

PARLIAMENTARY BRIEF

Justice Committee re Bill C-6

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Women's Human Rights Campaign Canada
Manitoba and Saskatchewan



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Women's Human Rights Campaign (WHRC) is a group of volunteer women in Canada and across the globe dedicated to protecting women's sex-based rights.

This brief to parliament on behalf of WHRC Manitoba and Saskatchewan, Canada, is to bring to the Justice Committee's attention the essential problems with 'gender identity' in regards to Bill C - 6 on Conversion Therapy. We request the removal of 'gender identity' from the bill. Since other briefs will deal with statistics of transgenderism, particularly for girls, this brief is limited to a discussion of girls and the gender identity phenomenon.

Why remove the term 'gender identity' from the bill?

Sexual Orientation:

Sexual orientation is a sex-based right protected under the Canadian Charter of Rights and Freedoms. A caring society aims to protect its young from destructive therapies to 'convert' an adolescent's sexual orientation. However, most Canadians are unaware that gender identity has been lumped in and conflated with sexual orientation. **Most Canadians have no understanding that gender identity is not a sexual orientation.**

Nor do Canadians understand that loving, caring parents, physicians and therapists will be criminalized when supporting the children who are bombarded with dangerous and scientifically unproven puberty blockers, cross-sex hormones or surgery. Canadians do not understand that children's healthy, functioning organs would be removed, or amputated, as if a child were merely a collection of removable parts. Those caring people who understand the medical creed, first do no harm, are shocked beyond measure that a civilized nation like Canada could allow such harms, not just to a child, but to families and to society as a whole.

Identity: born in the wrong body, girl brain - boy brain?

Bill C- 6 criminalizes support for vulnerable children and adolescents who, based on current fads, think that he or she could be born in the wrong body, which is impossible. Some kids are encouraged to believe with the fervidness of a religion that a boy can have a girl brain in a boy's body or vice versa, which is obviously not possible.

Wrong body

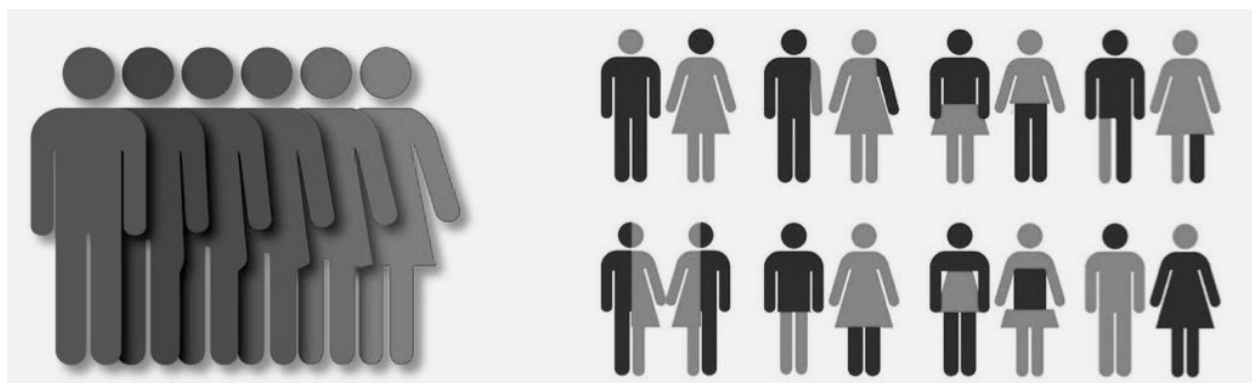
School Guidance

Classroom education across Canada teaches to gender identity, teaches to the false claim that a child can be born in the wrong body. For example, one lesson plan, out of thousands like it, teaches kids that a little boy in a story book is really a girl because he likes dresses. The teacher also instructs 'correct' pronoun usage for the children while stressing that a teacher now

is ‘a he’ but who knows what ‘they’ will be next term?¹ Seeds are sown for tremendous confusion when normalising gender identity falsehoods.

Kids are taught, falsely, that “everyone has a sexual orientation and gender identity.”² They are not taught the biological reality that everyone is a sex with a sexual orientation. Gender is a social construction. To teach against biology is indoctrination, as it takes a child away from embodied experience into normalized falsehoods and gaslighting. For example, this November, 2020, a B.C. mother has won a temporary injunction to stop her teenage daughter from having a double mastectomy as she knows her daughter does not understand the consequences. The mother thinks that the mandated Sogie 123 gender identity education has influenced her child to ‘believe’ that she is a male. News reports referred to the child as ‘they.’³

The illustration below suggests an incredible combination of ‘gender’ – the original in shades of stereotypical pink and blue - but is without any basis in science. The illustration is used in the Ottawa-Carleton school district and across the country.⁴



Gender Spectrum - Spectrum des Genres Gender Fluidity - Fluidité des Genres

Teaching against evidence-based science is not a teacher’s purview. To teach kids that their doctor was actually guessing at their birth and arbitrarily ‘assigned’ a ‘gender,’ much as their teacher would ‘assign’ a changeable classroom seating plan, is now the norm. Lessons in all age groups include the term ‘assigned at birth.’ But evidence-based science proves that 99.8% of newborns are the sex they appear to be. The medical conditions, Disturbances of Sexual Development, DSDs, or intersex, are still either male or female. Sex differentiation is based on

¹ “Gender Identity and Pronouns: Lesson Plan K to 3”. <https://teachbcdb.bctf.ca>

² <https://www.sogieducation.org>

³ <https://thebridgehead.ca/2020/11/13/b-c-supreme-court-judge-blocks-teen-girls-double-mastectomy-trans-surgery-after-mom-intervenes/>

⁴ *Gender Identity and Gender Expression*. Ottawa-Carleton School Board. 2016 <https://www.ocdsb.ca>



the SRY gene, “the master switch” on the short arm of the male Y chromosome, no matter the number or combinations of chromosomes.⁵

Children can only become confused at the plethora of so-called gender combinations that have no basis in science but that in schools across Canada are not only legitimized, but normalized and encouraged.

Unlike Canada, the U.K. insisted in its new School Guidance, September, 2020, that teachers can no longer “reinforce harmful stereotypes, for instance by suggesting that children might be a different gender based on their personality and interests or the clothes they prefer to wear.” As well, “teachers should not suggest to a child that their non-compliance with gender stereotypes means that either their personality or their body is wrong and in need of changing.” **“Resources” must be “evidence-based”** and teachers “should not work with external agencies or organisations that produce such material.” The UK government is clear that teachers and schools follow “the statutory guidance on working together to safeguard children.”⁶ Resources such as the examples used in Canada are no longer permissible in the U.K. as they are not evidence-based.

Girl brain, boy brain

Safeguarding children: the illustration, page 3 shows the combinations of body-brain mix ups, as if such possibilities are actual. But current, evidence-based neurological science proves that claims of “the male brain or the female brain” are a “myth,” with “implications for the transgender community which will hopefully be seen as positive.” Implications include essential supports without encouraging people to think that their bodies are wrong but their brain is right. A notion of a right brain, wrong body, means that “we should be challenging” the myth “with the question of what makes a boy or a girl”⁷ and not reinforcing stereotypes. **The best question to ask regarding the girl brain, boy brain false narrative is: *how can Canada counteract dangerous and false teachings in order to safeguard its precious children?***

Social Milieu

Canadian researchers found in a current study that youth rely 86% of the time on friends for sexual attitudes and values.⁸ These friends are at school and online. Due to constant social media engagement children and adolescents are turning to gender clinics to ‘fix’ their body-mind confusion or sexual orientation conflicts in exponential numbers, not just Canada, but all around

⁵ Kenichi Kashimada, Peter Koopman. “Sry: the master switch in mammalian sex determination.” *Development* 2010 137: 3921-3930; doi: 10.1242/dev.048983 dev.biologists.org

⁶ <https://www.gov.uk/guidance/plan-your-relationships-sex-and-health-curriculum>

⁷ Rippon, Gina. *The Gendered Brain: The New Neuroscience That Shatters the Myth of the Female Brain*. London: The Bodley Head, 2019. 343.

⁸ Young, Pamela Dickey and Heather Shipley. *Identities Under Construction: Religion, Gender, and Sexuality among Youth in Canada*. Montreal: McGill University Press, 2020. 75.



the world, particularly in white, English-speaking nations. Since schools in particular **teach to the body-mind disconnect that not only feeds but may in fact initiate the confusion**, the influence of classroom materials and social media cannot be understated, which is the very reason the UK no longer permits such instruction. As children flock to gender clinics, what is not

being talked about, “as glowing stories about transgender children have flooded every progressive news outlet over the last few years...the underlying story that the public isn’t privy to is that many of these children would have grown up to be gay [or lesbian], but are instead undergoing a new form of conversion therapy.”⁹ This “new form of conversion therapy” is supported when gender identity is included in Bill C-6.

Of course, it is not possible to convert a child’s sex, as sex is immutable, as proved by evidence-based science. A boy can only ‘look like’ a girl; a girl can only ‘look like’ a boy. Their ‘parts’ are not interchangeable, but those who support physical invasions do not seem to understand that bodies are not mechanical blocks. Parts can’t be changed around. Every cell in the body is either xy for boys, or xx for girls.

Girls and their need for education that incorporates embodied experience

According to current Canadian research regarding how girls perceive their bodies, the researcher established that prepubescent girls are not receiving the education they crave – learning about their “embodied experience of puberty,” particularly “what it feels and looks like to have a period.”¹⁰ Yet the **girls are supported to think that they could actually be boys** if they don’t like to wear dresses, or if they fear starting or having a period.

In a society that sexualizes children, especially girls, breasts make a girl more visible and more vulnerable to unwanted sexual advances and to rape, which may be a large reason why girls turn to masculinizing their bodies. But they are not being told that they will be rendered sterile, with no ability to feel sexual pleasure and that all changes are permanent.¹¹ Body embarrassment and self-consciousness about their innate biological functions increases when boys who say they are girls have access to their bathrooms and change rooms. It is difficult enough for a girl to be changing a tampon, or to suffer the embarrassment of stained clothing but to have a boy in her space means she is likely to stay home during her period.

⁹ Soh, Debra. “The Unspoken Homophobia Propelling the Transgender Movement in Children.”

<https://quilllette.com/2018/10/23/the-unspoken-homophobia-propelling-the-transgender-movement-in-children/>

¹⁰ Rice, Carla. *Becoming Women: The Embodied Self in Image Culture*. Toronto: U of T Press, 2014. 190.

¹¹ Investigations conducted in Sweden prove permanent harms to children and young people. As a consequence of reports on Swedish television, news and government reports, the number of transgendering children and adolescents is decreasing. See *The Trans Train 1 & 2*. Swedish T.V. 2019 <https://www.youtube.com/watch?v=73-mLwWlIgwU>. Swedish News: *Svenska Dagbladet*. “Gender dysphoria” reports. English transcriptions, <https://translate.google.com/translate?hl=en&sl=sv&u=https://www.svd.se/konsbytena-pa-barn-ar-ett-stort-experiment&prev=search&pto=aue>



Period Bullying

The UK is investigating a renewed attack against girls: period bullying. Emerging facts suggest that “not only is this damaging girls’ confidence and self-esteem, it’s also having an often-overlooked impact on their education. Girls tell us they are missing out on school because of their period and struggling to catch up on schoolwork as a result. We can’t allow this to continue.”¹² “Teen and preteen girls are taught to hide their periods, speak of them in whispers like Voldemort, ‘that which must not be named.’ It’s detrimental to their mental health, body image, and self-worth.¹³ In the classroom, when boys who ‘feel like girls’ are included in groups formed around identity rather than sex, a girl is doubly-limited. Even if the “embodied experience of puberty” rather than gender ideology were to be present in sex education, everyone knows that girls and women do not talk about embodied, personal experience like their periods when boys or men are present.

Girls: What are the kids thinking?

In Canada, a girl at age sixteen is able to obtain her driver’s license and a mastectomy on the same day. She can mutilate and masculinize her appearance, but she can’t buy cigarettes. The respected Jungian psychotherapist, Lisa Marchiano found that “teens [girls] were coming out as trans in peer clusters, as we have seen happen before with suicide and eating disorder contagion.”¹⁴ Just as a virus is a “contagion,” so too are peer-driven social influences, especially now that girls consult their friends and social media more than they consult their parents, which in itself is a new phenomenon.

The ratio of children wanting to transition in Canada until recently was 1- 4, girls to boys, but now Rapid Onset Gender Dysphoria, ROGD, is understood by doctors and therapists to apply to adolescent girls. Serious psychiatric illness is a commonality amongst the adolescents, as is Autism Spectrum Disorder, ASD.¹⁵

¹² Press Association. “One in Five Girls and Women Bullied About Periods – Study: Two-thirds of UK girls miss classes because of periods in culture of ‘stigma and shame.’ <https://www.theguardian.com/society/2019/may/28/one-in-five-girls-and-young-women-bullied-about-their-periods-study>

¹³ Pahr, Kristi. “Period Shaming: A Not-So New Form of Bullying That parents Need to be Aware of: www.parents.com/kids/problems/bullying/period-shaming-is-a-kind-of-bullying-parents-need-to-be-aware-of”

¹⁴ Marchiano, Lisa. “Outbreak: On Transgender Teens and Psychic Epidemics,” *Psychological Perspectives*, 60:3, (2017), DOI: <https://doi.org/10.1080/00332925.2017.1350804>

¹⁵ Dr. Susan Bradley, panelist. “#GIDYVR: The Ignored Repercussions of Bill C – 6.” 11/13/20 <https://www.youtube.com/watch?v=lcbSzoyVkMU>



Suicide

Suicide is held out as a measuring stick of urgency for kids and adolescents. Unlike Canada, Sweden is talking a long, hard look at transgenderism. The Swedish National Board of Health and Welfare finds that “[c]hanging gender does not reduce the risk of suicide” and that “today’s treatment of gender dysphorics can do more harm than good.”¹⁶ Those with identity issues have “concomitant difficult psychiatric diagnoses, which makes it difficult to distinguish one from the other with regard to suicide risk.”¹⁷ A Sweden TV documentary revealed that claims of suicide rates as high as 40% for kids waiting for blockers and hormones is false.¹⁸

Kids are received by the online trans community and its gospels, with suggestions such as ‘if you feel like (fill in the blank) you are trans, the kids began to identify as trans in peer clusters, as Marchiano has observed, and states the Canadian psychiatrist and gender specialist, Dr. Susan Bradley, “many times four to a classroom. The children and young people, states Bradley, “kids,” may have “rigid, polarized thinking,” and “can’t understand consequences” of transgenderism since “they can’t even make a decision as to which cereal they want for breakfast!”¹⁹

The Steadying Hand – frontal lobe development, age 25

The neurologist Dr. Robert Sapolsky explains that evidence-based science shows that teen “out of control gyroscope behaviour” is due to the frontal lobe not yet developed. The frontal lobe does not become a “steady hand” until age twenty-five.²⁰ Because the frontal lobe is the last part of the brain to develop, that needed support must be provided by psychologists, therapists, psychiatrists, social workers and parents who understand that the best support for a child is to “watch and wait” suggests Bradley or “watchful waiting” suggests Dr. Kenneth Zucker.²¹ Both Bradley and Zucker are well-known gender identity experts who have been labelled transphobic due to their propensity to think about the kids’ need over time. Zucker suggests that “one could consider recommending exploratory psychosocial treatment without social transition and hormonal suppression, particularly if the case formulation is that the gender dysphoria has

¹⁶ Arpi, Ivar. *Svenska Dagbladet*.

https://translate.googleusercontent.com/translate_c?depth=1&hl=en&prev=search&pto=aue&rurl=translate.google.com&sl=sv&sp=nmt4&u=https://www.svd.se/konsbytena-kan-forstora-u

¹⁷ *Socialstyrelsen*. “Common with several psychiatric diagnoses in people with gender dysphoria.” 2020-02-20. https://translate.googleusercontent.com/translate_c?depth=1&hl=en&prev=search&pto=aue&rurl=translate.google.com&sl=sv&sp=nmt4&u=https://www.socialstyrelsen.se/om-socialstyrelsen/pressrum/press/vanligt-med-flera-psykiatriska-diagnoser-hos-personer-med-konsdysfori/&usg=ALkJrhjxWc7oCa570HR9joa1Wh27XTQg

¹⁸ *The Trans Train 2*. Swedish T.V. December 14, 2019. <https://www.youtube.com/watch?v=73-mLwWlGwU>

¹⁹ Bradley

²⁰ Sapolsky, Robert. “The Teenage Brain: Why Some Years Are (a lot) Crazier than Others.” Big Think. October 11, 2018 <https://www.youtube.com/watch?v=rZDmmaE1Y2Y>

²¹ Zucker, Kenneth. “Adolescents with Gender Dysphoria: Reflections on Some Contemporary Clinical and Research Issues.” *Archives of Sexual Behaviour* (2019) 48: 1983-1992, <https://doi.org/10.508-019-01518-8>



emerged in the context of other psychosocial factors or as a result of other mental health issues.”²² The point is to protect kids from dangerous, permanent interventions as the first step.

Since puberty is the time when the brain-body continuum is further developed, its cessation can only create severe health problems. When the necessary hormones in puberty work in tune with all physical functions of the body, as many as 80-90% of kids grow into themselves.

An example of therapy benefits and the beginning of maturation is explained by a nineteen-year-old who realized that anorexia was her issue, not transgenderism. She had considered suicide. She realized that “a dream of perfection in a male body” was not possible.²³ Her self-knowledge elucidates a grave concern for girls that safety lies in the appearance of being male, a severe internalized misogyny, not valuing their body-being as female. Dr. Bradley suggests that kids may be “caught up in the need for perfection” and may have “as much suicidal difficulty after as they did before.”²⁴ Indisputable evidence of permanent damage to bodies in “non-reversible” procedures, in the obviously false practice of “buying time” with blockers, and due to cessation of hormones that would have furthered the body-brain relationship, kids are then irrevocably bound to the “first step on the [trans] escalator.” For these reasons Dr. Bradley “would no longer send kids to clinics.”

As a consequence of evidence-based results, she also says “doctors are asking themselves, what is the evidence of us doing no harm?”²⁵

Summary Conclusion

Puberty blockers, cross-sex hormones and surgery are provided under Canada’s health-care system in order to support the idea of gender identity which does not hold in fact.

Canadian children are sent to gender clinics at an alarming rate where they become medicalized for life, suffer permanent physical damage, all supported by the health-care system, yet emotional or psychological support that would be provided by the health care system in order to avoid permanent damage to the child will be criminalized.

Bill C – 6 will allow healthy bodies to be irrevocably damaged under false claims of a gender identity that has no basis in science.

Gender identity must be removed from the bill.

²² ibid

²³ ibid *The Trans Train 2*.

²⁴ Bradley

²⁵ ibid



To this end, the Women's Human Rights Campaign makes the following recommendations:

Canada, as a ratified member of the Committee on the Elimination of all Forms of Discrimination Against Women, CEDAW must uphold:

The rights of girls and women based on the category of sex, which is upheld in Canada's Rights and Freedoms and which **must not be undermined by a bill which seeks to disallow all support for confused kids and their families**

- Reaffirm the need for the protection of the rights of the child:

Medical interventions aimed at the 'gender reassignment' of children by the use of puberty-suppressing drugs, cross-sex hormones and surgery do not serve their best interests and must be prohibited. Children who have already been subjected to these harmful interventions should be protected and compensated. No more children should be harmed in this way.
- Prevent children's healthy bodies being damaged by untested, harmful medication and surgeries
- Understand that children are not developmentally competent to give free, full and informed consent to these treatments, which carry consequences such as infertility and loss of sexual function
- Exclude lobbying organisations that promote the concept of 'gender identity' without any background in medicine or psychology from influencing children's health services
- Prohibit state agencies, medical practitioners and child welfare professionals from taking any action which seeks to compel parents to take any action to change their child's 'gender identity'
- Ensure children have access to education which is materially accurate about human biology and reproduction



Women's Human Rights Campaign (WHRC)

The WHRC is a group of volunteer women from Canada and across the globe dedicated to protecting women's sex-based rights. Our volunteers include academics, writers, organizers, activists, and health practitioners, and aim to represent the total breadth of the human female experience.

The Declaration on Women's Sex Based Rights was created by the founders of WHRC to lobby nations to maintain language protecting women and girls on the basis of sex rather than "gender" or "gender identity".

This Declaration reaffirms the sex-based rights of women which are set out in the Convention on the Elimination of all Forms of Discrimination against Women adopted by the United Nations General Assembly on 18 December 1979 (CEDAW), further developed in the CEDAW Committee General Recommendations, and adopted, inter alia, in the United Nations Declaration on the Elimination of Violence against Women 1993 (UNDEVW).

<https://womensdeclaration.com/en/about/>