

Written evidence submitted by LGB Alliance [GRA1647]

Executive Summary

1. LGB Alliance was formed in October 2019 in response to the refusal of Stonewall, once itself an LGB rights campaigning organisation, to engage in any discussion on issues of sex and gender and how they relate to Lesbian, Gay and Bisexual people. Specifically, there were serious concerns about Stonewall's adoption of "queer theory" with its focus on the primacy of gender over sex. This theory promotes the controversial notion that everyone has a "gender identity" – a concept about which there is no scientific consensus – as separate from, and overriding, biological sex. It goes so far as to refer to "same-gender" instead of "same-sex" attraction, which is unacceptable to us since it redefines and negates LGB sexual orientation. Our submission rejects any inclusion of the term "gender identity" in legislation as it is impossible to define.
2. LGB Alliance believes that "gender identity theory" reinforces outdated and regressive stereotypes. We would like to see a world where any boy or girl, man or woman, can dress and be whoever they would like to be as long as they respect the rights of others.
3. LGB Alliance fully supports the rights of transsexuals to equality under the law. Trans people have attended and spoken at both the meetings we held before Covid-19 drove everyone to meet online, and many fully support the work we are doing.
4. LGB Alliance opposes the idea that same-sex sexual orientation is "transphobic"; that sex can be changed; that children may be born in the wrong body; and that none of these subjects may be discussed without the severest of sanctions.
5. LGB Alliance is pleased to submit evidence on this important issue which, we believe, has been made ever more complex by the repetition of factually incorrect statements on the subjects concerned. These are often made by lobby groups that pose as independent experts – such as the World Association for Transgender Health (WPATH) or Trans Media Watch for example.
6. In addition, statistics are quoted from flawed research, often around important issues such as suicide and violence against trans people. LGB Alliance insists on factual accuracy and will only present evidence that comes from serious and reliable sources. As suicide figures are so germane to the arguments advanced by gender identity theorists, we recommend the recent document by Transgender Trend, which is both factual and accurate. <https://www.transgendertrend.com/the-suicide-myth/>.
7. It is clear that the majority of young people being referred to Gender Identity Development Services in London are "gender non-conforming". Recent research by two Consultant Psychiatrists, a Professor of Primary Care Research and a Professor of Obstetrics and Women's Health, demonstrates this clearly. "Same sex attraction was particularly common amongst natal females, with only 8.5% describing themselves as primarily attracted to boys."
https://www.cambridge.org/core/services/aop-cambridge-core/content/view/76A3DC54F3BD91E8D631B93397698B1A/S205646942000073Xa.pdf/sex_gender_and_gender_identity_a_reevaluation_of_the_evidence.pdf
8. LGB Alliance looks forward to supporting the Committee and the Government by shining a light on the myths and disinformation which currently cloud this important subject.

Introduction

9. LGB Alliance is a lesbian-led organisation. We have no wish to present lesbians as victims, but it is fair to say that in the UK in 2020 lesbians are among the most vulnerable and marginalised groups in society. They are a target both as women, and – even more threatening to some – as women who are not sexually interested in men. Discrimination, verbal and physical abuse start at an early age and continue throughout life. While there are many social facilities and programmes for both LGBT youth and other disadvantaged groups, there is nothing specifically for young lesbians at all (although Lesbian Rights Alliance has raised £3500.00 recently for a social club to be set up in London).
10. Under the prevailing culture, young lesbians are expected to blend into LGBT groups where it is "transphobic" to reject partners of the opposite sex who "identify" as lesbians. In some cases, they are exposed to pressure from online platforms and peer groups that lead them to believe they are trans. LGB Alliance has just been shown the resignation letter of a leader of an LGBT Youth Group who felt he had to resign as he could no longer tolerate witnessing children being advised that they may be trans and seeing them start on the medical pathway to transition.

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11. Many young girls and boys are now taught at school that if they are “gender non-conforming” they may have been born in the wrong body. This dangerous indoctrination is continuing across many schools despite the excellent advice from the DfE in September. <https://www.gov.uk/guidance/plan-your-relationships-sex-and-health-curriculum>
12. Historically, the opinions of women, and particularly of lesbians, have not been taken into account when the GRA or the Equality Act 2010 have been discussed. Now is the time for the WESC to listen to the voices of those who are most adversely affected by gender identity theory.
13. We hope this Inquiry will reject the narrative that the rights of believers in the nebulous notion of “gender identity” matter more than the rights of those who assert the importance of biological sex.

Definitions

SEX not gender

14. LGB Alliance asks the Government to audit all official documents to ensure that wherever “gender” is used incorrectly to mean “sex” it is replaced with the word “sex”. There has been a concerted campaign by gender identity lobby groups like Stonewall to “train” employers, educational institutions, the NHS, BBC, courts, police, armed forces and so on to deliberately replace “sex” with “gender” in line with queer theory.
15. LGB Alliance asks the Government to discourage efforts to shame people across the UK into using “preferred pronouns.” These have been introduced to enforce the beliefs of gender identity theorists that anyone can “identify” into the opposite sex regardless of appearance. So, a man with a penis who identifies as a woman can put “she/her” in his “preferred pronouns” and anyone who calls the man “he” will be accused of the crime of “misgendering”. This is all highly regrettable. It is frequently important for girls and women in particular to be able to recognise what sex someone is – not least for self-protection.
16. LGB Alliance rejects the idea that there is a distinct category of “non-binary” or “gender-fluid” people. No-one conforms to a single perfect version of a man or a woman – we are ALL non-binary and gender-fluid.

Answers to questions and recommendations

Does the Scottish Government’s proposed Bill offer a more suitable alternative to reforming the Gender Recognition Act 2004?

17. LGB Alliance campaigned against this proposed Bill. The Scottish proposals included lowering the age at which people could legally gain a GRC from 18 to 16. The problem with this element is that we know from the testimony of Scottish detransitioners such as Sinead Watson that the age of 18 already acts as a deadline that is seen by young people as a target date for intensive preparations for their official legal “coming out”. Lowering the age would pile more pressure on even younger children to “get themselves ready” for the big day at the age of 16. This would leave them with even less time for careful consideration and risk forcing the pace at which these young people take life-changing decisions.
18. We know that some parents and children are prepared to breach guidelines and access cross-sex hormones in order to fast-track transition. Lowering the age at which a child can officially “transition” is bound to exert more pressure to change the official guidelines to allow children of 16 to be ready for their GRC or to encourage more to access unofficial channels to obtain hormones.
19. The Scottish Bill also argued for removing the medical diagnosis that is presently required to obtain a GRC. We believe that diagnosis is fundamentally important if for no other reason than to protect trans people themselves. This is a life-changing decision, which should not undertaken before clinical confirmation of gender dysphoria. We advocate the best quality medical input at the stage of diagnosis and we worry that it is currently seen as a pro forma requirement rather than an urgent benefit to young people who want a GRC. We deplore any suggestion of removing the need for medical diagnosis.
20. The whole subject of detransition (those who transition and then regret) is currently a badly under-researched area. Many of the LGB groups that have recently formed around the world include

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detransitioners in their ranks. These people all report that they regret their decision to “transition”, either because of poor surgical outcomes or because the physical interventions they underwent did not resolve the distress of gender dysphoria. LGB Alliance has written to Mental Health Minister Nadine Dorries with an urgent request drawn up by senior psychiatrists for the NHS to set up a specialist unit to provide care for detransitioners.

21. **Recommendation: Upgrade medical diagnosis as part of the GRC process so that all young people in particular are given assured access to the very best care and input.**
22. **Recommendation: Consider requiring more intensive medical input before granting a GRC to someone under the age of 25.**

Question: Why is the number of people applying for GRCs so low compared to the number of people identifying as transgender?

Response

23. The Gender Recognition Act 2004 (GRA) was introduced on compassionate grounds to help the UK’s roughly 5,000 people with severe gender dysphoria, who underwent hormone treatment and surgery, to lead dignified and productive lives. Today’s reality bears no relation to that situation. What Stonewall defines as the “trans umbrella” includes a bewildering variety of people, such as for instance elderly fathers who are habitual cross-dressers. Many of them do not suffer from gender dysphoria and adopt this way of life for a wide variety of social and other reasons. This explains why they would not feel the need to apply for a GRC and would indeed not comply with its conditions.

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.

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?

Combined responses to these two questions

24. The Equality Act 2010 (EqA) clearly enshrines “sex” as a protected characteristic. Sex is binary: that is, men are male and women are female. “Gender reassignment” is a separate protected characteristic.
25. The interaction between the EqA and the Gender Recognition Act 2004 (GRA) causes confusion and ambiguity. The language used in these pieces of legislation requires clarification and needs to be made consistent. In particular, “Sex” is a protected characteristic in the EqA. This is routinely misrepresented as “gender” including in guidance and policies, and by organisations in both the public and private sectors.
26. The fact that there are “exceptions” to the rule of non-discrimination does not mean that use of the single-sex exceptions is rare. On the contrary, they are justifiable on a great many grounds, in areas of life ranging from toilets and changing rooms to sport to women’s rape shelters and facilities for lesbians.
27. Additional confusion arises in relation to the GRA, since it is not clear whether the possession of a Gender Recognition Certificate (GRC) changes the protected characteristic “sex” (see <https://www.lawscof.org.uk/members/journal/issues/vol-65-issue-01/sex-and-the-equality-act/>)
28. This is additionally problematic since para. 2.27 of the EqA Code of Practice states that transsexual people should not be routinely asked to produce their GRC as evidence of their legal sex/“gender”. Section 22 of the GRA is particularly problematic for the application of the EqA since it makes asking information about anyone’s legal or biological sex a dangerous act for an institution, since if these are different (because the person has a GRC), sharing such information with, say, front desk staff at a gym – something that would often happen – could infringe privacy laws and potentially incur a criminal penalty. For this reason, organisations tend to avoid asking anyone their sex or clearly enforcing or communicating sex-based rules.

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29. **Recommendation: Clarify that there are a great many situations in which single-sex provision is justifiable and in which it is therefore permissible to exclude all members of the opposite sex - including transgender persons, whether or not in possession of a GRC.**
30. **Recommendation: Create alternative flexible or unisex options. This is possible in many places that have separate sex facilities. These can accommodate people who do not wish to disclose information about their sex.**
31. "Gender reassignment" is also a protected characteristic in the EqA. It is applied there to "transsexuals" and defined very loosely (e.g. including the words "physiological or other attributes of sex"; "other" might well be taken to apply merely to clothing). Because of this loose definition, gender identity campaigners are able to argue convincingly that it applies to everyone who comes under the "trans umbrella." Stonewall's non-exhaustive list of 17 categories of individuals included under the "trans umbrella" includes cross-dressers, for instance. It cannot have been the intention of the EqA to imply that cross-dressers have the protected characteristic of "gender reassignment".
32. **Recommendation: It is not always understood that "gender reassignment" is defined in this loose way because it is designed to protect people from discrimination at work or as service users. In most cases, services (e.g. schools, shops, transport, housing) are made available to both sexes and people should not be discriminated against for being gender non-conforming or transsexual (and it may not be possible to tell the difference). The Government should make it clear that gender reassignment does *not* imply access to opposite-sex facilities.**
33. The GRA refers to "living in the other gender". This cements confusion between the terms "sex" and "gender". Using these words as synonyms creates confusion and injustice, since the word "gender" is understood in different ways by different groups in society.
34. **Recommendation: Given that the GRA was introduced largely to solve problems relating to marriage, which no longer exist, there are good grounds for repealing it. However, since this may be deemed unfeasible, it is crucial to make it clear that what is referred to as "gender" means "legal (or fictional) sex". The words "gender" and "gender identity" should be removed from legislation since they are impossible to define.**
35. **Recommendation: The Government should review the way in which section 22, on regulations to be prescribed, interact in practice with other public interests: e.g. equality, safeguarding, healthcare, public safety and statistics.**
36. **Recommendation: Introduce an amendment to the EqA clarifying that the protected characteristic of sex means *birth sex*. Transsexuals will also be protected against sex discrimination in their adopted "legal sex" on the basis of discrimination by *perception* (that is, if a transwoman suffers discrimination because of having been perceived by someone to be a woman).**

What issues do trans people have in accessing support services, including health etc

37. LGB Alliance would request that the WESC also consider issues that relate to gender non-conforming young people in accessing support services, including health and social services etc.
38. First, the Committee will be aware of the massive jump in girls being referred to GIDS – 4400% over the last decade. In a complete turnaround, girls now represent three quarters of children who are being referred. We await with interest the outcome of the Hilary Cass inquiry. In the meantime, we would ask the Committee to look into three things:
 - a. the efficacy and reversibility of puberty blockers
 - b. the impact of social media on the phenomenon of Rapid Onset Gender Dysphoria (see Abigail Shrier's book "Irreversible Damage")
 - c. the training of medical and social services personnel by gender identity lobby groups like Stonewall
39. We know from parents and young gender non-conforming children that should they ask for mental health services or other guidance, the overriding narrative will be to affirm that the young person is likely to be trans. LGB Alliance believes that the responsible approach to children presenting with gender dysphoria is to explore the reasons for their distress in psychotherapy, not to consider drugs or surgery
40. We are wary of changes driven by assertions on which there is no scientific consensus. It is widely argued, for example, that early medical intervention is of benefit to trans-identified children

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41. Recent critical research indicates that many of the key papers that are said to support this approach are less good science and more poor-quality advocacy. Jack Turban's recent article on puberty blockers is a good example
<https://pediatrics.aappublications.org/content/early/2020/01/21/peds.2019-1725/tab-e-letters?versioned=true>.
42. A press release claimed it shows puberty blockers can reduce suicidality in children. Analysis by the science journalist Malcolm Clark dissected the paper and showed it was based on a self-selecting study by a trans lobby group in the US.
43. The paper itself acknowledged that lower levels of suicidal thoughts among those who had received puberty blockers could be explained by the fact they were screened for mental health before receiving blockers. Even so, there was no reduction in actual suicide attempts among those who received puberty blockers compared to those who did not. More worryingly still, there was a higher rate of hospitalisation following suicide attempts among those who got blockers.

Question

Are legal reforms needed to better support the rights of gender-fluid and non-binary people? If so, how?

44. This question is unclear. No one has ever legally defined gender-fluid or non-binary therefore it is essential to have clear definitions first and then to assess if there IS any particular discrimination against or prejudice experienced by these groups of people. Laws should not be vague and until there is a widely agreed definition of these groups, law should not be changed to incorporate them.

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