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*Introduced by John Humphrys. Interview by Sima Kotecha with 9 year old Poppy, and with Polly Carmichael at the Tavistock Clinic; and interview by John Humphrys with 14 year old Colin and his mother Jane, and with Bernadette Wren of the Tavistock.*

JH: It's only a few years ago that the idea of children as young as three getting clinical treatment because they were 'assigned the wrong gender at birth' would have been greeted with bemusement. The word itself, 'transgender', had barely entered the vocabulary. But we've moved a very long way in a very short time, possibly influenced by what's been happening in the United States. The latest development there is the government telling every state school that they must allow transgender students to use whatever toilet is consistent with the gender they identify with. Here the number of people being referred to the Tavistock Clinic in London, which specialises in transgender cases, has doubled over the past year; some of them as young as three.

Our reporter Sima Kotecha is the first journalist to have been given full access to the clinic, invited to talk to some of its staff and patients.

Poppy: When I was little I used to go to my wishing well in the garden, collect some stones and throw them down the well and say 'I wish I was a girl', and that wish came true.

SK: Nine year old Poppy used to be Louis, but last December she decided to go from being a boy to a girl. Biologically she remains the same but in all other aspects of life she has transitioned into a female.

Poppy: I didn't feel like myself, and I didn't feel right, and something felt wrong inside.

SK: How do you know that you want to be like this forever?

Poppy: Because I've always wanted to be, and being a boy is a bit stressful. *[laughs]*

SK: Being a boy is a bit stressful?

Poppy: Yes *[laughs]*

SK: Why is it stressful?

Poppy: I'm not sure, it's a weird, a weird feeling.

*[staff]:* So when people first arrive they would come into reception. One of the things we have, which is obviously really important, is a gender neutral toilet.

SK: Poppy is on a waiting list to get into this clinic in north-west London. The Gender Identity Development Service at the Tavistock & Portman NHS Trust is the only clinic in the country which supports children who feel there's a mismatch between their biological sex and their gender identity. For the first time the centre has given a media outlet access to the clinic, its staff and some of its patients.

*[staff]:* So here's another clinical room, and again as you can see, you know, sort of trying to make people feel welcome and comfortable, knowing that it's quite a stressful situation. Pictures on the wall

SK: Some of the rooms are sparse - a table, a few chairs. It's where the children are assessed by psychologists, psychotherapists and doctors. After numerous consultations the child can decide to have hormone blockers, which come in the form of a monthly injection. They pause puberty, therefore stopping the child from developing as a man or a woman biologically. According to figures from the clinic, 32 children were injected with blockers last year compared to 41 in the previous year. Dr Polly Carmichael is the director here.

PC: Every young person who comes to the service is an individual ... It's about really getting to know them and creating a therapeutic space where it feels safe to think about all the alternatives and choices they may have.

SK: Some might argue that you are behaving irresponsibly by offering hormone blockers to children as young as twelve.

PC: This is a real phenomenon. There are young people who feel incredibly distressed around their gender identity, and I think, you know we start from a place where we accept that that is real, that is to be respected. But we don't start from a place where we assume that we know what the outcome will be or we know the path that that young person will ultimately choose.

*Voice of child psychologist Victoria Holt talking to patient:*

VH: OK, well I thought it might be helpful just to sort of go back a bit and think a bit more in detail about, you know, your gender identity perhaps.

SK: Colin is having a session with Dr Victoria Holt, one of the child psychiatrists here. He's now sixteen, and transitioned from female to male a couple of years ago. He has no desire to have any surgery when he's older to biologically transition, apart from on his chest to flatten his breasts. He currently wears what's called a chest binder, which applies pressure on breast tissue.

Colin: It's excellent for making my chest look flat and for making other people perceive me and my gender correctly. But it can also cause a lot of back pain and if I wear it for too long then it can - I've known people who've broken ribs from them.

SK: Like the clinicians here, he's keen to emphasise that gender and sexuality are not synonymous. So how would you explain to someone that you feel more like a man, when actually you are biologically a woman?

Colin: Well basically gender is what's between your ears, not what's between your legs. I feel like it's something that's really innate within you, like your gender, and it has no correlation to your body, because it's sort of like, like when I get periods then it's just something that happens in my body, and it's not like this is a woman thing, this is just a thing.

SK: At sixteen a child can decide to take cross-sex hormones to look more like the gender they identify with, and as an adult they can opt for surgical intervention. To critics this is messing with nature, but staff here say each case is different, and that the media have created an illusion that this is happening on a mass scale, when actually it's only occurring in a small proportion of the population.

Colin: It logically would seem easier to sort of continue my life, like, as a woman, but that isn't who I am. I am happier like this than I have ever been.

Poppy: A lot happier and less worried about things, like what people say.

SK: So what were you worried about people saying when you were a boy?

Poppy: They made fun of me, so I chose to change to a girl and they like me more now. They like me as I am.

JH: Sima Kotecha was reporting from the Tavistock Clinic, and I'm joined here in the studio by one of the people you heard in that report, Colin, who ... er ... er ... er ... trans ... himself made the change from a woman when he was fourteen, and his mother Jane Leavens, and also by Bernadette Wren who is the clinical psychologist at the Tavistock & Portman NHS Foundation Trust.

Colin, just to pursue a little bit of what you said in that report, you decided not to, and I think you used the expression 'come out', until you were fourteen. Before you were fourteen, how conscious were you of what was happening to you?

Colin: Well for the most part it wasn't anything that came up, like it wasn't something that was in the back of my head or was torturing me. It was sort of something that, like my mum was saying, like around the age of three I asked for a sex change, but other than that it's not something that has been especially important to me until I was about fourteen, and then I sort of was discovering the sort of world of gender and then sort of came to the conclusion that I identified with the people I saw like on the internet.

JH: But you weren't, during those years, during your early years, you weren't going through any kind of hellish existence? I mean you weren't suffering in any real sense?

Colin: No, not at all. I was perfectly content. I was wearing like mostly boys' clothes but it wasn't something where whenever someone referred to me by the name or pronouns I was using at that time then it would like - it didn't affect me that much at the time.

JH: And Jane, what was, what did you think was going on?

Jane: Well, I mean when Colin was younger I just assumed he was a tomboy. I'd been quite a tomboy kind of child. We weren't a sort of pink fluffy household, so the fact he was wearing boys' clothes, you know, didn't seem anything out of the ordinary, really.

JH: And when did you realise that it was, as it were, out of the ordinary, to use your expression?

Jane: Well when he was fourteen and first spoke to me, you know, it was that kind of 'Mum, can I talk to you?' in a very serious voice ...

JH: Oh, really?

Jane: ...Um, and he said, you know, I'm sort of questioning my gender and you know think I'd ... I'm a boy.

JH: And how did you react to that?

Jane: Tried to stay calm, you know as a parent one tries not to overreact to things. Um, you know, I suppose perhaps I have some advantage over some parents - we live in Brighton so we have quite an eclectic range of people in Brighton already. But, um, yeah I mean I think I've always, my parenting style has always been a kind of Yes OK, but have you considered the consequences? kind of response and it was the same with that. So, yeah, I think I reacted fairly calmly, but then once you've finished talking to them you go away and cry buckets.

JH: Oh you did cry?

Jane: Yeah. Obviously, I mean it's not something you'd choose for your child to do. I mean nobody wants anything I think where their child's going to be singled out, or treated differently, so yeah, I mean it's challenging and it's very upsetting. You know, you ask yourself all the questions, you know - is it a phase, are they attention seeking, is it something I've done? You go through all of that, but I think as anything with, particularly with teenagers, but with children of any age, if you can keep the dialogue open and keep talking about it. I'm lucky that Colin's very happy to talk about all the issues around it and how he's feeling. So to me it's just, I want to support my child.

JH: And you didn't try to talk him out of it?

Jane: No. I mean we talked around the subject. But no.

JH: Do you think you could have been talked out of it, Colin?

Colin: Not at all. I think if anyone had tried to talk me out of it, it would have just made me want to prove them wrong even more, to be honest.

JH: It's not - because you're obviously a very determined young man, that's clear having met you just in the last few minutes - but, but was there any moment of any - any suggestion that perhaps in your own mind that perhaps you were doing this because you wanted to be a bit different, and because you weren't maybe quite sure that it wasn't that pressing an issue? Or have I got that completely wrong?

Colin: Well I think that if I'd wanted to do something for attention then there's plenty of things I could have done for attention that would have been a lot more easy and a lot less emotionally and physically painful.

JH: Ah, so it has been painful for you?

Colin: Yeah, of course. Like, it's not easy at all, like I am incredibly lucky, all of my friends are very supportive and the school I go to is very good.

JH: Really, there are no problems with your friends at all, any of them, or the school or ... ?

Colin: Not at all. But at the same time, like the statistics about trans people having shorter lifespans, because of suicide or murder or so many different prejudices, that I am kind of terrified about experiencing like as an adult. But at the same time I'm still happier like this, and I'd rather go through all of that than to be living my life as a woman and be hating it.

JH: Is there any possibility, do you think - and how would you know, I realise it's a very, or probably an impossible question - that you might go back again, trans again?

Colin: I highly doubt it, but at the same time it's sort of, if this is how I'm feeling now I want to respond to my current feelings, and if for some reason in the very slight chance that I go Actually no I was completely wrong, then I can do it all again.

JH: And that's why you're not having any surgical treatment, or clinical treatment? You're not having hormone blockers?

Colin: Well I'm not taking hormone blockers because it's not something that's important to me, like it doesn't affect me that much, like a lot of people take hormones, like for their voice and [there are] sort of various things, and for me it doesn't, it's not something that's important to me.

JH: Right. Bernadette Wren, you're the clinical psychologist as I said. How typical, if that's the right word, is Colin?

BW: I think Colin, if you don't mind me saying, you're typical of, in some respects, a new wave of young people who are coming to us who I think are partly responsible for the increase in numbers. I think when the opportunity to come out and speak frankly, to transition, even to have medical interventions, when that's less known about you tend to get probably the group that you expected to hear about, so a core of people who are really, really struggling, really in pain, psychologically in pain, and are absolutely desperate as are their parents. I think when the thing is opened up more, you yourself Colin said that when you began to find out more about [it], that actually you can have more freedom in a world that seems to be very settled with clear gender categories, male or female, actually there's not a lot stopping you from challenging that a bit. I think that has been an opportunity for a wider range of young people to come forward and begin to ask, as, you know, as Colin is, whether the future lies in going down another gendered route. For some of them that really means living as, what we used to call, less so now, the opposite sex. For others it means exploring perhaps an in-between position or just saying they don't really know at the moment but they're not comfortable staying in the initial, quite clear, category of male or female.

JH: And what about those who might argue that for many, many - well forever - there have been some people who've been relatively unhappy about what gender they - how they were born - but they'd have just got on with it and in the end they'd have got used to the idea and perhaps they'd have been better off getting used to the idea?

BW: Well I certainly think you're right, that across history and across cultures there have always been a core of people who have identified as the other gender or somewhere in-between. We just know that from anthropological and historical research. Whether or not - I mean John you could argue that about a lot of things, that people could actually get a grip and live with ...

JH: I didn't quite use that [term] but ...

BW: Oh right, oh right, well I kind of [guessed the ...] That you know, people who might have put up with a bit [...] domestic violence, or losing their children in childbirth. You know there are all kinds of ...

JH: That's not quite [the same thing] surely domestic violence is [...] criminal abuse ...

BW: Well I don't know, well I'm not sure, one, no - I - - I used that example [because] at one time that was culturally sanctioned, that men had power over women, for example. And I think now, we are beginning, in a privileged society, we are beginning to allow people to exercise more freedom, people simply have more elbow room to think about how they want to live their lives. Now, yes people could, as people did in the past, just try to make the best of it and live their lives, but I don't think that we feel that that's necessarily appropriate now. If this is something that people can do for themselves, it doesn't really harm other people. It enables people to live fuller lives, I think that's certainly our experience in the clinic. The majority of young people, whether or not they have suffered greatly, or more of Colin's experience of being quite adaptable, if they make the transition and they make a go of it, their lives are fuller, richer and more rewarding, and they're more productive people.

JH: Bernadette Wren, and Jane and Colin, thank you all very much indeed.