



Joe FitzPatrick MSP

Convener

Equalities, Human Rights and Civil Justice Committee

Scottish Parliament

By email

25 May 2022

Dear Convenor,

COMMITTEE MEETING 31 MAY

Thank-you for inviting MBM Policy to provide a witness to the Committee's stage 1 evidence sessions. I look forward to seeing the Committee on 31 May.

The Committee has a formidable task in considering a Bill for which the background work has not been done and the complexity of which the Government itself appears not to appreciate. Given this, and the limited amount of time available next week, I thought it might be helpful to write ahead, on two points I would like to make for the record without needing to take the Committee's time in the hearing.

First, there has been a serious misrepresentation of the position of those with concerns about potential impacts on women and girls. It was put to the Committee on 17 May by Colin MacFarlane that a key argument by those opposed to moving GRCs onto self-declaration is that "trans people, and particularly trans women, are a threat." Other witnesses have suggested similar.

This is not my position, I know it is not the position of others appearing with me, and I have not seen this claim made by any group or individual falling within what would be generally recognised as the mainstream of public discourse. I am confident that it is not the view of any group who has met the Scottish Government to argue for more care to be taken over impacts on women.

The only time I have seen this evidently harmful idea introduced into mainstream public debate is in fact by organisations and individuals who describe themselves as advocating for trans rights, as a view they ascribe to others.

The issue for us is not whether or not a person is trans, but what their sex is. In the context of women's single sex services and spaces, the issue therefore is simply whether or not someone is male; that is, in the words of a recent judgment of the

Inner House of the Court of Session and the EHRC's recent guidance on single sex services and spaces, whether someone is biologically male.

The harmful mischaracterisation of concerns about sex, and specifically *maleness*, as being concerns about *trans status* has contributed substantially to the abuse of women seeking to have a voice in this discussion and to the atmosphere of tension and mistrust here. We would like it to stop here.

Nor equally is the argument here that all members of *any* group in the population are a danger. It is simply the long-standing observation that the female half of the population is at risk of violence and sexual offending almost exclusively from people drawn from the male half of the population. This ought not to be a controversial statement to make in 2022.

In seeking to understand properly the position we are coming from, I would further ask the Committee to note that the arguments here are not exclusively about physical safety. As the EHRC's recent guidance reinforces, in certain contexts single sex services can be justified on the grounds of privacy and dignity, as well as safety.

I would also like to pick up on comments made by a number of witnesses, who have discussed the classification of gender dysphoria as a mental health issue. The GRA of course does not specify that gender dysphoria is a mental health or psychiatric diagnosis. The definition of gender dysphoria in section 25 does use the term "disorder", and was criticised for doing so in a recent judicial review: the UK Government has said that it plans to amend the Act to deal with that. The Act, with this change, would therefore be consistent with the reclassification of gender dysphoria in other contexts, already noted by some witnesses, as not being a mental health diagnosis.

My reason for raising this however is that a number of witnesses have commented without challenge on mental health conditions being "stigmatising". I have spoken to several people following the early evidence sessions who are unhappy that the discussion in committee risks (re)normalising the idea that having a mental health condition is stigmatising. As someone who experienced post-natal depression, I share that concern. There have been major efforts by government and others over the past few years, for example the See Me campaign, to challenge the stigma traditionally attached to mental health conditions. Again, given time will be limited, this is perhaps better dealt with by letter. I would simply ask the Committee to be alert to how the discussion sounds to those outside the Committee room who are experiencing or have experienced mental health issues, and consider this also in drafting its Stage 1 report.

Copy goes for information to For Women Scotland and the LGB Alliance, who I have been advised are appearing on the same panel.

Yours,

Lucy Hunter Blackburn

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