From:

Web E-mail - City Clerks

Subject: Conversion Therapy Administrative Report Emailed for Address

**Date:** Thursday, February 20, 2020 1:54:43 PM

Submitted on Thursday, February 20, 2020 - 13:54

Submitted by user: Anonymous

Submitted values are:

==Your Message==

Service category: City Council, Boards & Committees

Account Number:

Subject: Conversion Therapy Administrative Report

Message:

Dear Mayor and Council Members,

Congratulations on your recent unanimous support to direct city administration on developing a report to examine options to prohibit conversion therapy in your municipality.

We have worked with various levels of government across Canada to support action against conversion therapy, including policy and legislative advice and development.

You may be interested in our recent national report that contains background information, research, testimonials from survivors and recommended actions that municipalities can take to prohibit conversion therapy.

## The report can be accessed here:

 $\frac{https://static1.squarespace.com/static/5bfdaab6365f02c7e82f8a82/t/5da0829e5d0b280255df6baf/1570800302517/Conversion+Therapy+in+Canada++Roles+%26+Responsibilities+for+Municipalities+%28October+11%2C+2019%29.pdf$ 

Generally, municipalities have taken a variety of approaches to restrict or prevent conversion therapy, including

- comprehensive prohibition bylaws
- development of council/corporate policies to prevent any city resources, facilities or funding to individuals or organizations that practice or promote conversion therapy
- write formal letters to provincial and federal government to encourage action within their legislative powers to take action against conversion therapy

If city administration requires any support in developing their report for council, we would be happy to provide assistance.

Best regards,

Dr. Kristopher Wells

Canada Research Chair for the Public Understanding of Sexual and Gender Minority Youth, MacEwan University

Attachment:

==Your Details== First Name: Kristopher Last Name: Wells

Email: Confirm Email:

Neighbourhood where you live:

Phone Number:

For internal use only:

https://www.saskatoon.ca/node/405/submission/373557