

d sdfamilies

Questions

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?

Not Answered

If yes, please outline these comments.:

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?

Not Answered

If yes, please outline these comments.:

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.:

d sdfamilies is a charity which supports families and young people with different sex development - about 40 rare conditions. In our experience, Gender Dysphoria is rarely seen in DSD care because a healthy questioning of gender performance and understanding of sex is supported. We use the term DSD or different sex development because there is no workable definition for intersex. We are concerned about moves to co-opt DSDs into conversations around gender and introduce confusion or trauma for the children we support at a vulnerable time in their lives.

Adolescence is a time when people with DSDs are especially vulnerable, as this can be when they are either first diagnosed or when they become more aware of the differences in their bodies and the possible consequences; for example difficulty with relationships or infertility. Our experience with young people with DSDs lead us to believe that some are extremely vulnerable to making decisions which may not be in their best or long term interest, as they may be desperate to feel "normal". At this age, it is vital that we have accurate information about physiology and the psychological support to help children feel good about differences - as well as health professionals that are trained in the complexities of the many different DSDs.

It is also important that children's bodies are not politicised and that they have the space to tell their own stories, without being used by groups that want to portray those with DSDs as a "third sex" or neither male or female; which is not the lived experience of most people with DSDs. If people with DSDs do experience gender dysphoria, they need access to good psychological support and accurate information about their body - this is the priority if you want to improve the lives of children and

young people with DSDs rather than enabling an unsupported change in documentation.

Everything we do as dsdfamilies is aimed at helping families be confident in their parenting ability - from birth onwards - and give them practical support to raise confident and resilient kids and young people. The most effective way of doing this is working with DSD expert healthcare professionals. This can be a difficult journey - challenges include: infertility, explaining bodily difference to friends, intimate friendships, romance and sex, lifelong dealing with other people's stories about periods and birthing, decision-making/monitoring of gonads and possible impact HRT.

Key for a 'successful outcome' in DSD is acceptance of the biology and the nature of sex development. This acceptance is easier when there is peer support, access to child-centred medical care, and a practical and scientific approach in schools. The Scottish Government is currently failing children and young people with DSD and their families on all those accounts.

Gender questioning is embraced in DSD. If a child, exploring his or her understanding of their body and what that means comes to feel that their sex assignment has been incorrect, this can be understood in the context of good health care. We understand that this was not previously the case and there are adults with DSD/Intersex who have not benefitted from appropriate enabling care. A child with a DSD rarely reverses sex of rearing (best estimate in the UK is maybe once every two years). We understand this is generally when the biological assessment (hormones, response, appearance) made in infancy at birth was poorly understood by the professionals. A well funded DSD service would reduce the number of these outcomes and results achieved within the care team. Additional referral to a GID service is available if desired, but ideally the gender questioning can be addressed without significant psychological distress of Gender Dysphoria in the sense of a psychiatric understanding.

Diagnosis in late childhood/adolescence:

Sometimes a teenage girl is confronted with a different puberty than expected (ie, she doesn't get periods and/or has an unexpected androgen response. The latter is usually a result of exceptional pathways for enzymes and hormonal interaction and a body that is sensitive to testosterone). When this happens, the girl needs support to help her understand that she is still the same person as before but that we just learned more about how her body is developing, we need to give her space to help her understand what it means and enable and empower her to make informed decisions.

Depending on the underlying diagnosis, some will wish to retain gonads and monitor for health risks (eg girls with CAIS) whilst other girls will ask to remove gonads and move onto HRT. Problems arise when this process is rushed, and when there's an instinctive and panicky 'get gonads out' response without understanding the full impact of that decision or indeed lifelong HRT. We are therefore wary of any routes which might put pressure on children to seek a surgical pathway before they fully understand the implications or to change legal sex without proper psychological support.

If a child, girl or boy with a DSD prefers to live as non-binary in recognition of either their wonderful biology or their rejection of the out-dated limitations of gender we support them. However, we would be concerned not to follow the example of Germany, as offering a “third” option for sex on birth certificates is more likely to result in early surgical intervention to “normalise” a child and prevent a loss of sex-based rights.

The Scottish Government has the opportunity to learn from DSD, and the history of DSD care, however. To date they have ignored this and promoted (and financed) the category-error surrounding intersex ('something related to gender rather than biology'). By doing so it totally short-changes and risks harm to children and young people with different sex development growing up in Scotland now.

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

No

If yes, please outline these comments.:

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

Yes

If yes, please outline these comments.:

We were concerned to see that the consultation paper quotes Dunne (2017). This paper contains some highly inaccurate (and offensive) comments about intersex women's bodies and attempts to weaponise them in order to justify the inclusion of male bodies into female spaces. We are troubled that the Scottish Government would support the idea that women with DSDs have "non-normative" bodies or that a woman who, for example, is infertile due to different development is in any way comparable to a male of typical sex development.

As we have set out, our goal is to help young people deal with stigma around different development and not drive them to early surgical interventions. Papers like that of Dunne, who discusses "intersex" under the heading "abnormal bodies" reinforce that stigma. It also confirms our view that Scottish Government must take better steps to listen, engage and support those DSD organisations focused on conditions and outcomes.