

## Written evidence submitted by Transgender Trend (GRA1920)

Submission to the Women and Equalities Committee Gender Recognition Act Call for Evidence

I am the founder and director of Transgender Trend, a non-political, non-religious organisation calling for research-based clinical pathways for children and young people with gender dysphoria and evidence-based teaching in schools. Our organisation disseminates research and evidence-based materials, analysis, and testimonies from parents, teachers and detransitioners. Our aim is to inform readers with accurate information and to facilitate and take part in respectful open debate.

For the school guide *Supporting gender diverse and trans-identified students in schools* I was shortlisted for the John Maddox Prize 2018, a joint initiative of the charity Sense About Science and the science journal Nature, an award which “recognises the work of individuals who promote sound science and evidence on a matter of public interest, facing difficulty or hostility in doing so.”

My submission is on behalf of Transgender Trend and reflects the views and concerns of the thousands of people who contact us and support us, including parents, teachers and professionals from all walks of life.

### Summary

My submission provides evidence of the harms to children and young people of a societal system based on the concepts of ‘gender’ and ‘gender identity’ as a replacement for male and female biological reality in the definition of men and women. I demonstrate the harms of ‘gender identity’ for children and young people as a way to conceptualise who they are. I argue that education and policy for children and young people must be grounded in objective reality as a matter of children’s human rights. I support the human rights of trans people to live without discrimination as trans people. The rights of one protected group, however, should not be based on the redefinition of other protected categories of people.

- a) In answer to two questions in Part One I submit evidence in support of the requirement for a diagnosis of gender dysphoria and demonstrate why the age limit for a Gender Recognition Certificate (GRC) should not be lowered. I submit evidence of the impact of teaching ‘gender identity’ as fact in schools, on children and young people and particularly on vulnerable groups.
- b) In answer to two questions in Part Two I provide evidence to show how the GRA and the Equality Act conflict in terms of the confusion between the terms ‘sex’ and ‘gender’ and the resulting failure to protect the legal status of women and girls as a distinct sex class, and protect and maintain lawful single-sex services. I submit evidence of how ‘self-ID’ and ‘gender identity’ policies in schools fail to safeguard girls, exclude girls, and fail to uphold their dignity and human rights as females.

### The Government’s Response to the GRA Consultation

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

No

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

No

‘Self-ID’ based on ‘gender identity’

1. The Gender Recognition Act 2004 (GRA) was instituted for a specific group of adults suffering gender dysphoria, referred to in the Act as ‘transsexuals.’ Removal of the requirement for a diagnosis of gender

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dysphoria would effectively introduce a new Act based on an individual's 'gender identity' which is defined as a person's internal sense of being a man or a woman, an innate sense which supposedly exists independent of both biological sex and socialisation as a boy or a girl. There is no evidence that human beings possess this internal gendered sense. There can be no common shared definition of a 'woman' or a 'man' based on each individual's personal subjective feelings.

2. Legal status would be granted to a person purely on the basis of a claimed self-identity as a member of a different protected group (specifically women, protected as the female sex under the protected characteristic 'sex' in the Equality Act 2010).
3. 'Gender identity' is a theory which is not referenced in the GRA. Belief in 'gender identity' is the belief that biological sex is a social construct, a subjective idea arbitrarily 'assigned' to babies at birth. 'Gender identity' on the other hand is considered to be a material, immutable reality. There is no scientific basis for this claim.
4. Without the requirement for a diagnosis of gender dysphoria the GRA would support the idea of 'gender identity' as the criteria for being a man or a woman. The harms of 'gender identity' theory to children and young people are already apparent in the number of children seeking medical alteration of their bodies to 'match' their internal feelings, encouraged by schools through teaching of 'gender identity' in place of biological sex and policies based on 'self-ID'.

### Schools

5. Transgender school resources make it clear that the term 'transgender' is unrelated to having the condition of gender dysphoria, it is an identity which cannot be diagnosed, questioned or 'proved'. Anyone may use the term, for whatever reason. Children are taught that it is their 'gender identity' that makes them a boy or a girl, and not their biological sex.
6. Guidance issued by transgender lobby groups teaches children that if they self-identify as the opposite sex, they really are the opposite sex. The Trans Inclusion Schools Toolkit written by Allsorts Youth Project in Brighton, and endorsed by local authorities across the UK, states:

"Remember that a pupil who identifies as a girl but was assigned male at birth is not a 'boy dressed as a girl' but is a girl."

### Reinforcement of sex stereotypes

7. The belief in 'gender identity', taught to children in schools as fact, is inevitably based on sex stereotypes. The message taught to children is that if they do not conform to sex stereotypes, they are 'transgender', which means that they are really the opposite sex.
8. In the book *Can I Tell You About Gender Diversity?*, for example, a girl is really a boy because she doesn't like dolls, dresses or having long hair:

"When I was born, the doctors told my mum and dad that they had a baby girl, and so for the first few years of my life that's how my parents raised me. This is called being assigned female at birth. I wasn't ever happy that way. I didn't like playing with dolls, or wearing dresses, and I hated having long hair." <sup>1</sup>

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<sup>1</sup> Can I tell you about gender diversity? Atkins, C.J. <https://www.amazon.co.uk/tell-about-Gender-Diversity-professionals/dp/1785921053>

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9. Gendered Intelligence teaches that ‘anyone who challenges gender norms’ is ‘transgender’.<sup>2</sup>
10. Mermaids claims that the protected characteristic ‘gender reassignment’ protects “anyone who is outside the accepted gender norms.”<sup>3</sup>
11. Transgender lobby groups who produce guidance for schools suggest that the only way to reject sex stereotypes is by changing your ‘gender identity’. Stonewall’s lesson for example suggests using the subject of sex stereotypes as an opportunity to teach children about ‘gender identity’.

“In class, ask children and young people to discuss stereotypes of boys or girls and talk about how there is no such thing as a ‘typical girl’ or ‘typical boy’.

  - Use these discussions as a starting point to explore the different ways we express our gender (for example through our clothes, hair, or the way we walk), what ‘gender identity’ means and that not everyone identifies as a boy or a girl.”<sup>4</sup>
12. The ‘Genderbread Person’, a poster promoted in schools by transgender lobby groups, defines ‘gender identity’ as a feeling of ‘woman-ness or man-ness’ and biological sex as a subjective quality of ‘male-ness or female-ness’ which is ‘assigned’ at birth.<sup>5</sup>
13. While sex is assigned to you by an outside agency, ‘gender identity’ is ‘the real you’ or ‘your authentic self’. Transgender resources for Early Years and Primary aged children all promote this message. For example, the picture book *Introducing Teddy* (for 0 – 5 year-olds) is subtitled "a story about being yourself;" the teddy character Thomas declares: "I need to be myself" as his reason for ‘coming out’ as a ‘girl’.<sup>6</sup>
14. The ‘gender identity’ model is in conflict with other models of understanding ‘gender’, which are withheld from children in school. ‘Gender identity’ is taught as the one truth, along with a whole new lexicon of words and terminology to learn and new rules to follow.

### Medical intervention

15. The gender identity model is a harmful model to teach to children as a way to understand themselves. It encourages children to scrutinise their personalities, interests and behaviour through the lens of ‘gender’ and identify themselves at a point on a ‘gender spectrum’ based on stereotypes.
16. Different points on the gender identity spectrum equate to various self-harm practices, such as girls binding their breasts to be ‘non-binary’ or ‘transmasculine’, and taking hormonal drugs to prevent puberty from progressing.
17. While transgender lobby groups campaign for a de-medicalised system of self-ID for adults, they lobby for earlier and earlier medicalisation of children.<sup>7</sup>

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<sup>2</sup> Gendered Intelligence *Issues of Bullying* (2008) <http://genderedintelligence.co.uk/professionals/resources>

<sup>3</sup> Mermaids factsheet [https://proceduresonline.com/trixcms/media/4366/transgender-awareness-in-child-and-family-social-care-practice\\_factsheet.pdf](https://proceduresonline.com/trixcms/media/4366/transgender-awareness-in-child-and-family-social-care-practice_factsheet.pdf)

<sup>4</sup> Stonewall, *An introduction to supporting LGBT children and young people* (2020)

<https://www.stonewall.org.uk/resources/introduction-supporting-lgbt-children-and-young-people>

<sup>5</sup> The Genderbread Person, itspronouncedmetrosexual website <https://www.itspronouncedmetrosexual.com/2018/10/the-genderbread-person-v4/>

<sup>6</sup> *Introducing Teddy*, Walton, J., Bloomsbury (2016) <https://www.bloomsbury.com/au/introducing-teddy-9781681192116/>

<sup>7</sup> It feels like conversion therapy for gay children, say clinicians, Bannerman, L. archived from The Times (2019)

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18. Schools guidance encourages children towards medical intervention as analogous to changing clothes, hairstyles and pronouns, suggesting that the body must 'match' the personality, thus normalising serious, experimental medical intervention for children.

19. Stonewall advises:

"This means schools are required to tackle transphobic bullying and support any students taking steps to 'reassign their sex' (or transition), whether those steps are 'social' (e.g. changing their name and pronoun, the way they look or dress) or 'medical' (e.g. hormone treatment, surgery)." <sup>8</sup>

### Affirmation and Social Transition in Schools

20. The 'affirmation of gender identity' approach is a system of self-ID for children, who are given the status and rights of the opposite sex without the requirement for a diagnosis of gender dysphoria and without a GRC.

21. Through this approach children are led to believe it is possible for them to 'transition' medically from one sex to the other. Medical alteration of the body can only produce cosmetic changes. The 'affirmation' and social transition approach was developed by activists, not clinicians, and there is no evidence that this approach in schools is safe. Mounting evidence suggests it is not.

### Children at Risk

22. Children most at risk of being set on a lifelong medical pathway are adolescent girls, lesbian and gay children, autistic children, those who suffer from mental health issues or have experienced previous trauma or chaotic or abusive backgrounds and children who are gender non-conforming and experience bullying.

23. The claim that 'trans children' are more likely to take their own lives as a justification for 'affirmation' policies covers up the question of why adolescents with underlying trauma and mental health issues are suddenly identifying as 'transgender.'<sup>9</sup>

24. The majority of children who develop a cross-sex identity in childhood will naturally desist during adolescence. The majority, without intervention, will grow up to be healthy gay or lesbian adults.<sup>10</sup>

25. Childhood social transition has been shown to be a significant predictor of persistence of a cross-sex identity, especially among boys, who may otherwise have grown up to be gay.<sup>11</sup> There is now strong evidence that puberty blockers also increase persistence, with almost 100% going on to take cross-sex hormones.

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<http://archive.is/FYWSN>

<sup>8</sup> An Introduction to Supporting LGBT Young People: A Guide for Schools, Stonewall (2015)

<sup>9</sup> Suicide Facts and Myths, Transgender Trend <https://www.transgendertrend.com/the-suicide-myth/>

<sup>10</sup> Do Trans Kids Stay Trans when they Grow Up? Cantor, January 2016

[http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow\\_99.html](http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow_99.html)

<sup>11</sup> Factors Associated With Desistence and Persistence of Childhood Gender Dysphoria, Steensma, T. (2013)

<https://www.transgendertrend.com/wp-content/uploads/2019/06/Steensma-Persistence-2013.pdf>

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26. Homophobic name-calling by peers has been shown to change gender identity in adolescents.<sup>12</sup>
27. A 2019 study of adolescents and young adults referred to a UK gender service (16 – 25years) reports that many transgender people identify as lesbian, gay, or bisexual and experience homophobic bullying before later identifying as transgender, and that gender non-conforming girls are most at risk of being bullied.<sup>13</sup>
28. A study of referrals of adolescents (12+) to the Tavistock in 2012 showed that, of the girls, 67.6% were lesbian and 21.1% were bisexual. Of the boys, 42.3% were gay and 38.5% were bisexual.<sup>14</sup>
29. Global studies consistently find high rates of autistic young people being referred to gender clinics. The Tavistock GIDS reports 35% of referred children present with moderate to severe autistic traits.<sup>15</sup>
30. Adolescents who present to gender clinics have elevated rates of pre-existing mental health disorders.<sup>16</sup>
31. Teenage girls make up over three quarters of referrals to the Tavistock GIDS. The historically unprecedented rise in the number of adolescent girls who identify as boys mirrors the steep rise in the rate of mental health issues, self-harm and suicide figures for adolescent girls.<sup>17</sup>
32. In a study of parental reports by Dr Lisa Littman, females made up 82% of cases. Parents reported that 41% had expressed a non-heterosexual sexual orientation before identifying as transgender and 62.5% had been diagnosed with at least one mental health disorder or neurodevelopmental disability prior to the onset of their gender dysphoria. 86.7% of the parents reported that, along with the sudden onset of gender dysphoria, their child had an increase in their social media/internet use and/or had multiple friends in their friendship group who had identified as transgender.<sup>18</sup>

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<sup>12</sup> Does Homophobic Name-Calling by Peers Change Gender Identity? DeLay et al (2017)

<https://link.springer.com/article/10.1007/s10964-017-0749-6>

<sup>13</sup> Experiences and Psychological Wellbeing Outcomes Associated with Bullying, Witcombe et al (2019)

[https://www.liebertpub.com/doi/10.1089/lgbt.2018.0179?utm\\_source=Adestra&utm\\_medium=email&utm\\_term=&utm\\_content=Experiences+and+Psychological+Wellbeing+Outcomes+Associated+with+Bullying+in+Treatment-Seeking+Trans&utm\\_campaign=LGBT+FP+JUNE+1+2020&](https://www.liebertpub.com/doi/10.1089/lgbt.2018.0179?utm_source=Adestra&utm_medium=email&utm_term=&utm_content=Experiences+and+Psychological+Wellbeing+Outcomes+Associated+with+Bullying+in+Treatment-Seeking+Trans&utm_campaign=LGBT+FP+JUNE+1+2020&)

<sup>14</sup> Young People with features of Gender Dysphoria, Holt et al (2014)

[https://www.researchgate.net/publication/268879198\\_Young\\_people\\_with\\_features\\_of\\_gender\\_dysphoria\\_Demographics\\_and\\_associated\\_difficulties](https://www.researchgate.net/publication/268879198_Young_people_with_features_of_gender_dysphoria_Demographics_and_associated_difficulties)

<sup>15</sup> Assessment and support of children and adolescents with gender dysphoria, Butler, G. et al, BMJ (2018)

<https://adc.bmj.com/content/103/7/631.full?ijkey=HsMwyZDRtsKu83z&keytype=ref>

<sup>16</sup> Tavistock GIDS Evidence Base <https://web.archive.org/web/20171207032817/http://gids.nhs.uk/evidence-base>

<sup>17</sup> Suicides among teenage girls and young women have almost doubled in seven years, figures show, Independent (2020)

<https://www.independent.co.uk/news/uk/home-news/suicides-teenage-girls-young-women-rise-figures-a9698296.html>

<sup>18</sup> <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>

<sup>19</sup> Memorandum of Understanding on Conversion Therapy (2017) <https://www.psychotherapy.org.uk/wp-content/uploads/2017/10/UKCP-Memorandum-of-Understanding-on-Conversion-Therapy-in-the-UK.pdf>

<sup>20</sup> Gender affirming hormone in children and adolescents, Heneghan, C., BMJ (2019)

<https://blogs.bmj.com/bmjebmspotlight/2019/02/25/gender-affirming-hormone-in-children-and-adolescents-evidence-review/>

<sup>21</sup> Female detransition and reidentification survey (2016) <https://guideonragingstars.tumblr.com/post/149877706175/female-detransition-and-reidentification-survey>

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33. The labelling of a child as 'transgender' prevents investigation or treatment of underlying adolescent mental health problems or confusions, as it is 'transphobic' to question anyone's 'gender identity.'
34. The 2017 UK Memorandum of Understanding on Conversion Therapy included 'gender identity', making it difficult for therapists to offer exploratory therapeutic support to adolescents identifying as transgender, as subsequent desistance lays a therapist open to accusations of 'conversion therapy.'<sup>19</sup>
35. Medical intervention for adolescents who identify as transgender is based on low quality evidence and the long-term results are unknown. Puberty blockers followed by cross-sex hormones will result in infertility. An analysis of all published studies concluded:

"The current evidence base does not support informed decision making and safe practice in children."<sup>20</sup>

36. There is no way of knowing what percentage of the recent cohort of adolescents will go on to regret medical interventions with lifelong effects. One study of detransitioned young women suggests that medical transition is not a cure for underlying trauma or mental health issues. Only 6% of respondents felt they had received adequate counselling before medical intervention.<sup>21</sup>

### Conclusion

37. The government has a duty to protect the human rights of children and young people, including the right to grow up with fertility intact, the right to be given access to factual information and different viewpoints, and the right not to be subject to experimental treatments. Any change to the GRA that would legally reinforce the concept of 'gender identity' over biological reality would further restrict the rights and responsibilities of parents, teachers and clinical professionals to honour these rights of children and young people. These are rights that have already been eroded through the fear of being accused of 'transphobia' and the threat of losing jobs and positions.

### Wider issues concerning transgender equality and current legislation

**Are there challenges in the way the Gender Recognition Act 2004 and the Equality Act 2010 interact? For example in the different language and terminology used across both pieces of legislation?**

**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 further reform or guidance needed?**

### Language and Terminology

38. There is immediate conflict between the Gender Recognition Act and the Equality Act simply through language. This also applies to the two protected characteristics 'sex' and 'gender reassignment'. There needs to be clarification of the difference between sex and gender in relation to the word 'woman'.
39. The Equality Act provides that in relation to the protected characteristic of sex: 'a reference to a person who has a particular protected characteristic is a reference to a man or to a woman.'

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40. All rights and protections of women and girls are based on this legal and correct definition of a woman as a human being of the female sex, and all women-only services and facilities were established on the basis of this definition.
41. The government, in the GRA consultation, provided a definition of 'gender':
- 'often expressed in terms of masculinity and femininity, gender refers to socially constructed characteristics'
42. However, the government then defines men and women as 'genders': It defines 'acquired gender' as:
- 'the gender the individual identifies with. It could be man or woman.'
43. If a woman is defined as a 'gender' (a socially constructed idea based on stereotypes of femininity, irrespective of biological sex) the word 'woman' no longer has a meaningful definition and no distinction is possible between a man or a woman. A man may become a woman by identifying with stereotypes of femininity; a woman must identify with stereotypes of femininity to be recognised as a woman ("cisgender").
44. The wide replacement of the word 'sex' with the word 'gender' throughout society and public policy inevitably harms women and girls. It erases the legal status of women, who are not protected in law as a 'gender.'
45. The resulting corruption of language exposes the discrimination and misogyny inherent in gender ideology. These are common examples of the change in language necessary in order not to be 'transphobic':
- The word 'woman' *must* be used to refer to a rapist or sex offender who claims to be a woman.
  - The word 'woman' must *not* be used in relation to the female sex. It must be substituted with dehumanising and offensive terms such as 'menstruator', 'uterus owner' and 'pregnant person.'

### Schools

46. Girls are conditioned into accepting this through schools RSE guidance. The Sex Education Forum, for example, provides this information on menstruation:
- "How to adapt language to include menstruators of all genders in menstruation education:  
Q: Does the person menstruate?  
A: Yes – they are a menstruator  
A: No – they are a non-menstruator  
girl/woman (when meaning someone who menstruates) - menstruator <sup>22</sup>
47. There is no corresponding erasure of the male sex through terms such as 'prostate owners' or 'ejaculators'.
48. We do not yet know the psychological harms of this dehumanisation of women on girls who are now expected to look forward to growing up to become 'menstruators'.

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<sup>22</sup> The Sex Educational Supplement, the Puberty Issue, Sex Education Forum

<https://www.sexeducationforum.org.uk/sites/default/files/field/attachment/The%20Puberty%20Issue.pdf>

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49. Denial of biological sex also means the erasure of same-sex sexual orientation. Gay and lesbian young people also lose their rights and protections under the protected characteristic 'sexual orientation' if 'sex' is replaced with 'gender'. Stonewall provides this new definition of 'gay':

"Gay: The word gay refers to someone who falls in love with, or wants to have a relationship or partnership with, people who are the same gender as them."<sup>23</sup>

50. The Proud Trust provides this definition of a lesbian:

"Lesbian: someone who identifies as a woman and is usually only attracted to other women."<sup>24</sup>

### Single-sex spaces in schools

51. Policy based on 'gender' or 'gender identity' prevents any provision of separate sex services or facilities using the single-sex exemptions in the Equality Act. Schools are now introducing 'gender neutral' (mixed sex) toilets and changing rooms, allowing boys access to previously female-only facilities, without the girls' consent.

52. Stonewall runs a Stonewall School Champions scheme and publishes guidance for schools including this advice:

"Schools, colleges and settings should ensure that a trans child or young person is supported to use the toilets and changing rooms they feel most comfortable with, including the facilities matching their gender."<sup>25</sup>

53. Allsorts provides this guidance:

"Pupils and students are supported through the Equality Act to access the toilet that corresponds to their gender identity; so trans girls because they are girls, can use the girls' toilets and trans boys the boys' toilets."

"Parent to school: 'My daughter doesn't want a boy changing next to her – what if he looks at her body?' Underpinning this scenario is the idea that a trans girl is not a 'real girl' and this would be something that a whole setting approach would challenge through training and awareness raising. A Human Rights response would be to state that the child is a girl and as such has the right under the Equality Act to change with the girls and to be treated fairly as such.

"In response to this parental concern, it would not be appropriate to remove the trans pupil from the changing rooms, but to work together with the parent raising a concern and their child to find a different solution."

54. In this scenario the male child has the default right to use girls' facilities, and the responsibility to find a solution to the girl's discomfort at getting changed in front of a member of the opposite sex is given to the girl and her parents.

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<sup>23</sup> Getting Started toolkit, Stonewall (2016) <https://www.stonewall.org.uk/resources/getting-started-toolkit-primary-schools>

<sup>24</sup> A sex and relationships guide for lesbian and bisexual women, The Proud Trust [https://www.theproudtrust.org/wp-content/uploads/download-manager-files/digital\\_TPT%20sex%20rel%20guide.pdf](https://www.theproudtrust.org/wp-content/uploads/download-manager-files/digital_TPT%20sex%20rel%20guide.pdf)

<sup>25</sup> An Introduction to Supporting LGBT Young People (2020)

<https://www.stonewall.org.uk/resources/introduction-supporting-lgbt-children-and-young-people>

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55. 'Training and awareness raising' is used to convince everybody that a male child with a penis is a girl.
56. This is a serious safeguarding issue. Girls should not be coerced into accepting violation of their boundaries without their consent as normal and acceptable. The training of girls to push down their instincts and ignore their own boundaries puts girls at risk in situations outside of school.
57. Both sexes have a right to privacy from the opposite sex in toilets and changing-rooms. Girls also have a right to safety, including psychological safety, and protection from voyeurism, hidden cameras, sexual harassment and assault. The issues for girls and women don't change by saying that a person who is male is really female. Girls should not be made to feel they are unkind or 'transphobic' for needing privacy from the opposite sex, this is an abuser's strategy.
58. Single sex facilities are, by definition, not 'inclusive' and this is for a reason. The result of installing mixed sex toilets in schools is that girls don't drink water, hold in urine all day or don't go to school.<sup>26</sup>
59. Such policies have been implemented in schools under the banner of Diversity and Inclusion but the result is the exclusion of girls from their own facilities.
60. In wider society single-sex exemptions were taken away through guidance for service providers written by transgender campaign group Gendered Intelligence, published by the Government Equalities Office in 2015, with no consultation. It provides this guidance:
- "Assume everyone selects the facilities appropriate to their gender."
- "In general, it is very unlikely that any exceptions will apply in ordinary 'high street' service provision situations."<sup>27</sup>
61. Stonewall advises employers through their Diversity Champions scheme which has around 850 members including the Home Office, the House of Lords, the House of Commons, the Army, the RAF, MI6, the EHRC, the CPS, the Department for Health and the Department for Education. Stonewall itself sets the standards for their 'industry kitemark' scheme and is unaccountable to any outside body for the criteria. It provides this guidance:
- "You should allow anyone to access facilities, spaces and groups which align with their gender identity."<sup>28</sup>
62. There has been wide publicity regarding high-profile cases of men who 'identify' as women convicted for sex offences against women and children, some of whom have been housed in the women's prison estate among some of the most vulnerable women in society. These men will one day be released and will have free access to public toilets and changing-rooms for women and girls.
63. The meaningless of the words 'woman' and 'girl' as defined by 'gender' or 'gender identity' is illustrated clearly by the terms of recruitment to the Greater Manchester Women and Girls' Equality Panel this year. This was "open to all women who want to apply" including "trans women, non-binary people and gender fluid people who identify as Women and Girls." The panel could be all men under this definition.

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<sup>26</sup> Gender neutral toilets in schools aren't working, Transgender Trend (2020) <https://www.transgendertrend.com/gender-neutral-toilets-schools/>

<sup>27</sup> Providing services for transgender customers: a guide, GEO publication (2015) <https://www.gov.uk/government/publications/providing-services-for-transgender-customers-a-guide>

<sup>28</sup> Stonewall's Trans Inclusive Policies and Benefits resource available only to scheme members.

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### Conclusion

Girls growing up in the UK today deserve better than this. Clear guidance is urgently needed. We would like to see:

- The recent Dept for Education RSE guidance to be made statutory and to be further extended to ensure that guidance and resources are based on biological facts and are legally accurate, that they do not confuse children about sex or blur the boundaries between the sexes and that they are centred on safeguarding and the right to bodily integrity, privacy and boundaries. They should not undermine consent, promote self-harm practices such as breast binding and hormones, or encourage any child to believe their body is wrong. Children should not be taught they have a 'gender identity' or that their sex is 'assigned' to them at birth.
- Clear guidance as promised by the EHRC on single sex spaces and services. Equality Act exemptions need to be clarified and strengthened so that service providers understand their duties under PSED. This should include clarification that 'sex' and 'gender reassignment' are two different protected characteristics which must be considered separately. When services/policies were designed on the basis of 'sex' for the protection of the rights of women and girls, they must be maintained on that basis – the reasons for needing them have not changed. There needs to be a public information campaign to promote the new guidance, including in schools, to reach employers and service providers who have previously been given misleading or incorrect information on Equality law.
- A review of all government guidance to ensure that use of the term 'gender' is not used when the correct word is 'sex'. Where it has been used incorrectly it must be changed.
- Government departments and the EHRC must leave the Stonewall Diversity Champions scheme as membership compromises necessary impartiality. Unelected special interest groups must not be given the authority to write government guidelines. The GEO must review its Service Providers guidance to include the rights of women and girls as a sex.

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