Transgender Trend

Questions

1 Do you have any comments on the proposal that applicants must live in their acquired gender for at least 3 months before applying for a GRC?

Yes

If yes, please outline these comments.:

Three months is a very short period of time. For an adolescent the diagnosis of gender dysphoria may be made if the young person has been experiencing these feelings for at least 6 months. If there has been any traumatic life experience preceding the desire to live as the opposite sex (for example, sexual abuse) it would take much longer than 3 months to recover and understand the impact on self identity and any coping mechanisms which may have resulted from the abuse. 3 months is equivalent to the first term at University or college, when a young person may be away from home for the first time and coping with loneliness, new freedoms and the pressure from peers to conform to current generational 'norms' of behaviour and beliefs. It takes much longer than the first term to settle down and find yourself in a new environment where young people are especially vulnerable to influence from peers. This is the case for young people of 18 years of age, and more so for an adolescent at 16 who may be starting a new college.

Young people could be rushed into making decisions about their future as they will not have to have a 2 year period to find out if gender transition is the right path for them.

There is no definition of what it means to 'live in the acquired gender' or proof required as evidence that a person has done this, so it rests entirely on the self-declaration of the person applying for a GRC that they have fulfilled an undefinable condition of application which is unenforceable.

2 Do you have any comments on the proposal that applicants must go through a period of reflection for at least 3 months before obtaining a GRC?

Yes

If yes, please outline these comments.:

A 3 month reflection period would mean that the process of obtaining a GRC for a young person would be only 6 months from start to finish. At University this means that a young person could enter the university as a girl and start the Summer term as legally a boy. This change would have an impact on young people in England and Wales who enroll at a Scottish university and therefore fulfill the criteria of being 'ordinarily resident' in Scotland.

Legal recognition as the opposite sex as a quick, easy process undermines the status of sex as an objective material reality which cannot biologically be changed,

and effectively redefines the protected characteristics ‘sex’ and ‘sexual orientation’ which are based on that biological reality. It also undermines the seriousness of the decision, which could be made when a young person is going through a difficult time and subsequently regret when they come through it.

This period of reflection is far too short – there is no requirement to discuss this with anyone, a medical practitioner or therapist, putting young people at risk with no professional support. Other mental health problems or different neurological conditions will be missed as there is no requirement for the involvement of any health professionals.

3 Should the minimum age at which a person can apply for legal gender recognition be reduced from 18 to 16?

No

If you wish, please give reasons for your view.:

16 is the age when an adolescent may begin taking cross-sex hormones, some effects of which are irreversible. Legal recognition as the opposite sex would profoundly influence an adolescent’s development and understanding of themselves, through what would effectively be legal ‘affirmation’ by the government.

‘Affirmation’ is a very recent approach towards children and young people with gender dysphoria which has become established very quickly through the lobbying of activists.

A girl may have been ‘affirmed’ as a boy by her peer group, her teachers, clinicians and other adults in a position of authority in her life. ‘Watch and wait’ is the established clinical approach towards children with gender dysphoria and the Scottish government must take care not to validate through legislation a new approach which is not evidenced. It is critical to recognise that the government cannot separate itself from current debate about the medicalisation of childhood gender dysphoria or act as if its policies are unrelated to it and will not have a profound impact.

Social Influence

This generation of children now learn in school that everyone has a ‘gender identity’ and that this internal sense of ‘gender’ overrides their biological sex in determining whether they are boys or girls. They are taught that ‘gender’ is real and innate and that biological sex is merely ‘assigned at birth.’ Medically, scientifically and factually correct information has been replaced with a theoretical model which says you may have been born in the wrong body, and this is taught to children as fact in education from Early Years onwards, through transgender resources and picture books. Young people of this generation are denied access to other perspectives about ‘gender’, specifically, feminist theories are deemed to be ‘transphobic’ and feminists are vilified. The Scottish government states its commitment to free speech but has not condemned attacks on women for exercising that right. There has been no examination of how the social climate and teaching materials in schools may have

influenced this generation of adolescents or account for the recent sharp rise in the number of children who consider themselves to be transgender.
Parents report to us that their children begin speaking from a script they have copied from online sources or at school, which does not suggest that this is a natural and spontaneous development in the child but a learned response. There is no comparison with teaching children about gay and lesbian people, which does not involve a re-conceptualisation of all human beings or a redefinition of words with established biological meanings, and does not suggest or encourage the need for medical alteration of the body.

In a letter to the British Medical Journal in 2019 a group of doctors and professors warned: 'It is long-accepted that conversion therapy for homosexuality is ineffective, damaging and unethical. The Royal College of Psychiatrists has explicitly supported a ban. As working with people with gender dysphoria requires a different model of understanding, it remains legitimate to listen, assess, explore, wait, watch development, offer skilled support, deal with co-morbidities and prior traumas, and consider use of a variety of models of care. While respecting individuals' right to a different viewpoint, it is neither mandatory to affirm their beliefs nor automatic that transition is the goal, particularly when dealing with children, adolescents and young adults. These risk closing the 'open future', as well as life-long physical problems including lack of sexual function, infertility and medical dependency.

With 85% desistance amongst referred transgender children and increasing awareness of detransitioning unquestioning 'affirmation' as a pathway that leads gender dysphoric patients to irreversible interventions cannot be considered sole or best practice'.
https://www.bmj.com/content/364/bmj.l245/rr-1?fbclid=IwAR0Bgv95QOfKjnvhGeeS7_LKjySUWLxC7-xrzx473tdkUpYepaSmkWGc4PI

A report from Dentons law firm (2019) outlined the specific tactics used to 'progress trans rights' specifically as a means to remove all gatekeeping in child transition. They call for no age limit and state "It is recognised that the requirement for parental consent or the consent of a legal guardian can be restrictive and problematic for minors." The targeting of children and the separation of children from the care of their parents should be recognised as a serious breach of child safeguarding.
https://www.iglyo.com/wp-content/uploads/2019/11/IGLYO_v3-1.pdf

Maturity of Adolescents

It takes time for adolescents to mature and begin to understand the influences that shaped them while growing up and 16 is too young to have reached this point of maturity. The recent report from the University of Edinburgh for the Scottish Sentencing Council provides evidence of the neurobiological changes which contribute to "the poor problem solving, poor information processing, poor decision making and risk-taking behaviours often considered to typify adolescence."

This report specifies that cognitive maturation occurs as late as 25 – 30 years of age.
https://www.scottishsentencingcouncil.org.uk/media/2044/20200219-ssc-cognitive-maturity-literature-review.pdf

In Scottish law a 16 year-old is not permitted to buy or consume alcohol, buy cigarettes, buy or possess fireworks or get a tattoo. They should not therefore be considered mature enough to make a statutory declaration that they "intend to continue to live in their acquired gender permanently." Taking testosterone has much more serious and irreversible life-long consequences than a tattoo. The government should not be encouraging adolescents to cement their beliefs about their identity at an age when identity is still forming, especially not when their beliefs may lead to lifelong medicalisation with significant physical and psychological effects they are not equipped to fully understand, such as infertility and loss of sexual function and long term consequences for physical health which are not yet understood.

Medical Concerns

Young people may be encouraged to access hormones from online sources if application for a GRC is no longer dependent on a diagnosis of gender dysphoria and no evidence from a medical professional is required. The consultation document states: "The draft Bill does not affect the professional responsibilities of those offering treatment and support to those distressed or concerned about their gender identity, nor does it otherwise affect the right to access such services in Scotland."

We believe there would be a significant impact on clinicians and medical professionals and that legislation cannot be separated from GIDS and GP healthcare services. If a young person has legal status as the opposite sex and a diagnosis of gender dysphoria is no longer required, does the NHS become an on-demand service providing cosmetic procedures to young people who simply want to change their bodies, even if the professional considers it to be the wrong decision?

A 16 year-old girl with a birth certificate which states that she was born male, or a 16 year-old boy with a birth certificate stating that he was born female, are also putting themselves at risk in general healthcare settings. No legal change should be contemplated until the NHS sorts out its confusion between sex and gender in the way it collects patients' personal data.

4 Do you have any other comments on the provisions of the draft Bill?

Yes

If yes, please outline these comments.:

Single-sex exemptions in the Equality Act 2010 (EqA) exist to uphold women's and girls' human rights. These include:
• Privacy, dignity and safety (toilets, changing-rooms, hospital wards, overnight accommodation, prisons) so that women and girls may access healthcare, participate fully in public life and feel safe in environments where they are most vulnerable
• Recovery from trauma (rape crisis centres, refuges) so that women and girls can rebuild their lives and re-enter public life
• Equality (women-only shortlists, Public Sector Equality Duty requirements etc) to advance women and girls in areas where they face historic disadvantage

• Fairness and safety in sport
Erosion of lawful women-only spaces

If any man, for whatever personal motivation, can simply self-identify as a woman and gain a GRC on that basis, sex-based rights and protections for girls for all practical purposes become unworkable. All single-sex provisions have been implemented on the basis of biological sex and the reasons for that have not changed: privacy, comfort and dignity for both sexes and the safety of women and girls. With the advent of camera phones and the ability to upload videos to porn sites such as Pornhub, rights to female-only spaces are more urgent than ever; the risks to women and girls have substantially increased, not lessened, in recent years.

Single-sex exceptions are allowed as a proportionate means of achieving a legitimate aim in the EqA Schedule 3, paragraphs 26 and 27. If a person has a GRC however, although they may still be excluded, the EHRC Code goes beyond the EqA and the GRA, in stating that this exception must only be used in 'exceptional circumstances.' Case by case service provision is unworkable in practice so a legal self-ID system would effectively end women-only services and facilities. With the increase in the number of people with a GRC and the lack of any criteria as to who is eligible to apply, service providers would not feel confident of lawfully applying the single-sex exemptions. The word 'woman' which has a biological and legal definition as a person of the female sex, becomes meaningless under a system of self-ID, and women's existing legal rights and human rights protections under the EqA cannot be upheld.

Safety of Women and Girls

The safety of women and girls in public facilities where they are vulnerable is largely protected by public awareness and confidence in the right to exclude men from such facilities. A self-ID system erodes the confidence of members of the public, male or female, to challenge a man entering such facilities. The impact of this knowledge on women, particularly the most vulnerable women (for example those who have suffered past sexual abuse, those with learning difficulties or other disabilities, women from faith communities, women with mental health problems, young girls and the elderly) may lead to self-exclusion from public life and from accessing the services they need. Women in prison, who are among the most vulnerable people in society, are trapped with no choice and their human rights are already being violated by self-ID policies which allow male offenders to share women's accommodation without their consent.

Women who do access public facilities may feel psychologically unsafe or re traumatised if a man enters, or from the fear of this happening. Violent prisoners, including sex offenders, will one day be released from prison and have free access to women-only public facilities and services. The consequences for women may be hidden and would be very difficult to measure and monitor. Women and girls have the right to feel psychologically safe in women-only spaces. A society which fails to distinguish between the sexes in public policy and provision is not a safe society for women and girls.
https://www.telegraph.co.uk/news/2019/07/09/one-50-prisoners-identify-transsexual-first-figures-show-amid/

Safeguarding of Girls

The erosion of single-sex facilities and services would make it impossible to safeguard girls in schools, organisations, public toilets and changing-rooms and girls will be put at risk. The principle of consent cannot be upheld in schools if girls are forced to share toilets, changing-rooms and residential accommodation with members of the opposite sex, and girls lose the right to set their own sexual boundaries and say 'no.'

Allowing girls who identify as boys to use boys' toilets and changing-rooms and share a room with boys on residential trips constitutes a major safeguarding risk. The sexes are separated for privacy and for the safety of girls who are vulnerable to sexual harassment, voyeurism and sexual assault, but also because of the pregnancy risk for girls.

Mixed-sex toilets in schools result in girls holding in urine all day and not drinking water, putting them at risk of urinary tract infections. Girls are missing school altogether when they are menstruating because of the embarrassment of period shaming. Allowing mixed-sex facilities is a failure of duty of care to girls. https://www.transgendertrend.com/gender-neutral-toilets-schools/

Sport

Girls are already being compelled to play against bigger, stronger male pupils on school sports teams. Girls are disadvantaged when it comes to sport and particularly in adolescence when they become body-conscious girls need encouragement to participate and gain the physical and psychological benefits of sport.

Girls perceive the unfairness of having to compete against physically more powerful males and this can further affect their motivation and deter them from even trying. This is also a serious safety issue in contact sports. This situation is in breach of Equality rights for girls and is likely to worsen under a system of self-ID. In this Draft Bill the Scottish government has failed in its duty to show due regard to women and girls and uphold their human rights as the female sex.

5 Do you have any comments on the draft Impact Assessments?

Yes

If yes, please outline these comments.:

Impact on Women and Girls

The consultation document states:

The Scottish Government is of the view that there is lack of evidence that including trans women in women-only services and spaces has negative impacts.

The Scottish government has come to this view without properly consulting with women or considering research and evidence from women's groups or any other sources. The Scottish government has also ignored the very public backlash to such policies over the past few years and news reports which have demonstrated clearly that there are serious negative impacts for women, and ignored the number of grassroots women's organisations set up to oppose policy changes which compromise the safety of women and girls. Absence of evidence does not mean that there is evidence of absence of risk.

The consultation document states:

"The Scottish Government is not aware of evidence that obtaining legal gender recognition overseas through such a process leads to adverse consequences generally for society."

The Scottish government has failed to produce any evidence that other countries have monitored the impact of self-ID on society or produced any research to support the claim that there have been no adverse effects on women and girls. Countries with self-ID policies have implemented legislation quickly without full public consultation or awareness and without risk assessment or monitoring. This is an undemocratic model the Scottish government should not follow.

CRIA

The Children's Rights Impact Assessment relies on low quality evidence to support the claim that "transitioning to living in their preferred gender and being supported with gender confirming medical interventions may help improve mental health." It is difficult to understand how the Scottish government could have reached this conclusion with such a degree of certainty based on the evidence sample considered.

The scientific literature in this area is methodologically weak and much of it has been produced from within an ideological school of belief which supports the idea of an innate gender identity and the approach of affirmation, social transition and puberty blockers for children. The Scottish government's conclusions only reflect the research biases. A systematic search and evaluation by a person with a background in medicine or statistics is required to obtain a proper analysis of existing evidence.

Normalisation of Medical Intervention

Although the proposed Bill centres on the legal right to change one's birth certificate on the basis of self-declaration only, with no diagnosis of gender dysphoria or medical evidence, the right to medical intervention for children is an intrinsic campaign goal of transgender lobby groups, [redacted]

Online YouTube videos glamorise hormonal and surgical intervention for girls and transgender guidance in schools reinforces the normalisation of medical body

modification by minimising medical transition as synonymous with changing clothes and pronouns:
“This means schools are required to tackle transphobic bullying and support any students taking steps to ‘reassign their sex’ (or transition), whether those steps are ‘social’ (e.g. changing their name and pronoun, the way they look or dress) or ‘medical’ (e.g. hormone treatment, surgery)”
https://www.stonewall.org.uk/resources/introduction-supporting-lgbt-young-people

The unprecedented surge of adolescent girls who believe they are really boys has coincided with the aggressive promotion of the ‘affirmation’ approach by lobby groups and the assimilation of this approach into schools. This approach tells a girl that if she feels like a boy she really is a boy; that her feelings, appearance and interests are ‘wrong’ for a girl. She is then led to believe that access to blockers and hormones is ‘life saving.’
https://www.bbc.co.uk/news/av/health-51698261/gender-transitioning-saves-lives-says-charity-chief

The issue of legal rights for children and young people, therefore, is inseparable from the subject of medical intervention. When considering the right to legal recognition as the opposite sex for16 year-olds, the government must consider as a priority how this may influence them to pursue a medical pathway and whether this would be a positive development. It must also be recognised that the decision will have a disproportionate impact on adolescent girls, especially lesbian girls, and autistic young people.

Puberty Blockers

The Scottish government concedes in its stated context for the literature search for evidence on puberty blockers: “robust evidence is required to inform any decisions made in relation to reforming the Gender Recognition Act.” The literature search has failed to find an evidence base which demonstrates that blockers are beneficial or safe.

The summary of evidence into the effects of puberty blockers relies heavily on a paper by Leibovitz and de Vries (2016) which in turn uncritically cites the Endocrine Society and the WPATH guidelines SOC7. The Endocrine Society recommendation for the use of puberty blockers is based on ‘low quality’ or ‘very low quality’ evidence. SOC7 are not clinical guidelines but a set of recommendations which have been described as “unsound and unsafe” by clinical psychiatrists in Ireland.
https://www.thetimes.co.uk/article/simon-harris-pushed-hse-to-review-need-for-psychiatric-assessment-for-gender-switches-pzw7mnrsx?

The literature reviewed by the Scottish government reflects the same message young people are receiving, that blockers are necessary, safe and reversible. However, the number of studies which conclude that puberty blockers are beneficial all refer to one small, observational study of 55 children in the Netherlands, whose gender dysphoria had manifested in early childhood and persisted into adolescence. This study, typically, had no matched control and the treated group was a highly screened and selected cohort with high psychological functioning. The study measured only short-term psychological outcomes, there was no physical evaluation,

and it was not followed up with formal testing. This study cannot be used to justify blockers for children with adolescent-onset gender dysphoria, who constitute a very different cohort.

Missed Evidence

i) Puberty Blockers

The idea that blockers are safe and fully reversible is not supported by robust evidence. Emerging evidence from ongoing studies on sheep indicate continuing effects on brain function after puberty blockade is stopped. Early results show that long-term spatial memory performance remains impaired after blockers are discontinued:
'This result suggests that the time at which puberty normally occurs may represent a critical period of hippocampal plasticity. Perturbing normal hippocampal formation in this peripubertal period may also have long lasting effects on other brain areas and aspects of cognitive function'.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333793/?fbclid=IwAR2h0I3WI4GzJXefjuAMVEfDvy1WF9TJI4NuzM5U1NAfA3t2Sk8JrOzkOIo

This study was not included in the Scottish government's search and nor was the research conducted by Michael Biggs (2019) which is particularly relevant as it assesses the puberty blocker trial at the Tavistock GIDS. Biggs found unpublished data on the study measuring changes after one year of the drug regime which showed that natal girls showed "a significant increase in behavioural and emotional problems" and "a significant decrease in physical well-being" as reported by parents. Most disturbingly, in the Youth Self Report questionnaire "a significant increase was found in the first item 'I deliberately try to hurt or kill self'". Another concerning result was that "the average girl on GnRHa had lower bone density than 97.7% of the population in her age group."

Tavistock GIDS Director Dr Polly Carmichael reported in a presentation to WPATH in 2016 "The quantitative outcomes for these children at 1 years time suggest that they also continue to report an increase in internalising problems and body dissatisfaction, especially natal girls." Endocrinologist Gary Butler also reported in the same year "Expectations of improvement in functioning and relief of the dysphoria are not as extensive as anticipated, and psychometric indices do not always improve nor does the prevalence of measures of disturbance such as deliberate self-harm improve."
http://users.ox.ac.uk/~sfos0060/Biggs_ExperimentPubertyBlockers.pdf

Professionals are concerned that puberty blockers may act to prevent the natural resolution of gender dysphoria in adolescence and increase rates of persistence, as reported at the 2016 WPATH conference presentation by Tavistock GIDS staff:
'Persistence was strongly correlated with the commencement of physical interventions such as the hypothalamic blocker (t=.395, p=.007) and no patient within the sample desisted after having started on the hypothalamic blocker. 90.3% of young people who did not commence the blocker desisted'.
http://wpath2016.conferencespot.org/62620-wpathv2-1.3138789/t001-1.3140111/f009a-1.3140266/0706-000523-1.3140268

The children who took part in the Tavistock's experimental puberty blockers trial, begun in 2011, were not tracked and the results have still not been published.

ii) Blockers and Hormones

A full systematic review of all published studies of gender reassignment interventions for children and young people by Professor Carl Heneghan (2019) detailed the problems with the existing research, including lack of controls, short-term follow-up, lack of blinding, and loss to follow-up.

"The development of these interventions should, therefore, occur in the context of research, and treatments for under 18 gender dysphoric children and adolescents remain largely experimental. There are a large number of unanswered questions that include the age at start, reversibility; adverse events, long term effects on mental health, quality of life, bone mineral density, osteoporosis in later life and cognition…We are also ignorant of the long-term safety profiles of the different GAH regimens."

The review concluded that "The current evidence base does not support informed decision making and safe practice in children."
https://blogs.bmj.com/bmjebmspotlight/2019/02/25/gender-affirming-hormone-in-children-and-adolescents-evidence-review/

iii) Social Contagion

Most of the studies that were considered in the Scottish government search were not up-to-date and none can account for the very recent surge in adolescents, predominantly girls, being referred to gender identity clinics such as the Tavistock and Sandyford. It is not known, for example, how the high rate of pre-existing co-morbidities such as depression, mental health issues, neurobiological differences such as autism, and previous trauma relates to the development of gender dysphoria in adolescents. The first attempt to research this group was widely condemned by activists and lobby groups who tried, initially successfully, to suppress it.

In this first exploratory study of parent reports by Dr Lisa Littman (2019), natal females made up 82% of cases. Parents reported that 41% had expressed a non-heterosexual sexual orientation before identifying as transgender and 62.5% had been diagnosed with at least one neurodevelopmental disability or mental health disorder prior to the onset of their gender dysphoria. 47.2% of parents reported subjective declines in their son's or daughter's mental health and in parent-child relationships (57.3%) after 'coming out' as transgender. 86.7% of the parents reported that, along with the sudden onset of gender dysphoria, 'their child either had an increase in their social media/internet use, belonged to a friend group in which one or multiple friends became transgender-identified during a similar timeframe, or both.
https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330
Peer influence was also found to be a significant factor in a study by DeLay et al (2017) which found that homophobic name-calling can influence a change in gender identity.

“Homophobic name calling emerged as a form of peer influence that changed early adolescent gender identity, such that adolescents in this study appear to have internalized the messages they received from peers and incorporated these messages into their personal views of their own gender identity.”
https://link.springer.com/article/10.1007/s10964-017-0749-6

Detransitioners

The proposed Bill makes no provision for detransitioners and has not consulted with young people who regret their transition. The eventual regret rate for this most recent cohort of adolescents who are taking puberty blockers and cross-sex hormones is not yet known, but there is research from detransitioned young women in the US who conducted their own survey in 2016 which shows that only 6% felt they had received adequate counselling before medical transition.
https://guideonragingstars.tumblr.com/post/149877706175/female-detransition-and-reidentification-survey

The system of ‘affirmation’ has been established for longer in the US compared to the UK and detransitioners have been speaking out for longer, which suggests that the US is a useful comparison country in terms of predicting the results of the ‘affirmation’ approach here. Already a detransition support group has been set up in the UK by [redacted] who organised the first detransition conference in 2019.

Evidence we have from the testimonies of detransitioners reflects the pattern of referral to gender clinics globally; detransitioners are overwhelmingly young women, lesbians, autistic, and girls who had been sexually abused or suffered trauma or mental health issues before transitioning. Research into this group is needed as a matter of urgency.

Detransition documentaries have recently been broadcast in Denmark and Sweden.

[redacted]

Professional Concerns

Also missing from the Scottish government’s data search were the well-publicised reports of the testimonies of ex-Tavistock clinicians, 35 of whom have left the Trust over their concerns that pre-existing mental health problems in young people with gender problems may be overlooked and left untreated. They revealed that GIDS did not sufficiently explore whether children with gender dysphoria might grow up to be gay. Worryingly, a number of children adopted a transgender identity after homophobic bullying. All five clinicians believed that too little information was provided about the effects of hormone treatments on fertility and sexual function in adulthood.
https://www.thetimes.co.uk/article/calls-to-end-transgender-experiment-on-children-k792rfj7d

They expressed fears that many of those treated will de-transition and feel anger and regret at their disfigured bodies. They talk of 'experimental treatment being done not only on children, but on very vulnerable children.' Their testimony corroborates evidence communicated earlier by whistle-blowers at Tavistock GIDS to senior Tavistock clinician Dr David Bell.
https://www.thetimes.co.uk/article/staff-at-trans-clinic-fear-damage-to-children-as-activists-pile-on-pressure-c5k655nq9

The report commissioned by the Tavistock medical director Dr Sinha in response to the Bell report confirmed many of the issues reported by whistle-blowers and made twenty-six recommendations. Despite these recommendations, Tavistock governor [redacted] resigned at what he saw as a failure to address 'serious concerns.'
https://tavistockandportman.nhs.uk/about-us/news/stories/gids-action-plan/

The Royal College of General Practitioners issued a Position Statement (2019) in which they specified that much more research is needed in the area of transgender health care and the effects of medical intervention for children.

'The promotion and funding of independent research into the effects of various forms of interventions (including 'wait and see' policies) for gender dysphoria is urgently needed, to ensure there is a robust evidence base which GPs and other healthcare professionals can rely upon when advising patients and their families.

There are currently significant gaps in evidence for nearly all aspects of clinical management of gender dysphoria in youth. Urgent investment in research on the impacts of treatments for children and young people is needed'.
https://www.rcgp.org.uk/policy/rcgp-policy-areas/transgender-care.aspx

In 2018 Penny Mordaunt MP called for an inquiry into the unprecedented 4,000% rise in adolescent referrals to the Tavistock over the past decade which has been undertaken by the Government Equalities Office (GEO).
https://www.telegraph.co.uk/politics/2018/09/16/minister-orders-inquiry-4000-per-cent-rise-children-wanting/

A similar rise in referral numbers has been seen at the Sandyford Clinic in Glasgow.
https://www.thetimes.co.uk/article/sharp-rise-in-child-cases-at-gender-clinic-lvlqnzk5q

The NHS has recently announced an independent review of the service specification for children and adolescent gender identity services.
https://www.england.nhs.uk/2020/01/update-on-gender-identity-development-service-for-children-and-young-people/

There have been calls for an investigation into child transition in Australia and in Sweden, the Medical Ethics Council (SMER) is calling for caution in the medical treatment of gender dysphoria in young people. The Swedish Paediatric Society writes that: 'Giving children the right to independently make life-changing decisions at an age when they cannot be expected to understand the consequences of those decisions, lacks scientific evidence and is contrary to established medical practice'.

http://www.smer.se/publications/smer-calls-for-the-government-to-review-gender-dysforia-in-childhood-and-adolescence/

Conclusion

If the Scottish GRA Draft Bill is passed, it would have a disproportionate detrimental impact on the lives of women and girls, not only in terms of losing existing legal rights and protections, but in terms of the encouragement of more girls towards experimental medical transition they may subsequently regret, as illustrated by current trends.

In Belgium transmen accounted for nearly a third of all legal sex change registrations (30%) in 2018/19 after laws were relaxed in 2017. 'The proportion of transmen aged 16 to 24 years registering a change in legal sex was more than double that of transwomen aged 16 to 24 years, at 65% and 27% respectively.' https://mbmpolicy.files.wordpress.com/2020/02/gender-recognition-reform-in-belgium.-lessons-for-scotland-2-feburary-2020-1.pdf

A full and thorough Equalities Impact Assessment on women and girls must be conducted before any changes in legislation are considered. This must include evidence of the impact on the lives of women and girls of self-ID policies being enacted across society now. Restoring legal sex-based rights and protections which have increasingly been eroded over the past few years must be a priority to end current levels of discrimination against women and girls. There must be an investigation into schools resources that teach children their bodies may be 'wrong' and school guidance written by transgender lobby groups. No more girls should miss school because they don't want to use mixed-sex toilets.

This Draft Bill is not really a reform of the GRA, it is a proposal for a completely new Act. The GRA provided protection for transsexuals with a diagnosable condition of gender dysphoria. This Bill gives protection to people who claim a subjective and unverifiable inner 'identity' and as such it is not a Bill for 'trans people' but a new legal right for anyone who chooses it for whatever reason. Everyone who depends on legal recognition of 'sex' for their rights and protections will be impacted, this includes women, lesbian and gay people and transsexuals. Good law should reflect the needs and rights of all members of society, not just special interest groups.

Proposed legislative change which would impact on the safeguarding of children and young people especially requires the highest level of scrutiny.

To propose lowering the age for legal gender recognition before the conclusions of the government inquiry into adolescent referrals to the Tavistock, [redacted] before the NHS review is complete, before there is evidence that the current cohort of adolescents has been properly followed up and assessed and regret rates are known, and before the Scottish government has conducted a proper, impartial review of existing evidence, would be irresponsible and reckless.