

Written evidence submitted by University of Exeter LGBTQ+ Society [GRA1811]

Submission for the Women and Equalities Committee's Call for Evidence

The LGBTQ+ Society of the University of Exeter is dedicated to providing a safe space for those who identify as LGBTQ+ (lesbian, gay, bisexual, trans, queer and questioning, as well as other sexual and gender identities such as asexual, intersex and genderqueer) to fully express their sexual orientation and/or gender identity without fear of intimidation or harassment.

The society is submitting evidence as an organisation of young LGBTQ+ individuals aware of the current challenges facing our community in the UK. Many of us are transgender and all of us want trans voices to be heard. It is in our collective interest that legislation and policy relating to transgender healthcare is up-to-date, fair, and decided by way of consultation with those who this legislation will affect, rather than a minority who purport to represent the interests of women and LGB individuals.

We thank you for making this call for evidence and have collated the responses submitted by our members to each of the questions put forward by the Committee into one response representing the evidence of our Society.

To summarise our evidence:

1. We believe that the Government's proposed changes overall do not meet the aims of a "kinder and more straight forward" process because it is overly medicalised, still includes an (albeit nominal) cost, and excludes non-binary trans people.
2. The fee for a GRC should be removed. It is an unnecessary barrier, excluding trans people who are on benefits or low income from being able to live the way they identify.
3. The requirement for a diagnosis of gender dysphoria be removed. Being diagnosed is a difficult process that many trans people do not have access to, especially within the NHS system where waiting lists and rigid DSM-5 criteria act as significant boundaries. Many people can still identify as transgender without experiencing clinically sufficient or any dysphoria at all and they should be given the right to identify as they please in our modern society.
4. We believe that there should be changes to the requirement for individuals to have lived in their acquired gender for at least two years. This is an arbitrary time frame and the Scottish Government's proposed Bill provides a better alternative.
5. The LGBTQ+ Society believes that the statutory declaration is yet another unnecessary step in the process. It presents another financial and legal burden to the process. Additionally, gender and gender identity can change throughout peoples' lives and they shouldn't be expected to agree to do something until death.
6. We believe that the spousal consent provision must be removed or at the very least reformed so that it has little weight in the decision-making process. Requiring someone else's consent to change your body/status is dehumanising to trans people and the spouse should not have a right to weigh in on an individual's right to self-identification and autonomy.
7. We believe that the age limit should be lowered to 16, as per the Scottish Government's proposed Bill. Transgender youth should be recognised and supported. Allowing them to legally declare their gender identity within school will have a positive impact on their mental health, education, and future.
8. The LGBTQ+ Society hopes these proposed changes will mean more trans people will be able to obtain a GRC without having to go through an intrusive, expensive process and will have the right to self-identify. The high levels of health issues trans people face may decrease. Overall, it will help to improve the trans community's general morale and welfare, which should be of paramount importance in the face of the horrifically high mental health issue and suicide rates we see today.

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9. We believe that the Government should have additionally included in its proposals provisions for non-binary individuals as they are part of the trans community. Additionally, the right to self-determination (a completely de-medicalised process) should be included. Finally, there should be a commitment to open more than three new gender clinics to ensure that trans people across the UK are adequately and equally supported.
10. We believe that the Scottish Government's proposed Bill offers a more suitable alternative to reforming the Gender Recognition Act 2004. The age limit is reduced to 16 and trans people do not have to live as their 'acquired' gender for as long as 2 years without a GRC. It is more affordable, more achievable in good time and it abolishes the unjust requirement for a diagnosis although it still fails to include non-binary people.
11. We believe that the number of people applying for GRCs is so low compared to the number of people identifying as transgender because the process is bureaucratic, invasive, overly medicalised and complex.
12. We believe there are challenges in the way the Gender Recognition Act 2004 and the Equality Act 2010 interact. The Equality Act (2010) lists 'gender reassignment' as a protected characteristic and this does not reflect the reality that many trans people do not feel it necessary to undergo "reassignment". The language of the Act is outdated and should therefore be reviewed in conjunction with the Gender Recognition Act (2004) to better reflect the dynamic, changing understanding of trans identities and lives. Additionally, as long as the GRA remains binding law, the Equality Act must acknowledge the legal difficulties within the process of legal gender reassignment.
13. We believe the provisions in the Equality Act for the provision of single-sex and separate-sex spaces and facilities in some circumstances are not always clear and useable for service providers and service users. The language of the Equality Act (2010) can be weaponized and directed towards trans people. While trans people who do not wish to undergo medical transition do not fall within the Act's protection there remains danger of transphobic violence, discrimination, and persecution. The language must be reviewed for what it represents and for what cruelties it can allow.
14. We believe the Equality Act does not adequately protect trans people. The Act lists 'gender reassignment' as a protected characteristic and this does not reflect the reality that many trans people do not feel it necessary to undergo 'reassignment'. The government should consult with medical professionals and trans people when making these policy changes. Additionally, trans people are not protected in same-sex spaces in this bill. Evidently, this can allow for many opportunities for discrimination and violence to occur.
15. We believe trans people face many issues in accessing support services, including health and social care services, domestic violence and sexual violence services. Professionals working in these services have very little up to date education about trans identities and issues, and many of these systems have notoriously difficult and complex administrative processes that service users have to go through. Additionally, pressure from hateful groups limits trans people's opportunities to access much needed support and guidance and services do not take a stand against this malicious pressure. The majority of trans people will agree that the public service system has failed them in some way throughout their lives.
16. We believe legal reforms are needed to better support the rights of gender-fluid and non-binary people as they are entitled to care and protection as much as any other trans or cisgender person.

Our detailed response to each of the questions put forward is set out below:

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

The Exeter University LGBTQ+ Society hopes that the changes will at least make the process more straightforward, but the medical nature of the process is still something that cannot be kind.

The process still requires a tribunal of doctors and judges who never meet the applicant. Our concern is that this overly medicalises the process of gender recognition, adds to the unnecessary bureaucracy of the process, and allows for the potential bias of doctors and judges to interfere with an applicant's desire to legally affirm their gender identity.

Replacing the £140 fee with a nominal fee is better, but this fee should be reduced to no more than the cost of an extra birth certificate, or ideally none at all. While an online route may be easier, privacy needs to be paramount and people's data needs to be kept safe. Also, there should be an offline option for those without regular/stable computer access and/or internet connection.

Additionally, the fact that the proposed changes still exclude non-binary people means that they are inadequate and should be thoroughly reviewed. Until they allow non-binary people to self-identify, this process cannot claim to represent transgender people's needs and satisfy their rights. Furthermore, many trans people encounter many difficulties that are outside of their control in the medical system, which leads to issues in obtaining the necessary diagnoses, highlighting a key flaw in the criteria that must be met to be granted a GRC. The requirement for a diagnosis should be abolished as this is a Herculean obstacle that many trans people may not overcome, and thus will continue to suffer the social consequences that come with not possessing a GRC.

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

The Exeter University LGBTQ+ Society overwhelmingly believes that the fee should be removed if possible. It is an unnecessary barrier, excluding trans people who are on benefits or low income from being able to live the way they identify. This is especially significant as trans people experience higher rates of homelessness and poverty and are less likely to be able to afford the extra cost. The Society believes that a GRC is a necessary document that every trans person should have ease of access to. For many, it can be comparable to a passport for the legal protection and peace of mind it can provide.

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

The Exeter University LGBTQ+ Society overwhelmingly believes that the requirement for a diagnosis of gender dysphoria should be removed. Transphobia within the medical institution still exists, meaning it can be difficult for trans people to access the right care. Also, the obtainment of a diagnosis is a lengthy, anxiety-inducing process, putting more stress and exacerbating mental health issues, which are more common among transgender people.

We reiterate as in question (1) that being diagnosed is an incredibly difficult process that many trans people do not have access to, especially within the NHS system where waiting lists and rigid DSM-5 criteria act as significant boundaries. Most notably, people can still identify as transgender without experiencing clinically sufficient or any dysphoria at all. These people should be given the rights to dignity, autonomy and to identify as they please in our modern society. To deny the fact that trans people without dysphoria exist would be to deny reality and to spit in the face of human rights for which the UK so proudly claims to

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stand for. Medical professionals are beginning to understand this fact as well, albeit this has been for a long time coming now.

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

In response to this question, some of our members believed it should be lowered to a year.

Another member made reference to the Scottish Government's proposed bill, which has an adequate living and reflection period totalling 6 months, which this member believes is a sufficient time window for a trans person to understand their own wishes. Two years is a very long period that excludes many and this member would also argue that it is arbitrary. Perhaps it is modelled after DSM-5 criteria for gender incongruence or gender dysphoria, but it must be noted that DSM-5 diagnosis criteria is widely debated among expert psychologists and physicians as it can and has been observed to be too rigid. In reality, these requirements are often more flexible than initially proposed, so are modified in future revisions to better reflect reality. The two year requirement should therefore be reviewed for how well it serves the British public in reality.

Some of our members believe that people should be able to medically transition when they want to and should have the right to determination. Living as a trans person can be dangerous. Trans people shouldn't have to be at risk of hate crimes or discrimination without even a GRC. Also, the individual's gender expression may not be what the examiner's idea of a trans person's gender expression may be, so even though they have been living as their 'acquired' (an unnecessary and dehumanising term) gender for two years, they could still get their paperwork rejected.

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

The LGBTQ+ Society believes that the statutory declaration is yet another unnecessary step in the process. Many do not have access to a lawyer, and this also involves further financial investment that compounds with the fees already demanded by the GRC panel. Furthermore, it makes the process inaccessible during circumstances such as COVID-19, in which the restrictions make it incredibly difficult to access a law firm to complete this step.

Additionally, this is usually another financial barrier, as those witnessing it usually charge. This also puts individuals at risk by forcing them to disclose their trans identity, as well as elongating the process and likely causing stress and anxiety.

Finally, the LGBTQ+ Society believes that People's gender and gender identity can change throughout their lives, they shouldn't be expected to agree to do something until death.

6. *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?*

The LGBTQ+ Society overwhelmingly believes that the spousal consent provision must be removed or at the very least reformed so that it has little weight in the decision-making process.

The rights of the trans individual should not depend on another person. Someone's gender is their own personal business, and medically transitioning is their own choice. Requiring

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someone else's consent to change your body/status is dehumanising and the spouse should not have a right to weigh in on an individual's right to self-identification and autonomy.

One member of the LGBTQ+ society recognises that a partner's gender confirmation may be difficult for a spouse or civil partner, however we reiterate that under no circumstances will a spouse be justified in being able to retain control over the trans individual's autonomy. Reform of the GRA, and wider acceptance and dialogue relating to the rights of trans people, is the best way to help spouses and civil partners understand their trans partner.

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

We believe that the age limit should be lowered to 16, as per the Scottish Government's proposed Bill.

Transgender youth exists and should be recognised and supported. With requirements to be in education until 18, it can be distressing for trans youth to constantly get misgendered in school, particularly if they are moving schools/colleges for post-16 education. With a GRC, they can easily get new records in place and don't have to be so at risk from institutional transphobia within the education system. Trans people statistically face high levels of depression and thoughts of ending their life. Allowing trans youth to assert their gender identity within school will have a positive impact on their mental health, education, and futures.

As people under the age of 18 can change their gender on their passports, driving licences, and other documents without a GRC, it makes little sense that they can't change their birth certificate gender either. Details on these documents are usually permanent/difficult to change, so having the opportunity to present one's desired details to banks, universities etc. can resolve many future issues for trans people.

By way of reference to other areas of UK law, the LGBTQ+ society notes that the age of consent for cosmetic surgery in the UK is 16. At 16, many trans people already understand their identity. The law should respect their capacity to consent to legal recognition of their gender just as the law would respect their capacity to consent to cosmetic procedures.

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

The LGBTQ+ Society hopes that it will mean more trans people will be able to obtain a GRC without having to go through an intrusive, expensive process, will have the right to self-identify, and more trans people generally may be more inclined to be out should they feel this is supportive. People will feel like they have sufficient dignity in presenting as they wish.

With more trans people supported, the high levels of health issues trans people face may decrease. Overall, it will help to improve the trans community's general morale and welfare, which should be of paramount importance in the face of the horrifically high mental health issue and suicide rates we see today.

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

The LGBTQ+ Society believes that the Government should have included provisions for non-binary individuals. They are very much part of the community as binary trans people

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are, and this is something that medical professionals recognise as well. The government would do well to follow suit with the medical system in regard to inclusion.

Additionally, the right to self-determination (a completely de-medicalised process) should be included, as we have set out in our response to question (3).

Finally, while the commitment to opening at least three new gender clinics is a welcome one that recognises the necessity of trans-specific healthcare in the UK, the fact that an estimated 1% of the UK population identify as transgender means that this number is likely an insufficient way to ensure that trans people across the UK are adequately and equally supported by their Government and health care providers.

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

The LGBTQ+ Society overwhelmingly thinks so. The age limit is reduced and trans people do not have to live as their 'acquired' gender for as long as 2 years without a GRC. Accessibility is also improved massively compared to the few changes that were promised by the English government. It is more affordable, more achievable in good time and it abolishes the unjust requirement for a diagnosis.

However, the Scottish Government's Bill still fails to include non-binary people in the process and it still calls for a statutory declaration to be submitted. These significant barriers to gender recognition should also be reviewed.

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

The number of people applying for GRCs is so low because the process is a hassle and a bureaucratic, triggering nightmare. It should be no wonder that people are deterred by the invasive and complex nature of the process. It is well-known that the current, medicalised system is intrusive and distressing. Trans people cannot access gender identity clinics and the doctors who are a required part of the process in obtaining a GRC as the waiting lists are too long; as mentioned previously, the barriers to accessibility are substantial, and to a group of already vulnerable and marginalised people, they are just another painstaking step in their journey through life.

Furthermore, many trans people feel that they can cope without a GRC as a change of details on one's passport, licence and other documents may be sufficient in allowing them to live as they please. However, this is not a replacement for a GRC, so the process must be modified further to allow the trans community to qualify for legal protection and recognition.

12. 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.

The Equality Act (2010) lists 'gender reassignment' as a protected characteristic. It seems to operate under the assumption that trans people deserve protection on the condition that they wish to seek transition. This is a misconception; not all trans people feel it necessary to undergo "reassignment". For example, many cannot seek transition due to personal safety reasons. This does not mean that they should not be entitled to protection or the ability to self-identify as they please. The language of the Act is outdated and should therefore be reviewed in conjunction with the Gender Recognition Act (2004) to better reflect the dynamic, changing understanding of trans identities and lives. The government should

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consult with medical professionals and, most importantly, trans people when making these policy changes.

Additionally, delays and long waiting lists for medical treatment under the GRA mean that even those trans people who do wish to medically transition may find that they are not adequately protected by the Equality Act, because the contents of the GRA 2004 are so inadequate in accommodating the legal recognition of their trans identity. As long as the GRA remains binding law, the Equality Act must acknowledge the legal difficulties within the process of legal gender reassignment.

13. 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?

People can abuse the Equality Act (2004) by weaponizing the language used to direct it towards trans people. If the targeted trans person does not wish to undergo transition, thus falling within the protected characteristic, they may no longer be qualified for sanctuary under the bill's protection. This is incredibly dangerous for it allows avenues of opportunity for transphobic violence, discrimination, and persecution. The language must be reviewed for what it represents and for what cruelties it can allow.

Any apparent conflicts between the rights of transgender individuals and women must be examined and approached in a clear manner to mitigate the spread of misinformation by transphobic groups and individuals.

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

The LGBTQ+ Society believes that the Act does not adequately protect trans people.

The Equality Act (2010) seems to operate under the assumption that trans people deserve protection on the condition that they wish to seek transition. This is a misconception; not all trans people feel it necessary to undergo "reassignment". For example, many cannot seek transition due to personal safety reasons. This does not mean that they should not be entitled to protection or the ability to self-identify as they please. Its language is outdated and should therefore be reviewed in conjunction with the Gender Recognition Act (2004) to better reflect the dynamic, changing understanding of trans identities and lives. The government should consult with medical professionals and, most importantly, trans people when making these policy changes. Additionally, trans people are not protected in same-sex spaces in this bill. Evidently, this can allow for many opportunities for discrimination and violence to occur. Trans people should not be exempt from protection in public spaces.

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

Trans people face being misgendered, disrespected, and/or ignored. They suffer from a higher rate of domestic and sexual violence than cisgender people, but often find it harder to access the services that will support them.

The boundaries to public services are countless for trans people. First of all, many professionals working in these services have very little if any education about trans identities and issues, and if they do it is outdated, inadequate, or actively harmful. Trans inclusivity training is not the norm in these services when it should be. Trans people are entitled to

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quality of care as any other UK citizen is. This not only acts as a deterrent but can also exacerbate trans people's pre-existing issues if they are mistreated in these services.

Secondly, many of these systems have notoriously difficult and complex administrative processes that service users have to go through. Within these processes, the administrative issues that trans people encounter are many and are often impossible to overcome due to other administrative incongruences (e.g., if one's legal documents are not changed, they can encounter issues in systems with their currently used details). Evidently, this makes service accessibility a challenge or an impossibility for many trans people.

Thirdly, many people are adamant that trans people should not have access to certain spaces (e.g., trans women should be barred from rape clinics). This pressure from hateful groups only serves to limit trans people's opportunities to access much needed support and guidance, which inevitably leads to worsening quality of life and deteriorating wellbeing across the community. Services do not take a stand against this malicious pressure, therefore throwing trans lives under the bus. Ultimately, a majority of trans people will agree that the public service system has failed them in some way throughout their lives. We must not allow this to continue.

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

The LGBTQ+ Society believes that legal reforms supporting the rights of gender-fluid and non-binary people are absolutely necessary. Non-binary and gender non-conforming people are entitled to care and protection as much as any other trans or cisgender person. To exclude them from these policies is to denounce them as second-class citizens, for they are not worthy of recognition, and subsequently not worthy of equal rights. Again, the government must change their approach to the inclusion of trans identities and look to the medical system as an example of how to modify policy around the needs of the people.

Again, we thank the Women and Equalities Commission for making this call for evidence and for reading our organisation's response.

Signed,

Katya Green - President
Dimitri Georgiev - Trans Representative
Zara Tomkins - Vice President
Barney Miller - Treasurer
Abigail Stevenson - Welfare Officer
Eleanor Warner - Campaigns and Causes Officer
Jessica John - Social Secretary
Lucas Oaten - General Secretary
Olivia Springall - Publicity Officer

And the members of the University of Exeter LGBTQ+ Society 2020 - 2021.

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