

No Blacks, No Irish, No Homosexuals, No Transgender People

Susan Gilchrist

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Abstract

The major disagreements in the current disputes about the nature and origin of transgender conditions are between the scientific and medical consensus adopted on a worldwide basis by the World Authorities and Professional Medical institutions; which identifies transgender conditions as personality variations and as searches for identity, because development proceeds in an undisturbed pattern from birth. This is in contradiction to the diagnosis applied by many gender-critical feminist movements. Also, by many religious traditions, who define these conditions instead as personality disruptions with underlying sexual motives, which are understood to be departures from some divinely or biologically ordained path of development; that has often happened early in life. When the management methods required for personality disruptions and personality variations differ to the extent that what one side sees as the application of compassion and concern, is almost inevitably seen as grooming, recruitment and predation by the other, it is hardly surprising that strong and toxic conflicts occur. Also, because these conditions develop before children can become aware of what has happened, it is natural for people to assume that gender identities and sexual orientations should always be congruent with biological sex.

Centuries of criminalisation, persecution and condemnation have prevented these traditional views from being challenged, but that has been transformed today in societies which have now gained access to the experiential evidence and to the research which has become available. But the condemnations continue in full force where these are not accepted. This denial may often be for religious reasons, but an additional problems arise because many psychologists, psychiatrists, and sociologists continue to use the traditional theories for their attempts to diagnose transgender conditions, without taking account of the more recent research. Many gender-critical accept these advances in science and understanding in relation to lesbian and gay people, but continue to define transgender conditions as sublimated, but still sexually motivated disruptions from some divinely or biologically ordained path. Therefore it is essential that a full, impartial and objective approach is undertaken. I describe this analysis in more detail elsewhere. But that does not happen. The approaches of the World Authorities and Professional Institutions, along with those people and organisations who agree with them are dismissed as transgender activists, not based on credible science and motives are attacked. The present United Kingdom Government is a strong supporter for this gender-critical approach, and in this paper I consider how this affects transgender people, and its implications for all our human rights.

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1:0 Introduction

How many years ago did we see signs stating: “No Blacks may apply”, “No Irish may apply” in the windows of lodging houses. Thankfully such public signs have long gone, though subversive discrimination may still apply²

In the Guardian Newspaper of the 1st. August, the day before the 2022 London Pride Parade, Boris Johnson, the UK Prime Minister wrote *“We are a bright beacon of hope across the globe, warmly sheltering those persecuted for their sexuality and stepping up our role leading the world by supporting grassroot human rights defenders and advancing equality and freedom across the world”* Quite clearly the same type of effusive welcome is being extended to LGB people... but that dismisses the intense disputes about the nature and origins of gender and sexually variant conditions, between mainly the professional medical institutions, and certain gender critical feminist groups.

The major disagreements in these current disputes are between the scientific and medical consensus adopted on a worldwide basis by the World Authorities and Professional Medical institutions; which identify transgender conditions as personality variations and as searches for identity, because development proceeds in an undisturbed pattern from birth. This is in contradiction to the diagnosis applied by many gender-critical feminist movements. Also, by many religious traditions, who define these conditions instead as personality disruptions with underlying sexual motives, which are understood to be departures from some divinely or biologically ordained path of development; that has often happened early in life. When the management methods required for personality disruptions and personality variations differ to the extent that what one side sees as the application of compassion and concern, is almost inevitably seen as grooming, recruitment and predation by the other, it is hardly surprising that strong and toxic conflicts occur. Also, because these conditions develop before children can become aware of what has happened, it is natural for people to assume that gender identities and sexual orientations should always be congruent with biological sex.

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Centuries of criminalisation, persecution and condemnation have prevented these traditional views from being challenged, but that has been transformed today in societies which have now gained access to the experiential evidence and to the research which has become available, but the condemnations continue in full force where these are not accepted. This denial may often be for religious reasons, but an additional problems arise because many psychologists, psychiatrists, and sociologists continue to use the traditional theories in their attempts to diagnose transgender conditions, without taking account of the recent research. Many gender-critical accept these advances in science and understanding in relation to lesbian and gay people, but continue to define transgender conditions as sublimated, but still sexually motivated disruptions from some divinely or biologically ordained path.

Centuries of criminalisation, persecution and condemnation have prevented these traditional views from being challenged, but that has been transformed today in societies which have now gained access to the experiential evidence and to the research which has become available. But the condemnations continue in full force where these are not accepted. This denial may often be for religious reasons, but an additional problems arise because many psychologists, psychiatrists, and sociologists continue to use the traditional theories for their attempts to diagnose transgender conditions, without taking account of the more recent research. Many gender-critical accept these advances in science and understanding in relation to lesbian and gay people, but continue to define transgender conditions as sublimated, but still sexually motivated disruptions from some divinely or biologically ordained path. Therefore it is essential that a full, impartial and objective approach is undertaken, and I describe this in more detail elsewhere¹. But that does not happen. The approaches of the World Authorities and Professional Institutions, along with those people and organisations who agree with them are dismissed as transgender activists, not based on credible science and motives are attacked. The present United Kingdom Government is a strong supporter for this gender-critical approach, and in this paper I consider how this affects transgender people, and its implications for all our human rights.

2:0 Conflicting Views

We have seen that the Professional Medical Institutions and World Authorities define both gender and sexually variant identities *“as naturally expected variations of the human condition, which is intrinsic to the personality created, that arises very early in development and cannot be changed either by the individual concerned or by the predations of others in subsequent life”*. Gender-critical groups instead adopt theories of autogynephilic transsexuality which identifies male to female transsexuality as a perversion or disruption of male homosexuality. That identifies it as a personality disruption instead. The distinctions are crucial, since the correct motives and methods of management oppose each other, and great harm can be done when the wrong ones are applied.

¹ For the latest paper, see: Gilchrist, S. (2024): *“Transgender Misdiagnoses; EHRC and Government Advice”*: <https://www.tqdr.co.uk/documents/040B-MisdiagnosesAndAdvice.pdf>. A further paper, which also considers the religious implications is available at: Gilchrist, S. (2024): *“What Celtic Christianity and the Ancient Church of the East Can Tell us about Christian Attitudes to Women and LGBTI Relationships”*: <https://www.tqdr.co.uk/documents/040B-CelticChristianityWomenGenderSex.pdf>

On the one hand traditional Christian teaching and many gender critical-feminist groups see transgender and sexually variant conditions as personality disruptions, which seek power over women, attack women's identities, and are driven by sublimated motives of desire and sex. On the other hand, the Professional Institutions and World Authorities identify these as natural personality variations where no disruption occurs. These are driven by the rejection of what is wrong, and are concerned with the search for identity, and not of sex. That difference has profound consequences. The first is seen to be driven by motives of behaviour, desire, and sex, which can be used to promote fears of predation, and allegations that male to female transsexuals are potential threats. The second seeks identity, it rejects what is wrong, it is internally focussed, does not attack others, and is about being yourself. Managing these as personality variations demands the creation of self-acceptance, self-esteem and understanding. Managing them as personality disruptions requires minimising their demand, so great harm can be created when the wrong methods are applied. These differences create fierce disputes: for what one side sees as coercion and enforcement, must almost by definition, be interpreted as compassion and understanding by the other. Gender-critical groups who apply approaches appropriate for personality disruptions consider the professional institutions who instead manage them as personality variations to be irresponsible, because they are understood to create a runaway drive. Whereas an accepting approach, which creates self-acceptance, provides stability instead. It is essential that an impartial and objective analysis is conducted when disputes of such intensity are present. That has not happened, and this has greatly magnified the intensity and vitriol in these disputes.

3:0 Gender Identity

Most modern definitions identify gender identity as having two components, which for everyone develops in the same way. The first element is what is called the "*Core Gender Identity*". This is a deep seated and often unconscious sense of personality and belonging, which precedes any identification with the gender role. It becomes embedded at the latest by the age of three years and it is considered very difficult, if not impossible, to change after that. However, it requires interaction with others, so it cannot form before birth. Although on average pre-and post-natal male and female physiologies, such as neural maturation rates, endocrines, and aggression profiles differ significantly, major overlaps occur. The interactions mean that the core gender identity usually but not always follows biological sex. Alongside other core elements of personality and identity, it is the first to be formed and it provides the foundation on which all future developments are built. It is also shown to be a strongly pro-active process beginning from birth, where major neural transformations lock this in place by the age of three years³. This means that gender identity, not biological sex, becomes the primary marker to use for all social interactions that take place. That is contrary to the view of the gender-critical groups who argue that, unless some disruption occurs gender identification must be determined by biological sex.

The second element is the "*Gender Role Identity*". This is the sense of gender that is created through social awareness and the stereotypical expectations of gender expected by others in society. It does not become strongly expressed until about the age of three years and it acts as an overlay on the core gender identity which has already been created. Any differences to the core gender identity must be treated as personality variations, while disturbances to the gender role should be treated as perversions or disruptions instead. However, for gender-critical groups the existence or influence of any prior sense of core gender identity is denied or ignored, so gender-critical groups attribute all gender identification exclusively to that of the gender role.

A revolution in the understanding and acceptance of gender and sexual identities and relationships has been in place for many years. This includes how the gender identity/sexual orientation

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complexes form both before and after birth. Neither element can be treated independently. The development of the core gender identity, which only defines a sense of belonging created by interaction with parents and peers, forms a further part of a child's developing ability to separate the self from the other. That does not wait until an understanding of the gender role develops, it is evident by the age of three months. It may be expected to start from the moment of birth, and it provides a foundation upon which all future development is built.

In summary, medical professions and world authorities identify gender identity as having two components. The first is the core gender identity which develops from birth, it creates a sense of belonging alone, where departures from normally expected identities must be considered as variations in personality and identity, for no earlier identity has developed, and no departure has occurred. The gender role identity develops as a collective experience through social interaction with others. It acts as an overlay on what has already been formed. Here departures must be considered as personality disruptions since they involve departures from the original role. The motives and management methods conflict with each other. This is the focus of difference between the professional institutions and gender-critical groups, for one relies on the input of the core gender identity, for the other its existence is denied. If the gender-critical groups are to be able to justify their positions, all these earlier experiences which show how the core gender identity develops during the first three years, including the clinical evidence now available and the advances in science that have been accumulated for many years, must be refuted through rational arguments and objective analysis. That does not happen. In her book *"The Gendered Brain"* the neuroscientist and feminist, Gina Rippon, dismisses the significance of the early neural changes and the transformations in early learning abilities as *"Whack a mole Myths..."* She states that these are untruths which, as they are so often repeated, people come to believe they are correct. She argues that unchanging patterns of cognitive processing, social conditioning and passive interactions with others drive development forward from birth⁴. Therefore, instead of considering these issues, all these early approaches and the diagnoses of the professional institutions and World Authorities are ignored⁵. That includes the Memorandum of Understanding, and the statement by the Royal College of Psychiatrists, produced by all the United Kingdom Medical Institutions⁶, which universally condemn conversion therapy, as well as these methodologies.

3:0 Opposing Interpretations

For the great majority of people, the core gender identity and their gender role identity are both in harmony with the biological sex. Therefore, there will be no conscious awareness of these issues since they form so early in life. This means that it is natural for most people to assume that gender identity follows biological sex, and it can be difficult for those who do not encounter it to understand the intensity of trauma transgender people face. That unawareness in turn means it is possible to resort to disparagement instead. On its 2020 website Transgender Trend states that: *"There is no scientific basis for the idea of innate deeply-held sense of gender"*⁷ On the advice given to schools on the *"Impact of Teaching Gender Identity to Children"* Transgender Trend states *"Transgender organisations such as Gendered Intelligence⁸, GIRES⁹ and Allsorts Youth Project¹⁰ deliver training for teachers and PSHE classes for children in schools. Their teaching is backed by no credible science but has been adopted by government, the NHS, schools, and therapists.* Stonewall has also been subject to many other vitriolic attacks by gender-critical groups. Kathleen Stock is one of the most prominent academics pursuing the gender-critical approach¹¹. On her attack on Stonewall, she argued that Stonewall *"doesn't belong in UK universities (or schools, or gov departments, or local authorities, or judiciary, or police forces): Once a great organisation, they're now a threat to freedom of speech/ public understanding... Get them out."* Stonewall, like Gendered Intelligence, GIRES,

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and Allsorts Youth Project all identify transgender conditions as personality variations and endorse the professional medical approach.

Instead of challenging the arguments and views of the professional institutions, gender-critical groups (but not most feminists...), ridicule the opposing arguments, dismiss them as the work of “*transgender activists*”, and claim their own analysis gives “*the only credible approach*”. Science is instead used in attempts to prove that all male to female transsexuals are potentially as great threats to women as every male. Elsewhere, I have shown how distortions of science in key papers, including that by Joel et al¹² are used in attempts to prove that gender identity is purely a social construct. I show how a biased analysis of another influential paper by Dhejne et al^{13 14 15}, also how questionable statistics are used in attempts to prove that male to female transsexuals continue have the same propensity to violently attack women as all males¹⁶. This includes the allegation that the trauma faced by transgender people arises because they themselves produce their own misfortunes. Individual instances of failures are presented as if they represent the whole community. All these views are vociferously denounced by the lead authors of these papers. They are also directly contradicted in other publications, see for example the review paper by Joel, Swaab, et al, and those of other researchers who are working directly in the field^{17 18 19 20 21}. In line with their assertion using autogynephilic theories that transgender conditions are personality disruptions created by sublimated sexual emotions, these arguments build on the fear that no male, even a transgender male, can be trusted because of their biological sex.

4:0 Obscuration and Fear

Clearly all of these have the effect of raising fears among all women, that transgender women will attack women’s identities and threaten their lives. Judith Butler, from whom the gender-critical movement gained most of its inspiration, states²²: “*It is not easy to fully reconstruct the arguments used by the anti-gender ideology movement because they do not hold themselves to standards of consistency or coherence. They assemble and launch incendiary claims to defeat what they see as “gender ideology” or “gender studies” by any rhetorical means necessary. For instance, they object to “gender” because it putatively denies biological sex or because it undermines the natural or divine character of the heteronormative family. The anti-gender movement is not a conservative position with a clear set of principles. No, as a fascist trend, it mobilizes a range of rhetorical strategies from across the political spectrum to maximize the fear of infiltration and destruction that comes from a diverse set of economic and social forces. It does not strive for consistency, for its incoherence is part of its power*”.

While I do not go as far as Butler in my present pursuit of these arguments, the attacks on the legitimacy of transgender identities are still the same. The assaults on the viewpoint of the professional institutions and the disregard of early development are seen in the increasing standoff between the present United Kingdom Government Ministers and the United Kingdom Parliament, Women and Equalities Select Committee. This standoff has also involved dismissal from Government advisory bodies of those who disagree with their approach, and it may also be argued that the fears and vulnerabilities promoted by this has led to the refusal of the present Government to consider any meaningful reform to the 2004 Gender Recognition Act

5:0 Contradiction and Confusion

There is also a fundamental contradiction inherent to gender critical theory: If it is accepted in line with professional studies, that an elementary core gender identity arises very early in life and that this is effectively fixed by the age of three years, then the gender-critical feminist approach is

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invalidated. If the gender-critical approach is taken to be correct, transgender conditions must then be diagnosed as perversions, paraphilias, or disruptions, so the motives of transgender people are misrepresented, and the depth of transgender identities is denied. That contradiction cannot be avoided if we are determined to enforce the view that gender identity must be determined by biological sex. Using gender identity as the primary marker for social identification, it is possible for someone who is male to identify with women from the moment of birth have a sense of identity, outlook, behaviour, and lifestyle which is in harmony with women, respects women, and who fights as assiduously and strongly as any woman for the protection and security of her safety and gender-based rights. Using biological sex as the primary marker for social identification turns the same transsexual with precisely the same outlook, from an ally into an opponent, who is then perceived to be erasing women's identities and attacking their hard-won sex-based rights.

It is also very important to emphasise that many gender-critical groups do welcome transgender women, provided they do not identify themselves as "*women*". Earlier we have seen that the core gender identity usually but does not always follow biological sex. It develops in the same way and is equally strongly held for all men, women, and transgender people alike. Enforcing definitions which dictate that the word "*women*" is exclusively confined to biology is excluding when we primarily use the terms "*men and women*" to describe how we relate to each other in our social roles. Allegations that "*male to female transsexuals believe that they change biological sex*", and descriptions of this as "*gender ideology*" attack the integrity of transgender people, are foisted on transgender people, and are entirely the product of gender critical groups. Male to female transsexuals who seek surgery universally refer to it as "*Gender confirmation surgery*" instead. There is no attack on the privacies of physical difference between men and women by transgender people, though that is a perfectly understandable fear. However, this is a major allegation against transgender people, together with the allegations that male to female transsexuals seek power over women, which feminist groups strongly make. On the contrary, male to female transsexuals have been allies and pioneers in feminist movements, with a proud history, and continue to have a proud record of fighting for women's rights. Many surveys show that most men and women are prepared to accept the statement that "*Transgender women are women*" quite simply because that is the way in which they interact with society and live their lives.

6:0 Objectivity of the UK Equalities and Human Rights Commission

We have seen that these are toxic conflicts, where sectional views are presented and that there are failures, on all sides, to pursue any form of objective approach. United Kingdom citizens and others can resort to Equalities and Human Rights Legislation when it is believed that injustice occurs. The Equality and Human Rights Commission (EHRC) is Great Britain's national equality body. It operates independently as a statutory non-departmental public body established by the Equality Act 2006. It aims to use its unique powers to challenge discrimination, promote equality of opportunity and protect human rights. It works with other organisations and individuals to achieve its aims and states that it is ready to take tough action against those who abuse the rights of others. If the EHRC is to be an arbiter against any government injustice it must crucially be capable of taking an independent, and objective approach. That demands full and proper consideration in this area of all the current understanding, including the approaches adopted by the Professional Institutions as well as those of the gender-critical groups. In any democracy its independence must be fully guaranteed and guarded, but a weakness is that it is the UK Government who appoints members to its board.

On the 26th. January 2022, the UK Equality and Human Rights Commission (EHRC) published two statements asking government bodies to hold back civil rights reforms affecting trans people. One was sent to the Scottish Cabinet, telling them to pause plans for reforming the Gender Recognition

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Act (GRA) for transgender people alone, citing the "*polarised debate*", and a lack of "*detailed consideration*" of the issues²³. This is also despite the latest Scottish Government's own Reports²⁴. Two years beforehand, before the present chair was installed by the Conservative and Unionist party, the EHRC had previously issued documents which directly contradicted its present views. These had contained clear recommendations in favour of reform of the Gender Recognition Act and recommended that current regulations should be greatly reduced²⁵. Unlike those earlier statements, the present EHRC statements are unequivocally condemned by almost every group involved in the care of transgender people²⁶. The great majority of the evidence provided by these groups comes from academic sources, world authorities, professional bodies, including clinical and experimental evidence, which the gender critical groups dismiss as the work of transgender activists that "*is backed by no credible science but has been adopted by government, the NHS, schools, and therapists*". The real test of impartiality will depend upon how equitably all approaches are considered in the EHRC work.

It should also be easy to tell transgender people apart from others who cross dress or present in the opposite gender. For transgender people the motive is the search for identity and the rejection of what is wrong Today many transgender people are refusing to accept or identify themselves with a male or female binary gender identity or role. However, the current advice given by the EHRC refuses to define transgender identities, or to acknowledge the validity of non-binary people: It is argued that gender identity is not protected, because only the process of gender reassignment is legally protected under the 2010 Equality Act. For the EHRC, and gender-critical groups gender identity is presented as a social construct driven by sublimated behavioural and sexual motives, therefore, the existence of any transgender or innate or deep-seated gender identity is denied. This new advice states that anybody who seeks to enter spaces usually reserved for women, and is assumed to be a man, is not protected by the 2010 Equality Act. By explanation it further states that only intersex people are covered... and that is by the protected characteristics of disability or sex²⁷. This exclusion means that all non-binary people, as well as those who do not state that they are going for full gender reassignment, are excluded from the protection of the act. The current EHRC advice gives two examples where it states discrimination would be legally allowed: Example 1: A community centre has separate male and female toilets. It conducts a survey in which some service users say that they would not use the centre if the toilets were open to members of the opposite biological sex, for reasons of privacy and dignity or because of their religious belief. It decides to introduce an additional gender-neutral toilet. It puts up signs telling all users that they may use either the toilet for their biological sex or to use the gender-neutral toilet if they feel more comfortable doing so. The practical effect of this would be to require all male to female transsexuals to use either male toilets or disabled toilets, regardless of their appearance, possession of a gender recognition certificate, the length of time since they transitioned, or the innocence or appropriateness of their behaviour. In the second example, A women's clothes shop has changing areas for customers to try on garments in cubicles. The shop decides that it is not necessary to exclude trans women as the privacy and decency of all users can be assured by the provision of those separate cubicles. However, the advice also permits trans women to be excluded where it is most likely to be "*proportionate to exclude, modify or limit their access where a service provider has limited resources and physical space to alter the way the service is provided*" "*in the presence of someone they perceive as male*". This advice makes it clear that people are allowed to discriminate against all transgender women on perception or by group action alone. There is no requirement anywhere to provide separate services for transgender people and currently the government is specifically requiring the toilets in new public buildings to be single sex, presumably to allow implementation of this policy. For many years the Equality Act prohibited notices: "No Blacks, No Irish, No Homosexuals, No Transgender People". *Come on landladies under the current advice you are now able to discriminate against transgender people as much as you like.* Even though crime

against transgender people is growing enormously, and they are one of the most vilified groups. This appears to be the policy that the Government has adopted at the present time.

This is not advice which recognises or acknowledges the validity of transgender conditions in any way. Instead, it defines transgender conduct as disruptions or perversions of behaviour alone. Under this rationale transgender identities are not genuine identities: therefore, they are not protected by the 2010 Equality Act. The EHRC has also excluded itself from its duty of protecting transgender identities, because it argues that only the process of gender reassignment is listed as a protected characteristic under the 2010 Equality Act. The additional refusal of the EHRC to create any working definition of transgender identities or to consider the impact of dealing with the consequent issues, and with no consideration of how gender identity, including the core gender identity develops, means that the viewpoints of the professional institutions and others, including the Memorandum of Understanding agreed or supported by all the UK Professional Medical Institutions are ignored. There is absolutely no consideration of the realities of transgender people's lives.

If the EHRC is to fulfil its duty of care in protecting human rights, it must consider and thoroughly research every understanding, not just that of the gender-critical groups. As we have seen, today gender identity is identified as having two components. The first is the initial core gender identity whose formation starts at or close to birth, where incongruences must be treated as personality variations and the second is the gender role identity where disturbances must be considered as perversions or disruption instead. Gender-critical groups deny the relevance or existence of the core gender identity, arguing that the development of gender identity is confined to that of the gender role. If the gender-critical groups are to be able to justify this position they must give cogent and reasoned articles for denying the existence or relevance of the core gender identity, but none is offered. Instead, we find that the views of the professional institution and others are dismissed as the work of "transgender" activists and are considered worthy only of ridicule and abuse. This discrediting may persuade lay people and members of the general public, since for most people it is natural to assume that gender identity must follow biological sex. It is totally unacceptable in scientific, social, or any other terms. And as the methods of managing personality variations and personality disruptions differ greatly, great harm can occur.

7:0 Failures of the EHRC to Protect Transgender People

We have seen that the Professional Medical Institutions define transgender conditions: *"as naturally expected variations of the human condition, which is intrinsic to the personality created, that arises very early in development and cannot be changed either by the individual concerned or by the predations of others in subsequent life"*. For many transgender people, the conviction that something is wrong is present from earliest memory, this is around the age of four years. Many try to fight or suppress this discomfort until the attrition caused by the constant demands too often leads to collapse. The drive also gets stronger as age increases and attempts to suppress this only increase the strength of the demand. Hopes for the future give way to the realities of the past, and collapse can occur at any time. Often the reasons which cause this may have little to do with the conflict itself. Depression and changes with puberty can play an important role. Sexual influences are absent since the core sense of gender identity is established before these come into action. The search for identity and the rejection of what is understood to be wrong drives the conflicts instead. It is a mistake to believe that male to female transsexuals are men who want to be women, though that may be seen as the objective. The drive is for identity and the ability to themselves. After transition, many merge invisibly and seamlessly into society, and are fully accepted as women in their home gender role. The refusal of gender-critical groups to recognise the existence of the core gender identity, the assertion that gender identity is a choice, the identification with motives of

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sexually promoted behaviour and desire, the association with predation, the enforcement of incorrect management methods, and the failure of the EHRC to recognise the approaches of the professional institutions and protect transgender people and identities, are causes of major harms and concerns.

No advice or legislation is acceptable if it is only based on the views of one pressure group, or if it ignores persecution and discrimination and it fails to protect transgender people against the discrimination that occurs. Discrimination by perception is still unlawful, even if any peer group or other organisation who is doing it innocently believes it is following the correct path. Nor can discrimination against a whole group be justified for the claimed abuses by some. Objective justification requires a full and impartial assessment of all the evidence available. There is no evidence of this in these EHRC statements, or that that the approaches adopted by the Professional Medical Institutions have ever been considered. Nowhere do I find any representations of the views of those who regard transgender conditions as personality variations driven by the search for identity and rejection of what is wrong. Instead, I find that this EHRC advice is based entirely on the views of those in gender-critical feminist movements who regard transgender conditions as personality disruptions driven by sexually derived motives of behaviour and desire. As a quasi-statutory body whose remit is the protection of human rights for all people, it is essential that the EHRC takes a fully researched and totally impartial approach²⁸. No account seems to have been taken of the research available on transgender issues through the UK Women and Equalities Parliamentary Select Committee or cognisance of its views. It seems that experiential evidence is being dismissed in these EHRC statements and policies, as well as the scientific consensus adopted by world authorities, and the viewpoints of the professional institutions in pursuit of a gender-critical approach²⁹. Other concerns arise from the ending of government consultative committees on LGBT matters, and standoffs with the Women and Equalities Parliamentary committee³⁰. The interpretation in this current EHRC guidance excluding all non-binary transgender people regardless of motive, from the protections of the Equality Act, is I believe a failure of the duty of care that anyone seeking protection of their human rights must expect. It also misdiagnoses transgender conditions and I call on the EHRC to withdraw its advice on transgender matters with immediate effect.

8:0 UK Government and EHRC Exclusions of Transgender People from the Ban on Conversion Therapy

The reasons the present Government gives for refusing to include transgender people in its legislation on the banning of conversion therapy are set out in the current EHRC statements where it says: *“we recommend that legislation should initially focus on banning conversion therapy attempting to change a person’s sexual orientation, where the evidence and impacts are clearer. Legislation to ban conversion therapy attempting to change a person to or from being transgender should follow, once more detailed and evidence-based proposals are available which can be properly scrutinised”*³¹. That statement must be questioned. The evidence of the harm that conversion therapy causes when transgender conditions are treated as personality variations is already overwhelming, and this evidence has been available for many years. However, attempts to define transgender condition as personality disruptions do allow techniques akin to conversion therapy to be applied. These statements use the excuse that more work is needed, but that seems to imply that the current evidence from the institutions and authorities is ignored, and that more work is needed to affirm that transgender conditions are personality disruptions, so that techniques akin to conversion therapy can be applied. The recent announcement by the Government to exclude transgender people from the Government Bill to ban conversion therapy for LGB people has caused a furore. Should the government continue to defend its exclusion it would imply that the government

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is intending to defy the current scientific, medical, and clinical evidence on the harm that transgender conversion therapy causes, so that the gender-critical approach can be pursued. Significantly all these matters were appropriately considered in previous EHRC documentation and advice before the new ones were released.

9:0 The Need to Protect All Human Rights

All sides must be considered in any situation where contradictory viewpoints are presented: most notably where diametrically opposite methods of management are required. Such statements betray a total disregard of the extensive evidence produced by the medical institutions and others who define transgender conditions as personality variations, which instead has been condemned, dismissed as implausible, and is otherwise ignored by gender-critical groups. The official guidance to the 2010 Equality Act makes it perfectly clear that access to these spaces must be made on a case-by-case basis, be objectively justified, and be a proportionate means of achieving a legitimate aim^{32 33}. The present EHRC advice, which now allows people to discriminate against transgender people on perception alone and popular vote would not seem to be a proportionate means of achieving a legitimate aim. It also ignores the situation where the strongest protection is required. It further exposes the attempts by gender-critical groups to force a diagnosis of autogynephilic transsexuality which has been discredited by most clinicians onto transgender people³⁴. This theory presumes a personality disruption and sexual motivation. It ignores female to male transsexuals. No equivalent paraphilia for these people has been identified. It also fails to deal with non-binary roles, and it does not provide adequate explanations for the wide range of transgender conditions that exist. It does not match the lived experiences of transgender people, and we have seen the harm that can be done when the wrong methods of management are applied. There is a great deal of anger among transgender people over an incorrect diagnosis being imposed upon them with the aim of preserving a gender-critical approach, instead of protecting transgender people's lives.

Freud proposed that personality development in childhood takes place during five psychosexual stages. During each stage sexual energy is expressed in different ways: however, the first three years of life were considered as times of largely seething and un-coordinated emotions, so that constructive development, as if starting on a blank canvas, begins for Freud from about the age of three years. Development of gender identity was therefore attributed entirely to the gender role. Any deviation from normally expected behaviour was presumed to be for sexual motives in pursuit of illegitimate goals. In religious terms. *“Homosexuality refers to relations between men or between women who experience an exclusive or predominant sexual attraction toward persons of the same sex. It has taken a great variety of forms through the centuries and in different cultures. Its psychological genesis remains largely unexplained. Basing itself on Sacred Scripture, which presents homosexual acts as acts of grave depravity, tradition has always declared that “homosexual acts are intrinsically disordered.” They are contrary to the natural law. They choose the sexual act to the gift of life. They do not proceed from a genuine affective and sexual complementarity. Under no circumstances can they be approved”*. Since that time a transformation has occurred leading full gender equality, celebration of same-sex marriage, and the recognition of stable same sex relationships founded on love and identity has become the norm. For transgender people a similar path has been followed, so that today most transgender people are well-accepted in society, and their integrities are respected, whether they seek to conform to a gender binary or not. In his letter before the start of Pride 2022, Boris Johnson the UK Prime Minister wrote: *We are a bright beacon of hope across the globe, warmly sheltering those persecuted for their sexuality and stepping up our role leading the world by supporting grassroot human rights defenders and advancing equality and freedom across the world”*. However, in June 2020 legal procedures for gender recognition of 28 European countries was classified into 5 categories based on the barriers

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to access. The United Kingdom Gender Recognition Act 2004 came second from bottom with "intrusive medical requirements", which lag international human rights standards³⁵. In 2022, the Parliamentary Assembly of the Council of Europe singled out Russia, Turkey, Poland, Hungary, and the United Kingdom, as the most inhospitable to LGBTI rights³⁶.

Despite its effusive expressions, this United Kingdom Government is not a government which shows any real intent to protect LGBTI and human rights. By denying the existence of gender identity in any real sense other than a social construct³⁷, by dismissing the massive neurological advancements during the first three years of life, and by dismissing the work of the professional institutions and other bodies, which map these changes in neurology and physiology into personality and identity, as the work of transgender activists without scientific credibility, gender-critical groups and others move the clock back towards the time when these religious and Freudian objections were universally endorsed. Despite the stated commitment by the UK government, there are grave concerns as to whether its declared full commitments to LGBTI rights will be met, or if the legislation will defer to religious and populist views.

The argument that gender identity must be expected to follow biological sex, and that any departure from this is a perversion or disruption driven by sublimated or underlying sexual motives, is already being used to support the traditional condemnations of gender and sexually variant people by certain religions and religious groups. This has led many Christian Churches and others to collude with the secular scapegoating of transgender people by governments and society, instead of challenging it. The effects of this are already being seen in the attacks on transgender people by the religious right and by sections of the Roman Catholic Church in the United States. It is also leading to a backlash against gender and sexually variant people in various parts of the world³⁸

At the centre of these arguments is the dispute as to whether gender identity lies at the core of the personality that it is created or if it is a nebulous collective concept created by interaction with others later in life. Crucially the motives and methods of management are opposite to each other, and great harm can be created if the wrong ones are applied. It is essential that all viewpoints must be considered, but no outcome can be valid if any relevant research or understanding is ignored or denied. In this case, this is the failure of gender-critical groups to acknowledge the existence or the impact of the core gender identity, the evidence which supports it, or to recognise its legitimacy when it does. It is equally inappropriate for any government minister to continue to pursue the same approach through equivalent disregard of the evidence available from the UK Parliament Women and Equalities Select Committee, and from other expert sources. However, it goes one step further when the key Human Rights Organisation in this area, in this case the UK Equality and Human Rights Commission may be persuaded to forego its independence to support a government view. Whatever the outcome, the objectivity of science has vanished, the protection of the population against the misuse of human rights is diminished, and the support which transgender people need to live their lives in equity and harmony is lost.

10:0 Suppression and Denial of Evidence

The quiet withdrawal of documents and their replacement with ones more amenable to gender-critical approaches, the refusal to proceed with reform of the Gender Recognition act, the standoff and disregard of the views of the Parliamentary Women and Equalities Committee³⁹, the disbanding of LGBTI consultative groups and the selective nature of the evidence produced by the EHRC, all strongly suggest that a campaign is being mounted by the present UK government. As the government Equalities Minister Liz Truss has power to make appointments to the independent UK Equality and Human Rights Commission. She has since made appointments of people who endorse

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the legitimacy of gender critical beliefs⁴⁰ As great a concern as any transgender matter, is the apparent manipulation of science, evidence, and public opinion to enforce any unequal human rights documentation or any partisan approach.

The obscuration and fears created by the EHRC documentation and by gender-critical feminist groups, including the refusal of the EHRC to identify the meaning of transgender in any way which is now recognised in medical science, together with the creation of unsubstantiated fears of hordes of abusive males being granted unrestricted access to women's spaces, creates unwarranted concerns. It heightens the very real fears of sexual attacks, together with the coercions and the abuses which all women face. It is I believe, irresponsible, and it creates alarm in the way that Butler earlier describes. I also believe that the failures I have outlined in the approach of the United Kingdom Equality and Human Rights commission do not just betray transgender people, they are the failures of the very body whose remit is to provide Equality and Human Rights protection for all of us, no matter what the issues that concern us may be. It is an absolute duty of the EHRC to produce totally impartial documents. I can find little evidence that in the current documentation it has taken heed of anything other than gender-critical views. I also believe it is evident that government intervention has caused the EHRC to produce a report which is intended to satisfy the government's own political and social agendas regarding conversion therapy and transgender people. That I consider is a betrayal by this government at the highest level. It is also a betrayal of the international obligations which this country is expected to respect.

11:0 Proposed United Kingdom Bill of Rights

On Wednesday 22 June 2022 the Government introduced its UK Bill of Rights claiming it will strengthen freedom of speech and curb bogus human rights claims. If the bill is passed, Parliament will be given "*the greatest possible weight*" in court decisions and will have the power to dictate how courts should interpret human rights. We observe that the United Kingdom Equality and Human Rights Commission is set up under Government legislation to be an independent statutory body with the responsibility to encourage equality and diversity, eliminate unlawful discrimination, and protect and promote the human rights of everyone in Britain. As an independent statutory body, the EHRC has a duty to hold the Government into account. It is concluded in this analysis that the EHRC has become a mouthpiece for government policy on transgender matters, and its independence has been destroyed. Giving Parliament "*the greatest possible weight*" in court decisions under the proposals in the forthcoming UK Bill of Rights means that parliament and the government will have the power to dictate how courts should interpret human rights, which means that in situations determined by the Government, the ability of others to challenge government misuses through the courts and elsewhere can be destroyed.

This is not just an issue for any individual. It is the issue of the morality of a government who is prepared to overwrite the independence of the Equality and Human Rights Commission and to interfere in its own human rights legislation, with the aim of turning it into a vehicle which supports its own view. By enabling this, one of the most fundamental safeguards of democracy will be destroyed: If that can happen, as it has in this case, it can also happen in others. It is therefore essential that Parliament and the Courts legislate to ensure that such future misuses can never occur. That is essential for us all and it is quite apart from the damage that the misdiagnoses of transgender conditions creates.

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¹ This document is available at Gilchrist, S. (2022): “No Blacks, No Irish, No Homosexuals, No Transgender People”: <http://www.tgdr.co.uk/documents/252P-NoBlacks.pdf>

² This document gives my own critique of the current EHRC approach and the present controversy. They are extracted mainly from Presentations 7 and 8 in an extended course of ten presentations, which gives a more extensive account.. You can find the full set at Gilchrist, S. (2022): “Christian Communities, Transgender People and Christian Traditions” (Draft): <http://www.tgdr.co.uk/documents/037B-PresDoctrinesDisputesTransPeople.pdf> The following papers may also be relevant Gilchrist, S. (2021a): “Gender Identity, Feminism, and Transgender People”: <http://www.tgdr.co.uk/documents/250P-GenderIdentityAndTrans.pdf> Gilchrist, S. (2020f): “Managing Transgender Conditions Correctly: A Commentary on the Bell v Tavistock Case”: <http://www.tgdr.co.uk/documents/249P-JudgmentResponse.pdf> A full bibliography is available at: <http://www.tgdr.co.uk/articles/bibliography.htm>

³ Elsewhere, in my own research I show that all the physiological, neurological, and psychological aspects of brain development act together at this time to form a finely tuned system in which the maximum amount of individuality, possessiveness, intelligence, and inquisitiveness, together with the minimum degree of energy expenditure are generated. Typical or atypical gender identities can therefore develop and, from a statistical point of view alone it is expected that a proportion of people who have gender or sexually variant identities must be created without requiring any external cause. For more details see Gilchrist, S. (2013d): “Personality Development and LGB&T People: A New Approach”: <http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf> Gilchrist, S. (2019b): “The Development of Transgender Behaviour and Identities in Early Life”: <http://www.tgdr.co.uk/documents/243P-BehaviourSelfIdentity.pdf> and other papers in <http://www.tgdr.co.uk/articles/bibliography.htm>

⁴ Rippon, Gina. (2019); “The Gendered Brain: The new Neuroscience that shatters the myth of the female brain”: Penguin Random House, London 2019: ISBN 9781847924759

⁵ This includes the condemnations by the Royal College of Psychiatrists , the Memorandum of Understanding issued by all the other major United Kingdom professional institutions concerned with transgender matters , the condemnation by the American Psychiatric Association , the World Professional Association for Transgender Health the World Health Organisation , The UN Committee on Human Rights and others .

⁶ Memorandum of Understanding MoU2: Conversion therapy is the term for therapy that assumes certain sexual orientations or gender identities are inferior to others and seeks to change or suppress them on that basis. The 2017 Memorandum of Understanding (MoU) makes it clear that conversion therapy in relation to gender identity and sexual orientation (including asexuality) is unethical, potentially harmful and is not supported by evidence. It updates the 2015 version released at the Department of Health, which focused exclusively on sexual orientation. <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/mou/>

⁷ Transgender Trend: <https://www.transgendertrend.com/>

⁸ Gendered Intelligence: <http://genderedintelligence.co.uk/>

⁹ GIRES: <https://www.gires.org.uk/>

¹⁰ Allsorts Youth Project: <https://www.allsortsyouth.org.uk/>

¹¹ See Section 12 of Gilchrist, S. (2021a): “Gender Identity, Feminism, and Transgender People”: <http://www.tgdr.co.uk/documents/250P-GenderIdentityAndTrans.pdf> Stock, K., (2018): “Why self-identification should not legally make you a woman” “The Conversation” October 1, 2018 <https://theconversation.com/why-self-identification-should-not-legally-make-you-a-woman-103372> Also sections D and E in Gilchrist, S. (2020b): “Responsibility in Transgender Disputes”: <http://www.tgdr.co.uk/documents/248P-Responsibility.pdf>

¹² Joel, Daphna; Berman, Zohar; Tavor, Ido; Nadav, Wexler; Gaber, Olga; Stein, Yaniv; Shefi, Nisan; Pool, Jared; Urchs, Sebastian; Margulies, Daniel S.; Liem, Franziskus; Hänggi, Jürgen; Jäncke, Lutz; Assaf, Yaniv:

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(2015): "Sex beyond the genitalia: The human brain mosaic" CrossMark: Elsevier PNAS Vol 112 No 50
Published 15 Dec 2015 DOI: <https://doi.org/10.1073/PNAS.1509654112>

¹³ Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Långström N, Landén M (2011): "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden". PLoS ONE 6(2): e16885. <https://doi.org/10.1371/journal.pone.0016885> Conclusion "This study found substantially higher rates of overall mortality, death from cardiovascular disease and suicide, suicide attempts, and psychiatric hospitalisations in sex-reassigned transsexual individuals compared to a healthy control population. This highlights that post-surgical transsexuals are a risk group that need long-term psychiatric and somatic follow-up. Even though surgery and hormonal therapy alleviates gender dysphoria, it is apparently not sufficient to remedy the high rates of morbidity and mortality found among transsexual persons. Improved care for the transsexual group after the sex reassignment should therefore be considered."

¹⁴ The statement on the Transgender Trend website that "there is no evidence that transition is a 'cure' is based on this Swedish study," which is taken to mean that transgender conditions arise because of the internal traumas that people must deal with. That allegation is not supported in this paper and it not supported in other literature, where the high rates of morbidity are instead considered due to the external attacks and discrimination that transgender people face. Transition does not remove this external discrimination in any way and the misrepresentation this outlook presents increases the strength of such attacks. It is of note that the lead author of the Swedish paper referred to above (Dhejne), specifically and strongly rejects the interpretations which have been attributed to this paper by various gender-critical feminist groups. Section D:5: Sources of Trauma, in :Gilchrist, S. (2021): "Responsibility in Transgender Disputes": <http://www.tgdr.co.uk/documents/248P-Responsibility.pdf>: (I am presently withholding part of this document because I wish to update it in the light of the Tavistock v Bell court ruling. However key sections continue to be available).

¹⁵ Section D:4: Suicides and Attempted Suicides, in :Gilchrist, S. (2021): "Responsibility in Transgender Disputes": <http://www.tgdr.co.uk/documents/248P-Responsibility.pdf>: (I am presently withholding part of this document because I wish to update it in the light of this court ruling. However key sections continue to be available).

¹⁶ Williams, Cristan (2015): "A 2011 Swedish study proves that trans people are more suicidal due to transition, are likely rapists and that trans women exhibit male socialization. Or does it?" *Trans Advocate* 2 November 2015: https://www.transadvocate.com/fact-check-study-shows-transition-makes-trans-people-suicidal_n_15483.htm

¹⁷ Joel, D., Garcia-Falgueras, A., Swaab, D.; (2020) "The Complex Relationships between Sex and the Brain" *The Neuroscientist* 2020, Vol. 26(2) 156–169 DOI: 10.1177/1073858419867298. In their 2015 paper Joel et al did not say that there were no sex differences. Instead of this, they described the brain as a mosaic of male and female features. Within that mosaic, various workers have since identified divergent male, transgender, and female phenotypes. In a 2020 paper Joel et al summarised the present situation by saying: "It is impossible to determine whether the differences between the groups reflect the different life experiences of individuals with different identities or preceded these experiences. It is also impossible to determine whether differences in specific brain structures are responsible for the different identities. These questions of cause and effect are further complicated by the observation that brain functions are generally not localized in one particular brain structure but distributed over circuits of large numbers of interacting brain areas". There is also supporting evidence from other neurological studies to show that, while male and female neural differentiations on average fall into these two categories, there is such a large spread in the distribution of these identifications that large overlaps occur. Mitchell for example gives a comprehensive account of this in his book. This means that it is Joel et al themselves, who discredit the interpretation which these gender critical feminist groups place on their work. Also: rather than looking at neural activity, examining neural interconnectivity may be a more appropriate approach. Standard handbooks such as that on: "Sex Differences in Neurology and Psychiatry" show the complex interactions that exist between sex and gender, even before and soon after birth. This contradicts the arguments presented by those groups who claim the gender identity is determined by social conditioning alone. It also has major consequences for those feminist movements whose gender politics are based entirely on the premise that gender is wholly socially constructed. As the feminist accounts of gender identities and transgender people show, this presumption is unquestioned in their own histories, cultures, and research.

¹⁸ Mitchell, Kevin J. (2018): "Innate: How the Wiring of our Brain Shapes Who We Are": Princeton University Press; ISBN 978-0-691-17388-7.

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¹⁹ I also discuss this extensively in *Responsibility in Transgender Disputes*: Gilchrist, S. (2021): “*Responsibility in Transgender Disputes*”: <http://www.tgdr.co.uk/documents/248P-Responsibility.pdf>: (I am presently withholding part of this document because I wish to update it in the light of the *Tavistock v Bell* court ruling. However key sections continue to be available).

²⁰ See for example Lanzenberger, R.; Kranz, G.S.; Savic, I.: (Eds) (2020): *Sex Differences in Neurology and Psychiatry* Handbook of Clinical Neurology Volume 175, 2020

²¹ See section 2:0 and Bettcher, Talia, (2014): “*Feminist Perspectives on Trans Issues*”, The Stanford Encyclopedia of Philosophy (Fall 2020 Edition), Edward N. Zalta (ed.), URL

<https://plato.stanford.edu/archives/fall2020/entries/feminism-trans/> . Mikkola, Mari, (2019) “*Feminist Perspectives on Sex and Gender*”, The Stanford Encyclopedia of Philosophy (Fall 2019 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/fall2019/entries/feminism-gender/> .

²² (Butler 2021) Butler, Judith, (2021): “Why is the idea of ‘gender’ provoking backlash the world over?” the Guardian 23 October 2021: <https://www.theguardian.com/us-news/commentisfree/2021/oct/23/judith-butler-gender-ideology-backlash?fbclid=IwAR0rB1GFwR8N88U-cPMYXrpCQ2FQLzqe5IUfNlSuckXkhNzVEarOg66uh0s> also [Butler 2021](#)

²³ EHRC (2022): “*Response submitted to UK Government consultation Banning conversion therapy*” Equality and Human Rights Commission, January 2022 <https://www.equalityhumanrights.com/sites/default/files/consultation-response-banning-conversion-therapy-26-january-2022.docx>

²⁴ <https://www.gov.scot/publications/gender-recognition-reform-scotland-bill-analysis-responses-public-consultation-exercise/> <https://sp-bpr-en-prod-cdn.azureedge.net/published/EHRCJ/2022/1/25/8c18e05c-08ab-4c7d-992b-4b0467541d70/EHRCJS062022R1.pdf>

²⁵ <https://www.equalityhumanrights.com/sites/default/files/consultation-response-gender-recognition-act-18-october-2018.pdf> https://www.equalityhumanrights.com/sites/default/files/gender_recognition_act.pdf

²⁶ Moore, Mallory; Links, Meryl; Clarke Sarah. (2022): “EHRC asserts protections for religious and trans conversion therapy, calls for pausing GRA reform” Transsafety Network: Thu Jan 27, 2022 (updated: 12:21) https://transsafety.network/posts/ehrc-defends-ct-pauses-gra-reform/?fbclid=IwAR1ncCNfAYGbk5msmJ_CMh1j8ga6noc_LW1eIIZRYBH-GzRkc9rLUKealYQ

²⁷ Intersex people (the term used to describe a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't fit the typical definitions of female or male) are not explicitly protected from discrimination by the Equality Act, but you must not be discriminated against because of your sex or perceived sex. For example: if a woman with an intersex condition is refused entry to a women-only swimming pool because the attendants think her to be a man, this could be sex discrimination or disability discrimination Equalities and Human Rights Commission; (2021): “*Gender reassignment discrimination. Advice and guidance*”: Last updated 22 Dec 2021 <https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-discrimination>

²⁸ The role of the EHRC is to interpret human rights law. The advice it gives does not have legal force and is subject to the advice given in the 3010 Equality Act.

²⁹ It is alleged that the EHRC held several private meetings and exchanged correspondence with gender-critical groups <https://www.pinknews.co.uk/2022/02/02/ehrc-equalities-watchdog-trans-lgb-alliance-fair-play-women/> <https://www.pinknews.co.uk/2022/02/02/ehrc-equalities-watchdog-trans-lgb-alliance-fair-play-women/>

³⁰ The Independent (2022): “*Liz Truss faces criticism for failing to set up new LGBT+ advisory panel nine months after scrapping old one*”. The Independent 9 January 2022 <https://www.independent.co.uk/news/uk/politics/liz-truss-lgbt-panel-government-b1988136.html>

³¹ Additional comments include: This (treatment) should include support to reduce distress and reconcile a person to their biological sex where clinically indicated, including for children and young people aged under 18 if this is in their best interests (para 7). Proposals to restrict the promotion of conversion therapy could curtail freedom of expression. However, given the evidence that conversion therapy is statistically associated with negative health outcomes... a provider of what might be considered conversion therapy should supply the individual with information about the likely effectiveness of this treatment (para 20). This offence should not capture communication such as casual conversations, exchanges of views or private prayer, with the distinction defined clearly in the legislation (para 28). Encouraging people to comply with religious doctrine that requires refraining from certain types of sexual activity should not fall within the definition of conversion therapy either. However, faith and community leaders should be made aware of the ban on conversion therapy in order that they understand the importance of compliance (para 6): Equality and Human Rights

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Commission (2022): "Response submitted to UK Government consultation: Banning conversion therapy": 26 January 2022

³² See sections 3:0 to 11:00 of Gilchrist, S. (2019a): "*Divisions: Self-Declaration and Gender Variant People*": <http://www.tgdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf>

³³ UK Government (2010) Equality Act Notes <https://www.legislation.gov.uk/ukpga/2010/15/notes>

³⁴ For those who argue that gender identity is purely a socially learned construct, the issue is one of male domination and power over women. From this perspective, those male-to-female transsexuals who identify as women are understood to erase women's identities and attack women's sex-based rights: their argument is that social conditioning creates boundaries that cannot be crossed. This gives strong reasons for adopting autogynephilic explanations for transsexuality, where homosexuality is regarded as a personality variation and is a fundamental and clearly defined element of identity, while male-to-female transsexuality is regarded as a sublimated sexually motivated paraphilia or disruption of homosexuality instead.

³⁵ https://ec.europa.eu/info/policies/justice-and-fundamental-rights/combating-discrimination/lesbian-gay-bi-trans-and-intersex-equality/studies-and-research-lgbti-equality_en

³⁶ PACE (2022): "*Rights of LGBTI people: advances achieved are under threat, PACE says*" Parliamentary Assembly of the Council of Europe: 25 January 2022 <https://pace.coe.int/en/news/8582/rights-of-lgbti-people-advances-achieved-are-under-threat-pace-says>: Council of Europe (2021) "*LGBTI Persons' Rights*": September 2022

<https://rm.coe.int/thematic-factsheet-lgbti-eng/1680a3b2d7> "Adopting a resolution based on a report by Fourat Ben Chikha (Belgium, SOC), the Assembly strongly condemned "the extensive and often virulent attacks on the rights of LGBTI people for several years" notably in Hungary, Poland, the Russian Federation, Turkey and the United Kingdom, stressing that the significant advances achieved in recent years were today under threat. During the debate, in which intervened the European Commissioner for Equality Helena Dalli, the parliamentarians deplored anti-gender narratives, which reduce the fight for the equality and rights of LGBTI people to what some conservative movements deliberately mis-characterise as "gender ideology" or "LGBTI ideology". For a gender-critical viewpoint see: Hayton Debbie (2022) "*Stop saying the UK is transphobic*" Blog: 3 February 2022

<https://debbiehayton.com/tag/parliamentary-assembly/>

³⁷ Using definitions which dictate that the word "women" must be exclusively confined to biology is trite and deliberately excluding, when we use the terms men and women to describe how we relate to each other in our social roles. The allegation that "transgender people believe they change biological sex" is entirely the product of the gender-critical groups. Many equivalent condemnations continue to be enforced today, notably by sections of the Christian Church.

³⁸ Gilchrist, S. (2022): "*Christian Communities, Transgender People and Christian Traditions*":

<http://www.tgdr.co.uk/documents/037B-PresDoctrinesDisputesTransPeople.pdf>

³⁹ <https://publications.parliament.uk/pa/cm5802/cmselect/cmwomeq/977/summary.html>

⁴⁰ As equalities minister, Truss has the power to appoint new commissioners to the board of the Equality and Human Rights Commission (EHRC), an ostensibly independent body that "promotes and upholds" equality law across England, Scotland, and Wales. She has used this power to make two appointments that sparked worry in the trans community. In November 2020, Baroness Kishwer Falkner was named chair of the EHRC, and promptly said that her watchdog would protect "freedom of belief", including "gender critical" beliefs, and that it is "entirely reasonable" to question trans people's gender identity. In December 2021, Truss appointed the barrister Akua Reindorf to the board of the Equality and Human Rights Commission. Reindorf is known in the community for her review of the "de-platforming" of two anti-trans speakers at the University of Essex, which was highly critical of Stonewall's trans inclusion advice. Appointments to the EHRC are likely to outlast Truss' role overseeing equalities and paints a troubling picture for the rights of trans and non-binary people.