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The Scottish Government is pushing ahead with dramatic plans to make it easier to change legal sex.

The Gender Recognition Reform (Scotland) Bill will lower the minimum age from 18 to 16, as well as dangerously speeding up the process and replacing medical diagnosis with self-declaration, also called 'self-ID'.

The move comes despite rising concern over the impact of trans ideology, particularly on young people. NHS England's Gender Identity Development Service (GIDS) at the Tavistock Centre in London is being closed after an independent review found it was 'not safe'. A key problem is the 'affirmative' approach taken by clinicians, which fails to ask why a young person is identifying as trans.

Scotland's NHS gender clinic for children, the Sandyford in Glasgow, takes the same approach but has received completely inadequate scrutiny.

The Scottish Government's Bill is highly irresponsible. In particular, making it possible for under-18s to change legal sex will tragically see more young people on the transition pathway.

Giving the force of law to a teenager's view of their 'gender identity' will make it more difficult for their parents to encourage them to think again. Christian teachers will also come under increasing pressure

to go along with a young person's self-declaration, especially given the trans propaganda already being used in schools.



EASIER, YOUNGER AND FASTER 'SEX CHANGES'

Under the Gender Recognition Act 2004, an adult can apply for a Gender Recognition Certificate (GRC). They must be diagnosed – by two doctors, including a psychiatrist – with gender dysphoria (feeling they are in the wrong body) and live for two years as if the opposite sex. A GRC means that their legal sex can be changed, including being issued with a new birth certificate.¹

The existing Act is wrong and irrational. The lie that a man can become a woman, or vice versa, is enshrined in law. Even a father of children can get a birth certificate stating he was born a woman. But there are at least some safeguards: only adults can apply; two doctors must agree; and the person must live for two years as if the opposite sex before applying.

The Gender Recognition Reform Bill weakens or removes all these requirements.

Three key changes the Bill makes to the law:

- **Allowing 'self-ID'**, so that people can change their legal sex without any need for a medical diagnosis or any involvement of doctors
- **Lowering the minimum age for changing legal sex from 18 to 16**
- **Reducing the waiting time from two years to three months, plus three months of 'reflection'**



DANGERS OF 'SELF-ID':

Undermines parents and teachers

Already, the Gender Recognition Act wrongly disconnects legal sex from biology. But the new Bill will disconnect it from any other

standard except the individual's personal opinion. In the eyes of the law, sex will become simply a matter of a person's own belief.

And including 16 and 17-year-olds will inevitably have far-reaching implications. Parents who disagree with their teenager's assertions that they are the opposite sex will find that the law is against them. Legally, their child will be able to become what they claim.

It will also be more difficult for teachers with conscientious objections to trans ideology. If the law ratifies a child's change of sex, the freedom of a teacher not to endorse it, such as by refusing to use 'preferred pronouns', will be at risk.



Stops young people getting real help

The NHS-commissioned Cass Review found underlying issues were overlooked because a young person's problems were seen through the lens of gender ideology. Many who identify as trans are autistic or have significant other conditions, as well as discomfort with their sex.²

Research found that 70 per cent of a sample of 237

detransitioners stated that their 'gender dysphoria' was "related to other issues", like depression, anxiety or PTSD. Half admitted that transition did not help with their dysphoria.³

Studies suggest that rates of autism among those who identify as trans are around five times higher than the rate in the general population.⁴

This trend is poorly understood but is another reason why the current legal safeguards should not be removed.

If people are left to diagnose themselves, without any medical involvement, they are more likely to jump to the conclusion that they are trans and embark on a path that they will later regret.

Threatens women's safety

There will be increased opportunity for those with malicious intent to take advantage of the proposed system.

There have already been examples that show this would happen:

- 'Karen White', a male sex offender who identified as a woman and was sent to a women's prison, was able to commit four further sexual assaults.⁵
- In Fife, a ten-year-old girl was attacked in a supermarket toilet by an 18-year-old male identifying as a woman.⁶

“ If any male person can become a female person, just because they say so, then some will be tempted to do it for nefarious purposes. I hear the argument that 'men wouldn't do that would they?' I was a man for long enough to know that some men definitely would do that.”

Debbie Hayton, Male-to-female transsexual



CASS REVIEW

Led by Dr Hilary Cass, the Cass Review is an ongoing independent assessment of clinical practice at GIDS. The interim report published in February 2022 said that the current approach is “not a safe or viable long-term option”. It found that other mental health issues were “overlooked” when gender was raised by children referred to the clinic.⁸

Dr Cass observed that GIDS mainly operates an ‘affirmative’, non-exploratory approach, often driven by child and parent expectations. Children who questioned their gender were often prescribed puberty blockers, despite a lack of long-term research into their effects.

SCOTTISH GOVT IGNORING CLINIC SCANDAL



The Tavistock gender clinic in England will close by spring 2023, after the Cass Review’s interim report found it was not fit for purpose.⁹

Between 2009-10 and 2020-21, referrals to its NHS Gender Identity Development Service (GIDS) rose by over 3,000 per cent.¹⁰ In the last decade, referrals went from being mostly boys to nearly 75 per cent girls.¹¹ Amid growing concern at these figures, the Westminster Government eventually launched the review.

But Scotland’s own service, at Sandyford, is only now being investigated – despite a similarly dramatic increase of referrals and the same ‘affirmative’ approach

criticised by Dr Cass.¹²

Experts have raised concerns about the role of social influences on young girls, particularly online.¹³ Teenagers experiencing common adolescent struggles are being encouraged to think of themselves as transgender.

Against this dangerous backdrop, liberalising the process for legal sex changes is reckless. The Government is not even waiting for the outcome of the review of Sandyford, which will take over a year. The doors will be thrown open for many more confused young people to change legal sex, which will also encourage them onto the conveyor belt to irreversible medical intervention.

PUBERTY BLOCKERS: ‘A LIVE EXPERIMENT’

In 2011 GIDS began a trial offering puberty-blocking drugs to under-16s.¹⁴ In 2014, mid-trial, GIDS started to offer them to children outside the study – even as young as nine.¹⁵

Preliminary results of the study found a “significant increase” in children’s desire to “try to hurt or kill” themselves. They also revealed that girls taking the blockers for a year were left “more dissatisfied” with their bodies.¹⁶ This fact was withheld from the Health Research Authority.¹⁷

The study’s own research protocol stated it was “not clear what the long term effects of early suppression may be on bone development, height, sex organ development, and body shape and their reversibility if treatment is stopped during pubertal development”.¹⁸

Without blockers, gender confusion commonly resolves at or around puberty.¹⁹ By contrast, almost all those taking blockers move on to even more damaging treatment.²⁰

Many say the risks were not clearly explained.²¹

Staff who complained that children were not being accurately assessed were dismissed as ‘transphobic’.²² GIDS saw numerous resignations over these concerns.²³

The Director of the Centre of Evidence-Based Medicine at Oxford University described the blockers as “an unregulated live experiment on children”.²⁴ In 2020, the NHS website stopped claiming they are fully reversible.²⁵



HUNDREDS REGRET 'CHANGING SEX'

Those who regret having had a 'sex change' are generally ignored.

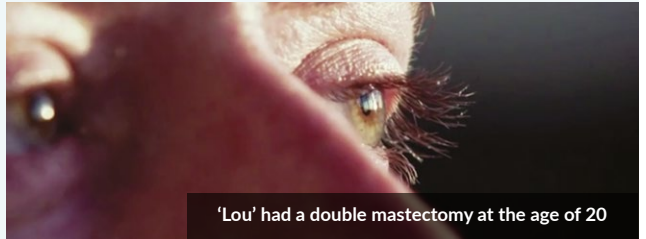
The Tavistock clinic has kept no records of whether or not those who used its services later changed their mind.²⁶ The Cass Review stated that there is a lack of research in this area, and little support for these 'detransitioners'.²⁷

Many detransitioners speaking out are young women. They believe that gender ideology is exploiting social pressures and mental health problems, leading people to identify as trans.

They say that medical transition fails to address the underlying issues.²⁸

For some, their decision to detransition sadly comes after they have already taken drastic, irreversible action. 'Lou', for example, had a double mastectomy at the age of 20. She now says:

"Now, as a result of having transitioned, I will always have a female body that is freakish. I will always have a flat chest and a beard. And there's nothing I can do about that."²⁹



THINKING AGAIN TAKES YEARS, NOT MONTHS

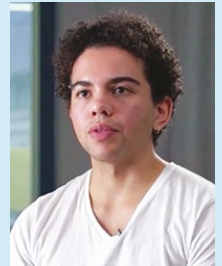
Detransitioners' stories highlight how long it took them to change their minds, showing that three to six months is a completely inadequate period for meaningful reflection.

Detransitioner Sinead Watson took testosterone from 2015 after a 12 to 13-month waiting list, and had a double mastectomy in 2017. She describes an immediate period of "bliss" but later realised that transition was not addressing her underlying problems. She marks the beginning of her regret at her 27th birthday in January 2018. The beginning of her transition until the decision to reverse was around **three years**.³⁰

“ As a Scot, and as a detransitioner, as someone who was once absolutely convinced – and I mean hell-bent in the belief that transition would solve all of my problems, that it was the best thing for me, that I would never regret it – to read what some of these proposed changes would enact really, really concerns me.”³¹

Sinead Watson, detransitioner

Keira Bell (right), who fronted a legal case against the Tavistock clinic, began to question her gender around 14. She took puberty blockers from the age of 16, and at 17 she began to receive cross-sex hormones. The transition then lasted another four-and-a-half years, during which she also underwent a double mastectomy. She detransitioned more than **five years** after beginning puberty blockers.³²



WHAT DOES THE BIBLE SAY ABOUT TRANS ISSUES?

The Bible states that people are made in the image of God as male or female (Genesis 1:27). A person's sex is biologically set by God at conception. Someone seeking to live as the opposite sex is resisting the Creator's design and 'sex-change' surgery desecrates a God-given body.

The Bible presents people as a coherent whole: body, mind, soul and spirit. Our bodies are a crucial part of who we are. Trans activists, however, use a

concept of 'gender identity' that transcends biological sex and determines 'the real you'. This anti-Christian idea has much in common with the ancient heresy of Gnosticism. According to Gnosticism, the body is a worthless shell, imprisoning the true self – the 'precious' spirit within.

Living a transgender lifestyle is wrong, although feelings of distress surrounding sex and gender are not. There are

many pastoral issues in how we relate to people struggling in this way, whether they have begun medical intervention or not. We should seek God's wisdom in all circumstances (James 1:5). Ultimately, showing love to people means holding out God's grace in the Gospel, and pointing them to the need for repentance and to turn to the truth in Christ.



KINDNESS, NOT ENDORSEMENT

Every individual is made in the image of God. Those who feel 'trapped in the wrong body' should have our love and friendship. But we must not endorse trans ideology.

Trans activists use the terms 'man' and 'woman' as if decoupled from biology. But biological sex is an unchangeable reality. Trans people need our patient help to embrace this. It is neither helpful nor loving to affirm their false identity. Social or medical 'transition' cannot resolve the underlying struggle of someone who believes they are in the wrong body. For many it will lead to profound regret or leave a desire for even more attempted change.

Christians are to speak the truth in love, applying biblical principles with compassion but not compromise. We should be utterly opposed to insults or denigration of trans people. In fact, we sympathise: Christians face insults too. But being insulted does not alter reality or give you the right to make everyone agree with you.

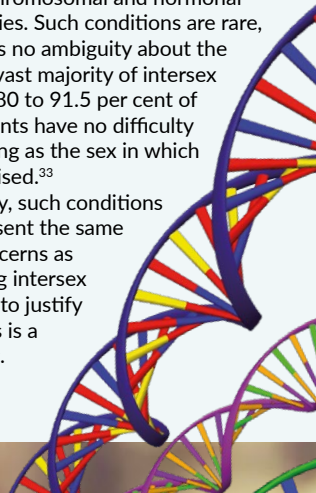
Christians should support loving intervention to help people accept the body they were born with. Most of all, Christians must point away from the false claims of trans ideology and towards the true healing and freedom found only in Christ.

'INTERSEX' IS DIFFERENT

An intersex person has a biological abnormality; a trans person does not. It is totally misleading for the term trans to be applied to people with intersex conditions. It is done for campaigning reasons.

Intersex conditions cover a range of different chromosomal and hormonal abnormalities. Such conditions are rare, and there is no ambiguity about the sex of the vast majority of intersex people. In 80 to 91.5 per cent of cases patients have no difficulty in identifying as the sex in which they are raised.³³

Crucially, such conditions do not present the same ethical concerns as trans. Using intersex conditions to justify trans rights is a red herring.



SCOTTISH SCHOOLS TODAY



Scottish Government guidance risks sidelining parents

Scottish Government guidance backs children as young as four identifying as the opposite sex in school and allows parents to be kept in the dark. Issued in summer 2021, it says some children “are exploring their gender identity in primary school settings” and schools should support children who think their gender is different from their biological sex.

To raise awareness that “not every child will identify as the sex they were assigned at birth”, the guidance suggests primary schools could use resources “which challenge gender stereotypes and include transgender people”.

School staff are informed that “it is best to not share information with parents or carers” on a pupil’s gender identity “without considering and respecting” the child’s views.³⁴



Activist resources promote radical gender ideology

Activists have eagerly produced resources to promote trans ideology to children.

LGBT Youth Scotland’s posters for schools include one instructing readers to, “Respect everyone’s gender identity. Use the pronouns people ask you to use.”³⁵ Another says that gender is not limited to ‘boy’ or ‘girl’.³⁶

The Time for Inclusive Education (TIE) campaign has a ‘role models’ lesson plan for primary schools that includes two trans people.³⁷

Stonewall Scotland’s “child-friendly” explanation of gender identity is: “everyone has a gender identity. This is the gender that someone feels they are. This might be the same as the gender they were given as a baby, but it might not. They might feel like they are a different gender, or they might not feel like a boy or a girl”.³⁸



Also see: *'Social Contagion', 'The Transgender Craze' and 'Gnosticism'*



REFERENCES: christian.org.uk/sexswap-ref



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Registered in England as a charity Charity No. 100 4774 Company No. 263 4440. A charity registered in Scotland Charity No. SC039220