

I am a 37-year-old cisgender woman married to a cisgender man. I live in Oxfordshire, England. I have become increasingly concerned over the last few years with the way that transgender people are treated in this country. I am particularly alarmed by the rise of exclusionary rhetoric from some feminists, and the way it's increasingly being presented as the default or majority position for cis women. I'm presenting my viewpoint as a counter to that, based on both my reading on the topic and my discussions with trans friends.

1. The Government's response to the GRA consultation

The government's proposed changes will somewhat ease the burden of the process of obtaining a Gender Recognition Certificate, but don't go far enough.

Many of the barriers and stigma involved in the current process are set to remain in place. The fee for obtaining a Gender Recognition Certificate should be removed entirely, and the extensive documentation requirements should be relaxed. The requirements for a medical diagnosis and evidence of living as one's acquired gender place an undue burden on people in the process of transition. It demands that they both pathologize their identity and perform it to a standard deemed acceptable by society, within a short period of time, with no allowance for the complicated process that many transgender people go through to live comfortably as themselves. The statutory declaration also enforces this.

The spousal consent clause puts vulnerable people in a terrible position and should be removed entirely. It serves no obvious purpose except to enable abusive and controlling partners to continue to control their spouse. A reasonable person who is uncomfortable with their spouse's transition, or feels unable to remain married to them if they transition, has options available to them to end the marriage.

The government's proposal to move the process online is welcome and will make it more accessible, but does not remove the bottleneck of the long wait times for clinics (which ties back into the necessity of a medical diagnosis). The addition of only three new GICs is insufficient to ease this bottleneck.

The proposals should have included provision for nonbinary people, and should have been designed coming from the perspective of making it as straightforward as possible to obtain a GRC. Instead, the predominant concern seems to be with preventing "fraudulent" applications for a change of gender – something which we currently have no evidence would be a widespread or even significant issue.

The Scottish bill also does not go far enough, but it is absolutely a more suitable model than the government's proposed changes.

2. Wider issues concerning transgender equality and current legislation

The gap in numbers between those who identify as transgender and those who apply for a GRC is fundamentally down to the hostility of the application process. First-hand accounts of people who've applied illustrate a punitive attitude from the review panel, a mindset of looking for any reason to deny the application rather than trying to support it. Many transgender people are already vulnerable or struggling due to a lack of support, and battling with such a bureaucratic and hostile process is an unfair requirement.

Written evidence submitted by Ms Helen Burt [GRA1307]

I am extremely concerned by the alarmist rhetoric in the news and on social media about access to women-only spaces. The Equality Act is being twisted in public discourse to exclude trans women from these spaces, and create a narrative of predatory men who will abuse an amended GRA to gain access. There are no statistics or studies to back this up. What we do have are numbers that show transgender people are disproportionately vulnerable, targeted for abuse, and in need of additional protection.

I do not see a conflict between the Equality Act's provision for women-only spaces and the inclusion of trans women. It is already possible to exclude a cisgender woman from these spaces if she behaves in an abusive, inappropriate, or predatory manner, just as it is possible to exclude anyone of any gender from community spaces for those reasons. In the hypothetical situation that a trans woman – or a cisgender man abusing the system – were to behave this way, the same rules would apply.

I believe that extensive legal reforms are needed in this area. Fundamentally, women-only spaces and women's services are intended to protect and empower a vulnerable population against an entrenched culture of abuse and inequality. This needs to continue, but it needs to be recognised that the important qualifier is "vulnerable population", not the physical configuration of someone's body, or whether or not they have a GRC. Trans women are at a horrifically increased risk of violence from men if forced to share their spaces. Ironically, so are trans men. Using binary gender as a simple divider no longer makes sense, especially when we consider nonbinary identities.

UK legislation needs to become more nuanced and focus on harm reduction, rather than going in a reactionary direction in the face of a perceived threat. I see frightening parallels between current trends and previous moral panics, where persecution and distrust was intensified against a group already suffering disproportionate bigotry. There were a number of incidents in the 20th century where concern for the safety of women and children was centred in such a way as to demonize people who, statistically, posed no significant threat of harm to those groups. I am concerned to see this happening again, with demands to reduce the ability of children and teenagers to access transgender support, and the obsession with keeping trans people out of gendered spaces.

I strongly believe that it is necessary to make significant changes to our legislation as soon as possible in order to protect trans people and codify trans rights in law. I believe that there is an unjustified and inflated cultural fear that making it easier for trans people to transition – whether via access to support services or by obtaining a GRC – will somehow cause harm to other vulnerable populations. It is my opinion that this is not the case – I certainly have not been able to find any statistical evidence to back it up – and that, in contrast, widening access and lowering these barriers is the best way to protect a group of people at significant risk of harm.

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