

The Misdiagnosis of Transgender Conditions by the Supreme Court¹

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26 October 2025

Most modern definitions of gender divide it into two components. The first is the “Core Gender Identity” which enables me to develop my first sense of self identity and begin the process of finding out “Who am I in life?”². We cannot know how it happens because we do not have sufficient self-awareness or cognition to understand: And many transgender people assume that their sense of “gender incongruence”; or incompatibility is present from birth. This means that we are aware of its impact; but not necessarily about its formation, because it represents that inner sense of belonging, without behavioural implications; which is created before understanding exists³. Its presence is recognised in the scientific consensus adopted today by the World Authorities and Professional Medical Institutions as “naturally expected variations of the human condition, intrinsic to the personality created, arising very early in life, and cannot be changed either by the individual concerned or by the predations of others in subsequent life”⁴. There are disputes about its impact and how the “Core Gender Identity” develops. But from my own research I conclude that these core elements of personality and identity begin to coalesce from previously fragmented thought; during a unique period of early development, which takes place around a median age of two years⁵. Gender and other identities cannot form before birth because they depend on relationships with others. Since they coalesce from fragmented processes, a different endpoint is reached for every individual⁶. Therefore, transgender women can also be included in the category of women, for they share the same “performances of gender” from early in life. The long-term stability of these core elements of personality and identity ... which includes transgender identities⁷, enables the widest possible range of gender expressions to be encountered: while providing a stable base to bring order to life: And to create a platform for future development to take place. Incongruences of the Core Gender identity must be treated as personality variations since this develops as a difference of identity from the outset: and with nothing to replace it, the effect of its destruction leaves a vacuum or disorder in its place.

The second element is the “Gender Role Identity”, which requires a sufficient level of the cognitive abilities. It involves mental processes like thinking, perceiving, and remembering, with key characteristics including attention, memory, language, and problem-solving, to be present: This also forms part of a well-studied “What makes me: me?”⁸ network, because it measures how we respond to our own learning experiences and incorporate the expectations of others and influences of society in our everyday lives. That does not in general reach a sufficient level of capability to be effective until a median age of three years. And it is in contrast to the core gender identity, which is represented by an internally focussed search for coherence of identity; with no threat to others, disturbances to the gender role identity are measured by motives of sexual attraction, behaviour, and desire, where the consequent but presumed perversions and paraphilias⁹ can be seen to cause threats to women’s safety, identity and lives. This also means that the Gender Role Identity acts as an overlay of the Core Gender Identity which has already been created. The combination of these is usually referred to as “Gender Expression” but apart from acknowledging its presence, we are generally not aware of the impact of the Core Gender Identity, unless some incongruence occurs. Today, many psychologists, psychiatrists, educationalists and sociologists still ignore these effects. In my own work I have used transgender experiences as case studies with the aim of gaining greater insight how personalities and identities for all of us develop. And the combination of the “who am I” network”, the “what makes me: me?” network; with the often hidden, but long-term stabilities of these core elements of personality and identity; might give some greater insight into how awareness and consciousness arise¹⁰.

Transgender conditions are currently the subject of intense dispute. The scientific consensus adopted by the World Authorities and Professional medical Institutions recognise that gender identities, measured in terms of searches for coherence of identity involving relationships with society ... and sexual identities, measured in terms of sexual orientations and love and relationships, are both independently functioning core elements of the personality that is created, form from a single neural complex very early in life. Therefore, both must be equally treated, and the free expression of both must be regarded as a fundamental human right. However that should be contrasted with the approach adopted by some gender-critical groups, feminist movements and others, who instead attempt to ignore this early period by adopting a “gender critical ideology” which reduces the diagnosis of transgender conditions to sexual desire; and to “perversions, paraphilias and disruptions of the gender role”: by imposing an assumed “gender ideology”, which alleges that “transgender people believe they can choose, change or deny biological sex”¹¹: These groups reduce the concept of gender identity from a core element of the personality that is created, to a nebulous collectively created concept associated only with the gender role. The legitimacy of transgender identities is written out of existence because feminist ideologies demand there cannot be any more fundamental difference^{12 13}, and the reality or impact of the Core Gender Identity is totally denied.

These are disputes about aspects of development which we mostly are not consciously aware of. They are encountered in a “Gender-critical ideology”; adopted to various degrees by Stock, Rippon, Sullivan, Cass and others, which presumes that cognition and sexual motives alone drive development forward, and the impacts of the major neural and cognitive changes and transformations during the first three to four years are ignored. For the same reasons, it is perfectly possible for each

side in this dispute to produce seemingly logical and coherent arguments to justify their positions: Which differ profoundly because of the starting point which is adopted. This means that, gender-critical groups; such as “Sex Matters”, can produce seemingly convincing arguments which totally ignore the impact of pre-cognitive development, the existence of the core gender identity, and the severe traumas and challenges which transgender people face: Thereby changing the understanding of transgender conditions: from the one set out by the World Authorities and Professional Institutions, that had enabled transgender people to be fully welcomed and accepted by everyone as the women they say they are, in normal everyday life: And had enabled them to integrate invisibly; without reservation, into society ... Into one in that now provides them with suppressed sexual motives, which parallel those of perversions and paraphilic: So, instead of treating them as personality variations, this now demands that they are treated as personality disruptions, and in place of searches for coherence of identity; enforces motives upon them which are those of desires for a role or the attractions of sex¹⁴.

Attempting to treat transgender conditions as personality deviations or disruptions when the diagnosis should be that of personality variations is potentially disastrous, because the time when transgender children and their parents most need help to manage these conditions occurs from early childhood, not later in life. Moreover, when the motives, timescales and methods of management of these two approaches differ to the extent that what one side considers to be those of compassion and concern, are almost inevitably regarded as recruitment, grooming, capture, and coercion by the other, it is essential to get the diagnosis correct. Unlike personality variations: where development proceeds in the variant direction from the outset a diagnosis of disruption applies, where some unnamed perversion, paraphilia or disruption is presumed to have caused transgender conditions to arise. Today, and for centuries that perception that transgender conditions are sexually motivated perversions or disruptions, instead of searches for coherence of identity has put all gender and sexually variant people under suspicion, persecution, condemnation, criminalisation and attack¹⁵.

An impartial and objective approach is needed, but that has been taken away by a Supreme Court judgement which; by the Court's own admission, relies entirely on the views of “Sex matters” and other gender-critical groups. A study of the judgement and the references cited by the Court reveals that the views of world Authorities and Professional institutions were not meaningfully considered: The Court's refusal to accept the intervention of the “Good Law Project” also meant that expert opinion, which would have provided a counterpoint to the arguments was denied. And without any other expert input the advances in science, clinical, medical, experiential evidence and public understanding since the 1960s are also denied. In place of an approach which had sought with no problems for many years to maximise the inclusion of transgender people in everyday it now focusses on exclusion instead^{16 17}. And it destroys the legitimacy of transgender identities as searches of coherence of identity, by representing these as drives of sex.

It should be expected that all equality legislation would monitor behaviour through “*the performance of gender*”. The 2004 Gender Recognition Act recognised that the words “men”, “women”, “male” and “female” were interchangeably used, and the construct of “*legal sex*” was adopted, to ensure that all judgements and past and future legislation could be interpreted in the context which is correct. The right of transgender women to call themselves women; because of their “*performances of gender*”, is enshrined in that Act. But the Court's refusal to put “*trans women*” into the category of “*women*”, and its decree that the terms “men” and “*women*” in the 2010 Equality Act must be confined to “*biological sex*”, regardless of circumstances denies any right for transgender people to call themselves “*women*” through their “*performances of gender*”. Therefore, the Court's decision to confine the definition of “*sex*” to “*biological sex*”; not only for the purpose of the 2010 Equality Act, has legally removed the specific rights of transgender people, to access public services and spaces normally reserved for women, from those which were previously available through the 2004 Gender Recognition Act. Lord Hodge, one of the Supreme Court Judges has said that he expected outrage from transgender people because “*something they thought they had was being taken away from them*”¹⁸. But what is being taken away from transgender people is their reliance on the viewpoint of the World Authorities and Professional Institutions: who recognise that this legal right to call themselves women; and the legal freedom to express gender identities without undue restriction, is a basic human right. And in its place puts the imposition of an incorrect gender-critical diagnosis, which instead of recognising that transgender conditions are searches for coherence of identity, with no threat to others: now enforces a diagnosis which portrays them as being driven by sexual motives, with potential dangers to women and children's safety identity and lives.

The Court's endorsement of a gender-critical ideology which states that that “*inspection of the genitals at birth is sufficient to determine the appropriateness of all future gender behaviour*”, enforces a diagnosis which presumes that unless some unnamed sexual perversion occurs, gender and sexual identities, and gendered and sexual behaviours should always align with biological sex. Transgender conditions are incongruities of the core gender identity, where transgender women and natal women engage in similar or the same performances of gender in their everyday lives. Current understandings show that, although on average there are significant differences in male and female behavioural patterns, with men more prone to engage in physical violence, considerable overlap occurs¹⁹. Aggression profiles follow similar patterns²⁰. And differences in neural maturation rates can have a similar effect²¹. It also means that the same processes of identity formation apply to everyone. And this allows all women, including male-to-female transsexuals: acting as women with women, to pursue the same feminist arguments with the same vigour, from a stronger base. Equally for any female-to-male transsexual: acting as men with men, to pursue any equivalent male arguments from a similarly stronger base. Because the core gender identity can be described as an inner sense of belonging without behavioural implications, it further means that gender-critical ideology, which ignores the pre-cognitive development processes, must be the less

effective approach. And it follows that that the “*core gender identity*”, instead of “*biological sex*” should instead be the key moderating factor in determining how people socially interact.

Therefore, transgender women must be included in the category of “*women*” for all purposes involving, clubs, services, hospitals and social activities, subject to specific and objectively justified exemptions in accordance with the 2004 Gender Recognition Act. The same degree of inclusion is also needed, because this “*performance of gender*” must be treated as a basic human right. The most obvious need or exemption is the physiology of sex. The difference between the definition of gender identity in terms of purpose in the 2004 Gender Recognition Act and that of biological sex, means that this is implicitly provided for in this Act. All arguments must be considered, but that has not happened. The difficulties in reaching the right decision arise because the intervention of the Good Law Project, which represented transgender interests was not permitted; without any reason being given. And the approach of the World Authorities and Professional Medical Institutions which treats transgender conditions as personality variations is dismissed as unreliable or incorrect²². Lord Hodge states that the Court has ruled that that single sex services must always be available, but it does not specify which how this should be implemented. I agree that this provision is needed, but instead of using the Court’s present decision, which would hold a whole group to ransom because one person objects, the most obvious approach is to make cubicles or spaces available for those who have concerns; only in circumstances where they are specifically needed, or where chaperoning may instead be applied: For clarity, I would not object to specific exemptions for physiology being written into the 2004 Gender Recognition Act and the 2010 Equality Act. The Supreme Court states that transgender people are as equally protected under the protected characteristic of “*gender reassignment*” as lesbian and gay people are under that of “*sexual orientation*”. These should provide protection in law for all gender and sexually variant people through their “*performances of gender*”²³ or for their “*performances of sex*”: Which justifies the continued retention of an approach which maximises the inclusion of transgender people in everyday life. But by requiring that “*sex*” must be treated exclusively as “*biological sex*” and by demanding that gender identity must always be congruent with biological sex, the Court’s actions totally remove all protections for the “*performance of gender*” from transgender people. By identifying transgender conditions as perversions or disruptions, it denies any access to the protections of human rights. It is reminiscent of a religious tradition, whereby the expression of any gender or sexually variant behaviour for any purpose is automatically regarded as an intrinsically disordered sexual act. It is a verdict which ignores pre-cognitive development. And has roundly been condemned by swathes of expert opinion as being “*Unfounded, transgender exclusive and totally incorrect*”²⁴.

The Court’s decision to restrict the interpretation to that of “*biological sex*” for the 2010 Equality Act does not just disenfranchise transgender people. I conclude that it frustrates the plain meanings of both Acts²⁵. It in addition enforces a throwback to a gender complementarian society, which demands that everyone conforms to the expectations of “*biological sex*”. The Court may have provided the protections which satisfy the legal requirements of the 2010 Equality Act. But, instead of creating a society which by default seeks to maximise the inclusion of all gender and sexually variant people in everyday life: Its decisions now promote actions to exclude them; because of perceived fears of motives and of sex. I believe that this is a denial of transgender people’s basic human rights. It is well accepted that gender identity can be divided into two components, the core gender identity which measures the ability to separate the self from the other; and is marked by a search for coherence of identity, which is overlaid by the gender role identity which relies on cognition; and is driven by desires and behaviours; including motives of sex. Transgender conditions are the subject of intense disputes but, by the Court’s own admission, it relies entirely on the views of “*Sex matters*” and other gender-critical groups. The Court therefore denies the effects of all of the massive changes and transformations in neural and cognitive changes during the first three to four years of life. Including the work of pioneers, including Girard, Dawkin, Gallese, and many others from the 1960s onwards, into how these early processes of cognition and their impact on how personality and identity come to be created. And the damage caused by this denial is further emphasised in my own work: In which a detailed study on how development takes place during the first three to four years is undertaken. No court judgment can have any validity if it ignores all of these advances in neurology, and the supporting clinical, medical and experiential evidence available since the 1960s, in any verdict it delivers. Therefore, I would draw this matter to the attention of the Court itself, the UK Government, Parliament, The Parliamentary Women and Equalities Select Committee, and the joint Committee of the House of Commons and the House of Lords on Human Rights. Together with concerns about the way in which Government and EHRC interventions have promoted a “*gender-critical*” approach²⁶.

This transformation in understanding from an approach which had sought to maximise the inclusion of transgender people, in everyday life, into one which now identifies some unnamed sexual motives and perversions for transgender conditions: and which focusses on reasons for their exclusions, has been a disaster for transgender people. That is seen in the great increase, since the release of the Court judgement, in the incidences of exclusions and attacks. Gender identities are incongruities of the core gender identity, where no threats to others are created, involving searches for fulfilment and achievement in life. But the fears that are created by decision of the Supreme Court, to instead endorse a gender-critical approach: which presumes that these conditions are driven are “*perversions, paraphilias or disruptions of the gender role*”. And which are motivated by desires for a role or the attractions of sex, has led the present United Kingdom Equality and Human Rights Commission (EHRC) to present statutory guidance, which even more strongly excludes transgender people from the frameworks of everyday life. Anything which further excludes an already vilified group, from everyday life, has very damaging results. And there can never be any justification for imposing regulations or guidance which are based on a diagnosis that is incorrect²⁷. Therefore, this guidance must be withdrawn with immediate effect.

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Resources and Endnotes

This is one of a series of documents: These are:

Gilchrist, S: (2025) "A Challenge the Supreme Court Decision and the Revised EHRC Guidance for Transgender Access to Spaces and Services": <https://www.tgdr.co.uk/documents/256P-TransDamage.pdf> (1 page)

Gilchrist, S. (2025) "Why the Supreme Court is Mistaken in its Understanding of Transgender Conditions": <https://www.tgdr.co.uk/documents/256P-TransMisdiagnosis.pdf> (2 pages)

Gilchrist, S: (2025) "Why You should Contest the Supreme Court Decision and the Revised EHRC Guidance for Transgender Access to Spaces and Services": <https://www.tgdr.co.uk/documents/256P-TransContest.pdf> (2 pages)

Gilchrist, S: (2025) "Verdict of the United Kingdom Supreme Court: Overview of the Effects of Misdiagnoses and the Independence of the Cass and Sullivan Reports": <https://www.tgdr.co.uk/documents/256P-TransVerdictOverview.pdf> . (2 pages)

Gilchrist, S: (2025) "Actions of the United Kingdom Supreme Court and the Diagnosis of Transgender Conditions": <https://www.tgdr.co.uk/documents/256P-TransActions.pdf> .

Gilchrist, S: (2025) "Verdict of the United Kingdom Supreme Court: The Consequences of Misdiagnoses and the Independence of the United Kingdom Cass and Sullivan Reports": <https://www.tgdr.co.uk/documents/255P-TransVerdict.pdf> .

Gilchrist, S. (2025): "The Misdiagnosis of Transgender Conditions by the Supreme Court": <https://www.tgdr.co.uk/documents/256P-TransDevelopment.pdf>

Gilchrist, S. (2025): "Transgender Misdiagnoses and Human Rights": <https://www.tgdr.co.uk/documents/256P-TransRights.pdf>

Gilchrist, S. (2025) "Transgender Misdiagnoses and Human Rights: Introduction": <https://www.tgdr.co.uk/documents/256P-TransRightsIntro.pdf>

See Also:

Gilchrist, S. (2022): "No Blacks, No Irish, No Homosexuals, No Transgender People": <http://www.tgdr.co.uk/documents/252P-NoBlacks.pdf>

For other documents go to the bibliography tab on www.tgdr.co.uk

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All material is referenced back to original sources.

¹ Cite this document as: Gilchrist, S. (2025): "The Misdiagnosis of Transgender Conditions by the Supreme Court": <https://www.tgdr.co.uk/documents/256P-TransDevelopment.pdf>

² In my own work I have used transgender experiences as case studies with the aim of gaining greater insight how personalities and identities for all of us develop. And the combination of the "who am I" network", the "what makes me: me?" network; and the often hidden but long-term stabilities of the core elements of personality and identity; I identify in this study might give some greater insight into how awareness and consciousness arise. A Stanford Medicine study using some 1500 individuals and Artificial Intelligence techniques has identified distinct brain organization patterns in women and men. While answers to questions of "What makes me, me?" are claimed to dwell in the well-studied network of neurons in the default mode network there's no official name yet for the equivalent "Who am I" network. Nor has it been similarly studied. And that may be a key element in determining how senses of identity are formed. Although they are separate, the two brain areas constantly interact with each other. While stimulation of the default mode network does not cause any change to the sense of selfhood that a person possesses, considerable disruption to this sense of selfhood arises when this "Who am I" area is stimulated instead. See Section 9:0 of Gilchrist, S. (2024): "On the Diagnosis of Transgender Conditions: A Study of Current Understandings and a Commentary on the Cass Review": <https://www.tgdr.co.uk/documents/255P-CassFinalCommentary.pdf>

³ Unlike the pre-frontal cortex, which only comes into full capability during the second year of life, and moderates the reasoning processes, which involve planning, decision making, logic, perception, intuition, short-term memory, and social behaviour, a separate default mode network exists. It is formed of widely distributed brain areas, some of which are active from very early in life, others from birth. The primary role of the brain area known as the amygdala, which forms part of the default mode network, is concerned with the management of fears and emotions. This includes anxiety disorders, addictions, compulsions, and complex neuropsychiatric disorders

such as autism. In humans the amygdala is formed early in gestation, so that is already well developed, and it is functioning from birth. It also forms part of the default modal (or neural) network. This network can perhaps be most usefully described as involving the brain areas which process skills and activities which we can engage in without thinking about them. See section 8:0 of Gilchrist, S. (2024): "On the Diagnosis of Transgender Conditions: A Study of Current Understandings and a Commentary on the Cass Review": <https://www.tgdr.co.uk/documents/255P-CassFinalCommentary.pdf>

⁴ This statement summarises the general consensus. For more discussion see section C:1: *Interactions* in Gilchrist, S. (2020b): "Responsibility in Transgender Disputes": <https://www.tgdr.co.uk/documents/248P-Responsibility.pdf>

⁵ For details of my own research, see <https://tgdr.co.uk/articles/bibliography.htm> Including: Gilchrist, S. (2024): "On the Diagnosis of Transgender Conditions: A Study of Current Understandings and a Commentary on the Cass Review": <https://www.tgdr.co.uk/documents/255P-CassFinalCommentary.pdf>; Gilchrist, S. (2020b): "Responsibility in Transgender Disputes": <http://www.tgdr.co.uk/documents/248P-Responsibility.pdf>; Gilchrist, S. (2013d): "Personality Development and LGB&T People: A New Approach": <http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf>

⁶ It is demonstrated that brain plasticity (which is the ability of the brain to physically reshape itself), is structured to maximise the amount of information that can be collected during the period before the neural transformation, when it is most needed, and later to ensure that a constancy of personality is formed. It is demonstrated that the physiological, neurological and psychological aspects of brain development act together to form a finely tuned system in which the maximum amount of individuality, possessiveness, intelligence, inquisitiveness, and human potential, together with the minimum degree of energy expenditure is generated in a strongly self-reinforcing process. And that the wide range of variation in human physiology means that from a statistical point of view it might be expected that a proportion of people with gender or sexually variant identities will be created without any clear external cause. See Section 5:0 et seq: in: Gilchrist, S. (2013d): "Personality Development and LGB&T People: A New Approach": <http://www.tgdr.co.uk/documents/201P-PersonalityDevelopmentAndLGBTPeople.pdf>

⁷ See Section 8:0 in Gilchrist, S. (2024): "On the Diagnosis of Transgender Conditions: A Study of Current Understandings and a Commentary on the Cass Review": <https://www.tgdr.co.uk/documents/255P-CassFinalCommentary.pdf>

⁸ See endnote 3

⁹ A paraphilia is an intense, persistent sexual interest in objects, situations, or non-consenting individuals. Unlike a perversion or paraphilic disorder, a paraphilia itself does not necessarily require distress or harm, it simply describes an atypical sexual interest. A paraphilic disorder is diagnosed when the paraphilia causes distress to the individual, impairs their functioning, or involves a risk of harm to other

¹⁰ Much more work on consciousness, awareness and these issues is required, including confirmation as to whether various brain areas are active before birth or if they only become active after birth. It is also much too early to say if any of these modules contain generically determined behavioural traits which leads directly to consciousness and gender identification: and that need not depend on the presence of XX or XY chromosomes. It should also be expected that this would only set the direction of travel. Therefore, it is the massive neural, social, and cognitive advances and changes during the first three years which result in stable core gender and other identities to be created. And the recognition of this may lead to greater insights into how our sense of consciousness is formed. However, these features should only be considered as part of the explanation. Other influences, including the important influence of hormonal or endocrinological effects are as certain to be involved. Nevertheless, the early development of these behavioural traits and the experiences with intersex children does suggest there may be some genetically and hormonally associated contributions: And these considerations support the presence of distinct neural modular structures in the brain which are computationally independent, in the way that Fordor describes. Thus, it is the combination of the "who am I" network, the "what makes me: me?" network; and the often hidden but long-term stabilities of the core elements of personality and identity; I identify in this study might give some greater insight into how awareness and consciousness arise. See Section 9:0 of Gilchrist, S. (2024): "On the Diagnosis of Transgender Conditions: A Study of Current Understandings and a Commentary on the Cass Review": <https://www.tgdr.co.uk/documents/255P-CassFinalCommentary.pdf>

¹¹ Transgender people never have claimed that they can "choose, change or deny biological sex." The term "sex change surgery" has been rejected for many years, and the terms "gender reassignment surgery" and "gender affirmation surgery" are the terms invariably adopted when surgery is employed to make the body more closely conform to the gender identified with. Some may state they are "born in the wrong body", but that arises because the core gender identity develops so early in life, and before conscious awareness occurs: Some may argue that sexual differentiation in the brain about 10 to 12 weeks after gestation causes it to develop in a male or female direction. Some may look for differences in sexual development. Some may point out that "biological sex" is a product of many factors, which also involve pre- and post-natal development; but that is also in line with modern understandings, and nobody; or very few deny, the reality and immutability of "biological sex."

¹² Gilchrist, S: (2025) *Actions of the United Kingdom Supreme Court and the Diagnosis of Transgender Conditions*:

<https://www.tgdr.co.uk/documents/255P-TransActions.pdf>. Gilchrist, S: (2025) "Verdict of the United Kingdom Supreme Court: The Consequences of Misdiagnoses and the Independence of the United Kingdom Cass and Sullivan Reports": <https://www.tgdr.co.uk/documents/255P-TransVerdict.pdf>

¹³ Feminism relies on the principle that men and women have equal capabilities. And therefore, it is not just difference in behaviour which are causes by social conditioning which must be challenged, the existence of any differences in behaviour which could be regarded as innate, or non-cognitive in nature, must also be denied. See Gilchrist, S. (2021a): "Gender Identity, Feminism, and Transgender People": <http://www.tgdr.co.uk/documents/250P-GenderIdentityAndTrans.pdf>

¹⁴ Gilchrist, S. (2017p): "What does it mean to be Transgender?": <http://www.tgdr.co.uk/documents/242P-TransgenderIdentities.pdf>

¹⁵ Gilchrist, S. (2023): "How to Trash the Economy, Transgender Identities and Human Rights" <https://www.tgdr.co.uk/articles/255P-HowToTrash.pdf>

¹⁶ Gilchrist, S: (2025) "Verdict of the United Kingdom Supreme Court: Overview of the Effects of Misdiagnoses and the Independence of the Cass and Sullivan Reports": <https://www.tgdr.co.uk/documents/255P-TransVerdictOverview.pdf>.

¹⁷ Gilchrist, S: (2025) "Judgement of the United Kingdom Supreme Court and the Diagnosis of Transgender Conditions": <https://www.tgdr.co.uk/documents/255P-TransJudgement.pdf>.

¹⁸ Gilchrist, S. (2019a): "Divisions: Self-Declaration and Gender Variant People": <http://www.tgdr.co.uk/documents/243P-DivisionsSelfDeclaration.pdf>

¹⁹ See section 4 of Gilchrist, S: (2025) *Actions of the United Kingdom Supreme Court and the Diagnosis of Transgender Conditions*: <https://www.tgdr.co.uk/documents/255P-TransActions.pdf>.

²⁰ Mitchell, Kevin J. (2018): "Innate: How the Wiring of our Brain Shapes Who We Are": Princeton University Press; ISBN 978-0-691-17388-7.

²¹ Wrangham, Richard: (2019): "The Goodness Paradox: How Evolution Made Us More and Less Violent" Pantheon Books ISBN 978 1 78125 583 4

²¹ See: Gilchrist, S. (2016a): "Taking a Different Path": Chapter 10 in: *"This Is My Body: Hearing the Theology of Transgender Christians"*, Ed: Beardsley, T. and O'Brien, M: Darton Longman and Todd. May 2016 ISBN 978-0-232-53206-7 Notes for this chapter are available on: <http://www.tgdr.co.uk/sourcesA/index.htm>

²² Reinsdorf, Akua (2025): "Trans people 'lied to over their rights to enter female-only spaces'" Telegraph 06 June 2025: Reinsdorf, Akua (2025) "EHRC commissioner calls for 'period of correction' on trans rights after legal ruling" Guardian 6 June 2025
<https://www.telegraph.co.uk/politics/2025/06/06/trans-people-lied-to-rights-female-only-spaces-bathrooms/>
<https://www.theguardian.com/society/2025/jun/06/ehrc-commissioner-calls-for-trans-people-to-accept-reduced-rights-after-years-of-lies#:~:text=An%20earlier%20version%20summarised%20the,published%20on%208%20June%202025.>

²³ However, a strict interpretation states that only the binary gender categories of "men" and "women" are protected. But 2010 Equality Act also states that it also applies to: "A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex".

²⁴ See section 18:0 Feminist Issues and Decisions of the Supreme Court in Gilchrist, S: (2025) "Verdict of the United Kingdom Supreme Court: The Consequences of Misdiagnoses and the Independence of the United Kingdom Cass and Sullivan Reports":

<https://www.tgdr.co.uk/documents/255P-TransVerdict.pdf>. The Royal College of Psychiatrists responded to the Supreme Court judgment and its implications via its input into a consultation on the Equality and Human Rights Commission's (EHRC) updated Code of Practice. Its primary concerns centre on the risk of deepening mental health inequalities for trans and non-binary individuals. It is extremely concerned that the updated legal definition of sex, following the ruling, will significantly harm the mental health of trans and non-binary people and could put lives at risk. It notes that trans and non-binary people already face higher rates of mental illness, self-harm, and suicide compared to the general population, and the ruling risks exacerbating this. The BMA Resident Doctors Association stated: "This meeting condemns the Supreme Court ruling defining the term 'woman' with respect to the Equality Act as being based on 'biological sex', which they refer to as a person who *'was at birth of the female sex'*, as reductive, trans and intersex-exclusionary and biologically nonsensical. We recognize as doctors that sex and gender are complex and multifaceted aspects of the human condition and attempting to impose a rigid binary has no basis in science or medicine while being actively harmful to transgender and gender diverse people. It reiterates the BMA's position on affirming the rights of transgender and non-binary individuals to live their lives with dignity, having their identity respected. Reminds the Supreme Court of the existence of intersex people and reaffirms their right to exist in the gender identity that matches their sense of self, regardless of whether this matches any identity assigned to them at birth. Condemns scientifically illiterate rulings from the Supreme Court, made without consulting relevant experts and stakeholders, that will cause real-world harm to the trans, non-binary and intersex communities in this country. Commits to strive for better access to necessary health services for trans, non-binary and gender-diverse people. For letters, see also: London Economic (2025) "Biologists tell government to restore trans people's access to public spaces after Supreme Court ruling" <https://www.thelondoneconomic.com/news/biologists-tell-government-to-restore-trans-peoples-access-to-public-spaces-after-supreme-court-ruling-392997/>: Airtable (2025) "An open letter to the Equality and Human Rights Commission from the Culture Sector, April 2025" <https://airtable.com/appJTpDvAusGrX37/pagdNlgDL38RXbIt/form>. For more on management see: Gilchrist, S. (2024): "Why the Present United Kingdom Government Advice on Transgender Children Must be Challenged". <https://www.tgdr.co.uk/documents/040B-GovAdviceTransChildren.pdf> And for a specialist overview: see: "the essence of the court's decision is (in broad purposes) as follows: a) the Gender Recognition Act 2004 states that a person with a GRC [gender recognition certificate] is to be treated as the sex stated in the GRC "for all purposes" unless a statute provides otherwise; b) although the Equality Act 2010 doesn't explicitly state otherwise, it contains various references to the word "woman" in contexts where it makes more sense if it is read as "biological woman"; Thus, c) the Equality Act therefore rebuts the presumption in the Gender Recognition Act and, for its purposes, "woman" means "biological" ("cis") woman. Therefore, by statute, the 2018 act must be read as excluding trans women from the class of "women". However, that argument can only make sense if you consider the definition of "woman" to be that of "someone who was at birth a member of the female sex". The court acknowledged that, should a trans woman be discriminated against because someone thinks she is a cis woman, then she will still be entitled to make a claim for sex discrimination in the same way as a cis woman. But if someone recognises a trans woman as a trans woman, no such protection applies". Although the appeal was made only in the context of public boards, the Court extended it to consider access to all same sex allocated services and spaces. Thus, the effect of the Court's decision is to introduce a statute which means that in no circumstances, can trans women call themselves women, and in no circumstances can trans men call themselves men. Therefore, trans women and men can be excluded by default from all same sex allocated spaces, and public boards on the grounds of appearance and of identity alone, regardless of the capabilities they may be seen to provide. The right to offend is also a basic human right, although nobody should wish to apply it at any time. At first sight, imposing exclusions entirely on the grounds of physicality or identity; with the unequal treatment of natal women and trans women seems to be a breach of all international conventions on human rights. See also Gilchrist, S. (2022): "No Blacks, No Irish, No Homosexuals, No Transgender People": <http://www.tgdr.co.uk/documents/252P-NoBlacks.pdf>

²⁵ When the clear purpose of the Gender Recognition Act was to allow people to marry through their performance of gender and not to exclude them through the biology of sex.

²⁶ Gilchrist, S: (2025) "Actions of the United Kingdom Supreme Court and the Diagnosis of Transgender Conditions":

<https://www.tgdr.co.uk/documents/255P-TransActions.pdf> . Gilchrist, S. (2035) "Transgender Misdiagnoses and Human Rights": <https://www.tgdr.co.uk/documents/256P-TransRights.pdf>

²⁷ See section 19:0 Scapegoating and Fear in Gilchrist, S. (2025): "Why the Supreme Court Misdiagnoses Transgender Conditions": <https://www.tgdr.co.uk/documents/256P-TransMisdiagnosis.pdf>