

Witness A

My 17 year old child has had some trans identity since she was 13. She first came out as non-binary, then as a boy at 14.

Bayswater have 450 members across UK and are pushing for an evidence based approach towards gender distressed or dysphoric young people. We are official stakeholders for the Cass Review. Most of our children have complex backgrounds with trauma, bullying, mental health issues, or coming to terms with their sexuality, and many did not have gender identity issues until puberty.

As a family, we have had clinical advice against affirming our child's trans identity. She can dress and present however she wants to, and we use her preferred name and acknowledge her gender distress, but we try to support her as a person, not in her trans identity. We turn a blind eye to her friends using her preferred pronouns. We have found that her mental health improves when she distances herself from affirming environments.

We have much to learn about gender distressed adolescents. The Cass Review will address some of the unanswered questions, and the Bill should be paused until it has been published.

Children need proper assessment and psychological support. A move to self-ID will undermine the possibility for children to access this kind of support.

16 and 17 year olds are still developing - they are not mature enough to make these decisions. Children want hormones and puberty blockers very quickly. They express a real sense of urgency. There are questions about how a child's peer group or adults they speak to online, including in Mermaids forums, may be influencing their decisions. Parents are a voice of caution in their children's lives. We often find the sense of urgency that children feel for medical interventions such as hormones will dissipate over time. However, removing or reducing the waiting period for a Gender Recognition Certificate that is currently in place may enhance this sense of urgency and encourage them to change quickly.

Some children will persist in their trans identity into adulthood, but we cannot know which will and which will choose to detransition. The numbers of detransitioners are increasing.

Currently, there is no process in place to reverse a UK GRC. I know of a detransitioner who is being told that they cannot reverse the process. The Bill should provide for revocation without threat of criminal prosecution for false declaration. 16 and 17 year olds are not developed enough to understand the gravity of the potential to face criminal penalties for false declaration.

Witness B

I joined Bayswater last year in the middle of lockdown, after concern about my daughter who was 13 or 14 at the time. With the schools closed, she was isolated. She had no school friends at the time, and she went down a bit of a rabbit hole online. We were concerned as she seemed unhappy and distressed. She had decided that she was trans. She had previously been identifying as gender fluid, though she had not told us that, so we were not aware. Now she was a gay boy, with different names and pronouns. I was completely oblivious to trans issues, the nature of the debate, etc. I found the Bayswater group, and found that it corresponded with how I felt as a parent: that something was going on. It didn't make sense or feel natural to me to suddenly use a different name and male pronouns for my daughter. I tried to support my daughter. I reached out to her school and her GP, as she had expressed that she was feeling suicidal. I think the statistics on this are designed to scare parents.

I am concerned about the Bill as my daughter, who is now 15, no longer identifies as trans. She now identifies as a heterosexual girl. Since she has gone back to school and interacted with others, it has faded away, she has said that she didn't really feel that way. She had previously said that she wanted surgery and hormones (though was happy to wait until adulthood, which we were happy to discuss with her).

By reducing the age at which a person can apply for a GRC, we may set vulnerable children on a permanent path towards something that may actually be quite transient for them. The Cass Review has indicated that it can take until your mid-20s to settle into your gender identity.

We need to support children with gender identity issues, but we also need to acknowledge the influence of social media, other pressures, and other things that may be going on.

My daughter didn't understand the implications of, for example, going on hormones. She thought they were fully reversible, but she really didn't fully understand that that isn't case.

Many of these young people have mental health issues or are autistic. Taking away the medical aspect may remove the potential for them to be identified as people who may need receive this kind of support.

Changing a name or pronouns may not be a huge deal, but it may set a child on a path that is a big deal. The Cass Review points out the social transition is an act of intervention. There are an increasing number of adolescents who are coming forward with gender dysphoria. I would like to be reassured that consideration is being given to this new cohort of young people. Detransitioners are silenced but are also increasing in numbers.

We are scared to speak about these issues, for fear of being called transphobic. The word 'transphobic' doesn't have any meaning to me. I just love my child, and I want her to be on the path that's truly right for her.

Witness C

I have three kids. The oldest is 16. She loves Scotland and wants to go to university there. I am looking ahead to her future. This started when she was 13. She met a trans adult at school and, after two weeks of intensive internet research, she came out as trans. She had previously come out as a lesbian and was horribly bullied. Her teachers did nothing to protect her until she came out as trans. She has been identifying as a boy since this point, and she is affirmed at school without consultation with parents. She has had a girlfriend for past two years, and over time is feeling more confident in her body, which is great. I feel in my heart that she will come to see herself as a lesbian, which is wonderful. All of our children have gay godfathers, so we are very comfortable with gender non-conformity.

If she is to move to Scotland, she may be living somewhere with a faster process, a lower age, and without a medical element. What if she gets a GRC and later realises that she doesn't want one? If she does change her mind, will she still be male in Scotland? Will she be male in Scotland but not in England? Is there mental health support available for those who change their mind or who are struggling with their gender identity?

Witness D

I'm the father to a 17 year old girl who identifies as a trans male. My daughter is currently estranged from myself and my wife. She came out to some relatives last year but hid it from myself and my wife. She lied to us about a number of things, and persuaded us to let her leave school at 16 because she suffered from extreme anxiety. We thought this was due to the pandemic, but now we wonder if it was because she didn't want to be honest with us about being trans. She will not talk to us. I am the father of what I feel is a child, who is planning on taking testosterone, having surgery to remove her breasts, and possibly having surgery to construct a phallus. I do love my daughter very much and it horrifies me as a father that my child can be taken through the NHS, paid for by the Scottish Government, to self-harm in such a spectacular fashion. I am reading about increasing numbers of girls and boys, young women, young men, who are, after going through surgery, realising they made a mistake and I do not want that to happen to my daughter.

We were hopeful that the waiting lists at the Gender Identity Clinic would give us time to talk to her, at least to hear her story, why she wants to do this. I believe she was groomed online. If she had been willing or able to talk to us, we would have listened, but she will not talk to us. I have expressed deep concern at what is happening to

children who are being encouraged to identify as trans. I have expressed my concern, very vocally, and she has heard this, and maybe that is why she will not talk to us.

It is my feeling and belief that the Bill will make it easier and more likely that the young people of Scotland will go on to do things that they cannot undo. It will make it easier for them to get testosterone, it will make it easier for them to go down the route of surgery, and it horrifies me. In England, the government has asked for caution and for consideration about what we are doing to our children. In Sweden and in Finland, two countries that we would consider progressive, even in France, they are backtracking on giving puberty blockers and cross-sex hormones to teenagers, but we in Scotland are considering moving full steam ahead to give 16 and 17 year olds a Gender Recognition Certificate and I think that is horrific. And I do believe, and I feel I have to say, that there will be lawsuits. There are children already who have been harmed by hormones and surgeries doing things to their bodies that cannot be undone, and if this continues I believe that MSPs should be aware that there will be consequences, for the government, and you as MSPs will be held to account for what is happening to our children.

Witness E

I am the parent of a 14 year old who has identified as trans since she was 12. At 12 she was under the influence of a charismatic, older, cooler friend, who was trans identified. She had been doing a fair amount of online research, even though we were careful regarding internet usage. My partner and I decided to adopt a 'wait and see' approach. We told her that she was a girl and that we didn't think she should transition socially, but that it was ok to explore who she is. We have avoided any NHS contact, as we were afraid about the impact of doing so.

We have done lots of work as a family, for example, sending her on a mindfulness course. She is still trans identified but is happier. She is doing lots of sports and her body is fit and strong. She had previously been dysphoric about her body, as she had gone through puberty early and she hated it. But now there are signs that she is becoming happier in her body. She initially wanted binders, medical treatment and so on. Now, the desperation of the early few months has gone, though she still identifies as trans. Initially, she thought that if she could transition, it would solve all her problems. Now she knows that being a teenager means worrying about things, and that it is normal to experience difficulties. She is more able to understand this as a 14 year old than she was at 12 years old.

Had the Bill been passed at this time, and if her teachers had been affirming her from the outset, I think it would have been harder for our family to have this two year breathing space.

I am a lesbian and have been a practicing surgeon throughout the time that civil partnerships were passed. I am very aware of the impact that legislation can have on society. I'm not sure that something that comes with such a heavy life-long medical burden should be normalised for our children. Legislation can cause significant and rapid social change.

I feel that there has been so much more awareness of these issues in last five years. It would have been appropriate for Tavistock to provide us with relevant evidence, but they didn't. In five more years, we'll have even more evidence. I am not sure that this is the right time to be making this call.

Pam Duncan-Glancy MSP: The National Gender Identity Clinical Network for Scotland said that GRCs weren't factor in the medical process of transitioning - what do you feel about that? What would you say to the fact that they don't see GRC to be key factor or that it is considered separate? The need for support for these young people is clear: what could we do with the Bill to ensure they get the support they need?

Witness A: David Parker from the NGICNS was speaking from the adult clinical point of view mostly. There is no requirement for a GRC to medically transition. But we are saying that our children's sense of urgency will be exacerbated by being able to get a GRC at a younger age. It is irrelevant that you don't need a GRC to medically transition.

Witness D: I think you're asking the wrong question. The question you should be asking is should we make it harder for people to get a GRC? And I think the answer is yes. We only fully mature emotionally and mentally in our mid-20s. I don't think we should give young adults a GRC until they are at least 25.

Maggie Chapman MSP: With regards to support: it seems to me that there is a gap in support, for you as parents and for your children. Could any of you say what we should be looking at alongside the scrutiny of the Bill? And regarding reversibility: if the Bill was agreed as currently lodged, but there was something we could change with regards to reversibility, what would that look like to you?

Witness B: Regarding the medical aspect, we have spoken about the fears of your child going down medical pathway. The concern we have about social transition is that it solidifies in their mind that they do need to change their body. Since detracting from identifying as trans, my daughter has been an avid follower of people who are funding for surgeries and talking about medical transition. In this group of young people, this is what they are aiming for, and having GRC will cement this position.

[Witness C in chat: Cass says social transition is "not a neutral act"]

Witness B: My daughter didn't want to socially transition at school. She was scared of the bullies, some boys at school were already being horrible to her and she didn't want to bring attention to herself. I was still terrified to talk to her school and doctor about this, because I was worried that I would be told that I would have to accept her as my son. But I had to because she was suicidal. But both school and doctors were great. They didn't push her down any route, they just listened to her. We should encourage this approach. Don't just affirm a child straight off.

Witness D: CAHMS Scotland is utterly overwhelmed. We tried to get our daughter help through CAHMS but ended up having to pay for a private counsellor because of the CAHMS waiting list. However, after paying for counselling for seven or eight months, she just got further away from us. She could talk to them but not us. The treatment seemed to be enabling her to turn her back on us. You have to give your child more and more freedom at that age, but you hope they will listen to you about these radical life changing things. We have a fear when seeking treatment for our children that the people will not just listen to them without setting them off down a path. There is a great deal of fear among practitioners. They don't feel able to not affirm. They feel compelled to by society or by the risk of a complaint. This needs to be looked into when we are thinking about support.

Witness C: We had the opposite experience to **Witness B**, though we are in England. All the adults in my daughter's life immediately affirmed her as a boy. It's been really hard. I assumed we would work in partnership for the benefit of the child. It has been confusing for my daughter to have NHS doctors and teachers to be saying to her that everything is fine. Though, the NHS doctor has said to me that she is against medical transition for children, but that she is worried. The leadership team at school has said that they don't believe she is a boy, but they affirm to her that she is. It is confusing for kids to receive such mixed messages. I was a rebellious teen, but I never had adults in positions of authority disagreeing with my parents. That would have been confusing. In terms of support, it would be nice to be working in partnership with the other adults and professionals in my daughter's life.

Witness A: When we met the GRC Bill team in January, they told us reversing a GRC would be as easy as getting a GRC, but there's nothing in the Bill that says this. I would like to see the Bill echo the terms and language used for getting a GRC in order to reverse it. I am worried that this will get forgotten about and neglected.

[Witness B in chat: At the intro of the Bill in March the following statement was made and it would be interesting to know what such support, through Schools etc. might consist of - this will need to be designed very carefully, I don't believe schools are currently equipped to deal with this - "We have concluded that the minimum age should be reduced to 16, with support and guidance being provided to young people through schools, third sector bodies and National Records of Scotland."]

Rachael Hamilton MSP: I have been asking many witnesses whether we should pause passage of the Bill until we have seen the Cass Review. Most have said yes, though some have said no. What is your opinion? When you sought help, is it standard procedure for the clinician to go through the process of asking questions that may find that an individual may have something else going on or worrying them, or whether they may have a comorbidity?

Witness A: I don't think anyone here has direct experience with Sandyford. But parents who have experience with Sandyford describe it as simply being screening service to see whether you are eligible for hormones or puberty blockers.

Witness E: Governing bodies for some years now have worked on the preposition that medical transition is the appropriate way to treat gender dysphoria, and these are the guidelines. It is a brave psychologist at the moment that sticks their head above the parapet and goes against the guidance. There may well be psychologists who are open to more exploratory or wait and see approaches, but who feel they cannot express or pursue this because of judgement from colleagues.

Witness A: As soon as a child mentions gender identity issues, all other issues are forgotten about and this becomes the focus. The Bill should be postponed until after the Cass Review has been published.

[Pam Gosal MSP in chat: can I ask a question as I can't speak but will type it, we have heard from many witnesses from other sessions that 16 is the right age and that if a person can decide on]

[Witness C in chat: Pam, for me, marriage is reversible. And you can vote differently next time. GRC and transition much harder to undo]

[Witness D in chat: Personally, I feel the voting age should be increased back to 18.]

Witnesses F and G

Witness F

Good evening Committee Members. I use she and her pronouns. On behalf of the 200 families involved with our group I would like to thank the Committee for asking to meet with us this evening. We are not a charity, or a lobby group. We have no paid employees, no constitution, and no power. We are simply an informal network of parents who needed to find others in a similar situation because the isolation was too difficult. The first meeting was held nine years ago by a family receiving care from the NHS Youth Gender Clinic in Glasgow. My husband, **Witness G**, and I have been members for the last 4 years. We took over as the main volunteer coordinators of our network last year. My husband and I are part of the team of more experienced members who all volunteer their time. I now answer all the emails and act as the first point of contact for any new people who contact us for help and support. Together we host the monthly online meeting for those who need it.

Gradually over the years the network has grown to have members from across Scotland. Our current families' offspring range in age from 3 to 33, and our premise is simple. We share our experiences and support each other through a combination of a secured Facebook group, and monthly online Zoom meetings. Occasionally we have face to face meetings too, when we can find a safe venue, but that can be a challenge. Most importantly, we are all just very ordinary families who have found ourselves in quite extraordinary circumstances. These families are invariably in some level of distress when they reach out for peer support. Sometimes they are still in shock with their child only having come out to them in the previous few weeks. Sometimes they have been struggling with this for several years with no one around them who understands. What's common to all is fear for the future, and an overwhelming feeling of isolation. Shame, confusion, family conflict, and usually a sense of loss and grief for the future you had once imagined for your child, but which is now possibly changed forever.

The common thread is love. How do I protect my beloved child when it feels like the world has no space for them? When there are people so determined that trans people should not even exist? Should I believe my own child, or should I listen to random people on the internet? Should I insist that what I was taught 40 years ago in 2nd year biology lessons in high school is more valid than what all the international medical and psychiatry organisations have to say today? They all agree that trans people are real, and that our offspring are not mentally unwell. Trans people have always existed, and they are simply a very special part of the glorious variety on our planet that has made it thrive.

So, what do we say to the new families who reach out? We tell them to hold their child and try to listen. To tell them their home is a safe place for them to explore their

feelings and you will walk beside them while they do that. There are so many ludicrous lies spoken about our families, and some have even been given as evidence to your committee. We are not taking gay kids and making them trans so that they won't be gay. Every single one of our families would be incredibly relieved if our young people were just gay, because no parent wants their child to have to face a life as tough as this one. A person's sexuality and sense of gender are totally separate from each other anyway. And here's another vital point: All these trans critical people who say they would have been 'transed' as a kid because they were a tomboy honestly don't know what they are talking about. The extremely low numbers of young people actually accessing gender affirming hormone treatment on the NHS tells you that.

If you can, try to imagine the total number of trans people in Scotland as being like a pyramid. At the bottom is the majority, the trans folk who only feel the need for a new name and pronouns to fit into their world better. The further up the pyramid you go, the numbers become smaller, encompassing the folk who might change their appearance and clothing too. Eventually you reach the top, those small numbers of people who feel a very deep need to have some version of medical assistance. Only a very small number need surgery.

That is what I will usually tell our new parents. Their child's path is not set in stone. Walk beside them and see where their journey takes them. They will be challenged very firmly by the clinicians. All they need from you is an ear that can listen and a heart that will hold them up. Take some of the heavy burden they have been carrying all by themselves. Parents are usually the last to know, and sometimes they feel anger because of that. I tell them it's because the young trans person knows the pain this news will cause and the risk they face of losing their family's love. Trans adults have described their experience as a very long period of 'coming in' to themselves before they reach self-acceptance and feel able to come out to others. This period can be years. It was in our case.

Unfortunately, once our young folk find the bravery to come out to us, our families are catapulted into a storm of controversy. What should purely be a private family situation has become a hot topic for a media desperate to keep their newspapers and websites afloat. Some politicians have been using their privileged platforms to make our lives so much harder, both in Westminster and in Holyrood. They often will say they have empathy for our situation but are actively working to make everything harder for our young people, including their access to education, healthcare, and sport. To those people I would say this. The young people are so much better than us. The world is changing, thanks to them. They will be voting. Perhaps you should pay more attention to them instead of folk in their 50's and 60's who are finding change hard to handle. People who don't recognise their own level of privilege and see themselves as the victims will try to tell you that women's human rights will be

lost by this Bill. But human rights are not an apple pie where everyone gets less when you share it out. By lifting everyone, we all benefit.

Over the last 5 years our families have had to keep their heads down, trying hard to avoid the glare of the media spotlight, when our only motivation is to help support our young folk, and keep them safe. We have no voice in the constant angry debate that rages around us. The world listens to a few outspoken people with very large social media platforms, but who are badly informed. I can't really describe how it feels to see and hear the ignorance and hatred directed at us and our offspring, but I can tell you how damaging and terrifying it is for our newer members, in particular the parents of young trans girls. For our families there is tremendous risk in speaking publicly. So, thank you for inviting us tonight, and thank you also for protecting our privacy and safety by making this a private session. It would have been impossible otherwise. Thank you also to the other families who have joined us tonight.

We are here to discuss the proposal of Gender Recognition Certificates for 16 and 17 year old transgender people. Our own child falls into that category at the age of 17, and he has given me permission to talk about him tonight. He came out to us 4 years ago, and we were not surprised, although some families are. After several months of family discussion, and a lot of research, we agreed he could fully socially transition in school and every aspect of his life. We obtained a Statutory Declaration (witnessed by a Notary Public) to change his name officially, and used that to correct his school record, bank accounts, NHS number, National Insurance record, Young Scot Card, and his passport. He recently also obtained his provisional driving licence in the updated name and gender and voted in the recent Scottish Parliament elections.

Each one of these steps has been hugely important to him and us, demonstrating clearly the serious attitude with which he approaches his life. He received his SQA exam certificates in the corrected name and will soon apply to university using them. His gender has also been amended on all the appropriate documents. Many of our families will tell you similar stories. The only document not amended is his birth certificate. In every other aspect of his life, he is living authentically, alongside his peers, and has been for almost four years. But the state will not grant him a Gender Recognition Certificate as the law currently stands. His rights are not currently 'equal' to his peers.

Obtaining a Gender Recognition Certificate before turning 18 would mean he could start his adult life without the burden of administrative confusion, and he would see that the Scottish Parliament officially recognises and respects his identity and his rights. As young people move away from home or start work it is so very important to have consistent gender markers across all documentation. This is vital to protect their privacy and their safety.

Many of our families know how very beneficial it has been having an official Scottish Government Schools guide on supporting transgender pupils. That official government badge has led to a significantly more positive attitude from schools. We have seen a direct improvement in our young people's school experiences since that guidance was launched last summer. It's a very good example of how positive Government action can change people's lives for the better.

To be formally supported and validated with a Scottish Government badged GRC would be a hugely significant improvement for our 16 and 17 year old young trans people. They would feel able to take their full official place in the world, recognised just like their peers. Our group hopes to see the same rights extended to our other member families supporting their young non-binary people as soon as possible too.

To sum up, this Bill could significantly improve the status and lives of our young folk and their families and would be greatly welcomed. Life is so very challenging for our teenagers. Everything is much harder for them than it is for their peers, and our parent members could not be prouder of the resilience and persistence shown by them. They are having to change the world every single day. Our own teenager is just as amazing. He is a wonderful guitarist and singer. He is funny, creative, and brave. He is a senior prefect at school and runs the local LGBTI group. Like all our group's young folk, he deserves a Gender Recognition Certificate, and he shouldn't need the approval of a panel of strangers to confirm to the world who he is. He doesn't need a three month reflection period. He's been telling us for years, and all we had to do was listen.

Thank you so much for considering our experiences and our opinions. I will now let my fellow parents introduce themselves too and then we will try our best to answer any questions you may have.

Witness G

My experience has been the same as **Witness F** described. We came to the group when we were confused and worried. I'm really committed to supporting the group and **Witness F** because I'm a dad. I think we sometimes don't have enough dads in the conversation. It is really important to include them.

Witness H

I'm a mum to a 16 year old transgender child who transitioned at 10 years old. We had the support of our group. He is fully transitioned in all aspects of his life, and he is wholly supported by his family and peers. The younger generation are very supportive of each other, and I think we could all learn something from this.

Currently, the school system allows him to be 'known as', but this doesn't change his gender marker on the system. Having a GRC at 16 would have made things so much easier for him and for us as a family. If society says they can start their adult journey at 16, why can they not determine their own identity?

Witness I

I have a 15 year old trans non-binary teenager. Non-binary people are affirmed by the NHS, Young Scot, the electoral roll, etc. But now that my child is eligible for citizenship, we are hesitant because they will be forced to choose a gender they are not. So, we have put this process on pause. This is another way their life is on hold. I was shocked to recently hear MPs say that a document with an incorrect gender marker on it should not be upsetting. Reform to the GRA is essential for my child and for many citizens who wish to contribute fully to Scottish society.

Pam Duncan-Glancy MSP: Some, including the Children and Young People's Commissioner, say that young people need support to approach this and to go through this process. Who might we suggest provides that support? And what changes do we need to make to the Bill to ensure that support is available?

Witness F: Often, by supporting the parent, you support the child, but 16 and 17 year olds are often fairly independent too. School support is also important - just one supportive adult in a trans child's life can make all the difference. LGBT Youth Scotland are doing very important and useful work – and they were a source of support to our child. We were lucky to access services as we are in a city, but there is a lack of services and help available for those in rural areas. LGBT Youth Scotland could be expanded.

Witness I: LGBT Health and Wellbeing are also a great resource, but their remit is 16 and over.

Maggie Chapman MSP: Do young people know their own minds, and have the responsibility, agency, or ability to make these decisions?

Witness F: I've met a lot of young trans people, of all ages. They have blown me away with their maturity. They think very deeply. We do know that they know from a young age, but the age at which people come out is often to do with their personality. Quieter children may not come out until a lot later. From age 5 you start to pick up on what society is telling you about your gender, and who you're told to be. Because of this, children realise from a young age why they need to keep it secret. Then when they hit puberty, it becomes too much, and they can no longer pretend. Unfortunately, for many children who find their voice, their parents cannot accept it,

no matter how many times and no matter how clearly they say it. Or, many children are aware of the feelings of shame and feel they cannot say anything because they do not want to hurt or upset their parents.

Witness I: At 16 and 17 our children are legally capable of doing so many other things. I don't know why they specifically wouldn't know or be able to in this one instance. GIC wait lists are years longer than is supposed to be legal. Children wait for years to even get into a clinic, and then have another year long assessment period. There is no rushing or triaging if you have already started puberty. The idea that this is happening overnight is ridiculous.

Witness H: These kids go through so much. They are asked so many times "are you sure?" and are told "you can change your mind", again and again. And every time their answer is the same: I know who I am, this is what I want.

Witness F: With regards to kids with variations of sexual development, there is a move to no longer perform unnecessary surgery on these children, but instead to wait until the child is able to tell you who they are themselves. They are generally able to tell at 5 or 6 years old. If they are able to, then trans kids are able to too.

Karen Adam MSP: Should a diagnosis of gender dysphoria be required, or is self-ID enough?

Witness F: My opinion is that self-ID is going to be the way forward in the future. Gender dysphoria varies from person to person, in times of your life, and depending on your circumstances. Our child has less dysphoria now because he is living successfully as himself. He has no mental health issues. He is able to live as himself.

Witness H: Most trans kids will have some degree of gender dysphoria. My child does struggle with it, and maybe always will, but only from time to time.

Rachael Hamilton MSP: You mentioned receiving toxic abuse – why and when does this happen? Regarding provision in the Bill for detransitioning, do you have any thoughts about that, or have members of your group experienced that?

Witness F: Our first experiences of toxicity were in school. Mostly it has come from parents, which is understandable because parents love and want to protect their kids. That's why dads often struggle – they are wrapped up in protection. Parents will fear trans kids because they hear that it's catching, and because of a fear of the unknown. People fear the other, and sadly they are too ready to listen to people on social media, rather than from families with lived experience, like us. Regarding reversal, we always tell our members that every gender journey can vary over time. It's never a straight line. In the past, gender was very binary, you were given two

options. Young people now are aware that that is not the case. I don't personally know of any parent whose child has detransitioned. We always say: "you are in pain, you feel this way, so we could try it as an experiment. If you change your mind, that's ok." For many, changing their pronouns and their name may be enough, maybe forever or maybe for a while. We support everybody no matter what their journey is. You would need to speak to people who have detransitioned.

Witness I: If you are seeing gender as a journey, detransitioning loses meaning, as it becomes part of someone's journey. Studies show that the number of children who transition and then change their minds is very small. There was one story that really hit the media, but the research showing that lots of children change their minds and de-transition is very minimal, and it has been debunked and found to be erroneous.

Joe FitzPatrick MSP: Should we wait for the Cass Review to be published before progressing with the Bill?

Witness H: The medical side of things has looked at the whole picture and has now reassessed treatment options based on where someone is in puberty. It is evolving all the time. We need to look at this, and work with our children and what they want. If the medical side can do this, why not the legal side?

Witness F: The Cass Review is NHS England and has worked with Tavistock, which approaches trans children differently. Sandyford in Scotland is much more child-centred. Tavistock has much more rigid procedures. Getting a GRC is nothing to do with healthcare. Medical intervention and healthcare aren't in the GRA. Hilary Cass has said she doesn't feel she has anything to add to the discussion. No, I don't think we need to wait.

Rachael Hamilton MSP: How many of your group have sought help at Sandyford vs over the border in England because they couldn't get an appointment at Sandyford?

Witness F: I can tell you as an NHS employee that the NHS has no way of knowing what a person is doing in their own private healthcare. If you go to England for plastic surgery, you won't tell your Scottish GP. If you want information about healthcare for trans people, you can come and talk to me or to our group, but the Bill has nothing to do with healthcare.

Witness I: People are certainly not going to England from Scotland to be seen by Tavistock, as the wait list there is even longer than at Sandyford.