
Final Submission to the Gender Recognition Advisory Group

On Behalf of
Gender Identity Disorder Ireland

2010

**SUBMISSION TO THE
GENDER RECOGNITION ADVISORY GROUP**

Submission to Gender Recognition Advisory Group

PREAMBLE

1. Gender Identity Disorder Ireland (GIDI) makes this submission in the best interests of people diagnosed with the congenital neurobiological condition Gender Identity Disorder (302.85), also known as Gender Dysphoria, and their families. We hold the diagnosis of Gender Identity Disorder to be the basis of the necessity for the proposed legislation on gender recognition.
2. One of our primary concerns in making this submission to the Advisory Group on Gender Recognition is that the proposed Gender Recognition Legislation *does not* lead to the permanent sexualisation of people with Gender Identity Disorder/Gender Dysphoria through the inclusion of inappropriate and inaccurate terminology.
3. We are further concerned that the proposed legislation *does not* categorise, interpret or define Gender Identity Disorder as a mental illness and to ensure that it is properly categorised, interpreted and defined as a *congenital-neurobiological condition*.
4. One of GIDI's primary aims in making this submission and ongoing work is to promote the *de-sexualisation* of the condition and to remove it from all associations with "*trans*" terminology in all its various sexual and fetishistic forms and uses.
5. We are extremely concerned that the proposed legislation on Gender Recognition will leave a positive legacy for future generations of adults and children, who will be diagnosed with GID/GD, and that there is *nothing* within the proposed legislation that might deter such individuals from coming forward for help at the appropriate juncture.
6. In the interest of conciseness we have kept our comments and submissions to those issues upon which we either disagree outright, or, where we agree in principle, but upon which we would have reservations and concerns.

BASIC SCOPE OF PROPOSAL

1. GIDI takes strong exception to the term "transsexual" in all its forms and uses in relation to the proposed Gender Recognition legislation. We submit *the* correct terms are **Gender Identity Disorder (302.85)**, and **Gender Dysphoria**, which are *the* terms used in the diagnosis of this gender identity condition.
2. Further, we submit the terms "transsexual" and "transgender" and all other related variant terms are inaccurate and wholly inappropriate to this clinically diagnosed condition.

3. Given the very serious nature of this issue we will return to it in a separate section.

OUTLINE OF PROCESS

1. GIDI has no issue with the process as outlined, with the exception of the missing step between 4 and 5, which we believe should include the issuance of the birth certificate on the basis of an application being approved.

PRINCIPLES

1. We agree with **point 2**, that the *terms and conditions of the scheme should not deter potential applicants from applying*. The present reality however is many people experiencing diagnosis of GID/GD are unwilling to do so precisely because of the fear of being associated with the terms “*transsexual*” and “*transgender*”, and their variants. They do not wish to be stigmatised with this label for the remainder of their lives.
2. These fears are very real and there is currently a great deal of distress being experienced by people with GID/GD as a consequence of the confusion and association with these “*trans*” terms.
3. We agree with **point 3** that *the criteria should be capable of being interpreted in a consistent and objective manner*. To this end we submit the legislation should only include those appropriate medical/clinical terms used in the actual diagnosis of Gender Identity Disorder/Gender Dysphoria, and to the exclusion of all inappropriate and detrimental terminology.
4. The use of the terms Gender Identity Disorder/Gender Dysphoria (GID/GD) will ensure the criteria will be interpreted in a consistent and objective manner and also remove any confusion caused by the use of the “*trans*” terms mentioned above.
5. We further submit the terminology used in the legislation and all subsequent systems and documentation should only include the correct medical/clinical terms.
6. We further submit that the terminology should accord with the Department of Health and Children’s official public statement that Gender Identity Disorder is the “*accepted*” term for the condition (Minister Mary Harney TD, February 20th, 2008).
7. We submit the current terms “*transsexual*” and “*transgender*” does **not** command the trust and acceptance of the vast majority of people diagnosed with GID/GD. In

fact its uses causes significantly more harm than the terms Gender Identity Disorder and Gender Dysphoria.

QUALIFICATION CRITERIA

Other & Acceptance Criteria

1. We submit that the qualifying criteria should include a confirmed diagnosis of Gender Identity Disorder/Gender Dysphoria alone, to the exclusion of all “*trans*” related terms. This will ensure the acceptance criteria are consistent with the HSE’s own criteria in relation to its treatment path.
2. We submit that the diagnosis must be given only by qualified registered clinicians, e.g. Clinical Psychologists and Consultant Psychiatrists etc.
3. Confirmation that the applicant is under appropriate medical supervision for the purpose of undergoing Hormone Therapy and Gender Realignment Surgery (GRS).
4. We believe that the following groups should be excluded from the application process:
 - Persons who have self-diagnosed and self-medicate without the appropriate medical supervision. We believe that to allow such applicants into the scheme would be to bring the scheme into serious disrepute, along with the diagnosis of Gender Identity Disorder/Gender Dysphoria, upon which the legislation and scheme are based. However, such applicants should be afforded the opportunity to revert to a qualified psychologist/psychiatrist for the purpose of obtaining the necessary confirmed diagnosis.
 - Persons who have limited “*sex-change*” surgery without any proper diagnosis, as distinct from those who have been properly diagnosed and who have or are going through the appropriately recognised Gender Realignment Surgery (GRS), which is solely on the basis of a clinical diagnosis and prescribed in accordance with standard procedures for prescribed treatments. Such applicants should also be afforded the opportunity to revert to a qualified psychologist/psychiatrist for the purpose of obtaining the necessary confirmed diagnosis.
 - *We strongly recommend that an information brochure be made available to all applicants. The brochure will outline the working of the scheme, the criteria by which applications will be processed and the information/documentation required from each applicant. A checklist could also be included which the*

applicant can tick off. This will enable them to determine what parts of the criteria they currently satisfy and those which remain outstanding.

- This approach will also have the benefit of avoiding wastage during the process and will ensure it proceeds in a more streamline fashion.
5. There should be evidence of a commitment to living within the new social gender role. This can be achieved through the following requirements:
 - Change of name by Deed Poll and providing an Affidavit of Deed Poll with the application form.
 - Completed the alteration of all existing legal and other relevant documentation to the new name and gender.
 6. We submit, notwithstanding the difficulties imposed on some marital and other familial relationships, that persons in existing marriages or civil partnerships should **not** be excluded from the scheme and that such exclusion will render the scheme open to legal challenge for the same reasons it was introduced in the first instance.
 7. We submit these qualifying criteria for acceptance as essential to the overall integrity of the nature of the condition in question, its diagnosis and treatment, the legislation for establishing the scheme, and the scheme itself.
 8. We submit that whilst the completion of Gender Realignment surgery should be listed in the qualifying criteria, exceptions should be made in those cases where the applicant is unable to proceed with the surgery.

DECISION MAKING PROCESS

1. We submit the decision making process should be conducted through the Court Process, using a similar process to that used in the case of Deed Polls. We believe that though the process is by its nature formal, it should not be a cause for distress to the applicants. We believe that this approach will greatly simplify the process and avoid any unnecessary delays or wastage in how the scheme is administrated.
2. We further submit that where interviews of applicants are required (which should only be in exceptional circumstances) that a panel of independent experts are best placed to make *gender recognition decisions*.

GENDER RECOGNITION AND RECORDING OF DATA

1. We submit that a decision making body should issue a gender recognition certificate to the successful applicant rather than the minister. We propose that the shortest waiting period possible be applied to applications.
2. Whilst we agree that *all rights, responsibilities and consequences of actions by the person in their original gender role prior to the date of recognition would remain unaffected*, we are concerned with the proposal to have the original birth entry in the register of births. We believe this will defeat the overall purpose of issuing a new birth certificate in the first instance. It is suggested that such issues could be adequately addressed in the same manner as would apply to the change of name in a Deed Poll, thus avoiding the necessity to have the original birth certificate remain in place.
3. We are also concerned that the original entry remaining alongside the new entry will be open to abuse and could still infringe upon the individual's right to privacy.
4. We propose that the new birth certificate supercede the original birth certificate and that the new certificate be used in all circumstances and without reference to the original birth certificate.

TERMINOLOGY & PUBLIC ACCEPTANCE

1. Gender Identity Disorder Ireland is extremely concerned about the use of any "trans" terms in relation to the proposed gender recognition legislation. There are cogent reasons for our position, some of which cannot be adequately demonstrated within this submission. However we will present here some of our reasons for taking this strong position in relation to the terminology proposed for use in the legislation.
2. The terms "transsexualism", "transsexual", "TS", "transgenderism", "transgender", "TG" "gender queer", and "gender variance" are umbrella terms which include, "transvestites", "crossdressers", and "shemales". The vast majority of these groups are made up of people experiencing psychosexual and fetishistic compulsions which have nothing to do with Gender Identity Disorder/Gender Dysphoria.
3. The overwhelming majority of people with GID/GD are opposed to these terms and believe they are harmful to their situation. They are adversely affected by the public's perceptions and attitudes towards those who live the "trans" lifestyle.

4. This is not merely a matter of semantics. The differences of terminology and the public's understanding of them have a great bearing upon the ability of people with Gender Identity Disorder/Gender Dysphoria to communicate their condition and to live safely and effectively within their families, communities and workplaces. It is for this reason that we take such a strong position in opposing the use of any "trans" related terms within the forthcoming legislation on gender recognition.
5. We recognise that other jurisdictions have adopted "Trans"s terms but we believe this to be a serious error. The inclusion of "trans" terms is having an adverse affect upon the public's consciousness and how it reacts to those who dare to make their condition public.
6. *We propose therefore that Gender Identity Disorder/Gender Dysphoria be used as the officially recognised clinical/medical terms and thereafter referred to as "Gender Dysphoria" and "People with Gender Dysphoria". We make this suggestion on the basis that Gender Dysphoria is a more universally accepted term across the GID/GD population.*
7. We hope to be afforded the opportunity to demonstrate these reasons more effectively by way of a presentation to the Advisory Group, should we be afforded the opportunity to do so.
8. The following letter was prepared by a very concerned mother who was brave enough to come forward and make her feelings known about the use of "trans" terms and the need for using appropriate terminology within the proposed legislation. She is concerned for her child who was diagnosed with Gender Identity Disorder and how as a parent she and her husband and family can best deal with the situation. As a family they are utterly opposed to the use of any of the terms mentioned above and are aware of the confusion and harm they are causing to people with GID.

A Parents Plea

To whom it may concern,

As a Concerned Parent, I would like if the issue of Gender Dysphoria was treated as the medical condition that it is, and given its proper terminology, i.e. Gender Dysphoria, or Gender Identity Disorder, and henceforth was referred to as such. This is a most important issue, especially to those who live with this condition and who struggle every day to have the proper term used with regard to their condition. It is a neurobiological congenital disorder, which medically recognised and therefore should be referred to as same and also given its proper title at all times. This goes for any medical condition, for example,

Diabetes, Arthritis, etc., which are both addressed and recognised as medical conditions. By once and for all putting this in place, it will make sufferers of this condition more at ease and enable them to have the help and treatment which any medical condition warrants.

Please could you give this matter your urgent attention, and your time and consideration are much appreciated.

Thanking you in anticipation.

A Concerned Parent.

SUMMARY & CONCLUSIONS

1. In summary, Gender Identity Disorder Ireland (GIDI) welcomes the government's commitment to enact new legislation on Gender Recognition and the establishment of the Gender Recognition Advisory Group for this purpose.
2. However we are concerned about the issues discussed herein and in particular the issues relating to the criteria to be used in processing the applications for new birth certificates.
3. We are also deeply concerned about the terminology to be used within the new legislation.
4. We remain convinced that the only correct and medically definitive terminology is and should be Gender Identity Disorder or Gender Dysphoria.
5. We have outlined what we believe to be cogent reasons for our position and that we have other reasons which cannot be adequately demonstrated within this submission. It is with this in mind that we respectfully request the opportunity to come before the Advisory Group and make a further presentation of this submission with the inclusion of these other reasons.

On behalf of my colleagues I wish to express our appreciation for the time you have taken to consider this submission.

Sara-Jane Cromwell
Chief Executive

19th October 2010