

Written evidence submitted by Ms Rosemary Aikman [GRA0786]

Spousal consent should be given before a legal change. Any marriage is materially changed if one of the couple change their sex. If consent is not given there should be a divorce first so that all matters to do with money, property and caring for children are dealt with before a change of gender. The fact that one partner is now a trans person will inevitable affect a fair divorce. It would also put enormous and unfair pressure on the remaining spouse.

The age limit should not be lowered. The laws in Britain have reduced the age of consent from 21 to 18 in my lifetime. There has already been the debate in which it was agreed that this is the age at which someone can own property, vote, serve on a jury and many other things. To change your gender is at least as important as those events and there is no suggestion anywhere, for instance, that someone younger should sit on a jury. For that reason I think that changing your gender should not change. My personal view is that age may still be too young – the consequences of, for instance, infertility are not very likely to be understood by many 18 year olds.

There are challenges in a definition of the word woman. There should be a clear distinction given between a biological definition of woman and man and a gender definition. As an example I will give you the diabetes prevention programme which is a part of the NHS. Men and women process glucose differently. The NHS prevention unit does not collect sex data. It only collects gender data. I am currently part of that programme and have never been asked for my sex. This means that any statistical information that might be generated by that programme will be wrong (since I assume that trans people may also become diabetic). I imagine that is only an example and many many statistics produced for healthcare, for employment ie fairness about pay, funding for projects will quickly become distorted and useless. As a women I know that men are favoured in many many aspects of today's society. It is important to continue to collect that information or favouring will continue to the general detriment of women.

I give hospitals as an example of a place where biological women should be separated from men. I had a period of ill-health which needed some six admissions to hospital – some planned and some unplanned. A part of me was fascinated with how differently the wards ran. In a gynae ward, possibly the only ward which might expect to remain for women only, there was a friendly helping atmosphere. My two experiences of mixed wards were that the women were frightened and stayed in their beds. They did not chat or help each other. The men were frightening, you felt you were being watched and I, as was typical, stayed firmly in my bed and checked very carefully before leaving for any reason. There was fear.

Another example is that I go to the Royal Exchange, the theatre foyer, (or I did before Covid) to meet a mixed group to practice our Spanish. The management of the Theatre changed the toilets to mixed sex – and the women then all took themselves to queue at the disabled toilets. They did not choose to use mixed sex toilets. There are never very many disabled toilets – so I imagine really disabled people would not like that!

I notice that the trans-culture is particularly men, often in strong financial and social places, who have already had children and won their places in their employment. Boys who want to take sporting advantage. And then mainly girls but also boys who are still children, often have mental illness issues, childhood trauma etc who are in danger of ruining their lives. They also seem to want to set themselves on a course of a lifetime of drug taking. That in itself I find intriguing since it is counter to many other healthcare issues. I find particularly interesting that the diabetes prevention programme is about preventing the need for drugs, many who takes lithium would prefer to not need to take the lifelong drug and yet trans children are asking for drugs to sort out their problems. This is a contradiction that I have never seen discussed.

Another fear I have about this debate about trans is that it is not possible to have this debate. I am

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retired and I do not care if I loose my reputation or status. I have none. Many many individuals are frightened to say anything because they fear for their careers. I understand that women's groups are frightened to engage with this consultation. The press, which is largely London based, informed, educated, well (as in not ill and having regular use of health services, for instance, like mental health hospitals) does not report, discuss, is simply not open. (If you were on a constant sick leave you would not be working much and certainly not for a national newspaper.) My only conclusion is that there is intimidation. What has she written that is so difficult – that female experience belongs to people with female bodies – and in a more normal group I think there would be many who agreed with that.

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