

Dear Meghan

We are writing to you following the recent article in the Scotsman headlined '*Scottish Tories split from UK Government and back trans-inclusive conversion ban*' to try to understand more clearly what your position is. Firstly, we would like to present to you our concerns and extend an invitation to meet to further discuss this issue if required.

Safeguarding Our Schools – Scotland is a grassroots organisation of parents, teachers' education and child protection professionals who have concerns around the teaching of gender ideology in schools, safeguarding children and young people and empowering parents, carers and teachers to have, often difficult, conversations around these issues. We welcome all commitments to strengthening protections for children and young people from making irreversible decisions and from being encouraged towards one particular path. However, we have some concerns about particular elements of what this may look like.

Our focus on the issue of so-called 'transgender conversion therapy' sits primarily with the protection and safeguarding of children and young people and it is from this angle we present our concerns.

Affirmation:

As a new and experimental approach, there is little research on affirmation and social transition, but a study in 2013 by one of the most respected researchers in this area, Dr Thomas Steensma, found that it was the highest predictor of persistence of gender dysphoria in children. Increased persistence leads to a greater likelihood of medical intervention, and once on puberty blockers evidence shows that almost 100% of children progress to cross-sex hormones.

As parents of gender dysphoric children and teachers working with them, we are greatly concerned about the affirmation approach currently being pushed in Scotland. Children are being affirmed in schools against their parents wishes, parents are not being informed when their child is struggling with gender issues, therefore removing their ability to provide support and care in this area. Teachers are being placed in a position of having to affirm an identity, often against their own beliefs and safeguarding principles, on threat of sanctions such as losing their jobs or worse being criminalised. We believe introducing a ban on 'transgender conversion therapy' will compound these concerns and increase risk for children, young people, their families and teachers.

No evidence:

There is currently no evidence that 'transgender conversion therapy' happens anywhere in the UK. Most professional bodies, such as the NHS and UKCP (Council for Psychotherapy) have already signed the Memorandum of Understanding on Conversion Therapy (MoU), which we are sure you are aware, is a set of semi-legal regulations for professional therapists which prevents their members offering conversion therapy for 'sexual orientation and gender identity'. We feel that this highlights a lack of scientific or evidential basis that there is a pressing social need to justify a legislative ban for conversion therapy of a 'transgender' identity.

We worry that there appears to be a pattern of conversion therapy bans being rushed through, with no evidence of need. We include here a legal opinion on this:

<https://www.transgendertrend.com/conversion-therapy-legal-opinion/>

Over recent years there has been a massive rise in the number of children, particularly girls, becoming convinced they were 'born in the wrong body' and seeking to take puberty blocking drugs and cross sex hormones.

Childhood transition is a controversial medical issue not a simple equality issue. We believe that the equality framework is the wrong vehicle to address the complex questions of how to support children experiencing gender dysphoria.

We believe that this is an opportunity for Scotland to pause and take time in order to get this right for all children and young people, and we would appreciate your party taking this time as well.

Conflation of LGB and T:

It is our view that the conflation of LGB and T confuses two very different issues. Sexual orientation is a recognised and defined material fact of human sexuality and is protected by law. However, 'transgender' is based on an idea of 'gender identity', a subjective belief that is unsupported by any scientific evidence, which is also not referenced or defined in the Equality Act.

We are concerned about the impact of the concept of a 'transgender child' being written into law. There is no scientific, biological, legal or clinical definition of 'Transgender' and it can mean anything from part-time cross-dresser to people who don't comply with traditional gender roles. The term 'Transgender' is unverifiable and subjective to self-definition and is not an appropriate label to place onto children with gender dysphoria or those who are gender non-conforming.

We also worry about the lack of clear definitions of what constitutes 'conversion therapy' and the lack of acknowledgment that 'gay conversion therapy' and 'transgender conversion therapy' may be in conflict.

Children and young people are still exploring their identities and still developing into who they will be and there is a risk that 'affirmation' of a transgender identity could constitute 'conversion therapy' of their sexual orientation.

Sexual orientation requires no surgery or drugs. Being gay, lesbian, or bi is simply a state of being. However, 'transgender' is treated through physical intervention in the form of hormone treatment and the surgical removal of healthy body parts, with irreversible lifelong serious consequences, such as sterility and loss of sexual function. A 'transgender' identity in children and young people is not fixed (as identified in the Interim Report of the Cass Review) and as evidenced by the number of children who naturally desist (around 80%) and the increasing number of detransitioners speaking out.

Unintended consequences:

We believe that the effect of a legislative ban on 'transgender conversion therapy' is likely to have the opposite effect of that intended, by putting gay and lesbian youth at increased risk of gay conversion therapy through 'transition'. It is our understanding that if left alone, or given neutral exploratory therapy, most children and young people expressing a trans identity are likely to be gay or lesbian.

In the original Conversion Therapy consultation by the UK Government, it stresses that the goal is to prevent children 'being put on a clinical pathway that is not right for them' but the wording within the proposal would likely increase the risk, for the reasons we expressed above. We already see the

chilling effect that the inclusion of 'gender identity' to the MoU has had on therapists and counsellors who are increasingly unwilling to work with gender dysphoric children for fear of being accused of conversion therapy. They express concerns that if they do not unquestioningly 'affirm' a child as the opposite sex they will place themselves at risk, adding criminal sanctions will make this situation even worse and children and young people who are struggling with gender issues will be the ones who suffer from this.

There is also a danger that a lack of belief in 'gender identity' (often called 'gender critical belief') and freedom of expression of that belief will be potentially criminalised unless exceptions are very clearly specified. Women already struggle to be able to express this belief in Scotland. We are encouraged to learn that you will be focusing more on this issue. However, recently our views were considered akin to racism and anti-Semitism by a Scottish Government minister, Lorna Slater. We have grave concerns around this and the potential for women to be subject to criminal sanctions for expressing these beliefs. The women in question include parents, carers, teachers and many others who work with or take care of children and young people. If those at the very centre of children's lives fear raising issues of safeguarding due to potential sanction, children will be placed at increased risk of harm.

Cass Review:

At this stage in the investigations, Dr Cass OBE has drawn some initial conclusions:

- The presentation of gender-distressed children has changed, for reasons that have not been adequately explored.
- Gender dysphoria is not a unique presentation that should automatically and unquestioningly lead to clinical intervention; rather, it is a medical condition that needs clinical diagnosis

The report also confirms our view that banning conversion therapy in the way proposed in the government's recent consultation paper, that they have recently backed away from but which you have apparently decided to split from them on, would make a bad situation worse. It would become harder for parents, teachers, carers and medical professionals to have open discussions and find the right path for each individual child.

Teachers and education:

We have grave concerns that requiring teachers to affirm a gender identity on pain of breaking the law forces them into an active intervention. We hear from parents and teachers who tell us that schools are socially transitioning children (changing their name and pronouns, treating them as if they were the opposite sex) without telling parents, and that when challenged they say that they believe (and have been trained) that equality law makes a "watchful waiting" approach by the school unlawful.

The report from Dr Cass states unequivocally that social transition is not a neutral act:

"It is important to view [social transition] as an active intervention because it may have significant effects on the child or young person in terms of their psychological functioning."

We understand from this report and our own professional opinions and experiences, that there are many complex reasons which underpin why a child may identify out of their sex, such as sexual abuse and trauma, questioning their sexual orientation, autism and other associated conditions. We also understand that there are many possible pathways to be taken to help identify and support the

underlying reason a child is struggling with gender incongruence. Children with gender related distress should have the right to receive the same clinical care as any other child.

We are concerned that the current push by the Scottish Government of an 'affirmation' model of care and treatment of children with gender dysphoria is extremely risky and flies in the face of safeguarding. Most children and young people presenting to clinics are not questioning but absolutely certain that they are 'trans'. This, we believe, is in part due to the push of affirmation in schools, by our governments and through increased social media use. We draw your attention to Keira Bell, who is typical of many detransitioners who were convinced they were transgender but then came to regret medical intervention, which will affect them for the rest of their lives. There are other young women such as Sinead Watson in Scotland with similar experiences.

We know that referring to a child by their name and sex (so called "deadnaming" and "misgendering") is already being presented to schools as intimidating, humiliating and abusive by organisations promoting the transitioning of children. Professionals and parents who do not affirm a child's self-identified gender will be threatened with investigation and prosecution, or protective orders, and organisations will be made afraid to support them.

For example, the advocacy organisation GALOP lists as the most common "transphobic hate crimes" invasive questioning, deadnaming, discrimination, outing, being treated as diseased. All of these are versions of not accepting that someone is the opposite sex or exploring other mental health explanations for dysphoria.

Protection and safeguarding of vulnerable young people must be the priority of any ban proposed around conversion therapy, and this must be explicit.

Parents:

We are concerned that there will be a lack of protection for parents. Parents (many of whom we support) who do not believe in 'gender identity' will often support their child's self-expression whilst not 'affirming' them as the opposite sex or they may even tell the unequivocally that 'gender identity' theory is not real and a load of nonsense.

Within the original bill proposed by the UK Government, the legislation would introduce "gender identity" as a legal concept and impose this on families. This legislation would usher in state-mandated compliance with gender identity ideology and criminalise or threaten to remove children from parents who disagree. The upbringing and development of children is first and foremost the right of the family, and that the State's role is to assist, only taking action to protect a child from abuse or neglect. This legislation would usher in state-mandated compliance with gender identity ideology and criminalise parents who disagree.

To date we have been left unimpressed with the support (or lack of) being offered to parents in this position, or parents more generally who do not believe in 'gender identity'. We would need substantial commitment and assurances that any legislation does not interfere with a parents right to be honest with their child about the reality and immutability of biological sex.

There is much more that we could cover, but we will finish with saying that we believe it is vital that the recommendations that come from the final Cass Review are scrutinised and considered before considering any legislation or positions on potential legislation that will affect the treatment of children and young people.

Kind regards,

Safeguarding Our Schools – Scotland.