Written evidence submitted by Dr. Ana Martinez [GRA1806]

I am 29 years old. I am a gender-nonconforming gender fluid dysphoric female lesbian woman. This is my input to the call for evidence driven from personal experience.

1.

Many aspects of life for dysphoric people are expensive already. Reducing the fee from £140 to a "nominal amount" would be a positive move. I feel conflicted about the opening of three new gender clinics. Obviously, there is a large need for specialist treatment, and I would like to see an increase in this- but I would simultaneously like to see more research to be carried out in order to know what treatments are necessary and available and what the best outcomes are. Despite the fact that the UK's oldest gender clinic has been open for several decades, there seems to be very little research that has come out of it, not even any recent follow-up longitudinal studies. (If I may add- my last job was as a scientist in a hospital lab- I'm used to reading clinical literature and it's frustrating to only find data published by gender clinics abroad when I am in the UK. This kind of information would have been of great use to me when considering whether or not to refer myself to the clinic). Therefore I am concerned that new clinics might not meet the needs of the current trans population.

2.

Placing the whole procedure online sounds possible and beneficial.
As a dysphoria-experienced person, I believe it's important to distinguish between people who identify as trans who have a diagnosis of dysphoria and those who don't. People self-identify as trans for a variety of reasons, not just dysphoria- but also for reasons of euphoria, political reasons, and as a part of a natural experimentation with gender. People should be able to experiment with gender without committing to a GRC.

Within the population of people who identify as trans, there are too many people without dysphoria for a diagnosis to be a useful tool in future legal recognition of all transgender identities. Whilst all trans-identifying people need protections, those who are dysphoric have specific needs (e.g. access to sex reassignment specific and dysphoria specific health treatment). Therefore it makes sense to me to keep the protected characteristics of sex and gender reassignment, and add gender identity as something separate; a catch-all term for people with and without dysphoria, who identify as man, woman, neither, both, and fluid. But I would keep a diagnosis of dysphoria as a requirement for GRC acquisition, as it enables those who face further struggles (such as classic transsexuals) to be covered under the protected category of 'gender reassignment' separate to the large gender identity umbrella.

3.

One of the questions mentioned in the call for evidence was 'Why is the number of people applying for GRCs so low compared to the number of people identifying as transgender?'

Lots of people who identify as transgender do not experience dysphoria. Therefore they do not have the same motivations that dysphoric trans people have to obtain a GRC.

Another reason is because many people who identify as transgender identify as neither of the binary 'man' or 'woman' genders, and a GRC wouldn't accurately represent this.

The third reason is because many people are fluid in the way they identify as transgender, e.g. sometimes identifying as a certain gender identity and other days as another, or several genders simultaneously or as having none. For fluid-identifying people, a GRC feels restrictive. (That is my personal reason currently).

Key to these points is that despite the presence or absence of dysphoria, or the fluidity of gender identity, all individuals possess a sex. All non-binary people still possess a sexed body. No matter how fluid your identity is (such as my own), a female person can be oppressed on the basis of their sex. For example, I have been perceived by people as a man, yet on the same day gone on to experience sexism from others perceiving me as female. Not every trans person 'passes' every minute of every day, nor should they have to. For this reason gender identity should be recorded separately to sex, as this would provide the most accurate information on the makeup of the trans identifying population and how these intersect with oppressions such as sexism.

4.

The above also goes towards answering the following question, about language and terminology across the Gender Recognition Act 2004 and the Equality Act 2010. Sex and gender identity are different terms and that should be clear in law. The Equality act does well in distinguishing between sex and gender reassignment as protected characteristics. From my experience I would suggest a comparable distinction when making law about gender identity. When, for example, a person identifies as the opposite sex, it is possible to obtain a GRC which changes the sex marker. This obviously doesn't make sense for non-binary people. When I am non-binary I am still female, and it would be unscientific and dishonest to make an analogy to the biological category of intersex. Intersex is an umbrella term covering a range of conditions and variations in sex, and these cannot be identified into, unlike non-binary which is a gender category. Therefore sex markers and gender identity terms must be *both* noted as different and equally important.

5.

It is absolutely crucial that gender identity terms are not subsumed into sex terms. For those marginalised by sexism and misogyny, single-sex provisions save lives. Conflation of sex (female/male) and gender (fem/masc/woman/man/non-binary/etc) would have an incredibly detrimental effect on the most vulnerable female persons in the country. Older women, girls, differently abled women, gender-nonconforming women, racialized women and all sorts of women at the intersection of oppressions.

Every 3 days in the UK a woman is killed by man. The majority of all violence, and 98 % of sexual violence is carried out by males. Many women such as myself have been exposed to male violence and rely on single-sex exemptions e.g. during healthcare check-ups. Without assurances that single-sex exemptions remain, many women will self-exclude from public life. This is deadly: just one example is the current low attendance of female cancer check-ups which mustn't be allowed to fall, already leading to preventable premature deaths.

In summary, an increase in specialised healthcare needs to be available to trans people. An increase in research into dysphoria is needed, so that all treatment can be evidence-based. Obtaining treatment must be made easier (cheaper, more quickly available). A distinction needs to be kept between trans people who have a diagnosis of dysphoria and trans people who don't. Sex and gender identity/reassignment must be both valued as separate protected characteristics.

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