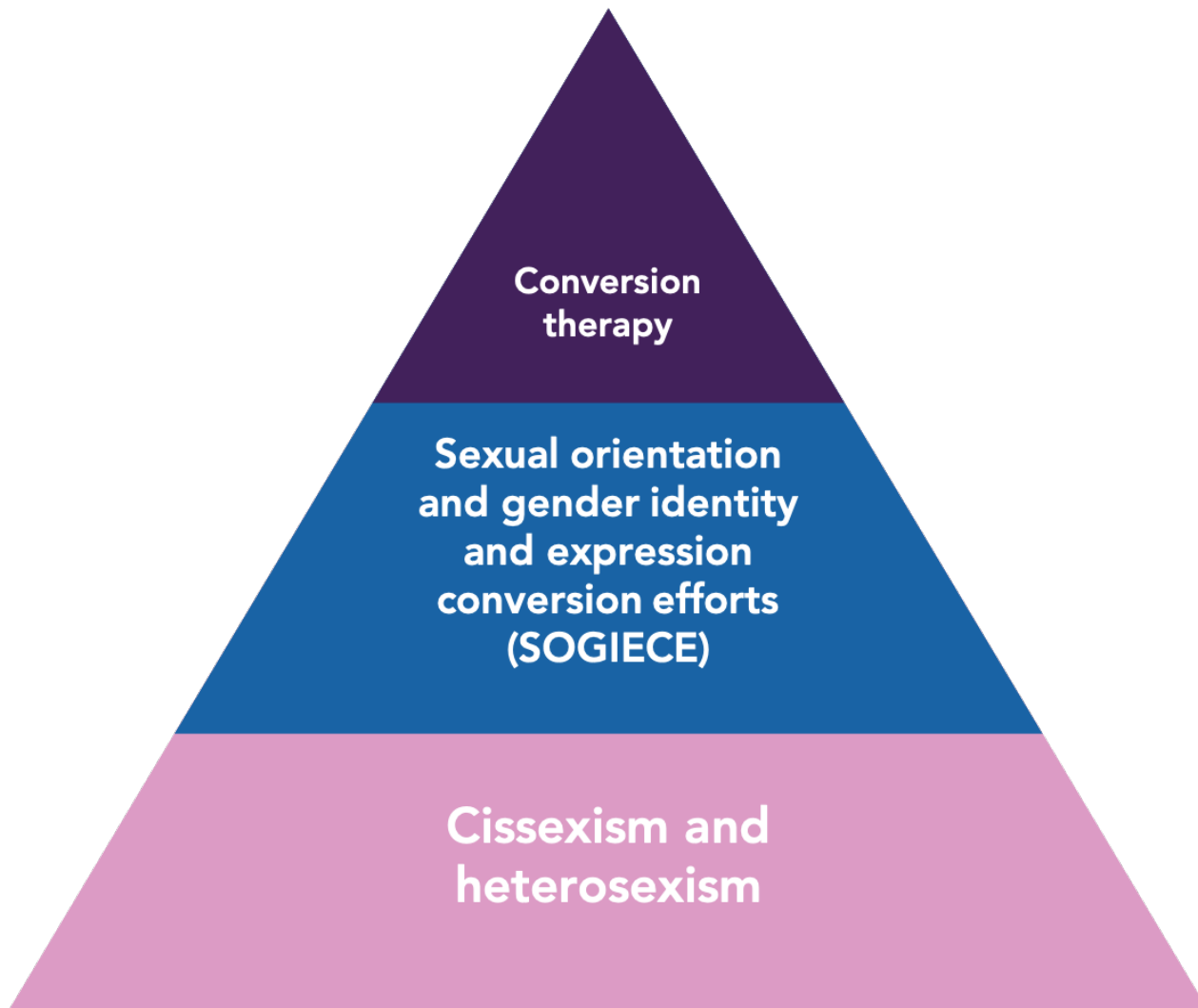


Figure 1. The conversion therapy pyramid.

FINDINGS PART TWO: SUPPORTING SURVIVORS

The 2019 Dialogue included focused small-group discussions (using a *World Café* method ³⁶) centered on four topics:

1. **What resources are needed to support conversion therapy survivors?**
2. **What strategies have resulted or will result in successful conversion therapy bans?**
3. **What changes are needed to institutions where SOGIECE is happening?**
4. **What communication strategies are needed to improve broad societal awareness of SOGIECE?**

Sixteen (16) Dialogue participants shared that they had direct experience with SOGIECE or conversion therapy—many of whom described themselves as survivors. The objective of the Dialogue was to exchange experiences and ideas—and to center the voices of survivors, in allyship with other members of LGBTQ2 communities, healthcare providers, and support workers.

“The most important thing is how can we create therapy and better models for helping victims and survivors so they can move on with their lives and heal.”

- Erika Muse, conversion therapy survivor ³⁷



All of us have a role to play in listening to survivors.

2A Raising awareness of conversion therapy with specific audiences and settings

- Queer and trans communities: Despite the fact that as many as 1 in 5 LGBTQ2 people have experienced conversion therapy (see Appendix A, www.cgshe.ca/sogiece), and countless others have been at risk of exposure to conversion therapy or other SOGIECE, Dialogue participants reflected that there continues to be a lack of awareness related to its occurrence—even within queer and trans communities. One survivor noted, “*it’s not that queer spaces aren’t supportive or safe; it’s that they don’t know how to deal with it [SOGIECE].*”
- Service providers: One physician remarked, “*I’m a healthcare provider, and I want to know what supports [survivors] most need.*” Many service providers are themselves unaware of what to do for SOGIECE survivors—or even unaware that it is still happening.
- Public: Greater public awareness and education can help survivors by increasing their visibility and therefore increase the number of opportunities they have to get connected with support. Specific strategies for public media communications and campaigns are outlined in FINDINGS PART FIVE.

2B Implementing services and supports for survivors

- Survivor-led services: Survivors remarked that it is important that services be led by survivors themselves, acknowledging that there can be healing in shared experiences. Services that are directed by survivors benefit from survivors’ own knowledge and expertise (i.e., survivors know best). This principle (similar to “nothing about us, without us”³⁸ and GIPA/MIPA³⁹) was reiterated throughout the Dialogue.
- Allyship: Allies have a critical role to play in ensuring access to SOGIECE-related support services. The process of allyship requires first listening to survivors and then advocating alongside.
- Storytelling: Storytelling itself may be therapeutic for survivors of various forms of trauma.⁴⁰ Dialogue participants reflected that survivors need more venues and opportunities for sharing their stories, in safe and supportive settings. One survivor shared, “*there’s the importance of being able to tell your story and having different avenues to tell your story—getting your story out and working on the process of ‘reprogramming’; rather than keeping it internally.*”
- Strengths-based approaches: Many survivors feel a sense of shame for having gone through conversion therapy or SOGIECE. Therefore, one survivor asked, “*how can we tell our story in a way that is positive and not shaming?*” This led participants to suggest that there is a need for more services and supports that focus on strengths of survivors.
- Trauma-informed services: Notwithstanding the importance of strengths-based approaches, survivor services may also benefit from using a trauma-informed lens. One researcher reflected that we additionally need a “*history-informed lens, to help us make sense of the complexity that we see [in SOGIECE].*”
- Holistic approaches: “*SOGIECE is not just about mental health... it’s also the social aspects*” (survivor). Some survivors shared that in addition to experiencing distress and depression from SOGIECE, they lost work and were put on disability. Thus, one researcher remarked that “*we need services that address the socialization needs of survivors*” (e.g., connecting with other survivors or members of LGBTQ2 communities).
- Tailored approaches: One participant observed, “*26 survivors can all have 26 difference experiences with SOGIECE*”, meaning that in our responses to SOGIECE we need to account for the diversity of experiences and related health and social service needs. For example:
 - Financial accessibility: Some SOGIECE survivors have lost income due to the social and psychological impacts of SOGIECE, which in turn limit survivors’ ability to work. With this in mind, we need to ensure that survivor support services are accessible (including public subsidization or sliding scale options for therapeutic/mental health supports).
 - Spiritual approaches: Some survivors are looking for healing and support that includes their systems of faith or spirituality. One faith-based leader noted that “*people are being spiritually traumatized [referring to SOGIECE that occurs in religious settings] but still wanting to engage in vibrant spirituality.*”
 - Newcomers: A researcher who has worked with LGBTQ2 immigrant communities pointed out that refugees and other immigrants who experience SOGIECE outside of North America may require unique forms of support. The researcher commented, “*newcomer communities are subject to unique vulnerabilities that we might not even be aware of.*” Various global health organizations have started to draw attention to international variability in SOGIECE across borders; as additional reports come out, Canadian researchers and community advocates should account for cross-national contexts when working with LGBTQ2 immigrants.⁴¹

2C Barriers to implementation of effective supports

- Trans erasure: Trans erasure includes active (intentional) and passive (unintentional) systematic policies and practices that render trans people invisible, in the context of pervasive cissexism and cisnormativity.⁴² Dialogue participants commented on how often the default assumption when talking about SOGIECE is that SOGIECE is (primarily) targeting sexual orientation. Examples of trans erasure include the foregrounding of sexual minority (especially gay men’s) stories of SOGIECE while excluding the experiences of trans SOGIECE survivors, and routine use of language that erases SOGIECE targeting gender identity or expression (e.g., “conversion therapy attempts to force LGBTQ2 people to live heterosexual lives”—obscuring the fact that trans people who are heterosexual remain vulnerable to trans conversion therapy). This erasure may even extend to SOGIECE survivors who do not identify as trans but are gender-diverse or otherwise queer, as gender expression is often policed as part of SOGIECE.
- Working in sites of trauma: Some of the venues in which we may reach SOGIECE survivors are also institutions where SOGIECE took place (e.g., religious organizations, healthcare settings, psychologists’ offices). Returning to these settings to access support services may be re-traumatizing and therefore not feel safe. A clinician asked, **“how can we make safe spaces [for survivors] when those sites are the places where trauma took place?”**
- Disrupted connections to LGBTQ2 communities: Additionally, survivors may have a hard time accessing services through LGBTQ2 communities. One survivor talked about how they were cut off from their (cisnormative/heteronormative) communities of origin (faith-based, friends, family, etc.) after experiencing SOGIECE but then found it hard to connect to LGBTQ2 communities—in part because of the lasting effects of SOGIECE on feelings of shame and detachment from their sexual orientation and gender identity. Another participant remarked that many SOGIECE survivors have experienced addiction, but there is a lack of sober spaces in LGBTQ2 communities in which SOGIECE survivors could find connections.
- Lack of SOGIECE-related training and education: Several participants advocated for increased availability of information and training for healthcare providers to be able to identify SOGIECE and support survivors in connecting with LGBTQ2-affirming forms of support.
- Stigma: SOGIECE itself remains stigmatized in many settings and communities, and this is itself a barrier for survivors accessing services. **Many survivors do not want to disclose a history of SOGIECE for fear of being judged.**



It takes an enormous amount of energy and strength for survivors to speak up.

FINDINGS PART THREE:

LEGISLATIVE ACTION AND POLICY

Legislative action includes conversion therapy bans at three levels: municipal, provincial, and federal. Discussion of strategies to enact effective legislation included: (A) a review of jurisdictional authorities and the nature of bans at the three levels; (B) emphasis on the importance of language and specificity; and (C) the importance of consulting with survivors' communities when enacting bans.

3A SOGIECE bans across multiple jurisdictions

- Municipal bans: Municipal conversion therapy bans have tended to target business licenses and land use, though municipalities can create or amend bylaws that reflect values, beliefs, wellbeing and safety of their community.⁴³
- Provincial/territorial bans: Provinces and territories have the power to ban conversion therapy through legislation that governs the provision of publicly funded health services. To-date, three Canadian provinces (Ontario 2015, Nova Scotia 2019, and PEI 2019) have enacted provincial legislative bans. Provinces also have jurisdiction over enforcement of child welfare; for example, in British Columbia the *Infants Act* and *Family Law Act* have been invoked to protect the rights of trans minors to receive gender-affirming medical care and to protect against exposure to psychological harm.⁴⁴
- Federal bans: The federal government has the potential to use a wide range of legislative and policy tools to curb SOGIECE across the country. Federal bans have been enacted in Malta and Taiwan.⁴⁵ **Federal leaders of multiple parties made election commitments in the fall of 2019 to amend the Criminal Code to ban conversion therapy targeting LGBTQ2 people.**⁴⁶ Some participants suggested exploring a policy mechanism that revokes the charitable status of organizations practicing SOGIECE.
- **Dialogue participants asserted that the most effective strategy to end SOGIECE will include bans at all levels of government.** Participants emphasized that municipalities, provinces/territories, and the federal government all have a role to play. This is because—as detailed above—SOGIECE occur in multiple settings and take multiple forms, which will be responsive to different levels and forms of legislative action.

3B The importance of language in SOGIECE bans

- Broad yet specific: How SOGIECE are defined in legislative bans is critically important to the enforceability of bans. In 2018, the municipality of Vancouver enacted a conversion therapy ban that “prevents businesses from providing services that claim to change a person’s sexual orientation or gender identity.” At least one Vancouver-based organization continued offering SOGIECE-related events in the city, after the ban was enacted; however, city officials have explained that enforcement of the ban in relation to these events is inhibited by the fact that the organization has stated they are not changing anyone’s sexual orientation or gender identity, but rather, in the words of a spokesperson: “We are saying, this is what we believe God’s plan for sexuality is. And if you want help living that out . . . we’re here to walk with you.”⁴⁷ Legal scholar Florence Ashley has written about the importance of specificity in bans, offering an 8-point detailed description of all of the practices that should be targeted in a comprehensive SOGIECE ban.⁴⁸
- Define what is not SOGIECE: Participants commented that care must be taken by legislators to ensure that SOGIECE bans do not create barriers to accessing LGBTQ2-affirming care. For example, the Ontario conversion therapy ban (Bill 77) specifically names treatments that are not included in their definition of conversion therapy: “services that provide acceptance, support or understanding of a person or the facilitation of a person’s coping, social support or identity exploration or development; and sex-reassignment surgery or any services related to sex-reassignment surgery.”⁴⁹
- “Committing” SOGIECE: A policy advocate at the Dialogue noted that we need to shift language relating to SOGIECE to describe perpetrators as “committing” (not “practicing”) SOGIECE. This shift in language can serve to help people understand that a crime is being perpetrated; the language of “practice” (much like the misnomer “therapy” in the phrase “conversion therapy”) falsely signals something legitimate about these efforts.

3C Survivors first

- Legislation should be evaluated using both quantitative (number of prosecutions) and qualitative measures. Dialogue participants specifically highlighted the importance of talking to survivors to understand their experiences before and after bans are enacted. For example, a SOGIECE survivor’s testimony was instrumental in leading to the successful enactment of the Ontario ban.⁵⁰ **We should additionally consult with survivors after bans have been implemented.** This notion of “continuous policy evaluation” was mentioned as important so that other jurisdictions can learn from what works and what does not work when bans are enacted, acknowledging that no ban will be a silver bullet which comprehensively eradicates SOGIECE from all settings.
- Grassroots efforts are important in ensuring that bans are successful. Grassroots efforts (letter-writing, petitioning, and calling and visiting legislators) are in turn enabled by elevating the stories of survivors. Survivor stories and leadership can help LGBTQ2 communities and allies mobilize and speak with specificity about the urgent importance of acting to stop SOGIECE.⁵¹
- Some participants reflected on how the actions and story-sharing of survivors of the Indigenous Residential School system may be a useful parallel case for learning how to highlight and strengthen the voices of SOGIECE survivors.



FINDINGS PART FOUR: CREATING & SUPPORTING LGBTQ2- AFFIRMING INSTITUTIONS

While survivor supports and legislative bans were identified as critical steps toward reducing the negative impacts of SOGIECE, Dialogue participants also took time to reflect on the “roots” of SOGIECE. In particular, we asked, **how do we facilitate change in institutions where SOGIECE may be occurring?** These conversations raised three prominent themes: (A) regulatory responses and policies; (B) strategies to influence “hearts and minds”; (C) incentivizing the “inverse of SOGIECE.”



4A Regulatory responses and policies

- Consistency of regulatory responses: A social worker commented on how regulatory guidelines from various registered healthcare professional bodies (including the American Psychiatric Association, Canadian Psychological Association, etc.) have led to marginalization of conversion therapy practices within these professional bodies.⁵² More work is needed to review where and how these regulatory actions have been effective, and to identify healthcare provider-regulating organizations and settings that can mirror these actions or build upon them.
- Enforceable policies: One policy advocate noted that it is not enough for institutions (religious, healthcare, etc.) to issue statements denouncing SOGIECE. They must enact specific and observable policies that ensure SOGIECE stops happening in these settings. This is a matter of transparency and trust for clients and constituents of these institutions. It is also an important mechanism for sharing evidence of best practices for eradicating SOGIECE.
- Visibility and accountability: Organizations that previously practiced SOGIECE—as well as those that are suspected of practicing SOGIECE—should make these regulations, policies, and related actions visible to the public. For example, the online petition *Pastors Stopping the Harm* provides a vehicle for identifying faith-based leaders who have committed to “cease any spiritual interventions with the purpose of changing an individual’s sexual orientation or gender identity.”⁵³ Mechanisms are needed to review and hold to account the promises these organizational leaders have made to LGBTQ2 parishioners.

FINDINGS PART FIVE: COMMUNICATIONS FOR A BROAD, SOCIETAL UNDERSTANDING OF SOGIECE

The fourth *World Café* table addressed the question, “What **communication strategies** are needed to improve broad societal awareness of SOGIECE?” In response, four sets of principles, ideas, and opportunities were elicited: (A) the importance of clarifying language in describing SOGIECE to reach broader audiences; (B) pursuit of arts-based methods; (C) elevating stories that still need to be heard.



5A Toward greater clarity on the nature of SOGIECE

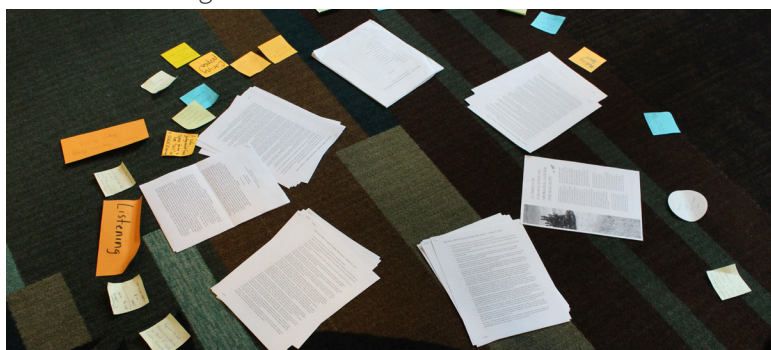
- Dialogue participants reflected that SOGIECE practitioners have strategically adapted their language over time. For instance, to avoid outwardly stating that they are “converting” targeted sexual orientations and gender identities and expressions, some SOGIECE practitioners have begun using deceptively vague and/or coded language (“we practice healing”). In response, **communications strategies that aim to support the eradication of SOGIECE should identify and use a common and explicit language.** We suggest that the definitions offered at the start of this report may be a useful template for those working on SOGIECE-related communications. The development and use of this language may achieve a few things:
 - Allow those who experienced or observed SOGIECE (but did not recognize the efforts as being akin to or related to conversion therapy) to participate in conversations;
 - Enable those who encounter SOGIECE with veiled or coded language to ask specific questions to understand whether a particular practice does or does not constitute SOGIECE; and,
 - Support the indexing of SOGIECE so that legislative bans can be enforceable and effective.
- Media reports regarding SOGIECE may reflect certain inherent biases. For example, a common narrative for SOGIECE news reports is that of LGBTQ2 rights versus (a particular subset of) religious rights. This narrative is incomplete and potentially harmful because it suggests that these two sets of interests are necessarily at odds with one another, when in fact—as discussed above—many religious leaders and followers have vocally condemned SOGIECE. In response, we need to communicate more stories that demonstrate the breadth of people who are opposed to and acting to stop SOGIECE.
- Participants suggested that media training be offered to SOGIECE survivors so that they are prepared for talking to reporters, and so they are aware of the various potential legal and social harms that could come from speaking out about the issue. Following the model of the Born Perfect movement in the US, we should build supports for survivor-led communications in Canada (e.g., creation of a SOGIECE survivors speakers bureau).
- Many people remain unaware of SOGIECE; several of the Dialogue participants reflected on the shock and confusion they encounter when they suggest to friends, family, colleagues that further action is needed to stop conversion therapy from happening in Canada. Thus, Dialogue participants said, “*let’s not preach to the choir!*” We sought to find opportunities for getting communications about SOGIECE to broader audiences.

5B Arts-based approaches and other creative media outlets

- Some participants noted that long-form journalism and documentary filmmaking may offer outlets that are more amenable to nuanced messaging. Unlike mainstream news stories, these media do not require the “oppositional” stance to be included (i.e., the “two sides” of the story). As noted above, SOGIECE is not a binary/two-sided story.
- The recent films *Boy Erased* and *The Miseducation of Cameron Post* had a markedly large influence on public awareness of SOGIECE. Additional arts-based avenues (including film, documentary shorts, plays, etc.) should be pursued.
- Arts-based strategies are useful for reaching audiences who will not engage with other forms of media. They additionally may offer therapeutic benefits to survivors, and an alternative to words for survivors to share their experiences. For example, the *Still Here* project used photovoice to help LGBTQ2 survivors of suicide attempts to share often traumatic or stigmatized stories using a camera and a caption.⁵⁸

5C Whose stories are we missing?

- **Throughout the Dialogue, participants were asked to reflect on which voices or stories related to SOGIECE still need to be heard, with greater attention.** The list was extensive but not exhaustive:
 - Indigenous people, including survivors of the residential school system;
 - Those who experienced SOGIECE but do not have a name for it and may not even know that they experienced it;
 - Bisexual people, as many are marginalized in queer/monosexual-targeted spaces⁵⁹ and thus are often missing from expressions of LGBTQ2 experiences, including SOGIECE;
 - People from faiths other than Christianity;
 - Youth;
 - Older adults;
 - People of colour and from diverse racialized communities;
 - Immigrants;
 - Those who continue to practice SOGIECE;
 - People who are not on “one side or the other” of the issue, or who are perhaps unaware of SOGIECE;
 - Parents and adult caregivers; and,
 - Those who are still in the process of experiencing SOGIECE (or have very recently come out of it).
 - The majority of Dialogue participants were from Canada, and this is the immediate context for this report, although many of the findings will extend beyond Canadian borders, in particular to the United States.
- We acknowledged that engagement with these various sets of people will require varied forms of engagement and outreach. Some of these “missing voices” were not at the Dialogue because they face systemic or structural barriers to participation in LGBTQ2 spaces. Others may benefit from consultation in small group or 1-on-1 settings rather than “big tent” approaches to SOGIECE dialoguing.
- Finally, **there is a need in our communications strategies to ensure equity with regard to stories of trans, non-binary, genderqueer, and queer women SOGIECE survivors.** Although surveys indicate that queer women are as likely as queer men to be exposed to SOGIECE⁶⁰, and that trans people experience higher rates of SOGIECE than cisgender queer people⁶¹, many news outlets continue to privilege the voices of cisgender gay men (and in particular those of former conversion therapy practitioners)⁶², and some reports assert an assumption that cisgender men are the predominant or modal targets of SOGIECE.⁶³



Exchanging stories, ideas and resources to end SOGIECE.

FINDINGS PART SIX: NEXT STEPS

The 2019 Vancouver SOGIECE Dialogue shed light on several aspects of ongoing SOGIECE in Canada. While it was not the goal of this event to produce recommendations or consensus for specific actions, we did use this opportunity to harvest **questions that can be answered by short-term research projects**, in Canada and beyond (see Appendix B, www.cgshc.ca/sogiece).

Specifically, we have used the 2019 Dialogue to mobilize the following research actions:

- National and local surveys of LGBTQ2 people in order to estimate:
 - Prevalence, i.e., number of people exposed to SOGIECE (and those ‘at-risk’ of exposure)
 - Settings in which SOGIECE takes place and types of practitioners
 - Ages at which SOGIECE is initiated
 - Duration of SOGIECE exposure
 - Geographic locations of SOGIECE
 - Nature of initiation of SOGIECE (self-directed versus compelled or coerced by someone in a position of authority)
- Inventories of known SOGIECE operators
- Interviews with SOGIECE survivors from across Canada, with the purpose of learning what social and health supports would be useful
- Reviews of extant legislative bans and the impact/outcomes of these bans on SOGIECE in the corresponding jurisdictions

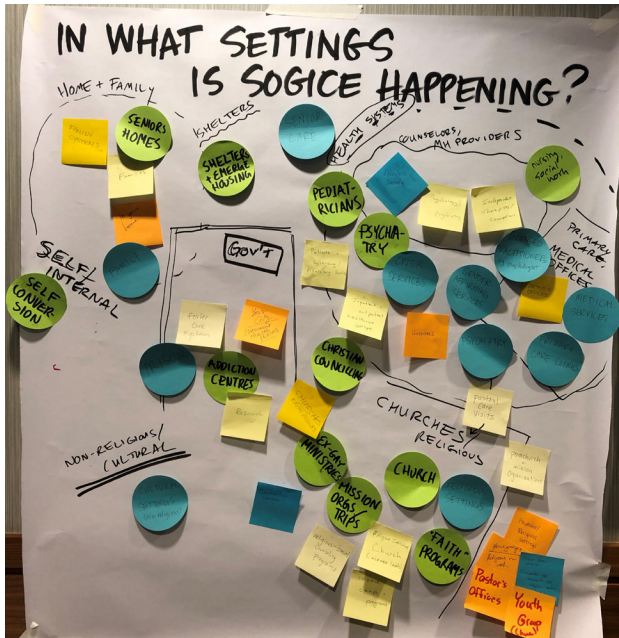
CONCLUSION

SOGIECE encompass a wide range of settings and practices. They are not a single, delineated practice. As such, there is no “silver bullet” that will eradicate SOGIECE from Canadian society. Rather, **we propose a multi-faceted and multi-stakeholder response that includes—but is not limited to—survivor supports, legislative bans, institutional policies, and improved communications of the nature and effects of SOGIECE.** Based on our 1-day Dialogue, we suggest that strategies to stem SOGIECE should do the following: center the voices of survivors, use explicit and consistent language, and seek broad audiences (including LGBTQ2 communities, allies, parents, teachers, healthcare providers, religious leaders, legislators, and members of the public.) These strategies can be used in concert to clarify and confirm that: SOGIECE continue in Canada (and elsewhere) today and continue to cause harm to LGBTQ2 people. However, SOGIECE are preventable, and we all have a role to play in bringing about its eradication.



PARTICIPANT LIST

Adam Trimmer, Born Perfect
Ashleigh Rich, School of Population & Public Health, University of British Columbia
Beth Carlson-Malena, Generous Space; Open Way Community Church
Brenna Bezanson, BC Trans Health Project, Centre for Gender & Sexual Health Equity
David Kinitz, Dalla Lana School of Public Health, University of Toronto
Dionne Gesink, Dalla Lana School of Public Health, University of Toronto
Erika Muse, activist and writer
Gwen Lister, AIDS Vancouver
Hannah Kia, School of Social Work, University of British Columbia
James Young, Faculty of Health Sciences, Simon Fraser University
Jill Chettiar, Centre for Gender & Sexual Health Equity
Jody Jollimore, Community-Based Research Centre
John Martin-Holmes
Katie Koncan, BCCDC Foundation for Public Health
Keith Murray, Hillhurst United Church
Lisa Salazar, Spiritual Care Practitioner, author, educator
Matt Ashcroft, activist and speaker
Michael Kwag, Community-Based Research Centre
Nicholas Schiavo, No Conversion Canada
Olivier Ferlatte, School of Public Health, University of Montreal
Peter Gajdics, writer and speaker
Rachel Taylor, Centre for Gender & Sexual Health Equity
Ritesh Matlani, documentary filmmaker
Rod Knight, BC Centre on Substance Use; Department of Medicine, University of British Columbia
Sam Bradd, Drawing Change
Sonya Taylor
Travis Salway, Faculty of Health Sciences, Simon Fraser University; BC Centre for Disease Control;
Centre for Gender & Sexual Health Equity
Trevor Goodyear, University of British Columbia; BC Centre on Substance Use
Troy Stevenson, The Trevor Project
Wendy VanderWal Gritter, Generous Space Ministries



References

- 1 Salway et al 2020 <https://journals.sagepub.com/doi/10.1177/0706743720902629>
- 2 Benson e-1833, 2019 <https://petitions.ourcommons.ca/en/Petition/Details?Petition=e-1833>
- 3 Polls in Canada (<https://bc.ctvnews.ca/most-canadians-want-conversion-therapy-banned-nationwide-poll-1.4525275>) and the US (<https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Update-June-2019.pdf>) indicate that the majority of people in both countries (58% in Canada; 56% in US) think that conversion therapy should be banned.
- 4 Lametti House of Commons 2019 https://www.ourcommons.ca/Content/ePetitions/Responses/421/e-1833/421-03168_JUS_E.pdf
- 5 Ashley 2019 <https://www.ourcommons.ca/Content/Committee/421/HESA/Brief/BR10472186/br-external/AshleyFlorence-e.pdf>
- 6 Casey et al 2019 <https://www.ourcommons.ca/DocumentViewer/en/42-1/HESA/report-28/>
- 7 Newhook et al 2018 <https://www.tandfonline.com/doi/full/10.1080/15532739.2018.1456390>
- 8 Ashley 2019 https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3398402
- 9 Cissexism is the belief or assumption that cisgender people's gender identities, expressions, and embodiments are more natural and legitimate than those of trans people. (Source: Serano 2018 <http://www.juliaserano.com/terminology.html>)
- 10 Heterosexism is the belief or assumption that heterosexual people's sexual orientation identities, behaviors, and attractions are more natural and legitimate than those of LGBQ and other sexually diverse people. (<https://rainbowresourcecentre.org/files/12-11-Heterosexism.pdf>)
- 11 Bishop 2019 <https://outrightinternational.org/reports/global-reach-so-called-conversion-therapy>
- 12 Ryan et al 2018 <https://www.tandfonline.com/doi/pdf/10.1080/00918369.2018.1538407>
- 13 Kia 2016 <https://link.springer.com/article/10.1007/s13178-015-0194-9>
- 14 Russell & Fish 2016 <https://www.annualreviews.org/doi/full/10.1146/annurev-clinpsy-021815-093153>
- 15 Ryan et al 2018 <https://www.tandfonline.com/doi/pdf/10.1080/00918369.2018.1538407>
- 16 Gesink 2018 <https://ipolitics.ca/article/turning-the-sex-ed-clock-back-to-1998-puts-our-youth-at-risk/>
- 17 Silman 2018 <https://www.thecut.com/2018/08/8-gay-conversion-therapy-survivors-on-cameron-post.html>
- 18 Ashcroft/Poisson 2019 <https://www.cbc.ca/radio/frontburner/conversion-therapy-survivor-shares-his-story-1.5207493>
- 19 Jones 2019 <https://www.dailyxtra.com/how-is-conversion-therapy-still-happening-in-canada-155215>
- 20 Paperny 2015 <https://globalnews.ca/news/2264263/canada-still-has-gay-conversion-groups-some-get-tax-deductible-donations/>; <https://www.faithbeyondbelief.ca/conversion-therapy-ban>; <http://concerned.ca/bill-m-219-a-cautionary-response/>
- 21 <https://oneaccord.one/the-accord/>
- 22 Turban et al 2019 <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2749479>
- 23 Flentje et al 2014 <https://www.tandfonline.com/doi/full/10.1080/00918369.2014.926763>
- 24 <https://www.churchclarity.org/about>
- 25 <https://www.generousspace.ca/pastors-stopping-the-harm/>
- 26 Frankell 2017 <https://www.theatlantic.com/health/archive/2017/07/states-outlawing-conversion-therapy/533121/>
- 27 Muse 2015 https://www.ola.org/en/legislative-business/committees/justice-policy/parliament-41/transcripts/committee-transcript-2015-jun-03#P301_67228; Gajdics 2018 <https://www.macleans.ca/opinion/i-experienced-conversion-therapy-and-its-time-to-ban-it-across-canada/>
- 28 Ashley 2019 https://www.florenceashley.com/uploads/1/2/4/4/124439164/ashley_homophobia_conversion_therapy_and_care_models_for_trans_youth_-_defending_the_gender_affirmative_approach.pdf
- 29 James et al 2016 <https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF>; Ashley 2018 <https://jme.bmj.com/content/45/7/480>
- 30 Bishop 2019 https://outrightinternational.org/sites/default/files/ConversionFINAL_1.pdf; Mallory et al 2019 <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Update-June-2019.pdf>; Ryan et al 2018 <https://www.tandfonline.com/doi/abs/10.1080/00918369.2018.1538407?journalCode=wjhm20>
- 31 Casey et al 2019 <https://www.ourcommons.ca/DocumentViewer/en/42-1/HESA/report-28/>
- 32 BBC 2019 <https://www.bbc.com/news/world-us-canada-50214341>
- 33 Hunt 2016 https://www.nccih.ca/454/An_Introduction_to_the_Health_of_Two-Spirit_People.nccah
- 34 National Centre for Truth & Reconciliation 2015 <http://nctr.ca/reports.php>
- 35 Pruden 2019 <https://www.abc-clio.com/ABC-CLIOCorporate/product.aspx?pc=A5458C>
- 36 <http://www.theworldcafe.com/key-concepts-resources/world-cafe-method/>
- 37 https://www.youtube.com/watch?v=1YkbpZyYp_E&list=PLxhJzTv18vUpJUhuLPnK8qL09VcsfBt2n&index=19&t=0s
- 38 “Nothing about us, without us” is a mantra of the disability rights movement that asserts the importance of having people with disabilities at the helm of organizations, services, and policies that relate to disability, https://www.huffpost.com/entry/nothing-about-us-without-us-mantra-for-a-movement_b_59aea450e4b0c50640cd61cf

39 Greater involvement of people living with HIV/AIDS [GIPA]/meaningful involvement of people living with HIV/AIDS [MIPA] are
fundamental assertions of the HIV/AIDS movement, calls for people living with HIV to be setting and driving research, prac
40 tice, treatment, and prevention agendas, <http://vpwas.com/gipa-mipa-and-the-denver-principles/>
41 Salway & Gesink 2018 <https://journals.sagepub.com/doi/full/10.1177/1049732318782432>
42 UN Office of the High Commissioner, Human Rights <https://www.ohchr.org/en/issues/sexualorientationgender/pages/index.aspx> ; OutRight Action International <https://outrightinternational.org/reports/global-reach-so-called-conversion-therapy>
43 Bauer et al 2009 <http://www.cpath.ca/wp-content/uploads/2009/12/Trans-PULSE.-How-erasure-impacts-HC-for-TG-people.-JANAC-2009.pdf>
44 Wells et al 2019 https://www.cbrc.net/conversion_therapy_in_canada_the_roles_and_responsibilities_of_municipalities
45 <https://macleanfamilylaw.ca/2019/08/29/transgender-rights-family-law-lawyers/>
46 Stack 2016 <https://www.nytimes.com/2016/12/07/world/europe/malta-outlaws-conversion-therapy-transgender-rights.html> ;
47 Shanghaiist 2018 <https://medium.com/shanghaiist/taiwan-finalizes-conversion-therapy-ban-adb417e5ff44>
48 Antoneshyn 2019 <https://edmonton.ctvnews.ca/federal-liberals-ndp-promise-to-ban-conversion-therapy-if-elected-1.4616351>
49 Saba 2019 <https://www.thestar.com/calgary/2019/12/08/canada-conversion-therapy-ban.html>
50 Ashley 2019 https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3398402
51 Affirming Sexual Orientation and Gender Identity Act 2015 <https://www.ola.org/en/legislative-business/bills/parliament-41/session-1/bill-77>
52 Muse 2015 https://www.ola.org/en/legislative-business/committees/justice-policy/parliament-41/transcripts/committee-transcript-2015-jun-03#P301_67228
53 CBRC 2019; Keynote Panel: Ending, Healing, and Learning - The Current and Future State of SOGICE https://www.youtube.com/watch?v=1YkbpZyYp_E&list=PLxhJzTv18vUpJUhuLPnK8qLO9VcsfBt2n&index=19&t=0s
54 Byne 2016 <https://www.liebertpub.com/doi/abs/10.1089/lgbt.2016.0015?journalCode=lgbt>
55 <https://www.generousspace.ca/pastors-stopping-the-harm/>
56 VanderWal Gritter 2019 https://www.huffingtonpost.ca/entry/gay-conversion-therapy-ministry_ca_5d3723bee4b020cd994a17d7
57 <https://bc.ctvnews.ca/most-canadians-want-conversion-therapy-banned-nationwide-poll-1.4525275>
58 <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Update-June-2019.pdf>
59 Sinyor 2017 <https://journals.sagepub.com/doi/full/10.1177/0706743717753147>
60 <https://stillhereproject.ca/>
61 <https://smartsexresource.com/health-providers/blog/201805/bifocus-non-monosexual-community-support>
62 Ryan et al 2018 <https://www.tandfonline.com/doi/abs/10.1080/00918369.2018.1538407>
63 Mallory et al 2019 <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Update-June-2019.pdf>
64 Gajanan 2019 <https://time.com/5668351/mckrae-game-comes-out-gay-conversion/>
65 Streed et al 2019 <https://www.nejm.org/doi/full/10.1056/NEJMp1903161>



CENTRE FOR
**GENDER & SEXUAL
HEALTH EQUITY**



SIMON FRASER UNIVERSITY
ENGAGING THE WORLD



BCCDC Foundation
for Public Health



BC Centre for Disease Control
Provincial Health Services Authority



Community-Based Research Centre



No Conversion Canada