

# 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

## 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.

(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.**

The full report can be found here: [www.cgshe.ca/sogiece](http://www.cgshe.ca/sogiece)



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