

Written evidence submitted by Mr J Jackson [GRA1999]

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

These changes are a mixed bag - either in the right direction or meaningless.

Moving the process online:

This does make the process slightly more accessible to some users, but does not address the significant paperwork load needed in general: now instead of having to afford postage, people will need access to a scanner, etc. and internet provision.

Reducing the fee:

This process should be free - to do otherwise is to work against the right of people to have their gender expressed accurately in various records. Changing your address, etc. on a driving license is free; this is because the government values the fact that records here are accurate. They should recognise the same utility when it comes to gender, as an outdated idea of a person's gender (contrary to all of the other documentation they possess) is somewhere between useless and actively unhelpful.

Opening at least 3 new clinics this year:

This would be useful if the plans to open new gender clinics were not already in place before this proposal. This is political opportunism of the worst sort, taking something that is already in process and saying "oh yes, look at us act to fix this problem now we are aware of it".

Further, with waiting times at some clinics of over 3 years, this change is a drop in the ocean: the government either needs to fund more new clinics, not just 3, or recognise the urgent need to move large amounts of the work performed by GICs into standard primary and secondary care settings. Much of this work is well within the knowledge scope of GPs or other specialists, and gaps can be addressed with a push for professional development and training.

Question: 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?

This fee should be removed - it both places an additional burden on a segment of the population already at risk of poverty, violence and discrimination, and is not in line with other such procedural changes to documentation. It isn't a gender change certificate, but a gender recognition certificate, i.e. it is not something that should require review, but just be an update of documentation to reflect observed and inhabited identity.

In truth, this should become a self-declaration system, possibly with the aid of witnessing by an appropriate professional, just like many other changes to ID in this country.

Other financial burdens revolve around the paperwork needed to support and make this change - paperwork that is unnecessary for other changes of

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gender. If banks and the passport office can perform this kind of change without extensive paperwork beyond (in the case of the passport office) signed declaration from a relevant medical professional, why can this not be applied to the rest of government? The border system and banks are known for being risk-averse by nature, and yet this low-paperwork system seems to not cause any problems for them!

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

Yes, this should be removed. This is an outdated aspect of the legislation that a) over-medicalises what is in many cases a social issue and b) considerably misrepresents the issues faced by many trans people today.

Not all trans people have gender dysphoria, and all trans people should have the right to be recognised in their true gender, as provisioned by a GRC.

Additionally: diagnosis may be difficult to access for some people, due to combination of time needed (3 years is a very long time for an initial GIC appointment), and an inability to live safely in their true gender without facing discrimination with regards to employment, housing, etc. A GIC can help with these issues, and putting it behind the medical wall is effectively denying it as an option to a great many vulnerable people.

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

This should not be a requirement. All studies of trans people that I have ever come across show an astonishingly low rate of "detransition", after any length of time, and so I see no need for any sort of 'cooling off period' for this step - let alone 2 years!

We don't make people wait 2 years to change their name after they decide to marry or buy a house - arguably equally weighty life decisions - and there is no reason that we should do so here.

Additionally, as I referred to in my previous answer, the GIC documentation may be necessary for a person to live safely & free of harassment in their true gender identity, and putting this requirement in place is out-of-date and a significant barrier to access, especially for younger people.

Beyond all of that: This depends on an entirely outdated idea that a medical professional can look at a person and 'decide what gender they are living as' with any kind of authority. What about butch women, whether lesbian or not? What about drag queens or effeminate men? What about Harry Styles, who was recently featured on the cover of Vogue, as a cisgender man, wearing a dress? These are all people who might be arbitrarily denied a GIC for their *NATAL* gender, if they applied for it, due to this 'evidence of nonconformity'. This makes absolutely no sense, and should be entirely removed. Gender isn't the clothes you wear, whether you

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wear makeup, or if you like football (things which I have heard from trans people have been included in their medical notes as 'evidence'). Prevent this abuse of medical authority and arbitrary external judgement by removing this provision completely.

Question: What is your view of the statutory declaration and should any changes have been made to it?

Yes, they should. This is in line with other countries (who have had no problems with it), and properly positions gender as something internal that cannot be well-adjudicated by an external observer.

Question: 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?

Yes. This should be removed. The idea that a partner of mine can hold such strong rights over me - especially when not everyone in this country has access to e.g. no-fault divorce, or the financial freedom to divorce - is abhorrent.

Additionally, if this WERE to be kept, refusal of consent should be enshrined in law across the UK as reasonable grounds for immediate divorce.

Question: Should the age limit at which people can apply for a GRC be lowered?

Yes. This should be lowered to at least 16, and should preferentially be in line with Gillick competence: if this is a medical issue, it should be in line with other medical determinations of competence and understanding.

The age of application could also be removed, and replaced with an age at which it comes into force, either on a 16th or (were that judged impractical) an 18th birthday, allowing younger people to gather their 'evidence required' in advance.

Ultimately - it should not be an application, but a self-declaration for anyone with Gillick Competency, at the very least.

Question: What impact will these changes have on those people applying for a GRC, and on trans people more generally?

These changes do not go nearly far enough, for the reasons that I set out in Q1.

On one level - they will improve a few things a small amount. On another level - I worry that these changes will be used by the government and media to say "we've done our bit" and placed as direct obstacles to any further changes.

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The government MUST commit to further work on this area, this is NOT enough.

Question: What else should the Government have included in its proposals, if anything?

- Legal recognition of non-binary people
- Self-declaration of gender
- Specific reaffirmation of the rights of trans people to use the single-sex facilities appropriate to the gender they identify and present as. This is currently in place in law, but risks being eroded and must be reaffirmed as the intent of the existing Equalities Act legislation.
- Greatly increased provision of gender healthcare at primary care and generalist secondary care facilities within the NHS.

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

This is a much better system, and much closer to the results suggested by the previous referendum on this issue. The government has a mandate to make these changes, and should do so already instead of prevaricating.

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

Expense, difficulty and discrimination of the process.

Question: Are there challenges in the way the Gender Recognition Act 2004 and the Equality Act 2010 interact?

Yes - the definitions of sex and gender have been used to discriminate against trans people, taking advantage of this legal murkiness from an act that is 16 years old.

Question: 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?

No. Trans people MUST be entitled to use the spaces appropriate to their identified and presenting gender.

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

No! There is no protection for nonbinary people!

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

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

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