

Written evidence submitted by Josella Hervey (GRA0084)

The Government's proposed changes go some way towards making the process "kinder and more straight forward", but they don't go far enough. Removing the fee would be help, but the main barrier is having to prove to strangers that you "really are trans". This is such an insensitive and unreasonable thing to ask.

It's important also to remove the diagnosis of gender dysphoria, in order to stay in line with our current understanding that being trans is simply a normal part of the human experience – nobody needs to wait until they are in horrible distress to "prove" they are trans. Gender euphoria is a kinder and better "test", but better still is simply to allow a person to state their own gender - after all, how could anyone else know?

The need for the consent of a spouse must be removed at once.

The age limit should also be lowered, at least to 16.

The needs of non binary people should be recognised and they should be allowed to identify formally as non binary.

Currently there is too much paperwork and the process is too intrusive and too risky – putting your whole identity up for question and on the line. This is why few trans people go ahead.

The Act should explain clearly that the needs and rights of trans people are not in opposition to the rights of women. It should state robustly and clearly that single sex spaces and services are not at risk when trans women are treated and included as women.

Non binary and gender fluid people also need to be able identify as who they are. These categories need to be added to things like drivers' licence, passport as well as GRC.

Trans people still face hostility in many settings, and services such as the NHS must be better trained in how to treat trans people. Trans people are right to fear that single sex services and spaces may be hostile towards them – even though they are welcome in many cases, this isn't something they can assume. The negative effects of this discrimination cannot be overstated.

Current discourse has allowed and indeed encouraged the idea that trans women are a danger to others, and that giving rights to trans women and children will take rights away from cis women and children. This has created an atmosphere which is harmful and dangerous for many trans adults and children, without benefitting cis women and children in any way.

The issue of so-called "detransition" has been discussed in a simplistic and distorted way which implies that it is the main danger facing those who seek gender affirmative medical care. The positive effects of these types of care, and the dangers when people are refused such care, are not properly explained. This creates a situation in which people suffer needlessly because they cannot access the help they need because the danger that they might change their mind is exaggerated out of all proportion.

Trans children have an especially raw deal. They have to wait too long to see gender identity services, and these services are monopolies – so they cannot get a second opinion. The only private option in the UK – Gender GP – is blocked from providing support by current rulings.

The children's gender identity services in both England (Tavistock and Portman) and Scotland (Sandyford) both pathologise being trans, and both underestimate the harm that failure to treat can cause. They both work to a gender dysphoria model as opposed to a gender affirmative model which uses gender euphoria as its "test". They both focus too much on psychoanalysis rather than a child-centred, listening approach. They wait too long before prescribing both blockers and gender affirming hormone treatment, taking a cisnormative, gate-keeping approach which is harmful to the children in their care. They fail to listen to and engage with the community they serve, and they do not keep pace with current research. They do not champion the rights of trans children in the media or elsewhere.

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