

Inquiry on GRA Reform

1. Introduction

I am a private individual. I have been involved in supporting women's and girl's rights over a long period. I am submitting evidence because I feel that women's and girl's sex-based rights are under threat from gender ideology; and I feel there is insufficient psychological assessment of candidates prior to gender change/transition and, in particular, prior to the commencement of medical treatments.

2. Summary

2.1 To be "kinder" we need to ensure the gender recognition process takes a sufficient period of time to facilitate reflection and consideration of the full implications.

2.2 This period should include a full exploration and assessment of the psychological elements underlying the desire to change, including a diagnosis of gender dysphoria and a meaningful statutory declaration.

2.3 Applying for a GRC should be restricted to those who have achieved full adult mental capacity. Setting a high age limit and accompanying the change with a thorough psychological exploration and assessment will pay dividends in the form of successful and lasting change, and fewer subsequent regrets.

2.4 Legislation and guidance needs to be clarified. Definitions (eg sex/gender/woman/man) must be made clear, and published guidance must reflect legislation to protect single-sex spaces, as legislation intends.

2.5 There needs to be a comprehensive review of EA guidance published by institutions and public bodies, and of actual practice, to ensure that guidance and practice is clearly based upon and reflects the underlying legislation.

2.6 There should be a requirement for all guidance to accurately reflect underlying legislation, with serious consequences for charities/public bodies that issue guidance which (willingly or negligently) does not achieve this.

3. Answers to specific questions:

3.1 Question: Will the Government's proposed changes meet its aim of making the process "kinder and more straight forward"?

Response: There is a trade-off between "more straightforward" and "kinder". Adopting a different gender should be a significant matter. There should be some 'hoops' to jump through, and the change needs to be entered into in full knowledge of the implications for the individual and the family, and with a full understanding of the underlying psychology of the individual to help ensure that the chances of future regret are minimised.

On the question of being "kinder", I believe that the emphasis needs to be changed to be more on providing psychological help for people with gender dysphoria and related conditions. In particular, I think it is highly questionable whether encouraging and affirming people to change gender (often leading to a process involving a lifetime of drugs, hormones and surgery) is "kind".

It would be "kinder" to try and help people cope with their dysphoria rather than simply affirm and encourage transition. We know that the great majority of children outgrow their dysphoria and there does appear to be a growing number of adults de-transitioning, having regretted making the change.

In simple terms, to be "kinder" we need to ensure there is a process that takes a reasonable amount of time to facilitate reflection and consideration of the implications, (and there should be a full exploration and assessment of the psychological elements before embarking on physical change via medical intervention).

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

Response: No, the requirement should not be removed. Consistent with my comments above, there needs to be psychological exploration and assessment to enable the individual to fully understand what they are doing. Removing the requirements for a diagnosis of gender dysphoria would achieve the opposite and I therefore would not support this.

In the absence of a process of psychological assessment, an individual may increasingly look for support from online and other sources which, in many cases, will not be qualified and may have an agenda which is not in the better interests of the individual.

There needs to be a proper, qualified, thorough and extensive period of psychological assessment to enable the individual to fully understand what they are doing.

3.3 Question: What is your view of the statutory declaration and should any changes have been made to it?

Response: There needs to be a serious and meaningful statutory declaration, at least as strong as the present one. Changing gender is, and should remain, a significant act that has major implications, and the significance of the change needs to be stressed by a statutory declaration.

3.4 Question: Should the age limit at which people can apply for a Gender Recognition Certificate (GRC) be lowered?

Response: No, the age limit should not be lowered. I think that applying for a GRC should be restricted to those who have achieved full adult mental capacity. Personally, I would prefer to see the age limit set at 21 years to ensure this is achieved. The negative consequences of getting the change wrong are too great to take chances. Setting a high age limit and accompanying transition with a thorough psychological exploration and assessment will pay dividends in the form of successful and lasting transition.

3.5 Question: Are there challenges in the way the Gender Recognition Act 2004 and the Equality Act 2010 interact? For example, in terms of the different language and terminology used across both pieces of legislation.

Response: There is confusing and conflation of gender and sex. Sex needs to be clearly defined, as does gender. They are different. Woman needs to be clearly defined as an “adult female”. Man needs to be clearly defined as an “adult male”. And all legislation needs to be made clearer in terms of which aspect (sex or gender) it is referring to. In this way sex-based rights can sensibly and clearly be expressed and maintained.

3.6 Question: 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?

Response: Clearer definitions are needed as explained above. Also, guidance that has been issued by certain bodies including the EHRC and the GEO do not reflect the legislation as set out in the EA. There needs to be a comprehensive review of the EA and of guidance relating thereto to ensure that the legislation is capable of being properly enforced.

There is enormous confusion surrounding the circumstances under which single-sex facilities may be provided as we can observe in the appalling situation of hospital wards, where, despite clear requirements to provide single-sex facilities, the NHS and care providers do not comply. This must be addressed as a matter of urgency.

Written evidence submitted by Mr Terence David Stock [GRA1378]

A number of 'gender-promoting' charities, for example Stonewall, have a history of issuing guidance which is inaccurate and does not reflect legal requirements. As a result many public policies' and the policies of many corporations do not reflect what the legislation is intended to provide: single-sex provision.

There should be a requirement for all guidance to accurately reflect underlying legislation, with consequences for those that issue guidance that, willingly or negligently, does not achieve this.

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