

## Written evidence submitted by Object [GRA1648]

**The aim of this submission** is to provide evidence that the march of transgenderism should be halted in favour of meeting the needs of gender dysphoric people by psychological and psychiatric treatments and not mutilation of healthy bodies and cross-sex hormones, thus respecting the rights AND meeting the needs of people with 'gender dysphoria'.

**We hope is** that the gender affirming model involving mutilation of healthy bodies and hormone injections as a treatment will become as obsolete as lobotomy, hysteria and witch-hunting, all of which seemed like genuine issues at the time.

OBJECT, founded 15 years ago, campaigns against the objectification of women, focussing currently on the main areas where this causes harm: pornography, prostitution, sex encounter venues, surrogacy and transgenderism.

We believe that a diagnosis of 'gender dysphoria' reflects discomfort with the over-rigid gender roles promulgated in much of UK society and by the media. For example pornography teaches nothing of the love, tenderness, closeness and sensual side of sex and focuses on domination by men and submission by women. With young people often getting much of their sex education from porn, it is unsurprising that many of the youth are unhappy with their 'gender', especially young women who, quite rightly, do not wish to play 'victim' or pretend that they are enjoying sexual activity when they are being badly treated. The institution of prostitution, widely (and in our view wrongly) accepted as 'sex work' harmfully perpetuates a similar win-lose, submission-domination polarity where men pay women who would not otherwise engage sexually with them to carry out sex acts entirely chosen by the man paying. There is no such industry similar to porn OR prostitution in either scale or nature which caters to the sexual needs of women. No wonder huge numbers of girls think it would be better to be a boy, and some of the nicer young men, less socialised in dominance, take steps on the (sadly impossible) path to be a girl instead. We see these sex roles as entirely socially constructed and believe that changing them via education programmes in school would be a far better way to deal with the problem than by the irretrievably harmful and unnecessary 'affirmation' policy currently used.

Williams in the recent Civitas report summarises the **current landscape** *"In less than two decades 'transgender' has gone from a term representing individuals and little used outside of specialist communities, to signifying a powerful political ideology driving significant social change. At the level of the individual, this shift has occurred through the separation of gender from sex, before bringing biology back in via a brain-based sense of 'gender-identity'. This allows for the formation of a distinct identity group, one that can stake a claim to being persecuted, and depends upon continual validation and confirmation from an external audience. All critical discussion is a threat to this public validation and it is often effectively curtailed."* (The corrosive Impact of Transgender ideology: Civitas report.June 2020).

My colleague Dr Anna Cleaves completed an online course entitled: **Future Learn: Understanding Gender Identity: Trans people in the Workplace**, in June 2020, finding it to be full of gross inaccuracies and misrepresentations. We were shocked to learn that the authors of the course 'Gendered Intelligence' were strong influencers on service providers and schools.

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Dr Cleaves and I made a complaint, which was ignored by the authors of the course and I had to approach the partner organisation The Open University (where I have been employed as a Science Tutor). Eventually the course was removed subject to revision, but has not reappeared to date. No answer or contrary evidence was provided to any of our main points of criticism although we explicitly requested such responses.

1. The course does not define its key terms – nowhere is there a definition of gender, masculine or feminine, for example.
2. It does not offer evidence for many of its **unsubstantiated assertions**: for example it states unequivocally and without evidence that 1% of people 'are trans' (Course Material: *Welcome to the Course*). The term 'intersex' is wrongly used interchangeably with trans and it is inaccurately stated that 1-2% of people are intersex (Course Material: *Challenging Assumptions*). The correct statistic is 1 in 4,500 or 0.02% but higher in babies born to co-sanguinas parents 1.3 per 1000 or 0.13% (Banu Kucukemre Aydin et alia. 2019).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6532673/>

Intersex identity is said to be decided by parents, which is no longer the case since the UN report (2013)

<http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC>

3. **Vitally important facts are omitted**, for example that hormones and surgery cause permanent sterility and damage body integrity and functioning.
4. The course selectively quotes authorities in such a way as to distort their meaning, for example quoting their *own evidence* to the Women and Equalities Committee 2015  
'The medicalised approach runs contrary to dignity and personal autonomy' when elsewhere the Committee said that they were 'were unconvinced by the arguments put forward -by organisations like Gendered Intelligence that the NHS should simply grant on demand whatever treatment patients request.' ([www.parliament.uk/transgenderequality](http://www.parliament.uk/transgenderequality))
5. It presents **only one side** of a huge and complex tangle of arguments about transgender ideology on which both the government and the NHS in June 2020 (15.6.2020) announced huge and far-reaching policy changes. BBC Newsnight 18.6.20 covered serious shortcomings at the Tavistock Gender Identity Clinic, including **homophobic parents** wanting their children to be trans not gay, and the director asking clinicians not to refer grave concerns to the Safeguarding lead. It is inaccurate to ignore all these issues and present the trans issue as if there were general agreement on it.
6. Gender dysphoria (based on a 'deeply held belief' is treated as an established fact (Course Material: *What is Gender Dysphoria?*), although Withers (2018) argues differently  
<https://www.thesap.org.uk/events/gender-dysphoria-transgendered-state> presenting evidence that is a psychological disorder with no biological basis, often spread by *social contagion*

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Christakis, N. A. and Fowler, J.H. (2012)

<https://doi.org/10.1002/sim.5408>

To be balanced, the course should at least present these viewpoints for discussion.

7. The course does not meet its stated aim 'to increase understanding of gender diversity'. It reinforces the rigid outdated gender binary, ie stereotypical concepts of 'masculinity' and 'femininity'. Instead gender is presented as innate and immutable. **Biological sex is said to be assigned** (Course Material: *Understanding Sex and Gender*): Presented as fact, but in reality is a counterfactual faith statement. Interestingly the sex of a baby in utero can be detected at 20 weeks.
8. There is one key fact which any course on this topic needs to account for unless it can offer evidence to the contrary:  
  
There is not a single extensive peer reviewed long-term medical or psychological study which shows that changing 'gender' makes people happier or healthier in the long term  
<https://www.theguardian.com/society/2004/jul/30/health.mentalhealth>  
  
No evidence is presented to the contrary, bearing in mind that self-report studies of potential actions are not high quality evidence and 'long term' means over at least 10 years.  
  
Evidence which is described as 'very low quality' suggests 'sex reassignment that includes hormonal interventions in individuals with GID improves gender dysphoria'. Why would you cite low quality evidence?
9. This course is written solely by Gendered Intelligence which *denies that sex is a biological fact* and claims that gender resides in the brain. A number of highly respected academics such as Professor Cordelia Fine, winner of the Royal Society Science Prize 2017, evidences neuroscience to **contradict the claims made in this course that brains are gendered male and female from birth**. Gina Rippon, Prof Sheila Jeffreys and Dr Heather Brunskell-Evans have also published extensively on this topic citing differing views from that of Gendered Intelligence. Why has this work not been considered? Warwickshire County Council which issued guidance to schools along lines promoted by Gendered Intelligence have recently been forced to withdraw it. A number of other organisations have also critiqued the information offered up by Gendered Intelligence and found it seriously wanting: eg <https://www.transgendertrend.com/> <https://fairplayforwomen.com>
10. The existence of detransitioners (now represented by the Detransitioners Advocacy Network <https://www.detransadv.com/about> clearly indicates that changing gender does not work for

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everyone so why is it presented so uncritically? The same goes for transwidows, ie the wives of men who have transitioned. These are now represented by an organisation called Transwidows Voices.

Men should not have to accept that a transman is actually a man. This view is upheld in the case of Freddy McConnell who in April 2020 argued that making him register as the child's mother on the birth certificate breaches his human rights around privacy and family. The appeal at the High Court was rejected in November 2020. Similarly women should not have to accept that a transwoman is, in fact, a woman.

· **No more gender clinics should be opened.** More than enough NHS money has been spent on this travesty. The affirmative model is currently under review, which is most likely to point to the need for investment in psychological/psychiatric services. Thereby the waiting lists should be reduced by the proper treatment of Gender Dysphoria, especially at a time when such services are urgently needed for the mental health of young people and urgently to deal with the mental health consequences of Covid-19 restrictions. Group therapy is likely to be both effective and cost-effective and could be offered by Zoom or similar immediately to cope with the Covid crisis. The Gender Affirming Model favoured by GIDS at the Tavistock, which is losing credibility, should be halted. Several former staff members resigned because grave doubts were ignored.

### Section 1:

The Government's response to the GRA consultation has followed existing law, which should not be changed by substituting the word 'woman' and 'man' for Gender Identity. The Equalities Act 2010 protects the characteristic of being Transsexual and not transgender. They are not the same thing. Unfortunately the Law called the Certificate the Gender Recognitions Certificate at a time when historically the term sex equated to gender.

- The government aim of making the process **kinder and more straightforward** is not met by presenting a patient with a gender affirmative model with all the dangers inherent such as the fall in mineral bone density scores in the lumbar spine [Klink 2015](#). Just as it is not kind to collude in the starvation of an anorexic person, nor is it kind to collude in taking a person with delusions of invulnerability into danger, similarly it is not kind to collude in delusions of 'born in the wrong body' by failing to challenge these ideas in talking therapy, thus missing the opportunity to engage with the issues underlying the person's unhappiness with their natal sex, and to collude in the self-harm of puberty blockers, cross-sex hormones, surgery and lifelong status as a regular medical patient.
- It will be kinder to not to give patients the idea that living as a stereotypical performance of the opposite sex is unproblematic, particularly teenagers at an age when they are establishing their identity. The downsides of medication and surgery such as lifelong hormones and sterility should be explained.
- For people who expect cosmetic sex surgeries and hormones, on the NHS, £140.00 is not much to contribute to a Gender Recognition Certificate. A person who performs as a stereotypical opposite sex, but does not seek a GRC has human rights protection but in law it

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is not a 'protected characteristic.' This is how it should stay.

We have zero choice in life about our sex or the colour of our skin, and sadly both these are the substance of harmful prejudice and discrimination. Opinion is divided as to whether there is any degree of choice about our sexual orientation, but since this can change, it is of a different order than sex or skin colour. The choice, for whatever perceived reason, to seek to alter our body to look more like that of the opposite sex's stereotype is, however, just that - a choice, and the person making that choice is responsible for it and for the consequences. Of course any professional involved, particularly with a minor, should be held to account for how well they have followed proper professional guidance and treatment protocols.

It is claimed by the well-funded transgender movement that trans people have existed throughout history, for example being called 'two-spirit' in native American cultures. OBJECT looked into this claim and found that, as with so many transgender lobby claims, there is [no evidence for it](#).

**'A diagnosis of gender dysphoria should be retained' – NO.** (See the complaint to the Open University above which led to the removal of the Course- Future Learn: Understanding Gender Identity above).

- The government has removed the Stonewall guidance to teach school children that a baby is 'assigned' their gender and that may not be their 'birth sex'. Further, schools are no longer allowed to teach children that they can be born in the wrong body. The fact of sex is immutable.
- People who 'feel' they are 'born in the wrong body' have a belief or a psychological aberration and should be assessed for gender dysphoria. The baseless claim of a 'feeling' of being the opposite sex is normal is scientifically without foundation. A diagnosis of gender dysphoria will help to address underlying mental health issues; such a patient needs addressed in health care, not hormones and mutilation. People are seeking a medicalised response to their 'feelings', so a medical condition has to be diagnosed. Otherwise 'Transgender' becomes a self-diagnosed condition, which is unverifiable.
- If a person has anorexia the NHS addresses their mental health problems. The NHS does NOT offer them liposuction.
- **The requirement for individuals to have lived in their acquired gender for at least two years should be retained.** Although this colludes with socially-constructed stereotypes it is imperative that over-hasty medicalisation or surgery is avoided, and this requirement gives time to monitor symptoms systematically, to root out underlying health issues, to assess how the performance of the stereotypical behaviours of the opposite sex affect their mental health and to consider other ways of addressing the issue.
- The **statutory declaration** is a lifetime commitment, which should not be entered into lightly. However, there is an increasing number of people, particularly young people who started cross sex hormones when young, who wish to revert to their birth sex. There should be a mechanism for reversal. The Detransitioners Advocacy Network promotes the

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destigmatisation of detransition and expansion of detransitioners' healthcare and legal options. The existence of detransitioners gives the lie to the myth that transgenderism is fixed and is for life and tends in the direction of it being, as we say, a choice and a delusion.

- The **spousal consent provision** in the Act needs strengthening so that the spouse does not bear the financial burden of any divorce proceedings.
- Expenses for any facial cosmetic surgery, clothing, wigs, electrolysis and waxing, voice training etc. should be born by the transitioning person.

Children of the marriage should not be burdened with the emotional support of any adult, as this is a form of abuse and creates a parentified child, as happens with many autogynephile parents. The continual validation and confirmation people seeking to live as a stereotyped opposite sex require.

- **The age limit** at which people can apply for a Gender Recognition Certificate (GRC) should be raised to 18 as most young people grow out of their desire to 'change sex' as they get older.

A person under 18 years old does not have the experience to imagine living their life as their own sex let alone the opposite sex.

- Carl Heneghan, director of the **Centre of Evidence-Based Medicine** at Oxford, has criticised the use of hormone blockers at the GIDS Clinic at the Tavistock Centre in London.

The professor told *The Times*, that "Given the paucity of evidence, the off-label use of drugs [...] in gender dysphoria treatment largely means an *unregulated live experiment on children*."

- Young people are body dysphoric for a variety of reasons. Teenagers need help to deal with the ultra-affirming approach to gender dysphoria, which ignores the dangers of transitioning, and be offered alternatives.
- Select Committee Question. What impact will these proposed changes have on those people applying for a Gender Recognition Certificate, and on trans people more generally?

Define trans people. This term has no status in law.

- in its proposals **the Government should have provided**
  - Definitions of terms. e.g. A scientific definition of what 'Trans' means
  - Woman = a Female of any age. A protected characteristic under CEDAW and Human Rights Law (2010).
  - Gender as a performance of stereotypical behaviour, dress and mannerisms of the opposite sex. This is either a fetish or a mental health aberration.
  - More support for teenage Mental Health services, drugs rehabilitation, alternatives to 'life online'. Instead of opening more 'Gender' clinics they should have looked at the paucity of evidence for the gender affirming model, based on a totally unsubstantiated 'feeling' of being born in the wrong body.
- The Scottish Government's proposed Bill **does not offer a more suitable alternative** to reforming the Gender Recognition Act 2004.
  - Quote: 'The Scottish Governments Equality Impact Analysis fails to understand the current law with regards to when a person has obtained a female legal status using a GRC. It has not identified nor has it analysed the impact of Gender Recognition Reform on Sex-based rights.'

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Many sex-based rights, which are negatively affected and in the case of equal pay, completely extinguished by suspending recognition of a person's biological sex'.  
(murrayblackburnmackensie.org Briefing note: Impact of Gender Recognition Reform on Sex Based Rights Febr 11, 2020)

### Section 2: Wider issues concerning transgender equality and current legislation:

The number of people applying for GRCs is so low compared to the number of people identifying as transgender:-

- I suggest that those who wish to perform stereotypical behaviours of the opposite sex were under the impression that an imminent law would allow a person to self-identify as the opposite sex and be granted full rights as the opposite sex under UK law. There was a common misconception that a person who presents as a stereotypical person of the opposite sex will be accepted as if they ARE the opposite sex and this is often not the case. It is very hard on 'trans' people who have worked long and hard to appear as the opposite sex and to 'pass' and be accepted as such to discover that despite all their work and spend this is never going to happen and the hope that they were sold is a vain one. It is no wonder that their mental health can suffer. It is a sad fact that unless vast amounts are spent, as they are on celebrities, many people are never going to 'pass' and we feel sympathy for their deception and disappointment.
- The challenges in the way the Gender Recognition Act 2004 and the Equality Act 2010 interact has led to misinterpretation of the references to protected characteristics.
  - Women's sex-based rights are ratified in International treaties CEDAW.
  - The term gender, upon which the proposals are predicated has no agreed meaning and no status in law. The terms used need to follow those of CEDAW (which the UK government has signed) and UK Human Rights Law.
  - **Further guidance is urgently needed** to have due regard to the provisions in the Equality Act for the provision of single-sex and separate-sex spaces and facilities in some circumstances.
  - The guidance is insufficiently clear and useable for service providers and service users because many have substituted the term 'Gender Identity' for 'women' thereby infringing the rights of women under this provision. Service providers and employers should enforce the law, in which sex is a protected characteristic, as is seeking or gaining gender reassignment and not self-ID as the opposite sex.
  - The provisions in the Equality Act for single-sex and separate-sex spaces and facilities in some circumstances have been thrown into doubt. Cultural capture was easy.
  - There is a huge amount of evidence of misdirected institutional acceptance of men who self-identified in anticipation of a self identification law, which has not materialised, has forsaken women's rights. Women have been sexually assaulted in prison by self-ID men. Men who self ID as women have been allowed to compete in women's teams [www.savewomenssports.com](http://www.savewomenssports.com) and boys into girls school teams, women have been

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traumatised in homeless shelters, rape crisis centres, domestic violence shelters , prisons and women-only hospital wards [www.womanarehuman.com](http://www.womanarehuman.com)

- Women have been banned by social media platforms and/or suspended from political parties and membership organisations for stating the law on sex-based rights. This is unacceptable.
- People in organisations have misinterpreted these provisions, illegally foregrounding rights of men who Self-ID as women (a minute % of the population) and ignoring the rights of women and girls (50% of the population). Girl-Guide leaders for example have been dismissed for refusing to supervise boys in their troupes for overnight residential activities. This is unacceptable.
- The needs to be a definition of 'trans people'. If understood as people seeking a GRC they have a protected characteristic. Those living as a performance of opposite sex stereotypical behaviours are already protected, as we are all, under human rights law.
- Accessing health services. When a 'trans' person is registered as the opposite sex they may present with symptoms which are so atypical of that sex as to be inscrutable to diagnosis. Sex disaggregated medical data is needed to meet the need to diagnose appropriately.
- No legal reforms are needed support the rights of gender-fluid and non-binary people. People can 'present' however they like and have relationships as consenting adults. It is difficult to see how such reforms would be drafted into law.
- What should **not be permitted** is the accusation of male-bodied people presenting as women that lesbians discriminate against them. Therefore the formation of LGB rights groups should not be vilified.
- **Research and education for societal changes** need to halt the toxic relationship that parts of society have with sex stereotypes and sex stereotypical behaviours. People should be free to present themselves in any manner of dress or behaviours as long as they are not harming others.

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