Gender Dysphoria Alliance

November 29, 2021

Dear Members of Parliament,

We are writing in partnership, as concerned Canadians, about Bill C4 – RE: Conversion Therapy.

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 are very concerned about how Bill C4 will interfere with the ethical, evidence-based treatment of Gender Dysphoria, and how these Bills are coding Queer Theory into law, thus imposing a political framework onto the clinical condition of Gender Dysphoria, which is highly inappropriate.

We are hoping that this in unintentional. Perhaps you are unaware of what Gender Dysphoria is, of the political rupture within the LGBT community, of and the harm this Bill will do.

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 two 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.

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. <u>This cohort is very likely to regret transition.</u>

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 that last several decades has been led by those with AGP, since they were once the majority. 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 that 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 this past week, 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 would prohibit appropriate treatment of Gender Dysphoria and ROGD. 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
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Gender Dysphoria Alliance