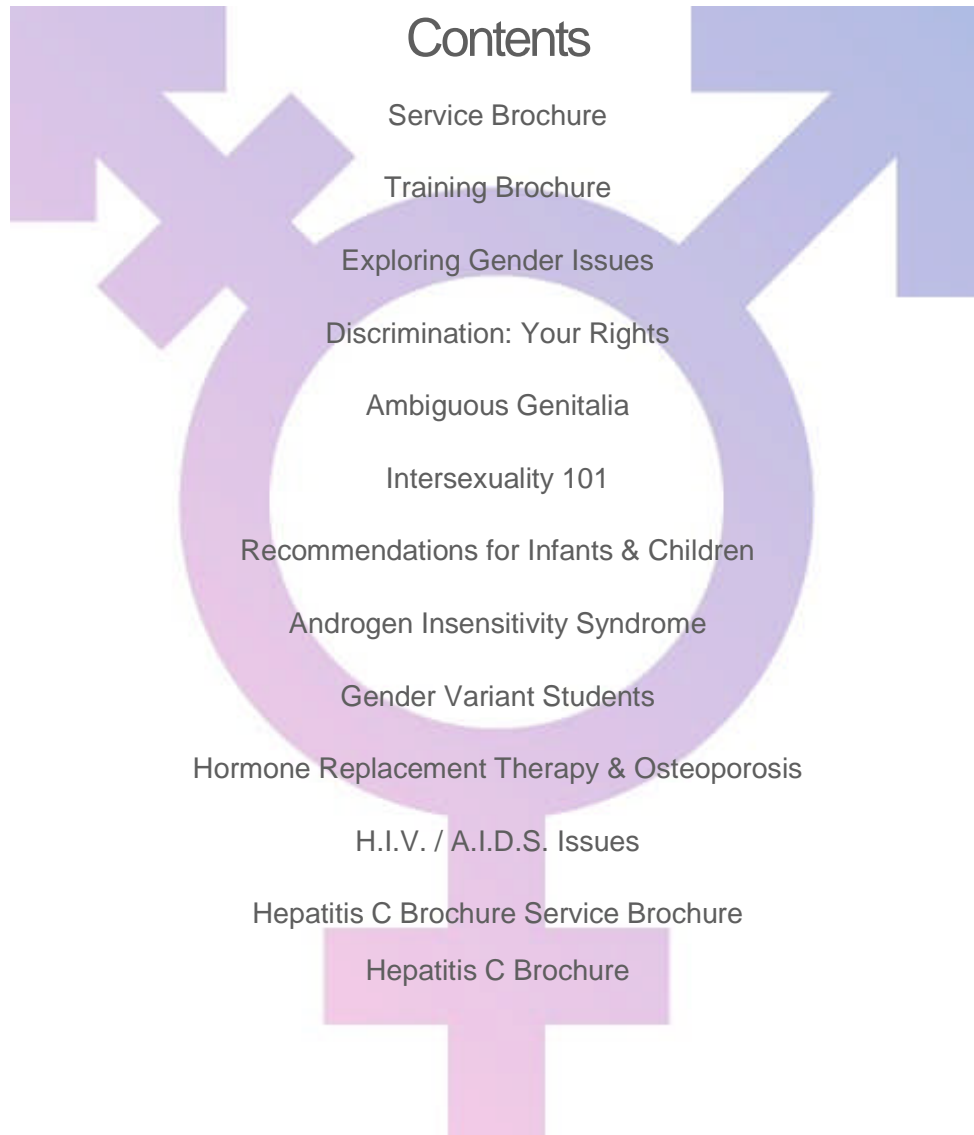


Intersex Kit



The Gender Centre Inc.

Services for People With Gender Issues

7 Bent Street Petersham N.S.W. 2049

Phone: (02) 9569 2366

Fax: (02) 9569 1176

Website: www.gendercentre.org.au

Supported by the New South Wales Health Department through the AIDS and Infectious Diseases Branch.



The Gender Centre Inc. Fact Sheet
Service Brochure
Of the Gender Centre Inc.

Reviewed July 1st 2008

The Gender Centre is committed to developing and providing services and activities which enhance the ability of people with gender issues to make informed choices.

The Gender Centre is also committed to educating the public and providers about the needs of people with gender issues.

We offer a wide range of services to people with gender issues, their partners, families and friends in N.S.W.. We also act as an education, support, training and referral/resource Centre to other organisations and service providers.

We specifically aim to provide a high quality service which acknowledges human rights and ensures respect and confidentiality.

Counselling Service

Provides counselling to residents, clients and partners, families and friends of people with gender issues. Also provides education, support and referrals to a range of specialist counselling. For an appointment please contact the Counsellor.

For Service Providers and Others

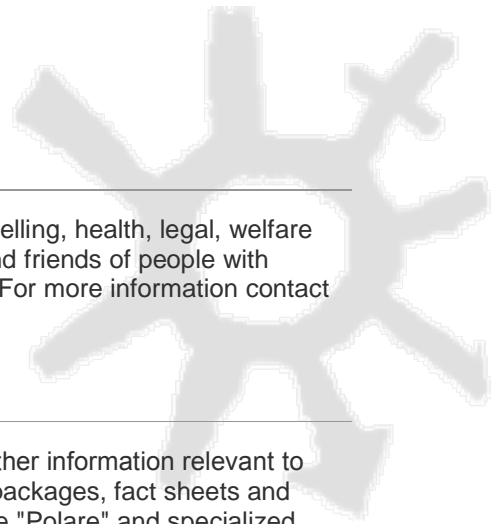
Training, support and workshops are available to employers, service providers, students and other people interested in gender issues. Topics covered include implications for staff and clients in relation to anti-discrimination legislation, E.E.O. issues, workplace harassment and provision of goods and services as well as many personal aspects of the transgender process. For more information contact the Coordinator of The Gender Centre.

Social & Support Service

Provides social and support groups and outings. Also provides referrals for medical, H.I.V./AIDS, education, training, employment, legal, welfare, housing and other community services to residents and clients living in the community. For more information, contact the Community Worker or the Outreach Worker.

Outreach Service

Available to clients in the inner city areas on Thursdays from 10:00am – 5:00pm and Tuesday nights from 6:00pm – 2:00am. Also available to clients confined to home, hospital or gaol (by appointment only). For an appointment contact the Outreach Worker.



For Partners, Family & Friends

Support, education and referrals to a wide range of specialist counselling, health, legal, welfare and other community services are available for partners, families and friends of people with gender issues. There are also social and support groups available. For more information contact the Community Worker, or the Counsellor.

Resource Development Service

Produces a range of print resources on H.I.V./AIDS medical and other information relevant to people with gender issues and their service providers. Information packages, fact sheets and other printed materials, including a free quality bi-monthly magazine "Polare" and specialized advertising supplements. For more information contact the Resource Development Worker.

Residential Service

Provides semi-supported share accommodation for up to 11 residents of age 16 and above. Residents can stay up to twelve months and are supported to move towards independent living. During their stay they are also encouraged to consider a range of options available to meet their needs. A weekly fee is charged to cover household expenses. Assessments for residency are by appointment only and can be arranged by contacting the Residential Program Worker or the Counsellor.

Drug & Alcohol Service

Provides support, education and referrals to a broad range of services by appointment only. For an appointment contact the Outreach Worker.

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Web: www.gendercentre.org.au Email: reception@gendercentre.org.au



The Gender Centre Inc. Fact Sheet
Training Brochure

For employers, organisations and service providers

Reviewed July 1st 2008

Topics Covered in Training

We cover a comprehensive range of topics addressing the specific issues facing transgender people. Depending on the needs of your organisation, these may include:

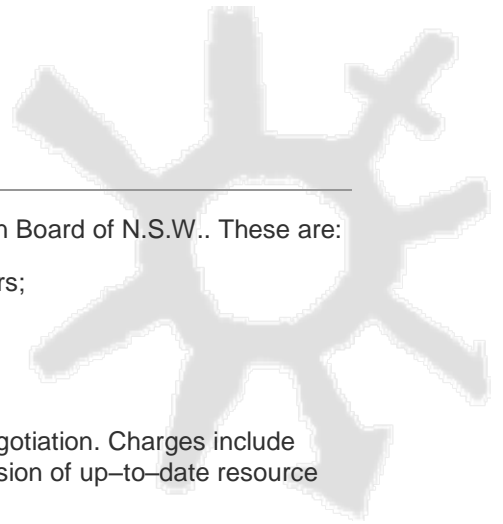
- Implications for staff and clients in relation to Anti-Discrimination;
- E.E.O. Issues;
- Workplace Harassment;
- Provision of Goods and Services; and
- many other aspects of the transgender process.

All participants are encouraged to ask even the difficult questions and clarify any issues, so that any concerns or areas of interest can be addressed.

Training Benefits

What are the benefits of training for my company/organisation?

- Understanding of legislation;
- Understanding of transgender identity;
- Knowledge of periods of transition;
- Dealing with workplace transition;
- Raised awareness for staff;
- Improved service to clients;
- Productive use of human resources;
- Potential preferred employer status;
- Assistance with policy development;
- Knowing your rights;
- Knowing the rights of the transgender employee/client; and
- Minimising the risk of costly legal action.



What Does Training Cost

Our current charges are matched to those of the Anti-Discrimination Board of N.S.W.. These are:

- \$350.00 + G.S.T. for sessions up to one and a half hours;
- \$750.00 + G.S.T. for sessions of four hours; and
- \$1375.00 + G.S.T. for full day sessions

Longer sessions or ongoing sessions for larger organisations by negotiation. Charges include preparation time, consultations with your organisation and the provision of up-to-date resource material for each participant.

Where travel is required to locations in excess of one hundred kilometres from Sydney, then an additional charge for travel and any necessary accommodation will also apply.

Testimonials

"We had an attendance of some 35 staff and managers attend the well-structured, informative and professional presentation by Gender Centre staff, Dash and Elizabeth. The interactive session had good audience participation and all issues that were raised were adequately explained and the difficult questions answered. The presentation was pitched at the right level for the audience and positive feedback was received from attendees. Overall I rate the presentation and feedback from staff as very high. I would have no hesitation in recommending the presentation to interested agencies.

Ken Sweeney, National Manager, Comcar.

"Elizabeth is a polished professional adult educator who encourages her audience to be open minded, and leave their comfort zone. She has unique communication skills, which enable her to read the audience and pitch her presentation, which on the one hand is non-threatening, yet is stimulating and confronting. Her presentation is a must for inclusion in all E.E.O. awareness programs."

Narelle Stone, E.E.O. Practitioner and E.E.S.A. Member.

"Cellblock staff responded with genuine enthusiasm to an excellent presentation which raised our awareness of people with gender issues."

Cellblock Youth Health /Arts Service.

"Elizabeth presented a comprehensive and informative program which fully addressed the participants needs. Evaluated highly."

Martyn Wilson, N.S.W. College of Nursing.

"The Gender Centre consultants are the experts in transgender issues. They can explore and help answer the difficult questions your managers and staff will ask."

Anthea Lowe, Manager Education Services, Anti-Discrimination Board.

"Training was excellent. Information was presented in an informative and objective manner. The Consultant answered a lot of questions one wants to ask, but does not know how to."

Andrew de Wynter, Human Resources Manager, City Rail.

"Staff enjoyed the in-service presented by Elizabeth from The Gender Centre. She was informative, professional and approachable. Elizabeth assisted in developing the skills and confidence of our staff."

Sally Lynch, Manager, Gorman House.

Bookings

It is generally preferable to make your bookings a few weeks in advance to:

Coordinator
The Gender Centre Inc.
P.O. Box 266 Petersham N.S.W. 2049
Phone: (02) 9569 2366 Fax: (02) 9569 1176
Email: coordinator@gendercentre.org.au 

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Exploring Gender Issues

For people with gender issues and their loved ones

Reviewed July 1st 2008

The personal experiences of people with gender issues and those close to them vary widely. It is outside the intention and scope of this article to provide people with advice in relation to specific personal issues. We hope to identify some of the major concerns that may impact on partners, friends and families of those experiencing gender issues, and to clarify some aspects of gender issues. We would also like to make it clear that partners, friends and families of those experiencing gender issues are welcome to access a variety of our services and resources.

There are a number of very important points to consider:

- Gender is a fundamental part of who we are: we perceive ourselves and others through the lens of gender much of the time. Because gender is assumed to be fixed and fundamental, it can be very challenging to people when a person explores different ways of expressing or experiencing gender, or changes gender altogether. Many people experience emotional distress as a result of their own gender issues.
- Partners, families and friends often experience distress as well in relation to the person's gender issues. They may feel left out of the support process or do not realise that there are support structures that they can access. They may feel that, not being "the one with the problem" themselves, it is inappropriate to access support services.

Yet, the questions associated with this process are enormously important:

- What does it mean to a person when their partner no longer identifies as the gender they originally were?
- What is it like for children (and adults) when a parent changes gender?
- How does a person feel when their brother becomes a sister? (or vice versa?)
- What is it like to be a parent and have your son or daughter change gender?

Partners, families and friends have a great need to receive support for the impact this has on their lives, and to have access to information that assists them in understanding what gender issues actually are. Many relationships (with partners, families or friends) break down under the strains placed on them by confusion, fear, ignorance, shame and embarrassment. Some of these relationships may have broken down in any case without the advent of gender issues, but others can be resolved through open discussion in a supportive environment, and with a good understanding of what the real issues are for all the people involved.

All relationships are dynamic; that is, they constantly change over time in response to a variety of influences or experiences. Relationships are also constantly negotiated in terms of these influences or experiences. How well relationships survive through change is due mostly to the willingness of people to look honestly at the changes taking place, acknowledge their own feelings, and decide whether or not the relationship can cope with these changes.

In some circumstances, it can be less distressing to both people to acknowledge that it is better to put the relationship on hold or relinquish it altogether than to attempt to salvage it at the wrong time. In some cases, time can alter things significantly and a relationship that seemed beyond

repair has resolved itself in some way after a period of time; in other cases the relationship is simply better off being dissolved.

Support

The Gender Centre offers counselling support to people experiencing gender issues and their partners, families and friends. This can be done as a joint session (with the person experiencing gender issues and their partner, friends or family members taking part) or individually, with a partner, family member or friend accessing counselling—support on their own.

However, the purpose of counselling is not to tell any person that they are "right" or "wrong". Counselling is a process of mediation and exploration, rather than being a formulaic process that ensures a particular resolution if the "right" steps are followed. Counselling is not designed to change people's minds – the purpose is to encourage people to understand each others' viewpoints, even if they do not agree. People who come along for joint counselling in the hope that it will "bring back the person I knew", or "make the situation go away" are likely to be very disappointed when this turns out to be neither the case or the strategy.

The Gender Centre aims to provide accurate and up to date information about all options available to people with gender issues. These include medical treatment, cosmetic and other surgery, alternative treatments, lifestyle, peer support, legal, political and spiritual options. The Gender Centre does not consider one client's choice to be better or worse than another's choice. We provide services to all people who present with gender issues regardless of their race, religion, sexual orientation, self-identity or gender. It is an essential part of the philosophy of The Gender Centre that exploring gender is not, in itself, a problem.

What tends to be problematic tends much more towards being;

- the lack of resources and information regarding gender issues;
- the unwillingness of most aspects of culture to recognise that gender is not a fixed concept; and
- the fact that gender issues have traditionally been misrepresented and sensationalized by the media.

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The Gender Centre Inc. Fact Sheet

Transgender Discrimination

Your Rights

Reviewed July 1st 2008

Are transgender discrimination or transgender harassment against the law?

Yes. It is against New South Wales (N.S.W.) anti-discrimination law for someone to treat you unfairly or harass you because of any of the following:

- you are transgender;
- someone thinks you are transgender; or
- you have a relative, friend or associate who is transgender, or who someone thinks is transgender.

It is against the law to do this in many areas of N.S.W. public life. However, please remember that the N.S.W. anti-discrimination law can't help you with things that happen outside N.S.W.

Who is counted as transgender under anti-discrimination law?

If you live, have lived, or want to live as a member of the opposite gender (sex) to your birth gender, the N.S.W. anti-discrimination law counts you as transgender. This means you are legally counted as transgender if:

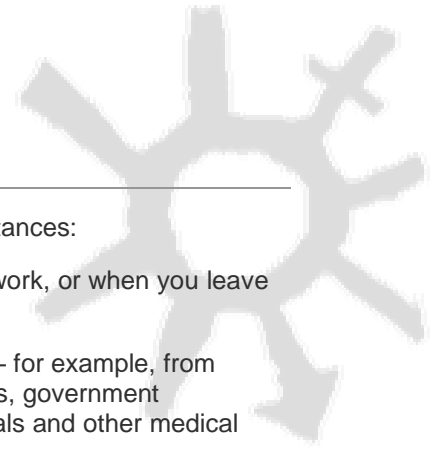
- you want to live as a member of your preferred gender (the opposite gender to your birth gender);
- you are in the process of changing over to your preferred gender;
- you live as a member of your preferred gender;
- you have lived as a member of your preferred gender in the past; or
- you are intersexual (born with indeterminate sex, for example, with sexual parts of both sexes) and you live as a member of your preferred gender.

You do not have to have had any sex change or other surgery. You do not have to have taken any hormones in the past or be taking them now. It does not matter what your gender was at birth.

It does not matter which gender is your preferred gender. It does not matter why you are transgender. It does not matter how you describe or label yourself (for example, as transgender, tranny, transsexual or something else).

What matters is how you live and behave, or how you want to live and behave. If you fit any one of the "rules" listed above, then the anti-discrimination law counts you as transgender.

You are also covered by N.S.W. anti-discrimination law if someone treats you unfairly because they think you are transgender, even if you are not.



When must people treat me fairly in N.S.W.?

In general, people must treat you fairly in the following places or circumstances:

- in most types of employment – when you apply for a job, at work, or when you leave a job;
- when you get, or try to get, most types of goods or services – for example, from shops, hotels and other entertainment places, banks, lawyers, government departments, local councils, public transport, doctors, hospitals and other medical services or the police;
- when you apply to get into, or study in, any State educational institution – that is, any government school, college or university;
- when you rent accommodation – for example, a unit, house, commercial premises, mobile home, hotel or motel room; and
- when you try to enter or join a registered club, or when you get services from one. A registered club is a club that sells alcohol or has gambling machines.

It can also be against the law if employers, State educational institutions, providers of goods and services, accommodation providers or registered clubs have rules or policies that disadvantage more people who are transgender than people who are not transgender, and the rules or policies are "not reasonable with regards to all the circumstances".

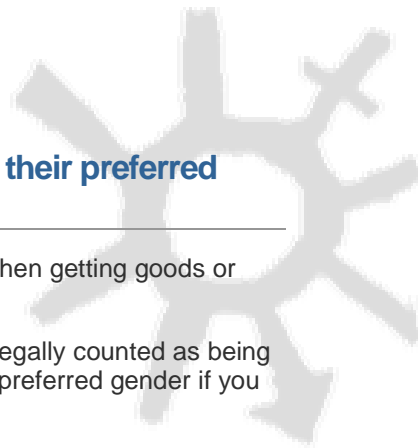
Public vilification is against the law

It is also against the anti-discrimination law for anyone to do anything publicly that could encourage other people to hate, be seriously contemptuous of, or severely ridicule people who are transgender, or people who are thought to be transgender. The law calls this type of behaviour "transgender vilification".

The following types of behaviour could be transgender vilification and against the law:

- graffiti that vilifies people who are transgender;
- speeches or statements made in public that vilify people who are transgender;
- abuse that occurs in public that vilifies people who are transgender;
- statements or remarks in a newspaper or journal, in other publications, or on the radio or television that vilify people who are transgender;
- people wearing in public symbols such as badges, or clothing with slogans that vilify people who are transgender;
- gestures made in public that vilify people who are transgender; or
- posters in a public place that vilify people who are transgender.

For more information about this part of the law please contact the Anti-Discrimination Board.



"Recognised transgender" people are legally counted as their preferred gender, other people who are transgender are not

All people who are transgender must be treated fairly – in employment, when getting goods or services, and so on, as listed above.

However, under N.S.W. law, only some people who are transgender are legally counted as being their preferred gender rather than their birth gender. You are legally your preferred gender if you are what the law calls a "recognised transgender" person.

Who is counted as a recognised transgender person?

Under N.S.W. anti-discrimination law you can only be a recognised transgender person if:

- you have a new birth certificate issued by the N.S.W. Births, Deaths and Marriages Registry that states the gender you identify with; or
- you have an amended birth certificate or an equivalent document known as an "interstate recognition certificate" issued by another Australian State or other jurisdiction.

You can only get a new N.S.W. birth certificate issued if all of the following are the case:

- your birth was originally registered in N.S.W.;
- you are over 18 (or, if you are under 18, your parent or guardian agrees to you doing this);
- you have had sex reassignment (gender affirmation) surgery – this includes any surgical alteration to your reproductive organs, for example, to your womb or genital area); and
- you are not currently married.

For further information about how to get your N.S.W. birth certificate changed, contact the N.S.W. Registry of Births, Deaths and Marriages.

For further information about how to get your Australian Capital Territory birth certificate changed, contact the Australian Capital Territory Registry of Births, Deaths and Marriages.

For further information about how to get your Northern Territory birth certificate changed, contact the Northern Territory Registry of Births, Deaths and Marriages.

For further information about how to get a South Australian recognition certificate, contact the South Australian Registry of Births, Deaths and Marriages.

For further information about how to get your Tasmanian birth certificate changed, contact the Tasmanian Registry of Births, Deaths and Marriages.

For further information about how to get your Victorian birth certificate changed, contact the Victorian Registry of Births, Deaths and Marriages.

For further information about how to get your Western Australian birth certificate changed, contact the Western Australian Registry of Births, Deaths and Marriages.



If you are a recognised transgender person, the N.S.W. law counts you as being legally your preferred gender

If you have altered the record of your sex on your N.S.W. birth certificate or you have an amended birth certificate or an interstate recognition certificate issued by another Australian State or other jurisdiction, you are legally recognised as your reassigned sex under N.S.W. laws. If you are a female to male transgender person, people must treat you as man. If you are a male to female transgender person, people must treat you as a woman.

For example, in general, if you are a male to female recognised transgender person you have the legal right to be considered for a job that is legally allowed to be for women only. Similarly, in general, you have the legal right to receive a service targeted at women only (for example to attend a women-only gym).

You also have the legal right to be treated fairly, that is, in the same way that all other women are treated. You must not be treated differently or unfairly just because you are transgender.

If you are not counted as a recognised transgender person, you can't legally force people to treat you as your preferred gender, but they must still treat you fairly

For example, if you were born male but your preferred gender is female, in general you can't force an employer to give you a job that is legally allowed to be for women only, as you aren't legally considered to be female. And you may not be able to legally insist on receiving a service aimed at women only (for example, attending a women's refuge or a women-only gym), if they don't want to give it to you.

However, in general, where services and jobs are open to both genders, you must not be treated differently or unfairly just because you're transgender.

It can also be against the law if employers, State educational institutions, providers of goods and services, accommodation providers or registered clubs have rules or policies that disadvantage more people who are transgender than people who are not transgender, and the rules or policies are not reasonable with regards to all the circumstances.

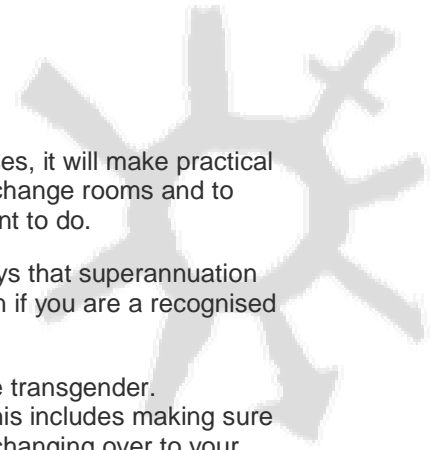
What are my work rights?

In general, you have the right to apply for and be considered fairly for most jobs, apprenticeships or traineeships. In general, all job advertisements, jobs, apprenticeships and traineeships must be open to you.

The fact that you're transgender, or someone thinks you are, must not be used as a reason to prevent you from either applying for, or getting a job, apprenticeship or traineeship. You must be assessed on your merit against the criteria for the job in the same way as non-transgender applicants.

In general, you also have the legal right to be trained, promoted, and get the same work benefits as everyone else. For example, a manager must not refuse to promote you because he or she is worried that the people you would supervise won't respect a person who is transgender.

In general, if you are a recognised transgender person you must be treated as your preferred gender. If you are not a recognised transgender person, the law is not quite so clear. You can insist that you use the toilets and change rooms of your preferred gender, and that you wear the dress or uniform of your preferred gender, unless it is not reasonable with regards to all the circumstances to insist on this.



The Anti-Discrimination Board usually advise employers that in most cases, it will make practical sense (and is probably safest legally) to allow you to use the toilets and change rooms and to wear the dress or uniform of your preferred gender, if this is what you want to do.

However, there is an exception for superannuation schemes. The law says that superannuation schemes are allowed to treat you as a member of your birth gender, even if you are a recognised transgender person.

You also have the legal right not to be harassed at work because you are transgender. Employers must do their best to make sure that you are not harassed. This includes making sure you're not harassed by other employees while you are in the process of changing over to your preferred gender (transitioning). It also includes making sure you're not harassed for using the toilets or change rooms of your preferred gender. For more information about harassment, refer to the N.S.W. Anti-Discrimination Board website or ask for their fact sheet on harassment.

In general, you must not be dismissed for being transgender. An employer can only dismiss you for lawful reasons – in the same way as anyone else. For example, an employer may be able to dismiss you for ongoing poor work performance, serious misconduct, medical reasons that mean you're no longer fit enough to do the job or redundancy. In general, they must not use the fact that you're transgender, or are in the process of changing over to your preferred gender, as a reason to dismiss you.

What are my rights to goods and services?

Goods and services include goods or services that you get from shops, banks, lawyers, government departments, public transport, local councils, doctors, hospitals, hotels and entertainment places and so on.

In general, you have the right to apply for and get goods or services in the same way as people who are not transgender. People must not harass you for being transgender when you are getting or trying to get most goods or services.

In the same way as at work, if you are a recognised transgender person you must generally be treated as your preferred gender. For example, you must be allowed to use the toilets or change rooms provided for public use (for example, those in parks, shops or restaurants) of your preferred gender.

If you are not a recognised transgender person the legal situation is not quite so clear, but in general, in most cases, you should be able to use the toilets of your preferred gender – see under "What are my work rights?" above.

There is an exception for playing sport. This means that whether or not you are a recognised transgender person, you do not have the legal right to play single sex sporting activities as your preferred gender. You only have the legal right to play single sex sport with people of your birth gender. For example, a female to male transgender person can still participate in all-female sports.

Of course, it may be that people won't mind you playing single sex sport as your preferred gender. Or it may be that they won't know that you're transgender. However, once they do know, or they decide that they don't want to play with a person who is transgender, they can legally stop you playing single sex sport as a member of your preferred gender.

But note that they can't make you take biological or chromosomal tests unless they are doing the same for everyone. In other words, the tests must be truly random, or everyone must be tested, or all the (medal) winners/place getters must be tested. They can't just test you because they suspect you're transgender.



Note that you cannot be excluded from coaching sport and the administration of sport because you are a transgender person.

What are my rental accommodation rights?

Rental accommodation includes houses, units or flats, hotel or motel rooms, mobile homes and commercial premises.

In general, you have the right to rent accommodation in the same way as anyone else. For example, a real estate agent or property owner can't do any of the following because you are (or one of you is) transgender:

- refuse you self-contained accommodation;
- charge you a higher bond or rent; or
- refuse or delay repairs or maintenance work.

However, if the accommodation is share accommodation for less than six people, where you are living in the same premises as the main owner or tenant, or their near relative, they can choose who they want to live with them. It won't be against the anti-discrimination law if they decide they don't want to live with a person who is transgender.

What are my State education rights?

State education includes education at any State university, State college, Technical And Further Education (TAFE) or State school. It does not include education at private schools, colleges or universities. The law says that private and/or religious-based educational institutions are allowed to discriminate against people who are transgender.

In general, you have the right to apply for and get education, and/or any educational benefits, at any State co-educational institution (that is one for both sexes) in the same way as anyone else.

For example, they can't refuse you admission, or give you worse marks, or expel you just because you're transgender or in the process of changing over to your preferred gender. They must do their best to make sure that you're not harassed by teachers or students for being transgender.

If you are a recognised transgender person, you must be treated at all times as a member of your preferred gender. If you are not a recognised transgender person, the law is not quite so clear. You can insist that you use the toilets and change rooms of your preferred gender, that you wear the dress or uniform of your preferred gender, and that you attend any single sex activities according to your preferred gender, unless it is not reasonable with regard to all the circumstances to insist on this.

The Anti-Discrimination Board usually advise educational institutions that in most cases it will make practical sense (and is probably safest legally) to treat you as a member of your preferred gender if this is how you want to be treated.

However, the situation is more complicated for government single sex schools. If you are a recognised transgender person you have the legal right to attend a single sex school for people of your preferred gender, in the same way as any other person born to that gender. It would be transgender discrimination to refuse to consider you just because you are transgender.

If you are not a recognised transgender person the law is not quite so clear. Generally, it is against the law for any school to treat you unfairly for being transgender. However, whether you are able to insist on attending the single sex school of either the gender of your birth or your



preferred gender is unclear. There have been no court interpretations of this part of the law yet. So, if you are having trouble staying on at or changing to a single sex school, please contact the Anti-Discrimination Board.

What are my registered club rights?

Registered clubs include any clubs that sell alcohol or have gambling machines, for example, Returned and Services League (R.S.L.) clubs, workers clubs, some ethnic clubs and sporting clubs. Voluntary clubs such as Rotary and Lions are not registered clubs. This means that you can't use the law to stop them discriminating against you in relation to membership.

In general, you have the right to become a member of a registered club, and keep your membership in the same way as anyone else. The fact that you are transgender must not be used as a reason to refuse you membership or to take away your membership.

In general, you have a right to get registered club benefits on the same basis as all other members. You should not be treated differently because you are transgender. For example, you must not be harassed by other members, guests or club employees because you are transgender.

If you are a recognised transgender person, in general, you must be treated as your preferred gender. If you are not a recognised transgender person, the law is not quite so clear. You should be able to insist that you use the toilets and change rooms of your preferred gender, that you follow the dress rules of your preferred gender, and that you attend any single sex functions according to your preferred gender – unless you can show that it is not reasonable with regard to all the circumstances to insist on this.

The Anti-Discrimination Board usually advise clubs that in most cases it will make practical sense (and is probably safest legally) to treat you as a member of your preferred gender if this is how you want to be treated. Note that there is an exception for single sex sport – see above.

However, if the club is legally a single sex club the law is more complicated. If you are a recognised transgender person you have the legal right to be a member of a single sex club for people of your preferred gender, in the same way as any other person born to that gender. It would be transgender discrimination to refuse you membership because you are transgender.

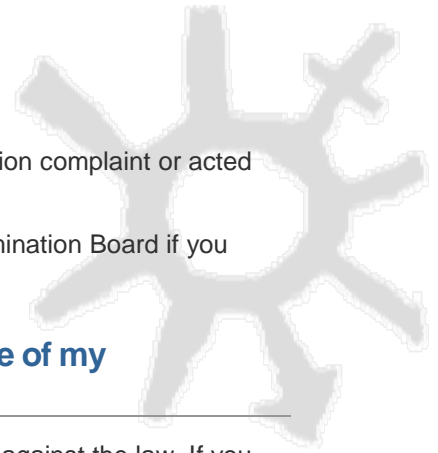
If you are not a recognised transgender person the law is not quite so clear. Generally, it is against the law for any club to treat you unfairly for being transgender. The law says that a single sex club can still keep its status as a single sex club if it admits a person who is transgender who identifies with the sex of that club.

However, whether you are able to insist on attending the single sex club of either the gender of your birth or your preferred gender is unclear. There have been no court interpretations of this part of the law yet. So, if you are having trouble getting or keeping your membership of a single sex club, please contact the Anti-Discrimination Board for advice.

Victimisation is also against the law

It is against the law for anyone to hassle or victimise you or treat you unfairly because:

- you have complained to your employer or another person about transgender discrimination;
- you have complained to the Anti-Discrimination Board; or



you have supported someone with a transgender discrimination complaint or acted as a witness in a transgender discrimination case.

You can lodge a separate complaint of victimisation with the Anti-Discrimination Board if you have been victimised because of a transgender discrimination complaint.

What can I do if I am treated unfairly or harassed because of my transgender status?

Read through this fact sheet to check that what's happened seems to be against the law. If you aren't sure if it's against the law, phone the N.S.W. Anti-Discrimination Board to check on your rights.

If what's happened seems to be against the law, try talking to the person or organisation that you think is discriminating against or harassing you. The organisation may have a policy on these issues and/or a process in place to deal with grievances, and you may be able to address your problem through these channels. You can also get help from other sources such as trade unions.

If this doesn't work, or isn't appropriate, you may decide to make a complaint to the Anti-Discrimination Board. It won't cost you any money to lodge a complaint, and you don't need a lawyer.

Making a complaint

If you want to make a complaint, it must be in writing and it is best if it is signed by you. You can either send us a completed discrimination complaints form, or write a letter to the President of the Anti-Discrimination Board, explaining why you think you have been discriminated against. Addresses and phone numbers for the Anti-Discrimination Board can be found on their website.

You can write to us in any language, or in Braille. If you need assistance to make a written complaint, phone the Board and they can help you or refer you to an organisation that can help you.

the Anti-Discrimination Board also accept complaints on your behalf from your lawyer, or organisations such as unions and other representative bodies. However the complaint must make it clear that you agree with the complaint being made and you must be named in the complaint. In some circumstances you may also be required to show you consent to the complaint being made on your behalf.

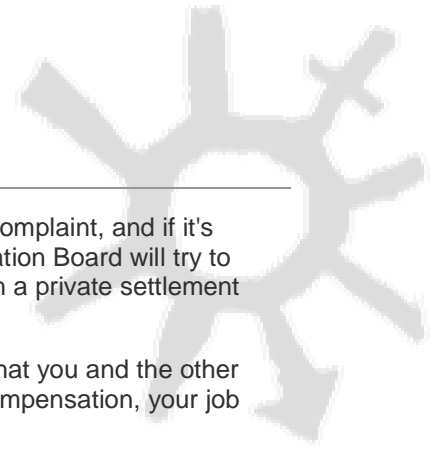
If you want to make a complaint on behalf of a child or a person with a disability who cannot make their own complaint, contact the Board for more information.

For further information regarding making a complaint and to print a copy of the complaint form, please visit the Anti-Discrimination Board website.

Is there a time limit on complaints?

Yes. For us to be able to accept a complaint, the events involving transgender discrimination must have occurred in the twelve months before the complaint is received by the Board. If you make a complaint about events that occurred more than twelve months before you lodge your complaint, the Board may refuse to investigate your complaint.

If your problem is urgent (for example, you think you are about to lose your job), tell Anti-Discrimination Board this in your letter and they will get back to you in time to do what they can to help.



What happens after you make a complaint?

The Anti-Discrimination Board have the legal power to investigate your complaint, and if it's against the law, to try to conciliate it. This means that the Anti-Discrimination Board will try to help you and the person or organisation you are complaining about reach a private settlement that you both agree on.

Any settlement will depend on the circumstances of your case, and on what you and the other parties are willing to offer and accept. It could be an apology, financial compensation, your job back, and so on.

The Anti-Discrimination Board treat all complaints confidentially, but they will need to inform the organisation or person you are complaining about of the complaint. The Anti-Discrimination Board will not release information about your complaint to anyone else except with your permission or if they are required to by law.

Most complaints are conciliated. If yours isn't, you may be able to go to the Equal Opportunity Division of the Administrative Decisions Tribunal, which is like a court. It provides a legal judgment that must be followed. However, very few cases need to go to the Tribunal and in some circumstances it's possible to ask the Tribunal to keep your details confidential.

Can I have my name and gender reflected on records (e.g. employment, medical, etc.)?

There are a wide variety of records and documents that you may want to reflect your chosen name and the gender with which you identify or your reassigned gender, such as employment, medical, educational institutions and bank records. These types of records may relate to the areas of public life covered by the Anti-Discrimination Act, such as employment, education and goods and services.

Rights of recognised transgender persons

If you are a recognised transgender person and the records relate to the areas of public life covered by the Act, you are legally entitled to have your records reflect both your chosen name and reassigned gender. Generally, a refusal to do so would amount to unlawful discrimination by treating you as a member of your former sex.

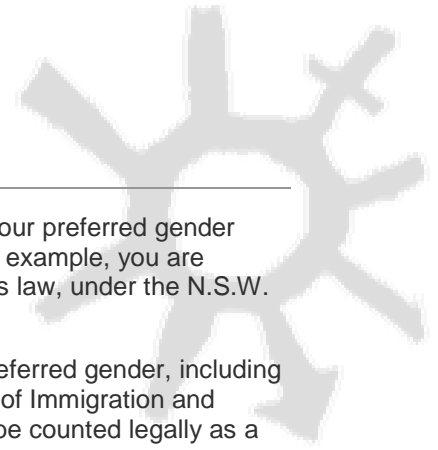
Rights of non-recognised transgender persons

If you are not a recognised transgender person, although you are not legally recognised as the gender with which you identify, it may be unlawful discrimination to refuse to reflect your chosen name and the gender with which you identify in your records.

This may be the case where an employer, State educational institution, provider of goods and services, accommodation provider or registered club has a rule or policy that records or documents must be in your birth gender, and this rule or policy disadvantages many more people who are transgender than others; and the rule or policy is not reasonable with regard to all the circumstances.

What are my rights under other laws?

Recognised transgender persons and other transgender persons have different rights – as explained below. Who is and isn't a recognised transgender person is explained above.



Rights of recognised transgender people

If you are a recognised transgender person, you are counted legally as your preferred gender under all N.S.W. laws – including the N.S.W. anti-discrimination law. For example, you are counted legally as your preferred gender under N.S.W. industrial relations law, under the N.S.W. Crimes Act, when you make a statutory declaration, and so on.

Under federal law, some agencies will count you as a member of your preferred gender, including Centrelink, Medicare, the Australian Taxation Office and the Department of Immigration and Multicultural Affairs (for passport purposes). However, you won't always be counted legally as a member of your preferred gender under federal laws.

In most circumstances you can also get a new passport stating your preferred gender. By showing your new birth certificate and/or your new passport you will be able legally to do such things as open a bank account, take out a loan, get a new Medicare card, and get a new driver's licence, all in your preferred gender.

Rights of all other people who are transgender

If you are not a recognised transgender person, you are not counted legally as a member of your preferred gender anywhere in Australia. However, as previously outlined, it may be possible to have certain records reflect your chosen name and the gender with which you identify.

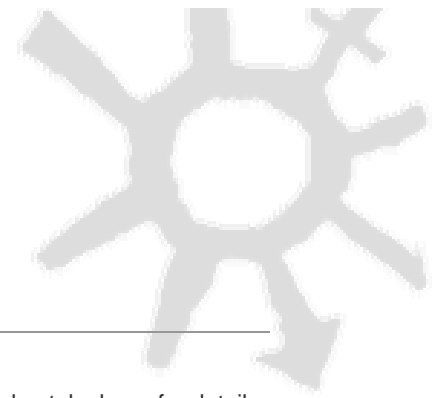
The law allows you to change your name by deed poll or statutory declaration in all Australian States. In N.S.W., any adult who ordinarily resides in N.S.W. or whose birth is registered in N.S.W. can apply to the N.S.W. Registry of Births, Deaths and Marriages for registration of a change of name.

If you are unsure what your legal situation is in any particular area, please get legal advice from the Legal Aid Commission, a community legal centre, or a private lawyer. You can also call Law Access on 1300 888 529.

Examples of transgender complaints the Anti-Discrimination Board have handled

- A transgender man who worked as a casual youth worker alleged that he was treated less favourably when his various applications for a permanent position were unsuccessful. He alleged that prior to his change of gender orientation, he was considered to be an excellent employee. The employer denied the allegations and provided documentary evidence that in each case the job had gone to the most suitable applicant. The matter was resolved when the complainant agreed to accept a statement of service and a statement of regret for his feelings.
- A woman who worked at a retail company alleged she was made redundant because her supervisor knew she was transgender (male to female) and did not want to employ "a weirdo". She was the only person made redundant and she alleged her position was later advertised. At conciliation, the company agreed to review its anti-discrimination policies with the assistance of the Board. It also agreed to pay the complainant \$4,000.
- A transgender woman lodged several complaints on behalf of herself and her children against an organisation providing services to her children. She alleged that the organisation failed to correctly recognize her parenting status, kept records with her former name against her express wishes, and failed to intervene appropriately when she and her children were harassed by others in the organisation. She alleged

that the problems only arose since the temporary appointment of a new staff member. The Board contacted the organisation and encouraged both parties to meet and discuss the complaints. After a meeting and further discussion, both reported that all matters raised by the complainant had been resolved. Both parties thanked the Board for its assistance in helping to resolve the complaint.



N.S.W. Anti-Discrimination Board Contact Details

Sydney Office:

The Sydney Office is wheelchair accessible. Parking for people with disabilities nearby, telephone for details.

Post Office (P.O.) Box A2122 Sydney South N.S.W. 1235

Level 4, 175 Castlereagh Street Sydney N.S.W.

General Office Telephone: (02) 9268 5555

General Enquiry Service and Employers Advisory Service: (02) 9268 5544

Fax: (02) 9268 5500

Telephone Typewriter: (02) 9268 5522

Toll Free: 1800 670 812 (for rural and regional New South Wales only)

Website: <http://www.lawlink.nsw.gov.au/adb>

Wollongong Office:

The Wollongong Office is wheelchair accessible. Telephone if parking is required as this can be arranged.

P.O. Box 67, Wollongong N.S.W. 2520

84 Crown Street Wollongong N.S.W.

Telephone: (02) 4224 9960

Fax: (02) 4224 9961

Telephone Typewriter: (02) 4224 9967

Toll Free: 1800 670 812 (for rural and regional New South Wales only)

Newcastle Office:

The Newcastle Office is wheelchair accessible. Metered parking spaces outside the office can be used free of charge by people with disabled parking permits. The closest designated disabled parking spaces are in Burwood Street (enter from King Street.)

Level 1, 414 Hunter Street Newcastle West N.S.W. 2302

Telephone: (02) 4926 4300

Fax: (02) 4926 1376

Telephone Typewriter: (02) 4929 1489

Toll Free: 1800 670 812 (for rural and regional New South Wales only)

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The Gender Centre Inc. Fact Sheet

Ambiguous Genitalia

Definition and Causes

Reviewed July 1st 2008

When gender is unclear at birth

We're born, someone looks at our genitals, and instantly we're categorised. "It's a boy!" "It's a girl!" And from that one announcement, many things are determined. Whether we're issued a blue or pink blanket. Our name. To some extent, what toys and games we'll likely be given. Our future roles in reproduction.

But some babies are born with ambiguous genitals – it's not clear from just looking what their gender really is. And how gender is determined in such babies tells a lot about what actually makes someone male or female.

What does it mean to have ambiguous genitalia?

Ambiguous genitals refer to the uncertain appearance of a baby's external sexual features. Sometimes a female foetus is born with ovaries but male-like external genitals (female pseudohermaphroditism). A male may be born with testicles (which have yet to descend from the pelvis) but with female-like external genitalia (male pseudohermaphroditism). Rarely, newborns may even have both ovaries and testicles and ambiguous genitals (true hermaphroditism).

In addition, there may be other congenital defects present in these newborns, such as hypospadias in males. This is a condition in which the urethral (urinary) opening is not in its normal position on the tip of a penis but is on the underside.

What causes ambiguous genitalia?

The causes of ambiguous genitals include hormonal imbalances, chromosomal abnormalities and abnormalities of tissues that develop into genitals.

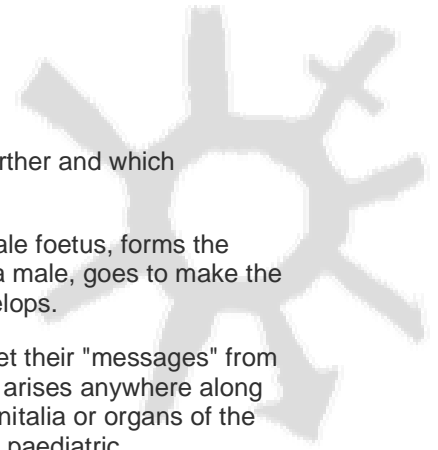
To understand how a human being could have both male and female sexual characteristics, one must understand the basics of sex differentiation.

At fertilisation, sperm and egg join and pool their chromosomes (genetic material), creating an embryo with 23 pairs. One of these 23 pairs is called the sex chromosomes. That pair is responsible for determining whether an embryo develops as a male or a female.

Almost all female embryos have two X chromosomes (XX). Almost all male embryos have an X and a Y chromosome (XY).

These sex chromosomes determine the differentiation of foetal gonads (rudimentary sex organs) into ovaries or testes. The hormones produced by the gonads (androgen and oestrogen) determine the differentiation of the external genitalia into male or female.

Early in foetal development, males and females are indistinguishable. Male foetuses have primitive male and female sex organs; female foetuses have primitive male and female sex



organs. It's the body's hormones that determine which organs develop further and which disappear.

As for external genitalia, the same foetal tissue that forms a penis in a male foetus, forms the clitoris in a female. And the same tissue that goes to make a scrotum in a male, goes to make the labia (lips of the vagina) in a female. Again, hormones dictate which develops.

"The hormones get their "messages" from the gonads, and the gonads get their "messages" from the sex chromosomes. So you can begin to understand how if a problem arises anywhere along these lines of "communication," a baby could be born with ambiguous genitalia or organs of the opposite gender," explains Donald Zimmerman, M.D. (Medical Doctor), a paediatric endocrinologist at Mayo Clinic, Rochester, Minnesota.

It's also important to understand that ambiguous genitalia are not the fault of the mother or father; in most cases, they cannot be detected or corrected pre-natally.

Two of the genetic abnormalities in foetuses that can lead to ambiguous genitalia are Androgen Insensitivity Syndrome (A.I.S.) and Congenital Adrenal Hyperplasia (C.A.H.).

A.I.S. is a condition in which foetal cells are unable to respond (to varying degrees) to the "male" hormone androgen. A newborn A.I.S. infant may have genitals of normal female appearance, but have a short vagina, no cervix or uterus and will have testes.


In C.A.H., an enzyme deficiency causes the adrenal glands to produce excess male hormones. C.A.H. can lead to enlargement of the penis in male infants and of the clitoris in female infants.

"Whatever the cause, what's important to understand is that ambiguous genitals are not an oddity of nature. These are simply parts of the body that are only part-way developed," Dr. Zimmerman explains. "It may be unclear at birth what was intended – a penis or clitoris. At that point, we have to look at several factors to determine gender."

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The Gender Centre Inc. Fact Sheet
Intersexuality 101

Courtesy the Intersex Society of North America

Reviewed July 1st 2008

What is Intersexuality (Hermaphroditism)?

Our culture conceives sex anatomy as a dichotomy: humans come in two sexes, conceived of as so different as to be nearly different species. However, developmental embryology, as well as the existence of intersexuals, proves this to be a cultural construction. Anatomic sex differentiation occurs on a male/female continuum, and there are several dimensions.

Genetic sex, or the organisation of the "sex chromosomes," is commonly thought to be isomorphic to some idea of "true sex." However, something like 1/500 of the population have a karyotype other than XX or XY. Since genetic testing was instituted for women in the Olympic Games, a number of women have been disqualified as "not women," after winning. However, none of the disqualified women is a man; all have atypical karyotypes, and one gave birth to a healthy child after having been disqualified.

The sex chromosomes determine the differentiation of the gonads into ovaries, testes, ovo-testes, or non-functioning streaks. The hormones produced by the foetal gonads determine the differentiation of the external genitalia into male, female, or intermediate (intersexual) morphology. Genitals develop from a common precursor, and therefore intermediate morphology is common, but the popular idea of "two sets" of genitals (male and female) is not possible. Intersexual genitals may look nearly female, with a large clitoris, or with some degree of posterior labial fusion. They may look nearly male, with a small penis, or with hypospadias. They may be truly "right in the middle," with a phallus that can be considered either a large clitoris or a small penis, with a structure that might be a split, empty scrotum, or outer labia, and with a small vagina that opens into the urethra rather than into the perineum.

What are the frequencies of Intersex conditions?

The frequency of inherited genetic conditions, such as congenital adrenal hyperplasia, differs for different populations. It has been estimated that as many as 4% (although it is more likely to be around 1%) of the population could be affected by some form of intersexuality. This includes men or women with abnormal hormonal levels.

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Recommendations for Infants and Children

With regard to Intersexuality

Reviewed July 1st 2008

Why this document?

The current model of treatment for intersexual infants and children, established in the 1950's, asserts that since the human species is sexually dimorphic, all humans must appear to be either exclusively male or female, and that children with visibly intersexual anatomy cannot develop into healthy adults. The model therefore recommends emergency sex assignment and reinforcement in the sex of assignment with early genital surgery. It also encourages care providers to be less than honest with parents and with intersexuals about their true status.

As a growing number of us who are intersexual have shared our experiences with each other, we have reached the conclusion that, for most of us, this management model has led to profoundly harmful sorts of medical intervention and to neglect of badly needed emotional support. Our intersexuality—our status as individuals who are neither typical males nor typical females is not beneficially altered by such treatment. Instead, it is pushed out of the view of parents and care providers. This "conspiracy of silence" – the policy of pretending that our intersexuality has been medically eliminated – in fact simply exacerbates the predicament of the intersexual adolescent or young adult who knows that s/he is different, whose genitals have often been mutilated by "reconstructive" surgery, whose sexual functioning has been severely impaired, and whose treatment history has made clear that acknowledgment or discussion of our intersexuality violates a cultural and a family taboo.

A new model of treatment

Based on discussions with dozens of adult intersexuals, we are prepared to recommend a new paradigm for the management of intersexual children. Our model is based upon avoidance of harmful or unnecessary surgery, qualified professional mental health care for the intersexual child and his/her family, and empowering the intersexual to understand his/her own status and to choose (or reject) any medical intervention.

Avoid Surgery

First and foremost, we recommend avoidance of harmful or unnecessary genital surgery on infants and children. No surgery should be performed unless it is absolutely necessary for the physical health and comfort of the intersexual child. We believe any surgery that does not meet these criteria to be essentially elective cosmetic surgery which should be deferred until the intersexual child is able to understand the risks and benefits of the proposed surgery and is able to provide appropriately informed consent.

Examples of such cosmetic surgery to be avoided are plastic repair of first degree epispadias or hypospadias (minor displacement of urethral meatus), vaginoplasty, clitoral reduction or recession, and clitorrectomy. Examples of conditions which would appear to justify early surgery

are severe second or third degree hypospadias (with extensive exposed mucosal tissue vulnerable to infection), chordee (extensive enough to cause pain), bladder exstrophy, and imperforate anus.

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Androgen Insensitivity Syndrome

Courtesy the Intersex Society of North America

Reviewed July 1st 2008

Androgen Insensitivity Syndrome, or A.I.S., is a genetic condition, inherited (except for occasional spontaneous mutations), occurring in approximately 1 in 20,000 individuals. In an individual with complete A.I.S., the body's cells are unable to respond to androgen, or "male" hormones. ("Male" hormones is an unfortunate term, since these hormones are ordinarily present and active in both males and females.) Some individuals have partial androgen insensitivity.

In an individual with complete A.I.S. and karyotype 46 XY, testes develop during gestation. The foetal testes produce mullerian inhibiting hormone (M.I.H.) and testosterone. As in typical male fetuses, the M.I.H. causes the foetal mullerian ducts to regress, so the foetus lacks a uterus, fallopian tubes, and cervix plus upper part of the vagina. However, because cells fail to respond to testosterone, the genitals differentiate in the female, rather than the male pattern, and Wolffian structures (epididymis, vas deferens, and seminal vesicles) are absent.

The newborn A.I.S. infant has genitals of normal female appearance, undescended or partially descended testes, and usually a short vagina with no cervix. Occasionally the vagina is nearly absent.

A.I.S. individuals are clearly women. At puberty, the oestrogen produced by the testes produces breast growth, though it may be late. She does not menstruate, and is not fertile. Most A.I.S. women have no pubic or underarm hair, but some have sparse hair.

When an A.I.S. girl is diagnosed during infancy, physicians often perform surgery to remove her undescended testes. Although removal of testes is advisable, because of the risk of cancer, I.S.N.A. advocates that surgery be offered later, when the girl can choose for herself. Testicular cancer is rare before puberty.

Vaginoplasty surgery is frequently performed on A.I.S. infants or girls to increase the size of the vagina, so that she can engage in penetrative intercourse with a partner with an average size penis. Vaginoplasty surgery is problematic, with many failures.

I.S.N.A. advocates against vaginal surgery on infants. Such surgery should be offered to, not imposed on, the pubertal girl, and she should have an opportunity to speak with adult A.I.S. women about their sexual experience and about surgery in order to make a fully informed decision. Not all A.I.S. women will choose surgery.

Some women have successfully increased the depth of their vagina with a program of regular pressure dilation, using aids designed for that purpose.

Physicians and parents have been most reluctant to be honest with A.I.S. girls and women about their condition, and this secrecy and stigma has unnecessarily increased the emotional burden of being different.

Because A.I.S. is a genetic defect located on the X chromosome, it runs in families. Except for spontaneous mutations, the mother of an A.I.S. individual is a carrier, and her XY children have a one in two chance of having A.I.S. Her XX children have a one in two chance of carrying the A.I.S. gene.

Most A.I.S. women should be able to locate other A.I.S. women among siblings or maternal relatives.

Is there a test for androgen insensitivity syndrome?

The answer depends upon exactly what you are looking for – diagnostic information, or carrier status. If you were born with female genitals and testes, and have very sparse or absent pubic hair, you most likely have complete A.I.S.. If you were born with ambiguous genitals and testes, there are a number of possible etiologies, including partial A.I.S.

Testing for partial A.I.S. is more problematic than the complete form. Hormonal tests in a newborn with 46 XY karyotype and ambiguous genitals will show normal to elevated testosterone and L.H., and a normal ratio of testosterone to D.H.T. A family history of ambiguous genitals in maternal relatives suggests partial androgen insensitivity.

If you are wondering if you are a carrier, or if you know that you are a carrier and are wondering about the status of your foetus, genetic testing is possible.

A.I.S. has been diagnosed as early as 9–12 weeks gestation by chorionic villus sampling (sampling tissue from the foetal side of the placenta). By the 16th week it can be detected by ultrasound and amniocentesis. However, prenatal diagnosis is not indicated unless there is a family history of A.I.S.

What is partial androgen insensitivity syndrome?

The extent of androgen insensitivity in 46XY individuals is quite variable, even in a single family. Partial androgen insensitivity typically results in "ambiguous genitalia." The clitoris is large or, alternatively, the penis is small and hypospadiac (these are two ways of labeling the same anatomical structure).

Partial androgen insensitivity may be quite common, and has been suggested as the cause of infertility in many men whose genitals are of typically male appearance.

Individuals with ambiguous genitals have typically been subjected to "corrective" surgery during infancy. Based on our own painful experiences, I.S.N.A. believes that such cosmetic surgery of the genitals is harmful and unethical.

Surgery is justified only when it is necessary for the health and well-being of the child.

Surgery which is intended to make the genitals appear more male or more female should be offered, but not imposed, only when the child is old enough to make an informed decision for her/himself.

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Gender Variant Students

For teachers dealing with transgender students

Reviewed July 1st 2008

Transgender people are arguably the least understood and most maligned of all minority groups. A fixed concept of gender is perhaps the most basic assumption in our culture and contradictions to that assumption are often extremely confronting. Sigmund Freud, observed in his writings in "Femininity":

When you meet a human being, the first distinction you make is male or female – and you are accustomed to make the distinction with unhesitating certainty."

Perhaps everyone will have at some time asked the question, "is that a boy or a girl", when they have been unable to make the distinction. Even when there is no direct interaction with the individual concerned there is often an irrational need to know the answer. Certainly it is the common first question asked of parents of a newborn baby.

Culturally then, there is enormous pressure for all individuals to adopt the expected gender behaviours associated with being male or female. What then are the implications for individuals whose sense of gender is contrary to their physical maleness or femaleness? Sadly there are many.

Before addressing these it might be useful to give some background on transgender identity. A transgender person, according to the definition adopted by the N.S.W. Anti-Discrimination Board, is:

"anyone who lives, has lived, or wants to live as a member of the opposite gender (sex) to their birth sex."

According to medical models, in children, it is someone who:

- repeatedly states a desire to be, or insistence that s/he is, the other sex;
- preference for the clothing of the other sex;
- strong and persistent preferences for cross-sex roles in make believe play;
- intense desire to participate in the stereotypical games and pastimes of being the other sex;
- strong preference for playmates of the other sex.

Both definitions carry limitations.

The transgender community itself allows for a far more multi coloured umbrella definition that is inclusive of anyone who transgresses gender norms. However the "feminine" boy or the "masculine" girl are not providing guaranteed clues of transgenderism. A transgender child cannot always be readily identified by their behaviour. Indeed, it could well be the most masculine behaving, least likely boy on the block, is actually transgender. Because transgender children carry the same gender conditioning as others, their true feelings, and their own fear of them, will often be hidden under outwardly appropriate birth gender behaviour.

It is probable then that only a small percentage of transgender children will necessarily be identified within the school system. However, once identified, they are likely to be subjected to duress at many levels. Many of these children who present as a disappointment to the expectations of their parents will find themselves at risk in their own homes. This can range from overt or covert disapproval from parents, siblings and relatives to emotional and sometimes physical abuse. Too often such children are ostracised in the very environment that should afford them protection.

They are even more likely to meet with ostracism, abuse and violence in the school community. Certainly, peer groups can be extremely cruel when dealing with those who exhibit any form of difference. Unfortunately, this can also be true of teachers, so the transgender child is frequently left without any source of support. In the face of this it is common for the child to become withdrawn, untrusting and isolated. If, as has been common in the past, the child's predicament is ignored the long term impact on their quality of life, ability to socialise and access to equitable education can be severely impeded. The transgender community in general suffers excessively high suicide/attempted suicide rates, systemic discrimination, unemployment, lack of equity in access, limited opportunity, low levels of self worth/esteem and dignity, high incidence of verbal and physical abuse and difficulties in establishing and maintaining relationships.

Ironically, the dilemma facing those who identify as transgender stems from society's incapacity to address gender issues in general. The inequities that continue to exist between male and female in a system that polarises gender and affords male supremacy within that dichotomy, have a direct impact on transgender people. In a perfect, gender egalitarian world, it is hard to imagine that anyone would care if someone born male chose to be a woman or someone born female chose to be a man. Unfortunately, and despite the progress that feminism has achieved, we are still culturally bound to rigid expectations of gender behaviour that continue to insist that "biology is destiny" for men, women and the rest of us. It is here that the main work still needs to be done. We all have a vested interest in rejecting those self appointed guardians of gender, (often ourselves as products of our conditioning), who would have us believe that human potential is determined by genitals.

For teachers dealing with transgender or gender variant children there are some simple guidelines that can make a world of difference.

Firstly, under N.S.W. Anti-Discrimination legislation, transgender people have a right to equality in education. The responsibility for ensuring this occurs rests with the institution and its staff. It is incumbent on staff to ensure that such students are not subject to harassment from other students or from anyone else in the school community. This means that teachers must take an active role in eliminating behaviours that threaten the rights of the transgender student.

Secondly, afford the transgender student the same level of respect and courtesy as you would afford anyone else and would expect for yourself. If you are confronted by their behaviour or sense of identity it is only a reflection of your own gender expectations. Keep uppermost in your thoughts that every human being is deserving of respect and your own discomfort will quickly dissipate. Be prepared to defend the dignity of the student, listen to their views and be open to expanding your own understanding. Our capacity to learn from those who are different in the world is greater than from those who apparently share our commonality. Be an educator of others as you increasingly educate yourself. If necessary advocate for the student where there is a need, including potentially their parents.

Finally, if the student is fully transitioned and attending school as a member of their chosen gender, then facilitate their access to activities specifically designated for that gender, respect their identity by referring to them by chosen name and appropriate gender references and acknowledge their right to access toilets and change rooms appropriate to their gender identity. For the most part the transgender student simply wants to be acknowledged and treated in the same way as any other member of their chosen sex.

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The Gender Centre Inc. Fact Sheet
HRT and Osteoporosis
Courtesy the Intersex Society of North America

Reviewed July 1st 2008

Sex hormones (principally testosterone or oestrogen) are necessary to maintain healthy adult bones. Persons born without functioning gonads, or whose gonads have been removed, should be under an endocrinologist's care and should maintain hormone replacement therapy for life.

Many intersexuals, having developed a distrust or aversion for medical people, avoid medical care and drop hormone replacement therapy which was prescribed during puberty. This can result in extreme osteoporosis (brittle bones). Osteoporosis worsens silently, but at advanced stages it can destroy your quality of life. Persons with advanced osteoporosis are vulnerable to frequent bone fractures, especially of the spine, hip, and wrist. These fractures can be caused by a small amount of force, and are extremely painful and debilitating. Each spine fracture may put you flat on your back for one to two months.

If you have been without gonads or hormone replacement therapy for years, it is vital to get a bone density scan performed, to evaluate the condition of your bones (a simple, non-invasive procedure using a specialized x-ray machine), and to seek the advice of an endocrinologist in order to establish a regimen of hormone replacement therapy that works for you. If you have had bad experience in the past with hormones, we encourage you to find an endocrinologist who will work with you to adjust the mix and schedule of hormones until you find what works. If your bone density is low, your endocrinologist will probably recommend calcium supplements and weight-bearing exercise (not swimming!) to maintain density.

If your bone density scan is performed on a DEXA machine, make certain to do any follow-up scans on the same machine, and with the same reader.

A number of drugs currently in the biomedical news may prove useful for rebuilding lost bone density. If your bone density is low, check in with a qualified specialist regularly for the latest information.

The danger of osteoporosis is considerably worse for intersexuals than for post-menopausal women, because the intersexual will be without hormones for many decades. Do not disregard this danger!

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The Gender Centre Inc. Fact Sheet
HIV/AIDS Issues
For Transsexual People

Reviewed July 1st 2008

Who is at risk?

All people are at risk of contracting the H.I.V./AIDS virus regardless of their age, gender or sexuality. Anyone who has unprotected vaginal, anal or oral sex is at risk of contracting H.I.V. Infected needles and syringes or exposure to infected blood and blood products may also transmit H.I.V.

People with gender issues, however, face unique risks and it is most important to be aware of these. This Fact sheet is to help you and your sexual partners manage these risks.

How can I protect myself?

Hair Removal

If you shave or wax your body or pubic hair, be careful of cuts and scraping. Cover any cuts and abrasions before sex and never allow anyone's body fluids (blood, semen or vaginal fluids) on damaged skin. Be particularly careful if you shave your pubic hair, legs, chest or armpits and then engage in "trick sex" (having intercourse between closed thighs or under armpits etc.).

Needles

Some people may use syringes/needles for hormone injections. The H.I.V. and other dangerous viruses including hepatitis can hitch a ride in a shared needle or syringe. If you inject your own hormones or help friends with theirs, keep a clean supply and never share needles or syringes.

Needles and syringes are available from the Gender Centre exchange program. They stock correct size needles and syringes for the administration of hormones and for intravenous drug use.

Needles and syringes can also be obtained from many chemists as part of their exchange programs for a small fee. Many community health centres and agencies provide a needle exchange, or ring your local drug information service for their location.

Taping, Strapping and Tucking

If you are taping, strapping or tucking you could create a warm, moist area leading to skin disorders, chaffing and dermatitis. Removing tape roughly could result in damaged/broken skin. Any of these increase the risk of the virus penetrating your skin during sex, particularly if you get someone else's body fluids onto that region as might happen from unprotected "trick" sex.

So,

Always use condoms

Try to keep these areas as dry and clean as possible (unscented sterilised talcum powder may help) and let them breath a bit when you're in private

Remove tape carefully and remove any traces of adhesive with something gentle and soothing like eucalyptus oil.

Surgery

If you have recently undergone any surgery that has involved any areas of your body that may be exposed to body fluids during sex, then be sure to cover the area until your skins has completely healed.

Douching

If you have, a neo-vagina (created through surgery) a natural vagina or engage in receptive anal intercourse you may practice douching to keep these passages clean. Douching weakens the lining of the anal passage or vagina and removes friendly bacteria and mucous, exposing the porous membranes (surface skin lining) and increasing the risk of H.I.V. transmission and the risk of contracting general infections.

The practice of frequent douching is generally discouraged by health workers. If you feel you must douche for personal comfort, then it should only be practiced 2–3 times a week at most.

If you have a vagina then it is best to try and keep it slightly acidic as this will minimise the damage to friendly bacteria, while discouraging infections. This can be achieved by using a product called aci-gel that can be bought at the chemist. Use about 1 third to a quarter of an applicator 2 times a week. If you continue to douche, try to maintain the acidity by using a mixture of warm water and vinegar (one part vinegar to 10 parts water).

Remember douching and gels are not an alternative for safe sex. Only condoms can protect you during intercourse from the H.I.V. virus and other sexually transmissible infections.

Douche equipment should never be shared without thorough cleaning between uses.

If you are concerned about vaginal odours, see a doctor rather than douching. Doctors who work in women's health, for example through Family Planning N.S.W. have experience in vaginal care.

Sexual Activity

If you have a neo-vagina and engage in unsafe sex (unprotected) then you not only face the same risk of contracting the H.I.V. virus as biological women from receptive intercourse, you may also face risks that are specific to your situation.

The AIDS virus (H.I.V.) is found in an infected persons body tissues, and in blood, semen, vaginal fluid and breast milk.

Although a neo-vagina may produce some lubrication during intercourse it may not be enough for comfortable sexual activity. If you have sex without extra lubrication (Wet Stuff, K.Y. Jelly) small undetectable breaks or tears in the vaginal lining can occur. These breaks and tears increase the risk of the virus being transmitted from the partner's body fluids. This could also happen if you have a vagina that isn't wide enough to comfortably accommodate your partner's penis.

The AIDS virus (H.I.V.) can be passed on through receptive or insertive anal sex.

Infected semen can enter the blood stream through the lining of the back passage (rectum).

The H.I.V. virus may be present in the lining of the rectum and come into contact with the penis and get in through tiny skin tears or through the opening of the penis.

Always ensure that the "giver" wears a condom.

You have a right to protect yourself. Remember a partner can carry the H.I.V. virus whether they identify as gay, lesbian, bisexual or heterosexual. H.I.V. does not discriminate.

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The Gender Centre Inc. Fact Sheet

Hepatitis C Brochure

Description, Infection, Treatment

Reviewed July 1st 2008

What is Hepatitis?

Hepatitis simply means inflammation of the liver. It can be caused by alcohol, chemicals, drugs or viral infections. Hepatitis infections caused by different viruses can produce similar symptoms but their prevention, treatment and control may differ because the viruses are quite different organisms – ask your doctor for more information.

What is Hepatitis C?

It is liver inflammation caused by the hepatitis C virus (H.C.V.). Before the virus was identified in 1989, hepatitis C was known as non–A non–B hepatitis. There is no vaccine to prevent hepatitis C infection.

How do you catch Hepatitis C?

H.C.V. is nearly always caught through blood to blood contact with someone who is already infected. This involves sharing drug–injecting equipment, tattooing, skin piercing, receiving blood transfusions prior to 1990, needle stick injuries or renal dialysis. Since February 1990, Australian blood banks have screened donated blood for H.C.V.

Is there a test for Hepatitis C?

An antibody blood test showing presence of antibodies to the virus is evidence of present or past infection. If you test positive for the antibodies, it is likely you have hepatitis C and are infectious.

Other blood tests (called liver function tests), may suggest if there is any liver damage.

A liver biopsy (studying a piece of liver) is an accurate way of telling whether the liver is damaged.

How might it affect me?

When people catch H.C.V., usually there is no sign of infection. Over a long period of time though, H.C.V. infection affects people to varying degrees. Of 100 people exposed to H.C.V., approximately 20 will clear the virus themselves within 4–6 weeks of infection. This means their infection is ongoing and long term.

Of these 80 people:

- around 20 people will not develop symptoms and will remain well;
- around 40 people may develop some liver damage and will eventually experience symptoms (the classic hepatitis symptom is tiredness);

- over 20 years, around 20 people will develop cirrhosis (scarred liver tissue); and
- after a further 5–10 years, 10 of these people will develop liver cancer or liver failure (liver failure often means a liver transplant is done).

Is there any treatment?

One proven treatment (called Interferon) leads to a good long-term response for around 15–40% of people who try it. Interferon helps the body fight the virus from multiplying. The drug does have side effects and treatment needs to be carefully monitored.

Some herbal and other natural therapy treatments may reduce liver damage and improve overall health.

If you seek treatment from a natural therapist you may want to consider:

- making sure they have proven experience in working with hepatitis C;
- ensuring they are properly qualified and belong to a recognised membership organisation;
- how much the treatment will cost you; and
- how they have measured the health outcomes of their therapy.

It would be to your benefit if you can find practitioners who will work together.

What can I do myself?

If you drink alcohol, try to limit yourself to 7 standard drinks a week or less. Consider drinking low-alcohol drinks and alternating non-alcoholic and alcoholic drinks. Try avoiding situations where there is pressure to drink heavily and avoid binge drinking.

Eat a well balanced diet that is low in animal fats (buy lean meats & low fat dairy products).

Avoid stress as much as you can and rest when you feel unwell.

Will my partner or kids catch it?

Hepatitis C cannot be caught by hugging, or sharing plates, cutlery, toilets etc. Although H.C.V. is rarely passed on sexually, all sexually active people need to consider safe sex due to the range of sexually transmitted diseases.

There is a small chance the virus will be passed on to a baby during pregnancy or at birth. The risk is increased if the mother has only just become infected (or re-infected) or if she has serious liver damage. H.C.V. does not seem to be passed on via breast milk.

How can we stop H.C.V. spreading?

In general, try to prevent transmission of H.C.V.:

- do not donate blood, sperm or body organs if you have hepatitis C;
- don't share any injecting equipment, including needles and syringes, spoons, filters, water, swabs & tourniquets. Wash your hands thoroughly. Avoid getting blood on your fingers and hands. Ideally, use a new fit for every hit;

- wipe up blood spills with household bleach;
- cover cuts and wounds with waterproof dressings (band-aids etc);
- have body piercing and tattooing done at shops that use good methods of sterilisation.
- don't share razors, toothbrushes or nail scissors; and
- Avoid sex that involves blood to blood contact.

Hepatitis C & injecting drug use

Hepatitis C has become a major problem for people who inject drugs. Most people who "use" have hepatitis C so those users who don't have hepatitis C must be seen as being at great risk of infection.

It doesn't matter what is injected – heroin, methadone, pills, speed or steroids – it is how the drugs are injected that is the important thing.

H.I.V. prevention strategies (harm reduction) should prevent H.C.V. transmission in most circumstances. Users should adopt these practices to prevent passing on the virus and to avoid infection or being re-infected with a different strain of H.C.V.

Users need adequate medical follow-up after an H.C.V. diagnosis is made. Awareness of injecting practice and recommended lifestyle changes.

Users can obtain specific and accurate information on injecting drug use, harm minimisation and hepatitis C from N.U.A.A. and the Hepatitis C Council of N.S.W.

Where can I get more information?

- N.S.W. Hepatitis C Info & Support Phone Line Sydney (02) 9332 1599 or N.S.W. 1800 803 990
- Hepatitis C Council of N.S.W., Sydney (02) 9332 1853
- Speak to your doctor. If necessary he or she can also refer you to a liver specialist
- N.U.A.A., Sydney (02) 9369 3455
- your local needle exchange worker.

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