

## Written evidence submitted by Ms Una-Jane Winfield (GRA0087)

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### Section 1

#### Questions on “Terms of reference”

##### The Government’s response to the GRA consultation:

- *Will the Government’s proposed changes meet its aim of making the process “kinder and more straight forward”?*  
**Yes. And the existing GRA 2004 will rightly not be changed.**
- *Should a fee for obtaining a Gender Recognition Certificate be removed or retained? Are there other financial burdens on applicants that could be removed or retained?*  
**A fee of £140 for administration seems very small, but perhaps it is too high for some people.**
- Should the requirement for a diagnosis of gender dysphoria be removed?  
**No**
- Should there be changes to the requirement for individuals to have lived in their acquired gender for at least two years?  
**No**
- What is your view of the statutory declaration and should any changes have been made to it?  
**The statutory declaration is adequate for purpose – no change**
- Does the spousal consent provision in the Act need reforming? If so, how? If it needs reforming or removal, is anything else needed to protect any rights of the spouse or civil partner?  
**Spousal consent should be retained: a heterosexual marriage should not become a “same-sex” marriage without the explicit consent of both spouses**
- Should the age limit at which people can apply for a Gender Recognition Certificate (GRC) be lowered?  
**No. If any change: age should be raised. People should have to wait until they are at least 25 to apply for a GRC because it is a life-changing decision with huge consequences.**

- What impact will these proposed changes have on those people applying for a Gender Recognition Certificate, and on trans people more generally?

**Hopefully an increase in the number of psychiatrists will result in GD sufferers being able to find a psychiatrist more quickly. Otherwise the changes should make little difference to these people for whom life offers huge confusion.**

- What else should the Government have included in its proposals, if anything?

**The Government should have discussed the intimidation of the Women and Equalities Committee itself since the WEC started discussion of trans matters, before 2015. It has been intimidated by Trans Radical Activists. TRAs have demanded that the WEC pander to their homophobia and misogyny. TRAs have depicted gay sexual orientation as “transphobic” in their faulty logic. Professional and academic women have been sacked or “no-platformed” for uttering gender-critical opinions (e.g. Maya Forstater and Professor Alice Sullivan to name only two of many). Attempts to compel ordinary people to use the “preferred pronouns” of TRAs will backfire as this is coercion. Ordinary people will not agree to hear or use humiliating and dehumanising language. The predictable adverse impacts of the GRA 2004 on women and girls in schools, prisons and hospitals, and on single-sex provisions of all sorts should have been drawn out and discussed.**

- **The present consultation is a call from the Women & Equalities Committee - a name that reflects the status of Women as a long oppressed and marginalised sex class. So it is shocking that the Terms of Reference for this Trans Enquiry omit mention of the need for an Equality Impact Assessment.... on Women and indeed the document fails to mention Women AT ALL. Surely this is highly irresponsible and fails to follow the Public Sector Equality Duty to foster good relations between protected categories, in this case “sex” and “gender reassignment”?**

- **This dereliction of statutory duty from both the Government and WEC has also fuelled Quangos and public bodies like the EHCR to follow suit and issue faulty guidance, resulting in: perceived increased harm to the primary “victims” (trans individuals ) and much wider secondary harm to the group targeted by TRAs (women). There is harm to society more widely. “Gender identity” ideology is a divisive belief tearing the country apart with no resolution in sight and no cohesion. Gender identity ideology should be declared incompatible with scientific reality, and thus destructive. GI ideology should be rooted out of UK law everywhere.**

- Does the Scottish Government’s proposed Bill offer a more suitable alternative to reforming the Gender Recognition Act 2004?

**No. The Scottish Government's proposals call for gender self-ID, which we have thankfully avoided in England and Wales, and Northern Ireland.**

#### **Wider issues concerning transgender equality and current legislation:**

- Why is the number of people applying for GRCs so low compared to the number of

people identifying as transgender?

**We have no idea how many people “identify” as transgender. Younger people are, by reason of their immaturity, likely to change their mind about such matters, which are completely subjective and influenced by culture and fashion. Teenagers and young adults grow up and mature at about 25 years of age, or increasingly at a later age.**

- Are there challenges in the way the Gender Recognition Act 2004 and the Equality Act 2010 interact? For example, in terms of the different language and terminology used across both pieces of legislation.  
**The GRA 2004 contains a logical fallacy because it conflates sex and “gender”. This fault is impossible to remedy. In addition the GRA does not define “gender”, despite being about “recognising” it! We have decided to keep this faulty legislation for the time being.**  
**The Equality Act 2010 is a better piece of legislation, but the definition of “gender reassignment” should be restricted to those who have a GRC. We should not be encouraging an increase in the number of confused people.**
- Are the provisions in the Equality Act for the provision of single-sex and separate-sex spaces and facilities in some circumstances clear and useable for service providers and service users? If not, is reform or further guidance needed?  
**The assessment process required to comply with the EQ2010 in respect of sex and “gender reassignment” is very poorly understood and its implementation is mired in confusion for most people, including assessors.**  
**I use the terms sex and “gender” very carefully, but it is obvious that most people use “gender” when they actually mean sex, because sex sounds too harsh. So it takes a real effort to grasp the term “gender” and then the term “gender reassignment”. The EQ, if interpreted correctly, can result in the following: for most spaces where women have traditionally had single-sex protection such protection must continue, because discrimination in favour of sex versus “gender reassignment” is a “proportional means to achieve a legitimate aim”, viz the protection of women’s sex-based spaces.**  
**A clearer explanation to service providers of this necessary choice is urgently needed to protect women as a sex in toilets, changing rooms, prisons, sports, hospitals, on all-women shortlists, and a long list of other single-sex settings.**
- Does the Equality Act adequately protect trans people? If not, what reforms, if any, are needed?  
**Yes, it does. Trans people of both sexes are protected by their sex. For that reason transwomen may use single-sex spaces reserved for men and transmen may use single-sex spaces reserved for women. This needs to be clearly explained by the Government and Equality Office and all relevant Gov departments to service providers and users in all contexts. Men and trans-women need to “widen their bandwidth” and stop pretending that it is actually possible to “change sex”. It is not, as a matter of biological reality (see final question).**
- What issues do trans people have in accessing support services, including health and social care services, domestic violence and sexual violence services?  
**There should be no difficulties if the recommendations of my previous answer are followed. Transwomen may seek health and social services for the male sex**

**and seek refuge in “battered men”’s refuges – I didn't write the Gender Recognition Act 2004, but I do understand its consequences.**

- Are legal reforms needed to better support the rights of gender-fluid and non-binary people? If so, how?

**There are no “gender-fluid” people because there are only two sexes, as is taught to children from kindergarden onwards. Watch this five-minute video “Why sex is binary”:** <https://www.youtube.com/watch?v=XN2-YEgUMg0>

## Section 2

### **GRA consultation response – Ms Una-Jane Winfield, trans-widow**

Originally prepared on 27<sup>th</sup> July 2018 - Updated 30<sup>th</sup> October 2020

#### **Challenging the underlying assumptions in the GRA Consultation Document (86pp):**

##### 1. Unequal evidence submitted to the hearings of the Women and Equalities Committee in 2015:

At its hearings in 2015 <sup>1,2</sup> the WEC received and published the evidence from about 200 witnesses. All but a handful supported wider access to “gender changing” services. Not enough effort was made by the Committee to seek out knowledgeable alternative views especially from women's rights groups and from trans-widows - the abandoned wives and partners of autogynaephilic men (see “types of male transsexuals” below), i.e. those with first hand experience of the harmful effects on women of the activities of MtF transsexuals. The groups giving evidence included: gender dysphoria sufferers (mostly MtF transsexuals), activist groups supporting the aims of GD sufferers, psychiatrists and NHS staff caring in some way for GD sufferers, police and probation services, and “equalities” lawyers. The Home Office's own trans-supporting group “a:gender” was consulted, which seems like direct lobbying. Why were many other concerned groups and individuals not invited, for example women prisoners, managers of women's refuges, representatives from women's sports, representatives from women's literary or scientific prizes and other prizes specifically created to encourage participation from women, women philosophers like Dr Rebecca Reilly-Cooper and Dr Kathleen Stock, etc.? It is extraordinary to me as a woman that the interests of members of the sex which is potentially most at risk from expanding the number of MtF transsexuals, the sex category of women, was not considered, and major efforts were not made to invite women to give evidence in 2015. Belatedly, as a result of a UK Parliamentary petition <sup>3</sup>, support from MPs like David TC Davies and Liz Truss, new feminist campaign groups like Fair Play for Women <sup>4</sup> and Transgender Trend <sup>5</sup> (and Hands Across the Aisle Coalition <sup>6</sup> in the US) and articles by a handful of investigative journalists like Janice Turner, Andrew Gilligan, James Kirkup and Brendan O'Neil, the vital interests of the sex class of women have finally been recognised and our objections to the proposed changes to the GRA are beginning to be heard on the BBC and mainstream media. Yet children of GD sufferers <sup>7</sup> are still ignored: I seem to be the first person to mention them, but they do exist....

## 2. Psychiatric assessment of gender dysphoria:

The GRA consultation document does not inquire into the psychiatric assessment of GD sufferers, especially adult ones. Yet it should do so: GD is the only psychiatric condition for which life-changing medical treatment (cross-sex hormones and surgery) are routinely and bizarrely recommended with no scientific evidence to support the long-term efficacy of the treatments <sup>8</sup>. The drugs and surgery have only become available since the discovery in the 1950s of oestrogen and testosterone combined with more recent developments in (life-threatening) surgery to the major arteries supplying the sex organs as well as skilful “cosmetic” skin surgery. A bit of digging by the WEC's researchers would have revealed that there is not universal agreement in the psychiatric profession, including in the UK, about the nature of GD. There are three main questions: (1) what are the types of GD? (2) What are the underlying cause(s) of GD and (3) What treatment, if any, should be given? The basic classification of types of GD is still disputed (see next paragraph). Causes: some “dissenting” psychiatrists say that GD is often the result of childhood abuse, including sexual abuse, and they note that GD sufferers often have serious “co-morbid” psychiatric disorders like autism or dissociative personality disorder (DPD) (“multiple personalities”). These psychiatrists conduct in-depth analysis of their patients (particularly children). The “mainstream” psychiatrists accept the diagnosis of their adult patients, offer no (or no substantial) enquiry into psychiatric history and whisk patients through brief interviews to surgery after 2-3 years living “in their preferred gender”. These psychiatrists do not look for an underlying cause, and indeed ignore serious co-morbidities including autism and DPD. So an adult presenting to a GI psychiatrist is now on a “one-way” ticket to “gender change”. This is because (1) the number of patients presenting with potential GD has overwhelmed the small number of GI psychiatrists and (2) the activists groups have infiltrated and suborned the medical profession, especially the professional associations of psychiatrists and psychologists, starting in the US and crossing to the UK, and coerced the professionals to change their prescribed pathways so that only “affirmative therapy” with hormones and surgery can be prescribed without breaking professional codes of conduct <sup>9</sup>. Questions about past psychiatric history (periods of childhood abuse, depression, autism, serious personality problems, etc.) are not addressed, in fact may not be addressed without breaching the professional “memorandum of understanding” (James Caspian <sup>10</sup>).

## 3. Type of male transsexuals: HSTS vs autogynaephilic TS:

Among men the main distinction is between homosexual transsexuals and autogynaephilic transsexuals (“autogynaephiles”) <sup>11</sup>. The latter are dangerously perverted, self-erotically aroused heterosexual men <sup>12, 13</sup>, who are currently lumped together with the quieter, homosexual transsexual men. Autogynaephiles and HSTS men should be treated very differently by psychiatrists but currently are not. Hopefully psychiatrists will eventually settle their own internal differences and work out how to deal properly with AGPs using non-medical therapies.

## 4. Confusion between sex and “gender”:

Sex is not “assigned at birth” as stated in the GRA Document. Sex is a fundamental biological classification of all mammals. Homo sapiens is a dimorphic species, reproducing by the union of gametes from male and female sexes. Male or female sexual identity is evident in the chromosomes (XY or XX) of every cell of the body and is also expressed in different sexual organs for males and females which can usually be easily distinguished at

birth. This basic biology is universally accepted and this language should be used in the GRA Document. The language actually employed in the Document is biologically incorrect. It has been used because the GRA 2004 has created the legal fiction that it is “possible to change sex” as opposed to change “gender”. The GRA contains clauses which confuse “sex” and “gender” which ought never to have been passed into law. The GRA should be repealed in due course when either a proper cure for those with symptoms of GD has been found or when transsexuals cease to be concerned with new birth certificates.

#### 5. Number of transgender or gender-questioning people:

There are not 200,000 to 500,000 transgender or gender-questioning people in the UK. The initial estimate by GIRES (0.6 – 1% of population) is suspect because GIRES receives grants from the Government, NGOs and independent charitable bodies which campaign for “equalities” objectives, so it has a vested interest in overstating the size of its beneficiary population. The Government's 2017 LGBT “survey” was asking different questions which were interpreted differently by different “gender-questioning” people. For several questions, the answers came to more than 100%, which indicates that the questions were poorly designed. The estimated range of 200K to 500K is too wide by a factor of 2.5, and the absolute numbers are absurd. The number of people who possess a GRC is 4,900 (5597 in March 2020) which is one percent of 500,000. A more reasonable estimate, I suggest, might be twice or three times the number of people with a GRC, i.e. 10,000 – 15,000. Even this will be an uncertain figure because it includes adolescents and young adults who are experimenting with “gender fluidity”. They may be undecided or change their minds until they reach maturity in their mid- to late twenties, when they almost always accept their biological sex. Permanent belief in a trans identity is extremely rare.

#### 6. Scientific status of psychiatry vs physical medicine:

Psychiatry is in a “primitive state” compared to physical medicine (Dr Alice Parshall <sup>14</sup>). There is no universally agreed theory of (a) how emotional development occurs in children or of (b) adult happiness and well-being, in contrast to the unified, self-consistent and predictive theories of physics, chemistry and biology. So psychiatry is uniquely susceptible to mass hysteria, like the satanic rituals of the 1980s, and psychiatrists have behaved with a reprehensible lack of integrity (Dr Richard Corradi <sup>15</sup>).

#### **My story:**

My marriage to my now ex-husband was destroyed by his slow, but inexorable descent over many years into the mental illness called Gender Dysphoria from which he has never emerged. I had never seen or heard of this type of affliction. He is now permanently and thoroughly confused. I remain convinced that suitable psychiatric intervention much earlier in his life could have been life-saving for him. He needed a full psychiatric history and analysis of his childhood sexual trauma, followed by supportive psychotherapy to bring him to a point where he could face down his fears. This would have spared him his flight from reality and his narcissistic posturing of which he is still partially aware.

#### **Recognition for trans-widows:**

Trans-widows who speak out are truly “stunning and brave” women in naming and describing the terrifying behaviour and the crimes committed against them by autogynaephiles. AGP behaviour comes within the scope of the Serious Crime Act 2015, s76 “controlling or coercive behaviour in an intimate relationship or marriage”. I would call for more prosecutions, just as there should be more rape prosecutions.

## **Conclusions**

There should be no change to the GRA. The steps required to obtain a GR certificate are proportional and as effective as they can be in ensuring that only those who are absolutely convinced and absolutely convincing to psychiatrists are given permission to obtain a GRC and thus a “revisionist” birth certificate and a fictional “new identity” as a person of the “opposite gender”. These steps should not be revised: the period of “lived experience” (minimum 2 years), the continuous monitoring and assessment by at least one GI psychiatrist and the assessment by a GRC panel should be retained. This is because becoming a patient for life (taking cross-sex hormones for life), having very serious surgery which is not medically required, becoming sterile and living a life which the GD sufferer knows deep in his heart to be a lie is such a stressful and disastrous choice that only the most utterly committed should attempt it. The UK, and the world, should not be adding to the number of “extremely confused” people.

Indeed I would urge psychiatrists to revise their treatment of GD sufferers. A proper treatment would include taking a far more thorough psychiatric history with a view to discovering an underlying emotional trauma and co-morbid condition(s) which triggered the dysphoria<sup>16</sup>. The recognition and empathetic analysis of such trauma would, we hope, enable the sufferer to discover the source of his confusion and grow to accept the truth of his identity – as trans-regretters<sup>17,18</sup> do.

## References:

1. WEC report on Transgender Equality, list of 208 statements from witnesses:  
<https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf>
- 2 Ibid: Please note the small number of “dissenting” voices: e.g. Jackie Mearns, Lesbian Rights Group, Ms Miranda Yardley (a “gender-critical transsexual), Professor Sheila Jeffreys, Radical Feminist Legal Support Network (Helen Smith), Rape Crisis England and Wales, Scottish Women Against Pornography, Stephanie Davies-Arai, Women and Girls Equality Network, Women Analysing Policy on Women.
3. Parliamentary petition: <https://petition.parliament.uk/petitions/214118>
4. <https://fairplayforwomen.com/>
5. <https://www.transgendertrend.com/>
6. <https://handsacrosstheaislewomen.com/>
7. Children of transsexual men:  
Laura Izett: <https://hubpages.com/health/Crazy-in-the-Family-Children-of-the-Mentally-III>
8. No scientific evidence to support the long-term efficacy of the treatments: Swedish study (2011): “Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden”:  
<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885>
9. Dr Quentin van Meter MD: “The terrible fraud of transgender medicine”:  
[https://www.youtube.com/watch?v=6mtQ1geeD\\_c](https://www.youtube.com/watch?v=6mtQ1geeD_c)
10. James Caspian: Memorandum of Understanding of the UK Council for Psychotherapy:  
<http://www.dailymail.co.uk/news/article-4979498/James-Caspian-attacked-transgender-children-comments.html>
11. Types of male transsexuals:  
Bailey and Blanchard: <https://4thwavenow.com/2017/12/07/gender-dysphoria-is-not-one-thing/>
12. Dangerously perverted, self-erotically aroused heterosexual men: Susan Faludi's biography of her father “In the Darkroom”:  
<https://www.nytimes.com/2016/06/19/books/review/susan-faludis-in-the-darkroom.html>
13. Ibid: <https://transgenderreality.com/2016/06/22/is-there-such-a-thing-as-autogynephilia/>
14. Primitive state of psychiatry compared to physical medicine: Dr Alice Parshall, ex-medical director for mental health services for NW London: personal communication.
15. Dr Richard Corradi: <http://thefederalist.com/2016/11/17/psychiatry-professor-transgenderism-mass-hysteria-similar-1980s-era-junk-science/>

16. A proper treatment would include taking a far more thorough psychiatric history with a view to discovering an underlying emotional trauma and co-morbid condition(s) which cause the gender dysphoria <https://www.theguardian.com/society/2004/jul/31/health.socialcare>

17. Walt Heyer is a very brave regretter. His website: <http://www.sexchangeregret.com/> and <http://www.dailymail.co.uk/news/article-2921528/The-man-s-TWO-sex-changes-Incredible-story-Walt-Laura-REVERSED-operation-believes-surgeons-quick-operate.html>

Walt Heyer apologized (!) to me by e-mail for my ex-husband's behaviour, which touched me greatly.

18. Other trans-regretters: <https://www.transgendertrend.com/detransition/>

### Section 3

#### **Submission by a group of Transwidows to the Government in response to the Consultation on proposed changes to the Gender Recognition Act 2004**

Three personal accounts by ex-wives or partners of Autogynaephilic men (October 2018)

5<sup>th</sup> October 2018

Anonymous (1)

My ex-husband and I were together in total for 12 years, and married for 7. Whilst I knew that he had one brief gay relationship before we met, I was his first girlfriend and female partner. He had difficulty forging relationships and he acknowledged that his gay relationship was because he was desperate for human contact.

His social awkwardness had stemmed from severe bullying whilst he was growing up, but was exacerbated by his upbringing. He was the first child to a couple in their 40's who had been born in the 1920's and lived through the war. Austerity, making do and mending, and keeping up appearances dominated their lives. His father was head of household and what he said, went. His mother didn't work, didn't socialise, wasn't allowed to make decisions, and was anxious. The family dynamic was strained, and his younger sister suffered from severe depression for most of the time I knew her. I had assumed my ex-husband was the "normal" one of the family; I was wrong.

Our sex life was disappointing and limited by his libido I thought (but subsequently found out that he masturbated daily to BDSM fantasies), but he gave every indication that he was only interested in women. There was absolutely no indication given throughout the time I was with him that he was anything other than a man with heterosexual interests and gender conforming hobbies (weightlifting, metalwork and DIY), till he announced he wanted to be a woman. He was having a bath and I walked in to find him shaving his legs. I asked why and that was what he told me.

I believe it would have been easier for me to bear if he had died because he changed completely after making this declaration. He went to numerous doctors, psychologists, psychiatrists, and counsellors in the 9 months till I filed for divorce and, throughout that time, his only thoughts were for himself. He became consumed. He was not prepared to rest until he had gained the necessary agreement to have his penis removed and my feelings were never given any consideration.

His narrative about his feelings started with him wanting to become a woman, it morphed into him wanting to be sexless, and then veered towards wanting to swing with me and other couples, or have BDSM sex. On one memorable Sunday morning, he went through all of those options in the space of an hour before returning to stating he wanted to become a woman. He rejected any suggestion that his upbringing had repressed him sexually and was, perhaps, the basis of his belief that his penis had to be removed.

He was encouraged by healthcare professionals to meet with other transsexuals at the local TV/TS group. His social life expanded as he started to be egged on to go out dressed as a woman. He bought many outfits which could only be classed as overly revealing and would generally not be acceptable on a woman of his age, nearing 40. He was aroused by wearing women's clothing, and masturbated in changing rooms when trying it on. He was "coached" by his new friends about what he had to say to have medical professionals believe him and treat him. He threatened suicide on a daily basis. He made a guillotine and rigged it up to an anvil in the garage and attempted to cut his penis off. He wanted me to stop pleading with him not to self-harm "but to take me to the hospital when I do it again". He had no concern for what this was doing to my mental health whatsoever; he just wanted to have the operation, take the hormones, and ultimately live with me as a lesbian. He couldn't understand why I couldn't accept this.

Through his TV/TS group, he was put in touch with a psychiatrist, Dr Russell Reid, whom he saw privately (after he had rejected the diagnosis of an NHS psychiatrist). He was diagnosed with gender dysphoria and permission was given for him to proceed with the removal of his penis as a private patient by his second appointment, which was within a year of his coming out as "transsexual", and without any period of living as a woman. I sent written protestations which were rejected by Dr Reid then decided that I could no longer live with the person he had become so I started divorce proceedings. It should be noted that Dr Reid was subsequently found guilty of misconduct. The operation went ahead and a few months later, I received a letter from my ex-husband blaming me for forcing him to go ahead with it because he had now discovered that he had just wanted to have wild sex and had been repressing those urges. Looking at his behaviour through the lens of time, I believe he was an autogynephile.

If I had stayed with him, there is no question that I would have had a complete nervous breakdown. As it was, it took 4 years of counselling to come to terms with what had happened, and many more years before I felt it no longer defined me. I chose to be secretive about it because I was humiliated that I found myself in that position; I did not want people to gossip about me behind my back, I didn't want to be seen as somebody who had been so misguided to have married a man who wanted to become a woman – or worse, that I had driven him to it. Today, I still have those feelings of guilt and shame, but I'm also angry that if he had those feelings from childhood, as he claimed, then he lived with and married me purporting to be something else and his actions were fraudulent.

The proposed changes to the Gender Recognition Act to allow people to self-identify cause me grave concern in relation to men self-identifying as women. I am aware that my ex-husband's motivation was sexual and there were other men who attended his TV/TS group who were aroused by dressing as women – they were completely acknowledged as heterosexual, just with a kink.

Transvestites don't believe they are women, and they are not women by any stretch of the imagination, but under the Trans umbrella described by Stonewall, they **are** women and, it would appear Stonewall propose transwomen should be entitled to every sex based right that has been granted to women. However, sex based rights have been granted for a reason. Women require safety, privacy and dignity. That will not be possible where their segregated spaces have to be shared with men who claim to be women, even those who may have had gender reassignment surgery. Figures suggest that over 80% of transwomen retain their penises, and many identify as lesbians, so it is fair to assume that a large number don't have

gender dysphoria, will never have sex reassignment surgery, and should not ever be considered to be women.

Considering self-id also opens the doors for predatory men who will take advantage of this change in boundaries and cause women distress with no recourse since self-id would allow any man to say they are a women without any real ability to challenge the declaration, whether this is in a toilet, changing room or prison.

Whilst the people I told at the time were supportive of my position and horrified on my behalf, transwidows now face the prospect of being considered transphobic bigots for not accepting their partner's "true identity" or wanting to remain in a sexual relationship with them when the goalposts of their relationship haven't just been moved, they have been taken away and put up on a completely different pitch.

## **How Was It For You? My marriage to an Autogynaephic man (AGP)**

Anonymous (2)

I first resolved to speak out about my experience because autogynephilia exists and because I believe it has a crucial significance in the debate which needs to happen around the impact of the proposed adoption of 'self-id' on the legal rights and protections women have fought so hard to secure. I will say 'women' and not 'cis women' or 'natal women' because language matters. Not only does sloppy language lead to sloppy thinking but it can be manipulated and 'fudged' for political ends. Anyone who doubts this should read George Orwell's excellent essay "Politics and the English language" (1946).

I am also motivated by the fact that before I reached the age of 15 I had been groomed, abused, abducted at knife point, and shot in the eye. In the aftermath of these events I promised myself that I would never again allow myself to be silenced by intimidation. Facebook and Twitter are awash with abuse of so-called 'TERFS' like me but this only strengthens my resolve. There has been a deliberate, sustained, and highly organised campaign to demonise gender critical women - and just lately men too. I will not allow that to go unchallenged.

Lastly - and perhaps most importantly, I am in a position to be able to know and say how it feels to be married to an autogynephile man in what 'passes' for a normal heterosexual relationship. Unlike many of the women who are living this now- and whose stories I have read, for example, in a heart-breaking thread on Mumsnet - I am looking back some fifteen years to before the 'trans explosion'. It is impossible to say whether, if the events I am remembering were happening today, whether my husband would 'come out' as 'trans' or not. At the time I met him he was already in his late thirties and I suspect that the pattern of his life was already fixed. I do know, however, \*because he told me so\* that he would not be seeking surgery. I also know, again because he told me, that he obtained sexual excitement and gratification from both wearing women's clothing and from intruding into their single-sex spaces. He boasted about having done this over a period of many years and about his belief - deluded I am sure - that women couldn't tell.

What mattered most to my husband- apart from his penis of which he was extremely proud - was the idea - the delusion - that he 'passed' as a woman. He did not believe he was a woman nor did he have the slightest thought of 'losing' his penis. It was, by his own admission, far too important to him as the primary site of his sexual gratification. (It was also the focus - often quite literally - of the trans pornographic videos that I later discovered that he made, copied and sold on the the internet.) He was, however, obsessed by breasts and fantasised about having them, telling me once that to have both breasts and a penis was his idea of 'heaven'. He was also, incidentally, very interested in 'lady boys'. I think it possible that, if he were a younger man today, he might be a candidate for 'top surgery'.

I must stress that although these things happened a long time ago it is not easy for me to talk about this. The hurt, the betrayal, the sense of humiliation, the absolute loss of self-esteem: all these things were, and still are, the source of great pain. What was most painful, however, for me at least, was the brutal realisation that I had lost a decade of my precious life to a deliberate and poisonous deception. I want to be plain. My ex-husband married me in the full knowledge of what he was and the life he was living, a life he had no intention of giving up or changing. He used me and my position in the community - I was a senior teacher at a large

comprehensive - to provide him with a cloak of 'respectability'. He also used me as a convenient meal ticket since, during the years when he and I lived together, he paid no household bills. He persuaded me that his 'business interests' were doing badly and he needed all his money for 'investment'.

Throughout most of my intimate life with my husband, he was, in his secret life, a practising autogynephile. His autogynephilia - although I had no name for it then - I have since come to realise included to a greater or lesser degree three of the four main elements associated with that condition. These are, broadly: tranvestic, behavioural, physiological and anatomic autogynephilia. As far as I am aware, apart from evincing a somewhat salacious interest in pregnant women, my husband showed no other signs of physiological autogynephilia either in his behaviour or his conversation.

I should make it clear that, despite the secrecy that surrounded my husband's 'other' life, he was a difficult man to live with. You might think, perhaps, that my 'not knowing' would have made things easier but this was far from being the truth. On the contrary, I lived constantly in a state of anxiety and tension because he was so moody and unpredictable. Displays of interest or affection were rare so that I felt very much alone. Looking back I see that within a year or two of establishing this relationship my friends and social circle had for the most part fallen away. I learned later that my friends didn't like my husband and that in some cases they had been deliberately 'put off' or 'pushed away'. In a couple of cases he had achieved this by making sexual advances.

My husband offered as an 'explanation' for his behaviour towards me the claim that he had always suffered from severe depression. He hinted that this was a consequence of 'things' in his past and an unsatisfactory relationship with his parents. As a survivor of early grooming and abuse I have my own dark moments so I accepted this as making some kind of sense. However, despite escalations in his problematic behaviour and my own repeated entreaties, he refused to seek medical help. I realise now, of course, that he knew perfectly well what was 'wrong' with him but that it wasn't a problem. In his eyes, the only problem was keeping me from finding out the truth.

My husband was emotionally unavailable most of the time, and very often physically absent. He 'worked late' regularly which he excused by saying his business interests were failing. He said I should be grateful that he worked so hard and that I should not complain. For a time I accepted this and tried to be a good wife. I cooked meals late at night, I paid all the household bills. I read half a dozen books on male depressive illness. But then, increasingly, I didn't believe him any longer. I became suspicious. There were many things that didn't add up. There were inconsistencies in his accounts of his movements and lots of 'wrong numbers'. He had a mobile phone but he spent a lot of time in places where there was, according to him, 'no signal'. I began to get calls on my landline asking for 'Jo' and on one or two occasions visitors called who claimed to be 'old friends'.

Naively I reached the conclusion my husband had been having a series of affairs. Of course, he denied it. It was, he said, 'just his depression'. My lack of 'trust' and 'relentless nagging' was making it worse. I must admit I felt a bit guilty then. I tried to be more supportive. I read a dozen books on male depression. I did my best to talk to him. His response to this would be to quite literally turn his back on me. Like a sullen child he hunched his shoulders and crossed his arms over his chest. And when, in desperation, I stamped my foot and screamed at him to 'please just look at me' he couldn't - or wouldn't - do so. At any time when I

stepped outside the very limited role which he had constructed for me, he simply refused to recognise and engage with my existence.

He said I was 'unbalanced' and 'emotionally unstable'. It was 'no wonder I didn't have any friends'. In fact, by then he had systematically isolated me from my former social circle. Often he would leave - usually for days at a time but sometimes for a week or two weeks - without giving me any indication where he was going. I would be left with my daughter's care and my work as head of a large English faculty. Not surprisingly my health suffered - but that's another story.

Eventually I turned detective. His absences and his strange habits - which included binge-spending as well as periodically removing all his body hair and spending many hours on a sun-bed - had to mean something. Remember, this was fifteen years ago. Even fewer people then than now knew anything about such matters. However, I did know that he rented an 'office/ storage space'. I had never been there. One day, like Bluebeard's wife, I stole my husband's keys and went in.

It's hard to describe the sight that greeted me - maybe a cross between a love nest and a 1960's film set. There was king-sized bed - with fancy bedding - a fridge and a cooker and an armchair - and a vast array of photographic lights, a computer, and recording equipment for making and reproducing videos. It turned out that my husband's preferred business was making and selling specialist porn on the internet. Remember he told me his business was failing and I was paying all the household bills. The equipment must have represented an 'investment' of thousands of pounds.

At first I could not take it in but, investigating further, I found wigs of every style and colour, multiple pairs of size 9 stilettos, and several rails of women's clothing. These garments contrived, at the same time, to be both expensive and 'trashy'. Tight-fitting or skimpy - or both - was the order of the day and colour preferences were 'girly'. There was an awful lot of PVC. Worse was to come. Cupboards and filing cabinets bursting at the seams with photographs. Many thousands of photographs. I do not exaggerate. About three quarters of these were sexually explicit and showed my husband fully 'dressed', alone or with various sexual partners, engaged in a whole range of sexual practices the details of which I will spare you.

There were also videos - shelves and shelves of them - with names suggesting their content. I selected some at random with the vague notion that I needed 'evidence'. Viewing them later, I spent hours on the floor weeping into my dog's fur. Some featured people I knew. One of them was our postman. Others were people I had been introduced to as my husband's friends and acquaintances. Some of the videos had been made in my home - in my lounge, my kitchen, even in my bedroom - during the hours I was teaching. The sheer scale of betrayal of trust here and the deliberate and callous nature of his deception took me many years to process.

Later, after I had confronted him, I wept as I told him, that I had booked an appointment at the clinic. Did he not care that he might have infected me with some terrible disease? He laughed at me. 'Don't be so dramatic,' he said.

I should not have been surprised by that comment. My husband's feelings were always paramount. He was deeply wounded by the smallest criticism or slight - yet was unable to empathise with others. [delete?]

I will close by listing some of the other things I learned about my husband over the twelve year period of precious life I 'lost'.

He was obsessed with his own image - literally - witness the many thousands of printed images I referred to earlier. For years I kept, on the advice of my solicitor, at least five hundred of these. Before I eventually burned them I made a kind of 'pornographic cover for my kingsize bed' and took some photographs of my own. I think of this as therapeutic art.

From the age of eleven or twelve he was heavily into pornography. He told me eventually he used to masturbate using his older sister's underwear. By the time I came to know him, therefore, he had been heavily involved in pornography for almost three decades.

Even as a man, he was the vainest person I have ever known. He was also, when it came to women, one of the most judgmental. He was, for example, apt to make scathing comments about my clothes and my weight. He frequently spoke in praise of other women in my presence. Over time, he destroyed any self-esteem I might have had when we met.

For him the sexual act was linked with the notion of 'performance'. It was as if his focus was somehow 'internal'. If he was 'making love' then it was to himself. It was a source of acute pain to me that he kept his eyes closed throughout any intimate contact we had. This, I later discovered from watching video material he had filmed, was not typical of sexual encounters when dressed as a woman.

Sexually, he wasn't 'picky'. I soon realised he would have sex with pretty much anyone. It didn't matter too much what sex they were or even if they were attractive. The important thing was that they were prepared - for whatever reason of their own - to 'go along' with the pretence of his 'being' a woman. Some of his partners were downright ugly. One of them was a local postman. Another turned out to be a man that he had introduced as a 'friend' and allowed me to entertain in my home.

Some of the pictures I saw showed people who appeared disturbingly young. After my marriage ended and my husband 'disappeared' an acquaintance who had been working as a 'special' in the local police force told me that he was one of a number of men who had been 'under observation' in connection with crimes relating to sexual activity with minors.

He was utterly deluded about his ability to 'pass' as a woman - despite being six feet three with the upper body development of a competitive banger racer. In fact, he drove for one of the well-known teams on the circuit at that time.

He was an exhibitionist. He found it sexually exciting to be naked and/or performing sexual acts in public places. He would do this both while presenting both as a man and as a woman. He told me once that he liked to walk naked along the hard shoulder of the A30 to see the effect on passing drivers.

He had a criminal past going back, I discovered, a very long time. Criminal activity included buying goods on stolen credit cards, or on credit cards taken out in false names at incorrect addresses; various, car-related crimes, 'fencing' and selling stolen goods. I subsequently

learned that local shop-lifters knew him as a fence and frequently ‘stole to order’. I believe he received quite a lot of stolen jewelry. He was inordinately fond of gold. I often got jewelry as a birthday or a Christmas gift. I believe now those gifts were stolen. Once he gave my daughter, then aged about eleven, a ‘dress ring’ to play with. Recently, clearing out some of her old toys I found this ring and looked at it more closely. It is, in fact, a fairly large diamond. This was typical of him. He would have seen it as a huge joke.

He lied for fun, for pure entertainment and to see how ‘beautifully’ the lie could be spun. Occasionally he would tell a ‘truth’ but in a way that made it sound like he was joking. I remember him ‘joking’ once that one of his businesses, a second hand book shop, was a ‘cover’ for his porn empire. Everyone laughed. Even me. As it turned out, it actually was!

He found it ‘exciting’ to shock other people and not respect their boundaries. He liked to go to places dressed as a woman where he knew he had no right to be. He even boasted to me about his exploits in this respect.

Finally, after many years, I think I have - finally - learned not to hate him. I hate his lies and his cruel behaviour and I hate what he did to me and my daughter. Nevertheless, over time, I have learned to pity him for what he was - and presumably still is: a man with a whole raft of emotional and mental health problems. He had a total lack of empathy with others combined with acute hypersensitivity when it came to his own feelings. He was manipulative and controlling. He used people - all people - for his own ends. I cannot be sure whether, if it had happened today he would have been openly ‘trans’ but I am sure beyond any shadow of doubt that he is not the sort of person who should have free and unrestricted access to women’s spaces. For a man like my husband, to adopt self-id would be to present him “Willy Wonka”-style, with a golden ticket, a free ticket to ride.

## **My marriage to an Autogynaephilic man 1992-2006**

Anonymous (3)

My ex-husband was so secretive that I don't know much about his sexual preferences. Actually his interest in sex seemed to be weak at best and declined after the birth of our daughter. He didn't cross-dress. Five years before he left he had a face-lift without warning or explanation. That was the beginning of his "reign of terror" in our marriage. He waited until just before his planned departure to leave a dress from Dorothy Perkins, a pair of women's shoes in a size 9 and a credit card in a female version of his name in a cupboard where I was sure to find them. And when I challenged him about these items he said simply: "It's true. I'm a transsexual". He said nothing more at all to my face.

He walked out on us 4 months later.

I had been exposed for many years to gas-lighting as he picked fights with me about anything and everything and then said triumphantly: "You need an anger management course". He created so much fear and tension you could cut it with a knife. He was trying to make me hit him, but I never did. This, I now know, is narcissistic abuse. But I was not exposed to cross-dressing or cross-sexual practices.

Yet later in an e-mail exchange he wrote two sentences by way of explanation: (1) he had been abused by a headmaster at one of his schools and (2) his aunt encouraged him to cross-dress. His secrecy and his dishonesty are his overriding characteristics. I say "autogynaephile" because he was charming and very attractive to women, but he went about systematically destroying three marriages – I was the third wife to divorce him. He relied on his charm to lure victims. He compelled me to divorce him by transferring a half-share in the house he had built (which represented all our joint savings from our marriage) into the name of his son by his first marriage, a young man whom he had manipulated and frightened all his life. So he "abstracted" at least £600K from the marriage which, he admitted in a terrifying burst of honesty, he had always intended to end. He said during the marriage: "I'm going to take you to the cleaners!" Yes, I was controlled and terrified. He also defrauded the DWP of £15K and made false statements about a house to the Valuation Office of a local County Council.

Many of the comments on Mumsnet describe manipulation and control: my ex-husband certainly used people until he had extracted what he wanted out of them. This is maybe not the sexually obsessed AGP, but it is the manipulative psychopath AGP.

Since he took all our savings he has lived first with a lodger, then alone in that house in a small town. He has no visitors, so he is always alone in a large three-bedroom house with neighbours who are either suspicious of his strange appearance and behaviour, or hide their amusement behind their hand. He has tried to manipulate his children, but he has shown absolutely no practical or real emotional interest in their lives. He is so selfish that he gives them trinkets, nothing that they might actually like. Many years ago he gave our daughter a pink rhinestone-encrusted computer mouse! I kept that as a horrifying example of his stereotypes. He has not visited us once since the day he left.

That is a tragic end for someone who had so much to live for. He destroyed his own life after 2006.

Gender dysphoria is a very serious but very rare mental illness, like anorexia nervosa (starving illness) or apotemnophilia (the irrational desire for amputation of healthy limbs), and has been recognised as such in the literature (DSM 5 and ICM) until recent pressure by trans activists to attempt “de-medicalisation”. I know about “transition” from the inside because I have observed it: I am a “trans-widow”. This is the name created in the last 10 years for the abandoned wives and partners of autogynaephilic men. Given the social pressure on human beings to get married there may be many trans-widows (possibly thousands?) who were married to a proportion of the 3608 (3995 in March 2020) recipients of GRCs who were (and still are!) biologically male<sup>1</sup>, especially in the older age groups.

I experienced severe psychological abuse in the last four years of a long marriage (14 years) that was destroyed by my ex-husband's descent into mental illness. He didn't tell me during the marriage, but he told me after he left, that he suffered from time to time from gender dysphoria and had done so all his life. He had been apparently normal: an independent professional man, able to earn his living and sustain friendships and work relationships. But this disorder, which can apparently be triggered at will, alters the perception of the sufferer and causes him to sever or completely alter all previous emotional relationships over a number of years. He told me absolutely nothing about his condition.

During our marriage I observed that over a period of 10 years he fought with and drove away all his business and personal friends, leaving him dependent on savings to live on. I was, of course, increasingly worried by his bizarre and destructive behaviour. But when I asked what was happening he waved away my questions and refused to say anything.

He finally abandoned us - two children aged 10 and 12 and myself - in 2006, saying: "It's true. I'm a transsexual". I had absolutely no preparation for this announcement, nor any understanding of what it would mean for us. Like a time-bomb, it was only 18 months later that I suffered the worst panic attacks I have ever had and needed psychotherapy to relieve and control them. In this period my husband gradually refused to talk on the phone, to e-mail, to have any contact at all with me. I slowly realised that I was alone, responsible for 2 young children, and my financial position was uncertain because he might stop paying essential funding for the children.

Gaslighting<sup>2</sup>: For more than 4 years before he left I had been subjected to "gaslighting". This is an American term which describes a form of sustained, gradually increasing emotional control through taunting, or DARVO<sup>3</sup> (Deny, Attack, Reverse Victim and Offender). He repeatedly attempted to destabilise me by unremitting taunting in order to make me hit him, but I did not. He never stopped. It was as if he was deaf: I could not get through to him. He had, I now understand, no "insight" and I simply could not get him to stop or understand that taunting is an attack, that he was acting in an irrational and utterly destructive way, and he was destroying our relationship. His psychological abuse caused me to lose confidence in everything except my ability to look after my children. I became fearful and anxious and utterly bewildered.

But deep down I was also angry at his manipulation.

After he left I had to conduct some kind of dialogue by e-mail with someone who was by then trying to rewrite history to suit his "new truth". Apart from mourning the loss of my marriage, I have been on a steep learning curve about gender dysphoria since 2006. Since 2010 I have been in touch with supportive gender-critical feminist groups like Transgender Trend, a Woman's Place UK, Fair Play For Women, FiLiA, campaigners like Posie Parker,

and other trans-widows. I owe my restored sanity and sense of self-worth at least in part to them. Graham Linehan and Harry Miller (Fair Cop) have also taken up arms to fight for women's sex-based rights. The transsexuals Miranda Yardley and Kristina Harrison have drawn a clear line between sex and "gender". I have been in correspondence with all of them.

Government statistics show that there are probably a substantial number of trans-widows, yet we are almost invisible. I want to rectify this omission. Trans-widows suffer very serious emotional and financial harm from the fraudulent behaviour and persecution by their husbands or partners and the rest of the world ought to be made aware of these facts. Only a handful of trans-widows have told their stories in interview (Tracey Maloney <sup>4</sup> was nearly murdered by her ex-husband Frank/Kellie Maloney) or have written a book about their experiences (Christine Benvenuto <sup>5</sup> was ostracised by her ex-husband's Jewish congregation and taunted both on-line and in a "me-too" book by her ex-husband, Tom/Joy Ladin).

We need the world to hear our stories.

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