Stakeholder submission to the Universal Periodic Review (UPR) regarding the rights of the child in Canada

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Introduction

1. Our Duty Canada (ODC) submits the following Universal Periodic Review Stakeholder Report to the United Nations Human Rights Council. ODC is a non-partisan organization of parents and citizens with the common goal to protect children from high-risk, non-evidence-based medical interventions associated with gender affirming care. We inform and support parents, work toward increasing public knowledge and pressure our social, medical and political systems into conducting themselves from an evidence-based perspective.
2. The goal of this submission is to encourage the Canadian government to take concrete steps to improve the protection of children's rights, pursuant to its obligations as a signatory to the United Nations Convention on the Rights of the Child (UNCRC).

Definitions

3. Children: age 18 and younger per the UNCRC.
4. Transgender: relating to individuals experiencing incongruence between their subjective psychological experience and their sex.
5. Gender dysphoria (DSM-5-TR 302.85): clinically significant distress or impairment in individuals experiencing incongruence between their subjective psychological experience and their sex.
6. Social transition: includes changing one's name, pronouns, clothing, appearance, and using compression garments for breasts and male genitalia to express incongruence with one's sex.
7. Puberty blockers: gonadotropin-releasing hormone (GnRH) agonists, drugs such as Lupron and Trelstar that prevent the onset of puberty. In males, they cause the testicles to stop producing testosterone. In females, they cause the ovaries to stop producing estrogen and progesterone.

8. Cross-sex hormones: synthetic feminizing hormones used in males, and synthetic masculinizing hormones used in females.
9. Gender affirming surgery: includes double mastectomy and phalloplasty in females; breast implants, facial feminization, vaginoplasty in males; and other emerging procedures.
10. Gender affirming therapy: a therapeutic stance that focuses on unquestioningly affirming a child's self-selected gender identity regardless of his or her age.
11. Detransitioner: an individual who previously identified as transgender and received cross-sex hormones or gender affirming surgery, but discontinued these interventions and no longer identifies as transgender.

Background

12. Canada, like many countries in the Western world, has seen a significant increase in children identifying as transgender.[1] While ten years ago there were only a handful of gender clinics, today there are over 400 in North America, many established specifically for children.[2]
13. Canada has taken several measures to make affirming transgender healthcare widely available, but this has resulted in a failure to protect the rights of children under the UNCRC, specifically their right to protection "from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse"[3] and "the right of the child to the enjoyment of the highest attainable standard of health."[4]
14. The most concerning of these measures is the widespread North American trend for healthcare professionals to accept and

[1] Canadian Gender Report (2021) 10x growth in referrals to gender clinics in Canada and our "consent" based model.
[2] The Gender Mapping Project (2023) https://www.gendermapper.org/name-and-shame-doctors.
[3] UNCRC, Article 19 United Nations Convention on the Rights of the Child.
[4] UNCRC, Article 24.

exclusively use the “gender affirming care” model for transgender and gender dysphoric children. This model promotes gender affirming therapy, puberty blockers, cross-sex hormones and gender affirming surgeries as primary interventions.[5]

15. Gender affirming care is recommended by the World Professional Association for Transgender Health (WPATH), but its efficacy is under debate.[6] WPATH’s guidelines have been widely endorsed and disseminated to Canadian medical and mental health care bodies through, for example, the Canadian Medical Association Journal.[7] WPATH, however, has no rating with the ECRI[8] (Emergency Care Research Institute) TRUST (Transparency and Rigor Using Standards of Trustworthiness) Scorecard, a mechanism that rates the quality of guidelines, based on evidence strength and the measures taken to reduce bias in recommendations. WPATH standards are not based on established science.
16. Recent high-quality reviews of both WPATH’s and the Endocrine Society’s guidelines have concluded that: (1) there is weak evidence, no evidence, or mixed evidence to support the efficacy of puberty blockers, cross-sex hormones, and gender affirming surgeries in improving the mental health of children, and (2) the long-term health risks of these treatments in children have not yet been studied, while studies of their effects on adults have shown high risks of physical and psychological harm.[9]
17. Despite these alarming conclusions, gender affirming care continues to be forcefully advocated, excluding other safer, more developmentally appropriate methods of treatment that focus on

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[5] Rainbow Health Ontario, Gender affirming options for gender independent children and adolescents.
[6] Jiska Ristori, Thomas D. Steensma, 28:1, 13-20 (2016) Gender dysphoria in childhood, International Review of Psychiatry.
[7] Bonifacio et al., CMAJ (2019) Management of gender dysphoria in adolescents in primary care.
[8] Ecri.org ECRI Guidelines Trust®.
[9] Cecilia Dhejne, Paul Lichtenstein, Marcus Boman, Anna L. V. Johansson, Niklas Langstrom, Mikael Landen (2011) Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden.

each individual child's needs,[10] even though it is recognized that "The clinical presentation of children who present with gender identity issues can be highly variable; the psychosexual development and future psychosexual outcome can be unclear, and consensus about the best clinical practice is currently under debate."[11]

18. Some healthcare professionals report feeling "under pressure to adopt the affirmation approach, and that is at odds with the standard process of clinical assessment and diagnosis that they have been trained to undertake in all other clinical encounters."[12] Susan Bradley, a Canadian child psychiatrist formerly with the Child and Adolescent Gender Identity Clinic at the Centre for Addiction and Mental Health (CAMH), former chief of psychiatry at Hospital for Sick Children, and former head of child and adolescent psychiatry at the University of Toronto has recently come forward to voice serious concerns. Bradley warns that the care of transgender and gender dysphoric children "has evolved into an ideological movement to normalize the practice of changing genders — and in the process is crossing ethical lines with a particularly vulnerable subset of young people struggling with issues of gender identity."[13]

19. In Canada, the pressure to provide gender affirming care intensified with the passing of Bill C-4 in 2021. This amendment to Canada's Criminal Code, due in large part to an activist-led petition,[14] expands the definition of "conversion therapy" to include "any practice, service or treatment designed to change a person's gender identity to cisgender, or gender expression to match the sex assigned at birth, or designed to repress or reduce gender

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[10] D'Angelo, R., Syrulnik, E., Ayad, S. *et al*, *Arch Sex Behav* 50, 7–16 (2021) One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria.
[11] Ristori J, Steensma TD (2016) Gender dysphoria in childhood: International Review of Psychiatry.
[12] Jennifer Block; British Medical Journal (2023) Gender dysphoria in young people is rising—and so is professional disagreement.
[13] Susan Bradley; National Post (2023) How trans activists are unethically influencing autistic children to change genders.
[14] Change.org, Public Petition (2021) Petition · End Conversion Therapy in Canada.

expression that does not match the sex assigned at birth."[15] Some argue Bill C-4 was expedited for political reasons and without an understanding of its potential impact on the treatment of transgender or gender dysphoric children.[16]

20. Specifically, because "conversion therapy" is ill-defined in Bill C-4, there is concern that it will be used to criminalize a range of potentially helpful treatment approaches by qualified professionals treating transgender or gender dysphoric children, despite the lack of consensus about best practices in these cases. Bill C-4 was made possible by a preceding amendment to the Canadian Human Rights Act, Bill C-16, which received Royal Assent in 2017. Bill C-16 added "gender identity and expression" to the list of grounds for discrimination and sparked national debate about gender, pronoun use and free speech.[17]

Risks from Off-label Drugs and Invasive Surgeries

21. It is imperative to highlight that administering puberty blockers and cross-sex hormones to transgender or gender dysphoric children constitutes **off-label use** of these drugs. The Canadian Paediatric Society (CPS) recognizes that off-label drug prescribing for children is "associated with significant risk, including adverse reactions and efficacy concerns."[18] The CPS also highlights that the percentage of off-label medications used in pediatrics in Canada is notably high, and that our country has fallen behind other nations in regard to safe and effective medication use in children.[19]

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[15] Government of Canada (2021) Bill C-4: An Act to amend the Criminal Code (conversion therapy).
[16] Ryan Tumilty, National Post (2021) Conservatives fast-tracked conversion therapy bill to avoid a fight they would surely lose.
[17] Canadian Legislative Summary of Bill C16 (2017) Legislative Summary of Bill C16.
[18] Charlotte Moore Hepburn, MD, Andrea Gilpin, PhD MBA, Julie Autmizguine, MD MSc, Avram Denburg, MD PhD, L Lee Dupuis, R.Ph. MScPhm PhD,et al, *Paediatrics & Child Health*, Volume 24, Issue 5, August 2019, p. 333–335. (2019) Improving paediatric medications: A prescription for Canadian children and youth.
[19] Ibid.

22. Though children may be diagnosed with gender dysphoria, this is not required to access gender affirming care: a self-selected gender identity is sufficient. WPATH and the Endocrine Society promote gender affirming care as safe, reversible and based on solid evidence; however these claims are now being called into question.
23. Several reviews have recently been conducted of the WPATH and Endocrine Society guidelines. One of these was conducted by the Canadian Agency for Drugs and Technologies in Health (CADTH), an independent, not-for-profit organization responsible for providing health care decision-makers with objective evidence to help make informed decisions about the optimal use of health technologies, including drugs. After reviewing the WPATH guidelines,[20] CADTH concluded that the "quality of this guideline was limited due to a lack of sufficient details provided for the methods used in searching for evidence and formulating the recommendations". It also found that the "guideline did not report the strength of recommendations or the quality of the evidence" and that there is "uncertainty associated with this low-quality guideline and its recommendations should be interpreted with caution."[21]
24. Another investigative report, whose findings were published in the British Medical Journal (BMJ)[22] in February 2023, also underscores serious problems with the above mentioned guidelines. It concludes, for example, that the Endocrine Society guidelines paired strong recommendation with weak evidence and "didn't look at the effect of the interventions on gender dysphoria itself, arguably 'the most important outcome.'" The report also highlights that "WPATH's recommendations lack a grading system to indicate the quality of the evidence" and that, while trustworthy

[20] Canada's Drug and Health Technologies (2022) About CADTH.
[21] Chen, Loshak H, Chen S, Loshak H., Canadian Agency for Drugs and Technologies in Health, Ottawa (ON) (2020) Primary Care Initiated Gender-Affirming Therapy for Gender Dysphoria: A Review of Evidence Based Guidelines.
[22] Ibid.

guidelines and transparency with commissioned systematic reviews is standard, “neither was made clear in the WPATH guidelines and [there are] several instances in which the strength of evidence presented to justify a recommendation was ‘at odds with what their own systematic reviewers found’.”[23]

25. The Editor-in-Chief of the BMJ, Dr. Kamran Abbasi, subsequently published an editorial on gender affirming care. He describes the BMJ´s “longstanding and leading position in acknowledging the limits of evidence and advocating against overdiagnosis and overtreatment—even when the state of the science disagrees with individual preferences.” He then cautions that, although medical societies and associations inform clinical practice, in the case of the WPATH guidelines, “closer inspection of that guidance finds that the strength of clinical recommendations is not in line with the strength of the evidence.”[24] Moreover, he notes that when an evidence base is weak or under debate, “[o]ther factors need to be weighed up, such as how invasive is the intervention you are recommending.”

26. The invasiveness of puberty blockers, cross-sex hormones and gender affirming surgeries cannot be overstated. The risk of harm to children is documented,[25] significant, and largely irreversible. Known risks include genital atrophy and histological changes to gonads;[26] diminished bone mineral density;[27] shrinkage of the hippocampus and gray matter structures of the brain;[28,29] significant increases in strokes, venous thromboembolic events, and heart

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[23] Ibid.
[24] BMJ, 380, p553 (2023) Caring for young people with gender dysphoria.
[25] Zitner, Macdonald-Laurier Institute (2022) Gender dysphoria in children: Risking harm from well-intentioned parents and doctors.
[26] Cheng PJ, Pastuszak AW, Myers JB, Goodwin IA, Hotaling JM, Transl Androl Urol, (3): 209-218.(2019) Fertility concerns of the transgender patient.
[27] Delgado-Ruiz R, Swanson P, Romanos G, J Clin Med, 1;8(6):784 Systematic Review of the Long-Term Effects of Transgender Hormone Therapy on Bone Markers and Bone Mineral Density and Their Potential Effects in Implant Therapy.
[28] Seiger R, et al, 74:371-379, (2016) Subcortical gray matter changes in transgender subjects after long-term cross-sex hormone administration. Psychoneuroendocrinology.
[29] Ibid.

attacks;[30,31] sterilization and loss of sexual desire and function;[32] vaginal atrophy and pain; inability to orgasm; and uterine atrophy.[33] These latter effects are comparable to those of female genital mutilation practices, procedures that alter or injure female genitalia for non-medical reasons,[34] for which the United Nations General Assembly rightfully adopted a Resolution to ban Worldwide on December 20, 2012.[35]

27. Off-label use of drugs with these known risks, without strong evidence of their benefits, is a flagrant violation of a child's right to protection from injury and negligent treatment, and his or her right to enjoy the highest attainable standard of health. Transgender or gender dysphoric children in Canada are hastily being given prescriptions for puberty blockers, cross-sex hormones, and surgical interventions including bilateral mastectomies and the surgical removal or manipulation of their genitals without supporting evidence of safety or efficacy.[36]

28. The risks and unknown efficacy of gender affirming care have recently led other progressive Western countries to restrict or ban the use of puberty blockers, cross-sex hormones and gender affirming surgeries for transgender or gender dysphoric children. Sweden's National Board of Health and Welfare determined in 2022 that the risks of these treatments "currently outweigh the

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[30] Getahun D, Nash R, Flanders WD, Baird TC, Becerra-Culqui TA, Cromwell L, Hunkeler E, Lash TL, Millman A, Quinn VP, Robinson B, Roblin D, Silverberg MJ, Safer J, Slovis J, Tangpricha V, Goodman M, Ann Intern Med, 169(4):205-213, (2018) Cross-sex Hormones and Acute Cardiovascular Events in Transgender Persons: A Cohort Study.

[31] Nienke M. Nota, Chantal M. Wiepjes, Christel J.M. de Blok, Louis J.G. Gooren, Baudewijntje P.C. Kreukels and Martin den Heijer, (2019) Occurrence of Acute Cardiovascular Events in Transgender Individuals Receiving Hormone Therapy.

[32] Michael Biggs, Journal of Sex & Marital Therapy, (2022) The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence.

[33] J. Cohn, Journal of Sex & Marital Therapy (2022) Some Limitations of "Challenges in the Care of Transgender and Gender-Diverse Youth: An Endocrinologist's View".

[34] United Nations International Day of The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence, Journal of Sex & Marital Therapy Zero Tolerance for Female Genital Mutilation.

[35] United Nations Women United Nations bans female genital mutilation.

[36] Jonathan Bradley, The Western Standard, (2022) Ontario hospital allows children to take puberty blockers before first assessment.

possible benefits" for children.[37] Likewise, medical authorities in Finland, France, the United Kingdom, Belgium, and several states in the USA are discouraging or banning gender affirming care for children and are instead encouraging psychotherapy with a focus on each individual child's specific needs in their professional guidelines.[38,39,40] A systematic review of the Gender Development Identity Service at the Tavistock Clinic in the United Kingdom (Cass Review)[41] has also recently questioned the evidence behind invasive interventions for transgender or gender dysphoric children, and is now advocating for appropriate psychological care instead.[42]

29. Predictably, the loose protocols of gender affirming care have led to a steady rise in detransitioners in Canada. Individuals who received gender affirming care that did not provide long term benefits are beginning to speak out.[43,44] Detransitioners face medical and mental health struggles without the social, medical or financial support that was readily available to them while they were receiving gender affirming care.[45] Although Canada's public media is reluctant to report on detransitioners, we submit that their numbers are high[46] and will continue to rise in step with the drastic increase in children receiving gender affirming care.[47] American physician and researcher Lisa Littman recently published a peer

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[37] Society for Evidence Based Gender Medicine, segm.org (2022) Summary of Key Recommendations from the Swedish National Board of Health and Welfare (Socialstyrelsen/NBHW).
[38] Finland,Council for Choices in Health Care (2020) Medical treatment methods for gender dysphoria in non-binary adults.
[39] French National Academy of Medicine (2022) Medicine and gender transidentity in children and adolescents.
[40] Lauwke Vandendriessche Pano, VRT News (2023) Fierce debate about puberty inhibitors and male/female hormones: "What you are doing is an experiment on children".
[41] British National Health Services, Cass Review: Independent Review of Gender Identity Services for Children and Young People (2023) Interim report – Cass Review.
[42] Cooke, The Guardian (2021) Tavistock trust whistleblower David Bell: 'I believed I was doing the right thing'.
[43] Adrian Humphreys, National Post (2023) Ontario detransitioner who had breasts and womb removed sues doctors.
[44] Lovett, Independent (2022) Tavistock gender clinic facing legal action over 'failure of care' claims | The Independent.
[45] Reddit.com, u/DetransIS The r/detrans demographic survey - Screened and broken down.
[46] Reddit.com r/detrans | Detransition Subreddit.
[47] Mia Ashton, The Post Millennial (2022) Rate of detransition among 'trans' youth higher than activists claim.

reviewed study which found: over 40% of detransitioners reported that online influence encouraged them to believe transitioning would help them; 60% eventually became more comfortable identifying as their natal sex; 49% had concerns about potential medical complications from transitioning; and 38% came to the view that their gender dysphoria was caused by something specific such as trauma, abuse, or a mental health condition.[48]

Comorbidities and Suicide Risk

30. Canada's current focus on gender affirming care excludes other safer, more developmentally appropriate interventions like psychotherapy and the assessment, diagnosis and treatment of common comorbid mental health conditions (comorbidities) in transgender or gender dysphoric children[49]. This further undermines the rights of the child to protection from negligent treatment and to the enjoyment of the highest attainable standard of health, given that studies show that, over time, many children overcome their feelings of incongruence with their sex.
31. Qualified and competent professionals are being discouraged from using their skills, training and best judgment, as well as abiding by their oath to "First Do No Harm," and are instead being directed toward fast-tracked gender affirming care. Some of these professionals object to this pressure and assert that "[t]o the extent that psychological treatments can help an individual obtain relief from gender dysphoria without undergoing body-altering interventions, ensuring access to these treatments is not only ethical and prudent but also essential."[50]
32. In Canada there is an overrepresentation of transgender and gender dysphoric children with comorbidities including Autism,

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[48] Littman, L, *Arch Sex Behav* 50, 3353–3369 (2021) Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners.
[49] Devita Singh, Susan J. Bradley, Kenneth J. Zucker Frontier in Psychiatry, (2021) A Follow-Up Study of Boys With Gender Identity Disorder.
[50] Ibid.

ADHD, anxiety and depression, along with overrepresentations of children who are indigenous, in foster care or who are likely to be homosexual as adults.[51] The one-size-fits-all approach of gender affirming care fails to meet these children's unique needs. However, mental and medical health professionals risk their livelihoods and licenses if they attempt to provide psychotherapy to this cohort of children before proceeding with gender affirming care.

Lack of Evidence for Informed Consent and Exclusion of Parents from Decision-Making

33. Informed consent involves an adequate explanation of the nature of a proposed treatment and its anticipated outcome, as well as the risks involved and alternatives available.[52] According to Levine et al., "ethical concerns about inadequate informed consent for trans-identified youth have several potentially problematic sources, including erroneous assumptions held by professionals; poor quality of the evaluation process; and incomplete and inaccurate information that the patients and family members are given."[53] When long-term effects for children are unknown and the efficacy of the use of off-label drugs and experimental surgeries is in question, neither children nor their parents are able to provide informed consent.[54]
34. Informed consent is further undermined by the deliberate exclusion of parents from the decision-making process. Recent amendments to Canada's Human Rights Act to include "gender identity" as a grounds for discrimination are being used by schools

[51] Varun Warrier, David M. Greenberg, Elizabeth Weir, Clara Buckingham, Paula Smith, Meng-Chuan Lai, Carrie Allison, Simon Baron-Cohen (2020) Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals.
[52] The Canadian Medical Protective Association (CPMA) Consent: A guide for Canadian physicians.
[53] Stephen P. Lavine, E. Abbruzzese, Julia W. Mason (2022) Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults.
[54] Ibid.

to allow children's self-identification of gender[55] and implement policies that allow social transitioning of children without parents' knowledge or consent.[56] This violates the UNCRC, which underscores the importance of parents' rights and involvement in decision-making in the best interests of their child.[57] It is widely accepted that the "limited maturational cognitive capacities of minors are the key reason why parents serve as the ethical and legal surrogates for medical decision-making, tasked with signing an informed consent document."[58]

35. The false claim that transgender or gender dysphoric children will commit suicide[59] if they do not receive immediate gender affirming care negatively interferes with informed consent. This misrepresented suicide risk statistic for transgender or gender dysphoric children stems from the RaRE Research Project conducted in the United Kingdom in 2018.[60] The study's own lead author made a public statement[61] cautioning against misrepresentation of the study's findings. Moreover, the reviews of WPATH's recommendations also conclude that it is "impossible to draw conclusions about the effects of hormone therapy" on death by suicide.[62] Misrepresentation of suicide risk to transgender and gender dysphoric children is unethical– suicide is not caused by just one factor.[63]

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[55] Barbara Findlay, Q.C.,Glen Hansman, BCTF President; UBC Teacher Ed (Video) (2017) The Legal and Professional Landscape: Sexuality and Gender Identity in Schools.
[56] Tom Blackwell, National Post (2023); Canadian schools aid student gender transitions without family consent.
[57] UNCRC, Article 5.
[58] Grootens-Wiegers, P., Hein, I.M., van den Broek, J.M. et al, BMC Pediatr 17, 120 (2017) Medical decision-making in children and adolescents: developmental and neuroscientific aspects.
[59] Ibid.
[60] Nuno Nodin, Elizabeth Peel, Allan Tyler and Ian Rivers, PACE, (2017) LGBT Mental Health-Risk and Resiliency Explored.
[61] TransgenderTrend.com, Suicide Facts and Myths - Transgender Trend.
[62] *BMJ*, 380, p. 553 (2023) Caring for young people with gender dysphoria.
[63] The Center for Disease Control andPrevention (2022) Risk and Protective Factors | Suicide | CDC.

Recommendations

1. Remove “gender identity” and “gender expression” from Canada’s Criminal Code or, minimally, define “conversion therapy” to ensure that appropriate therapy is available to children, including the assessment and treatment of comorbidities and support for all aspects of children’s mental health and development.
2. Commission independent studies on the processes followed by gender affirming medical and mental health bodies in Canada, as the British and Swedish governments have done.
3. Commission independent studies and systematic reviews to understand the long-term impacts of gender affirming care on children.
4. Prohibit gender affirming drugs and surgeries for children in Canada until they are proven safe, and until it is determined that their benefits outweigh their potential long-term harm to transgender or gender dysphoric children.
5. Revisit the addition of “gender identity and expression” to the Canadian Human Rights Act, as it has been broadly interpreted and recklessly used to prevent children from receiving the care they need for comorbid mental health conditions.