

## **Stornoway Free Church Kirk Session**

### **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 not a sufficient period. The existing safeguard of living in the acquired gender for two years reduces the risk of legally changing sex frivolously or with malicious intent. The proposed law provides no definition of what it means to 'live in the acquired gender', nor does it require proof that an individual has been living in their 'acquired gender' for the proposed three-month period. If the purpose for reducing the current two-year requirement is to 'protect applicants from prejudice or abuse', and to avoid 'problems created when an individual's personal documents are inconsistent or do not match the gender presented', then it would seem illogical to have any period of delay. So, there is an inconsistency in this aspect of the proposal.

The proposed reform would mean, in effect, that, an individual seeking to change their birth-sex will only require a written and signed statement. We do not agree with this self-declaration model because we believe that this would lead to a less satisfactory situation than the current one.

**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.:**

The current two-year period provides evidence that an individual sincerely intends to live permanently as the opposite sex. For consent to change legal gender to be as safe as possible the process must involve expert medical and psychological assessment. The current legislation requiring two medical reports, confirming a diagnosis of gender dysphoria prior to a legal sex change, is an indispensable safeguard. There is a real risk that individuals who require psychological support and specialised psychiatric treatment will not receive it if the proposed changes are implemented. This reform would be a grave mistake and a failure to help and protect vulnerable individuals suffering with mental health. Instead of appropriate advice and support for those with gender dysphoria, the proposed changes will, instead, pursue transgender recognition and reassignment for which evidence of effectiveness is completely lacking.

Removing the two-year period as a requirement will mean that more people make an uninformed and immature decision to transition, and more will live to regret their decision.

The capacity to make fully informed decisions about gender identity is not reliably mature until an individual is in their mid-twenties. Removing the two-year 'period of reflection' as a requirement, will mean that more people applying to legally change their gender will be either too young, too uninformed or both. Therefore, a reflection period of three months is not enough, especially prior to undergoing major surgery.

The fact that any 'period of reflection' should be included implies that the Scottish Government is aware that there may be people who will come to regret legally changing their birth-sex. This is further evidenced by the rapidly increasing number of 'de-transitioners' who regret changing their birth-sex and seek to change back. Contrary to the volume of data provided by the Government for those who wish to 'transition', very little data is provided for those who regret their decision to change sex and now wish to 'de-transition.' This is regrettable.

In addition, many of those who wish to 'de-transition' - even after a two-year 'period of reflection' - have come to realise that their distress and gender dysphoria have not been alleviated, and have consequently sought to return to living as their birth sex. The recent BBC documentaries of "She2He2She" demonstrates that the existing two-year 'period of reflection' should remain in place in order to prevent GRC's being given to people who will eventually change their mind.


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

Yes

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

The United Nations Convention on the Rights of the Child defines children as those who are under 18 years of age. The Scottish Government's Bill for Reform makes no mention of parental consent for children aged 16 and 17, whereas every other country mentioned in the consultation document makes parental authorisation a requirement when a minor is seeking to have a legal sex change. To pass this reform would be a breach of children's rights.

In Scotland, 16 and 17-year-olds are considered too immature to legally buy cigarettes or tobacco, purchase or consume alcohol in licensed premises, get a tattoo, buy fireworks or possess them in a public place, have a credit card or place a bet. Therefore, how can they be considered legally mature to change their gender?

 The Scottish Sentencing Council investigated brain development in young people and concluded that the adolescent brain continues to develop into adulthood and does not reach full maturity until approximately 25-30 years of age.

As many as nine in ten children who experience feelings of gender dysphoria do not have gender dysphoria as adults, because the majority cease to desire to be

the other sex by puberty. Research has also shown that peer pressure, You Tube, social media outlets and the promotion of transgender issues in schools have had a significant influence upon many cases of young people claiming to have gender dysphoria. However, many youths claiming to have gender dysphoria were often found to be suffering from a range of mental health problems. Such issues need to be identified and responded to appropriately and compassionately, instead of failing the next generation by encouraging them to consider whether or not they have gender dysphoria and rushing children into life-changing decisions.

With the vast majority of children claiming gender dysphoria subsequently choosing to identify with their birth gender by puberty, we are of the view that the current trend towards early social transitioning, the use of puberty-blockers and trans-sex hormones in children is a serious mistake. The long-term effects of puberty blockers and trans-sex hormone drugs is an experimental treatment without any evidence base in science. It is a known fact that puberty blockers lead to stunted growth, subfertility and impair normal neurodevelopment. In addition, cross-sex hormones may produce permanent infertility, bone changes, clotting disorders, raised blood pressure and more. It would be unsafe to lower the age of application to allow 16-17-year-olds the right to give informed consent to a medical transition, when even expert medical opinion cannot be sure what the consequences might be.

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

Yes

#### **If yes, please outline these comments.:**

In 2006, the Scottish Government published Delivering a Healthy Future: An Action Framework for Children and Young People's Health, with the purpose of improving the quality, sustainability and access to health care services for young people in Scotland, prioritising mental health. For the Scottish Government now to support a Bill that based on an ideology and lacking a sound basis in science, would contradict this previous good intention, and would actually be a complete failure to protect the health and wellbeing of the vulnerable. Also, a recent (2019) Scottish Government report reveals that the mental wellbeing of Scotland's youth, particularly girls, is deteriorating. It is possible that these figures reflect the sudden surge in the number of adolescents being referred to GIDCs with gender dysphoria. It is imperative that the coexistence of psychopathology and gender dysphoria needs in-depth research. Mood disorders, anxiety, depression, and stresses associated with family breakdown or dysfunction, all need to be assessed; rather than assuming that gender dysphoria with 'minority stress' is necessarily the root cause.

Removing the protections and safeguards which exist in current legislation would also endanger vulnerable women and girls who could find themselves unable to challenge men using women-only spaces. The dangers posed to women are highlighted by the case of ██████████; a biological male and convicted rapist who, following his incarceration, self-identified as female and applied to be moved to a women's prison. ██████████ application was successful and he went on to sexually

assault female inmates at the prison. It is alarming to note that the rate of men identifying as women is 350 times higher amongst the prison population, than it is in the general population.

There are also concerns regarding the safety and wellbeing of female school children if biological males are to be allowed to occupy female-only changing facilities and toilets in schools. A self-declaration system could allow a biological man to claim he is a woman and have access to female facilities without any objective assessment, because his Gender Recognition Certificate allows that person is treated as the opposite sex in all instances. Therefore, it needs to emphasised most strongly that, under the Equality Act 2010, the importance of single-sex spaces and services provides a vital protection for women and girls.

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

Yes

#### **If yes, please outline these comments.:**

A survey quoted in the Draft Impact Assessments (DIAs) shows that of those giving reasons for not trying to change legal sex, 35% of males and 51% females said they 'did not meet the current requirements.' This proves that the protections and precautions in place are already effective; it also affirms that many of potential applicants for a GRC have been refused because their self-declaration was not compatible with a medical diagnosis of gender dysphoria.

The DIAs worryingly suggest that high levels of mental health problems among trans people may be remedied and alleviated by surgery, contrary to UK research which shows that as early as one year after starting the transition process, teens reported a renewed increase in mental health problems, including body dissatisfaction. Allowing someone to change their sex legally clearly does not deal with any underlying psychological problems. In fact, the suicide rate of post-transition transgender people is high, which ought to draw attention to the fact that they need help and compassion before and after transition.