

The Gender Recognition Act 2004 is bad law, each time a GRC is invoked women will need to invoke the single-sex exemption contained in the Equality Act 2010. The language of sex-based rights must be made clearer in the EA2010 and should be opt out rather than invoked. To explain, businesses and institutions should have to justify publicly why they do not believe that women and girls have the right to single-sex facilities and services and provide a risk assessment supporting their conclusions before males, however they identify, are permitted into the single-sex space or service. The GRA 2004 also comes into conflict with other protected characteristics under the EA2010 such as religious belief and disabled rights. How would a court balance a disability in which one has, for example, no inhibitions or autism with the legislative demand that we pretend a male is a female? As it is not based on evidence the concept of gender identity is forced religious belief and is in conflict with the Human Rights Act 1998. Gender identity ideology specifically denies women Article 9, Freedom of thought, conscience and religion, Article 10, Freedom of expression, Article 11, Freedom of assembly and association, and Article 14, Prohibition of discrimination, based on sex and political opinion. Furthermore, the GRA 2004 directly clashes with UN CEDAW 1979, ratified by the UK in 1986. Article 5 declares that States Parties shall take all appropriate measures: '(a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women'. In contrast the GRA 2004 claims that stereotyped roles define male and female and override sex. The confusion of sex and gender in law fundamentally undermines women and girl's rights in the UK. The proposed changes are thus not 'kinder' to women.

The issue becomes clearer when we use the correct terms – sex-role stereotypes rather than gender. Everyone should have sex-role stereotype discomfort and be unhappy with discrimination. Until the legislation is repealed the fee should remain. We pay fees for other certificates and legal documents, such as marriage certificate, passport, and it should be in line with these. The criteria for diagnosing sex-role stereotype discomfort ('gender dysphoria') must be reassessed, is it medically sound? What does it mean to live in an acquired sex-role stereotype for two years? How does this change human sex? Why does this

allow women's rights to be removed? The statutory declaration is unsound. Is the government really arguing that males have never lied, that their word is always to be trusted? Particularly when based on their word they would gain access to women and girls when they are vulnerable.

We need to recognise late-transitioning male partner's behaviour as a form of domestic violence and act accordingly. Coercive control is recognised as a form of domestic abuse and psychological violence under Section 76 of the Serious Crime Act 2015. What could be more coercive than repeatedly claiming your partner's sense of reality, understanding of science and anatomy (that humans cannot change sex), was wrong? The CPS outlines that 'Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour'. The testimony of spouses and partners of late transitioning males indicate that their experiences fit this definition. Experts like Evan Stark liken coercive control to being taken hostage. As he says: "the victim becomes captive in an unreal world created by the abuser, entrapped in a world of confusion, contradiction and fear." The claim that humans, indeed the male you married, can and have changed sex is the unreal world, it will lead to confusion and fear as your reality is overruled. When society is saying this is brave and stunning, that one is a bigot if one doesn't accept this new reality, would you not become trapped? These women are being subjected to gaslighting, isolation, threats of suicide, sexual and verbal abuse. The spousal veto is an important escape route to dissolve an abusive marriage. Those men who claim to have transitioned but do not pursue a GRC do so in order to block one exit route for their spouse.

Sexist, Homophobic, Unreliable 'Science'.

The concept of 'gender dysphoria' is based on sexist 'science'. No one is born in the wrong body, no male has a female brain or vice versa, and human sex change is impossible. The French psychoanalyst Catherine Millet alleged that there is a sense in which there was no transsexuality before experts like Benjamin and Stoller "invented it". Similarly, Professor Dwight Billings and Dr Thomas Urban assessed that 'transsexualism is a socially constructed reality which only exists in and through medical practice'. In a foundational work for the idea

of transgenderism/transsexualism as a medical problem, Harry Benjamin and C. Ihlenfeld argued in their article 'Transsexualism' (The American Journal of Nursing, Vol. 73, No. 3 (Mar., 1973), p. 458) that:

'The normal male (normal by his genetic inheritance) has his masculine build and voice, an ample supply of androgen, satisfactory potency, a sperm count that assures fertility, feels himself to be a man, is sexually attracted to women, and would be horrified to wear female clothes or "change his sex." He is often husband and father, works in a job or profession in accord with his sex and gender that is never questioned legally or socially. The genetically normal female presents the opposite picture. She feels, looks, acts, and functions as a woman, wants to be nothing else, usually marries and has children. She dresses and makes up to be attractive to men and her sex and gender are never doubted either by society or by the law'.

Straying from the expected stereotypes indicated for Benjamin that the male brain had been feminised in the womb. Benjamin and Ihlenfeld built on the idea of feminised fetus brains resulting in a penchant for frills and submissiveness by adding in a theory of testicular feminisation causing transsexualism. They defined testicular feminization as a syndrome in which a defect in the testes prevents testosterone from masculinising cells such as those in the brain. They then proposed that 'transsexualism in the anatomic male might be regarded as an incomplete expression of this testicular feminization syndrome with the defect affecting only sex-specific areas of the hypothalamus'. As the medical community was not so accepting of this nonsense, the causes of transsexualism/transgenderism were then speculated to be bad mothering. Elliot Weitzman, Charles Shamoian and Nikolas Golosow determined that the male to female transsexual's mother was 'an embittered, empty woman, [who]kept her child in constant and excessive physical contact with her. She sabotaged all of his efforts at separating from her and achieving a sense of masculinity. His father, effeminized by his own mother, was unconcerned with his son's rearing except for infrequent rages at the mother-child closeness. The patient became an effeminized boy, perpetuating early forms of identification with his mother and unable to effect the normal identification with the father' (E. L. Weitzman, C. A. Shamoian, and N. Golosow, "Identity Diffusion and the Transsexual Resolution," *The Journal of Nervous and Mental Disease*, Vol. 151, no. 5 (1970), p.295). The concept of 'transgenderism' is thus founded on homophobic and sexist stereotypes.

The 'science' did not get more evidence based or more convincing over-time. John Money, Harry Benjamin's research colleague at Johns Hopkins University, became a titan in the field of transsexualism/transgenderism. He is still celebrated by the pro-paedophilia lobby group NAMBLA (North American Man Boy Love Association), Money championed the idea of surgery as the best course of treatment. In his foundational research which claimed sexist stereotypes were innate, Money and Anke Ehrhardt argued that 'if a person... has more androgen prenatally, it will take less stimulus to orient that person toward strenuous physical activity (certain designated masculine activities) and more stimulus to evoke a response to helpless children (and other designated feminine activities)' (J. Money & A. Ehrhardt, *Man & Woman, Boy & Girl* (Baltimore, Johns Hopkins University Press, 1972), p.1.). It got worse, Money and Ehrhardt purported that 'the most likely hypothesis to explain the various features of tomboyism in fetally masculinised genetic females is that their tomboyism is a sequel to a masculinised effect on the fetal brain' (J. Money & A. Ehrhardt, *Man & Woman, Boy & Girl* (Baltimore, Johns Hopkins University Press, 1972), p.103). Yes, they argued that if girls are competitive they must have masculinised (boy) brains. How can legislation based on this 'science' and these sexist premises be acceptable in the United Kingdom?

The next text which this legislation and the notion of 'transgenderism' is based on is Robert Stoller's *Sex and Gender, Vol. I: The Development of Masculinity and Femininity*. Stoller used dream studies to assess 3 children and their mothers to determine the cause of transsexualism/transgenderism. Of the mothers Stoller claimed 'heterosexuality does not arouse much enthusiasm in them', which caused their son's problems with gender. Stoller noted that the women do not fulfil their natural responsibility to be conventionally beautiful and 'all were virgins when they married (and by easy choice)'. Regarding one mother Stoller remarked that 'the first aspect of her bisexuality was her appearance. She always dressed either in suits or a skirt and blouse', suggesting the mother's fashion choice damaged the child's natural development' (R. J. Stoller, *Sex and Gender, Vol. I: The Development of Masculinity and Femininity* (London, Karnac Books, 1984), p.112). In volume II published in 1968, Stoller described his successful outcome of treating 'transsexual'/'transgender boys that 'the boy starts to value their penis... they physically attack females – dolls and girls, with pleasure more than anger the dominant affect' (R. J. Stoller, *Sex and Gender, Vol. II: The*

Transsexual Experiment (Hogarth Press, 1975), p. 28). The ideology of gender identity asserts that if a male does not innately desire to commit violence against females, does not gain pleasure from aggression and assault of females then he is born wrong, abnormal. This must not be written into UK law.

In light of this, until the GRA 2004 is repealed the age limit to obtain a GRC should not be lowered. Children should not be encouraged to disassociate from their bodies and to follow a route of sterilisation and surgery because they don't conform to sexist expectations. A teenaged trans identified male's GRC would conflict with girl's education and right to single-sex toilet and changing facilities as established in the Schools Premises Regulations (2012). The United Nations sustainable development goals refer to the importance of safe, clean toilets for girls and women.

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