

Written evidence submitted by Ms Marianne Tambini (GRA0101)

The government has stated that it aims to make the process of legal transition “kinder and more straightforward”. The proposed changes are not adequate and will have no significant impact on trans people’s lives. I am in full support of Stonewall’s responses, and believe that the evidence of trans individuals should be considered with much more weight than those of non trans people (I myself am not trans).

There should be no fee for obtaining a Gender Recognition Certificate. Current estimates place the cost of legal transition, including documentation and psychiatric evaluation between £500 and £1000. This cost is prohibitive to many people. We know that a disproportionate number of trans people are living on a low income or are unemployed, through no fault of their own. In order to reduce the cost in any significant sense, the process must be demedicalised. The fee for the Gender Recognition Certificate should also be removed. I welcome the proposal to move the process online - this brings it in line with the process for obtaining other documentation.

The requirement for diagnosis of gender dysphoria should be removed, as per World Health Organisation guidance. On May 25th 2019 the World Health Organization approved the removal of ‘gender identity disorder’ from ICD-11, redefining it as ‘gender incongruence’ and removing it from their list of ‘mental disorders’. The demand for diagnosis of a disorder which is no longer recognised, ie. no longer diagnosable, is completely nonsensical. As far back as 19th January 2015 WPATH stated: ‘No particular medical, surgical, or mental health treatment or diagnosis is an adequate marker for anyone’s gender identity, so these should not be requirements for legal gender change.’

Since the public consultation was announced in 2018 waiting times for first appointments at the UK’s leading gender identity clinic have increased by almost a year to 36 months [<https://gic.nhs.uk/appointments/waiting-times/>] and likely longer for those referred now, meaning, as 2 appointments are required before treatment can begin, a wait likely in excess of 4 years from referral. This is clearly unacceptable by any measure, and deeply distressing for those whose lives it can often seem have been put on hold. This urgently needs to be addressed. The psychiatric assessment requirement should be dismantled entirely and adult services provided on an informed consent basis. Given the current system of ‘shared care’ and provision of hormone prescriptions (under direction of the GIC psychiatrists) and ongoing health monitoring by general practitioners, it would seem that with proper education and training these professionals could themselves directly provide the treatment and services trans people require - they do after all treat clinical psychiatric conditions such as depression with SSRIs without any further demand for psychiatric consultation. The process of acquiring a GRC should be demedicalised, the psychiatric diagnosis requirement should be removed, and healthcare professionals should receive training on how to treat trans patients.

Individuals should not be required to have lived as their current gender for at least 2 years. It is incredibly difficult for trans people to “live as their gender” whilst their gender is unrecognised by the state. This leads to complications in records and documentation at any institution trans people interact with. This makes things unnecessarily difficult for trans people and staff who they interact with.

The spousal veto must also be removed. This is both legally outdated and clearly violates human rights commitments to bodily autonomy and self determination. It is especially irrelevant since the legalisation of same-sex marriage. There is no other situation in which a spousal veto would be considered an appropriate or reasonable restriction.

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Some process should be put in place for people below the age of 18 to transition, possibly with parental consent, or else defined on a basis similar to Gillick competence. Clearly some people, after extensive psychological assessment, are identified trans as children, therefore it seems unreasonable if they are able commence treatment and identify as such to deny them legal recognition.

The Government should have included recognition of non-binary and intersex people, it's hard to see any reasonable justification, beyond prejudice, why such identities should not be recognised. In practical terms the availability of an 'X' marker on a passport is clearly necessary for those with anomalous bodies (trans or intersex), in an age when full body scans at airports have become the norm, leading to invasive questioning and undue distress. In addition, for many people, it would be dishonest to identify with any other passport marker (F or M), as this does not match their gender presentation or identity.

The Equality Act 2010 should also be updated to redefine the protected characteristic as 'gender identity' rather than 'gender reassignment', as this would cover both non-binary and intersex individuals who may not be undergoing or intending to undergo any process of reassignment but whose identities are nonetheless valid, subject to prejudice, and in need of protection.

With regards to single-sex spaces which exclude trans people from accessing services, they must remain absolutely the exception rather than the rule - trans people should have full and normal access to public life. Trans peoples' rights of access to such spaces in line with their gender identity needs to be made explicitly clear in legislation - there is no evidence that trans people pose any undue threat in such spaces, nor that reform of the GRA to allow self-declaration will heighten any risk. There is evidence of fear mongering and prejudice inducement against trans people, especially regarding access to these spaces, and it should be made clear that it is not acceptable to harass members of a minority when accessing facilities in line with the law. The GRA and the Equalities Act do not currently adequately protect trans people.

As a cisgender woman, I stand with trans people. They are not a threat and deserve much better than the government's proposed reforms.

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