

Written evidence submitted by Miss Rebecca Alice Hills [GRA1741]

Evidence submitted by:

Becks

a 28 year old Transgender Woman.

The following is a brief Summary of my answers only. For more detail, please read my full answers on the following pages:

1-No

2-The fee should be Removed, Se my detailed answer for other financial burdens.

3-Yes

4-Yes

5- Statutory declaration should form the main basis for legal gender recognition. The wording should be changed to “for the foreseeable future” rather than “until death”.

6-The spousal consent provision needs to be abolished and replaced with provisions for no-fault divorce. This will also serve to enhance and protect women's rights in general.

7-yes, provision should be made for 16 and 17 year olds to obtain a gender recognition certificate, and under-16s should be able to apply if they are deemed to have the competence to do so by a family court.

8-The proposed “changes” will ultimately have very little overall impact on trans people applying for a gender recognition certificate. The “new” gender clinics were arguably already up and running when the minister announced her response and will not be anywhere near enough to address the serious shortfall in commissioning of trans healthcare in the UK. Furthermore I am concerned that the minister's decision to move the application process online will only serve to make applying for a GRC harder for trans people who are in unstable accommodation or employment and so cannot be assured of an internet connection. If anything the proposals represent clueless meddling by the minister which if anything risks making things worse as much as it makes them better.

9-Bottom-up review and overhaul of transgender healthcare, a self-declaration model for gender recognition in line with international best practice, Legal recognition for non-binary identities, and Gender recognition for 16 and 17 year olds with provision for under 16s to apply if judged competent by a family court.

10- Yes, the Scottish government's proposals offer a much more fit-for purpose model for legal gender recognition that will be less bureaucratic and cheaper to administer, whilst also protecting women and girls from anyone who might try to abuse the process.

11- The evidence requirements are too difficult for most ordinary trans people to meet, especially when considered alongside the rampant employment and housing inequality transgender people face.

12- There are inconsistencies between the two acts, but opening up the equality act for public debate in the current media climate will be very dangerous for many of the more vulnerable members of the trans community.

13-There are needs for further progressive reform and guidance surrounding the equality act, but opening the equality act for public debate could be dangerous for more vulnerable members of the trans community.

14-No, the equality act doesn't adequately protect trans people. In particular it fails trans survivors of sexual violence (often reckoned to be more than half of us). However, opening the Equality act up for public debate in the current media climate could be very dangerous for more vulnerable trans people.

15-Please see my long answer for details.

16-yes, legal recognition of non-binary identities and greater provision of non sex-segregated public facilities. Non-binary people are estimated to make up 52% of the trans population.

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It is also worth noting that after three years of almost non-stop media campaigning against trans rights, painting us as predatory, perverted, or mentally ill. Followed by the current government's decision to use gender recognition act reform as a political football earlier this year. Alongside skyrocketing hate crime statistics and the government's decision to ignore the 2018 GRA consultation results because (shock horror) trans people wanted to speak up about issues affecting us. I strongly suspect that there will be far fewer responses to this Enquiry from transgender people than would be expected because as a community we are feeling tired, beaten down, ignored, and fed up of engaging with a government which clearly doesn't care about us. If the committee wishes to regain the trust of the trans community, they need to start listening to us about our lives and experiences.

I shall present my answers to the questions posed by the committee in the call for evidence document in the order that those questions are posed, beginning with those relating to the Government's response to the GRA consultation:

1- I believe the government's proposed changes completely and abysmally fail in their aim of making the process “kinder and more straightforward”. If anything moving the GRC application process online will exclude trans people who do not have access to the internet or stable housing from being able to apply, thus imposing yet another barrier to legal transition.

2- The fee for obtaining a GRC should be removed, cisgender people do not have to pay to be legally recognised in an accurate way with respect to their gender. Forcing transgender people to pay for this “privilege” only serves to reinforce the existing financial marginalisation transgender people face. Other key financial burdens that transgender people face when applying for a GRC include fees for solicitors to witness the statutory declaration, and for doctors letters (Remember you need two of these to apply and they have to be in concurrence with one another and written fairly close together in time otherwise the panel will reject the application). By de-medicalising the process the fees relating to doctors letters would no longer be a burden. Although of course this would still leave solicitors fees for many when making their statutory declarations.

3- The requirement for a diagnosis of gender dysphoria should be removed. Firstly because the need for a diagnosis unnecessarily medicalises and pathologises trans people's existence, but it is also worth noting that delays in accessing healthcare make this requirement particularly difficult to meet.

Indeed, currently waiting lists at gender clinics are spiralling out of control at a devastating rate. With exponentially more people being referred every year. People being seen for their first appointment at gender clinics today have waited at least 2-3 years before they could be seen. Many of them “living in their acquired sex” through most, if not all of that time period. We have reached an almost inconceivable point where people, according to the original provisions of the 2004 act, ought to be eligible for a GRC on their third appointment at the gender clinic (When diagnostic decisions are usually taken) as this is normally 3-5 years after they first asked to be referred. However, with waiting lists spiralling as they are, it seems unlikely that some of the people being referred to GICs today will be seen before 2030 unless DRASTIC remedial action is taken by the NHS to streamline the gender reassignment care pathway, possibly by providing care guidelines that would allow routine cases to be diagnosed and managed in primary care, either by GP clinics or local sexual health services.

4- The requirement for transgender individuals to have lived “in their acquired sex” for two years prior to obtaining a GRC should be removed. It is a throwback to the original “Harry Benjamin Guidelines” developed in the late 1970s the Benjamin guidelines refer to this two year period as a

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“Real life test” and it is absolutely a test. Almost every trans person I know has found this two year Test to be pointless and traumatising, being left in a legal limbo where people perceive and treat you as a second-class version of your acquired sex whilst you are still legally considered to be a member of your birth sex would be utterly ridiculous in its hilarity if it didn't leave you feeling so vulnerable and scared. The two year “Real life test” is archaic at best, and actively harmful at worst. It should be done away with completely.

5- I think the statutory declaration is important because it provides legal ramifications for anyone trying to abuse the GRC system. From my understanding, if someone were to make a false statutory declaration, particularly for any kind of nefarious purposes, they would be guilty of perjury and could be fined or imprisoned for doing so. I do think it is important that the wording be changed to “for the foreseeable future” rather than “until death” as this would allow for the very unlikely event that someone did manage to legally transition but later felt the need to legally de-transition.

If people are still concerned about “men acquiring GRCs to allow them to prey upon women and girls” maybe their fears could be assuaged by introducing a specific aggravated version of the perjury offence that could be used to prosecute people who can be proven to have fraudulently obtained a GRC for the express purpose of committing sexual offences?

6- In my opinion the spousal consent provision (often known as the spousal veto amongst trans people) is in need of reform. I take the view that when you get married you marry a person, not a gender, or a set of genitals. As such whilst I can see why one spouse's transition should be considered grounds for a divorce there are too many accounts of vindictive spouses using this provision to control and manipulate trans people into accepting a less favourable divorce settlement by threatening to drag out the divorce process for as long as possible to prevent the trans partner from being granted a full GRC in a timely manner. As a committed spinster I have my doubts that I will ever find myself personally affected by this vicious piece of legislation, but the scars it has left on the UK trans community run very deep indeed.

In my view, the best way to protect the rights of the spouses or civil partners of trans people is the same as the best way to protect any spouse or civil partner from harm. MAKE URGENT PROVISION FOR NO FAULT DIVORCE. This will also have the added bonus of protecting countless women from abusive spouses without making them feel “on trial” over whether their abuse was “real” or not.

7- The age limit at which people can apply for a GRC should be lowered. Most trans adults were aware of their transgender nature as very young children. As society becomes more accepting of gender variance and information on the subject is more readily available, modern children who are aware of their transgender nature are able to outwardly express it and live as their authentic selves from a younger age. With the support of their parents I don't see any reason why a 16 year old (or perhaps even younger if they can be shown to be capable of the decision) wouldn't be able to understand and make a solemn commitment to live in their acquired sex permanently. After all, some children live permanently in their acquired sex from as young as 5 or 6.

16 year olds are considered (with parental support) to have sufficient maturity to make similarly solemn commitments like getting married and joining the armed forces. I don't see how changing your legal gender has anything like the severity of consequences as signing up to be sent into active warzones as a soldier, sailor, or airperson.

8-The government's proposed “changes” are frankly insulting. By all accounts the three “New” gender clinics promised were already up and running when the announcement was made, and frankly, they are a drop in the ocean compared to what is needed to address the gaping chasm of

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trans healthcare inequality in the UK. They'll barely even slow the rate at which waiting lists are growing, let alone bring them in line with the NHS's legal obligations to begin consultant-led treatments within 18 weeks.

The proposal to move GRC applications online will exclude more trans people from the process than it will give access to. Due to serious inequalities and illegal discrimination in the employment and housing sectors, many trans people have precarious or unstable living arrangements or unreliable access to an internet connection. Moving the application process online would effectively introduce yet another wealth barrier to transition, effectively locking out the poorest and most marginalised from obtaining legal recognition of their genders.

The proposed (lack of) changes also misses numerous opportunities to bring British gender recognition laws in line with international best practices. Indeed, numerous other countries have had "self-ID" style gender recognition laws without incident for years, including Malta, Ireland, and Denmark, with others looking to adopt the model in the near future. Another missed opportunity is that of offering gender recognition to non-binary people, who are currently forced to lie in all official interactions relating to their gender. In short it is clear from her response that the minister has paid no attention to the actual responses to the GRA consultation, instead preferring to ignore the results in favour of her own beliefs.

For me personally, as a disabled transgender woman the minister's decision to retain all aspects of the gender recognition application process, including diagnosis, medical reports, and evidence of living "in role" for two years effectively makes legal gender recognition inaccessible for me. I have spent half a decade chasing doctors round in circles for medical reports, often having to teach them how to write them in the process. Whilst gathering evidence from my 8 years spent "living in role". Yet I am still left in a position where I know that if I sent my application off today, it would most likely be rejected, due to inconsistencies between the medical reports resulting from the changes to my medical situation between each report being written. Like most trans people, I don't have £140 to burn and so there is no point sending it off unless it stands a strong chance of being accepted. This leaves me in the somewhat ridiculous situation of having moved through the world as a woman for almost my entire adult life, having an unmistakably female body, including breasts and a vagina, and yet being legally Male because I cannot assemble the required evidence to convince a panel of strangers that I'm "really a woman".

As for the trans community in general. 2020 has been the most exhausting year in living memory. Not only have we seen the world enveloped in a global pandemic, we have watched as many of the rights which have kept us safe for over a decade have been used as a political football to distract from the sheer incompetence of a cruel and callous government in their handling of this national and global crisis. For this reason I strongly suspect that there will be far fewer submissions to this enquiry by transgender people than would otherwise be expected.

The UK has seen a sustained media campaign against the trans community over the last three years (since the GRA consultation was first announced). With barely a week going by without one of the major national newspapers running a story of pearl-clutching outrage, painting us as deviants, predators, or mentally ill, advocating against providing us with healthcare, against employing us in certain careers, and against us having access to facilities and services that others take for granted. This media campaign has only intensified with the minister's tepid-at-best approach to transgender equality. We are tired, we are broken, and plenty of us are now actually mentally ill as a result of the blatant transphobia we see in the press and in government. Indeed the minister's ill-considered remarks about "protecting single sex spaces" in May caused considerable alarm in our community, not least because this exact phrasing is a commonly used rallying cry by so-called "Gender critical feminists" to justify excluding transgender women from women's toilets and changing rooms, as

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well as refuges and shelters for victims of domestic and sexual violence, despite reports that trans women are as much as twice as likely to fall victim to these forms of violence when compared with cisgender women.

As a survivor of sexual violence myself, who is reliant on the counselling and support I receive through Nottingham Women's centre. A centre which has operated as a trans-inclusive, single sex space since 1998. I am terrified at the prospect of being locked out of such vital support. Support which has been available to trans women, without issue or incident for 22 years. Support which quite frankly has kept me alive. The Minister's prevarication, use of "gender critical" dog whistles, and lack of any meaningful action in support of trans people over the past year has led myself and many other trans people on an emotional roller-coaster, uncertain of whether to expect modest improvements, two decade roll-backs, or no meaningful change at all in our legal rights. Meanwhile transphobic hate crime rates have soared amid the resultant media frenzy. I am also very aware that the number of British names on the Transgender Day of Remembrance list is higher than last year. If this continues on the minister's watch, I don't think it is necessarily unreasonable to say that she must bear some responsibility for the deteriorating human rights situation British trans people face.

9- The government's proposals don't really constitute any material change to the situations most trans people find themselves in, and as such, cannot really be regarded as proposals at all. I believe several key things are needed in order to improve the human rights situation for transgender people in the UK, thus empowering us to take a more active and productive part in our society:

-Firstly, a bottom-up review and complete overhaul of how transgender healthcare is provided in the UK, perhaps with responsibility for diagnosis and management of routine cases resting in primary care with GPs and doctors at sexual health clinics who have been given additional training via CPD modules. Only complex cases with serious co-morbid mental illnesses need to be assessed by Psychiatrists at a GIC. I say this because based on my experiences as a transgender woman and former healthcare worker, the chief diagnostic criterion for gender dysphoria (or transsexualism as it was called when I was diagnosed) is how long you can put up with being messed around by the GIC for (obviously I jest here, but in all seriousness, diagnosis is based on the patient's own subjective experiences of their gender, it cannot be medically tested for or quantified in the way that many other conditions can be, as such, all that can really be done is listening to the patient's experiences and offering treatment that may help alleviate the dysphoria they experience).

-Secondly a move towards a self-declaration model of legal gender recognition, with a statutory declaration to ensure that all applicants understand the solemnity of their commitment and to provide legal recourse against anyone who might abuse the system for nefarious means. As suggested this could also be combined with the introduction of an aggravated perjury offence to allow harsher punishments for anyone who can be proven to have applied for a GRC with the intent to commit sexual offences.

-Thirdly, legal gender recognition should be extended to non-binary people, as they currently have no means of having their genders legally recognised at all. The omission of this in the minister's "proposals" represents a catastrophic failure of the minister to safeguard the equality of non-binary people.

-Fourthly, Under-18s should be given access to legal gender recognition if they have the support of any of the following: their parents, guardians, social workers, General Practitioners, or a court order to the effect that they have the capacity to make this decision unaided. This could also, I believe, be extended to under-16s on a case-by-case basis if the child in question is deemed to have the capacity to make the decision by a family court.

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10- I believe the Scottish government's proposed Bill offers a far more reasonable and suitable alternative than the minister's "proposals" which don't actually offer any reform at all. The Scottish government proposals would bring Scotland in line with international best practice as seen in countries comparable to the UK such as Ireland and Denmark. It offers a solution which would allow trans people to actually make use of their ability to access legal gender recognition, whilst also ensuring legally enforceable penalties against anyone who tries to misuse the act in order to harm women or girls. Unfortunately the Scottish proposals do not make allowances for under-16s, who may have the necessary mental capacity and insight to understand and make decisions surrounding their legal gender. Leaving them without access to any kind of gender recognition, regardless of familial support and any assessment of capacity by the courts.

It is also my belief as a trans woman survivor of sexual violence that the Scottish proposals do not safeguard the rights of trans women survivors. Instead leaving us vulnerable to exclusion from life-saving services such as women's shelters and refuges, if they choose to exclude us based on the letter of the law. Fortunately, most such services in the UK do not currently choose to do so, as they are capable of risk-assessing everyone who seeks to use their services individually.

When considered alongside the fact that trans women are up to twice as likely to experience sexual and domestic violence compared with cisgender women, and that some resources for transgender survivors indicate that as many as 25% of sexual attacks on transgender people are perpetrated by cisgender women, it seems to me that the popular narrative about who needs to be protected from whom in these situations is in fact flipped on its head.

I will now respond to the Inquiry's questions surrounding the wider issues concerning transgender equality and current legislation:

11- The reason that so few transgender people apply for a gender recognition certificate is simple, and has been explained repeatedly during the GRA consultation process.

THE PROCESS IS TOO INTRUSIVE, BEUROCRATIC, AND INACCESSIBLE. MEANWHILE TRANS PEOPLE ARE OFTEN MARGINALISED IN WAYS THAT MAKE IT MORE DIFFICULT TO MEET THE EVIDENCE REQUIRED BY THE GENDER RECOGNITION PANEL.

Under the existing gender recognition act, accessing legal gender recognition requires the submission of a large quantity of evidence, much of which has actually been getting harder to obtain since the original 2004 act was passed. From first referral to the GIC by a GP to diagnosis with gender dysphoria typically takes between 3 and 5 years currently, and once diagnosed the applicant must then persuade busy and over-worked gender clinic doctors to provide medical reports in support of their application. Because the doctors are so busy it isn't uncommon for these reports to contain minor errors which need correcting, and so the applicant must send multiple e-mails to the GIC to get one of their medical reports in order. The second medical report may be completed by the applicant's GP, however GPs are also often stretched for time, may resent or object to being asked to provide such a report, and certainly receive no training in how to do so. Thus it is once again down to the applicant to explain what information is needed and how the report needs to be written, again sending the document back and forth to ensure factual accuracy. Many GPs also charge for writing letters and medical reports which will add a cost factor to this stage of the process.

If the applicant somehow manages to get two medical reports together within six months of each other and without changes to their health in the intervening months (unlikely considering how

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taxing I have found this process to my mental health). They then need to assemble evidence of their having “lived in role” for the required two years. Of course they can submit their change of name deed and any new identity documents they may have been able to afford in this time (Remember to factor the cost of getting a new passport and/or driving licence into this). However, many banks and utility companies no longer provide paper statements and many companies handle their payroll electronically. This makes it much harder to amass this proof of having “lived in role” even for someone who is able bodied and in full-time employment. For someone who is disabled, or who cannot get a job due to unlawful discrimination that is so common in the hiring process, but almost impossible to prove. Or indeed for someone who has a precarious living situation and therefore might be sofa surfing, or relying on the charity of friends or family for accommodation. This proof becomes even harder to amass.

Indeed I spent 5 years trying to put together the required documents for a GRC, whilst working full-time as an emergency medical technician on front-line NHS ambulances, and then later as a laboratory scientist for Mars Petcare, and yet even I found I could not manage to get my evidence in order, despite easily meeting the criteria stipulated in the 2004 act.

Since my subsequent diagnosis with PTSD, EUPD, and Fibromyalgia and being found unfit for work of any kind I have all but given up hope of ever managing to obtain a GRC unless the evidence requirements are relaxed significantly.

Finally it is worth considering that some surveys conclude that as many as 52% of the trans community are non-binary. As non-binary people are currently unable to obtain a GRC in their lived gender they are completely shut out of the process.

12-Whilst there are inconsistencies between the Gender Recognition Act 2004 and the Equalities act 2010 in terms of the terminology used, which can lead to differences in interpretation of the two acts. Of particular note is the ways that the words gender and sex are used in the two acts. However, given the three year long hostile media environment the UK trans community has had to endure, and the well-documented and severe detriment that this has caused in many people's mental health. It would be both unproductive, and potentially dangerous for many of the more vulnerable members of our community if the details of the Equalities act were to be opened up for debate. We have already seen too many tragic suicides in our community over recent years. Indeed, many of us are barely two or three handshakes away from the people we have lost. I would ask that the committee have a care about these potential risks and dangers when it makes it's recommendations following this enquiry.

13- When read with its guidance notes I think the equality act is reasonably clear in its provisions for single-sex and separate-sex spaces and facilities. However, it is quite commonly interpreted very differently by different people. This has not been helped by the toxic campaign of misinformation about trans people that has been conducted over the last three years by the British media. The guidance notes make clear that this provision is to be used on a case-by-case basis and must be shown to only be employed as a “proportionate means of achieving a legitimate aim”. However, many anti-trans campaign groups have used these provisions to try and pressure organisations (including local authorities) to introduce blanket bans on transgender people accessing some single and separate sex facilities such as public toilets and changing rooms when this is clearly against the original intentions of the act. Some of the confusion appears to come from whether the characteristic of “gender reassignment” protects against being discriminated against when compared to how members of your acquired sex are treated vs. how members of your birth-assigned sex are treated. Indeed many anti-trans groups have argued that policies of blanket exclusion of trans people who don't have gender recognition certificates from spaces reserved for their acquired sex would not constitute discrimination under the equality act because the trans people in question

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would not be being treated any differently to their birth assigned sex. Needless to say, I vehemently disagree with this interpretation of the act, as do the existing guidance notes.

Ultimately however, the campaign of misinformation about trans people carried out by the British media over the last three years makes the prospect of opening up the equality act for debate a frightening one for many trans people. We have been using single and separate sex facilities and services (including those provided to women escaping sexual and domestic violence) for decades without issue. Many of us are terrified of finding ourselves locked out of these vital and life-saving services. Especially considering the effort that has been gone to to paint us falsely as perpetrators of the kind of violence that more than half of us will be victims of during our lifetimes.

14- The equality act does not adequately protect trans people. In particular it lets down trans women survivors of sexual and domestic violence by citing them specifically as being valid targets for legal discrimination in the form of excluding them from women's services which support women survivors of these kinds of violence. Most such services in the UK operate fully trans-inclusive services without issue. Using their robust risk-assessment processes to protect both cisgender and transgender service users. Without our existing access to these services (which I is discretionary and not legally guaranteed) I don't doubt we would lose many more trans women every year than we currently do to intimate partner violence and suicide.

Again, despite these issues, I don't think it would be safe for the UK trans community to open up our existing equality act protections to public debate in the current climate of malicious misinformation surrounding trans people.

15- When I was first referred my then-local Gender Identity Clinic in Sheffield back in 2012, it took me six months to get the then-required psychiatric report completed by the community psychiatrist (this was a requirement for referral back then). Once this report was forwarded to the GIC I waited a further 9 months for my first appointment. Finally getting my diagnosis of transsexualism in 2013. However, the process of navigating the gender clinics has been anything but straightforward. My first appointment with a consultant psychiatrist at the Porterbrook GIC in Sheffield consisted of him sitting across from me, wordlessly reading through the community psychiatrist's report for half an hour, before spending the second half of the consultation typing an extensive description of what I was wearing (including factually incorrect details about my make-up). Needless to say, this left me feeling objectified and ignored in a way that many cisgender women might find viscerally and unpleasantly familiar. In the end I went to a cafe round the corner and sobbed over a cup of coffee for an hour before travelling home.

This experience was far from unique. Over the course of my transition I have had consultants behave in patronising and dismissive ways. Refer to me in contrast with "normal women" (as though I am somehow abnormal), and even conduct intimate physical examinations whilst I was in a trauma-induced dissociated state without proper communication or properly establishing consent.

As for healthcare outside of the gender-reassignment care pathway, I generally have to teach doctors how to manage my healthcare, especially when it comes to managing my hormone levels and interpreting my blood tests (making me very glad of my background in healthcare and science). I have also regularly had doctors disclose my trans status to other professionals without my consent when it was of no clinical relevance whatsoever.

I'm afraid I have had such negative experiences at some sexual health clinics that I neglected my sexual health for several years towards the beginning of my transition. Then when I decided to try again, the doctor gendered me correctly until she realised I was a pre-op trans woman. After which she instantly switched to using male pronouns and left me alone with her student whilst she went to

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fetch a MALE nurse to act as a completely unnecessary chaperone. Thankfully the nurse could see that the doctor's decision to repeatedly misgender me was causing me significant distress and making me panic and dissociate. He advocated on my behalf, but the doctor still didn't improve how she was treating me. Thankfully when I contacted PALS about this experience the practice manager apologised and supported me in continuing to access their service.

It seems the only health and social care or support service I have not had difficulty accessing has been the trauma counselling I have received through the Nottingham Women's Centre as a survivor of sexual violence, which occurred both when I was a child, and an adult. The Women's Centre staff worked hard to make me feel safe and comfortable in their space and encouraged me to spend time there and involve myself with their community and activism programmes. They have supported me through some really tough times, even phoning me to check on my welfare during lock-down earlier this year (Something the local CMHT whose care I'm under neglected to do). NWC has operated a trans-inclusive single-sex space since 1998 (22 years) without issue or incident, and has helped countless women, cisgender and transgender over those years. Sadly I'm afraid I can honestly say that without the care and support I found amongst the staff and other service users and volunteers at the women's centre. I wouldn't be alive today.

From what I know of the wider provision of support services for survivors of sexual and domestic violence, the inclusive policy seen at NWC is the norm, and trans women are welcomed as sisters in both survivorship and in the feminist struggle for women's equality. In many ways it is somewhat saddening that the law in this area is so far behind what can be seen "on the ground" in women's shelters, refuges, and support services around the country.

16- Yes, at the barest minimum non-binary people need to be able to access legal recognition of their gender and access to public facilities (such as toilets, changing rooms etc.) which maintain the safety and dignity of their users without requiring gender-based segregation.

After all, more than half of the UK transgender population identifies as non-binary and many local authorities, businesses, and other organisations around the UK and other countries make individual, lockable, gender-neutral, facilities the norm, without issue. Indeed our bathrooms and toilets at home are all gender-neutral. Why should public accommodations not also have this option?

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