



Conversion
Therapy
in Canada:

The Roles and Responsibilities of Municipalities

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Conversion Therapy in Canada: The Roles and Responsibilities of Municipalities

Endorsed and supported by:

Thomas Jordan Argue
Conversion Therapy Survivor

Matt Ashcroft
Conversion Therapy Survivor/Activist

Jonathan Brower
Theatre Creator, Conversion Therapy/SOGICE Survivor

Community-Based Research Centre

Ryan Clayton
Activist

Peter Gajdics
Conversion Therapy Survivor/Activist
Author of "The Inheritance of Shame: A Memoir."

Mitchell Goodine
Conversion Therapy Survivor

Devon Hargreaves
Co-President, The YQueerL Society for Change

Tak Piratejen
Lethbridge Public Interest Research Group

Pam Rucker
Director of Affirming Connections

Dr. Travis Salway
Postdoctoral Research Fellow, School of Population and Public Health, University of British Columbia

Nicholas Schiavo
Founder, No Conversion Canada

Mathew Shurka
Co-Founder, Born Perfect

Dr. Wendy VanderWal Gritter
Executive Director, Generous Space Ministries

Dr. Kristopher Wells
Associate Professor and Canada Research Chair for the Public Understanding of Sexual and Gender Minority Youth, MacEwan University

No Conversion Canada



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Conversion Therapy in Canada: The Roles and Responsibilities of Municipalities

This guide has been developed by leading experts, academics, persons with lived experience, and faith and community leaders to assist municipalities in better understanding their roles and responsibilities in taking action to protect LGBTQ2 people from conversion therapy within their local communities.

What is Conversion Therapy?

Conversion “therapy” (also known as “reparative therapy,” “reintegrative therapy,” or “sexual orientation and gender identity change efforts”) is any form of treatment, including individual talk therapy, behavioural or aversion therapy, group therapy treatments, spiritual prayer, exorcism, and/or medical or drug-induced treatments, which attempt to actively change someone’s sexual orientation, gender identity, or gender expression.¹

There is no credible research that indicates you can change a person’s sexual orientation or gender identity, rather what research does tell us is these so-called change efforts can have devastating impacts on its victims, including increased anxiety, depression, self-hatred, compromised mental health, post-traumatic stress disorder, suicide or suicidal thoughts, and many other lifelong psychological and social issues.²

In 2013, the American Psychiatric Association (APA) issued a position statement, which reaffirmed earlier scientific findings and stated, no trustworthy “research evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation needs to be changed” (p. 1).³ The APA also states that ethical practitioners respect all individuals with diverse gender identities and expressions and encourages psychotherapies that affirm individuals sexual orientation and gender identities.⁴ Likewise, opposing gender affirmative care and treatment is tantamount to a form of conversion therapy, which operates under the misguided belief that gender nonconformity is a pathological disorder needing to be cured.⁵

At the dissolution of the Parliament, Bill S-260 was under review in the Senate of Canada, which defines conversion therapy as “any practice, treatment or service designed to change an individual’s sexual orientation or gender identity or to eliminate or reduce sexual attraction or sexual behaviour between persons of the same sex. For greater certainty, this definition does not include a surgical sex change or any related service.” Bill S-260, which received second reading, was introduced by Senator Joyal and can be accessed at: https://www.parl.ca/Content/Bills/421/Private/S-260/S-260_1/S-260_1.PDF

²*For a comprehensive overview of the efficacy of conversion therapy, and a detailed analysis of harms, see: Cramer, R. J., Golom, F. D., LoPresto, C. T., & Kirkley, S. M. (2008). Weighing the evidence: Empirical assessment and ethical implications of conversion therapy. *Ethics & Behaviour*, 18(1), 93-114. <https://doi.org/10.1080/10508420701713014>*

*Also see: Flentje, A., Heck, N. C., & Cochran, B. N. (2014). Experiences of ex-ex-gay individuals in sexual reorientation therapy: Reasons for seeking treatment, perceived helpfulness and harmfulness of treatment, and post-treatment identification. *Journal of Homosexuality*, 61(9), 1242-1268. <https://doi.org/10.1080/00918369.2014.926763>*

³*Scasta, D., & Bialer, P. (2013). American Psychiatric Association Position Statement on Issues Related to Homosexuality. <https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy>*

⁴*American Psychiatric Association Position Statement on Conversion Therapy and LGBTQ Patients (2018).*

⁵*Ashley, F. (2019). Homophobia, conversion therapy, and care models for trans youth: Defending the gender-affirmative approach. *Journal of LGBT Youth*. <https://www.tandfonline.com/doi/full/10.1080/19361653.2019.1665610>*

Conversion therapy has been widely denounced as a harmful and unethical practice by [dozens of major medical and human rights organizations](#) around the world including the World Health Organization, World Psychiatric Association, Pan American Health Organization, Canadian Psychological Association, Canadian Psychiatric Association, Canadian Paediatric Society, Canadian Association of Social Workers, American Medical Association, Human Rights Campaign, and Amnesty International⁶. At last count, over a hundred professional health organizations/associations have also denounced conversion therapy as a deceptive, dangerous, and harmful practice⁷.

Conversion therapy practices are unethical and immoral because they imply that LGBTQ2 lives are less valuable, less desirable, and less worth living than heterosexual or cisgender persons. Ultimately, these practices believe that being an LGBTQ2 person is a disorder, sin, or disease that must be fixed, cured, healed, or repaired.

The global scientific consensus confirms that conversion therapy does not work and is an unscientific and fraudulent practice, which is now mostly found in some faith and cultural communities that believe being LGBTQ2 is the result of childhood abuse, absent or overbearing parents, and/or is a sin, choice, or “deviant lifestyle” that a person must be saved from^{8,9}.

Conversion therapy has existed in Canada in various forms since the 1950s. It gained prominence during the 1970s and became increasingly used on LGBTQ2 Canadians. Despite these occurrences, Canada currently has no federal legislation prohibiting conversion therapy.

A recent [2019 opinion poll](#) highlights how a majority of Canadians (3 in 5) oppose conversion therapy. Less than 25% of Canadians believe that you can actively convert an LGBTQ2 person to become heterosexual through psychological or spiritual intervention. Support in prohibiting conversion therapy across Canada was highest amongst women (62%) and those ages 18 to 31 (64%)¹⁰.

According to a [2019 study](#) conducted by Dr. Travis Salway¹¹, School of Population and Public Health, University of British Columbia, research estimates that over 20,000 Canadians have experienced some form of conversion therapy. The real figure is likely much higher because of a lack of data due to the fact that conversion therapy has never been formally tracked or criminalized in Canada.

“They made me sign a form to keep my experience confidential. I wasn’t allowed to share anything with anyone about what happened. I bought into a lie. If I did speak out, the other camp members would come after me. It all made me feel very depressed and alone. It felt like no one really understood me. They made me feel like my life wasn’t even my own.”

Matt from Ontario, Conversion Camp Survivor

⁶For a current listing of organizational positions on conversion therapy, see: <https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy>

⁷Services prohibited do not include services that provide acceptance, affirmation, support, or understanding of a person or the facilitation of a person’s coping, social support of identity exploration or development, or any services related to gender affirmation surgeries or treatments.

⁸Cramer, R. J., Golom, F. D., LoPresto, C. T., & Kirkley, S. M. (2008). Weighing the evidence: Empirical assessment and ethical implications of conversion therapy. *Ethics & Behaviour*, 18(1), 93-114. <https://doi.org/10.1080/10508420701713014>

⁹Streed Jr., C. G., Anderson, S., Babits, C., & Ferguson, M. A. (2019). Changing medical practice, not patients – Putting an end to conversion therapy. *The New England Journal of Medicine*, 381(6), 500-502. <https://www.nejm.org/doi/full/10.1056/NEJMp1903161>

¹⁰This survey was conducted from July 15 to 17, 2019 by Research.co. To view the full data set, see: <https://researchco.ca/2019/07/26/wrapped-in-sorrow-words-are-token/>

¹¹Salway, T. (2019). *Protecting Canadian sexual and gender minorities from harmful sexual orientation and gender identity change efforts*. Vancouver, BC: University of British Columbia. <https://www.ourcommons.ca/Content/Committee/421/HESA/Brief/BR10447600/br-external/SalwayTravis-2-e.pdf>

In Canada, Ontario, Nova Scotia, and the City of Vancouver have all recently passed specific legislation related to prohibiting conversion therapy. [The Government of Manitoba](#) was the first to issue a policy statement directing that conversion therapy is to have no place in the provincial health-care system. [British Columbia](#) and [PEI](#) have also now committed to take action against conversion therapy in their provincial legislatures. Many municipalities in Canada have also taken steps to introduce municipal bylaws to prohibit conversion therapy within their own communities, including several in [Alberta](#)¹².

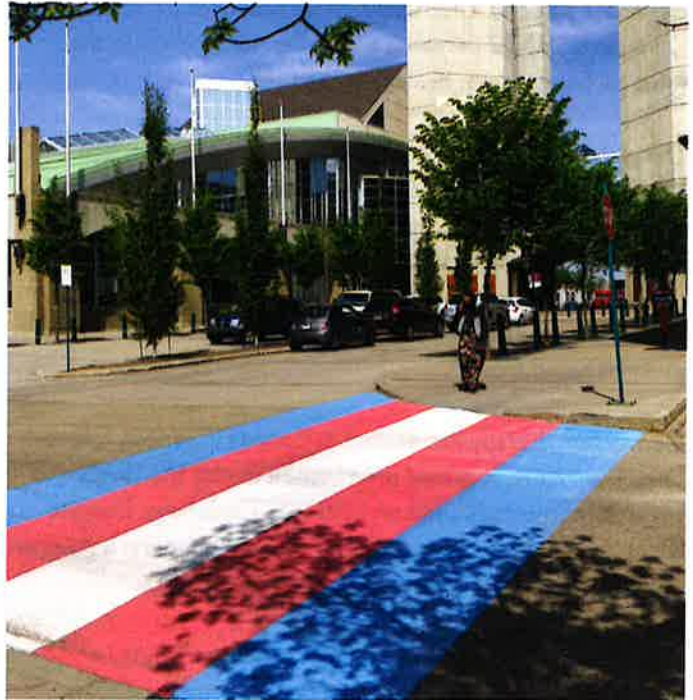
Protections against conversion therapy have also been instituted widely in the [United States](#), including the District of Columbia, Puerto Rico, and 19 states (e.g., California, Washington, New York, Illinois, New Jersey, and others), with [North Carolina](#) becoming the most recent and first southern state to institute prohibitions. Likewise, dozens of small and large cities and counties have also taken action by passing bylaws or ordinances preventing conversion therapy (e.g., New York, Seattle, Denver, Cincinnati, Milwaukee, Philadelphia, Pittsburgh, Palm Beach, and others).

Many of these conversion therapy laws have been [tested in courts](#) as a violation of religious freedom and all have been upheld. Similarly, in Canada, legislation prohibiting conversion therapy would most likely be upheld by the courts under the equality provisions of the *Canadian Charter of Rights and Freedoms* (s. 15), and as a [reasonable limitation](#) on the freedom of religion (s. 2), due to the lack of research demonstrating its effectiveness and the known harms and dangers of these associated practices on vulnerable people.

Despite these well-intentioned measures, there are still significant gaps and loopholes that allow conversion therapy to continue to exist in Canada. While provincial legislation and municipal bylaws attempt to target various ways to prevent conversion therapy (e.g., Regulation of health and counselling professionals, fraudulent business practices, land use bylaws, etc.) they cannot fully outlaw the practice itself, as this falls outside of municipal and provincial jurisdiction. Comprehensive federal legislation updating and amending the *Criminal Code of Canada* and criminalizing the practice of conversion therapy itself is essential to ending this harmful, fraudulent, and dangerous pseudoscientific practice.

National laws prohibiting conversion therapy have been instituted in several countries around the world including [Malta](#), which has the most comprehensive legislation in the world¹³. Currently, there is legislation in front of the [Irish parliament](#) to prohibit conversion therapy nationally. The [United Kingdom](#), [Australia](#)¹⁴ and [Germany](#) have also recently committed to take action on conversion therapy.

Recently, Senator Serge Joyal introduced [Bill S-260](#) in the Canadian Senate. Bill S-260 proposes to update the *Criminal Code of Canada* to outlaw the advertising and material benefit of conversion therapy. In a recent meeting with Senator Joyal, [No Conversion Canada](#) has expressed full support for this Bill and has called publicly for amendments to strengthen the legislation to be even more effective.



¹²Most recently [Edmonton](#) and [Montreal](#) are among two of the largest cities in Canada to have announced steps towards prohibiting conversion therapy in their communities.

¹³Bishop, A. (2019). *Harmful treatment: The global reach of so-called conversion therapy*. New York: OutRight Action International. <https://www.outrightinternational.org/sites/default/files/ConversionTherapyCover.pdf>

¹⁴A working group in Australia issued a detailed report with comprehensive recommendations to prohibit conversion therapy, which is currently in the process of being implemented. See: Jones, T., Brown, A., Carnie, L., Fletcher, G., & Leonard, W. (2018). *Preventing harm, promoting justice: responding to LGBT conversion therapy in Australia*. Melbourne: GLHV@ARCSHS and the Human Rights Law Centre. <https://www.hrlc.org.au/reports/preventing-harm>

Research on Conversion Therapy

The Williams Institute¹⁵, which is a public policy research institute based at the UCLA School of Law, estimates that:

- 698,000 LGBT adults (ages 18-59) in the United States have received conversion therapy, including about 350,000 LGBT adults who received treatment as adolescents.
- 20,000 LGBT youth (ages 13-17) will receive conversion therapy from a licensed health care professional before they reach the age of 18 in the 41 states¹⁶ that currently do not prohibit the practice.
- 6,000 LGBT youth (ages 13-17) who live in states that prohibit conversion therapy would have received such therapy from a licenced health care professional before the age of 18 if their state had not taken action to restrict the practice.
- 57,000 youth (ages 13-17) across all states will receive conversion therapy from religious or spiritual advisors before the age of 18.

The Williams Institute highlights how conversion therapy “is practiced by some licensed professionals in the context of providing health care and by some clergy or other spiritual advisors in the context of religious practice” (p. 1). Conversion therapy practices most commonly include talk therapy and sometimes involve “aversion treatments, such as inducing nausea, vomiting, or paralysis; providing electro shocks; or having the individual snap an elastic band around their wrist when the individual became aroused to same sex erotic images or thoughts” (p. 1).

National LGBT Survey: Summary Report (UK)

This UK Government sponsored [survey](#) involved over 108,000 validated responses, making this the largest national survey to date of LGBT people in the world¹⁷. The report found that 5% of LGBT respondents had been offered conversion therapy services, while 2% had actually undergone it. Survey participants reported conversion therapy was provided by:

- Faith-based organizations (51%)
- Health care professionals (19%)
- Parent/Guardian (16%)
- Persons from my community (9%)

“I don’t want healing anymore, not from who I am, I just want healing from the scars of trying to change.”

Jonathan from Alberta, Conversion Therapy Survivor

¹⁵Mallory, C., Brown, T., & Conron, K. J. (2018). *Conversion therapy and LGBT Youth*. Los Angeles, CA: Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-LGBT-Youth-Jan-2018.pdf>

¹⁶At the time of publication of the William’s Institute’s report, only nine states had enacted specific legislation prohibiting conversion therapy.

¹⁷Government Equalities Office. (2018). *LGBT action plan: Improving the lives of lesbian, gay, bisexual and transgender people*. London: Author. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBT-Action-Plan.pdf

Family Acceptance Project: San Francisco State University

This academic study¹⁸, published in 2018, included 245 LGBT White and Latino young adults (ages 21-25) from California who had been subjected to parent-initiated sexual orientation change efforts during adolescence. The study investigated the impacts of these change efforts in relation to mental health and adjustment in young adulthood.

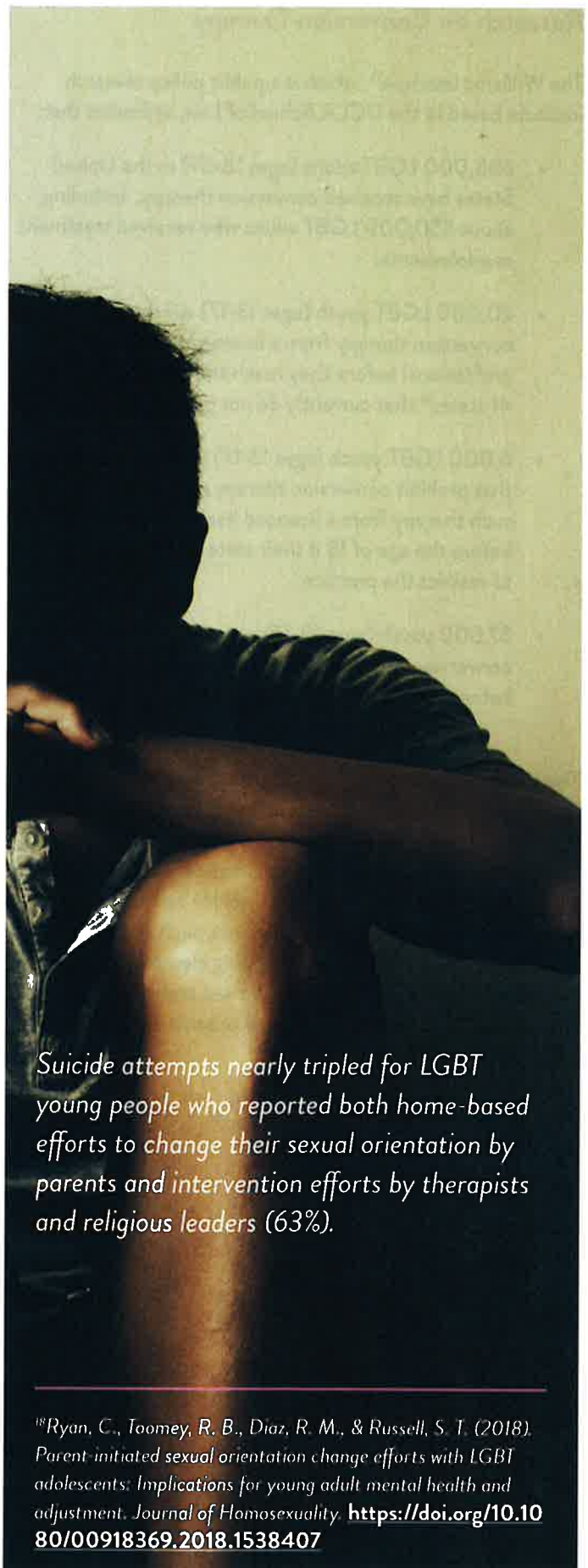
Rates of attempted suicide by LGBT young people whose parents tried to change their sexual orientation were more than double (48%) the rate of LGBT young adults who reported no conversion experiences (22%). Suicide attempts nearly tripled for LGBT young people who reported both home-based efforts to change their sexual orientation by parents and intervention efforts by therapists and religious leaders (63%).

High levels of depression more than doubled (33%) for LGBT young people whose parents tried to change their sexual orientation compared with those who reported no conversion experiences (16%), and more than tripled (52%) for LGBT young people who reported both home-based efforts to change their sexual orientation by parents and external sexual orientation change efforts by therapists and religious leaders.

Sexual orientation change experiences during adolescence by both parents/caregivers, and externally by therapists and religious leaders, were associated with lower young adult socioeconomic status, less educational attainment, and lower weekly income.

LGBT adolescents from highly religious families, and those from families with lower socioeconomic status, were most likely to experience both home-based and external conversion efforts, while those who were gender nonconforming and who were from immigrant families were more likely to experience external conversion efforts initiated by parents and caregivers.

This is the first published research study to examine young adults' retrospective reports of parent-initiated efforts to change their sexual orientation during adolescence, and the associations between these experiences and young adult mental health and adjustment.



Suicide attempts nearly tripled for LGBT young people who reported both home-based efforts to change their sexual orientation by parents and intervention efforts by therapists and religious leaders (63%).

¹⁸Ryan, C., Toomey, R. B., Diaz, R. M., & Russell, S. T. (2018). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment. *Journal of Homosexuality*. <https://doi.org/10.1080/00918369.2018.1538407>

Harvard Medical School and The Fenway Institute – Transgender Conversion Therapy

Transgender individuals are those who have a “sex assigned at birth that does not align with their gender identity” (p. e1). Conversion therapy when it is applied to transgender people involves attempts to change a person’s gender identity to become cisgender¹⁹. Similar to attempts to change a person’s sexual orientation, conversion therapy that targets transgender individuals is not supported by research and is ineffective, harmful, and unethical. Attempts to change a person’s gender identity can have devastating lifelong consequences including compromised mental health, self-harming behaviours, and suicide.

This research study analyzed data gathered as part of the 2015 US Transgender Survey, which included a cross-sectional nonprobability sample of 27,715 transgender adults in the United States²⁰. The study found that 13.5% of respondents (n= 3749) reported experiences with conversion therapy. Notably, conversion therapy efforts were found to have taken place in all 50 states.

The authors conclude by stating the number of transgender people exposed to conversion therapy is sizable, and “given this exposure’s association with adverse mental health outcomes, the frequency of practice warrants public health attention” (p. e3).

“They tried to change me. They knew I was gay, before I even knew. They kept me behind after school for special lessons in how to act more masculine. They told me I didn’t walk with my back straight enough. They said your voice isn’t low enough, you’re effeminate. They would teach me how to hold my arms up in Church, and if my hands tilted forward too much, they would snap my hands back and say, ‘Tom, you’re too limp-wristed.’ They tried to preach it out of me. They tried to cure me. They tried to turn me into what they wanted me to be. I was so afraid I was going to hell. There is no surviving it, so I finally left.”

Tom from New Brunswick,
Conversion Therapy Survivor

¹⁹Cisgender is a term for people whose gender identity aligns with or matches the sex that they were assigned at birth.

²⁰Turban, J. L., King, D., Reisner, S. L., & Keuroghlian, A. S. (2019). Psychological attempts to change a person’s gender identity from transgender to cisgender: Estimated prevalence across the United States, 2015. *American Journal of Public Health*, 0, e1-e3.

How can Municipalities Take Action on Conversion Therapy?

Dozens of **municipalities and counties** across North America have passed bylaws and ordinances prohibiting conversion therapy within their communities. Most provincial or territorial government legislation²¹ allow municipalities to create bylaws relating to:

- respecting the safety, health, and welfare of people;
- protection of people and property;
- people, activities and things in, on or near a public place;
- businesses, business activities and persons engaged in business; and
- enforcement of bylaws including the creation of offences, and also allows for each offence, fines up to \$10,000 or imprisonment for not more than one year, or both.

Most municipal governments are also allowed to:

- pass bylaws regulating or prohibiting, and providing for a system of licences, permits or approvals including establishing fees for licences, permits and approvals;
- prohibit any activity, industry, business or thing until a licence, permit or approval has been granted;
- impose terms and conditions on any licence, permit, or approval and who may impose them;
- identify the conditions that must be met before a licence, permit or approval is granted or renewed, the nature of the conditions and who may impose them;
- provide for the duration of licences, permits and approvals and their suspension or cancellation for failure to comply with a term or condition or the bylaw or for any other reason specified in the bylaw; and
- provide for an appeal, and the body that is to decide the appeal and related matters.

Municipalities have passed bylaws banning conversion therapy for a variety of reasons, including:

- promoting the physical and psychological well-being, safety, security, dignity, inclusion, and equality of LGBTQ2 persons and all city residents;
- protecting vulnerable citizens of all ages from dangerous, deceptive, and abusive practices;
- restricting and preventing harmful, unscientific, and fraudulent practices from occurring within their community;
- encouraging citizens to report conversion therapy practices if they are occurring within their community; and
- reiterating a city's values and beliefs in creating and supporting a diverse, welcoming, inclusive, safe, and supportive community for all of its citizens.



²¹As an example, see the Province of Alberta's Municipal Government Act. <http://www.qp.alberta.ca/documents/Acts/m26.pdf>

Municipalities will approach the prohibition conversion therapy differently, depending on the nature and structure of their bylaws and ordinances. Some approaches have included amending current business licensing requirements, land use bylaws, and other consumer protection requirements. Other municipalities have introduced stand-alone bylaws prohibiting conversion therapy, which include fines ranging up to \$10,000.00. Fines give strength and “teeth” to bylaws and can serve as a significant deterrent and powerful tool of enforcement.

It is important that bylaws are not only focused on preventing conversion therapy for youth, but also for adults. As evidence, a recent global survey revealed that 45% of respondents between the ages of 18 and 24 experienced conversion therapy change efforts, with an additional 37% having been under 18 years of age²². It is clear that no one can actively provide informed consent for such a harmful, deceitful, and dangerous practice. Prohibitions that only include children leave adults vulnerable as targets for coercion and abuse, and they are often left without any recourse when they are victimized.

Ultimately, all levels of government have important roles to play when it comes to ending conversion therapy in Canada.

Municipal governments can amend existing or create new bylaws that reflect the values, beliefs, safety, and well-being of their community.

Provincial and territorial governments can pass legislation to change health regulations to ensure no licensed health practitioner or mental health provider can provide conversion therapy as regulated public health or counselling service. They can also review provincial billing codes to ensure conversion therapy cannot be funded as part of public or private health care.

Canadian federal government can introduce new legislation and make amendments to the *Criminal Code of Canada* to ensure that anyone who practices conversion therapy, no matter where it is conducted, will be committing a criminal offense and may be subjected to incarceration. The federal government can also revoke the charitable status of any organization that practices conversion therapy, which is an affront to Canadian values.

Along with these legislative efforts²³, education is needed to help the public understand that conversion therapy is still being practiced in Canada, causes great harm to a particularly vulnerable minority, and continues to frequently occur in many faith and cultural communities who are not accepting of LGBTQ2 people.



²²Bishop (2019)

²³A sample model law has been developed to help guide provincial and federal legislation, which provides extensive definitions and detailed examples of both prohibited and permitted practices. See: <https://policyoptions.irpp.org/magazines/july-2019/we-need-clear-laws-against-conversion-therapy/>

Conversion Therapy in Canada's Schools

Modern forms of conversion therapy are still happening in Canada, particularly in some catholic and faith-based schools, which often occur under the guise of “pastoral approaches to care.” Many of these approaches refuse to allow or place restrictions on gay-straight alliances (GSAs), refer to LGBTQ2 students as “persons with same-sex attractions,” suggest that transgender and non-binary youth are being influenced by a so-called “gender ideology,” and enact policies that call LGBTQ2 youth to live chaste lives.

What is common with all of these practices is how they fundamentally disavow LGBTQ2 identity and reassert the belief that LGBTQ2 people are broken, disordered, or damaged. Some of these schools may use language that appears welcoming (because of human rights legislation and funding requirements), but they are seldom openly accepting and affirming environments. These actions operate on the same premise as conversion therapy, which denies a healthy and happy LGBTQ2 identity and strives to change or suppress a person's sexual orientation, gender identity, or gender expression as though it is something immoral, sinful, or contagious that needs to be managed or contained.

Many schools still operate under these “don't say gay” beliefs and seek the complete erasure of LGBTQ2 identities, curriculum, and safe spaces under the premise that “all lives matter” and they are required to treat all students the same. These modern conversion therapy practices have the desired effect of rendering LGBTQ2 students silent, invisible, and vulnerable within their school environments.

“At sixteen, my parents paid to send me to a Christian counsellor in the basement of the Baptist Church. The therapist said, ‘This is a choice Mitchell, this is something you are choosing to do.’ She said, ‘This isn’t natural. This is so sinful.’ She told me to put my gay feelings in a box and ask God to pray the box closed. She said, ‘Live a straight life. Find an acceptable woman who will satisfy you.’ I refused to keep going back to her. I told my parents I was cured. That’s when we started to distance ourselves and things got colder between us. Thirteen years later, we’re still working to thaw and heal our relationship.”

Mitchell from New Brunswick,
Conversion Therapy Survivor



CONCLUDING PERSPECTIVE

In this guide we have attempted to provide a brief synopsis of current research and background information regarding the nature, history, and motivations of conversion therapy and its practitioners in Canada. We encourage all levels of government to take action to end this harmful and unethical practice. Municipal governments are often considered the level of government closest to the people. As such, they are called upon to create communities that actively embrace and celebrate diversity, equity, and human rights for all of its citizens, each and every day.

Increasingly, more and more municipalities are signaling their support for LGBTQ2 communities by raising pride flags, painting rainbow and transgender crosswalks, and supporting local pride festivals and events. These are all important aspects of allyship and strong visible statements of support. However, allyship is not a one-time act. It is an ongoing process that requires us to look more deeply at our everyday practices and policies to ensure they are as welcoming and affirming as possible. Passing bylaws that specifically name and prohibit conversion therapy are more than just mere symbols, ultimately, they are important statements about our values and beliefs and the kinds of communities we wish to build. If a bylaw can prevent one vulnerable youth or adult from experiencing the devastation of conversion therapy, that is one person saved from a potential lifetime of despondency and despair.

In closing, we would also like to emphasize that support for victims of conversion therapy is also needed to help them heal from the trauma and suffering they may have experienced. Many victims have been cast out of their homes, families, and communities and may feel extremely isolated and alienated. In some cases, it can take years for survivors to recover from their experiences and to be in a position to speak out publicly and share their stories. With appropriate supports in place, survivors can begin to heal and rebuild their lives, which often requires dedicated professional support.

We dedicate this guide to the tremendous strength, courage, and resilience of the survivors of conversion therapy. We see you. We hear you. We believe you are born perfect and should never be required to change who you are or who you love to find happiness and acceptance in your heart, family, and community.

“I was studying to be a minister at my Church when they found out that I was struggling with my sexuality. For three months, I had to go to a counsellor 4 to 5 times a week and read countless books about how evil it was to be gay. They even put an app on my phone to monitor my activities. Later they put me through many prayers of exorcism to ‘deliver’ me from my so-called demons. It was endless. I was shunned and ostracized. They constantly told me that I needed to love God more and more and more. It just made me feel helpless and broken. As a result, I ended up getting married to a woman to help cover up my secret identity as a gay man. I figured if I couldn’t beat them, I needed to join them to make it stop. I loved her and couldn’t keep it up anymore. Eventually, I ended up divorced, with kids. Kids whom I loved deeply and dearly. Now thankfully, after a long journey, I am an openly proud gay man. But the damage has been done, and there have been unspeakable consequences that I will pay for the rest of my life because of conversion therapy.”

Shawn from Alberta,
Conversion Therapy Survivor

RESOURCES FOR FURTHER INQUIRY

Born Perfect

<http://bornperfect.org>

Generous Space Ministries

<https://www.generousspace.ca>

Human Rights Campaign

<https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy>

No Conversion Canada

<https://www.noconversioncanada.com>

YQueerL Caucus

<http://yqueerl.ca/portfolio-items/conversion-therapy/>