

Email Communication

To: Senate Committee on Legal and Constitutional Affairs
From: Gender Dysphoria Alliance Canada
Subject: Bill C-6, an act to amend the Criminal Code

July 28, 2021

Dear Committee Member:

We are a growing organization of Canadians who have battled gender dysphoria. Some of us were medically altered to present as our opposite sex. Some of us are glad we did, but we have suffered greatly from the treatments. Healthcare professionals did not give us any options. And now **transactivists have frightened lawmakers into drafting laws that would outlaw talk therapies that we weren't offered and wish we had been.**

We demand that you stand with us for freedom, for the exploding number of children who are affirmed into drug therapies which skyrocket the likelihood that these children will continue on to have their sexual parts removed or modified. **Patients and parents have a right to know** that the drug therapies and surgeries often cause regrettable, irreversible changes. As one detransitioner said, "Even now, at 19, I can't look into the future and tell you how my actions today will affect my future."

Gender Dysphoria Alliance Canada is a non-partisan education and advocacy group opposed to Bill C-6 as it's currently written, for the following reasons:

1. The bill makes no clear distinction between coercive therapy and supportive, exploratory, developmentally informed psychotherapy. Note:

Many people recover from gender dysphoria, especially during childhood and youth. The WPATH Standards of Care confirm this (pp. 6, 11). Psychotherapy should be first-line treatment.

2. A personal perception of "gender identity" is unique to people with gender dysphoria and should not be generalized to all people. We consider it a cognitive malfunction. For some reason, many of us who suffer from it struggle with cognitive dissonance that causes distress. Our minds ruminate continuously, yearning to place ourselves in a category that fits. **That's the clinical matter at hand.** Medical transition may provide some relief but cannot cure the dysphoria. Indeed, medical intervention increases some people's dysphoria.
3. We agree with [Dr. Kenneth Zucker and other experts who believe](#) affirmation and social transition of children should be considered clinical interventions and applied cautiously because they are likely to consolidate a cross-sex identity, making desistance less likely and life-long medicalization far more likely. Our experience backs up their findings. Our dysphoria intensified when we adopted trans identities and started to medically transition.

Psychotherapy will help ensure that drug and surgical interventions are administered only to patients who are most likely to benefit from permanent bodily changes.

We urge you to stand for freedom and to protect a patient's right to full disclosure by means of an unobstructed path to professional psychotherapy. We will be very disappointed in our government if psychotherapeutic treatment options for Gender Dysphoria are outlawed.

Sincerely,

Aaron Kimberly
Executive Director
Gender Dysphoria Alliance