

Witness A

Thank you for the opportunity to speak to you all. I am 54-year-old teacher and trade union officer. I sometimes describe myself as a transsexual. I transitioned socially in 2012, began hormones in 2013, was referred for gender reassignment surgery in 2014, and had the surgery in 2016. I was an NHS patient throughout this process, and I really appreciated the NHS system.

I married my wife in 1993. We had been together for 20 years when I transitioned. It was very hard for her, harder than I knew or could have known at the time. We have three children, who were 14, 10 and 12 when I transitioned. It was equally hard for them. It fell to my wife to tell the school and to counsel the children while I transitioned. This was more of a burden that I was able to realise at the time. Families transition with us. 10 years on and we're still a family.

After my surgery in 2016, I was discharged from the Gender Identity Clinic. At that point I knew that what I wanted was to keep my head down, to keep my job and to stay out the press. Transition was something I did to relieve the distress I felt so that I could get on with my life. I needed to transition, but it is a drastic measure to take, on our bodies and our relationships.

Throughout my transition, the NHS, my colleagues, and my peers were understanding. They were more concerned about my ability to do my job well, and to be a good parent and community member. Things have gotten harder over the past few years. I first thought that things would get harder when I found out that Westminster was discussing issues about gender self-identification in 2016.

After the House of Commons Women and Equalities Committee published their inquiry on Transgender Equality, I warned people about reforming legal gender recognition, and I think these warnings are still valid. I wrote on my blog about it at the time, about the fact that good will may come to be replaced by suspicion. That there may come to be worries about abuse of the system by predatory men. I raised concerns that self-ID may make things worse and more dangerous for trans people. I believe that self-ID is a catastrophic error which risks the safety and rights of trans people.

I am a trans person and I campaign for trans rights, but I am regularly ignored and de-platformed for questioning self-ID. It won't prove to be the solution all our problems as it is often represented. Just because other countries have done it, doesn't mean we have to.

Gender transition is a bizarre thing to do. In some ways, it is remarkable that society accepts it at all. I am still as male as I ever was, I have male chromosomes, I fathered 3 children, etc. But society has made concessions and accommodations for me in the knowledge that there is a real psychological condition going on here. The removal of medical requirements is wrong. Being trans is being reduced to a whim or a fad. I see trans rights being belittled.

I have never applied for a GRC, nor could I envisage ever doing so. This is because, in 2013, it would have affected my marriage. Our church marriage would have become a civil marriage. After I transitioned, I felt no need to change my past by altering my birth certificate. I had to own my past. I was a man who had to transition. This is the truth. The truth is something that cannot be denied.

Maggie Chapman MSP: You spoke about the impact on your wife: what say should a person of interest legally have in the process? Also, you see trans rights being minimised, could you elaborate on this?

Witness A: I'm more familiar with English law. In England, same-sex and opposite sex marriage are separately legislated. When someone gets a GRC, it changes the nature of the marriage accordingly. In doing so, I think that both parties need a say. There needs to be a mechanism by which, when someone gets a GRC, either party can bring the marriage to an end as a result, without there needing to be fault and without having to hit out at the other person.

There also needs to be a way to do this for people with religious objections to divorce (i.e., they would need to be granted an annulment). If a spouse does not agree to the nature of their marriage changing, an interim GRC should be issued which will allow the marriage to be ended.

Regarding the minimisation of trans rights: I do think it's remarkable that society accepts trans people. But, at the base of this acceptance is the feeling that this is something medical that trans people need to do, not just something they want. Having medical evidence shows that transition is something we need. People like to see that there is some sort of process or gatekeeping in place, as this shows that the people who are transitioning are those who need to do so, and that those who don't need to won't. What they're looking for is a meaningful process of gender reassignment, and I think that's important.

Pam Duncan-Glancy MSP: Is it your understanding that the existing process that people can use to access gender reassignment isn't difficult? We've heard a lot of people say that it is difficult to access support and assessment, and they feel the process of getting a GRC is intrusive. What would you say to those people, or to those who don't consider themselves to be mentally ill?

Witness A: The process really isn't cumbersome. Compare it to applying for British citizenship, which is cumbersome and expensive. Those I know who have been through the current process say that the secretariat is helpful and will help you put your evidence together. However, the wait to get the medical evidence can hold people up. I was an NHS patient the whole way through, and I had a good experience. The NHS in the last 5 years has broken down, with waiting lists now 4-5

years long. Trans people want the expert support they need, and this isn't happening. While we are talking about self-declaration, this problem is just getting worse.

I don't believe any of us have a gender identity. The term was coined in the 1960s by an American psychiatrist, and was used to describe adherence to gender roles. I think what we have is biological sex. This Bill is about people wanting to be recorded in law, on their birth or death certificates, as a sex they are not. To do this without evidence of some psychological distress is remarkable. Gender identity can't be explained without circular reasoning.

We're allowing people to link biological sex to gender identity. Take away the sexist stereotypes, and there is nothing left of gender identity.

Pam Duncan-Glancy MSP: Trans people have been accessing single sex spaces such as toilets for a long time, for the most part it hasn't been a problem. Do you think it is the current discourse or this legislation change which has increase suspicion about trans people in these spaces?

Witness A: The proposed change in legislation preceded this discourse. Since this has happened, I have been reported to my employer as a danger to children. Thankfully I have the support of my employer. People don't feel any hesitation about trying to take my livelihood away. It's a really tough debate. I want to protect everybody's rights.

Rachael Hamilton MSP: As someone who is very comfortable in their own skin and publicly outspoken, do young people come to you for mentoring or advice? Can you tell us why you feel so strongly against lowering the age limit to apply for a GRC?

Witness A: I do feel strongly about the age. We don't let kids get tattoos because this has a permanent effect on their bodies. When I was 16 I could buy cigarettes and fireworks, but we have brought the legal age for buying these up to 18, because these things are dangerous. 16 and 17 year olds are not mature enough to make this kind of decision.

It puts medical professionals in a very difficult position if a 16 or 17 year old gets a GRC based on self-declaration. It makes it much more difficult for them to deny medical intervention to the patient. Young people will get a GRC and then have an expectation that they will receive medical treatment.

I do give people advice. I tell them that, usually, the hardest place to transition is in your own head, and that most people don't care that you're trans. The second piece of advice I give is to think about the impact transitioning will have on your relationships. I avoid counselling youngsters because I am not qualified to do so.

When young people talk to me, I am happy to listen, but I will always signpost them to people who are qualified and able to help them (their GP, pastoral care in school, etc.). I am a teacher, not a therapist. Youngsters need the help of experts.

Unfortunately, the pressure on young people's mental health services at the moment is immense.

Rachael Hamilton MSP: What are your thoughts on the interim Cass Report?

Witness A: It raised concerns about the Dutch Protocol. The Dutch protocol has been a make it up as you go along approach. Pre-pubescent children with gender dysphoria have had their puberty delayed using drugs that are not licensed for this purpose. This protocol was applied at the Tavistock to teenage girls, who may have had gender dysphoria, but it may have been something very different to what the Dutch children were experiencing. I think we should all wait for the final Cass report and take it on board before we progress with anything else.

Karen Adam MSP: In terms of gaining a GRC, although you don't have one, you thought it wasn't cumbersome. Where does that opinion come from? Have people you know who have gone through the process said this?

Witness A: Yes, the process is not difficult. The hardest part is getting the medical reports. This needs to be addressed. We should be campaigning for those medical reports to be quickly and easily available. We need to make them an NHS service. It is a travesty that people have to go privately to get them. Providing them through the NHS might also improve the quality and expertise of the reports.

I compared the process to applying for British citizenship because it changes your relationship with the state. We need to look at them in parallel. And compared to this, getting a GRC is easy. It is akin to filling out a tax return.

Karen Adam MSP: When we're looking at this Bill, what can we look to do to improve the discourse and narratives that are being pushed, and to reduce the aggression?

Witness A: People start to worry when we remove the debate from physical reality and evidence. Biological sex is a fact.

Karen Adam MSP: What about intersex people? Someone can present outwardly as a woman but have XY chromosomes.

Witness A: To conflate trans people with intersex people is wrong. Intersex people are male or female. There are women with XY chromosomes – it is a diagnosable medical condition. But most people have typical chromosomes. Like me, I am a male with typical XY chromosomes. When we lose this in the law, it makes people uncomfortable and anxious.

Regarding the discourse: elsewhere in the world, these discussions have not happened. My employer does regularly get written to. I have been reported to the police. This was done by trans campaigners because I have different opinions, views, and ways of supporting trans rights.

We need to come back to reality and basing things on fact. When we base things on feelings, it is those with most power who will prevail.

Pam Gosal MSP: Regarding bad faith actors: what makes you worry that predatory men will access women's spaces?

Witness A: There's no gatekeeping involved. In Ireland, no GRCs have been denied due to someone making a false declaration.

What I come back to, is that trans women like me are male. Most of my male friends are decent, and they would not abuse women or invade women's rights. However, some men are not decent. The only difference between a man and a trans woman is that the trans woman says they identify as trans. Self-ID lets society treat this whole group exactly the same as women. If there is any loophole in safeguarding, those on the lookout will take advantage of it. Most men won't abuse this loophole, but some will. As a teacher, I have learned that, where there is a loophole, those on the lookout for it will find it and abuse it.

Trans people will suffer too, as all of us will be treated with suspicion. If I could self-identify as disabled, it might not be an issue for me to do so when, for example, filling out a form. But if this allowed me to get a blue badge, then disabled people would suffer. This brings into disrepute all the processes that trans people use and rely on.

Pam Gosal MSP: If the Bill is passed, will more people apply for a GRC, and will it open up to bad faith actors who will do anything to get into single sex spaces?

Witness A: It has happened in Ireland. The prison service I think is now looking to tighten up their naive policies. If you open it up to a wider group of people, this will happen. The GRA was designed for a small group of people who had been through a meaningful process of gender reassignment, they estimated 5000 people. This has proved accurate, as around 5000 currently have a GRC. However, around half a million people in the UK identify as trans. If people can self-declare, they will. You are now dealing with a larger and different group of people.

Rachael Hamilton MSP: What do you think it means to live in an acquired gender?

Witness A: It's nonsense. It means following sexist stereotypes. I look at human beings and relationships. We are sexed beings, and, like every other species, we signal our sex to one another. As individuals, we have a sex and signal it to others. I think there is something in that. I signal in the same way that women do because

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that makes me more comfortable within myself. But 'acquired gender' tells women that they should be living in a certain way because that is what makes them women.

Witness B

I am 41 years old. I was referred to the Gender Identity Clinic in Edinburgh in 2000 when I was 19, and I was seen a few months later. The waiting lists were much shorter than they are now. I changed my name and started hormones fairly quickly. I then had top surgery. I have a GRC, which was issued in 2009. I got a GRC in order to get married because, if you wanted a religious ceremony at that time, it had to be a marriage rather than a civil partnership. Subsequently, in 2014, I changed my name back. I also stopped taking testosterone at that time. I consider myself to be non-binary, and I am still absolutely transgender. I don't regret any of my past decisions: I made a choice, with the options I had available to me at the time, which best met my needs. There wasn't the same amount of information or options available at that time.

Witness C

I am 68 years old. I first transitioned when I was 20. I always knew that I was trans and that I would act upon it, no matter the price. The price for me was estrangement from my family at quite a young age. But it was either that or suicide, so I chose to transition and to become estranged. I went to see my local GP, who had no idea what I was talking about, but referred me to a psychiatrist, who then referred me to another psychiatrist, who then referred me to Dr R, an expert in psychosexuality. I went through a very stringent procedure with this doctor. For 6-12 months I had to do very stereotypical working-class male jobs (for example, a window cleaner, working on the railways) before he would allow me to get hormones. Then I had top surgery, and then a hysterectomy. After a few years, I read some radical feminist books, and they changed my life completely. I became a radical feminist, stopped taking testosterone and detransitioned to live as a lesbian, for purely political reasons. I did this for around 25 years. Then, I moved to Edinburgh and, at 52 years old, I met other trans men for the first time. I saw a very different doctor, Dr M, who asked me about my life. I decided to transition back to being a man again. Since then, I have been happier in myself than I ever have been in my life before.

Maggie Chapman MSP: What are your thoughts around the Bill's proposal to remove the need for a gender dysphoria diagnosis?

Witness B: I'm not sure it would have made any difference in my circumstances as, by the time I applied for a GRC, I had been transitioned for around 8 years and I was discharged from the service. It just involved some extra, inconvenient bureaucracy. But I think it would be a good thing to remove that responsibility from doctors. There is a slightly adversarial or distrustful relationship between trans people and doctors because doctors can decide whether or not you can get treatment. They get a say in your future, and hold huge influence over your life, and this means they hold a lot of

power. This means that people don't trust their doctors fully, and they may withhold information from them in case it gets misconstrued. Certainly, in the past, there was the sense that you had to conform to certain gender stereotypes to be approved. Anything that removes that medical aspect is a good thing. Also, the waiting lists are extreme. Far more people transition socially nowadays before they ever even get to see a doctor. I think it's right that the paperwork reflects this reality.

Witness C: I agree. I had to see two psychiatrists before I could access hormones, but I don't think that would happen now. It can create a very adversarial relationship. I think the non-binary option also needs to be emphasised more. It is currently too dualistic: people feel they have to choose between being a man or a woman. No one ever does or really ever has questioned my gender in public, I just want getting official documents changed to be made much easier.

Pam Duncan-Glancy MSP: What are your views about the process to detransition proposed by the Bill?

Witness B: I'm not clear on what the proposed process would be.

Pam Duncan Glancy MSP: It would effectively be a reversal of the process to transition, you make another declaration to the Registrar General, and the process is repeated in the other direction.

Witness B: That seems perfectly reasonable. I can't see any reason why there would need to be any other provision.

Witness C: I agree with **Witness B**, I can't see how it can be improved. It can be very fluid, and if they want to change again then they should be able to.

Karen Adam MSP: You both went through life-changing surgical procedures. Why did you feel after that that de-transitioning was something you should do? Was that part of your process? There is concern that, without the medical gatekeeping, people will have these medical procedures without thinking it through.

Witness B: Yes, I had thought it through. If you go through the NHS, it takes a very, very long time to access medical treatment. If you go privately, you still need a medical referral and opinion, you still have to wait a while, and you have to pay a lot. Having a GRC doesn't impact the checks that are done before someone is approved for hormones or surgeries. Reforming the Gender Recognition Act will not reduce in any way the requirement for a doctor to carefully assess that a person is psychologically ready and sufficiently informed before receiving any hormones or surgeries. It was euphoric for me to have top surgery. I hated having a feminine body, and top surgery and hormones largely solved the dysphoria for me. The social stuff feels artificial to me, no matter what I do gender-wise. For me, it was largely

about the physical, and about being comfortable in my own skin. After the medical interventions, it wasn't particularly important to me what gender people perceived me as. I just don't feel much of a connection towards any gender, but I am absolutely happy that I had the medical interventions I had – they were vital for me.

Witness C: I feel it was part of my journey. I thought about it very deeply when I was planning it as a teen. I felt great torment, but I had no option. The first time I transitioned, I felt much happier. When I became a radical feminist, it was a more complicated feeling. There was a lot of diversity, people looked very different to each other. So, I did fit in, and I never regretted the operations, even then.

Rachael Hamilton MSP: Should the minimum age to apply for a GRC be reduced from 18 to 16? Do you believe that, when you made the decisions you made initially, you had something which influenced you to make those decisions, or were they made independently? Is it important that there is the right medical intervention? Were you properly advised?

Witness B: From my first referral to starting hormones took around 8 months. [Asks for clarification].

Rachael Hamilton MSP: Is the information available for young people to be able to make the right decisions?

Witness B: This was in the late 90s, around the millennium. The internet wasn't what it is today. GPs knew largely nothing, and you were reliant on the community. At that point, the Harry Benjamin standards were still in force. You were required to be in employment for 2 years, there were strict guidelines on conforming to a gender role before you could get treatment, and you couldn't get hormones until you changed your name. It was a legal restriction: it wasn't that the doctors restricted choices, there just wasn't an option to do things differently. It was a binary choice: either I identified as female and received no treatment, or I could identify as male and get treatment. There wasn't any flexibility. There are more options now, and that is a good thing. I have a good friend who was told that she couldn't access the service unless she turned up in more feminine clothing. She was wearing jeans and Doc Martens, like every other teen girl at the time. You had to conform to the doctor's idea of what a man or a woman is. I am glad this is changing, and I think the internet is empowering, as it helps people to know what their options are. If in Scotland we regard 16 year olds as adult enough to marry, have a baby, vote, join the army, etc., then this is the same sort of right. We might have views on whether 16 year olds should be able to marry, but I think disagreeing with something or thinking it's foolish doesn't mean it shouldn't be the case.

Rachael Hamilton MSP: Should it be quite easy to change your mind and to segue?

Witness C: When I first transitioned in 1975 there was no information available at all, but I still knew who I was, and I always had. The psychiatrist tried to put me off in every way he could. But he did not manage. I would have done anything. Then, the second time, the doctor was a much nicer person, and the field and society had changed dramatically. If 16 year olds can do all these huge things, this should be one of them. People make mistakes in these areas all the time, this can be the same. We would like to stop people from doing all sorts of things, but it's their life.

Pam Gosal MSP: What, if any, safeguards should be in place to protect individuals should they later want to detransition? There is a criminal offense of making a false statutory declaration.

Witness B: [asks for clarification]

Joe FitzPatrick MSP: Are you asking if there should be a clear detransition route, Pam?

Pam Gosal MSP: Yes, without anyone being criminalised.

Witness B: The term 'detransitioning' makes me uncomfortable. I don't think I did detransition, I just transitioned a second time. My GRC still stands, and I am still legally male, and I wouldn't want to change that. An analogy could be made with marriage, in that it is a commitment you make that you intend to be lifelong, but sometimes life doesn't progress the way you thought it was going to, and you decide not to stay together until death. You might separate, and divorce should be an option available to you. That doesn't mean that getting married is not taken seriously. The marriage vows you took were true at the time; your life just didn't turn out as originally expected. Nobody should be criminalised for life not working out as they expected. There are sham marriages, and people may do things for nefarious reasons, and these cases can be dealt with separately to those people who were sincere in what they originally declared, but later on realised that how they see themselves had started to change.

Fulton MacGregor MSP: What are your thoughts on the requirement for a 3 month reflection period and 3 months living in the acquired gender?

Witness C: It was very difficult when I first transitioned. I had to spend a year doing these very stereotypically male jobs before I could get hormones, and another year before surgery. The second time wasn't easy, but it was easier than in 1975.

Witness B: I think that 6 months is a reasonable timescale, but you'll really need to produce some guidance on what it means to be living in the acquired gender. What does it mean? What about non-binary people? They may also want a GRC.