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**Subject:** Form submission from: Write a Letter to Council  
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**From:** Web NoReply  
**Sent:** January 24, 2021 11:55 PM  
**To:** City Council <[City.Council@Saskatoon.ca](mailto:City.Council@Saskatoon.ca)>  
**Subject:** Form submission from: Write a Letter to Council

--- Replies to this email will go to [REDACTED] ---

Submitted on Sunday, January 24, 2021 - 23:55

Submitted by user: Anonymous

Submitted values are:

Date Sunday, January 24, 2021  
To His Worship the Mayor and Members of City Council  
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Name of the organization or agency you are representing (if applicable) Free to Care  
Subject Conversion therapy Ban  
Meeting (if known)  
Comments

Attached is a submission from a friend in Calgary who went through counseling for unwanted same-sex attractions. Your proposed ban could potentially limit my right, and the right of your own citizens, from sharing our stories. Please reconsider your ban on "conversion therapy" and include words like "coercion" and "torture" to the definition. This will ensure that harmful counseling is banned while counseling that consenting patients want, will be protected.

[REDACTED]

[REDACTED]

[REDACTED]

I am writing today in response to the City of Saskatoon's proposed conversion therapy ban. **My submission addresses four points:**

1. The definition of conversion therapy in the proposed bylaw is too broad as it seeks to control the behaviour of LGBTQ Canadians, including preventing them from accessing essential services (page 3).
2. The bylaw limits the rights of LGBTQ Christians and other people of faith from sharing and speaking about their faith by classifying churches and other religious non-profits, as businesses that can be regulated by the City. Teaching from religious holy books such, as the Bible, could be banned for merely teaching the traditional view of sexuality and gender (page 4).
3. Laws and professional standards are already in place against torture, forcible confinement and other coercive counselling practices. The bylaw would then merely be a symbolic gesture that targets foundational beliefs of millions of Canadians about marriage. Municipal governments do not have the jurisdiction to create laws that regulate morality and religious teachings (page 5).
4. The bylaw directly discriminates against LGBTQ Canadians, even those who do not want conversion therapy, by denying them services available to other Canadians (page 9).

### **Creating a Safe and Welcoming Community**

I moved to Calgary fourteen years ago to continue my work in non-profit ministry. It was a difficult decision. After living on my own since university, I was forced to move into my parents' home, with little income, single, and with my 30<sup>th</sup> birthday only a few weeks away. But as a Christian, I believed that God was guiding my career and I trusted Him with this difficult decision. I trust that God's plans are always the best for us, including His plans for our career and our life choices. This includes in the area of sexuality. For over 2000 years, our faith, along with many other faiths which represent billions of people around the world, teaches that sex is a gift of God for a husband and wife in marriage. Any sexual activity outside that bond, including pre-marital sex, extra-marital sex or homosexual sex, is not part of God's design. This does not mean we hate people who have a different sexual ethic. It simply means our belief about God's design, governs how we ought to behave and act.

Being a single man, I accepted and still accept these teachings. I have chosen to avoid sexual activity and remain a virgin and celibate.

I also accept these teachings as a same-sex attracted man.

Before moving to Calgary, I sought out friends, Christian leaders and professional counsellors to help me deal with these attractions. Many argue that "conversion therapy" is fraudulent because sexual orientations cannot change. After seeing several counsellors, I also realized that a complete change may take a long time or may be impossible. But change isn't the only reason why people like me would see a counsellor for our sexual questions.

Counselling helps us put sexuality into perspective and encourages us to remain celibate while trusting our God for the intimacy we need. And that's why within months of moving to Calgary, I sought out a Christian counsellor who would talk to me about my sexuality. The counsellor helped me understand that my identity did not have to be based on my sexual attractions. It did not have to define me. For me, the identity that I have in Christ is far more important and far more life-giving. Though it has not been an easy decision, I have never regretted seeing that counsellor or living out a chaste life.

Unfortunately, the conversion therapy ban proposed by the City of Saskatoon would prevent people like me from seeing any professional counsellor who agrees with my sexual ethic. Being celibate and same-sex attracted is difficult enough as it is. But when a municipal government is attempting to prevent access to counselling services simply because of a person's faith and sexual orientation, that makes the city unwelcoming and unsafe.

I strongly support a targeted bylaw that would prevent torture or coercion or verbal abuse in the counselling room. However, a broad ban, such as the one currently proposed, treats torturing gay children in church basements the same as praying for someone to overcome a gay behaviour. It prevents the teaching of texts from religious books like the Bible, violates the rights of LGBTQ people of faith to exercise that faith and even prevents LGBTQ people, regardless of faith, from getting counselling available to heterosexual, cisgender Canadians. To avoid this, the bylaw must remain focused on coercive or abusive counseling techniques and not venture into banning religious and moral beliefs that govern behaviour. I urge the council to consider these four concerns in the wording of the bylaw:

### **1. Defining conversion therapy: Free to choose behavior**

The first problem of the proposed bylaw is how it defines "conversion therapy." I gave a public submission to the Edmonton City Council when they were defining "conversion therapy" and heard the stories of those advocating for the bylaw. We heard many horrible stories of people being tortured, coerced or harmed by people attempting to change their sexual orientation. But when the wording of the bylaw came out, words like "coercion," "forcible confinement," or "torture" were nowhere to be found. Instead, the wording was as broad as possible to prevent anyone from merely advocating for a traditional or religious view of sexuality. The proposed Saskatoon bylaw has the same problem.

Those testifying for the ban cited healthcare groups opposed to conversion therapy. Many healthcare professional groups have come out against "conversion therapy" and define it as an attempt to change someone's orientation often using manipulative or harmful techniques. However, the definitions used by these health care groups are not the same as the one in the bylaw. As you can see in Appendix 1, major North American health associations do not add the phrase, "**repressing or reducing non-heterosexual attraction or sexual behaviour.**" The only time behaviour is mentioned is when the Canadian Psychological Association includes "behaviour modification" as a tool to change sexual orientation.

The definitional difference is key because even if studies could show that sexual orientations don't change, they do not deny that "behaviour" can change with counselling. Professional counsellors and others will testify that those who seek counselling mostly seek help to change their behaviour. Sexual behaviour, regardless of your orientation, is a choice and in law, we are free to engage, or not engage, sexually with any consenting adult.

This is what my counsellor helped me understand. He helped me accept that I may not be able to choose my sexual attractions but I could choose my behaviour and remain celibate. He did not do anything extreme or harmful to me but respected my choice to refrain from same-sex sexual behaviour. Unfortunately, the broad definition in the proposed bylaw does not respect that choice. If my counsellor encouraged me to remain celibate and not act on my same-sex attractions today, that practice would be considered "conversion therapy" under the bylaw and banned. In other words, I can remain chaste but I cannot access professional support available to others who are straight and want to remain chaste.

## **2. Treating religious charities as for-profit businesses: Free to care?**

The proposed bylaw however, does more than take away my support from professional counsellors. In order to stop perceived torture allegedly happening in churches, the bylaw utilizes an incredibly broad definition of "business" which includes:

- . (a) "**business**" means any of the following activities, whether or not for profit and however organized or formed:
  - (i) a commercial, merchandising or industrial activity or undertaking;
  - (ii) the carrying on of a profession, trade, occupation, calling or employment;
  - (iii) an activity providing goods or services;

This definition would capture churches and other not-for-profit religious groups. This ban on "merchandising" also could mean that if a ministry sells books or resources by Christians advocating for a reduction of non-heterosexual behaviour would be banned.

As part of my job, I speak regularly at a variety of different religious settings such as schools, youth groups and church services. I receive honorariums in exchange for those presentations. But if I were to share my testimony of being celibate despite my same-sex attractions and encourage others to do the same, I would then be receiving a "benefit" from discouraging "sexual behaviour between persons of the same sex." Thus a sermon involving my personal biography would be considered "conversion therapy" and be censored by this bylaw. However, if I was compensated for that same testimony about being celibate but I spoke about not engaging in opposite-sex sexuality outside of opposite-sex marriage, I would not be censored. The bylaw would directly discriminate against me because of my sexual orientation.

In fact, anyone who preaches from their religious texts in order to discourage same-sex sexual behaviour could then be classified as committing “conversion therapy” under the broadly worded bylaw. For example, the Apostle Paul in his first letter to the church of Corinth, states,

**<sup>9</sup> Don't you realize that those who do wrong will not inherit the Kingdom of God? Don't fool yourselves. Those who indulge in sexual sin, or who worship idols, or commit adultery, or are male prostitutes, or practice homosexuality, <sup>10</sup> or are thieves, or greedy people, or drunkards, or are abusive, or cheat people—none of these will inherit the Kingdom of God. <sup>11</sup> Some of you were once like that. But you were cleansed; you were made holy; you were made right with God by calling on the name of the Lord Jesus Christ and by the Spirit of our God. 1 Corinthians 6:9-11**

The plain reading of this biblical text seems to imply that same-sex sexual behaviour can change. But if any Christian who gets paid by the church, publicly teaches this passage of scripture and encourages his or her congregation to follow the biblical principles found in this text, that would qualify as an attempt to “reduce...sexual behaviour between persons of the same sex.” Now some Christian groups argue that this passage has nothing to do with homosexuality but pedastry and rape. That is their right to believe that. Parsing through what religious texts mean however, is not the job of a bylaw officer or municipal councilors. You simply do not have that jurisdiction, yet this broadly-worded bylaw requires city staff to become those religious scholars

The plain reading of the bylaw would mean that sermons, homilies or any religious presentation would be subject to city scrutiny in the enforcement of the bylaw. Simply selling a bible could be “merchandising” conversion therapy. I had the privilege of sitting right beside Dr. Kris Wells, one of the main advocates for these conversion therapy bans, when we gave opposing testimonies to the Edmonton City Council. When I asked the councilors if they intended to send bylaw officers to every house of worship to ensure we were not, “praying the gay away,” they responded that this was not their goal. Dr. Wells, however nodded the entire time I asked that question: he has publicly said that churches have to be regulated by the bylaw. And despite the Edmonton Councilors’ insistence, the wording of the bylaw corresponds to Dr. Wells interpretation, since in practice, it targets the religious belief that sex is meant for a married, opposite-sex couple.

### **3. A question of jurisdiction: Targeting a religious belief**

Those who push for a conversion therapy ban insist that it is necessary because religious organizations continue to harm LGBTQ individuals by forcing them to change their sexual orientation. This despite the fact that the practices that justify the need for a ban, are already criminal acts under the federal *Criminal Code* or banned by provincial regulations.

- Torture is defined and banned under the Criminal Code Section **269.1 (1)**. Though the clause explicitly deals with government officials using torture, Michael Spratt of the national Criminal Lawyers’ Association, told a Parliamentary committee that existing laws on aggravated assault, kidnapping, and forcible confinement “are sufficient to deal with the issues addressed through

this legislation.”<sup>2</sup>

- Forcible confinement is dealt with in the Criminal Code under a ban on “kidnapping.” Section 279 (2) of the Criminal Code says:

Every person commits an offence who kidnaps a person with intent

- **(a)** to cause the person to be confined or imprisoned against the person’s will;
  - **(b)** to cause the person to be unlawfully sent or transported out of Canada against the person’s will; or
  - **(c)** to hold the person for ransom or to service against the person’s will.
- The Alberta Child Welfare Act requires that all reasonable suspicions of child abuse or neglect be reported. Failure to report is an offence under this Act.

Dr. Kris Wells who initiated these bans, even blames the belief that homosexual practice is sinful, for harming LGBTQ Canadians. At a Feb 19<sup>th</sup> event in Calgary, he said:

**Those opposed or who support conversion therapy, those who oppose legislation, often come from an anti-LGBTQQ ideology to begin with. There will never be acceptance or full support of being an LGBTQQ person. And that’s the root of conversion therapy is the belief that this is a disorder, a disease, a pathology and to gain acceptance or validation, you fundamentally have to change who you are. And we know, what the research shows us, is the harm, the grave harm, the post-traumatic stress, the mental anguish, the self-harming behaviours. We have research now that shows the elevated suicide ideation and suicide completions because of that denial of self.**

Attacking this belief system seems to be the goal of Dr. Wells and those pushing for this bylaw. In his statement to Edmonton City Council, Dr. Wells mentioned that Edmonton was still exposed to “conversion therapy” because the Edmonton Convention Centre hosted a large religious event that featured dozens of organizations which “support conversion therapy.” The only event that this could be referring to is Breakforth/The One Conference, a yearly Christian conference which covers a variety of Christian topics.

One of the topics that year was on sexuality. I know this because I participated on a panel discussion about how Christians ought to love our LGBTQ neighbours despite our disagreements. Conversion therapy was never part of the program. Yet this example shows how easy it is for Wells to conflate merely upholding the traditional belief on sexuality with wanting to torture gay young people until their sexual orientation changes.

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Huron, Debra, “Why Canada has no new law on torture by individuals,” **Ricochet**, <https://ricochet.media/en/1560/why-canada-has-no-new-law-on-torture-by-individuals>, Nov 30, 2016.

I hope that Council's aim is not to go after the religious belief that God designed sexuality for opposite sex marriage. It is a belief held by millions of Canadians which is protected under the law. Even when same-sex marriage was legalized in Canada, the then Liberal government of the day explicitly made exemptions for churches and other religious groups from having to adopt this view as part of their religious practices. This basic right should then mean groups and individuals like myself can practice this belief openly and advocate for it. A targeted bylaw against coercive practices would then protect both LGBTQ Canadians from harmful therapy while protecting the right of Canadians to get religious counselling of their choice. They are not mutually exclusive goals.

As someone who constantly needs support and prayer, I of course agree that we should always support those who come to us for help. But support does not always mean agreement with a person's beliefs or behaviour. That is not part of the Christian worldview. In fact, the Christian view of support requires that all of us, regardless of sexual orientation, admit that we need to change and that God can use our church, our friends and our experiences to foster that change.

Unfortunately, the bylaw as written, and as Dr. Wells nodded in agreement with at the Edmonton City Council, would require the municipal government to police prayer. Is this what the City really wants to ban? Are you prepared to send bylaw officers to go into religious services to regulate our prayers? The only way to avoid this is if you refuse to conflate belief that God has a right to dictate our behaviour with the torture of gay children in the name of religion.

We can believe that sex should be saved for a husband and wife and still respect and care for our LGBTQ friends just as they can care for us and not agree with our theology. Disagreement is not hate. These are two different things and that must be acknowledged. City Council must respect the rights of its citizens to decide what our sexual behaviour should be and who we can talk to about that behaviour. On this issue, this means the bylaw must target "coercive" and "harmful" practices that are akin to torture, not theological beliefs about sexuality.

#### **4. Denying services to LGBTQ Canadians: Free to choose one's identity**

One of the most effective arguments made to justify a conversion therapy ban is the allegation that all studies show that everyone who has gone through a conversion therapy ban has been harmed or traumatized. On the Edmonton-based radio program, The Ryan Jespersion Show, Dr. Wells asserted that there is no evidence that anyone has benefited from "conversion therapy."

**It should still not be allowed and accepted because quite simply we know it doesn't work [even for consenting adults]. There's no research anywhere that proves that that approach is appropriate. That it's valid and that it actually changes someone. What it does is it increases their shame, their stigma that no matter how hard I pray or I try, I can't change. Quite frankly it leads people to take their own lives. And talk to the survivors that have gone through that, even as young adults, it's often the pressure in their community to fit in to gain acceptance that forces them to go to their elders, these religious leaders to lay hands on them for them to change and every single one of them who has survived conversion therapy will tell you it's inappropriate and it**

doesn't work and it needs to stop.<sup>4</sup>

## Flawed Methodology

The authors of the document, *Conversion Therapy in Canada: The Roles and Responsibilities of Municipalities*,<sup>5</sup> cite several studies that purport to show that conversion therapy is always harmful and that anyone who has experienced it, has been harmed. They then use this research to advise municipal governments to ban any counselling that would uphold a traditional ethic of sexuality, gender identity and sexual behaviour. However, each of the studies cited, suffers from one fundamental methodological flaw which is acknowledged by some of the researchers themselves: they only interviewed those harmed by conversion therapy and not those who claim to be helped by it (Please see Appendix 2).

In order to study the efficacy of any procedure, researchers should study a representative sample of those who have experienced the procedure. In this case, the researchers only interviewed people who were active in the LBGT community or who identify as LGBTQ, those already hostile to the notion of changing one's sexual orientation or gender identity. Conversion therapy purports to change someone's sexual orientation and so if successful, those who have undergone successful "conversion therapy" could never be captured in these studies.

One sympathetic analysis of a study cited in the document, explained, "The study has some limitations, which are further described in the manuscript. Notably, the authors recruited only people who identified as LGBTQ at the time of the study. The study would not have included people who identified as LGBTQ during adolescence but not that the time of the study."<sup>6</sup>

Dr. Travis Salway, who helped produce research for this document, openly admits that men who do not frequent gay bars or gay dating websites, were excluded from his research, the very people who would want conversion therapy and claim it helped them.

We estimate that 3.5% of sexual minority men in Canada have been exposed to SOCE at some time in their life. Assume that 4% of the population are sexual minorities this estimate corresponds to approximately 20,000 Canadian sexual minority men. ***The burden of exposure is in fact much larger because our survey excluded sexual minority men who do not frequent sexual minority websites or community channels and therefore are not part of the sampling frame for the study as well as sexual minority***

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<sup>4</sup> Ryan Jespersen Show: Will Edmonton become the next city to institute a conversion therapy ban? 630 CHED, August 20, 2019, <https://omny.fm/shows/ryan-jespersen-show/will-edmonton-become-the-next-city-to-institute-a>

<sup>5</sup> *Conversion Therapy in Canada: The Roles and Responsibilities of Municipalities*, MacEwan University et. al, Oct. 11, 2019 [https://static1.squarespace.com/static/5bfdaab6365f02c7e82f8a82/t/5da0829e5d0b280255df6baf/1570800302517/Conversion+Therapy+in+Canada++Roles+%26+Responsibilities+for+Municipalities+\(October+11,+2019\).pdf](https://static1.squarespace.com/static/5bfdaab6365f02c7e82f8a82/t/5da0829e5d0b280255df6baf/1570800302517/Conversion+Therapy+in+Canada++Roles+%26+Responsibilities+for+Municipalities+(October+11,+2019).pdf)

<sup>6</sup> Turban, Dr. Jack, *Gay Conversion Therapy Associated with Suicide Risk: A new study provides concrete evidence that gay conversion therapy is dangerous*, *Psychology Today*, Nov 14, 2018, <https://www.psychologytoday.com/us/blog/political-minds/201811/gay-conversion-therapy-associated-suicide-risk>



women .<sup>7</sup>

But rather than acknowledging that their research cannot be representative of all those who have gone through conversion therapy, these researchers extrapolate conclusions about people they did not survey. In fact, Salway estimates how many men have gone through conversion therapy and assumes that all of their experiences must be negative.

**We believe that 4% is an underestimate of the prevalence of SOGICE exposure for the following reasons. First, in the *Sex Now* study, 30% of those exposed to SOGICE had attempted suicide; assuming this association extends to suicide deaths, many individuals who were exposed to SOGICE and subsequently died by suicide are unfortunately missing from the survey sample. Second, interviews with SOGICE survivors suggest that many SOGICE survivors remain reluctant to participate in LGBTQQ2-branded spaces or events or even identify as a sexual minority; thus, SOGICE survivors are less likely than the average sexual minority individual to be recruited into the study (which relies upon sexual minority community organizations, websites, social media channels to recruit participants, and sexual minority identification).<sup>8</sup>**

But if these individuals do not identify as gay and are not part of the gay community, they will likely not behave the same as those who do identify as gay. Good research methods prevent extrapolating data about one group from another group that behaves completely differently.

These research flaws do not negate, of course, that some people have had bad experiences with conversion therapy. But it should put into question the sweeping legislation based on non-representative samples. At the bare minimum, it should create an impetus for a study that captures all the experiences of Canadians with “conversion therapy.” We cannot trust someone that says 100% of people who have gone through conversion therapy are harmed if the only people who they are willing to talk to, are already hostile to it.

Because these researchers completely ignore those of us who have benefited from Christian counselling, even in their data collection, they come up with harmful stereotypes to explain the existence of same-sex attracted Christians who want “conversion therapy.” Dr. Kris Wells argues that those still seeking “conversion therapy” are akin to drunk drivers too inebriated to make any clear choice. Therefore, we should not be allowed to choose the healthcare professional we want and must get Dr. Wells’ permission to decide who can take care of us professionally.<sup>9</sup> In other words, LGBTQ Canadians who disagree with Dr. Wells should not have access to a counsellor of their choice because of our faith and our sexual orientation. This is clearly a violation of our human rights and the Canadian

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<sup>7</sup> Ibid, p5 [emphasis added].

<sup>8</sup> **Protecting Canadian sexual and gender minorities from harmful sexual orientation and gender identity change efforts: A brief submitted to the Standing Committee on Health for the Committee’s study of LGBTQQ2 Health in Canada**, Travis Salway, PhD Postdoctoral Research Fellow School of Population and Public Health University of British Columbia, <https://www.ourcommons.ca/Content/Committee/421/HESA/Brief/BR10447600/br-external/SalwayTravis-2-e.pdf>

<sup>9</sup> **What is conversion therapy? An expert explains, July 9, 2019** <https://www.youtube.com/watch?v=zncdQ9KFDok>

Charter of Rights and Freedoms.

Even the American Psychiatric Association, “opposes discrimination against individuals with same-sex attraction whether it be in education, employment, military service, immigration and naturalization status, housing, income, government services, retirement benefits, ability to inherit property, rights of survivorship, spousal rights, family status, **and access to health services** (2013 Statement).” [Emphasis added]

Now the proposed bylaw does create a small caveat for those seeking help. And I commend you for adding an exemption for those seeking help to be celibate, for example. However, because the definition of “conversion therapy” includes any attempt to change sexual **behaviour**, this caveat would not protect LGBTQ Canadians from being unequally prevented from accessing professional counselling services, even those not seeking “conversion therapy.”

For example, a person seeking help to overcome sexual practices would need to show to their counselor that it is heterosexual practices they want to change not non-heterosexual practices. Now thankfully, the caveat protects practices such as sex addiction counseling. However, even if Council or bylaw officers say they would not prosecute in those situations, the chilling effect in the counseling community would discourage many from broaching the topic at all. It is appropriate for LGBTQ Canadians, just like any Canadian, to want to reduce or change their sexual behaviour **sometimes**. But this bylaw would only allow straight Canadians to get professional help to do this, not LGBTQ Canadians.

In the same way, the bylaw would encourage support services for anyone, including minor children as young as five or sex, to transition from their biological sex. However, if they choose to de-transition and return to their biological sex, they would be prevented from accessing the same kind of counselling under the bylaw. In other words, cisgender people wanting to transition would get support but transgender people wanting to de-transition would not. This double standard is prima facie discrimination against trans people.

### **Conclusion: A safe and welcoming community for all**

I, and others concerned about this bylaw, are not interested in any kind of legal response to it. We hope that this submission and others will help City Council shape a bylaw that speaks against the coercive therapy that we all oppose but is truly welcoming of all. This is what true tolerance looks like. However, City Council should know that those of us in Alberta are already preparing legal challenges to the by-laws passed here. Even the federal “conversion therapy” ban still allows for consenting adults to access free counseling because of fear of a legal challenge. Saskatoon’s by-law makes no such exception.

In January of last year, Dr. Dovid Shwartz, a Jewish counsellor, took his city to court for interfering with private conversations he has with willing patients through NYC’s badly worded conversion therapy bylaw, a bylaw not even as broadly worded as the ones here. NYC’s bylaw stated,

**For the purposes of this subchapter, the term “conversion therapy” means any services, offered or provided to consumers for a fee, that seek to change a person’s sexual orientation or seek to change a person’s gender identity to conform to the sex of such individual that was recorded at birth.<sup>10</sup>**

His lawsuit made the point that those who come to him do so willingly, often because they want to hear from someone who adheres to the Jewish faith. The lawsuit states, “The patient-psychotherapist relationship requires giving patients the ability to express themselves without fear of reprisal and allowing therapists the freedom to respond to that expression with understanding; it is the last possible place where the government should be dictating what topics or ideas are off limits.” The bylaw “reaches into this confidential relationship to prohibit the discussion and exploration of ideas—and even the patient’s own, personal goals—to which the New York City Council objects.”<sup>11</sup> The city, realizing that courts would likely rule that their bylaw violated fundamental rights, rescinded its bylaw.

I very much agree in passing a bylaw banning coercive counseling. We all want a safe and welcoming community. However, disagreement does not mean being unwelcoming. We can still disagree, even on issues like the nature of sexuality, and be good neighbours to each other. I can believe sex should be saved for opposite sex marriage and I do NOT want gay children to be tortured.

I believe that my beliefs about sexuality are part of God’s good design and benefit all of us when we obey Him. I take my beliefs about sexuality so seriously, I choose to live out those beliefs everyday by remaining celibate and not acting out on my sexual attractions. Despite this, I am not suicidal. I am not depressed. I am ever grateful for the chance to serve my God and my community. But just like many people here in our city, I want to be able to get the support of a professional counsellor, or pastor or friend, whenever I need it and to talk about whatever we need to talk about. Please do not take away that right from m people like me just because of our faith and my sexuality.

Sincerely,

Jose Ruba

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<sup>10</sup> <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=3080991&GUID=959D1885-B55F-46CE-B422-7FC094A1E3EF&Options=ID%7cText%7c&Search=conversion+therapy>

<sup>11</sup> O’Neil, Tyler, *Jewish Therapist Sues NYC Over Counseling Censorship Law, Joining Ex-Gays*, PJ Media, Jan. 24, 2019 <https://pjmedia.com/news-and-politics/tyler-o-neil/2019/01/24/jewish-therapist-sues-nyc-over-conversion-therapy-ban-joining-ex-gays-n63346>

**Appendix 1: Definitions of Conversion Therapy Among Different Healthcare Groups in Contrast with the Saskatoon’s Bylaw:**

Though these healthcare organizations oppose any attempt to change sexual orientation, they do not state or cite any studies that say patients cannot alter or choose their **behaviour** with the help of a trained counsellor. In contrast, Saskatoon’s proposed municipal bylaw bans counselling that would help a consenting patient choose how to behave.

<b>Organization</b>	<b>Conversion Therapy Definition</b>
<b>American Psychiatric association</b>	<p>APA expanded on that position with a statement in 2013: “The American Psychiatric Association does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and are undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed.”</p> <p><b>APA Reiterates Strong Opposition to Conversion Therapy</b>  <a href="https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy">https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy</a></p>
<b>Canadian Psychiatric Association</b>	<p><b>Reparative or conversion therapy:</b> A range of pseudo- scientific treatments that attempt to change a person’s sexual orientation from homo- to heterosexual.</p> <p><b>Mental Health Care for People Who Identify as Lesbian, Gay, Bisexual, Transgender and (or) Queer</b> Albina Veltman, MD, FRCPC; Gary Chaimowitz, MB, ChB, FRCPC  <i>A position paper developed by the Canadian Psychiatric Association’s Standing Committee on Professional Standards and Practice and approved by the CPA’s Board of Directors on April 22, 2014.</i>  <a href="https://www.cpa-apc.org/wp-content/uploads/LGBTQQ-2014-55-web-FIN-EN.pdf">https://www.cpa-apc.org/wp-content/uploads/LGBTQQ-2014-55-web-FIN-EN.pdf</a></p>
<b>American Psychological Association</b>	<p><i>Sexual orientation conversion therapy</i> refers to counseling and psychotherapy that attempt to eliminate individuals’ sexual desires for members of their own sex.</p> <p><b>A Primer for Principals, Educators and School Personnel, Just the Facts about Sexual Orientation and Youth,</b> <a href="https://www.apa.org/pi/LGBTQ/resources/just-the-facts">https://www.apa.org/pi/LGBTQ/resources/just-the-facts</a></p>
<b>Canadian Psychological Association</b>	<p>Conversion therapy, or reparative therapy, refers to any formal therapeutic attempt to change the sexual orientation of bisexual, gay and lesbian individuals to heterosexual (e.g., Nicolosi, 1991; Socarides &amp; Kaufman, 1994). It can include psychotherapy or religious rites, modification of behaviours, and individual or group counselling (Bright, 2004; Nicolosi, 1991).</p>

	<p><b>CPA Policy Statement on Conversion/Reparative Therapy for Sexual Orientation</b>  <a href="https://cpa.ca/docs/File/Position/SOGII%20Policy%20Statement%20-%20LGB%20Conversion%20Therapy%20FINALAPPROVED2015.pdf">https://cpa.ca/docs/File/Position/SOGII%20Policy%20Statement%20-%20LGB%20Conversion%20Therapy%20FINALAPPROVED2015.pdf</a></p>
<b>American Academy of Pediatrics</b>	<p>Therapy directed at specifically changing sexual orientation is contraindicated, as it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.</p> <p><b>American Academy of Pediatrics, <i>Homosexuality and Adolescence</i>, 92 <i>Pediatrics</i> (1993), available at <a href="http://pediatrics.aappublications.org/content/92/4/631.full">http://pediatrics.aappublications.org/content/92/4/631.full</a></b></p>
<b>Canadian Pediatric Society:</b>	<p>Conversion or reparative therapy, where attempts are made to turn gay males or lesbians into heterosexuals, are clearly unethical and should not be provided by physicians, nor should physicians refer patients for such therapy.</p> <p><b>Adolescent sexual orientation: Position Statement</b>  <a href="https://academic.oup.com/pch/article/13/7/619/2639171">https://academic.oup.com/pch/article/13/7/619/2639171</a></p>
<b>American Academy of Child and Adolescent Psychiatry</b>	<p>The American Academy of Child and Adolescent Psychiatry finds no evidence to support the application of any “therapeutic intervention” operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such “conversion therapies” (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, “conversion therapies” should not be part of any behavioral health treatment of children and adolescents.</p> <p><i>The AACAP Policy on “Conversion Therapies” (2018), available at <a href="https://www.aacap.org/aacap/policy_statements/2018/Conversion_Therapies">https://www.aacap.org/aacap/policy_statements/2018/Conversion_Therapies</a></i></p>
<b>American Psychoanalytic Association</b>	<p>As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice.</p> <p>Psychoanalytic technique does not encompass purposeful attempts to ‘convert,’ ‘repair,’ change or shift an individual’s sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes.</p>

	<p><i>Position Statement on Attempts to Change Sexual Orientation, Gender Identity, Gender Expression (2012), available at <a href="http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender">http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender</a>.</i></p>
<p><b>American School Counselor Association</b></p>	<p>The professional school counselor works with all students through the stages of identity development and understands this may be more difficult for LGBTQ youth. It is not the role of the professional school counselor to attempt to change a student's sexual orientation or gender identity. Professional school counselors do not support efforts by licensed mental health professionals to change a student's sexual orientation or gender as these practices have been proven ineffective and harmful (APA, 2009).</p> <p><i>The Professional School Counselor and LGBTQ Youth (2014), available at <a href="http://www.schoolcounselor.org/school-counselors-members/about-asca-%281%29/position-statements">http://www.schoolcounselor.org/school-counselors-members/about-asca-%281%29/position-statements</a>.</i></p>
<p><b>Community-Based Research Centre</b></p>	<p>The more commonly used term of “conversion therapy” (also known as “reparative therapy”) is any form of treatment which attempts to actively change someone's sexual orientation, gender identity or gender expression. This involves organized sustained efforts.</p> <p><b>Conversion Therapy &amp; SOGIECE</b>  <a href="https://www.cbrc.net/conversion_therapy_sogiece">https://www.cbrc.net/conversion_therapy_sogiece</a></p>
<p><b>City of Saskatoon</b></p>	<p>“Conversion Therapy” means the following when used for the purpose of changing a person's sexual orientation, gender identity or gender expression, or for the purpose of repressing or reducing non-heterosexual attraction or sexual behaviour:</p> <ul style="list-style-type: none"> <li>. (a) the offering or provision of counselling or behaviour modification techniques;</li> <li>. (b) any other purported treatment, service, practice or the offering or sale of goods;</li> </ul>

## Appendix 2: Methodological Issues with Conversion Therapy Studies

Conversion Therapy Study	Methodology
<p><b><i>Under the Lens of the Investegaytors: Sex Now Survey 2011</i></b>, Page 2-3            Community-Based Research Centre  <a href="https://www.cbrc.net/under_the_lens_of_the_investigaytors_sex_now_2011">https://www.cbrc.net/under_the_lens_of_the_investigaytors_sex_now_2011</a></p>	<p>This research group is the main source for the data presented to city councils in Alberta. Unfortunately, the research it presents cannot represent a complete picture of Canadian experience on conversion therapy because of its flawed methodology. The researchers claim to want to look at the effect of conversion therapy on Canadians but then only survey those active in the gay community, at bars, on gay websites and as part of gay organizations. But if conversion therapy is used by those who do not want to identify with or be part of the gay community, then those individuals would be hard to capture in the data. Worse, those who would be happy with the results of their “conversion therapy” counselling, would be completely left out of their research. This means their research should not form the basis of any bylaw.</p> <p>Though these are the 2011 numbers, current documents they use still cite this data. Though they are in the process of collecting new data for 2020, there is no sign that they have changed their sample collection methodology. For example, I only saw this study because of the research I am doing for this report. Groups with people who have had positive experiences with conversion therapy or people who no longer identify as LGBTQ, are not directly contacted for their survey.</p> <p>“Our next challenge, and what became a big component of our weekly Investigators’ meetings, was our outreach strategy and work to recruit survey participants. We each took on different regions of Canada and began connecting with different gay groups, organizations, sports teams, gay clubs and bars, sub-communities, and other various gay networks within those regions—to reach as many gay men as possible. We also worked on advertising our survey through online sites and social media...”</p> <p>Travis Salway describes their methodology for this study this way: “Participants were recruited from an array of online community venues including dating and sex-seeking websites,</p>

	<p>social media, community organization newsletters, a database of previous study participants, and word of mouth.”<sup>12</sup></p> <p>He goes on to admit that the research could not capture a large segment of men exposed to conversion therapy.</p> <p>“We estimate that 3.5% of sexual minority men in Canada have been exposed to SOCE at some time in their life. Assume that 4% of the population are sexual minorities this estimate corresponds to approximately 20,000 Canadian sexual minority men. <b><i>The burden of exposure is in fact much larger because our survey excluded sexual minority men who do not frequent sexual minority websites or community channels and therefore are not part of the sampling frame for the study as well as sexual minority women.</i></b> {Emphasis mine}”<sup>13</sup></p> <p>Rather than recognizing that this lack of representation would completely skew their data, especially since they are supposed to be testing the efficacy of “conversion therapy,” the researchers double down.</p>
<p><b>Protecting Canadian sexual and gender minorities from harmful sexual orientation and gender identity change efforts</b></p> <p><i>A brief submitted to the Standing Committee on Health for the Committee’s study of LGBTQQ2 Health in Canada</i></p> <p><b>Travis Salway</b>, PhD Postdoctoral Research Fellow, School of Population and Public Health University of British Columbia travis.salway@bccdc.ca 604-707-2567</p>	<p>Salway and the CRBC are the source of the estimation that there are 20,000 sexual minority men in Canada who have undergone any kind of conversion therapy known as SOGICE (a term that includes both conversion therapy and any behavioural modification counselling). But by interviewing only self-identified LGBTQ individuals, he of course could not capture the thoughts of those who have left the community or who do not want to identify as LGBTQ. He even acknowledges this flaw in his research but makes it worse. He extrapolates from the reactions of those in the community and assumes that those who have not been surveyed would feel the same. He does not even consider that those who did go through “conversion therapy” and are happy with the results, would give different answers and would not be represented in his study.</p> <p>“We believe that 4% is an underestimate of the prevalence of SOGICE exposure for the following reasons. First, in the <i>Sex Now</i> study, 30% of those exposed to SOGICE had attempted suicide;</p>

<sup>12</sup> Salway, Travis et. al, *Prevalence of Exposure to Sexual Orientation Change Efforts and Associated Sociodemographic Characteristics and Psychosocial Health Outcomes among Canadian Sexual Minority Men*, **Canadian Journal of Psychiatry**, p3, <https://journals.sagepub.com/doi/pdf/10.1177/0706743720902629>.

<sup>13</sup> Ibid, p5.



<p><a href="https://www.ourcommons.ca/Content/Committee/421/HESA/Brief/BR10447600/brief-external/SalwayTravis-2-e.pdf">https://www.ourcommons.ca/Content/Committee/421/HESA/Brief/BR10447600/brief-external/SalwayTravis-2-e.pdf</a></p>	<p>assuming this association extends to suicide deaths, many individuals who were exposed to SOGICE and subsequently died by suicide are unfortunately missing from the survey sample. <b><i>Second, interviews with SOGICE survivors suggest that many SOGICE survivors remain reluctant to participate in LGBTQQ2-branded spaces or events or even identify as a sexual minority; thus, SOGICE survivors are less likely than the average sexual minority individual to be recruited into the study (which relies upon sexual minority community organizations, websites, social media channels to recruit participants, and sexual minority identification).</i></b>” [Emphasis mine]</p>
<p><b><i>LGBTQ Action Plan: Improving the Lives of Lesbian, Gay, Bisexual and Transgender People</i></b>, Government Equities Office, UK  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBTQ-Action-Plan.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBTQ-Action-Plan.pdf</a></p>	<p>This study only surveyed those who identified with the LGBTQ community. Anyone who chose not to identify with the LGBTQ community and has gone through conversion therapy, and benefited from it, would not have been surveyed.</p> <p><b>“In July 2017, the Government launched a national survey of LGBTQ people.</b> The survey was open to anyone who identified as having a minority sexual orientation, gender identity or had variations in sex characteristics. It asked questions about people’s experiences of living in the UK and in accessing public services. We asked questions about education, healthcare, personal safety and employment.”</p> <p>In producing the study, the government also reiterated their support for non-coercive counselling:</p> <p><b>“We will bring forward proposals to end the practice of conversion therapy in the UK.</b> These activities are wrong, and we are not willing to let them continue...Our intent is protect people who are vulnerable to harm or violence, whether that occurs in a medical, commercial or faith-based context. <b><i>We are not trying to prevent LGBTQ people from seeking legitimate medical support or spiritual support from their faith leader in the exploration of their sexual orientation or gender identity.</i></b>” [Emphasis added]</p>
<p><b><i>Conversion Therapy and LGBTQ Youth Update</i></b>: Brief, UCLA School of Law, Williams Institute Study, June 2019, <a href="https://williamsinstitute.law.ucla.edu/wp-">https://williamsinstitute.law.ucla.edu/wp-</a></p>	<p>In the footnotes of this study, the researchers explained that only those who identified as LGBTQ were offered the survey on conversion therapy. It did not ask if the respondent had same-sex sexual attractions. This means only those who have embraced an LGBTQ identity and who would naturally be opposed to conversion therapy, would be surveyed. Anyone who claims that</p>

<p>content/uploads/Conversion-Therapy-Update-Jun-2019.pdf</p>	<p>conversion therapy reduced or eliminated their same-sex or transgender feelings(the very claim of conversion therapists), or who refuse to identify with the LGBTQ community, would not be captured in this survey:</p> <p><b>“About the Generations Study.</b> <i>Generations</i> participants were recruited by Gallup, Inc., a survey research consulting company (<a href="http://www.gallup.com/">http://www.gallup.com/</a>) using the Gallup Daily Tracking Survey as initial contact. <i>Generations</i> baseline participants were screened and enrolled in the study between March 28, 2016 – March 30, 2017. The Daily Tracking Survey is a telephone interview of a national probability sample of 1,000 adults ages 18 and older that is conducted daily (350 days a year) to inquire about topics including the respondents’ politics, economics and general well-being...</p> <p>The <i>Generations</i> study used a 2-step recruitment procedure. In the first step, utilizing a question asked of all Gallup respondents, all LGBTQ individuals were identified. The Gallup question to assess sexual orientation and gender identity asked by the phone interviewer is, “I have one final question we are asking only for statistical purposes. Do you, personally, identify as lesbian, gay, bisexual, or transgender?”</p> <p>In the second step, Gallup respondents who were identified as LGBTQ were assessed for eligibility for participation in the <i>Generations</i> study and those eligible were invited to participate in <i>Generations</i>. Respondents were eligible if they identified as LGB (and not transgender) in response to a <i>Generations</i> question that asked if they were <i>lesbian, gay, bisexual, queer, or same-gender loving</i>, if they were in the age and race/ethnicity groups targeted for the 3 cohorts under investigation in <i>Generations</i>: ages 18-25, 34–41, or 52–59; Black, Latino, or White; completed 6<sup>th</sup> grade at least, and if they spoke English well enough to conduct the phone interview in English. Transgender respondents were recruited into a contemporary TransPop study...”</p> <p><a href="https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-Update-Jun-2019.pdf">https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-Update-Jun-2019.pdf</a></p>
<p><b>Parent-Initiated Sexual Orientation Change Efforts With LGBTQ Adolescents:</b></p>	<p>This small study purports to show the harm LGBTQ youth face when their parents force them to undergo conversion therapy. But even friendly responses pointed out a flaw in the research.</p>

<p><b><i>Implications for Young Adult Mental Health and Adjustment</i></b>, Caitlin Ryan , PhD, Russell B. Toomey , PhD, Rafael M. Diaz , PhD &amp; Stephen T. Russell , PhD, Pages 159-173   Published online: 07 Nov 2018,</p> <p><a href="https://www.tandfonline.com/doi/full/10.1080/00918369.2018.1538407">https://www.tandfonline.com/doi/full/10.1080/00918369.2018.1538407</a></p>	<p>In response to this study, Dr. Jack Turban, who also researches LGBTQ issues and opposes conversion therapy, points out the flaw in the study’s methodology in a footnote to his review of the study:</p> <p>“The study has some limitations, which are further described in the manuscript. Notably, the authors recruited only people who identified as LGBTQ at the time of the study. The study would not have included people who identified as LGB during adolescence but not at the time of the study. Regardless, however, the study shows that there is a sizable number of people exposed to sexual orientation conversion therapy who then suffer poor mental health outcomes and that these mental health outcomes are worse than LGB young adults who are not exposed to conversion efforts.”</p> <p><a href="https://www.psychologytoday.com/us/blog/political-minds/201811/gay-conversion-therapy-associated-suicide-risk">https://www.psychologytoday.com/us/blog/political-minds/201811/gay-conversion-therapy-associated-suicide-risk</a></p>
<p><b><i>Psychological Attempts to Change a Person’s Gender Identity From Transgender to Cisgender: Estimated Prevalence Across US States, 2015</i></b>, Jack L. Turban, Page 26, <a href="https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305237">https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305237</a></p>	<p>Dr. Jack Turban surveyed self-identified transgendered individuals but admitted the flaw in only surveying them when studying the effects of conversion therapy:</p> <p>“With those considerations in mind, outreach efforts were focused on addressing potential demographic disparities in our final sample that could result from online bias and other issues relating to limited access. Although the intention was to recruit a sample that was as representative as possible of transgender people in the U.S., it is important to note that respondents in this study were not randomly sampled <b><i>and the actual population characteristics of transgender people in the U.S. are not known. Therefore, it is not appropriate to generalize the findings in this study to all transgender people.</i></b> [Emphasis added]</p> <p>An initial phase of outreach involved developing lists of active transgender, LGBTQQ, and allied organizations who served transgender people and would eventually support the survey by spreading the word through multiple communication platforms and in some cases providing direct access to the survey at their offices or facilities. Establishing this network of “supporting organizations” was an essential component of reaching a wide,</p>

	diverse sample of transgender people.”
<p><b><i>Changing Sexual Orientation: A Consumers’ Report, Professional Psychology, Research and Practice</i></b>, 2002, Shidlo, Ariel and Michael Schroeder, sponsored by the National Lesbian and Gay Health Association and the National Gay and Lesbian Task Force</p>	<p>In contrast to the research cited, these researchers were able to find participants from gay and lesbian AND non-gay press and reached out to both gay and ex-gay organizations, including a national professional association of conversion therapists. Some participants even joined the study based on the recommendation of “conversion” therapists. Because they were able to capture a wider set of experiences, Drs. Ariel Shidlo and Michael Schroeder, admitted that they had to change the name of their study when they started doing interviews. <b>“After the first 20 interviews, we discovered that some participants reported having been helped as well as harmed. Consequently, we broadened the inquiry and changed the project name [from <i>Homophobic Therapies: Documenting the Damage</i>] to a more inclusive one: <i>Changing Sexual Orientation: A Consumers’ Report</i>”<sup>14</sup> [Emphasis added]</b></p>

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<sup>14</sup> Shidlo, Ariel and Michael Schroeder, *Changing Sexual Orientation: A Consumers’ Report*, Professional Psychology, Research and Practice, 2002, p 251.

### **Appendix 3: Responses to Arguments by “Conversion Therapy” Ban Proponents**

The following are responses to the common arguments used to justify a broadly defined, “conversion therapy” ban:

#### **1. Conversion therapy studies show that it harms participants.**

The studies in Canada that look at the effectiveness of “conversion therapy” are based on incomplete data. In fact, researchers openly admit they only seek participants from gay organizations, bars, dating sites and other outlets in the gay community. If a therapy purports to change one’s sexual orientation from gay to straight, then anyone who has been helped with that therapy would not be surveyed using this methodology.

Moreover, all the respondents to these surveys would not be sympathetic to conversion therapy since they identify as LGBTQ and do not want to change their sexual identity. Only those harmed by it or who are strongly opposed to it would be surveyed. This does not negate the negative experiences cited by the researchers but it does show that a more comprehensive study needs to be done before it becomes the foundation for any legislation.

#### **2. “Conversion therapy” is fraudulent because it doesn’t work.**

This argument assumes that people who seek conversion therapy would only see success if their sexual identity or orientation changes. Some people claim that it does but more often than not, the counselling participants receive, helps them simply to reduce unwanted attractions or helps them avoid sexual behaviour they do not want to indulge in. This could include pornography, lust or sexual activity. Sometimes the counselling simply helps encourage them to remain celibate and to keep the faith. Proponents of the ban point to various health organizations that say that “conversion therapy” does not work to change *sexual orientation*. However, none of these organizations say that good, healthy counselling cannot help patients change unwanted *behaviour*.

#### **3. The proposed conversion therapy ban would only target businesses.**

The proposed Saskatoon bylaw specifically defines non-profit organizations as businesses in order for the municipality to be able to govern their activities. When an organization or individual benefits through fees or payments for its services, such as receiving a speaking honorarium or getting paid a salary, or receiving a donation, that would qualify as a business transaction.

#### **4. The proposed conversion therapy ban would not target churches and religious groups.**

Since non-profit organizations are classified as businesses for the purpose of the bylaw, then all religious charities, including churches and other religious institutions, would qualify as businesses. Churches pay staff to counsel, preach and serve their communities. This payment would then qualify as a “business transaction” that the municipality has a right to adjudicate according to this bylaw.

## **5. The proposed conversion therapy ban does not go after religious beliefs about sexuality.**

The wording of the proposed Saskatoon bylaw prevents consenting patients from accessing counseling of their choice. All faiths have moral rules about how and when sexual behaviour can be practised. Most teach that it should only occur within opposite-sex marriage. Since the bylaw classifies churches and other religious institutions as businesses, this means City Council now can adjudicate what sexual behaviour limits a religious institution can teach. For example, a pastor who is paid an honorarium could not preach from parts of the Bible that explicitly forbid sexual behaviour outside of an opposite-sex marriage without it being defined as “conversion therapy.”

Criminal laws or at the very least, professional standards of healthcare unions, are already in place against torture, coercive counselling and forcible confinement. A federal criminal law has also been proposed. This means any municipal law is redundant unless it aims to ban something other than behaviour that is already a criminal act. In this case, it seems to be that the ban would target the beliefs and practices of those who uphold the view that sexuality should be saved for opposite-sex marriage.

## **6. The proposed conversion therapy ban would not require bylaw officers to investigate prayer.**

The conversion therapy ban targets any practice, treatment or service used to modify or reduce sexual behaviour. This would include prayer. The phrase, “pray the gay away” is used pejoratively to describe faith-based prayers for those with unwanted same-sex attractions or gender confusion. Proponents of the ban, like Dr. Kris Wells, have openly called for bylaw officers to investigate prayers at churches and other religious services.

## **7. The proposed conversion therapy ban would not target conversations between consenting adults.**

Unless the ban is modified to explicitly mention coercive or non-consensual practices, there is no provision for protecting conversations between a counsellor and a consenting patient, of any age. In fact, attempts to add a “consent” clause have been removed in various drafts of municipal bylaws in Alberta.

## **8. The proposed conversion therapy ban helps transgender youth.**

The ban makes an exemption for a youth, of any age, to get counselling and support to transition from their biological sex. However, no support is allowed under this bylaw for that same child if she chooses to transition back. In other words, a cisgender person can get support to transition but a transgender person cannot get support to de-transition.

**9. Churches and other religious groups cannot use their religion to justify torture and coercive counselling. Courts have ruled that “conversion therapy” bans are a legitimate restriction on religious freedoms.**

No one who opposes the ban has argued that their religious beliefs justify torture or coercion. However, the rights of LGBTQ Canadians to receive the counselling of their choice must be protected. The proposed Saskatoon bylaw directly discriminates against LGBTQ Canadians, even those not seeking conversion therapy, as it would prevent them from accessing counseling of their choice. They would not be able to get counselling to help them stop using porn or to avoid sexual addictions, if it involved same-sex behaviour. Courts have not adjudicated on the rights of LGBTQ Canadians to choose not to identify with the LGBTQ community or to modify their same-sex behaviour.

**10. The proposed conversion therapy ban promotes a safe and welcoming society for all.**

The current wording of the bylaw prevents Canadians from accessing services available to others simply because of their faith and sexual orientation, thus making them feel unsafe and unwelcome.

## Appendix 4 (Updated): Existing Laws

Municipal governments are asked to pass laws against “conversion therapy” to ban heinous practices such as torture or electro-shock therapy. However, these practices are already illegal and are covered by other jurisdictions.

<p><b>Abuse</b></p>	<p>Different provinces have their own laws concerning family violence, which includes physical and emotional abuse.</p> <p><a href="https://www.justice.gc.ca/eng/cj-jp/fv-vf/laws-lois.html">https://www.justice.gc.ca/eng/cj-jp/fv-vf/laws-lois.html</a></p>
<p><b>Assault</b></p>	<p><b>Criminal Code of Canada:</b></p> <ul style="list-style-type: none"> <li>• <b>265 (1)</b> A person commits an assault when <ul style="list-style-type: none"> <li>○ <b>(a)</b> without the consent of another person, he applies force intentionally to that other person, directly or indirectly;</li> <li>○ <b>(b)</b> he attempts or threatens, by an act or a gesture, to apply force to another person, if he has, or causes that other person to believe on reasonable grounds that he has, present ability to effect his purpose; or</li> <li>○ <b>(c)</b> while openly wearing or carrying a weapon or an imitation thereof, he accosts or impedes another person or begs.</li> </ul> </li> <li>• <b>Marginal note: Application</b></li> </ul> <p><b>(2)</b> This section applies to all forms of assault, including sexual assault, sexual assault with a weapon, threats to a third party or causing bodily harm and aggravated sexual assault.</p> <p><a href="https://laws-lois.justice.gc.ca/eng/acts/c-46/section-265.html">https://laws-lois.justice.gc.ca/eng/acts/c-46/section-265.html</a></p>
<p><b>Coercive counseling</b></p>	<p>The Canadian Psychological Association has clear ethical standards about coercion in their <i>Canadian Code of Ethics for Psychologists</i> (2017, Fourth Edition) they state:</p> <p>In adhering to the Principle of Respect for the Dignity of Persons and Peoples, psychologists would:</p>



	<p><b>Freedom of consent</b></p> <p>I.27 Take all reasonable steps to ensure that consent is not given under conditions of coercion, undue pressure, or undue reward. (Also see Standard III.29.)</p> <p>I.28 Not proceed with any research activity, if consent is given under any condition of coercion, undue pressure, or undue reward. (Also see Standard III.29.)</p> <p>I.29 Take all reasonable steps to confirm or re-establish freedom of consent, if consent for service is given under conditions of duress or conditions of extreme need.</p> <p>I.30 Respect the moral right of individuals and groups (e.g., couples, families, organizations, communities, peoples) to discontinue participation or service at any time, and be responsive to non-verbal indications of a desire to discontinue if the individuals or groups involved have difficulty with verbally communicating such a desire (e.g., young children, individuals with language disabilities) or, due to culture, are unlikely to communicate such a desire orally.</p> <p><a href="https://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf">https://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf</a></p>
<p><b>Forcible Confinement</b></p>	<p><b>Criminal Code of Canada</b></p> <p><b>Kidnapping</b></p> <ul style="list-style-type: none"> <li>• <b>279 (1)</b> Every person commits an offence who kidnaps a person with intent <ul style="list-style-type: none"> <li>○ <b>(a)</b> to cause the person to be confined or imprisoned against the person’s will;</li> <li>○ <b>(b)</b> to cause the person to be unlawfully sent or transported out of Canada against the person’s will; or</li> <li>○ <b>(c)</b> to hold the person for ransom or to service against the person’s will.</li> </ul> </li> </ul> <p><a href="https://laws-lois.justice.gc.ca/eng/acts/c-46/section-279.html">https://laws-lois.justice.gc.ca/eng/acts/c-46/section-279.html</a></p>
<p><b>Torture</b></p>	<p><b>Criminal Code of Canada</b></p> <p><b>Torture</b></p>

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|--|---|
|  | <ul style="list-style-type: none"><li>• <b>269.1 (1)</b> Every official, or every person acting at the instigation of or with the consent or acquiescence of an official, who inflicts torture on any other person is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years.</li></ul> |
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<https://laws-lois.justice.gc.ca/eng/acts/C-46/section-269.1.html>