

**Response to call for input to a thematic report: gender, sexual orientation**

**and gender identity**

[United Nations Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity]

From

**Campaign Life Coalition**

Campaign Life Coalition is a Canadian non-governmental organization  engaged in political action and advocacy, with the purpose of seeking legal and cultural change in fostering greater respect and  protection of human life and the natural family.

We understand the various subjects of discourse presented in the Rapporteur’s call for input are most often, in the public square, seen as being unchallengeable and without room for [conscientious objections](https://nationalpost.com/news/world/the-new-taboo-more-people-regret-sex-change-and-want-to-detransition-surgeon-says). Therefore, it is with this understanding that we seek to add our diverse thoughts and beliefs to this discussion.

The inclusion of Comprehensive Sexuality Education, Gender Ideology, and Sustainable Development in the framework of the call for input, are presented as if these  concepts are solidified and widely acceptable in International Law. This isn’t that reality, however.  Numerous UN Member States continually oppose these terms and concepts, and as such, “gender identity” has never been included in any binding international agreements.

With regards to Comprehensive Sexuality Education, for the sake of protecting our children and adolescents, it should not include, nor refer to, anal sex which is a [17 times more risky per sexual act](https://www.researchgate.net/publication/312099415_Contribution_of_Anal_Sex_to_HIV_Prevalence_Among_Heterosexuals_A_Modeling_Analysis) than vaginal sex is for heterosexuals, nor should it suggest other forms of high risk sexual behaviours. A study by [Susan D. Cochran](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093261/), PhD, MS, reveals anal sex amongst males carries a 3.6 times higher risk of mortality while a study by [Dr. Preeti Pathela,](https://pubmed.ncbi.nlm.nih.gov/21857351/) PhD, MPH displayed a 140 times higher risk of both HIV infections and syphilis contracted due to anal sex between males. The desire to remove stigma for young gay males through the normalization of anal sex in comprehensive sexuality education places these impressionable individuals in a vulnerable situation. Comprehensive sexuality education in its current state lends itself to the structure-base of the violence and harm listed in peer-reviewed literature. Same-sex attractions, relationships, and behavioursshould neither  be normalized nor promoted, research suggeststhat the vast majority of adolescents, without coercion, go on to live a heterosexual lifestyle, both in their frame of mind and in their corresponding actions.

With respect to the promotion and teaching of gender identity, which is normalized through comprehensive sexuality education, certain academics, institutions, falsely suggest  that adolescents who experience gender dysphoria are being subjected to “conversion therapy”. This is simply a red-herring, aimed at distracting from the true anti-science, and anti-child therapy which is being promoted globally today: hormone therapies via puberty blockers. This “treatment”  prohibits children from experiencing healthy human process of puberty, and instead, children are now encouraged to have their healthy bodies mutilated and sterilized through cross-sex hormones in order to “identify” with their present inclinations. Research has shown that the vast majority of gender dysphoric children will grow to accept their birth sex by the time they reach adulthood. The devastating fact remains, however, that those who have been walked down the path described above, are rarely told that these procedures, drugs or hormones will alter the lives indefinitely, that their human experience will be forever changed,and that, once again, they will most-likely accept their birth sex by the time they are in their late teens.

The UN’s Convention on the Rights of the Child protects the numerous rights of mothers, fathers, and their children, regardless of sex, gender identity, or sexual orientation. Campaign Life Coalition believes that every individual possesses dignity and inalienable rights. As such, we are gravely concerned of the diminishment of girls’ rights vis a vis gender ideology. Previously, girls in Canada have experienced safe and equal treatment in all institutions. Now however, with transwomen (biological males who identify as female), girls are now being forced to share private spaces, bathrooms, and girls’ only spaces with Transwomen. Children  who are being taught the fluidity gender identity are experiencing an erosion of their rights. No longer can girls compete freely in girls sports; now they must share the soccer pitch (for example) with men, and experience diminishment. Women’s achievements are now being lessened. Girls are being taught in some classrooms in Canada that there is no such thing as a girl. Women are effectively being erased.

In the Special Rapporteur’s examination of impediments to the flourishing of SOGI in state institutions, we recognize how this could lead to an international push to influence and install what individuals, groups and many UN Member States continue to face and call out as an imposition of radical, minority, sexual ideologies that target the fabric of nations by diminishing and/or attacking the fundamental family, the rights of mothers and fathers and the innocence and vulnerability of children.

Campaign Life Coalition rejects comprehensive sexuality education’s drive by local and international actors to impose flawed gender identity and sexual orientation concepts that fail to stand when faced with thorough examination. The ideals and ideologies included in SOGI, and other forms of comprehensive sexuality education, places children and adolescents at unnecessary risk of blocking their physical, mental, emotional and spiritual well being and development while infringing on the rights of mothers and fathers to have an active role in their child’s education.

The predetermined, concrete connection made between discrimination based upon sexual orientation and identity and/or objecting viewpoints surrounding Gender Theory and their definition as being “discrimination” or “violence” cannot stand as this is an ideological predetermination and not a solidified scientific standpoint or a viewpoint in which stems from unanimous consensus which paints the entirety of the global population in one stroke instead of taking into consideration the various values and beliefs which are represented by the global community.

The foundational aspects of the call for input displays an assumption that sexual orientation and gender identity are immutable experiences and identities, this clearly contradicts peer-reviewed medical studies which are steadily revealing the instability and inconsistency of these traits most especially amongst women and youth. With regards to youth, Savin-Williams and Ream stated in *Prevalence and Stability of Sexual Orientation Components*, their seminal 2007 study that, "Researchers readily acknowledge the existence of such sexual groups (‘gay youth’) with little evidence that these individuals will be in the same group a month, a year, or a decade henceforth. Evidence to support sexual orientation stability among non-heterosexuals is surprisingly meager." Evidence continues to grow since the publication of this study, not surrounding the stability of orientation but for its fluidity. Lisa Diamond (*Sexual  Fluidity*) states:

The existing body of international research assessing sexual attractions, behaviors, and identities among representative samples of adolescents and adults shows that sexual orientation is not a static and categorical trait. Rather, same-sex sexuality shows substantial fluidity in both men and women, and this fluidity takes a number of forms.

At present, there are no long-term, quantitative studies on the rates of change in de-transition amongst adults nor in gender identity, there is, however, concrete information on sexual orientation and emerging literature on gender dysphoria and gender identity.

**SEXUAL ORIENTATION:**

• **Stewart 2019, *Developmental Patterns of Sexual Identity***

https://www.sciencedirect.com/science/article/pii/S0140197119301745

In a population-based longitudinal annual study of adolescents over three years, “Results  revealed 26% of girls and 11% of boys reported fluidity in identity and 31% of girls and 10% of  boys reported fluidity in attractions. At each time point, up to 20% of girls and 6% of boys  reported a sexual minority identity label with concurrent same-sex attraction.”

• **Berona 2018, *Trajectories of Sexual Orientation from Adolescence to Young Adulthood*** https://www.ncbi.nlm.nih.gov/pubmed/30060858

In a longitudinal cohort of girls, the authors found that 63.2% reported at least one change in  sexual orientation over eight years, from ages 14 to 22.The girls categorized by the researchers  as lesbians averaged three orientation changes in that time.

• **Diamond 2017 *Stability of Sexual Attractions Across Different Timescales*** https://link.springer.com/article/10.1007/s10508-016-0860-x

Retrospectively, “the majority of the nonheterosexual respondents had undergone multiple  changes in sexual identity: 82% of the lesbian/bisexual women and 78% of the gay/bisexual  men reported having switched their sexual identity label at least once *after* having first  adopted a nonheterosexual identity, and 45% of women and 34% of men reported two or  more identity changes.” Significant day-to-day fluidity, especially among women, was also  reported.

• **Katz-Wise 2015, *Sexual Fluidity in Young Adult Women and Men***

https://psycnet.apa.org/record/2017-01123-003

“Sexual fluidity in attractions was reported for 64% of women and 52% of men, with 49% of  women and 36% of men reporting subsequent sexual fluidity in sexual identity. Furthermore,  23% of women and 22% of men experienced more than one change in attractions.”  • **Everett 2015, *Sexual Orientation Identity Change***

https://journals.sagepub.com/doi/full/10.1177/0022146514568349

In a population-based longitudinal study in young adults, “twelve percent of the total sample  reported a different sexual orientation identity between Waves 3 and 4,” a span of seven  years.

• **Dickson 2013, *Stability and Change in Same-Sex Attraction, Experience, and Identity*** https://www.ncbi.nlm.nih.gov/pubmed/23430085

In a New Zealand cohort of young adults, “among the men, any change in sexual attraction  was reported by 4.2, 3.3, and 2.9 % in the age periods 21–26, 26–32, and 32–38 years,  respectively; the comparable proportions for the women were 16.1, 16.3, and 11.8 %.”

• **Ott 2011, *Stability and Change in Self-Reported Sexual Orientation Identity in Young People*** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3081371/

In a longitudinal cohort study, the authors found significant sexual orientation fluidity in both  males and females in both adolescence and young adulthood.

• **Savin-Williams & Ream 2007, *Prevalence and Stability of Sexual Orientation Components*** https://www.ncbi.nlm.nih.gov/pubmed/17195103

In a large, population-based longitudinal study of adolescents, the authors found that 87.7%  of bisexual males, 88.7% of bisexual females, 71.6% of homosexual males, and 76.8% of  homosexual females moved from same-sex sexual behavior to completely heterosexual  behavior within 6 years. Changes in same-sex identity were roughly similar.  For confirmation of this data see Fish 2017: https://link.springer.com/article/10.1007/s10508- 017-0993-6.

Research surrounding gender dysphoria in children confirms that the majority of children with gender dysphoria in their adolescents cease to experience it when they exit adolescence. Thomas Steensma summed up ([Desisting and Persisting](https://pubmed.ncbi.nlm.nih.gov/21216800/)) that gender dysphoria desists in adolescence saying, “Although the persistence rates differed between the various studies (2% to 27%), the result unequivocally showed that the gender dysphoria remitted after puberty in the vast majority of children.” According to Steensma’s study, the average desisting to persisting of children with gender dysphoria is 84.2% which reveals the fluidity of gender dysphoria and identity in adolescence.

**GENDER IDENTITY:**

• **Singh 2012, *A Follow-Up Study of Boys with Gender Identity Disorder***

https://images.nymag.com/images/2/daily/2016/01/SINGH-DISSERTATION.pdf This Canadian dissertation, cited in the broader literature, found that of 139 males, 87.8%  desisted from gender dysphoria over an average of a 13 year period.

• **Drummond 2008, *A Follow-Up Study of Girls with Gender Identity Disorder*** https://www.researchgate.net/publication/5657572\_A\_Follow

Up\_Study\_of\_Girls\_With\_Gender\_Identity\_Disorder

This Canadian study of 25 females found 88% desistence over an average of a 12 year period. • **Wallien & Cohen-Kettenis 2008, *Psychosexual Outcome of Gender-Dysphoric Children*** https://www.researchgate.net/publication/23449293\_Psychosexual\_Outcome\_of\_Gender Dysphoric\_Children

This Dutch study found 73% desistence in a mixed-sex group of 77 over an average of a 10  year period.

• **Zucker & Bradley 1995, *Gender Identity Disorder and Psychosexual Problems in Children  and Adolescents***

https://www.amazon.com/Identity-Disorder-Psychosexual-Adolescents

Hardcover/dp/B00ZT0C7WU/ref=sr\_1\_1?keywords=zucker+bradley&qid=1584793813&sr=8-1 The Canadian study findings reported in this book were 80% desistence of a group of 77  males over an average of an 8 year period.

• **Green 1987, *The “Sissy Boy Syndrome” and the Development of Homosexuality*** https://www.amazon.com/Sissy-Boy-Syndrome-Development

Homosexuality/dp/0300036965/ref=sr\_1\_1?keywords=green+sissy+boys&qid=1584793922&rni d=2941120011&s=books&sr=1-1

In the only prospective longitudinal study ever done on persistence of gender dysphoria,  Green found 98% desistence in a group of 44 males from the United States.

Campaign Life Coalition calls on the independent expert to:
 -      Value ideological and cultural values and beliefs of the global community.

* Recognize the rates of children and adolescents who outgrow the gender identity of their youth.

* Focus on achieving consensus and striving toward the protection of sex-based rights instead of LGBT ideology.

* Shift priorities to help value global and local differences in beliefs.

* Recognize the rights of mothers and fathers and guardians to raise their children according to their values and beliefs without the intrusion of the State through their children’s classrooms.

* Be the conduit in which encourages building bridges of common ground between opposing ideological groups by encouraging authentic equality and diversity.