

Ending Conversion Therapy in Canada: A Policy Brief to Guide Interventions



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Context

This brief is part of a series of policy briefs created for RainbowCanada.org, a tool that aims to improve understanding of the historical and contemporary landscape of laws and policies that shape the health and experiences of 2SLGBTQI people in Canada. These briefs highlight opportunities for policy advances in Canada, acknowledging the successes and limitations of policy-work to-date. This brief includes an introduction to 2SLGBTQI conversion therapy, followed by a review of the current Canadian policy landscape and recommended policy actions.

To help put this brief into context, you may want to explore the [conversion therapy](#) policy category on RainbowCanada.org.

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Brief Summary

Social norms and attitudes that devalue 2SLGBTQI identities (cisheteronormativity) lead 2SLGBTQI people to conversion 'therapy' practices (CTP) and sexual orientation and gender identity and expression change efforts (SOGIECE).

Approximately 1 in 10 2SLGBTQI people in Canada experience CTP/SOGIECE

Current bans/policies are insufficient to end CTP/SOGIECE

A multi-pronged approach is needed to address the threat of CTP for 2SLGBTQI people in Canada, across federal, provincial, and municipal levels.

Introduction

Conversion therapy threatens the lives of 2SLGBTQI people in Canada. 'Conversion therapy' is one of many terms for a broad set of practices that aim to change, avoid, deny, or suppress someone's sexual orientation or gender identity/expression to align with straight and cisgender identities and norms ¹⁻³. Referring to these pseudo-scientific practices as 'conversion therapy' is misleading, given that these practices are not therapeutic, are ineffective at 'converting,' and are indeed harmful ⁴⁻⁸. Some of the documented harms of these interventions include loss of sexual feeling, depression, anxiety, and suicidality (37-38). Though conversion therapy practices (CTP) are often thought to be a threat of the past ⁹⁻¹¹, recent Canadian studies and public testimonies demonstrate that CTP remain commonplace. CTP often operates under the guise of non-threatening, covert terms or a broader encompassing acronym: sexual orientation and gender identity and expression change efforts (SOGIECE). SOGIECE and CTP share the same intentions – to change, avoid, deny, suppress, or delay the claiming of 2SLGBTQI identities, thoughts, and/or feelings ³. However, compared with CTP, SOGIECE often includes more informal or subtler forms approaches, such as pressures, comments, or actions. Examples of each can be found in Table 1. Both sets of practices are sustained by social values that delegitimize 2SLGBTQI identities and ways of being while promoting cisgender and straight norms (Figure 1) ³. This policy brief provides an overview of the current state of CTP/SOGIECE in Canada. It forwards recommendations for policy, practice, and interventions to eradicate these practices in Canada.

Policy Landscape

Who is at risk of CTP/SOGIECE?

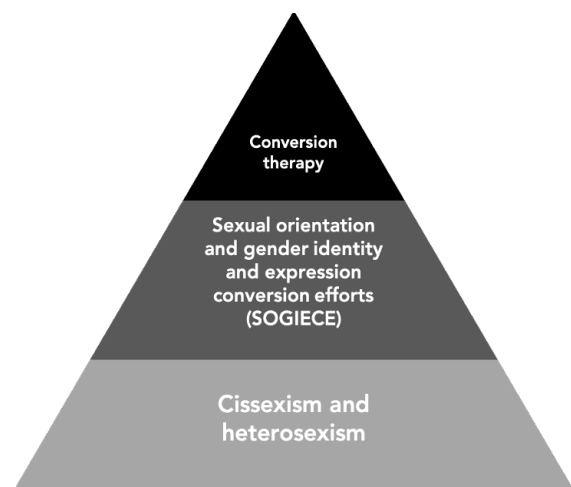
Contemporary estimates suggest that at least 4% of people in Canada identify as 2SLGBTQI ^{12,13}. Many more people in Canada have diverse sexual orientations or gender identities but feel unable to

CTP Examples	SOGIECE Examples
<ul style="list-style-type: none"> • Structured programming (1:1 or group counselling) • Medical interventions (e.g., prescribing medication to suppress libido) • Denial or delay of gender-affirming care • Religious interventions (e.g., exorcisms, prayer, fasting) (4). 	<ul style="list-style-type: none"> • Family-based discrimination • People in power (family, school staff, religious figures) encouraging cisnormative and straight lifestyles

express sexual orientations or gender identities other than cisgender or straight and are also at risk of CTP/SOGIECE. Several Canadian studies have quantified how many people in Canada have been exposed to CTP/SOGIECE. One 2019/2020 study estimated that 10% of gay, bisexual, and queer men have experienced conversion therapy ¹. Another study from 2019 among trans and gender-diverse (TGD) found that 11% of participants reported conversion therapy that attempted to make them cisgender ¹⁴. As TGD people can, in some cases, experience the denial or delay of access to gender-affirming care as covert forms of SOGIECE, it is possible that more than 11% of those in this population have experience with these practices (39, 40). Importantly, the presence of CTP/SOGIECE in Canada impacts not only those who experienced it first-hand but also the lives of families and friends of survivors, as well as all 2SLGBTQI people in Canada whose well-being is threatened by the anti-2SLGBTQI messages CTP/SOGIECE promote ¹⁵.

What has been done to stop CTP/SOGIECE?

To date, legislation banning CTP in Canada has been passed at federal, provincial, and municipal levels ¹⁶⁻¹⁸. The most visible victory to protect 2SLGBTQI people from CTP was the 2022 passing of Bill C-4, which created a series of criminal offenses relating to CTP in the Criminal Code and bans it across Canada. Prior to this, several provinces and municipalities implemented bans on the practice, such as Ontario in 2015 and Vancouver in 2018 ¹⁶. Many 2SLGBTQI researchers and advocates with varying experiences of CTP in Canada have spoken out for these important policy protections, though they acknowledge that bans in and of themselves are insufficient to protect 2SLGBTQI people ^{15,19,20}. Further, many health professional regulating bodies, such as the federal and provincial bodies regulating psychologists and social workers, have published position statements speaking out against the harms of these practices ^{21,22}.



Why is CTP/SOGIECE still happening?

History:

Since the colonization of what is now called Canada, 2SLGBTQI people were criminalized and pathologized. The Diagnostic and Statistical Manual of Mental Disorders, which is used prominently in psychiatry to guide diagnostic practices, framed homosexuality as a mental disorder until 1973 and non-cisgender identities (by way of the category of 'gender identity disorder') as 'disordered' until 2013²³. Homosexuality in Canada was criminalized until 1969^{24,25}. Until recently, it was not uncommon for 2SLGBTQI people to be institutionalized (imprisoned or admitted to psychiatric 'hospitals') where they underwent sterilization, lobotomies, and other cruel procedures²⁶.

Current status:

Social attitudes that create supply and demand:

Cisheteronormativity – the social norms that promote cisgender and straight identities and pathologized and criminalized 2SLGBTQI people for decades – continues to be dominant in Canadian society and ultimately creates a market for CTP/SOGIECE. All people in Canada – 2SLGBTQ+ and cisgender-straight people alike – are taught through our education systems, religious institutions, political and economic protections and experiences, and most aspects of life that cisgender and straight ways of being are normal, and that to deviate from these norms requires intervention and change. It is dangerous to be different²⁶. The most basic examples of this are in 2SLGBTQI peoples' everyday lives where invalidation occurs, such as not seeing 2SLGBTQI people represented in storybooks or media, being presumed straight or cisgender when accessing healthcare, being denied gender-affirming care, all in addition to the overt hatred of 2SLGBTQI people observed in mainstream Canadian media about mass murders of 2SLGBTQI people, the dehumanisation of TGD people, and myriad other examples²⁷⁻³⁰.

Inadequate policy protections:

Other reasons that CTP/SOGIECE continue is because the current bans are inadequate and challenging to enforce. For example, CTP can also be hidden, or covert, making it difficult to detect or report, or even causing doubt about whether an experience constitutes CTP. The mechanisms for enforcing bans are also often high-barrier; the federal criminalization, while powerful as a symbol, requires those

who have experienced CTP, or who witness its performance, to bring their case to the police, trust that the receiving officer will take action, and appear in court to testify—all potential deterrents to 2SLGBTQI victims. Additional critiques of the policy models are described elsewhere³¹.

What about 2SLGBTQI people who have already experienced CTP/SOGIECE?

Unfortunately, the eradication of CTP/SOGIECE will not directly address the harms to the many 2SLGBTQI people in Canada who have or will experience these harmful practices. Various online support groups have been created but are often unfunded and lack the array of supports that this population requires. A Canadian study investigating what survivors of CTP/SOGIECE require to recover from their traumatic experiences identified that those who have experienced CTP/SOGIECE would benefit from increased connection with 2SLGBTQI communities and groups and access to affirming therapy and healthcare support³³.

Recommendations

Given that CTP/SOGIECE exist because of social practices and attitudes upheld across all aspects of Canadian society (e.g., politics, education), there is need for interventions that both supplement and extend federal and provincial bans.

Federal:

1. Fund expanded legal education to help 2SLGBTQI people take action if they have experienced CTP. This is particularly salient among those experiencing intersectional marginalization who may be higher risk and more vulnerable to CTP.
2. Religious institutions and those employed by these institutions are often implicated in providing CTP/SOGIECE. The federal government should not provide financial incentives (e.g., tax breaks, charitable status) to institutions that actively oppress anyone in Canada by actively opposing Canadian values, such as acceptance of all 2SLGBTQI people in Canada.

Provincial/territorial:

1. Health regulation legislation must ensure care providers (e.g., mental health provider, licensed health practitioner) cannot perform SOGIECE as part of any service^{31,34}.
2. Ensure SOGIECE cannot be funded through provincial/territorial billing codes, such as services offered through public healthcare³⁴.
3. Religious institutions and those employed by these institutions are often implicated in providing CTP/SOGIECE. Provincial governments should not provide funding to separate school boards that actively oppress anyone in Canada.
4. Across *all* subjects, educational curriculum must include representation, and particularly positive representation (i.e., not only include mention of 2SLGBTQI people when talking about HIV/AIDS) across various subjects, such that 2SLGBTQI people are embedded in math problems, social studies, science, and arts. Increased visibility serves to normalize and validate diverse experiences of gender and sexuality.
5. Parents and guardians play a large role in 2SLGBTQI people being exposed to CTP/SOGIECE, indicating a need for education and guidance for parents and guardians³⁵.
6. Regulating bodies of health professionals (e.g., social workers, psychotherapists, psychologists, physicians, etc.) must continue to educate their practitioners - and the public at large - about CTP/SOGIECE and condemn such practices. Further, disciplinary action must complement position statements of regulating bodies when practitioners violate 2SLGBTQI protections.
7. Related to #7, professional associations should take a more active role in educating the public at large about identifying and avoiding practitioners of CTP/SOGIECE.
8. Increase social supports for 2SLGBTQI people, particularly for those who do not live in large urban cities where most 2SLGBTQI services are clustered.

Municipal:

9. Bylaws must reflect the values and beliefs that promote safety and well-being of all community members. This may require amending or creating new bylaws^{34,36}.

Federal, provincial/territorial and municipal:

1. Continue to pass bills protecting 2SLGBTQI people and giving them equal rights.
 - a. A federal ban on CTP will not address the social conditions that create a market for CTP in the first place. There is need for additional federal protections for 2SLGBTQI people that can signal to people in Canada that 2SLGBTQI people are valued and protected. It is important to consider how all policies, not just those addressing CTP, differentially impact 2SLGBTQI people in Canada and amend them to be equitable.
 - b. Recent examples include the amending of laws that made it illegal for: men who have sex with men to donate blood or for gay adolescents to have consensual sex.
2. Funding for those who have endured CTP/SOGIECE to develop and support stably funded programming. This could include inclusion in victims' services eligibility, ongoing mental healthcare coverage, adequately resourced support groups, among other resources that should be decided upon through consultation with those who have experienced CTP/SOGIECE.
3. Financial support to expand and sustain education efforts to address stigma and discrimination towards 2SLGBTQI people (e.g., [SOGI 123](#), [The Youth Network Program](#)).

Resources to learn more about conversion therapy in Canada:

- egale.ca/egale-in-action/conversion-therapy-ban-canada/
- cbrc.net/conversion_therapy_sogiece
- noconversioncanada.com/
- transpulsecanada.ca/results/quickstat-1-conversion-therapy/
- en.fondationemergence.org/therapie-de-conversion

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