

Twitter Thread by Maya Forstater



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Some WESC submissions that are worth a read....(my thread of bookmarks)

Judge Paula Grey is president of the Gender Recognition Panel

She doesn't make any recommendations, but she sets out how the process currently works

Which chimes with my analysis of the GRP User Panel and statistics <https://t.co/XixEz7INJv>

She is also co-author of the Equal Treatment Bench Book and writes about how the judges are trained by Gendered Intelligence

Training

9. As to that training, from the outset it was realised that in this specialist area we would benefit from the input of those practising in the field, as well as members of the trans community. The initial Panel induction training included talks by trans people, and we were addressed on the background to the passing of the Act through an academic approach by Prof. Steven Whittle. We have continued to engage with members of that community, and I pick that up in a section on outreach below.

There is the government's own response

<https://t.co/bOn9XecAkz>

On single sex spaces they say the law is clear that service providers are able to restrict access to spaces on the basis of biological sex where there is clear justification.

It is also important that we protect single-sex spaces in line with the Equality Act. The law is clear that service providers are able to restrict access to single-sex spaces on the basis of biological sex if there is a clear justification.

The response from [@womensaid](#) is significant.

Their members want trans survivors to get support they need but not by undermining their ability to serve women with female staff & female only services

They highlight lack of clarity

<https://t.co/p7096sZcos>

There remains a lack of clarity between how the Equality Act and GRA interact, specifically around how rights in relation to sex as a protected characteristic acquired with a Gender Recognition Certificate (GRC) ³ interact with exemptions allowing discrimination on the basis of gender reassignment.⁴ It is also not clear how a service provider could establish whether someone holds gender reassignment as a protected characteristic - as it is unlawful to ask to see a GRC. Clarity and consistency of definitions across connected legislation and supporting guidance is crucial for service providers.

Our consultation with member services has found that some providers are unclear about their legal rights in this area, and how technically they would be able to exclude those with the protected characteristic of gender reassignment where risk assessment and evidence demonstrates that doing so is required to ensure safe provision of single-sex services. They also noted that local commissioners have low levels of literacy about the differences between the protected characteristics of "sex" and "gender reassignment" and the interactions between the Equality Act and the GRA.

All the member services participating in our consultation expressed a desire to see trans survivors receiving the support they need, and many are actively working to deliver this. Many of our members have and continue to support trans survivors within their services, however no organisation had significant or extensive experience of doing so. This aligns with WAVE's national data on domestic abuse service provision, which shows that around 0.6% of service users in women's domestic abuse services in England in 2019-2020 identified as trans.⁵ Research demonstrates that trans survivors face numerous personal and structural barriers in accessing the support they need, contributing to the under-representation of trans survivors in both statutory and voluntary services⁶. Our consultation with members has also identified a number of specific issues affecting the ability of women's domestic abuse services to meet the needs of trans women experiencing domestic abuse, which are set out in further detail in the response to a later question.

This was their position in 2015

They have moved on a lot - they have been consulting with members since last year, and have had the courage to say what their members told them, not what Stonewall wanted to hear

<https://t.co/CM3V0mL02u>

You remember this is the report that Stonewall commissioned from [@nfpSynergy](#) where they interviewed managers of women's domestic violence services and heard *none of this*

Something wrong with this listening process I think!

<https://t.co/FxVly3qLNk>

. [@Transgendertrd](#) 's evidence is excellent and full of evidence - focused on young people, particularly girls

[@cwknews](#) [@charlesworth102](#) and the team

<https://t.co/tXRoJuSSih>

Then there is the evidence from [@SexMattersOrg](#) - which draws on the gender dissidents survey that I did in the summer, the GRP User Group minutes, the paper by [@RebeccaMKBull](#) and Alesandra Asteriti and the work of [@mbmpolicy](#)

<https://t.co/ESi59oPB65>

Barnardos have lost the plot.

Obviously they submitted this evidence before Keira Bell v Tavistock - maybe they will have a rethink?

They seem to have lost all sight of safeguarding principles <https://t.co/xgnx7dLz0x>

In particular they are concerned about the " risk of unnecessary disclosure within educational institutions" of a child's sex.

They want adults to keep secrets with children, and to lie to other children about sex.

The BMA's evidence is interesting in that none of relies on refers to medical expertise.

They say that GD is neither a medical or a MH issue based on survey responses to the govts consultation.

What is the point of doctors or medical research, eh?

<https://t.co/iZtRxHpsSK>

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

4.1 The BMA believes that the requirement for a diagnosis of gender dysphoria should be removed. Our position, determined at our ARM in September, reflects that this should not be a medicalised process and the existing process should be replaced by signing a witnessed, sworn statement instead.

4.2 This is in line with the nearly two-thirds (64.1%) of respondents to the Government consultation said that there should not be a requirement for a diagnosis of gender dysphoria in the future, with many highlighting that gender dysphoria, or being trans, is neither a medical nor a mental health issue. ³

Sport England say more guidance is needed.

(but they also seem to have forgotten sex in their commitment to equality, at paragraph 11. Sex Matters!)

<https://t.co/DM6ICeysuA>

10. More practical guidance is needed to clarify legislation in this area, specifically for the sport and physical activity sector, with emphasis on the practical application of the exceptions in the Equality Act, such as the provision of single sex services. As Sport England, we are working with a wide range of organisations - including women's and trans groups, as well as safeguarding and legal experts - to help produce guidance which will support their work in this area. Further support from the Government around the provision of single-sex spaces will be crucial here.

Written evidence submitted by Sport England (GRA1479)

11. All of our guidance for facility providers is about providing a positive, inclusive and welcoming environment for anyone who wishes to participate in sport and exercise, no matter their age, ability, background, or gender identity.

Ruth Pearce who gave oral evidence provides supplementary evidence which, extraordinarily, accuses the other presenters Kathleen Stock, Rosa Freedman and Alice Sullivan of "distortions" and "untruths"

<https://t.co/7qUSga9Abl>

However, this detail is dwarfed by the sheer number of distortions and untruths aired in the second session, many of which were based on unevidenced assertions. It is crucial to the credibility of the Committee's report that members know the deceptions to which they have been subjected. In this document I explain some of the most egregious examples.

This is what Pearce says about the Swedish Study.

These were *not* the findings of the Swedish study....

Finally with regards to this study, Dhejne and colleagues do not clearly define the term “male patterns of criminality”, but from context it is apparent that they are referring to conviction rates by population size rather than a subset of sex-based crimes.

In summary, the study was not focused on investigating criminal behaviour, had small cohorts, did not correct for all other relevant factors, and when the cohort was split further **appears to come to the exact opposite conclusion from that claimed by Prof Freedman.**

Here is my earlier thread on the Swedish Study <https://t.co/cbISWsRfvQ>

A lot of evidence was published by [@Commonswomequ](#)

Its worth reading the additional evidence of [@Docstockk](#) Rosa Freedman and [@ProfAliceS](#) side by side with [@alexsharpe64](#)

They both talk about the Swedish Study..... <https://t.co/nlewfDsSNrhttps://t.co/Yl5Vy7z2C6>

— Maya Forstater (@MForstater) [January 13, 2021](#)