

JCP LOWESTOFT, 24<sup>th</sup> JULY, 2019

Serena James

Good morning. Thank you for letting me speak to you this morning. There is a lot of information here so I will send Sarah a digital copy of the talk for you to access. There are also some information leaflets.

For the title of my talk I have used the slogan from Stonewall

**'SOME PEOPLE ARE TRANS – GET OVER IT'**

I would like to dedicate it to Lizzie. I attended her funeral last week. She was transgender and only 41 years old.

We have just celebrated a 50<sup>th</sup> anniversary – Neil Armstrong took the first step on the moon.

But a few weeks ago, on 28<sup>th</sup> June it was another 50<sup>th</sup> anniversary - of the Stonewall Inn riots in New York. The Stonewall Inn was an illegal LGBT bar and the clientele were very used to police raids. On 28<sup>th</sup> June 1969 they fought back. The police barricaded themselves in for protection. It was a seminal moment in history. It was the first step of LGBT activism to fight for respect, equal rights, changes in the law and to be free to be who we are.

I was 20 when the riots took place but I had no knowledge of them. However, you must remember that on the very day I was born, the first computer with a stored programme was fired up at Cambridge University. It would be many years before the Internet gave us ready access to information, and social media allowed us to communicate with similar people.

So, in May, 1949, in South Wales, a rather large baby was born. The midwife took a look between its legs and declared "It's a boy!" And so I was assigned male at birth and my birth certificate says male.

I want to clarify the difference between 'biological sex', 'sexuality' and 'gender identity'.

My biological sex is male – assigned at birth on the basis of the anatomical structure of my external genitalia.

Gender identity is the gender a person feels themselves to be or identifies with. It can be either male or female. Or a person may not identify with either, but be neither male nor female, or both male and female or move between the two. This is termed genderqueer or gender fluid.

For most people, biological sex and gender identity are the same and they are referred to as cis-gender. Cis is a scientific word meaning 'on the same side as'. So you can be cis-male or cis-female.

If biological sex and gender identity are not the same, they are called transgender or trans. It is now recognised as a medical condition called 'Gender Dysphoria'. It is not a mental illness and people cannot be 'cured'. Only recently has gender dysphoria been removed from the World Health Organisation list of mental illnesses. We are making progress.

Sexual orientation is who you are attracted to and is independent of biological sex or gender identity. Being attracted to the opposite sex is heterosexual, being attracted to the same sex is homosexual. People attracted to both sexes are bisexual or neither sex asexual.

Today, the terms used for people who are homosexual is gay (for males and females) and lesbian (for females).

In a nutshell: sexuality is who you go to bed with, gender is who you go to bed as.

The causes of gender dysphoria are unclear. Hormones that trigger the development of biological sex may not work properly on the brain, reproductive system and genitals causing differences between them. This may be caused by additional hormones in the mothers system – possibly as a result of taking medication. Or the foetus' insensitivity to hormones.

Other rare conditions occur such congenital adrenal hyperplasia (CAH) where a high level of male hormones are produced in a female foetus. The genitals become more male in appearance and the baby may be thought of as biologically male when she is born.

Intersex conditions are common throughout the animal kingdom and humans are no exception. Babies may be born with the genitalia of both sexes or have ambiguous genitalia. In years gone by, doctors and midwives sometimes made unilateral decisions to correct this, often with disastrous results. Current NHS advice is to wait and let the child choose their own gender before surgery is carried out.

On a personal note, I have three children. My daughter is heterosexual. I have two sons, one is gay and the other is heterosexual. My wife used to say we have three children, one of each! Because my wife was prone to miscarry, she was treated with oestrogen during pregnancy, but only for my daughter and son who is gay. Is there a connection?

So biological sex and what is recorded on the birth certificate is based on a quick look between the legs. Usually, at that moment, we have no way of knowing what is going on inside the body. Our genetic make-up affecting our internal anatomy, physiology, biochemistry, behaviour and emotions. Typically, a female has two X chromosomes and a male has an X and a Y. A friend of mine has a daughter who, instead of having the usual XX chromosomes of a female has an extra X so is XXX. She is very tall and very precocious – characteristics of this condition. Other combinations are possible such as XXY, XYY. As a zoologist, I find it incredible that people still believe sex is binary, that is, you are either 100% male or 100% female. Overwhelming evidence shows that sex is a spectrum and we all fit on it somewhere. In addition, growing children are socialised by their parents and the world around them which will also affect their gender identity.

We must all accept that, with regard to sex and gender 'we are what we are'. We do not choose to be transgender, we are born that way. As the Stonewall slogan says: 'Some people are trans – get over it.'

As I said, if we are trans we cannot be cured. However, growing up in the 50's and 60's, had I declared my feelings, the powers that be would have tried (probably with the consent and encouragement of my parents). I would have been subjected to chemical and electrical aversion therapies, as had been tried, unsuccessfully, for many years, to cure homosexuals. I cannot imagine

the pain and suffering endured by those unfortunate people. Some chose suicide, like Alan Turing, one of the 20<sup>th</sup> century's greatest mathematical minds.

At this point we will look at some of the terminology. I have already mentioned L, G, B and T. This became LGBTQ for queer and then LGBTQI for intersex. Now, it's usually written as LGBTQ+. The plus, as Eddie Izzard so neatly put it, stands for all the other letters of the alphabet waiting to be let in!

A female who becomes a man is a trans man or FTM. A male who becomes a woman is a trans woman or MTF.

One of the problems with labels is that they can be OK for a while and then become unacceptable, acquiring derogatory overtones. Gay was unacceptable but is now fine. Queer was unacceptable but is now OK but with a slightly different meaning.

Transgender, or trans, is a modern, acceptable umbrella term covering all aspects of transgender from crossdressing to people who fully transition.

A crossdresser is someone who sometimes dresses in female clothing but may not identify as female. (Transvestite means the same thing but is less commonly used now and TV and tranny carry derogatory overtones.) For that reason, I call myself transgender. I have a friend who is adamant he is not trans. He is an occasional crossdresser and does not identify as female.

How you address someone is very important. Respect should be shown for how the person is presenting. Today, I would hope to be called Miss or Madam and the pronouns she and her used. If I am called Mr or Sir that is misgendering and is disrespectful. Some people choose gender neutral pronouns such as they or them.

If you are unsure, it is best to ask. How would you like to be addressed?

A couple of years ago, I was stopped by the police. I produced my driving licence which is in my male name. They had obviously received diversity training because with the utmost politeness and no hint of sarcasm asked me if I wished to be called Mr or Mrs. We are making progress.

The same applies to titles. Mr, Mrs, Miss, Ms, Mx and an increasingly large number of other possibilities.

Labels can be useful, but they can be damaging. If I referred to myself as a woman or transwoman, I would incur the wrath of the radical feminists (Germaine Greer, Julie Birchill and Jenni Murray have all written transphobic vitriol are not on my Christmas card list). For that reason I prefer not to give myself a label. I am just happy in my skin – I am me.

How do we know if someone has gender dysphoria? Signs can appear at a young age. I have known since I was 5 years old. Children may insist they are the opposite sex. They may refuse to wear clothes typical of their sex or play typical games. They may want to wee like the opposite sex. They hope their genitals will change and experience distress at the physical changes at puberty.

Many children exhibit some or all of these symptoms and in many cases they will pass as they grow older. When my son was 4 years old, he spent much of his time wearing a dress and gold stiletto heels but did not grow up to be trans. (Actually, this was quite frustrating for me because they were beautiful shoes but they were too small for me.) For some children, the symptoms persist.

In adults they may feel trapped in the wrong body. They may have a desire to get rid of physical signs of their biological sex such as facial hair or breasts. I have been undergoing facial electrolysis for 18 months to remove my beard. It is time consuming and costly. You really have to want to do it. Some may want to get rid of the genitalia of their biological sex.

Some people suppress these feelings and attempt to live the life of their biological sex – as I did for 58 years. Ultimately, most people are unable to keep this up and it leads to depression and possibly to suicide. I have experienced suicidal thoughts. A good friend has attempted suicide three times. The suicide rate is much higher in trans people than in the population as a whole.

Anyone who has, or thinks they have gender dysphoria should see their GP.

The treatment of children is controversial.

They will be referred to a specialist child or adolescent Gender Identity Clinic where, following assessment a range of options will be offered including family therapy, counselling, and psychotherapy. Hormone therapy, or 'puberty blockers', may be used to delay puberty. (Gonadotrophin-releasing hormone, GnRH, suppresses the natural hormones).

This is reversible if the person changes their mind at a later date.

In adults (17 years upwards) the options for transition include:

- Cross sex hormones (Testosterone for FTM and oestrogen for MTF)
- Speech and language therapy
- Hair removal

In MTF transition, the penis and testicles shrink, there is less muscle, more hip fat, enlarged breasts and less facial and body hair. It does not affect the voice, so voice therapy or vocal cord surgery is required.

In FTM transition, more facial and body hair grows, there is more muscle, the clitoris enlarges, periods stop and there may be increased sex drive. Voice may become lower.

There may be a range of side effects associated with long term hormone treatment but, in both male and female transition, fertility is reduced.

Full transition requires surgery. Before this happens a person must have lived and worked in their chosen gender for at least one year – a period now called 'social gender role transition' (formerly known as the 'real life experience or RLE').

For FTM surgeries include bilateral mastectomy, hysterectomy, and removal of the fallopian tubes.

Construction of a penis (phalloplasty or metoidioplasty), scrotum and a penile implant.

For MTF surgeries include removal of the testes and penis and construction of a vagina, vulva and clitoris, breast implants and facial feminisation.

96% of people undergoing surgeries are satisfied.

For both FTM and MTF, transition may result in a change of sexual orientation. There is no way of knowing.

The first step is to see a GP who will refer you to a Gender Identity Clinic. (There are 8 in England). The process involves medical and psychological assessment and the formulation of a care plan which will involve some or all of the processes I have just described. The waiting lists are long and growing. It takes a very long time (several years) if the only route open to you is the NHS. For those fortunate enough to have the necessary financial resources it is possible to speed the process up by seeing a specialist privately. In the UK, great care is taken to ensure a person will cope physically and mentally. Some people opt for a very quick transition by going abroad for surgery. The results can be good but are sometimes disastrous.

There is no doubt that being trans has a massive effect on a person's mental health and wellbeing. For someone who has gender dysphoria but has not 'come out' (ie still 'in the closet') the pressures are huge. Bottling it up feels like being in a pressure cooker ready to explode.

For me, that pressure built over a long period of time, slowly at first but becoming more and more intense. My wife discovered my secret seven years ago and the genie was out of the bottle. For me, it was a huge relief, but for her, it was just the opposite! It has been a very difficult time for us, but, because she is a remarkable woman, we are still together. (We have been together for 52 years.)

The point here is that being trans affects all of those around you. My mental health roller coaster over the last few years is not because I am trans but because of the effect being trans has had on my relationship with my family. We told our three children (aged 40, 38 and 32) four months ago. Two of them have accepted Serena, met her and are fine with it (my son even has a picture of Serena on his desk). My youngest son is struggling to come to terms with it and this is extremely painful for me and him. He is having counselling and I hope he will come to accept.

I have been lucky. My wife and I have been seeing a counsellor for a number of years which has been very positive. It frequently leads to the end of a relationship. Often children disown a trans parent.

My wife sums it up by saying "I don't have a problem with people being, trans. I just wish it hadn't been my husband". I think she has a point.

Before coming out, the secrecy can lead to depression, self-harm and suicide. I have harboured feelings of shame and guilt all my life. They are, I can assure you, very destructive emotions.

Another feature, often displayed by trans women who are not 'out' is the belief they can overcome it or cure themselves. They get rid of all their clothes, shoes and other evidence – an act called 'purging'. I have done it three times. Black bin bags to the dump. It does not work. And it's very expensive!

Interestingly, some trans people adopt a lifestyle that is congruent with their sex assigned at birth, but to a much greater degree, in an attempt to bury who they truly feel they are. An example is of a trans woman, born a man who joined the SAS, then the fire service, but at the age of 58 transitioned. Sadly, her wife left her and her children have not accepted her.

After coming out, more than half of young LGBT+ people experience homophobia, transphobia and bullying in school, and more than half of these suffer depression.

Deliberate misgendering is common. I am often called 'Sir'. Not that serious you may think. But for someone whose mental state is fragile it is a problem.

For people who are transitioning, some people deliberately use their former name – called dead-naming.

25% of trans people are made to use inappropriate toilets in the workplace in the early stages of transition.

Over 10% of trans people have experienced verbal abuse and 6% have been physically assaulted.

After transition, people may feel isolated if they are not with people who understand what they are going through. They may be stressed about or afraid of not being accepted socially. They may be discriminated against at work. As was the case with Lizzy. She felt compelled to leave. Which is ironic as her employer is a major sponsor of Norwich Pride.

In 2010 The Equality Act became law. It brought together 116 pieces of previous legislation into one Act. It covers what was previously protected under the Sex Discrimination Act of 1975, namely, legal protection for trans people in the workplace and wider society against

- Victimization
- Harassment
- Discrimination

Gender Reassignment is one of the nine 'Protected Characteristics' specified in the act (which also include sexual orientation and biological sex).

Protection covers discrimination

- At work
- In education
- As a consumer
- When using public services
- When buying and renting property
- As a member or guest of a private club or association.

It is not necessary to have a medical diagnosis or treatment. It is a personal process of moving from the gender assigned at birth to the correct gender.

You are also protected if you are associated with someone who has a protected characteristic, for example a family member or friend, or, you have complained about discrimination or supported someone else's claim.

However, the law is only 'a line in the sand'. We could spend hours recounting examples of the law being broken. We still have a job to do in changing attitudes.

What documentation does a trans person need?

To change your name you can call yourself whatever you wish. Today, I am Serena James. However, to change official documents, I would have to follow a legal process, the 'Deed Poll Process'.

You can do it yourself. I, Carl Smith, of 13, Station Rd, have given up my old name, Carl Smith, and adopted for all purposes the name Carol Smith. You sign with both signatures, with two witnesses and date it. Job done.

Not all organisations will accept this so it is best to pay £36 for an 'Enrolled Deed Poll'. You apply to the court and this then becomes a public document that allows you to change the name on your driving licence, bank account and similar documents.

The Gender Recognition Act of 2004 allows people to gain full legal recognition for the gender in which they live. Application is made to the Gender Recognition Panel. You must be over 18. You will be required to provide proof of living and working in that gender for at least two years. If approved, you will receive a Gender Recognition Certificate (GRC) which means you are legally of that gender for all everyday purposes with all the rights and responsibilities of that gender. It does not require medical intervention. Employment rights do not depend on a GRC and employers should not ask to see one. It is not a requirement for transitioning at work.

The GRC allows you to get a new birth certificate in your new gender and to marry in that gender.

Many transgender people are in employment but, despite the equality act, prejudice persists. They experience transphobia from their employer as well as colleagues.

It is increasingly common for transgender people who are in employment as their sex assigned at birth to 'come out', and transition at work. Remember, transition in this context does not necessarily involve surgery. It is the personal process of moving from one gender to another. It may be the clothes you wear and how you present yourself.

All employers should have a policy for transitioning at work, and more enlightened employers will do their utmost to make the process as easy and pleasant as possible. I spoke recently with a friend who works for Greater Anglia as a train driver and who transitioned last year. Her line managers were positive and supportive. She had a few days off during which time all the relevant staff were informed that she would return presenting as a woman and using a new name. She describes the return like this.

*"I was extremely nervous in the days leading up to my return. I turned up for work, walked the length of the train, got into the cab and just got on with the job. It was like jumping off a cliff blindfolded to find, when you land, you have jumped off a 6" high kerb! A huge anti-climax."*

The majority of staff and passengers are polite, friendly and respectful. However, a few make transphobic comments and it will take a long time to persuade 100% of the population.

A transgender equality policy for the workplace should cover a wide range of topics – not solely focus on arrangements for when a person transitions.

It should include:

- A statement of commitment
- Definitions of terms used
- Information on legal protections and confidentiality
- Information on trans equality in recruitment

- What to do if someone experiences or witnesses transphobic discrimination
- Advice and support for an employee transitioning at work
- Information on how trans equality will be promoted
- Support for those with a family member who is transitioning

There are many model policies available on the internet and I have consulted GIRES (The Gender Identity Research and Education Society), Unison and Stonewall.

There are many organisations in existence providing advice and support for transgender people both inside and outside the workplace.

These have grown and developed in parallel with the changing attitudes of society to transgender issues.

In 1966 an organisation called The Beaumont Society was started in the UK. It originated as a UK chapter of the secret American Society Free Personal Expression (Phi Pi Epsilon). It was aimed at men who were crossdressers. They met in safe and secure private places. The Beaumont Society is still in existence today but has a much broader set of aims and objectives.

In Norfolk, we have Oasis. This is the group I turned to for support when Serena first made a public appearance. We are a self-help transgender group. The total membership of about 70 people is currently all MTF supported by partners. We would welcome FTM as members. We meet once per month in a hall near Norwich. There are changing facilities for those who cannot be out and about dressed. We have a meal, chat have competitions and quizzes and themed evenings. We arrange trips out for example to the theatre, gardens, National Trust properties. Like me, this is often the first time out for many trans people who often, like me, gain in confidence and are able to be themselves in the world at large. Some, for reasons of confidence or their personal circumstances do not go beyond the safety and security of the Oasis meeting.

Of particular importance to you in your role of meeting young people is the Mancroft Advice Project. They have offices in Norwich and Great Yarmouth. They support young people between the ages of 11 and 25 who are trans, non-binary, or questioning their gender. They provide information and advice on transition, trans sexual health, sex and relationships, name changes, discrimination, education and employment.

They run a group called Evolve for trans, intersex, genderqueer and gender questioning young people. They meet once a month in a safe space to discuss trans issues.

Interestingly, if you visit the MAP website, on every page there is a button to press "Hide page quickly". Even in 2019 young people will be living in fear and in the shadows.

There are many other organisations such as Mermaids for young people, The Sybils, a Christian based group for trans people, The Gender Trust, Press for Change. How to contact these and other information is contained in our Oasis leaflet.

The last few years have seen huge changes for trans people. Trans related items appear almost daily in the papers and on the news. Trans related programmes and films appear frequently on television and at the cinema. For many decades, reporting of trans issues was almost always sensational, designed to titillate and sell newspapers. The 'red tops' would use headlines such as

“she was a he” and “sex change model”. They gave no thought to the wellbeing of the person concerned. People were ‘outed’, resulting for many in the loss of family and career. The boxing promoter, Frank Maloney, was forced to come out. “Give us your story with pics or we’ll print it anyway”. Frank became Kelly and joined the growing number of trans celebrities like Caitlyn Jenner. Incidentally, Kelly Maloney went abroad for surgery and very nearly died in the process.

Following the Leveson Enquiry, the press have been forced to change their treatment of minority groups and vulnerable people but, as I mentioned before, there are still many anti-trans journalists.

People of my age grew up in an era when to come out required an enormous amount of courage – so most of us didn’t. So we struggled through to our 50s and 60s and, with changing attitudes, decided it’s now or never. Oasis is predominantly made up of older crossdressers and trans women. Younger members have attended in the past and it would be good to encourage younger members and FTM as well as MTF.

Many, but by no means all, transgender people aim to ‘pass’ – that is not be recognised as a trans person. Many older trans women wish to dress in the styles they remember women wearing when they were younger. As fashions change, this makes it more difficult to pass. For those of us who came out of the closet late in life, it seems as if we have a lifetime of buying clothes to get through in a short space of time. (This would explain my extremely large shoe collection!)

But, as Bob Dylan sang, “the times, they are a changin’”. For young people in their teens and twenties, the same constraints do not apply. They dress however they want to dress. When you meet young trans people they will present in pretty much any way they wish. This liberation must be a wonderful feeling. We should all embrace it.\*

It occurs to me, though that this may present a difficulty for young people entering the world of work, where it may still necessary to conform in certain circumstances. How you present yourself at interview is extremely important. I imagine in this day and age it is hard enough for a cis-person to get it right, but for a young trans person it could be very difficult. The Dress 2 Impress Campaign run by some Norwich charity shops means a Norfolk jobseeker can buy an interview ready outfit for £10. This could be really useful for a trans person.

Thank you.

I am now happy to try to answer any questions you may have.

\*Since writing this, I came across the film produced by the Mancroft Advice Centre and the accompanying booklet ‘Understanding and Respecting Differences’ (This was made possible with funding from the Barbara Ross Association.)

In the booklet is a quote from a young trans man, Elliot. It is both insightful and profound.

*“A common misconception people can hold is what makes a person ‘trans enough’. I’ve heard too many cases of invalidation based on a tran’s persons background, ethnicity, what they like to wear, when they begin their transitioning journey, or even how that person wants to transition. Being trans isn’t some tight little box – it’s a spectrum, so no matter who you are or how much you*

*conform to the typical portrayal of 'transness' – you know yourself better than anybody else. If you are trans, then regardless of any other qualities, you are trans enough".*

I wish I had read this before I wrote my talk. It certainly made me think. The notion of a 'trans spectrum' sits neatly alongside the notion of the 'gender spectrum' I described earlier. Whilst we are all 'somewhere' on the gender spectrum, if we are trans, we are all 'somewhere' on the trans spectrum. Every position is valid - we should all just be ourselves.