

**Evidence to the Women and Equalities Select Committee**

**About the author**

1. My name is Allison Bailey. I am a woman. My female sex was observed at birth. I was born in the early 1970s, in east Oxford, England. My parents were Jamaican immigrants. They divorced when I was 6 years old and I was raised by my single-parent mother.
2. I am a survivor of child sexual abuse.
3. I came out as a lesbian at the age of 17. I am proud to have lived and worked alongside lesbian, gay, bisexual and transsexual people most of my adult life, both in the UK and in the USA.
4. I have always supported and advocated for the rights of transsexuals, transgender and gender non-conforming people to live lives free from harassment and unlawful discrimination.
5. I worked for three years in the North West of England as a housing support worker in a residential setting for women survivors of child sexual abuse and sexual exploitation, and their children, whilst studying at university.
6. I attended the University of Manchester as a mature student, where I received a First Class Honours degree in Sociology.
7. I hold postgraduate legal qualifications from the College of Law, London, and from the Inns of Court School of law, London.
8. I am the recipient of scholarships from the University of Manchester and the Honourable Society of the Middle Temple.
9. In 2001, I was called to Bar of England and Wales, by Middle Temple.
10. I have practised as barrister from chambers in London for almost 20 years, predominantly in the field of criminal defence.<sup>1</sup>

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11. I have worked with highly vulnerable women and children and dangerous and violent males for some 25 years.
12. In October 2019, I helped to launch the LGB Alliance, an advocacy group for lesbian, gay and bisexual people, focused on sexual orientation. I remain one of its supporters.
13. I write about sex and gender on Twitter as @BluSkyeAllison where I have over 24 thousand followers.<sup>2</sup>
14. I chaired a panel discussion of academics and experts on sex and gender and GRA reform at the University of Oxford in October 2019, and I have been a guest speaker at other events on the same subject.<sup>3</sup>
15. I interviewed celebrated gay-rights activist and radical lesbian feminist Linda Bellos on the subject of sex and gender and discussed the apparent parallels between self-identifying as the opposite sex and self-identifying as a difference ethnicity or 'race'. Our concern was that the skyrocketing levels of females wishing to live as males, may have much more to do with escaping gendered oppression than being transgender.<sup>4</sup>
16. I receive thousands of messages of support from around the world, from a diverse group of women and men, many professionals and academics, all dismayed at the drive to replace sex with notions of gender. Many are fearful about speaking publicly in their own names for fear of reprisals.
17. Like many other women, I routinely receive messages of abuse, threats and hatred, mostly from men and trans identified males, and their supporters, who vilify women like me by calling us the slur 'TERF' (long since only an acronym for Trans Exclusionary Radical Feminists) and who employ threats of physical and sexual violence as a political weapon.<sup>5</sup>

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<sup>1</sup> Allison Bailey Chambers' Profile: <https://www.gardencourtchambers.co.uk/barristers/allison-bailey/sao>

<sup>2</sup> See Allison Bailey, BluskyeAllison <https://twitter.com/BluskyeAllison>

<sup>3</sup> "A Woman's Place is at the Lectern (Oxford, 25<sup>th</sup> October 2019) Allison Bailey and Q&A:

<https://www.youtube.com/watch?v=ibJaJDaWpME&t=45s>

[https://www.youtube.com/watch?v=r\\_J3m8u891Q&t=16s](https://www.youtube.com/watch?v=r_J3m8u891Q&t=16s)

<sup>4</sup> See YouTube, "Visibility Blues: Allison Bailey in conversation with Linda Bellos" 6<sup>th</sup> May 2020 and abridged transcript by Donovan K Cleckley, 22<sup>nd</sup> October 2020: <https://www.youtube.com/watch?v=dFNX7nTln9o&t=2s> and <https://donovan-k-cleckley.com/2020/10/22/visibility-blues-allison-bailey-in-conversation-with-linda-bellos/>

**My interest in GRA reform**

18. I believe that the decision in the UK by Stonewall to lobby for trans rights in 2015, using the mantra “*Acceptance without Exception*” has done serious damage to women’s and lesbian, gay, bisexual *and* transsexual rights. This is because Stonewall took the template of sexual orientation and overlaid it to advance what it terms ‘trans rights’. It did so without acknowledging the complexities and complete difference between sexual orientation and notions of gender identity.
19. Stonewall ignored that gender dysphoria remains a medical condition. It ignored that those self-diagnosing themselves may be mistaken, unwell, deluded or dangerous.
20. Stonewall ignored the conflict of rights engaged as between the rights of males to live as women and the rights of women to safety and dignity from males in intimate settings.
21. Stonewall ignored the difficulty – I suggest impossibility – of distinguishing between gender non-conforming children, overwhelmingly likely to grow up to be lesbian, gay or bisexual, and the small minority who may wish to live as the opposite sex.
22. Stonewall weaponised the language of bigotry and hatred, that had been used against lesbian, gay and bisexual people, against LGB people who oppose its agenda. It turned the acronym LGBTQ into a straitjacket, which LGB people were not permitted to leave, and if they tried to, they would be subjected to character assassination and abuse.
23. Stonewall corrupted our politics, workplaces, government bodies and institutions by rolling out its gender identity theories across the country, including advocating for women to have no legally enforceable boundaries against any male, by advocating for the removal of the single-sex exemption.
24. Stonewall advanced what I regard as a radically dangerous agenda in a climate where people wanted to atone for the historic homophobia that blighted so many lives in the past, and so failed to curtail the worst excesses of the gender identity movement.
25. I believe that the cultural and political movement away from sex and toward gender, heralded by the likes of Stonewall, in the years since the Gender Recognition Act 2004

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<sup>5</sup> See for example: <https://terfisa slur.com/>

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and the Equality Act 2010 were enacted, has harmed women, lesbians, girls and children's legal rights and protections. It has harmed our understanding of sexual difference and risk: that males, however they identify, continue to present a disproportionately high risk to females and to children.

26. I believe that women are being humiliated, exhausted and abused by a seemingly constant effort to require us to fight for legal rights that were won decades ago but which are now being swept aside as notions of gender are given supremacy over sex – without the consent of women: the removal of women's toilet facilities in favour of mixed sex toilet facilities (marketed as 'gender neutral'); males competing in women's sports; heterosexual males declaring themselves both women and lesbians, and then demanding that lesbians accept their male bodies as sexual partners or be labelled bigots and chased off lesbian dating sites; and what I consider the most shameful and egregious excess of all, rapists and other male sex offenders able to elect to be locked up with incarcerated women on the basis of their declared gender identity.
27. I believe that the skyrocketing levels of girls seeking to live as boys and as males is linked to childhood trauma, mental health problems and burgeoning same sex attraction. I do not believe a civilised society should condone the use of powerful drugs to halt normal child physical and sexual development. We know that the overwhelming majority of children and young people experiencing gender dysphoria will reconcile themselves as lesbian, gay or bisexual, if left to grow up and go through puberty.
28. As a survivor of child sexual abuse and as a child who was in crisis, I am horrified and furious that we are condoning the use of puberty blockers in children who are in crisis and who have complex mental health problems. I know that it is simply not possible to untangle the complexities of childhood trauma and parental influence without serious, sustained, and prolonged psychotherapy, well into adulthood.
29. We are seeking to derive consent to adult sexual function from children. It feels painfully analogous to child sexual abuse.
30. Finally, and as a lawyer, I am concerned that the Woman and Equalities Select Committee, risks bringing the legislature into disrepute by opening up this consultation on GRA reform just days after the Government announced the outcome of a 2 year

consultation on the exact same subject, and doing so without a single question or term of reference about women's rights.

## Terms of Reference

### The Government's response to the GRA consultation:

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

31. I firmly support the Government's decision not to reform the GRA, to introduce the self-declaration of gender, announced by The Rt Hon Elizabeth Truss MP, in September 2020.
32. The Government has simplified the process by putting it online, it removes the financial burden on applicants and increases resources to reduce waiting times by committing to open at least 3 new gender clinics.
33. Importantly, the Government's approach maintains the single-sex exemption and commits to reassert this important provision, which makes a necessary distinction between sex and notions of gender in settings where it is a proportionate means of achieving a legitimate aim, which will be the case where women are vulnerable and or in a state of undress, such as single-sex sleeping accommodation, including in hospital and prison settings, refuges and shelters.
34. The decision not to reform the GRA will ensure that individuals who wish to live as the opposite sex, will only acquire legal status of their acquired gender after careful assessment. Thus providing a bare minimum of safeguards for the individual and society.

Should a fee for obtaining a Gender Recognition Certificate be removed or retained? Are there other financial burdens on applicants that should be removed or retained?

35. Charging an administrative fee is not just about recouping costs. It also encourages applicants to be serious and sober in approaching the application process. This can be

achieved by keeping an administrative charge but by making it as low as possible. There may also be scope for means-tested bursaries to cover related expenses.

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

36. No, absolutely not. It must remain. If there is no criteria and the process becomes simply declaratory there will be no way of knowing or understanding what individuals are experiencing and relating to as being 'transgender'. It will be a shifting to an entirely subjective process, lacking any legal certainty or safeguards.
37. We should remove the stigma attached to mental health conditions, be that depression, anxiety, eating disorders or gender dysphoria, and so on. I understand that the American Psychiatric Association, who publish the Diagnostic and Statistical Manual of Mental Disorders (DSM), made a deliberate effort to destigmatise those people with a marked difference between their biological sex observed at birth and their sense of gender identity, which is at odds with their biological sex; replacing 'disorder' with 'dysphoria' and removing references to sexual orientation, for example, in the latest edition DSM V.
38. These destigmatising efforts are welcome, however, gender dysphoria remains a recognised mental health condition. People cannot literally change their biological sex; they can in certain circumstances, where it's deemed to be necessary and beneficial, change their gender identity, so as to live as the opposite sex. Living as the opposite sex, in appropriate cases, will be the correct treatment modality, for some, and the law should recognise this.
39. However, gender dysphoria, like any other mental health condition, cannot be diagnosed by individuals, in the absence of expert psychiatric and or psychological input, because the self-diagnosis may be wrong; something else may be responsible for the feelings of dysphoria, both benign and malignant, including those which directly threaten the safety of natal women, such as males experiencing paraphilic disorders, characterised by abnormal sexual desires, where feelings of gender dysphoria may be one of a number of co-morbidities.
40. It is vitally important to recognise that neither LGBTQ lobbying groups nor popular culture can define what is meant by 'transgender', without reliance on sex role

stereotypes and or the idea that “people just know.” This is not a sound basis to acquire or change legal rights.

41. Gender dysphoria remains in the DSM V, sexual orientation does not. LGBTQ lobbying groups must not be allowed to erase or replace medical expertise, however much success they have enjoyed in influencing government bodies, private and public sector organisations and popular culture.

Should there be changes to the requirement for individuals to have lived in their acquired gender for at least two years?

42. No, the requirement to live in one’s acquired gender for at least two years must remain. It allows for the applicant and their clinicians to be as sure as possible that a change of gender identity will in fact alleviate the presenting gender dysphoria and not aggravate it. It also allows potential applicants and their clinicians the opportunity to see if the discomfort being experienced truly is about gender dysphoria as opposed to something else that may require an entirely different treatment.
43. But, as importantly, it provides a safeguard to society. That women, in particular, will know that males who are seeking to live as women, intend to do so for the rest of their lives and are sincere in that commitment. It is the bare minimum of safeguards and must remain. Otherwise, as we have seen, males with full beards and no discernible physical changes in appearance, will simply declare themselves to be women, and thereafter demand that women use feminine pronouns to address them and grant access to woman-only spaces. It is all the more concerning that, without expert medical input, many of these males may well be engaging in sexual fetish or paraphilia’s, using access to women’s identities and spaces for their sexual gratification.<sup>6</sup>

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

44. The statutory declaration of consent by the applicant’s spouse before a full GRC is granted must remain. Typically the trans identified male, the transwoman partner, will

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<sup>6</sup> See for example David Thomas’s Transgender Diary “Joining the ladies in the ladies”, March 2020, tweeted with screenshot of the article at <https://twitter.com/BluskyeAllison/status/1234066862620729344/photo/1>

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still be able to obtain an interim GRC, which will allow them to change almost all documents, except for their birth certificate.

45. No one should find themselves in a same gender union against their will. If we accept that a change of gender is a profound matter for the applicant, we cannot ignore the profound impact it will have on spouses, especially wives and female civil partners, whom this provision overwhelmingly protects.
46. I receive messages from women whose husbands wish to and do now live as women, typically after many years of marriage or partnership, children etc., and these women are utterly traumatised by what they have experienced. To pitch these women into a same-sex union against their will and to their utter bewilderment would be horrific for them.
47. In my view, these women have been neglected, and there should be further thought given to providing them with greater legal and social protection.
48. We know that some of these women will be victims of domestic violence and emotional abuse at the hands of male partners, whether or not these males now wish to identify as female, because we know of the reality of male domestic violence. This makes this cohort of women especially isolated and vulnerable and the law must continue to recognise this and where appropriate, listen to what these women need, and when they say that they need the statutory declaration, they should be supported.<sup>7</sup>

Does the spousal consent provision in the Act need reforming? If so, how? If it needs reforming or removal, is anything else needed to protect any rights of the spouse or civil partner?

49. Please see my submissions above. It was a safeguard envisaged as necessary by legislators in 2004. It is a safeguard that remains no less important to women now than it did 16 years ago.

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

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<sup>7</sup> Aitchison, Diana (1998) "The Psychological Effects on Wives and Partners of Transsexuals" - <http://www.gender.org.uk/conf/1998/diana.htm>

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50. Emphatically, no. The significant increase in the numbers of children and young people, particularly girls and young women, wishing to identify as male, is a phenomenon that we as a society simply do not yet fully understand the root causes of.
51. We do know that girls presenting with gender dysphoria have remarkably similar co-morbidities: depression, anxiety, eating disorder and autism.
52. We know a disproportionate number of girls with gender dysphoria will be survivors of child sexual abuse or come from households where a sibling is being sexually abused.
53. We know that the easy access to hard-core pornography has meant that girls are living with distorted, hypersexualised and violent ideals about what it means to be female and sexually active.
54. Girls approaching or in puberty will have to cope with the male sexual gaze, and worse. They will have to cope with their growing breasts being the cause of unwelcome and frightening sexual attention.
55. Girls have to cope with bleeding every month, managing sanitary products, and the reality of sometimes finding that they've bled onto clothing, bedding etc., all of which can feel like a horrifying, frightening and embarrassing prospect for girl in or approaching puberty, who sees her male counterparts having to endure no similar burdens of their sex.
56. We know that a disproportionate number of girls with gender dysphoria will experience feelings of sexual desire for other girls, which is especially frightening in a world that has always vilified and stigmatised lesbians. There are girls and young women who are same-sex attracted who believe that to live full lives, free from discrimination and confident in themselves they must live as men.
57. In short, the pressures and lived realities of girls and young women mean that it is especially dangerous to diagnose gender dysphoria in under 18s, with any certainty that they will feel the same way in a few years' time.
58. The Swedish example should give us all pause for thought. As public awareness about transition regret became more widely known in this most trans friendly and liberal of

nations, skyrocketing rates of referrals of girls to gender clinics plummeted by a whopping 65%. This corresponds to a review of clinical protocols and more balanced (critical) media coverage of trans issues, wresting the narrative away from LGBTQ lobbying groups.<sup>8</sup>

What impact will these proposed changes have on those people applying for a Gender Recognition Certificate, and on trans people more generally?

59. It will maintain a system of checks and balances that protect everyone. Society, particularly women, and vulnerable adults, who may be experiencing dysphoria unrelated to and not relieved by legal transition. It will help to identify and dissuade the unwell and the mischievous, who would otherwise use an absence of safeguards to increase risks to society, women and children, in particular.

What else should the Government have included in its proposals, if anything?

60. There is an urgent need, as the recent Swedish experience shows, to allow more critical reporting of trans issues. It is not a cultural phenomenon or a political, lobbying campaign; it is a medical condition that makes life long medical patients of those affected. Some people who felt that gender transition was the solution have discovered, tragically, that it was not. These people who experience regret and or who de-transition or desist need to be acknowledged and reported about. Their experience should inject a considerable degree of caution and cool the political rush to make gender transition easier. The horror of hearing from a young woman, who has never had a sexual partner, that she has had her breasts removed, her ovaries and uterus also, and through taking powerful cross-sex hormones has acquired permanently masculinised features and voice, facial hair etc., say that it was all a mistake; that she was in fact suffering from depression and shame and confusion about being a lesbian, is truly distressing. It is a harrowing and tragic situation that should call for less haste and this should be reflected in legislation and Government guidance.

61. The government should dedicate more resources to raising awareness about trans regret. I suggest that one way to achieve this goals would be for the Government to declare one of the proposed 3 new gender clinics as a dedicated facility for de-

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<sup>8</sup> The Swedish U-Turn on Gender Transitioning of Children, The Canadian Gender Report, November 12, 2020. <https://genderreport.ca/the-swedish-u-turn-on-gender-transitioning/>

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transitioned people, providing specialist psychotherapy and treatment resources, as well as co-ordinating long term research and follow-up care for those who have been medically transitioned by the state, and who may be experiencing regret.

62. My experience talking to de-transitioned females, and the experience reported in the ground-breaking Swedish documentary, *The Trans Train*, is that gender clinics have no idea how many people, especially females, experience regret at having undergone medical gender reassignment. There is a powerful sense of shame and isolation, compounded by an LGBTQ lobbying apparatus that is deeply invested in denying their existence. The Government should take urgent action to address this lacuna in support and follow-up monitoring.
63. The Government must take action to protect women's rights, specifically urgent steps are needed to prevent the political persecution and hounding of women and men who are openly critical of gender ideology. There is a very dangerous mood unleashed by the LGBTQ lobby that is dangerous to the democratic process, to free speech, to women's hard won legal protections, and to our safety. Urgent action is needed.

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

64. No, the Scottish proposal is to move to a system of self-declaration of acquired gender by means of making a statutory declaration, with penalties for false declarations. It will not require medical evidence. It will reduce the period an applicant has to live in their acquired gender from 2 years to 3 months, with a 3 month reflection process. It may also include reducing the minimum age requirement from 18 to 16 years, following consultation.
65. As a lawyer, I am bound to say that I do not see how anyone could face conviction or penalty for having made a false declaration under the Scottish proposals. If a person is able to say that at the time they honestly felt that they intended to live permanently in their acquired gender, there will be no evidential way of disproving that internal process. It's a provision whose abuse could never be challenged.

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66. The Scottish proposal is a LGBTQ lobbying goal and strategy. It sees gender dysphoria as akin to sexual orientation and it sees no place for medical expertise. It renders gender dysphoria simply an identity issue with the only criteria and safeguards emanating from the applicant. There will be no mechanism whatsoever to screen out the unwell, the dangerous or the deluded. It will enshrine gender ideology, an ideological position devoid of any medical or scientific basis whatsoever, into Scottish law, and therefore into a common law jurisdiction. Its impact, if passed, would be bound to undermine the law of England and Wales, and it is intended to do just that.
67. I attended an event in 2019 where high profile trans advocate and transman, Professor Stephen Whittle, spoke. He reassured the audience that trans self-ID would get through in Scotland and then it would only be a matter of time before it would have to be established in England and Wales.
68. Scotland is being used by LGBTQ lobbying groups to advance and ideological position. It must be resisted because it will lead to regret and unacceptable dangers to women and girls.

### **Wider issues concerning transgender equality and current legislation:**

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

69. The current arrangements for obtaining a GRC are not so onerous as to explain this disparity,. A massive cultural shift towards notions of gender identity has been popularised and embedded in western democracies by LGBTQ lobbying groups and thereafter in popular culture, youth culture, films, TV dramas etc., in a matter of just a few years. It has become of symbol by which politicians, celebrities and others seek to burnish their progressive and 'inclusive' credentials.
70. In a world where increasing numbers of young people experience loneliness and isolation, the trans community feels all welcoming and encompassing.
71. The de-medicalised approach to transgender identity that was heralded by the involvement of LGBTQ lobbying groups has led to a free-for-all. The immature, the vulnerable, unwell, deluded and dangerous, have all been left to self-identify as

transgender with the immediate protection of the LGBTQ lobbying apparatus that is not remotely curious about these skyrocketing numbers, indeed it appears to thrive on them.

72. I believe this has led to an explosion in the number of males wishing to live as women, and the number of girls and young women who wish to live as males. The cohort that is lost and rendered an irrelevance, is natal women. Trans gender ideology turns entirely on a male axis, and legislators need to wake up to this reality and protect women's rights.

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?

73. The Equality Act protects against discrimination based upon gender reassignment and that is increasingly recognised as protecting trans identified persons and non-binary persons. I agree that people should not face unlawful discrimination or harassment because their biological sex differs from their gender presentation.
74. I do not believe that the Equality Act provisions should be permitted to replace the need for a GRC to change one's legal sex. That change must continue to be only available following compliance with the GRC medical process. In the absence of there being a medical and legal process to change gender, no sex-based rights and protections afforded to women will be sustainable and gender ideology will be written into the law.
75. There is a tension between the single-sex exemption and the anti-discrimination provisions that must to be wrestled with. I am horrified that the transwomen I know personally, who are fully transitioned and integrated as women, should find themselves humiliated by being forced to use male facilities. However, I am even more horrified at male sex offenders with or without GRCs gaining access to women in prison, in refuges, hostels, psychiatric and hospital wards.

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76. These are fantastically difficult decisions that have been made even more difficult and urgent because of the sheer number of males identifying as transgender who will make zero modifications to their bodies; they wish to enjoy their male sexuality, alongside their female identity.
77. In the circumstances, and regrettably, I see no alternative than to raise the threshold at which any male gains access to women's single-sex spaces, to introduce more third-sex facilities and to enforce without apology the single-sex exemption.
78. Women cannot be subjected to males who appear to be clearly indulging in sexual fetish by accessing women only spaces or who are otherwise dangerous and or unwell.

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?

79. They need to be upheld without apology or confusion. Government bodies and organisations appear to have fallen into error by wrongly interpreting the single-sex provisions to mean that when someone has a GRC they should be treated in their acquired gender for all purposes. This is despite the Equality Act 2010 stating that female-only spaces and services are lawful and that exclusion of transsexuals and those with a GRC does not equate to gender reassignment discrimination.
80. These provisions, designed by Parliament to protect females from males, whatever their acquired gender, are being roundly ignored, and women and girls are suffering the consequences.

Does the Equality Act adequately protect trans people? If not, what reforms, if any, are needed?

81. Yes, it absolutely does. The suggestion that it does not, is frankly an LGBTQ lobbying manipulation. Trans people enjoy protection from discrimination, including in employment and healthcare, to a far greater extent than those in the USA, for example, yet the UK is often decried as transphobic. What those cries are really about is that the UK has resisted the idea of self-ID, which became the rallying cry of LGBTQ lobbying groups.

What issues do trans people have in accessing support services, including health and social care services, domestic violence and sexual violence services?

82. I cannot answer this as a trans person because I am not, but I can answer it as someone who provided support services for women and children survivors of sexual violence. I can also answer this question as someone who has worked with violent, predatory and unwell males, and as someone who is a survivor of male sexual violence.
83. It is unacceptable and frankly highly irresponsible and offensive that the state would seek to protect males from male physical and sexual violence by housing males with women, for the comfort and protection, not of women, but of males, knowing full well that to do so leaves women vulnerable to sexual assault, and regardless, to the mental anguish and torment that they now have no legally enforceable boundaries against males. The only protection being what that male says about himself and his identity.

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

84. The starting point must be legal certainty. What does it mean to be gender-fluid and non-binary? Can the law define this experience with sufficient clarity to formulate specific legal protections? The very nature of the fluidity and non-binary feelings that are being experienced is that they are constantly shifting and being defined and redefined. The law cannot possibly cater more than it already does in protecting people from unfair discrimination. Proponents of gender ideology advance the notion that there are upwards of a 100 or more gender identities. There will doubtless be new developments and new words given to new feelings people wish to have recognised about their gender identity, given what has already occurred in just a few years.
85. There is a need in this constantly changing landscape for compassion but also for rationality and common sense and this should not lead to attempts to legislate on the basis of peoples' internal sense of themselves.

**November 2020**