

## **Annan&District Branch, Scottish National Party**

### **1 Do you have any comments on the proposal that applicants must live in their acquired gender for at least 3 months before applying for a GRC?**

Yes

#### **If yes, please outline these comments.:**

Our extensive research (medical, scientific, societal, legal, and within the trans community) has shown that 3 months is far too short a time, especially if there has been no psychological and medical assessment.

Members of our branch (who are fully transitioned post-op M to F) found the 2 year timeline, along with psychological and medical assessment, to be a safeguard for them while making such a massive life altering decision.

They informed us that their trans friends (mostly fully transitioned) feel the same. This is confirmed by what we have read, heard, and seen from other fully transitioned (invariably MtF) people on social media.

The abuse hurled at these trans people was, and is, shocking, and often ridiculous as they were invariably called "transphobic" by non-transgender activists or those who had no intention of 'living in the gender .....' .

('Living in the gender', along with many other phrases and words - are not adequately defined either in the proposed legislation or related government documentation. We believe this will cause considerable confusion and no doubt legal challenges, as well as anger).

We should never forget that as well as safeguarding the trans community, there are wide ranging issues and consequences for others in society, especially when it comes to the protection of women's hard fought for rights to safe single sex spaces, (female refuges, rape crisis centres, female only hospital wards, women's prisons, the protected right to female medical practitioners etc).

Equally, men's rights to their own single sex spaces and male medical practitioners also require protection.

The general consensus among our members is that the process leading to the granting of a GRC requires to be properly resourced, easily accessible, and robust. If we remove the medical and psychological assessments, shorten the process to a few months, and grant GRC's (along with all the rights that come with a GRC) based on nothing more than a promise - then we will open the doors to a medical nightmare - and predators (more on those topics later).

Those who have the confirmed need to transition should be able to do so safely - and with all the support and guidance they require.

The transition process should not be seen as intimidating or judgemental, but as enabling, robust, and thorough.

The media is currently full of stories relating to those who allege they were 'pushed' or 'persuaded' to transition.

Others consider themselves lucky and the surgery didn't proceed - but they still required lengthy treatment.

Lots of it, and from fully qualified and experienced staff who had made the patient/clients' best interests the priority.

It is our belief that 3 months is too short a time and the current process of 2yrs should remain in place for the benefit of all.

There should also be clarification on exactly what is meant by 'living as their acquired/other gender', as from our research we have found this to be steeped in

either archaic cultural sex stereotypes, or a grey mist of ambiguity and contradictions.

A few of our members looked at the complaints from those 'identified' as being 'trans'.

'Too long', 'too complicated', 'too difficult' were common complaints, but the solutions are there. and if resources are made available - it's very much an 'easy fix'.

Comparisons were made with any disabled person going through a DLA or PIP application, or any other benefit - and comments were made about the number of suicides among that particular demographic.

When we discovered the 'problems' with trans-related data (covered later), those comments became much more pointed.

We look closer at 'other jurisdictions' throughout our submission, but much of what we discovered conflicts with at least some of the Scottish Governments' claims.

The evidence we studied includes :

The 20-page briefing note " Impact of gender recognition on sex based rights " written by employment solicitor, Rebecca Bull.

"Improving the Gender Recognition Certificate process : a point of consensus ? " : Policy analysts Dr Kath Murray, Lucy Hunter Blackburn, Lisa Mackenzie (MBM),.

House of Commons Library Briefing Paper 08746 ('The gender recognition process')  
Written and verbal evidence given to the House of Commons Women and Equalities Select Committee (published January 2016).

UK Government response to the above, and more.

It's a very long list.

We also studied all the relevant documentation, reports, and briefings contained/referenced in the above.

We found the reports and factual evidence (all fully referenced) provided by MBM especially helpful and accurate, while much/most of the evidence obtained from the Scottish Government was ambiguous, occasionally contradictory, confusing, difficult to understand.

The Scottish Government's general position seemed to be based largely on information obtained from 'single issue' organisations and lobby groups (see response to Q3 - OA ?/Dentons).

## **2 Do you have any comments on the proposal that applicants must go through a period of reflection for at least 3 months before obtaining a GRC?**

Yes

**If yes, please outline these comments.:**

The two year process should remain as it is.

The current period of two years (inclusive of time for reflection), should remain as it stands, with the option of an extension if this is deemed beneficial by either the person transitioning and/or one or more medical professionals.

( NB : The latest research in several European countries, including the UK, contradicts a claim made in the Ministerial Foreword - that those countries that have already introduced the 'progressive' measures contained in the proposed bill have been :

"... positive for the trans community and without a detrimental impact on others.")

We are aware that improving the status quo will require more resources, funding, and support.

Also, if we are to effectively help and safeguard the trans community we must first commission genuine, wide reaching, fully funded, fully independent clinical, scientific, academic research.

Do that, and Scotland can then claim to be 'leading the way' with regard to GRA reform.

The current consensus among medical professionals and related disciplines in science is that governments are ignoring actual evidence and current research in favour of 'echo-chamber' polling and very selective anecdotal evidence.

For example, we don't know what the long term effects of hormones and puberty blockers are, and all the research we've studied so far proposes extreme caution - along with extensive, wide ranging research.

Recent academic research findings in Sweden, Norway, Finland, and elsewhere has led to at least one government (Sweden) suspending it's GRA reform process pending further wide ranging and detailed study.

The biggest difference is that in Sweden, Norway, and Finland , there has been a massive increase in young FtM people, while the UK, USA, and Ireland have seen similar increases in MtF numbers.

In the three Scandinavian countries the research that's cause so much concern amongst clinicians, some of the trans community (and their families), and the general public (who would appear to be much better informed than here) shows that in Sweden, 28.9% of those thought to be FtM transgender were also suffering from depression.

A further 19.4% had ADHD, while 15.4% were autistic.

A similar pattern has been observed in Finland and Norway.

Those young people were already vulnerable when a friendly 'voice' asked if they had considered they might be "in the wrong body ... ?".

We don't/can't elaborate for obvious reasons, but we have been told that one Trans group is currently engaging in 'one to one' online discussions with young people who have accessed a particular 'help' site.

Recent research in Finland contradicts previous (largely anecdotal/lobbyist/internal-group) studies claiming the benefits of changing gender for young people aged 13 - 18.

The [REDACTED] at Finland's Tampere University Hospital - [REDACTED] has is quoted in media outlets as follows :

" The common belief that when the patients struggling with mental disorders get the right sex they will feel good about themselves. However, the majority of those who start taking hormones before they are 18 in Finland find no mental relief.

A small group is also feeling worse about themselves, both physically and mentally."

In Norway - one of the countries named as being 'progressive' and an example of 'best practice by the Scottish Government, FtM numbers among children and young people has risen 13-fold in under 8 years (we suspect a significant spike appeared after Norway launched it's 'best practice' policies).

In 2012, at the Oslo State Hospital (OSH) 11 girls were referred for gender realignment treatment.

In 2018 the number was 154.

Interviewed for the 'Trans Train' documentary series for Swedish TV, Consultant Dr Anne Waehre of the OSH stated that many young people now regret treatment or transitioning.

She added her voice to the call for more and better research as a matter of urgency.

In the Netherlands, the UK, and the USA and similar picture has emerged or is emerging - although it's significant increases in the MtF demographic, not FtM. We suspect there's been an big increase in older MtF, Self ID transitions in the UK/USA, but have been unable to find accurate data.

Either way, with regard to children and young people, over half the total are also suffering from other serious mental health/psychological conditions/disorders, and this makes them extremely vulnerable, and possibly desperate.

For those young people, it's a very short step from body dysmorphia or related illnesses, and gender dysphoria - then treatment.

Without a formal diagnosis, significant support, and expert help, selfID could lead to a nightmare it will take many years to wake up from.

We expect that soon we'll see clinicians and genuine experts going public with what they see as the reasons for this massive increase, but in another media interview ██████████ of the Harry Benjamin Resource Centre, Oslo - (a centre for people with gender dysphoria who have undergone treatment) - speaking about the huge increase in trans numbers, stated :

"We are afraid there is a contagious effect on social media where slightly nuanced images and hashtags fail to tell a true picture of what it means to switch gender."

He went on to talk about social media 'echo chambers', with no possibility for a critical conversation, and an overall polarised and aggressive debate.

In addition to the above, it was discovered that much of the reform process and 'progressive' policies in Sweden were based on flawed data contained in a 2015/16 government inquiry report.

That report included a claim that "40% of young (15 - 19 years) trans people had attempted suicide", but when this claim was investigated by sections of the media no source could be found.

Clinicians, government officials, and academics who had been involved in the inquiry were interviewed but could offer little or no information regarding the source.

However the person who led the inquiry - Professor Per-Anders Rydelius - suggested in a 2019 interview that the source was possibly the "special interest organisations" who had also had input.

Another leading academic, Professor Danuta Wasselman, an acknowledged global expert on suicide, has publicly stated that while international studies have shown that 30% of young transgender people had "thought about suicide", she also had "... difficulty believing 40% have attempted suicide."

Professor Wasselman went on to explain her reasons in 'The Trans Train 2' ( Swedish documentary, Dec 2019).

Along with Professor Rydelius, other senior clinicians and academics have contributed to the 'Trans Train' documentaries.

We have possibly traced the source of the "40%" figure - to a 2012 (pub Sept 2014) USA study that sent highly detailed questionnaires to transgender USA citizens. Some

6,450 responded, which could be the "... around 7,000 ..." figure often quoted by trans groups and LGBTI organisations across Europe.

There is another survey sometimes used by lobbyists and activists as 'evidence' - the "RaRe Research Report".

This report was the result of a 5 year project (2010 - 2015) that returned a figure claiming that the attempted suicide rate among young trans people was 48%.

That was the headline, and like the USA-based '40%', that figure is still used by politicians and trans activists both here and abroad.

However, looking at the detail we discovered that while The RaRe Report received and analysed 2078 questionnaire responses, only 120 came from trans people, with a mere 27 from people under 26 years old.

Of that 27, 13 reported attempting suicide, hence the 48% figure.

Add the fact that respondents self selected, and any researcher (and Professor Wasselman) will tell us that the results are very unreliable.

As with many things, it's the way these cherrypicked percentages are presented in press releases, statements, and media interviews, often painting a picture much worse than the reality.

We should mention last years "Trans Remembrance" events.

The figure of "3,000 trans murders" was seen almost everywhere (Pink News did report the murders accurately), and this led most decent people to take notice.

Much of the coverage and responses suggested that "the UK" had an epidemic of "trans murders".

We even heard it from some politicians.

However, it took us less than 15 minutes to find the source of the "3,000" murders, and what we saw (and in the follow up research) showed that the vast majority of those murders - around 2,500 - took place in South America.

The UK averaged less than one trans person murdered each year over the last decade (the period covered by the report), and we could find nothing saying that the victims were murdered because they were trans.

Other studies followed and we now know that in the USA, 65% of victims worked in the sex trade, that many were killed by partners, others during robberies, and so on.

The number murdered because they were trans wouldn't be easy to establish, but we suspect it will be a fraction of that '3,000'.

Of course being trans may have contributed. Many victims worked in the sex industry - and we have to ask 'why?'.

If being trans prevented them from gaining other employment, then we can probably say that 'being trans' was the cause, at least in part.

Members have pointed to current Scottish statistics relating to domestic violence and asked us to make reference to those figures here.

Approximately nine women are murdered by partners/ex-partners each year in Scotland alone.

Every murder is a tragedy, but once again, the detail is important.

As we've said, latest research from Sweden, Norway, and elsewhere shows that most children and young people identified as 'trans' and diagnosed with gender dysphoria (GD), have been diagnosed with other mental health issues.

There is a strong suggestion - in particular from a Norway-based organisation that supports people who are finding it difficult to deal with treatment or diagnosis - that social media interactions have played, and are playing, a big role in the increased numbers of (primarily) young people self identifying as transgender.

(Please note that the recent WHO transfer of GD from the 'Mental Health' to the 'Sexual Health' section of the WHO Classification of Diseases was - according to one WHO press release - 'to counter the stigma mental health' carries in some countries. We note that that statement is missing from the consultation and other ScotGov documents.).

None of the latest or previous medical research is mentioned in the consultation document. In fact the document seems to avoid important information that conflicts with the Scottish Government's position and proposals.

This is very worrying, especially as just a few weeks ago the Swedish government halted its GRA reform proposals when the previously-mentioned research results were published.

We found very similar concerns from the medical/scientific research community in Norway, Finland, and elsewhere, along with claims that young people are being used as 'guinea pigs'.

We also note - like many others - that the consultation conflates 'sex' with 'gender' throughout.

According to (fully qualified) scientists from several disciplines, medical professionals, data experts, and others this is factual, biological 'nonsense'.

We have to agree.

We have looked closely at transgender issues in other jurisdictions, primarily Europe, and have covered recent events in Finland, Sweden, and Norway.

Ireland, as we have said, receives special mention in OA ?/Dentons, but we also read another 'Ireland-specific' MBM document - "From medical assessment to affirmation : legal gender self declaration in Ireland".

That detailed summary also mentions OA ?/Dentons, as do numerous media stories. We also spent some time researching the situation in the USA, Australia, and Canada, and can confirm there are growing problems with transgender issues in those jurisdictions too.

Although one name has dominated the headlines in Canada for over a year (and has incensed those fully-transitioned MtF trans women who are our friends and associates), the story is much bigger than one person.

There, as here, women defending their equal rights, or simply asking questions, are verbally abused, physically attacked, de-platformed, and effectively silenced.

Organisations that have defended free speech and refused to give in to threats of violence, intimidation, and bullying, have had their government funding withdrawn.

We are aware that in Scotland that hasn't happened - because here, to even qualify for government financial support, organisations have to implement a Scottish Government 'Code of Conduct' which effectively mirrors the proposed legislation that is the subject of this consultation.

Once again, it is women's groups - like those that fought for 'safe spaces' decades ago, that are being marginalised and treated as 'second class'.

Women's equality (and that of gays and lesbians) hasn't just stood still, it's gone backwards, and that is set to continue.

### **3 Should the minimum age at which a person can apply for legal gender recognition be reduced from 18 to 16?**

No

**If you wish, please give reasons for your view.:**

At the age of 16, puberty is either a recent thing or is still ongoing, and many young people feel uncomfortable with their changing/changed bodies at this time.

We feel that a lifelong decision of such enormity cannot, and should not, be made at such a young age.

A full gender transition also leads to permanent sterility and a lifetime of hormone treatments\* with insufficiently researched consequences.

It would be a very irresponsible thing to lower the age limit and we struggle to see how it would benefit our vulnerable young people at a time when they are not fully developed either physically, psychologically, or both, and are just discovering themselves and their place in the world.

\* We have previously mentioned recent events in Sweden and other countries. Those events led to the making of the "Trans Train" documentaries.

One of the things reported in those documentaries is the use of hormones and puberty blockers.

Some trans people interviewed claimed that they had been used as 'guinea pigs', and are suffering horribly as a result.

Similar allegations are being made about clinics in other countries, including the UK. This practice is still going on, and after studying the 2007 Yogyakarta Principles, the 2017 'Yogyakarta Principles plus 10', and the demands contained in the Action for Trans Health (ATH) manifesto, we see a very bleak future for young people identified as, or claiming to be, transgender.

Should the age be reduced to 16, and if all medical, psychological, and psychiatric involvement is replaced by a simple declaration before a GRC is issued, then it naturally follows that from the age of 16 young people will be able to ask for - and by law receive - hormones, puberty blockers, and gender realignment surgery.

Both 'the principles' and ATH want no age limit at all, and this (and much more) is in line with what we've read in the document :

"Only Adults ? Good practices in legal gender recognition for youth" (OA ?)

OA ? is a 65 page blueprint (we've called it 'Dentons' for ease of reference) commissioned by the Brussels based "International Gay, Lesbian, Bisexual, Transgender, Queer, Intersex (LGBTQI) Youth and Student Organisation" (IGLYO) Along with other documentation we've made OA ?/Dentons available to all our members.

Most of those who read it were shocked, and the consensus was that it's a ' how to undermine democracy .... in a democracy ' playbook.

We recommend all those involved in creating the current GRA Bill read it because what may not have been obvious at the time will become very obvious after one reading.

OA ?/Dentons references the same "best practice countries" listed in the ScotGov documents, and uses some of the same language.

It details how GRA activists have/should initially target the 'youth wings' of political parties and states a more agreeable reception will manifest.

The youth wings will then approach and lobby 'sympathetic/possibly sympathetic' politicians who will in turn start the process, but throughout it will be the trans activists/lobby groups that will effectively guide that process.

We have more details about that process, but it relates to a London conference that took place last year, and what was said (and duly noted down) by a Scotland-based activist during one of the sessions.

However, those notes are second hand and anecdotal, and we have decided to say no more on the matter here.

The notes have been widely shared on social media (not by any of our team), and they do chime with the OA ? document.

Possibly the most disturbing things in OA ? are the 'Irish' references.

The authors describe how a very unpopular proposal - SelfID ++ - was passed by the Dail without the Irish media, public, or most of Ireland's elected politicians realising what was happening.

Briefly, sympathetic politicians/officials added the SelfID proposals to the very popular equal/gay marriage bill - we suspect late in the process - and the entire document was passed without much debate.

'Dentons' also advises activists to avoid the media, and in Scotland that had virtually been achieved until very recently.

Putting polite pressure on local government, establishments like the prison, the police, and others - and persuading them to introduce 'selfID' policies and practices is recommended, and they should do this before national government has started it's own processes.

The reasons for doing this is obvious.

We should also add that IGLYO has sent a memo to every trans group and organisation around the planet asking them to send submissions in to this consultation.

Neither OA ? or the above memo are confidential or secret. Both are freely available and easily found on the IGLYO website, and we suspect a similar call went out before the previous GRA consultation closed.

This could explain most of the 'positive' submissions coming from outwith Scotland during the previous consultation.

Please refer to our responses to Q2 and the ages of those being treated in Norway, Sweden, and Finland.

#### **4 Do you have any other comments on the provisions of the draft Bill?**

Yes

**If yes, please outline these comments.:**

Whilst we are pleased the consultation is taking place - though disappointed that the Bill's potentially damaging consequences have still not been acknowledged by the Bill's authors - we are very concerned by the almost total lack of independent, peer reviewed, academic research conducted by professionals in all relevant disciplines.

Those disciplines include psychology, medicine, social research and any other scientific discipline considered relevant, including data recording and statistical analysis.

We have read the two letters sent to the Holyrood Culture, Tourism, Europe, and External Affairs Committee, and signed by a total of 140 academics involved in data gathering and interpretation.

Those leading academics represent dozens of universities and make a very strong case with regard to the proposed changes planned for the next census (and more).

We have also listened to some of the relevant committee evidence sessions and suspect that the concerns of those academics hadn't been thought of until those professors and other academics contacted the committee.

We have studied most of the published organisational responses from the last consultation and are disappointed that then - as now - the repeated conflation of sex and gender, continues.

Also, the abstract, ambiguous, and confusing way in which the bill is written is very disappointing.

We are shocked by the lack genuine medical science and research, and the failure to properly address the concerns of clinicians, the Faculty of Advocates, the Scottish Council for Human Bioethics, academics, front line clinicians here and abroad, and experts in the data gathering/processing field

Yet the Scottish Government cites 'the principles' (both parts) as a source of information and good practice.

Looking at the signatories of those documents we found no clinicians, no psychologists, no psychiatrists, no science representative from any discipline, and as far as we can establish - no qualified expert working 'in the field'.

It appears that many/most of the claims and statements made by members of the SelfID/anti-medicine/anti-science lobby are simply believed by the Scottish Government, and then reproduced in documents, statements, and speeches.

So we checked.

A few members have been following events since the last consultation closed.

We then started to witness the abuse being hurled at people - including at our own members - by those who classify 'abuse', 'transphobia, and 'violence' (see 'The Principles plus 10' - definitions) as asking a rational question, making a factual biological-based statement (definition of 'sex'/'only women menstruate' and so on), or seeking rational debate (see OA ?/ Dentons and it's 'best practice' suggestions, ie : avoid debate and don't compromise)

We also became very aware of an almost orchestrated 'campaign of intolerance' on social media.

As stated in the previous paragraph, anyone asking a question, making a factual statement, or seeking clarification regarding the subject of transgender was verbally attacked in the most vicious way.

Yet time and time again it was the questioner, not the abuser, who was suspended or banned from Twitter, Facebook, YouTube, and other social media platforms.

This confused us - until we went back to the ATH manifesto and the 'principles' and saw that both considered anything that wasn't almost total agreement with their 'cause' as a 'violent attack'.

Those controlling social media, for whatever reason, obviously agreed.

However, if a story questioning or criticising the ScotGov proposals appeared in one or more newspapers (local or national), the trans activists stayed silent.

We suspect this lack of response is in accordance with another piece of advice found in OA ?/Dentons : keep the subject away from the media.

'Trans activists'/lobby groups couldn't do anything about the freedom of the press, but they could stifle debate by not responding to posts in the 'comments' sections of most newspapers' online editions.

We must return to the question of predators.

Three or four of the team creating this response have significant knowledge of predatory male sex offenders.

Professionally - in various child protection services/crime areas, and within the wider membership as victims.

We all agreed that there are more predators out there than most people think, and if government or trans groups continue to claim this "isn't a problem" or "there's no evidence to support the predator claims" - it will come back to haunt them - and us (the public).

The latest figures we have relating to prisons in England & Wales came via a BBC submitted FOI to the Ministry of Justice (MoJ) in England and Wales.

The figures are incomplete due to the lack of a comprehensive recording system, but the MoJ reported that in 2017/18 there were 125 trans (MtF) prisoners serving sentences in women's prisons.

Most had self-identified as trans either during their trial or after sentencing.

Of that 125, 60 (48%) had been convicted of sexual offences as follows :

Rape : 22

Attempted rape : 5

Attempted or actual sexual assault : 13

Indecent assault/gross indecency : 7

Possessing, distributing/making indecent images of children : 13

Causing or inciting a child under 16 to engage in sexual activity : 9

Convictions for sexual activity with a child : 7

Total : 60 (from 125)

What this will do to the data relating to "Female sex offenders" is obvious. The number of female sex offenders is tiny, and almost all were acting as a 'partner' for a male offender.

We've seen reports that the number of female sex offenders will increase tenfold because of selfID.

There is an apparent reluctance on the part of those promoting the Scottish Governments' case to actually listen to prison staff, or those involved with the wellbeing of prisoners - in particular women.

In June 2018, ██████████, ██████████ of the Howard League for Penal Reform, said the following when asked about the increase in convicted male prisoners (including sex offenders) self identifying as women, and demanding transfers to female prisons:

" These men are not transitioning because they like women and want to be a woman, but in order to exert a new kind of control and dominance over women, a kind of infiltration."

██████████ went on to say that the selfID process was discriminatory - in that a female self identifying as male would not be safe in a prison with 1000 men, but with convicted male prisoners self identifying as women and being moved to women's prison - it's the female prisoners who are put at risk.

We also became very aware of shocking misogyny within the MtF trans activist community as we continued our research.

Much of that misogyny is found on social media - viciously abusive written attacks, videos of violent demonstrations against women and women's groups - and most of those who take part are MtF, self-identified transgender.

Overt threats of physical violence against women who dare to speak out in defence of women's or equal rights for all are disturbingly common.

We cannot repeat most of the abuse directed at those who ask questions, seek clarification, or try to defend 'women only' safe spaces, but we can provide it - and much more - if requested.

Predators see the threat of capture and punishment as an occupational hazard, and if they are legally 'trans' and possess a GRC, then they will haunt all-women spaces.

And they'll do so legally.

Indeed should any natal women verbally attack an 'official' transwoman - they will, in future, be committing the offence.

There will be huge increase in online "changing room" videos, and there will be little anyone can do to stop it happening.

Indeed there are already social media sites where images of women exposing their male genitalia in public places can be uploaded and shared with other like-minded people.

Predators stalk mothers with young children.

They befriend, manipulate, control.

Then abuse, threaten, and worse.

They are constantly seeking targets. Where better than in a previously all woman 'safe space' ?

We know this - SelfID will open many doors for them, and while the blame for any offences committed, detected, and prosecuted should be laid at the feet of those who couldn't see the reality - it will be the ordinary, decent, law-abiding members of the wider trans community who will be targeted by sections of the media and certain members of the public.

Yes, the predator numbers willing to take the risk is small - but that number will grow. We've run through dozens of scenarios - and identified situations those predators can only dream about at the moment.

Those situations are now nearing reality.

We could write hundreds of pages, providing the names of the academics from all disciples we've read or listened to.

We could list the many hundreds of links, with thousands of pages of information and research we've downloaded and studied.

We have a large and growing number of comments, observations, thoughts, and fears from members of the public - and this obviously includes our trans friends and acquaintances who oppose SelfID.

But there simply isn't time, or space to put all that information here.

As stated, we could have written a hundred pages and still only scratched the surface of the information we've obtained.

In recent weeks we have accessed a considerable amount of information from the previously-mentioned 'MBM Policy Analysis' group.

Indeed we've read and discussed everything MBM has made available, and quickly realised it mirrored what we and other groups and organisations have uncovered or concluded.

We would have liked to include our thoughts and observations relating to other key points, but those points are now the subject of ongoing court cases.

We have, however, familiarised ourselves with the public statements from [REDACTED] and [REDACTED].

We can also state that in our opinion, 'transgender' has become an international ideology, especially in the 'western' world, with activists and lobbyists claiming that there is a sex and gender 'spectrum'.

Other more vocal activists have stated that "there is no such thing as a real woman". This is probably why we are now seeing 'drag artists', 'crossdressers', and 'fetishists' identify (or being identified) as part of the 'trans spectrum'.

We have no problem whatsoever with 'crossdressers'. They are what they are, and are invariably no threat to anyone.

'Fetishists' should be allowed the freedom to do what they want - as long as whatever it is is consensual and done in private (whatever the fetish is may upset others if done in public).

Historically, 'drag' has either been a demeaning parody of women, or an equally demeaning 'pantomime dame' - in our opinion.

Today, however, 'drag' is more 'adult entertainment'.

With all three, it's traditionally been a man (badly) dressed as an allegedly comic version of a woman.

No woman we know would ever dress, or wear make up - like that.

However, some self-identifying transwomen currently do dress and wear makeup that most women would find ridiculous, because that is how they see women. Those men (and the trans activists/radicals) now claim that adopting such ridiculous and offensive caricatures makes them transgender - and a woman. They have become a part of the aforementioned 'trans ideology' - the 'trans spectrum'.

Please note : Although this is a response from a branch of the SNP, we would like to add that the subject matter is something that goes beyond party politics, and has wide ranging implications for every member of society.

## **5 Do you have any comments on the draft Impact Assessments?**

Yes

**If yes, please outline these comments.:**

Everyone we've spoken to is confused.

How can we comment on something that's still in draft form ?

Why weren't the previous Impact Assessments simply updated and published along with this document ?

We have, however, read several 'impact assessments' produced by non-governmental sources, both here and abroad

Those assessments make disturbing reading.

Finally, we must give some background :

When members approached the branch committee with questions and concerns, we looked at the situation and were less than happy.

Casual discussions took place over several months as we gathered information.

Then, contrary to what IGLYO and others had hoped for, the Scottish Government's plans became very public, and while a lot of questions were asked - few answers were forthcoming.

A second consultation became inevitable, and when it was announced our branch committee met again and unanimously decided to ask the branch membership if we should submit our own thoughts and research.

All members were informed and the first "GRA-specific" meeting took place.

We informed those present that we were unhappy with the proposed bill and explained why.

Information had been printed and the contents were discussed. Over 3 hours later the members voted overwhelmingly that we should write a submission - from the branch - and send it into the consultation.

A small sub-group was created, and each member was given a specific remit or remits (as well as general information gathering) - legal, medical, science, societal and so on.

Interaction with members was continual. Questions were asked - and answered Regular team meetings and exchanges took place.

This is ongoing.

A few weeks ago we held another lively GRA-specific branch meeting and reported back to the membership with our findings.

More information was shared, and many were quite shocked by what we'd discovered.

Since that meeting more information has come to light, and it will be shared with members in the coming weeks.

This submission is endorsed by the full Branch committee.

We are using initials only as some have already been verbally abused on social media for simply asking questions, and the commonplace threats from the 'trans-radicals' are more than just words - as we've seen :

This submission is endorsed/was created by :



Office Bearers, Annan&District Branch SNP.  
16th March, 2020.