TRANSADVOCATE

#DiscoSexology Part III: The Report Controversy

By Cristan Williams

Published January 27, 2017 | Updated March 31, 2026
https://www.transadvocate.com/part-iii-the-report-controversy-the-rise-and-fall-of-discosexology-dr-zucker-camh-conversion-therapy_n_19672.htm

Abstract

By Cristan Williams Upon completion of this series, this work will be released, in its entirety, as both an audio and ebook. Installment Preface Welcome to the third installment in this series on the rise and fall of Disco Sexology. This article focuses on the rhetoric Disco Sexology activists propagated as a response to the CAMH announcement [...]

Article

By Cristan Williams

Listen to this article

Upon completion of this series, this work will be released, in its entirety, as both an audio and ebook.

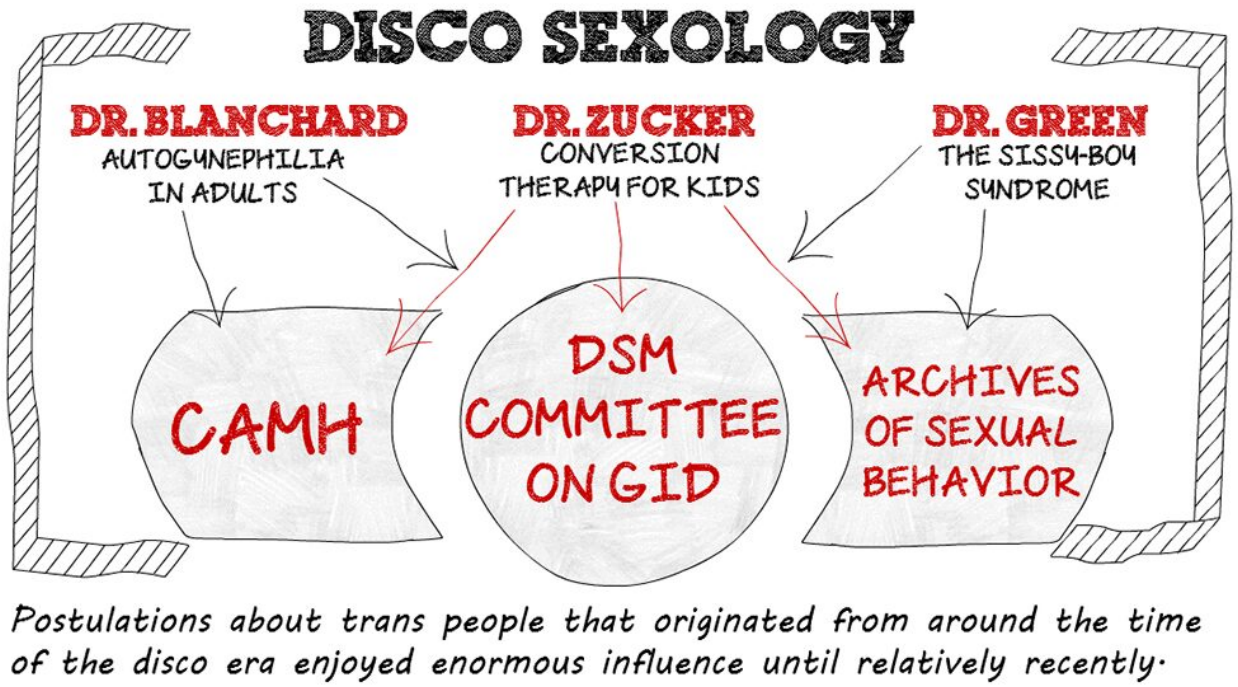


Figure 1. disco

Figure 2. div

Installment Preface

Welcome to the third installment in this series on the rise and fall of Disco Sexology. This article focuses on the rhetoric Disco Sexology activists propagated as a response to the CAMH announcement that it would bring programmatic standards into alignment with contemporary best practices.

With the recent enthusiastic promotion of disco-era ideas about trans people and gender identity in general, the TransAdvocate felt that it would be important to release a comprehensive review of these ideas. In this series that will feature the tag #DiscoSexology, the TransAdvocate will review the fomentation of these gender postulations into an axiomatic body of circular logic, how this circular logic was and continues to be vigorously promoted and defended, regardless of the cost to it research subjects: children and even infants. Moreover, this series will trace the rise and fall of the Centre for Addiction and Mental Health (CAMH) gender program as envisioned by Disco Sexologists, featuring full-length interviews with the clinical director of CAMH and a long-term survivor of Dr. Zucker's specialized treatment. Other interviews include:

- An interview with a Radical Feminist pioneer in affirmative care for trans people.
- An interview with the co-author of the SAMHSA's repudiation of reparative therapy and co-founder of Gender Infinity.
- An interview with the author of the groundbreaking book, The Last Time I Wore A Dress: A Memoir.

- An interview with a sexologist who dared question the gender postulations of Dr. Money and paid the price.

Along the way, this article will provide first-hand accounts of a presentation in which Drs. Zucker and Green presented back-to-back arguments against laws banning conversion therapy, as well as a comprehensive review of the uncritical media exposure disco-era gender ontology currently enjoys.

Five Pieces of Jargon

Throughout this article, I use certain jargon to conceptualize #DiscoSexology in a way that reveals rather than obscures some truths about its nature. Therefore, I've included this short review of the five concepts I use in this series:

- Opinion Leader: A group or individual that has the power to shape wider opinions.
- Ontology: Should one say, "think outside the box!" ontology is the box. In this article, "ontology" refers to institutionalized postulations concerning what it means to be trans.
- Power-Knowledge: Power created by and conferred through a knowledge-base/ontology.
- Governmentality: State-level power to modulate conduct using power-knowledge.
- Iatrogenic: Harm inadvertently caused by medical or psychological treatment.

Note: A review of terms used within trans discourse is located here.

Figure 3. div5

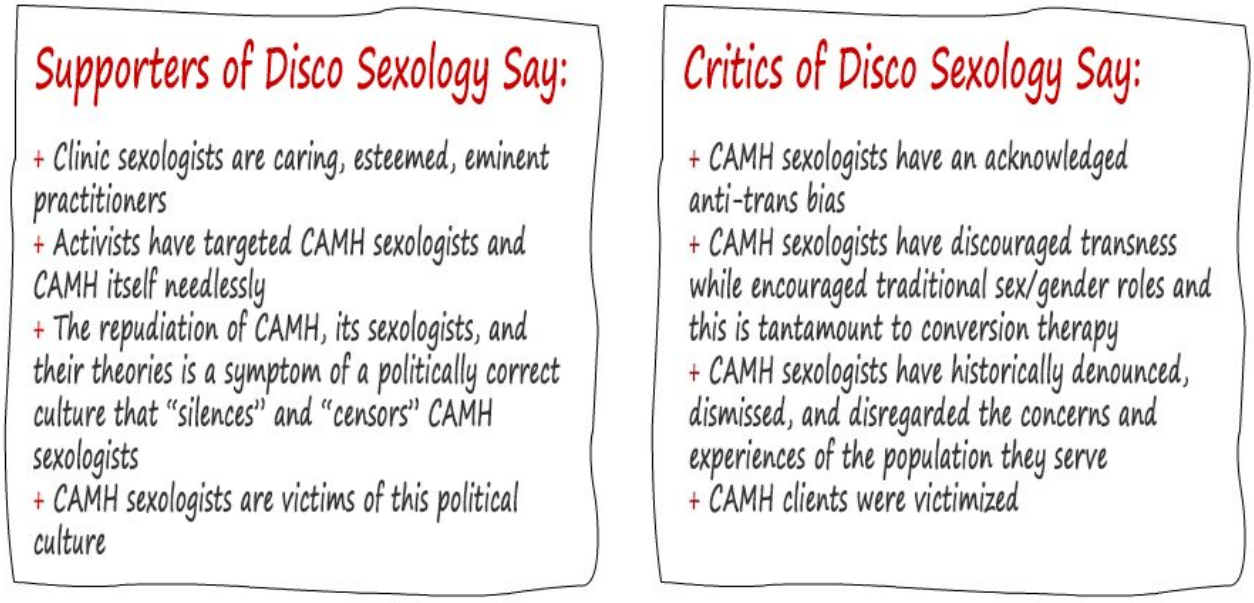


Figure 4. DSsupvscrit

After an effort to outlaw conversion therapy in Canada brought the Child Youth and Family Gender

Identity Clinic at Toronto's Centre for Addiction and Mental Health (CAMH) practices under scrutiny, it was announced that CAMH would conduct an independent review of their program. The review was conducted by an independent 3rd party and consisted of a random sampling of client files, interviews with CAMH clients and care providers alike, and reviewing and comparing CAMH practices against contemporary best practice standards. In March 2015, a Canadian news outlet published the following:

Criticism of CAMH and the doctor in charge of the youth gender identity service -- Dr. Kenneth Zucker -- has been building online. At the heart of the issue is what's called "conversion therapy" or "reparative therapy:" designed to stop people from being gay or transgender... CAMH's own guidelines say it should not offer this kind of therapy, McKenzie said. His own opinion is that it should be illegal in Ontario. "That is not supposed to be the aim of the clinic," he said.

[...]

However, Zucker has written about his own views, and they've been reported in mainstream news in Canada and the U.S.

In a 2008 paper, he wrote about the best practices he has developed at CAMH's clinic, and how he believes it is both ethical and possible to direct a young child's gender identity to match their biological sex... In an interview with the National Post published this year, Zucker indicated his therapy would prevent children from growing up to be transgender.

"You are lowering the odds that as such a kid gets older, he or she will move into adolescence feeling so uncomfortable about their gender identity that they think that it would be better to live as the other gender and require treatment with hormones and sex-reassignment surgery," he said.

Upon learning that Zucker had said that, McKenzie told Metro: "That's not what we're supposed to be doing."

Please reinstate Dr. Kenneth Zucker for the sake of the children he serves.

- Michelle A Cretella, President of the American College of Pediatricians, a Southern Poverty Law Center-designated anti-LGBT hate group

November 2015

In November 2015, CAMH released the findings of the independent report, announced that Dr. Zucker was no longer with the program, and announced that the CAMH gender program would be restructured. The report found that CAMH was insular and that its practice of encouraging its clients to not be trans was out of step with ethical clinical practices. Moreover, the report quotes Zucker himself asserting that a full 70% of the children he was treating at the gender clinic did not actually have gender dysphoria: "70% of the children we see are sub-threshold for GD."1 However, an executive summary later replaced the full report findings after it came to light that a CAMH client had misattributed one abusive comment to Zucker. CAMH issued an apology that this single misattribution was made.2 This single misattribution was seized upon by Disco Sexology activists as proof positive

that the report's findings were false, meaningless, and/or worthless, and that the report resulted in Zucker filing suit QFCQuick Fact CheckAccording to sources involved with CAMH, Zucker has not, in fact, sued the institution. against CAMH.

December 2015

After the independent report came out and it was announced that CAMH would be overhauling their gender program, the sexologist and autogynephilia-proponent Dr. Alice Dreger blasted the move as being nothing more than capitulation to the political whims of transgender activists:

A group of transgender activists has achieved a major victory--the shutting down of the Child Youth and Family Gender Identity Clinic at Toronto's Centre for Addiction and Mental Health (CAMH). Even better from their point of view, they got the head of it, psychologist Ken Zucker, fired.

The activists didn't like Zucker because he never did subscribe to the "true transgender" model of identity, wherein you simply accept what any child (no matter how young) says about his or her gender. The transgender activists who called for his ouster insisted that Zucker was doing "reparative therapy," trying to talk children out of being transgender when they "really" were [...] In other words, it's still pretty damned political. Note 1

January 2016

Professionals, some of whom run Southern Poverty Law Center-designated hate groups, frustrated with what they determined to be politically correct trans activists, joined as one voice to assert in a petition that powerful trans activists forced CAMH to fire Dr. Zucker because it furthered these activists' ideology:

We, the undersigned, are professional clinicians and academics who work in the areas of human sexuality, gender identity, and related fields. We are writing to express our dismay and disapproval of recent actions of Toronto's Centre for Addiction and Mental Health (CAMH), specifically, the closure of the Child and Adolescent Gender Identity Clinic and the apparent firing of its Clinical Lead, Kenneth J. Zucker, Ph.D. We object to these actions because they appear primarily politically motivated [... and a] close reading of the publicly available documents and their timeline points to the inescapable conclusion that the motivation of the CAMH in closing the Clinic was primarily political. In January 2015, the CAMH was approached by transgender activists with complaints about Dr. Zucker's treatment approach.

These statements were strongly supported by both conservative media personalities and anti-LGBT hate group board members. Signing in support of the petition, the Southern Poverty Law Center-designated anti-LGBT hate group, the American College of Pediatricians (ACP) board member Michael Artigues, MD, wrote, "Once a physician's hands are tied for politically correct reasons both their patients and the community at large suffer." The hate group's president, Michelle A. Cretella, MD implored CAMH to reinstate Zucker and his treatment practices saying, "Please reinstate Dr. Kenneth Zucker for the sake of the children he serves." Apparently aware of Dr. Green's Sissy Boy Syndrome study, the hate group's secretary, Patricia Lee June, MD wrote, "Most gender dysphoric children accept their chromosomal gender by the end of puberty whereas Johns Hopkins discontinued their gender reassignment program due to poor long-term psychological results QFCQuick Fact

CheckJohns Hopkins provides trans care. Specifically, the hospital officially began providing LGBT-competent care in 2013. . Dr. Zucker's work, while not 100% effective, does help many children avoid long-term psychological distress. Children should not be deprived [o]f his help." ACP's treasurer, Randolph Matthews, MD explained his support of the petition stating, "Traditional values have been proven, tried and true."

Voicing her support of the petition, the right-wing National Post political commentator and Men's Rights Activist Barbara Kay wrote, "I am distressed at this development. It seems to be entirely a matter of political correctness since, as I understand it, Dr. Zucker is considered by colleagues as ranking at the top in the world for knowledge, experience, and credibility in this field." She went on to support the type of treatment Zucker was known for saying, "It is shameful that parents struggling to help their children deal with this complicated and sensitive issue should be left to their own devices in order to satisfy gender ideologues who are unwilling to admit that 'treatment' is a perfectly legitimate way to deal with early childhood gender confusion." Others who endorsed the petition's claims included trans reparative therapy advocate, Dennis M. Sullivan, MD and anti-gay adoption activist, Joseph R Zanga, MD.

February 2016

While the report was not designed to definitively state whether CAMH was practicing reparative therapy, in keeping with standard clinical review practices, the independent investigators audited a random sample of more than 1000 client files. However, a New York Magazine article proclaimed that it was terribly concerned about the reported sampling.

There's also a striking dearth of patient or parent voices. The [Gender Identity Clinic (GIC)] assessed more than 1,350 kids and adolescents in its decades of existence, a former clinician told me -- tossing in a conservative estimate of parents, that's a pool of at least 2,600 patients and parents the reviewers could have drawn from to get firsthand accounts. Yet [the independent reviewers] Zinck and Pignatiello appear to have spoken in person with just nine or ten GIC patients or parents, total -- the in-person section of the External Review isn't written clearly enough for the number to be certain, but it's probably nine. They also corresponded with two more (only one an actual patient, we now know), for a total of 11. The seven parents Zinck and Pignatiello interviewed, as well as one teen former client, "only had positive feedback to give," though no specifics are provided in the report.

In fact, article author and autogynephilia proponent, Jesse Singal was extremely concerned over the fact that CAMH wouldn't allow Singal to review patient documents in order to "fact check" the findings of the report. Because neither "CAMH nor [the independent reviewers,] Zinck and Pignatiello responded to [Singal's] emails" requesting that the Canadian clinic give the American magazine specific patient information to "fact-check" the report, the magazine proclaimed that, "[t]here's no evidence any of these claims [against Zucker] were fact-checked."

I think these activists as you call them, from my understanding, many of them are therapists and counselors in Ontario who have been sort of first-hand witnessing some of the iatrogenic effects, some of the negative effects, of some of the approaches of your program over the

years.

- Affirming Therapist to Zucker, 2016 WPATH Symposium

June 2016

Figure 5. Dr. Zucker

On June 20, 2016, both Drs. Green and Zucker presented the case against laws protecting children from conversion therapy practices at a World Professional Association for Transgender Health (WPATH) symposium held in Amsterdam. Zucker represented to the crowd that while the Ontario ban on gender conversion therapy allows for "gender exploration," no reasonable therapist would work with children because nobody knows what such exploration looks like. Moreover, Zucker asserted that the law was crafted by "activists" to ensure that therapists would be afraid to help children explore their gender identities. Several challenged Zucker's claims after his presentation, leading to this illuminating exchange:

Zucker: Can a developmentally-informed clinician explore [with a very young] child his rigid, binary gendered constructions? Would this count as identity exploration? I think the answer is yes; however, I think that the average, well-trained, agnostic developmental clinician might be very reluctant to work on these issues with kids like this, because they'll be understandably anxious, that the interpretation of the law is quite ambiguous, and will avoid taking on such children and their families for treatment. My non-evidence based opinion is that this is exactly what the activists wanted to happen as part of a political hegemonic maneuver leading to complete control over what constitutes best practices in clinical care. Note 2

Therapist A: I do this work all the time with children and I've never once been worried about my work being conflated as conversion therapy. It's my job ethically to explore the difference between gender expression and gender identity; I do that all the time in my work without worry that this is anything like

reparative therapy. So, I would just suggest that anyone who's worried about that probably is inching their way towards trying to change the child.

Zucker: Um, Okay. I... I'm not really sure um... what your point was.

Audience Member: That's the problem

Therapist A: People who are scared of this are probably wanting to engage in reparative therapy and they can't. And that's a good thing.

Therapist B: I'm from Montreal and we've spoken several times. I think these "activists" as you call them, from my understanding, many of them are therapists and counselors in Ontario who have been sort of first-hand witnessing some of the iatrogenic effects, some of the negative effects, of some of the approaches of your program over the years. And I think that there's been a lack of communication, and I think there's been many attempts to communicate some of the concerns for probably more than a decade and I find it unfortunate that everything had to happen the way it did, but I do think that we're not talking about "activists," we're talking about counselors, we're talking about community workers that are dealing with people who [have]... internalized a lot of negative messages about their gender identity over time. And no, it's not easy to measure those iatrogenic effects -we don't have many studies- but, clinicians who side with the idea of validating and affirming gender identity have come to this over time; over starting out 20 years ago, cracking open your book, and cracking open the literature, and going, 'Okay, I'm going to try this.' and realizing that there are problems that would emerge and that we created a lot of stress and anxieties in these children. And so this polarization also comes out of clinical experience for many, many of us.

A social worker who attended the Drs. Green and Zucker presentation provided me with the following description of the Drs. Green and Zucker presentation at WPATH:

By mocking gender affirmative advocates, activists, and policymakers, misinterpreting existing laws, and invalidating community/practitioner concerns about gender identity/expression change efforts, and using examples that seemed to be a far stretch from reality, the a panelist failed to reasonably critique policies which aim to protect youth from harmful practices aiming to change a young person's gender identity or expression; these practices also based on outdated, flawed, and biased research.

Legislation that aims to protect youth from these practices, (conversion, reparative, aversion, change efforts), are products of:

1. An extensive history of pathologization and harm that trans people face from practitioners, which serve as barriers to care; and,
2. Efforts of community members/practitioners working to change outdated approaches which marginalize, disadvantage, and harm persons who experience and express gender in ways that are unexpected.

I hope that these professionals will reevaluate their practice and work harder to listen to, collaborate with, and validate the experiences of community members (who also happen to be practitioners, advocates, activists, and policymakers), especially those they have harmed. It was refreshing to witness many in attendance offer clarity about legislation, gender affirmative practice approaches, and

experiences working with clients to overcome the harm caused by professionals who use gender identity and expression change efforts in their practice.

January 2017

The BBC released a documentary titled, Transgender Kids: Who Knows Best? The film centers upon Dr. Zucker and described the documentary in the following way on the BBC website:

Increasingly, parents are encouraged to adopt a ‘gender affirmative’ approach - fully supporting their children’s change of identity. But is this approach right?

In this challenging documentary, BBC Two’s award-winning This World strand travels to Canada, where one of the world’s leading experts in childhood gender dysphoria (the condition where children are unhappy with their biological sex) lost his job for challenging the new orthodoxy that children know best. Speaking on TV for the first time since his clinic was closed, Dr Kenneth Zucker believes he is a victim of the politicisation of transgender issues.

While the executive producer of the documentary, Sam Bagnall assured the creators of the petition that, “great care has been taken to ensure that this programme meets our editorial guidelines,” the producers released commentary previews to the press resulting in mainstream media outlets reporting:

The documentary examines the approach of encouraging parents to support their children’s change of identity.

Dr. Zucker says in the film: “It is possible that kids who have a tendency to get obsessed or fixated on something may latch on to gender. Just because kids are saying something doesn’t necessarily mean you accept it, or that it’s true, or that it could be in the best interests of the child.”

He later adds: “A four-year-old might say that he’s a dog - do you go out and buy dog food?”

Figure 6. div5

Figure 7. div

Note One: Dr. Dreger and those who claim that CAMH’s care is dictated by “activists” and/or “political” culture aren’t the first to make these claims in the media, though this rhetoric was used in the past by right-wing columnists. Consider the following rhetorical hyperbole from the American right-wing journalist Margaret Wente:

Under pressure to be politically correct, we have allowed a small but noisy bunch of activists to undermine a caring and first-rate institution, and to turn the problems of emotionally troubled children into an ideological battleground. It’s time to stop, before we do more harm.

I find it interesting that right-wing operatives and "concerned" Disco Sexologist activists like Dreger employ the similar rhetoric when defending Disco Sexology.

This isn't the first The Globe and Mail characterized the restructuring of CAMH programs as being "politically correct." The last time CAMH tried to overhaul its program facility, the newspaper wrote, "The de-stigmatization effort even applies to nomenclature: There are no more 'patients,' just the more politically correct 'clients.'"

Note Two: In a reversal of what he told investigators, Dr. Zucker has taken up the position of right-wing media pundits. Consider this timeline:

June, 2015, Barbara Kay: Kay criticised a Canadian bill that bans conversion therapy. Here are three excerpts from Kay's article:

For Ontario's Bill 77, now on the cusp of passage, known as the Affirming Sexual Orientation and Gender Identity Act 2015, will ban funding for "any services rendered that seek to change or direct the sexual orientation or gender identity of a patient, including efforts to change or direct the patient's behaviour or gender expression," and will ban health professionals like Dr. Zucker from "carry[ing] out any practice that seeks to change or direct the sexual orientation or gender identity of a patient under 18 years of age."

I spoke with Dr. Susan Bradley, professor emeritus at the University of Toronto, now retired from psychiatric service at CAMH and the Sick Children's Hospital, who founded the GIS in 1975. She considers Bill 77 "disgraceful." Dr. Bradley hopes to testify to the Justice Committee today, but believes it is "a charade even having this public meeting," since "Minister of Health [Eric] Hoskins has been unresponsive to our efforts to have a discussion of the complexity of the situation."

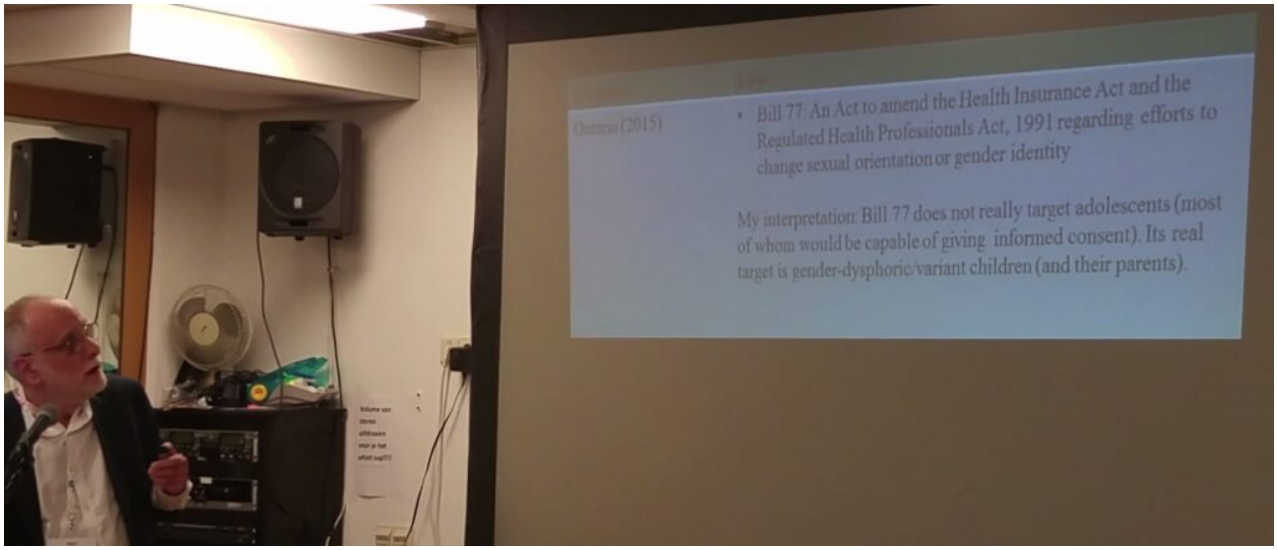
Bill 77 rewards feelings-based political activism and punishes reason-based, apolitical research. The implications of this legislation are grave. For when politicians usurp the role of mental-health professionals, taking it upon themselves to decide what is a disorder and what is not, what obviously distressing syndromes deserve to be researched and treated and what "should" not be, they are not only shortchanging those afflicted with gender dysmorphia and handicapping their anguished parents' search for help, they are effectively undermining the entire field of psychiatry. The ill-conceived and over-reaching Bill 77 sets a dangerous precedent.

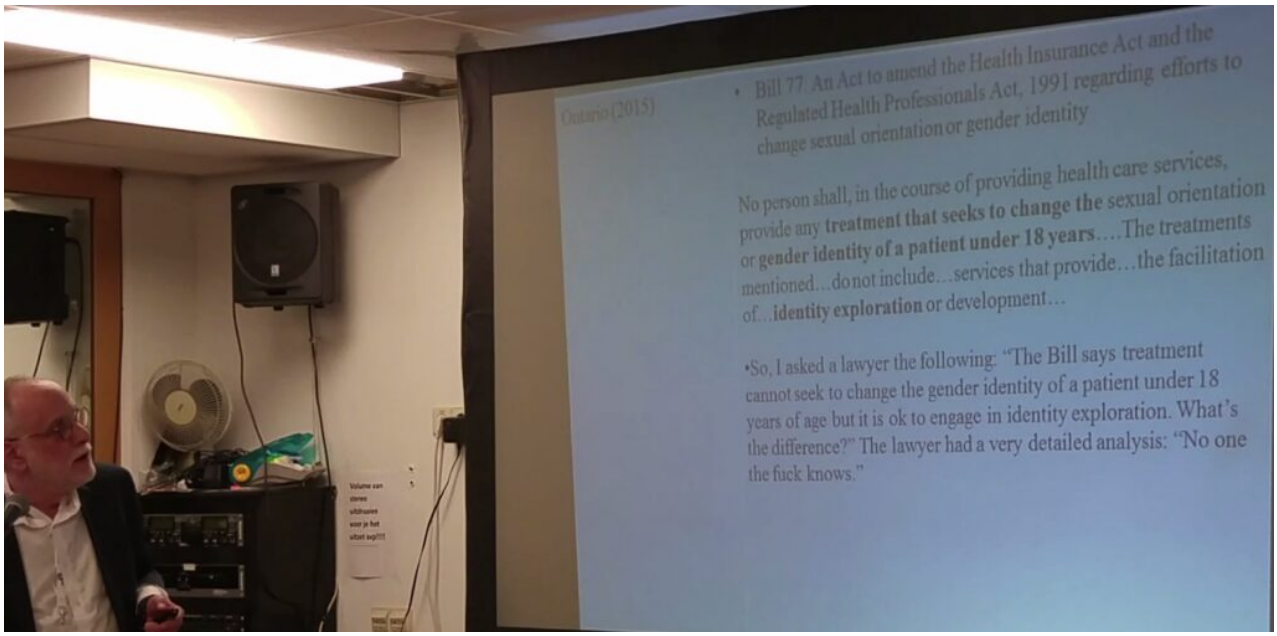
November 2015, Dr. Zucker: Contrary to what Zucker's old colleague Dr. Bradley had to say or the hyperbole Barbara Kay spread in the mainstream press, Zucker asserted that he felt that Bill 77 wouldn't impact CAMH. What follows is a quote from the independent report commissioned by CAMH; that is, the selfsame report Disco Sexologist activists have worked to undermine in the press:

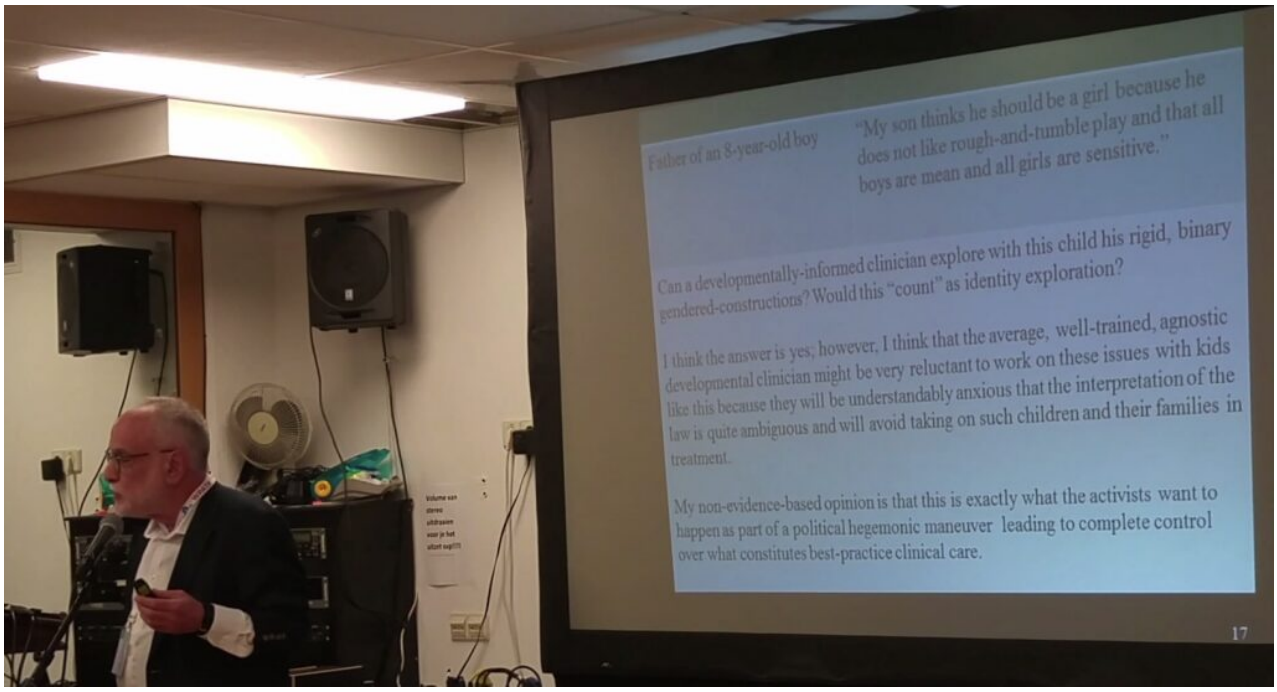
Referrals for hormone therapies are made to the above mentioned endocrinologists, who are typically have a wait time of 1-3 months. The typical age for referral for gender affirming hormones was described as 16 years, "in rare cases, 15." Approximately "two thirds of older teens with persistent gender dysphoria are referred for hormone therapy. Dr. Zucker has provided a letter of support [for surgical therapies] "on a couple of occasions over the years. Generally, patients who turn 18 are referred to the Adult Gender Identity Clinic if they so desire."

Dr. Zucker felt that the work of the GIC would not fall under Bill 77...

June 2016, Dr. Zucker: In an apparent reversal, Zucker asserts that the work that happens at gender clinics may fall under Bill 77, causing therapists to stop working with gender dysphoric kids:







1. Dr. Zucker, as quoted on page 11 of the CAMH CYF GIC Review

2. "We have been advised that it includes an erroneous statement. CAMH was recently made aware that an individual who had participated in the review process had mistakenly attributed comments to Dr. Ken Zucker which were not made by him. We regret that this statement was included in the report and apologize for the error. A formal letter of apology has been sent to Dr. Zucker. " - CAMH

Suggested citation

Cristan Williams. "#DiscoSexology Part III: The Report Controversy." TransAdvocate, January 27, 2017. https://www.transadvocate.com/part-iii-the-report-controversy-the-rise-and-fall-of-discosexology-dr-zucker-camh-conversion-therapy_n_19672.h