



December 6, 2021

Dear Members of the Legal and Constitutional Affairs Committee

The Gender Dysphoria Alliance is an international, non-partisan, not-for-profit education and advocacy network of adults who have gender dysphoria, most of whom have medically transitioned (transgender/transsexuals).

We greatly appreciate our government's commitment to the LGBT community. Conversion efforts have been a painful reality for many of us. We in no way condone conversion therapy.

We would like to point out that when we lobbied for changes to the wording of this Bill the first time around (Bill C6) we were accused of having an "anti-trans" agenda. This is ludicrous considering that we are trans. Importantly, we would like to point out to you that WPATH has just released a draft of the new Standards of Care. The adolescent chapter in particular echoes most of the same concerns we've been voicing.

<https://www.wpath.org/media/cms/Documents/SOC%20v8/SOC8%20Chapters%20for%20Public%20Comment/SOC8%20Chapter%20Draft%20for%20Public%20Comment%20-%20Adolescent.pdf?t=1638731433>

I hope this letter will help you to understand why this proposed legislation finds itself in the middle of an ugly battle within the LGBT community. Even WPATH is in a bind about this. We need our government's help to correct this.

To understand the harm, you must first understand what Gender Dysphoria is. Why are some people compelled to want to change sex? It's not one thing. That's at the heart of this problem.

There are three primary groups who seek sex reassignment:

- 1) **Homosexual Gender Dysphoria** - gender non-conformity is very common among gay/lesbians, especially during childhood. This sometimes results in an unconscious cognitive categorization error starting at a young age. Most gay and lesbian people resolve this through puberty and the development of a gay identity. But, for a small number of people, that cognitive error doesn't correct itself and persists into adulthood. If it persists well into adulthood, medical transition may be helpful. However, through childhood and adolescence, psychotherapy and education can help the young person consolidate their identity in a way that integrates cross-sex identification into a healthy gay identity. Such treatment is NOT CONVERSION THERAPY. It is an exploratory and competent clinical treatment for this type of Gender Dysphoria.

[www.genderdysphoriaalliance.com](http://www.genderdysphoriaalliance.com)

Evidence-based Education & Advocacy Network

- 2) **Autogynephilia** – this occurs in natal males. It is an inversion of heterosexual sexual orientation – or, to put it another way – it's an erotic target location error (paraphilia), by which the object of desire becomes the idea of their self as female. This can be progressive and lead to the emergence of a female identity and a compulsion to have a female body. There is no known treatment to change a person's erotic target. (Which is why conversion efforts on gay and lesbian people is harmful). We therefore agree that no effort should be made to force someone with AGP to change this, however, psychotherapy can be helpful in other ways, to manage distress and learn to live with AGP in healthy ways.
- 3) **Social Phenomenon** – we believe in the social phenomenon that some call Rapid Onset Gender Dysphoria (ROGD). There is growing evidence for it. We believe this is a direct consequence of the Queer Theory lobby, which has presented Queer Theory (a political strategy) to the public, including young and vulnerable people, as material fact. ROGD is not a true type of Gender Dysphoria. These young people often have Autism, ADHD, trauma, internalized homophobia or other mental health conditions. In these cases, a clinician should treat those underlying conditions, not confirm the trans identity and rush them into medicalization – even if that's what the young person wants. This cohort is very likely to regret transition.

It used to be that most people seeking medical transition were of the AGP cohort - this is no longer the case. Most people presenting to gender clinics now are teen girls. Careful assessment and exploratory psychotherapy are needed to determine if they are of the Homosexual type, or the ROGD type.

Most trans activism over the last several decades has been led by those with AGP, since they were once the majority, and there is a great deal of stigma around paraphilias. They have tried to erase our knowledge of different types of GD. But, since they are no longer the majority, it is crucial that we advocate on behalf of the homosexual transsexuals and the youth with ROGD, who have different needs than the AGP cohort.

It is not a coincidence that some activists are aggressively pushing for these bills just as clinicians who provide trans care are blowing the whistle on unsafe and unethical practices in trans medicine.

Just two weeks ago, The Washington Post published this article by Dr Laura Edwards-Leeper (Chair of the WPATH Adolescent Committee) and Dr Erica Anderson (President of USPATH). These are both very respected, high level clinicians in the field of trans healthcare. Dr Anderson is herself a trans woman. <https://www.washingtonpost.com/outlook/2021/11/24/trans-kids-therapy-psychologist/>

It is not in any way anti-trans to point out that the system of care has gone off the rails. It is in fact a very urgent message. We cannot let activists push clinicians to practice in ways that aren't safe. Our governments are being used as an arm of those activists and will become liable for the harms done as a result.

Of course, we respect the rights and dignity of all Canadians.

Of course, coercive, and abusive therapies are wrong.

But the wording of Bill C4 clearly favours healthcare outcomes that preserve transgender identification over and above an agenda-free approach that may result in a person reconciling with their biological sex and ameliorating long term health. Our Government and the currently dominant LGBT lobby are NOT doing what's best for all people with Gender Dysphoria. We insist upon a system of care which is safe and appropriate on a case-by-case basis – based on evidence and clinical competence, not activist bullying or government interference.

We will hold our governments accountable for any harm done to those experiencing homosexual GD or ROGD as a result of interference in clinical practice.

Kind Regards,

Aaron Kimberly,  
Executive Director,  
Gender Dysphoria Alliance