The Gender Recognition Act 2004

1 The initial view of Scottish Government is that applicants for legal gender recognition should no longer need to produce medical evidence or evidence that they have lived in their acquired gender for a defined period. The Scottish Government proposes to bring forward legislation to introduce a self-declaratory system for legal gender recognition instead.

Disagree

If you want, you can give reasons for your answer, or make comments.:

The Scottish Government’s proposals for a self-declaratory system would inevitably lead to unnecessary confusion.

While a small minority of individuals suffer from serious gender identity issues, removing the requirement to produce medical evidence of gender dysphoria, opens the door to a person switching genders possibly on personal whim. Such a prospect would be damaging and confusing for both the person involved and those around them. It would also create an unnecessary bureaucratic burden in terms of the changes that would need to be made to birth certificates, driving licences and other identity documents.

In some cases, it could endanger the health of those concerned, since genetic females registered as men may no longer be called for cervical smears or breast screening.

We are not persuaded that the Scottish Government’s plans would ultimately benefit those who suffer from gender dysphoria or are otherwise confused about their gender. A recent study by two of the world’s most respected academics in this area, Dr Lawrence Mayer and Dr Paul McHugh of Johns Hopkins University School of Medicine, concluded that:

- The hypothesis that gender identity is an innate, fixed property of human beings that is independent of biological sex— that a person might be ‘a man trapped in a woman’s body’ or ‘a woman trapped in a man’s body’—is not supported by scientific evidence.

- Members of the transgender population are also at higher risk of a variety of mental health problems compared to members of the non-transgender population. Among transgender individuals in the United States, the rate of lifetime suicide attempts across all ages is estimated at 41 per cent, compared to under 5 per cent in the overall U.S. population. (1)

We are concerned that the Scottish Government’s plans, if implemented, would only exacerbate serious mental health problems in the individuals concerned and harm the very people the proposals are intended to help.

Reference


2 Should applicants to the proposed gender recognition system in Scotland have to provide a statutory declaration confirming they know what they are doing and intend to live in their acquired gender until death?

Not Answered

If you want, you can give reasons for your answer or make comments.:

3 Should there be a limit on the number of times a person can get legal gender recognition?

Not Answered

If you want, you can give reasons for your answer or make comments.:

4 If the Scottish Government takes forward legislation to adopt a self-declaration system for legal gender recognition, should this arrangement be open:

Not Answered

If you want, you can give reasons for your answer or make comments.:

5 The Scottish Government proposes that people aged 16 and 17 should be able to apply for and obtain legal recognition of their acquired gender. Do you agree or disagree?

Disagree

If you want, you can give reasons for your answer or add comments.:

The Mayer and McHugh study, cited above, found that only a minority of children who experience cross-gender identification will continue to do so into
adolescence or adulthood. (2)

According to the American Psychiatric Association, rates of persistence of gender dysphoria from childhood into adulthood vary. In biological males, persistence has ranged from 2.2 to 30 per cent, and in biological females, from 12 to 50 per cent. (3)

NHS England cites research showing that only 12-27 per cent of children who experience gender dysphoric feelings continue with them into adulthood. (4)

Given the scientific data, it would be premature to grant legal recognition of the acquired gender to minors aged 16 and 17.

References

6 Which of the identified options for children under 16 do you most favour?
Not Answered

If you want, you can give reasons for your answer, add comments, or describe your preferred option if none of the options given reflects your views:

Marriage and Civil Partnership

7 Should it be possible to apply for and obtain legal gender recognition without any need for spousal consent?
Not Answered

If you want, you can give reasons for your answer or add comments:

8 Civil partnership is only available to same sex couples. This means that the civil partners cannot remain in their civil partnership if one of them wishes to obtain a full Gender Recognition Certificate.
Not Answered

If you want, you can give reasons for your answer or add comments:

9 Should legal gender recognition stop being a ground of divorce or dissolution?
Not Answered

If you want, you can give reasons for your answer or add comments:

Other aspects of the 2004 Act

10 Are any changes to section 22 (prohibition on disclosure of information) necessary?
Not Answered

If you answered Yes, describe the changes you consider are needed:

11 Should a person who has been recognised in their acquired gender under the law of another jurisdiction be automatically recognised in Scotland without having to make an application?
Not Answered

If you want, you can give reasons for your answer or add comments:

Non-binary people

12 Should Scotland take action to recognise non-binary people?
No

If you answered No, and if you want, you can give reasons for your answer:
As the consultation document acknowledges, considerable costs would be incurred to recognise ‘non-binary people’ in terms of updating IT systems and numerous consequential legal changes, including parentage law, marriage law, registration law and possibly criminal law.

There would also be implications for public toilets and changing rooms, with the potential for sex offenders to exploit the ensuing confusion to their own ends.
13 If you answered Yes to Question 12, which of the identified options to give recognition to non-binary people do you support? You can select more than one option.

If you want, you can give reasons for your answer, add comments or, if you think none of Options 1 to 6 is suitable, describe your preferred option:

14 At paragraph 7.26. and in Annex J we have identified the consequential legal impacts if non-binary people could obtain legal gender recognition using the proposed self-declaration system.

Not Answered

If you answered Yes, describe the impacts you have identified:

Conclusion

15 Do you have any comments about, or evidence relevant to:

Not Answered

If you answered Yes, add your comments or evidence:

16 Do you have any further comments about the review of the Gender Recognition Act 2004?

Yes

If you answered Yes, add your comments:

We are concerned that the advance of the transgender agenda has the potential to cause considerable harm to vulnerable young people. In the following paragraphs, we set out two additional reasons for exercising caution in this area:

• Gender dysphoria is relatively rare
  The medical literature shows that the incidence of gender dysphoria is very low – affecting fewer than 1 in 10,000 adult natal males, and fewer than 1 in 30,000 adult natal females. (5)

• Gender dysphoria is a mental health issue
  Until very recently, the majority of psychiatrists viewed gender identity disorder as a form of body dysmorphia – a mental disorder characterised by an obsessive preoccupation that some aspect of a person’s own appearance is severely flawed and warrants exceptional measures to hide or fix it.

An analogy can be drawn to anorexia nervosa, where a patient is convinced that they are overweight when it is obvious that they are not. Psychiatrists do not rush in and offer liposuction to the anorexic. Similarly, those with gender dysphoria need careful counselling rather than hormonal treatment and surgery.

We are concerned that in giving children puberty-suppressing hormones and in providing gender reassignment surgery, we are engaging in a social experiment that is being driven by ideology rather than evidence, and the long-term consequences are unknown.

We concur with the note of caution sounded by the respected psychologists cited earlier:

'[D]espite the scientific uncertainty, drastic interventions are prescribed and delivered to patients identifying, or identified, as transgender. This is especially troubling when the patients receiving these interventions are children. We read popular reports about plans for medical and surgical interventions for many prepubescent children, some as young as six, and other therapeutic approaches undertaken for children as young as two. We suggest that no one can determine the gender identity of a two-year-old.

'We have reservations about how well scientists understand what it even means for a child to have a developed sense of his or her gender, but notwithstanding that issue, we are deeply alarmed that these therapies, treatments, and surgeries seem disproportionate to the severity of the distress being experienced by these young people, and are at any rate premature since the majority of children who identify as the gender opposite their biological sex will not continue to do so as adults. Moreover, there is a lack of reliable studies on the long-term effects of these interventions. We strongly urge caution in this regard. ’(6)

We conclude with a reference from an article by Michelle Cretella, President of the American College of Pediatricians. Writing at a more popular level, Dr Cretella highlights double standards which are being employed in this area of medicine and shows their far-reaching consequences:

'If I walk into my doctor’s office today and say, “Hi, I’m Margaret Thatcher,” my physician will say I am delusional and give me an anti-psychotic. Yet, if instead, I walked in and said, “I’m a man,” he would say, “Congratulations, you’re transgender.”

'If I were to say, “Doc, I am suicidal because I am an amputee trapped in a normal body, please cut off my leg.” I will be diagnosed with body identity integrity disorder. But if I walk into that doctor’s office and say, “I am a man, sign me up for a double mastectomy,” my physician will. See, if you want to cut off a leg or an arm you’re mentally ill, but if you want to cut off healthy breasts or a penis, you’re transgender…

'To indoctrinate all children from preschool forward with the lie that they could be trapped in the wrong body disrupts the very foundation of a child’s reality testing. If they can’t trust the reality of their physical bodies, who or what can they trust? Transgender ideology in schools is psychological abuse that often leads to chemical castration, sterilization, and surgical mutilation.’ (7)

References
About You

What is your name?
Name: 

What is your email address?
Email: 

Are you responding as an individual or an organisation?
Organisation

What is your organisation?
Organisation:
Family Education Trust

If you are responding as an organisation and want to tell us more about your organisation’s purpose and its aims and objectives, you can do so here.

If you are responding to this consultation as an organisation and want to tell us more about your organisation’s purpose and its aims and objectives, please do that here:
For well over forty years, Family Education Trust has conducted research into the causes and consequences of family breakdown. By means of its publications and conferences, and through its media profile, the Trust seeks to stimulate informed public debate on matters affecting the family and the welfare of children and young people, based on reputable research findings.

Family Education Trust is a registered charity and has no religious or political affiliations.

Where are you resident?
Rest of the UK

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