

Written evidence submitted by Rita Rake [GRA1530]

In 2020 the Government conducted a full review of the Gender Recognition Act and the proposal to introduce Self Identification for individuals wishing to legally change their gender. The Government's decision to reject Self ID but to introduce changes to make the process of obtaining a Gender Recognition Certificate easier and less expensive was thoughtful, measured and balanced. It further recognized the need for better access to healthcare for transgender people and the need to protect women's rights to safety and privacy and the rights of young people under 18 years of age to be protected from unnecessary medical interventions to which they are not able to give full consent. This undoubtedly meets its aims of making it a kinder, more straightforward approach.

I'm therefore disappointed that the Committee has sought to conduct another consultation when it is clear that there is no public support for significant reforms to the GRA including Self ID.

The reasons for this are clear: the UK public knows that it is impossible to change sex, or to be "born in the wrong body". NHS advice has recently been changed to state explicitly that people can not be born in the wrong body, and gender lobby groups such as Mermaids, Gendered Intelligence and the Proud Trust providing materials for schools have been forced to change their published material to reflect this.

It is clear that there is a need for better support of transgender people and the government's proposed reforms meet this purpose.

A need for a diagnosis of gender dysphoria should be retained, and this should not be seen as a hurdle, but as an important safeguard. A requirement for a diagnosis of gender dysphoria will ensure that the applicant has had access to a careful, differential medical diagnosis which will ensure that the applicant has had access to the medical treatment, advice and support that they need, and have a right to expect.

Currently, obtaining a GRC requires a stated intention to remain in that gender for the rest of one's life, and in return offers the protected category of gender reassignment under the Equality Act 2020. A GRC is an important legal document, which confers rights and protections in that chosen gender. It is therefore reasonable to expect the applicant to have a fixed intention to live in that gender permanently, and therefore the requirement to live in this gender for two years previously does not seem unreasonable. These are all important tests of the applicant's sincerity and given the life changing importance of this decision, these tests are as important for the protection of the applicant as well as the integrity of the process.

Thought does need to be given to the situation of the spouse. Currently the process does not fully recognise the severe emotional and financial consequences for spouses of those applying for a GRC. These spouses are predominantly women, who are more likely to be older, to be financially dependent on the applicant, and more likely to suffer financial hardship as a

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result of the process. More work in this area is needed to protect their rights in this process.

The age limit for obtaining a GRC should not be reduced from 18. In fact, there is a strong argument for the fact that such a serious and life changing decision should be the result of longer consideration, given that the pre frontal cortex, that controls risk taking and decision making, is not fully formed until around the age of 25.

It is critically important for the formulation of legislation in this area to recognize that “trans” identities do not have a clear or legally defined status. There is a whole range of trans identities, from people with diagnosed gender dysphoria who need medical treatment for their distress, through to people who identify as being trans as a form of gender non-conforming identity. Some “trans” people have no interest in having any treatment, or indeed of conforming by their appearance to the gender that they identify with. Some ‘trans’ people like Philip/Pip Bunce decide on a day-to-day basis whether they feel like a man or a woman. This is why the number of people identifying as trans is so much higher than the numbers applying for a GRC. For many people, identifying as trans is a rejection of society’s expectations and sexual stereotypes rather than an innate feeling of dysphoria.

As a society, rejecting gender stereotypes is a good thing and to be encouraged. But this cannot and should not be legislated for. Trans people with a strong commitment to gender reassignment are already protected under the Equality Act 2010.

If Self ID or something like it was to become law, recognizing gender identity, or if the provisions of the Gender Recognition Act were significantly weakened, this would have very wide ranging and serious consequences for the law, for society and for the protection of women and children.

At present, the GRA creates a legal fiction that states that people can legally change sex. But this is a well intentioned lie. A change to the GRA that allowed for self ID would be a denial of the biological impossibility of changing sex, and would enshrine in law the concept of gender identity, which is meaningless and regressive. It would reinforce gender stereotypes at a time when society is moving towards greater inclusivity and diversity. This makes no sense whatsoever.

Government legislation confers a legitimacy that influences people’s beliefs. A legal concept of gender identity would validate the nonsensical concept that we all have an “innate gender identity”, which would have a direct impact in undermining sex-based rights and which would encourage the affirmation model which is preventing dysphoric young people from getting the rigorous diagnosis and investigation of their condition that they would have a right to expect in any other medical scenario.

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If people can legally simply declare themselves to be whatever they believe they are, this has implications not only for their rights, but the rights of everyone else. Being able to self identify removes the need for a commitment to a fixed intention, and allows anyone to change their gender as and when they see fit. If the concept of self-ID was written into law, even fewer people would apply for a GRC because it would become superfluous. If you recognise gender identity, how can you possibly write good law that can take into account the concept of gender fluidity? A law that seeks to protect people needs to be logical, reasoned and capable of withstanding testing, and based on reality, not perception or fantasy. This is why it would be madness to even try to legislate for this.

Any weakening of the provisions of the GRA to enable self-id would increase the conflicts that already exist with the Equality Act. If anyone can decide whether to identify as a man or a woman, then the important protected characteristics of sex and gender reassignment would be rendered meaningless and useless. Women would be unable to rely on these protections, and their rights to safety and privacy, including the right to request intimate female examinations to be conducted by other women, would be removed. Indeed we have already seen this happen in the NHS, which still has mixed sex wards even though this is in contravention of the protections in the Equality Act. Sex based protections would become the subject of regular legal challenges by both those who claim them and those who oppose them.

The Government must reaffirm the legal difference between sex and gender reassignment. The Equality Act currently protects trans people who have taken steps towards gender reassignment. This does not require a GRC, and therefore is already sufficiently flexible to provide protection to people who have demonstrably made a commitment to their gender transition.

However, the lack of clarity in the law at present between the perceived clashes between the protected characteristics of sex and gender reassignment have led to many service providers violating these protections either deliberately or to avoid the unwelcome attention of transactivists, and are either ignoring or flouting the sex-based protections.

A serious example of this is the introduction in schools of mixed sex facilities against the wishes of both pupils and parents. This is likely to lead to increased rates of illness as a result of pupils' refusal to use unisex toilets – constipation, bladder problems and the risk of toxic shock syndrome from girls who cannot find the privacy to change their sanitary products often enough. Moreover, this will contribute to a failure of attainment, as girls in particular become dehydrated, affecting their concentration, as a result of a desire to avoid using unisex toilets.

Men who claim to be women are routinely demanding access to women's toilets, changing rooms, women's refuges, prisons and sports, to be included on all women shortlists for prizes, awards and scholarships. This is undermining women's hard won opportunities and their freedom to engage in society and to participate in sports without the fear of unnecessary risk of physical harm.

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Even the Girl Guiding Association has affirmed that they will allow boys identifying as girls to share toilets and overnight accommodations with girls. They will also allow male bodied people identifying as women to supervise young children.

There is a need for better healthcare for trans people, including detransitioners. Waiting lists for treatment are long, in common with those for many other forms of medical treatment. However, some of these delays are very necessary in order to make sure that a proper, differential diagnosis can be formed within a framework of consideration of other factors that may be influential, for example a diagnosis of autism, anorexia or other body dysmorphia, mental health or family issues, social contagion or a desire to escape from society's gendered expectations. The prevalence of porn and its effect on the sexual expectations of young men is an undoubted factor in many young girls' rejection of their bodies. This is thought to be a factor in the exponential rise of young women and girls presenting with gender dysphoria in the last few years.

There is a great deal of evidence that if given counseling and support, this dysphoria would resolve itself in the vast majority of these young people.

By contrast, young people who are started on puberty blockers almost always progress to cross sex hormones. Puberty blockers are not reversible – NHS guidance now states this explicitly – and there is increasing evidence that they cause irreversible impairment of bone and brain development as well as that of the reproductive organs. The Government's stated desire to protect young people from unnecessary medical interventions is much needed, and its support for a policy of watchful waiting has been warmly welcomed by clinicians and others involved in ensuring the health and welfare of young people.

Separate support services for domestic and sexual violence for trans people would be in their best interests as well as women, who need safe, single sex spaces in which to recover and learn to cope with their fear of male violence. For many women and children who have been through terrifying trauma, the safety of a haven staffed only by women is severely compromised by the presence of a male-bodied person. This means that many vulnerable women will flee with their children, putting themselves at risk and foregoing the help they desperately need rather than face the fear of being in close proximity with an unknown man.

Similarly, the experiences of trans people are not the same as those of women and they need their own spaces in which they can be vulnerable and get the help and support they need.

In summary, the Government's proposed changes will meet the needs of trans people to be able to access a kinder, more thoughtful process that is cheaper but still retains important gatekeeping protections that benefit applicants.

The Government does however have a very important and much needed role in reasserting women's sex based rights, and making the important distinction in

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law and in public discourse between these rights and the protected characteristic of gender reassignment. There is a concerted attempt to redefine the word "woman", to dissociate it with the sex class of adult human female, to dehumanize women by referring to us as "chest feeders", "menstruators", "uterus havers", "birthing people", "people with cervixes".

This appalling misogyny, which has no reciprocity in the lexicon used to describe men, must stop. The Government must stand up for women's rights to name themselves, to be protected from threats of violence, and to enjoy the protections and rights that they have fought so hard for. As the WOMEN and Equalities Committee, I hope that you will recognize that there is a great delia for you to do in this area, and that while trans people need our support, protection, love, kindness and respect, and right to free speech, the debate has been overly influenced by those who would seek to withhold all those courtesies from women.

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