

Written evidence submitted by Mx Jay Cameron (GRA0052)

My name is Jay, I am 26 years old and I'm a healthcare professional working in London currently. I am transgender.

Will the government's proposed changes meet its aim of making the process 'kinder and more straightforward'?

- No, there need to be more acknowledgement of and provisions made for non-binary people within UK law
- It still needs to be easier to access trans healthcare in the UK, the proposed small increase in clinics simply isn't enough to address the years-long waiting list, which contributes to high rates of mental health problems in transgender individuals, including elevated suicide rates
- The process is still too long and not nearly transparent enough; trans people often have to turn to fellow trans people who have completed the process to explain how it works in a way that is clear as there are very few plainly-worded governmental resources out there on how to do this

Should a fee for obtaining a GRC be removed or retained? Are there other financial burdens?

- No, there should not be a fee for this, it is simply a tax on being transgender to impose/retain any sort of fee at all
- Similarly the financial burden of changing your legal name and sex on passports, drivers' licenses etc is significant – I propose that changing your legal sex or name on your drivers' license or passport for gender recognition reasons should not be something any individual has to pay for

Should the requirement for a diagnosis of gender dysphoria be removed?

- Yes – this diagnosis is not one readily made by GPs, which are the only form of medical care easily accessible in the vast majority of cases to trans people. The lengthy process of accessing a clinic – with several years of waiting being the norm for transgender people – means that access to specialists who can and are willing to make this diagnosis is very limited.
- Those who can pay for private treatment also must wait around a year in many cases to see a private gender therapist/endocrinologist etc., and there is difficulty in the negotiation between private clinicians and NHS GPs, who can choose not to take their treatment suggestions on board.
- I am aware of cases where NHS GPs have been unwilling to provide treatment received from highly reputable and accredited private consultants who specialise in gender therapies, meaning the patient has had to move GP practices until they have been able to find one willing to help them. This is unconscionable with regards to a formal diagnosis being required for a GRC, when a privately-made diagnosis may not even be recognised by NHS GPs at all.
- All of these factors are in addition to the obvious financial burden on the patient should they have to resort to private treatment and diagnosis.
- In short, the diagnosis is not accessible to all trans individuals, and therefore should not be necessary in the process of receiving a GRC, to prevent trans people from

having to wait in discomfort to receive a GRC until they have endured significant waiting (of several years).

Should there be changes to the requirement for individuals to have lived in their acquired gender for at least two years?

- Yes. This period should be made significantly shorter or abolished. It needs to be highlighted that this requirement refers to a length of time generally dictated by the patient's GP – I for one did not tell my GP for several years that I am transgender, and had already been 'living in my acquired gender' in my daily life for about three years. Therefore, if I had to wait a further two years after I had told my GP, I would have had to wait a total of five years.
- It is worth noting also that many trans people do not wish to 'come out' to their GP for fear of maltreatment, which has been documented historically against trans people, especially trans women of colour. They would therefore have no formally recognised evidence of 'living as their acquired gender' to provide the panel with. This is especially pertinent to closeted trans people, who live in an unsupportive environment, and do not have any other official documentation (outside of confidential GP records) to show that they have been 'living in their acquired gender' for at least two years.
 - Additionally, from a personal perspective, I only legally changed by name one year ago, despite having been living in my 'acquired gender' for about five or six years, and using my preferred name for about three of those. Therefore, if I were to apply for a GRC now, the panel may reject me simply on the basis of my deed poll marking 2019 as the time of my name change, rather than my actual lived experience.
 - I hope this explains why this mandatory wait for two years is simply not feasible and not appropriate when it comes to receiving a GRC.

Does the spousal consent provision in the Act need reforming? If so, how? If it needs reforming or removal, is anything else needed to protect the rights of the spouse or civil partner?

- I do not believe that a person's spouse should have any say about a person's transition, their receiving of a GRC, or their medical treatment. It is a personal decision that should be made by an individual, not by those in their family unit, including their spouse.

Should the age limit at which people can apply for a GRC be lowered?

- Absolutely. It is worth mentioning the high rate of mental health concerns in young trans people at this stage, including depression and suicide. I believe that lowering the age limit at which a GRC can be applied for would alleviate this somewhat.

What impact will these proposed changes have on those people applying for a GRC, and on trans people more generally?

- If the government chooses to make the process of applying for and obtaining a GRC more transparent, easier, and less costly, the impact will be immeasurable on trans people, who represent one of society's most marginalised demographics

- The trans community are frequently demonised by the media, and the loudest voices are those of dissent when it comes to trans people having equal rights to cis people, and simply trying to live their lives authentically. To ease the struggles of trans people with policy would be to send a message to those who wish to harm the community that their hatred and discrimination will not stand, and is not supported by this government. I am sure this is a message that the committee would wish to see broadcasted to the public as a whole.
- Trans people would feel more free to actually engage with governmental processes to receive a GRC – there would be a higher proportion of trans people willing to get one, either from a personal preference standpoint, or from an affordability standpoint
- I feel that improving the process of receiving a GRC, and lightening the bureaucratic load on trans people who want to be recognised as their authentic selves and not suffer dysphoria over something like an incorrect drivers’ license, passport etc., will greatly improve their mental health, too.
 - There is already a huge amount of administrative and financial burden to being trans (for example, changing my name has involved notifying upwards of fifty agencies/companies/banks etc. and I estimate that it has cost over £500 in total due to various fees). Adding the cost of applying (potentially unsuccessfully) for a GRC on top of this seems an unnecessary exercise in cruelty, particularly for young, low-income trans people.

What else should the government have included in its proposals, if anything?

- The government should be considering adding an ‘X’ option on drivers’ licenses and passports, for those who do not feel that ‘M’ or ‘F’ adequately describes their gender. This is the least that can be done to provide for non-binary and gender-nonconforming individuals within the trans community, who are a large proportion that are currently underrepresented in governmental policy with regards to trans people.

Why is the number of people applying for GRCs so low compared to the number of people identifying as transgender?

- This is because the process of applying for a GRC is too complex, too costly, it is not transparent enough. Additionally, the thought of the panel rejecting an application is discouraging (see above re: not enough evidence of ‘living in their acquired gender’ for long enough being a potential reason for rejection, and so forth)
- It would make the majority of trans people that I know, including myself, feel dysphoric to have their application rejected; furthermore, it would negatively impact their mental health, while also costing them money
- Additionally, non-binary genders are not being catered for, therefore a lot of people would have nothing to gain from applying for a GRC, as they would not be able to apply for the gender they actually are

Are the provisions in the Equality Act for the provision of single-sex and separate-sex spaces and facilities in some circumstances clear and useable for service providers and service users? If not, is reform or further guidance needed?

- Yes – reform is required. ‘Single sex’ is not an appropriate term to use and is wielded as a weapon against trans people. There is no ‘danger’ in letting a trans person use the

facilities that best suit their gender – no more so than letting cis people use the same facilities. Both are dangerous when an individual who means harm enters the space. I find it a great stretch of the imagination that any individual would go through the lengthy, expensive and draining process of transitioning, and/or receiving a GRC, and the potentially dangerous step of presenting outside of their assigned sex in public, just to be able to enter a facility that they should not be able to enter.

- Trans people are more likely to be victims of assault – partially because of legislation designed to exclude them from facilities they desperately need to use – than cis people, and this should be held in mind when reforming these provisions, and the language used. They are a barrier to trans people using even the most basic facilities in public – cis people do not, for example, have to worry about whether they will have to simply go home rather than enter a toilet on a day out, because of a potentially hostile reaction if they use a toilet that aligns with their lived gender.

Does the Equality Act adequately protect trans people? If not, what reforms are needed?

- Trans people need further protection by UK law. Although victories for trans rights in courtrooms are becoming more frequent, demonisation of trans people in the press and online is currently rife, in a way that if we were any other minority group, would be obvious and potentially illegal under UK law.
- I would just like to see trans people taken seriously as victims of hate crimes, discrimination, and persecution by loud but increasingly extreme facets of the media who seek to harm us. This is obviously difficult to amend with legislation, but a strong, united governmental response to transphobia, when it occurs, would go a long way to helping with this issue.

What issues do trans people have in accessing support services, including health and social care services, domestic violence and sexual violence services?

- Domestic and sexual violence services – these are generally ‘single sex’ spaces as discussed previously – meaning that a trans person (trans man, trans woman, non-binary person etc.) would be much less likely than a cis person to seek out help on this front as they are generally unaware which space they should access, and are afraid of being turned away, or even met with hostility, should they attempt to.
- Healthcare, including sexual assault – there needs to be way more education of clinicians about trans healthcare, and the care that trans individuals need, within medical education in the UK (I say this as a healthcare worker who has recently graduated masters-level education at a UK university) – it cannot be allowed to remain that clinicians are allowed to refuse the suggestions of specialists (private or NHS) on gender reassignment (etc.) for trans people, or that they can simply be allowed to be ignorant about this. Additionally, the lack of education means that transgender victims of sexual violence may be unwilling to present for treatment, fearing dysphoria, ignorance, embarrassment, or in extreme cases even hostility from clinicians, when they are at their most vulnerable
- When I go to the doctor, I go assuming that they do not know about trans healthcare, and I am usually right, and have to explain my treatment to them. This is an unfortunate circumstance, and not necessarily any individual clinician’s fault, but nonetheless it needs to be addressed.

- As a healthcare worker I am lucky to be able to explain my treatment needs, but not every trans person will feel confident or equipped enough to explain every intimate detail of their treatment, or the treatment they want to receive, to every clinician they meet. Furthermore, it has been my experience that some clinicians do not know how to refer to an NHS gender clinic, which leads to significant delays to even being placed on the already years-long waiting list. A more streamlined approach to this, as well as more clinics, is in order, in my view.

Are legal reforms needed to better support the rights of gender-fluid and non-binary people? If so, how?

- There needs to be an 'X' option on drivers' licenses, UK passports, and other official government documentation alongside the usual 'M' and 'F' for sex options. A wide variety of places let me use the title 'Mx', but not all – some legislation facilitating this would also be a great step forward.

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