Written evidence submitted by the Centre for Transforming Sexuality and Gender (CTSG) at the University of Brighton: Olu Jenzen (Director), Laetitia Zeeman, Matt Smith, Nigel Sherriff, Laura Harvey, Zoë Boden-Stuart, Carrie Llewellyn, Stephanie Davis, H Howitt, Joe Jukes, Nicholas McGlynn.

Reason for submitting evidence

This response by the Centre for Transforming Sexuality and Gender (CTSG) at the University of Brighton proposes that the Gender Recognition Act (GRA) should be reformed to improve trans equality, and that the September 2020 proposed changes are not sufficient to achieve meaningful change to the GRA. We maintain that such reform is overdue as the current GRA is inaccessible to many, and out of sync with contemporary understandings of gender. We maintain a reform is important not least for fundamental equalities reasons, but also for reasons of enabling improved access to healthcare, increased liveability for gender diverse populations and to strengthening the Equality Act for transgender people.

About the CTSG

The CTSG is a highly active centre of research excellence that brings together researchers/academics, practitioners, and activists on themes related to sexuality, gender and social change with a core focus on co-producing research with community partners that impacts on policy and practice. The CTSG has longstanding strengths in research relevant to LGBTQ (lesbian gay bisexual trans and queer) lives as well as sex, sexuality and health.

Research conducted in the Centre engages with a range of aspects pertaining to trans and non-binary lives and rights. As examples, this includes LGBTI health inequalities (e.g. McGlynn et al., 2019; Sherriff et al., 2019; Zeeman et al., 2019) carried out in the context of the EU funded project Health4LGBTI), the re-pathologisation of LGBT mental health (Johnson, 2012); trans youth’s digital lives (Jenzen and Karl, 2014; Jenzen, 2017); transgender and non-binary participation in everyday sport and physical exercise in the UK (Barra et al., 2020, Kavoura, 2020); LGBTQ equality issues and policies from a geographic perspective (Brown and Browne 2016; McGlynn 2017) and trans youth and access to Higher Education (Jenzen and O’Riordan, 2019).

Cutting edge doctoral research in the Centre encompasses transgender people’s experiences of sex and sexuality; representations of LGBTQ Roma; trans inclusive urban planning; the experience of the intersections of race, gender and sexuality for queer and trans people of colour; and trans participation in recreational sports and Language and gendered pronouns. The CTSG has co-hosted the Annual Brighton Trans, Non-Binary and Intersex Conference and the third conference was held at the University of Brighton on 19- 20 July 2018 in the run up to Brighton Trans Pride.

Evidence
Written evidence submitted by Centre for Transforming Sexuality and Gender (GRA1388)

In response to the WEC inquiry we would like to highlight the following key ways in which the GRA could be improved:

1. **Simplify the administrative process and make it based on self-declaration, also removing the requirement for a gender dysphoria diagnosis or medical evidence.**

   **Justification:** Currently under the GRA, a trans person is required to present evidence to a panel of ‘judges’, who may issue a gender recognition certificate if approved. However, a trans person must have transitioned two years before a certificate can be issued and must obtain a medical diagnosis of gender-dysphoria (Zeeman et al. 2017a; also see Lev 2013). Earlier this year, the European Commission stated that the GRA procedure is one of the worst in Europe with medical requirements that contravene international standards of human rights. Trans and non-binary rights are human rights.

   Our own large scale research across all EU Member States (including the UK at the time), as part of the Health4LGBTI study; see Zeeman et al. shows the extent to which LGBTI including non-binary people experience severe health inequalities including discrimination in access to healthcare due in part to, healthcare systems being ill-equipped to deal with the complexities of gender identity as well as laws and policies restricting access to healthcare and preventing trans people in particular from accessing appropriate medical services. Although trans and non-binary people experience mental health distress more frequently than the general population including depression, self-harm and suicide, this is not as a result of being ‘trans’; it is a preventable consequence of widespread inequalities in health and human rights.

   The Government Equalities Office acknowledges that requiring a medical diagnosis of gender-dysphoria discourages trans people from applying for a gender recognition certificate. Declassification of gender dysphoria as a pathology, would normalise gender variance and allow trans people to self-identify without reinforcing a binary model of gender. The right to self-declaration without the requirement to be diagnosed with a medical condition in order to be recognised as ‘valid’ in their gender, is essential. It will be important to track changes following such a change on mental and physical health inequalities post rights to self-determine.

2. **Improve equality for trans youth by lowering the age to access gender recognition to 16 and giving legal recognition to non-binary people.**

   **Justification:** Risks for gender non-conforming youth are complex and include (but are not limited to): A) Facing higher risk of violence because of their gender nonconformity (Stotzer, 2009; Wyss, 2004), notably in education environments, but also at home or in public spaces. B) Greater prevalence of suicidal ideation and attempt. Incidents of suicide attempts among trans youth is reported in various studies as between 22%-48% (Zeeman et al., 2016) which is significantly higher than adolescents in general. C) Higher risk of experiencing mental health conditions than the general population (Connolly et al., 2016; Grossman and D'Augelli, 2007) due to minority stress and related factors. D) Higher levels of homelessness, social isolation and estrangement. As our research has suggested, estrangement among youth is a barrier to accessing HE (Jenzen and O’Riordan, 2019). The 2020 Covid19 lockdown situation has seen a significant rise in demand from LGBTQ homelessness services, which is an indicator that an increasing number of young LGBTQ people find themselves in untenable housing situations (LGBT Foundation, 2020). E) Increased health risks including substance use (Reisner et al. 2015). F) Risk of discrimination in education
Written evidence submitted by Centre for Transforming Sexuality and Gender (GRA1388) (Formby, 2013), particularly in school settings (Zeeman et al., 2016). Jenzen’s ethnographic research (Jenzen 2017) has shown that a particular concern for trans youth is the routine and institutionalised practice of denying them their own understanding and articulation of their gender. Non-conforming teenagers in particular may experience this acutely, as they have not yet fully gained ‘adult’ social or economic independence and thus have limited agency in terms of social gender role expression. Giving youth access to formal gender recognition processes would alleviate some of the stress factors associated with such denial of identity. UK research by the NUS reported that over half (51%) of Trans-identifying respondents had seriously considered discontinuing their course in HE (NUS, 2014), and our research suggests that navigating FE and HE for trans youth brings added burden of increased bureaucracy of everyday life and this is underestimated as a stress factor and entails embedded forms of discrimination (Jenzen and O’Riordan, 2019). This stress is often related to emotional labour that goes into navigating genderism in educational institutions. Research has shown that for trans youth, being able to self-define their gendered identity, and being recognised by peers, families, teachers in school settings acted as a protective factor. Being able to participate in sport or access safe spaces at school, where they didn’t feel judged based on gendered norms, were all critical to the promotion of resilience in trans youth. Domestic bureaucracy may include changing documentation around names, access to GPs, and support services. All students will experience HE as involving complex administrative processes. To access services students often must demonstrate evidence or legislative recognition of their identity, which can be difficult and require ongoing document management. However, trans youth participants in our HEFCE funded study (Jenzen and O’Riordan 2019) also experienced additional barriers and encounters in which they had less control or experienced discrimination, including inflexibility around changes in names, or reliance on parental sign off. Our study revealed that the experience of being recognised by one’s chosen name to reflect one’s gender identity on student id-card, on class registers, at graduation, etc depends on the allyship of individual University staff who work to find ‘workaround’ solutions to support trans and non-binary students and this puts students in a position of great uncertainty as enacting allyship in this way is not widespread in UK HE. Situations like this would be greatly alleviated by a simpler gender recognition process that is also accessible to young people from the age of 16. The impact on trans youth not having full participation in education includes economic marginalisation and potentially lower civic participation. Transformation at a systems level is required to ensure trans youth can remain resilient when they are understood, are safe at school and other educational settings, are free from bullying, and are socially included. Empowering youth is essential to addressing these inequalities and health issues and improving equality for trans youth by lowering the age to access gender recognition to 16, and taking a child focused approach also for those under-16, are important ways of doing that.

There question of giving legal recognition to non-binary people, as a step toward better supporting the rights of gender-fluid and non-binary people (Richards et al., 2016) is also directly relevant to the aim of improving youth equality and empowering youth, as across our research with LGBTQ+ populations we typically find a higher proportion of young people who identify as non-binary. More research is needed on UK non-binary populations, but what is clear is that excluding non-binary gender identities from recognition is going to affect young people in unnecessary negative ways.

**References and Supporting evidence**
Written evidence submitted by Centre for Transforming Sexuality and Gender (GRA1388)
Health4LGBTI project reports and related training material are available in the public domain via the European Commission and can found here.

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- NUS. 2014. Education beyond the straight and narrow: LGBT students’ experience in higher education. London: NUS.

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