

Male to Female Information Kit



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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

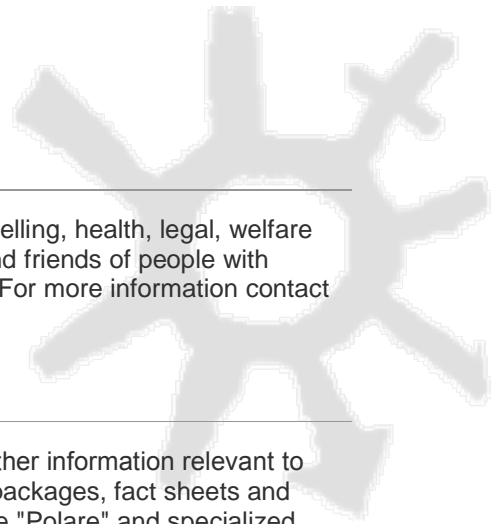
Training, support and workshops are available to employers, service providers, students and other people interested in gender issues. Topics covered include implications for staff and clients in relation to anti-discrimination legislation, E.E.O. issues, workplace harassment and provision of goods and 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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The Gender Centre Inc. Fact Sheet
About the Gender Centre
Founded in 1983

Reviewed July 1st 2008

Tiresias House

In the very early 1980's, a small band of transsexual people held weekly support meetings at the Wayside Chapel in Kings Cross, Sydney. A transgendered woman, Roberta Perkins, who had completed an honours thesis on transsexuals approached Reverend Bill Crews of the Wayside Chapel Crisis Centre to ask if he would consider the use of the chapel for a regular meeting place offering support to the transsexual girls of the Cross.

Many of the girls working the streets of Kings Cross, from Darlinghurst Road to William Street were vulnerable to assaults, robberies, rape and harassment. Other issues of concern were incidences of transgenders being evicted and discriminatory treatment by landlords and some service providers. The problem of homelessness was significant and providing transsexuals with a safe refuge was crucial. Most refuge services at the time would not cater for transsexuals.

Problems of increased dependence on prescription and illicit drugs were also an issue. Often drugs were a means of managing a multitude of issues as a transgender individual, such as limited employment opportunities, no secure housing, verbal and physical abuse, violent attacks etc. These negative experiences reduce an individual's already low self esteem.

After consultation with Reverend Bill Crews and Reverend Ted Noffs together with Roberta Perkins, regular weekly support meetings for transsexuals commenced.

During this time, the media became involved in the issues of transsexuals and produced a documentary movie titled "Man into Woman". This film highlighted the plight of transgender people in Sydney, particularly the Cross. As public awareness was rising, Roberta contacted the state minister for Youth Affairs & Housing, Frank Walker M.P. (Member of Parliament)

She made a submission for funding to open a refuge for transsexuals. Frank Walker approved this plan and in 1984, Tiresias House was founded as a refuge for young transsexuals.

The premises in Petersham was approved by the Department of Main Roads, and Tiresias House was the first government funded service specifically for transgenders in Australia. It was funded entirely by the New South Wales (N.S.W.) Department of Community Services (DOCS) through the Supported Accommodation Assistance Program (S.A.A.P.). Two "annex" (semi-supported) houses located at Haberfield and Ashfield opened soon after.

By 1993, DOCS and the N.S.W. Department of Health entered into a joint funding agreement. This meant that Tiresias House was funded to provide services to minimise the effects of Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome (H.I.V./AIDS) on the transgender community. These services included Outreach and a Community Worker position. At this time, Tiresias House was incorporated and renamed The Gender Centre Inc, to reflect the change in services and service philosophy.

The Gender Centre Inc.

Rather than targeting simply young transsexuals, the service began to target people with gender issues, which included people who identified as transsexual or transgender, cross-dressers and any other person who experienced issues, problems or difficulties relating to the gender assigned to them at birth.

The introduction of amendments to the N.S.W. Anti-Discrimination Act in 1996, recognised the legal existence of transgender persons. The term transgender replaced the term people with gender issues which had been used to identify the target group served by the Gender Centre.

By 1997, many links had been formed with both the public and the private sectors. Training among employers and employees began to take steps in easing transgender individuals' path to maintaining their employment during gender transition and raised the awareness of gender issues throughout society.

Today the Gender Centre remains committed to the support and well-being of transgender people, employing 9 staff and housing up to 17 residents at any one time, in 3 refuges and 6 exit houses.

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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:

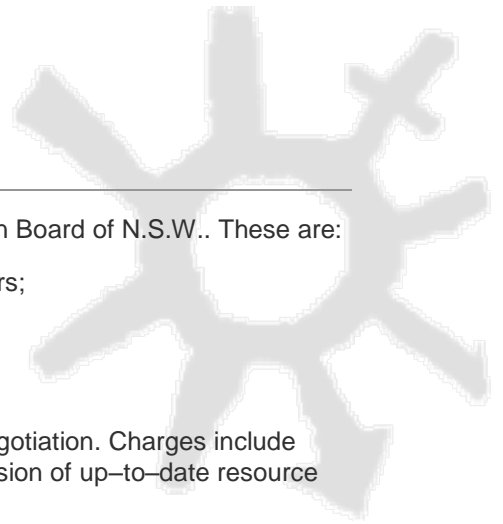
- Implications for staff and clients in relation to Anti-Discrimination;
- E.E.O. Issues;
- Workplace Harassment;
- Provision of Goods and Services; and
- many other aspects of the transgender process.

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
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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.

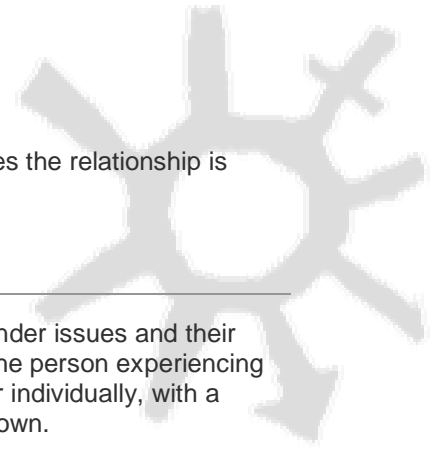
Yet, the questions associated with this process are enormously important:

- 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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Cross Dressing Information

Courtesy the Seahorse Society of N.S.W.

Reviewed July 1st 2008

What is a Crossdresser?

"Crossdresser", "Transvestite" or "Transgendered Person" are terms used to describe a person who regularly takes on the appearance of the opposite sex in order to satisfy a deep personal need.

We use and prefer the term "Crossdresser" as it is less limited and coloured by common usage.

Above all, however, a Crossdresser is a real person.

What causes Crossdressing?

What causes a person born physically male to need to dress and behave as a female (and vice-versa) in order to have peace of mind?

There is no present definitive answer. There appears to be a genetic predisposition and a prenatal hormonal basis for a person's gender identity – the mental perception an individual has about his or her gender – which, though subject to social influences, is in dependent of a person's physical sexual identity.

Crossdressing is simply the outward expression by such a person of this essential gender identity and Crossdressing is thus no less real or compelling for this person than the expression by the average male and female of their masculinity and femininity.

Is there a Cure?

There is no cure for Crossdressing for the simple reason that being a Crossdresser is not an illness but a state of being. Crossdressers are "born and not made".

Is Crossdressing new?

Throughout recorded history, and in every human culture, there have always been Crossdressers. In many societies, Crossdressers have been accepted for the reality they represent and their uniqueness has been utilised by such societies for the common good. It is a culture's attitude to Crossdressing that determines whether Crossdressing is or is not a "problem" to that culture.

What type of people are Crossdressers?

Crossdressers come from all walks of life and every strata of society. Spouses, parents, children and friends are Crossdressers. There are no distinctions.

Is Crossdressing Illegal or Immoral?

There is nothing in the act of Crossdressing that offends any law in mainland Australia or in most of the world. Most major religions do not consider the act of Crossdressing immoral.

Does Crossdressing influence sexuality?

A person's sexual preference or sexuality is independent of their mental gender identity. Human sexual diversity exists amongst Crossdressers in the same basic proportions as it does in the general community. In fact, as Crossdressers are part of the general community, your "average" Crossdresser is likely to be heterosexual, to have married and have children.

What is it like being a Crossdresser?

Most Crossdressers discover their need to cross dress during childhood. They have no idea why they feel the way they do, yet quickly find that the expression of this part of their nature results in reprimand and alienation from parents, family and friends – the people they love and value the most. This can result in the development of unreasonable feelings of unhealthy personal shame.

So most Crossdressers become secretive about their Crossdressing and, doing their best to deny and suppress this essential part of their being, grow fulfilling themselves as human being in all the other ways they can. But being a Crossdresser doesn't "go away" any more than the essential self can ever go away. Sustained denial of the expression of this essential self can result in severe emotional disturbance.

Shame, fear and loneliness find expression in thought with such questions as – "Would my best friends, workmates, family, father/mother, wife/partner and my children still want me and love me if they knew this part of me or would they reject me with scorn or fear?".

Many Crossdressers ultimately find it impossible and intolerable to exist like this. They feel compelled to learn about themselves and to "pen up" to themselves and to the significant others in their lives. Rejection may occur, most often Crossdressers are surprised at the level of acceptance they receive, which so often reflects the level of their own self-acceptance. They liberate themselves to enjoy the exhilaration of the expression of this essential part of their being through Crossdressing.

It is possible to be a complete and happy person and be a crossdresser!

What can you do if you know a Crossdresser?

Be open minded. Be prepared to learn some sensible realities about crossdressing.

Above all, know and remind yourself that being a Crossdresser will not change the child, the partner, parent or friend you know and maybe love, into someone different. After all the only real difference is that you know!

Continue to see the individual person concerned and allow yourself the gifts of an open heart and open mind!

What is Seahorse?

The Seahorse Society of New South Wales Inc. is a non-profit self-help organisation established in 1971 and is a Member of the New South Wales (N.S.W.) Association of Self Help Organisations and Groups (A.S.H.O.G.).

The Society's purpose is to provide mutual support for Crossdressers, their partners and families. We:

- maintain a library containing up-to-date references, medical and biographical material about Crossdressing;
- have regular meetings, which are both social and informative, regular outings to restaurants etc., provide practical advice such as where to shop and have experts assist our members in their Crossdressing;
- make available speakers and literature for interested community groups and the medical profession.
- offer free non-expert counselling, by both ourselves and our partners, to Crossdressers, their partners and families. We also offer referral to professional counsellors and medical practitioners if required; and
- above all, we offer Crossdressers a way "out-of-the-closet" to self acceptance and self-respect by being able to meet, question and share experiences with others who, as chance would have it, are Crossdressers.

Our motto is "Crossdressing With Dignity". Through promoting self respect amongst Crossdressers and their families and a better understanding of Crossdressing throughout the community, we aim to achieve just that.

The Seahorse Society of N.S.W. Inc.

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Oestrogen Hormone Information 1

Hormone Replacement Therapy

Reviewed July 1st 2008

What are Hormones?

As an adult, your body needs to continually replace body cells as they are damaged and wear out. The endocrine system helps your body manage this task. Hormones are chemicals of the endocrine system, which act as messengers between various parts of your body.

Hormones are produced in the body by glands. The glands that produce most of the sex hormones in a male are called testes and in a female are called ovaries. Sex hormones are carried from the glands throughout the body via the blood stream.

They travel to different areas, for example to the breast tissue, hair follicles and fat tissue under the skin, as well as to the sexual organs where they play important roles during sexual activity, in maintaining fertility and during the process of having children.

Sex hormones remind the body as it rebuilds and grows, to follow a male pattern if they are male hormones or a female pattern if they are female hormones.

The patterns they follow are already in every cell of your body. They are the kind of patterns that result in you having a nose similar to your parents and other family traits. They are all called genes.

Everyone's genes include male and female patterns. Although sex hormones are involved in many activities they are basically the messengers that remind the body to continue to follow the same pattern.

Hormone Therapy

Medical scientists early last century identified hormones and have been able to extract them from natural sources (e.g. From animal stock) or reproduce them as synthetic hormones in the laboratory.

The female hormone responsible for female characteristics like breast development is called oestrogen. The male hormone responsible for most male characteristics like beard growth and voice deepening is called testosterone.

If a person takes opposite sex hormones (e.g. biological female takes male hormones), then they will block the message from their own glands (ovaries) and introduce a new message. Over time this will slowly soften some of their feminine traits and introduce male characteristics. This type of hormone therapy can be prescribed by your doctor to help you effect a change of gender role in your life.

Hormone therapy is a slow process. Changes will occur over a period of time similar to that of natural puberty.

Hormone therapy will initially involve regular blood tests to monitor your hormone levels. These tests can eventually be carried out less frequently, though at least once a year is advisable. This should be discussed with your doctor.

How Much is Enough?

The long-term development achieved from hormone therapy, for example in breast tissue or muscles, will depend on your genes. If therapy is commenced during or soon after puberty then the hormones will be more effective in achieving change.

When you begin hormone therapy, your doctor will prescribe a low dose of hormones and gradually increase the dose until it is enough to block the messages from your own glands and replace them with the new ones. This is achieved by keeping your hormones at a similar level to adults born naturally into the gender you are moving towards.

People normally have different amounts of naturally occurring hormones in their bodies. Therefore, the dose prescribed by the doctor will differ for each person.

The most important point to remember is that it will be necessary to stay on some hormone medication for the rest of your life.

If you are unhappy with the dose or the type of medication you are on, you should discuss this with your doctor and make any changes under their guidance. Repeatedly stopping and starting hormone therapy could seriously affect your long-term health.

Extra tablets or injections will not improve the long-term results. Taking more tablets or having extra injections to speed up the process will put you at greater risk of developing tumors, blood clots, heart disease or other serious illnesses. Always stay on the dose agreed to with your doctor.

Hormone Products

Hormone therapy may be given as tablets, injections or implants.

Hormone products prescribed to you will be manufactured from different sources and by a variety of methods. These products have very similar effects. However, it is not uncommon for patients to experience slight differences in how some products react to their body. This can be discussed with your doctor.

The costs of individual hormonal preparations will vary. Only some will be available under the Pharmaceutical Benefits Scheme (P.B.S.). When you start a new regime ask your doctor how much it will cost.

Taking Hormones

There are some medicines that interfere with the effect of testosterone. Tell your doctor what other prescription and non-prescription medicines you are using. When you discuss hormone therapy it will be helpful to consider the following points.

Tablets

You can get a prescription from your doctor and not return until you need another. This keeps visits to a minimum and tablets are a painless form of taking your hormones.

But, tablets maintain your hormones at safe and effective levels only if you take them with complete regularity. Some people find it difficult to remember or don't like having to organise a routine around something medical. It may be inconvenient to have hormone tablets in your home where they may present unwanted questions.

Injections

Injections are excellent if you don't want to be reminded on a day to day basis that you are on medication. As injections go straight into your body and are released slowly, they can be a very

effective way of keeping a healthy level of hormones. This may ensure maximum changes can occur, for example in muscle development in males and breast tissue in females.

But, injections can be painful or uncomfortable. You may need to make more frequent visits to the doctor and feel more dependent on their services.

Remember: If you inject your own hormones or you assist friends with theirs, never share needles or syringes. Dispose of them safely after a single use.

Needles and syringes can be obtained from the Gender Centre, any needle exchange program and some chemists. Contact the Alcohol & Drug Information Service (ADIS) on 9331 2111 for 24 hour information on needle exchange services.

Implants

Once in place, implants may last several months and provide an effective continuous dose.

But, implants are probably not a good idea when you first begin hormones as they are not available in the large doses usually required in the initial stages of therapy. They are more appropriate for people who have had surgery (involving the removal of their ovaries or testes) or people who have been on hormones for many years. It involves a minor surgical procedure under local anaesthetic to insert the small implant. Not all doctors will perform this procedure.

The Effects of Hormones

The long-term effects of sex hormones are wide ranging throughout the body. Limited research has been carried out on the long-term effects, risks and benefits relating to hormone therapy for people with gender issues.

Many health services and providers lack experience with the problems and issues involved. Despite these difficulties, experienced providers do exist and it is important if you are considering hormone therapy to obtain referrals to an endocrinologist (hormone specialist) and psychiatrist familiar with gender issues.

Treatment should be preceded by considerable thought and thorough discussion of the physical, emotional and social implications of treatment with the doctors and counselling services available. Discussions should include the medical risks associated with hormone treatment and the fact that some of the effects will be irreversible. Any other ongoing health problems also need to be considered.

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Oestrogen Hormone Information 2

Feminising Effects

Reviewed July 1st 2008

Oestrogen

Oestrogen protects women against heart and blood vessel disease. Biological males who take oestrogen benefit also. This means life expectancy could increase, since women generally live about five years longer than men.

Oestrogen therapy can sometimes lead to damage to the pituitary gland. The pituitary is like a traffic light system that controls many of the hormone systems in the body and if this occurs then further medication and regular tests may be required for the client to avoid ill health. There is a great risk of stroke later in life particularly in the case of smokers who take oestrogen.

There will also be changes over a number of years in the ability to hold a drink. Women usually are only able to drink half the quantity of men. This is due partly to the higher fat ratio in their body mass. As oestrogen therapy progresses the ability to hold a drink will decrease.

The Feminising Effects of Oestrogen

Breasts will develop slowly over three or more years. The extent of growth will depend largely upon genetic makeup. Development however may be adversely affected by poor nutrition, excessive dieting or drug use. The nipples may also become swollen, enlarged and the pigment darken. As with all women, breast size and shape will alter slowly over the years. High levels of oestrogen can result in some milky secretion from the nipples. This should be mentioned to your doctor should it occur, as adjustments to your medication may be required.

Genitals will be slowly affected over a number of years. Initially, the fluid from the testes containing sperm will no longer flow. The fluid that appears during ejaculation will look clear and be made up of mostly prostate fluid. In some case, ejaculation may cease. Libido (sex drive) will be reduced and if low to begin with, may be lost altogether. Erections of the penis may become increasingly difficult to achieve and to sustain. Some softening of the penile and scrotal tissue will occur. The testes become damaged usually after a period of two to five years, irreversible sterility occurs.

Body Fat: Oestrogen will increase and redistribute body fat to areas such as thighs, buttocks and breasts. Muscle mass may soften. Weight gain usually occurs particularly if genital sex reassignment surgery is undertaken.

Body Hair (including facial hair) will soften and growth will slow. Neither will be eliminated by oestrogen therapy. Further retardation of hair growth on the body and face can be achieved by taking anti-androgens (Androcur or Aldactone). However, the effects of these will only last while the tablets are taken and Androcur in particular can reduce sex-drive.

Scalp hair will generally remain unaffected (oestrogens and pituitary do not reduce scalp hair). Balding will slow or stop altogether. If balding has begun, hair regrowth will not return to any significant extent.

The only permanent treatment for the removal of hair from the face and body is electrolysis. There is no Medicare or health insurance rebate for electrolysis and it can take as much as 300 hours or more of electrolysis to achieve permanent hair removal of a full beard.

Emotions: Although our moods are affected by our hormones they are also affected significantly by both our feelings towards ourselves and the events around us. When hormone therapy is commenced it may be a stressful time for a number of reasons and also a time of "soul searching" for the individual. If you feel that you are experiencing mood swings, and it is affecting your ability to cope, discuss your hormone dose with your doctor.

Skin: The softening effects of oestrogen on the skin of the face and body are noticeable over time. Softening will also occur to aged or damaged skin, although to a lesser extent. The effects are due partly to changes in the oil glands of the skin and also to the deposition of a fine layer of fat tissue beneath the skin common to women. Some changes in skin pigmentation occasionally occur around the face and a fine line may appear in the centre of the stomach area. These changes will look like fine brown freckles or smudges.

Veins: Changes can occur in the veins of the legs that may look unsightly. The small surface veins may become more prominent. If a family history exists of varicose veins, these will become more likely to develop with oestrogen therapy.

Bones: These will not alter dramatically. The size of the hands, feet, chest, hips and height will not change. The main concern is the risk of osteoporosis later in life. This is a gradual thinning of bone mass, which can lead to fragile bones. There is clear evidence that a deficiency of sex hormones in either sex will contribute to weaker bones. To avoid this, individuals on long-term hormone therapy and in particular individuals who have had neo-vaginal surgery will need to continue on some form of hormone treatment for the rest of their lives.

Voice: Upon commencement of therapy, slight changes of pitch and timbre may be noticed in the voice. However, significant changes will not occur to the voice as a result of oestrogen therapy. During puberty, a biological male experiences changes to the vocal cords that remain irreversible. Speech therapy continues to be the only healthy way to change the pitch and style of the voice. Speech therapy is not always successful.

Progesterone Therapy

Doctors may also prescribe a drug called Provera. This is also a female hormone called progesterone. In biological women, it plays an important role during the menstrual cycle and in the health of mature breasts. It is not responsible for feminisation like oestrogen therapy.

It may be given to patients who are experiencing difficulties with their breasts; for example, nipple soreness. This involves taking progesterone only at certain times of the month. As this routine may be complicated, it should be discussed with your doctor.

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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

Electrolysis Information

Galvanic, Thermolysis, Blend

Reviewed July 1st 2008

Facial hair remains a difficult problem for many people with gender issues who are living in a female role. There are treatments to slow and/or soften facial hair including creams, ointments, waxing and medication. None of these however, including the use of Aldactone, Androcur or hormone therapy will result in the permanent removal of hair. Electrolysis is currently the only way to achieve this.

There is currently no regulation either legally or through professional groups to ensure that people you go to for electrolysis will have the expertise to treat a difficult facial hair problem. For this reason we recommend that anyone seeking out an operator take extreme care, as poor treatment can be a waste of money and leave the client with scarred or damaged skin.

If you are currently undertaking electrolysis treatment or are considering it in the future, then the following information may be of assistance.

Operators who do electrolysis only will be likely to have the greatest expertise and have previous experience with clients who are on a variety of hormonal treatments.

The total cost of treatment is difficult to determine, so be wary of operators who try to give you exact quotes. It would not be unusual however if the total cost to remove a full, thick, dark beard was in excess of \$10,000.

With full beard removal, 3 – 6 hours of treatment may be required each week, depending on the method used. The hours will reduce as treatment progresses. Treatment can be painful and may take between 2 – 5 years to complete.

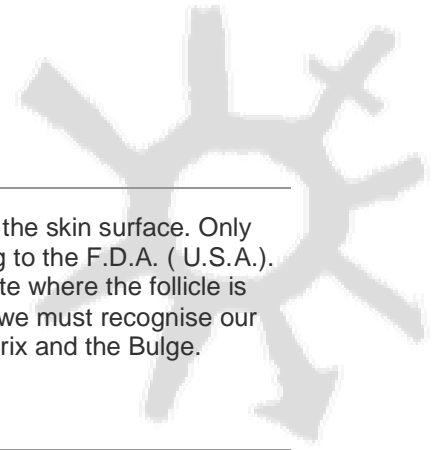
Appointments should be timed carefully by the operator to give skin time to recover between treatments and to treat hair at the correct stage of re-growth.

The client will need to be committed to arriving promptly to each and every appointment made. Experienced operators will demand this and may refuse to treat a client who does not demonstrate a clear commitment to their therapy.

Some methods require high electrical currents to effectively reduce strong hair growth and this may result in small welts and fine red scabs forming. These should change from red to brown over a few days and then heal. If they remain red and heal poorly or continue to ooze fluid instead of drying out, then permanent damage to your skin could occur. Should this occur it would be advisable to seek treatment elsewhere.

It may be helpful to choose an operator who has been recommended by someone who has achieved good results or alternatively ask for an initial consultation that involves a test patch or short treatment to see how your skin reacts to their method.

Before you start treatment, establish with the operator that the clinic pays careful attention to health and safety. All needles must be sterilized to avoid the risk of infections, including H.I.V. and hepatitis. The safest methods include disposable needles or the use of an autoclave.



Hair

The hair itself, is a dead structure, with the hair forming organ well under the skin surface. Only the needle method of electrolysis can permanently remove hair according to the F.D.A. (U.S.A.). The hair is of no practical concern to the electrologist other than to indicate where the follicle is and to act as a guide for depth of insertion. To have successful epilation we must recognise our targets. In the follicle there are two main targets that we know of, the Matrix and the Bulge.

The Matrix

Actively dividing cells found in the hair follicle bulb which produce the hair.

The Bulge

A small sac of germinating cells just below the sebaceous gland in the top third of the follicle.

The 3 Stages of Hair Growth

- Anagen – growing
- Catagen – transition
- Telogen – resting

Types of Hair

There are basically two types of hair growth on the human body. The first type is a fine, soft colourless hair called Vellus and the second type is a coarse, thicker, well developed variety known as Terminal hair. When a Vellus hair has been stimulated it is known as Accelerated Vellus.

Hair Cycle

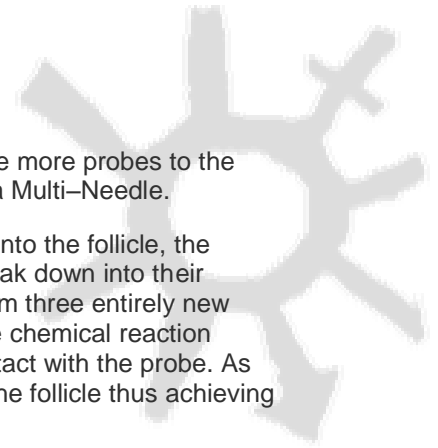
Hair has a three phase cycle. The first is the growth cycle or the active phase, followed by a brief transitional phase ending in a resting phase, reducing the follicle to one third of its normal size. The length of the total growth cycle and the duration of the alternating rest periods vary greatly from body region to body region and from person to person.

There are three methods of hair removal that have proven permanent:

- Galvanic Multi–needle – Chemical reaction liquefies the tissue.
- Thermolysis – coagulates the tissue in the follicle.
- Blend – A combination of the above.

Galvanic Multi–Needle method

In 1875 Dr. Charles E. Michel (1833–1913) an ophthalmologist, published the first account of successful permanent hair epilation by electrolysis in the St. Louis Clinical Record.



In 1916 Professor Paul M. Kree, aware of the growing demand added five more probes to the unit. This major invention which cut down the time required is known as a Multi-Needle.

This method uses a Direct (Galvanic) current. When the probe is placed into the follicle, the application of direct current causes the body salts and tissue fluids to break down into their constituent chemical elements which quickly rearrange themselves to form three entirely new substances; lye (which is highly caustic), hydrogen and chlorine gas. The chemical reaction happens all around the probe and is proportionate to the moisture in contact with the probe. As the moisture is converted into lye, it is the lye that liquefies the tissue in the follicle thus achieving permanent hair removal.

Advantages of the Galvanic Multi-Needle Method:

- Hair is successfully removed in a shorter time frame.
- Flexibility to move around curved follicles.
- Less discomfort for the client.
- Minimum re-growth.
- No disturbance to the surrounding tissue (no heat)

Disadvantages

- Requires minimum 3 minutes per hair.

The Galvanic Multi-Needle method is best suited to strong deep terminal or accelerated vellus hair (e.g. beards), plus all body hair.

Thermolysis

In 1923 Dr. Henri E. Bordier of Lyon France, was the first to use High Frequency for the removal of hair. He revolutionised electrolysis with this new method, promising greater speed and hopefully better results. Although it was not until the 1940's that it became popular. This was also known as Radio Frequency, Diathermy or Short Wave.

Thermolysis uses a high frequency current and gained its name because of its action of destroying tissue in the follicle by heat. When the probe is inserted into the follicle, it acts as a transmitter for the current. Because High Frequency current is continually changing direction, it has the ability to produce an area of friction within the moisture of the tissue surrounding the tip of the needle. The friction in turn results in heat which coagulates the fluid into a thickened mass, destroying the follicle.

Advantages of Thermolysis

- Visual results instantly
- Greatest advantage is its speed. (One to three seconds per hair.)

Disadvantages

- Very high re-growth
- Only able to successfully remove hair in anagen (growing) stage.
- Curved follicles cannot be destroyed.
- Surrounding tissue is heated, therefore treatment is limited.



Thermolysis is best suited to Vellus hair for facial down.

The Blend

In 1945 Dr. Henri E. St. Piere of San Francisco, in collaboration with Arthur Hinkel, a service engineer at General Electric, developed the Blend technique. They saw the popularity of thermolysis but also knew of the problems with re-growth. The two men thought that if they could combine the two modalities and utilise the speed of thermolysis and the effectiveness of galvanic, they would have a way of permanently removing hair quickly and easily.

The Blend uses high frequency and direct (Galvanic) current and is a dual action method. The Galvanic current produces lye while the High Frequency current heats up the moisture. When the lye is heated it will produce a much higher degree of caustic strength, it will diffuse easily into the heated mass which is very porous creating a turbulence around the needle, pushing the lye into any opening it can find.

Advantages of The Blend:

- Treatment time is 7 plus seconds per hair.
- The re-growth rate is believed to be less than that of Thermolysis.

Disadvantages

- Heating effect on surrounding tissue (limited treatments)
- Heating of hydrogen gas, by short wave, in the follicle can cause "Blow Out".

The Blend is best suited to vellus, accelerated vellus and scattered terminal hair for facial down, fine body hair and scattered coarse hairs.

The Gender Centre can provide referral to electrolysis professionals in the Sydney area. For more information contact the community worker.

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The Transsexual Person In Your Life

Responses to frequently asked questions, frequently held concerns

Reviewed July 1st 2008

About this document

This was written for people who have recently learned that someone in their life identifies as a transsexual or has decided to undergo gender transition. Since many people have not previously had the opportunity to learn about transsexualism and other gender issues, they frequently have a lot of questions, and may or may not feel comfortable directly asking the transsexual person these questions.

A few notes about terminology

The community of people dealing with gender issues is large and diverse, and terminology about these issues is continuing to evolve. We will try to follow usages commonly accepted by many people in these communities, but apologize in advance if we unwittingly offend anyone who uses different words for their experiences.

About the terms "transsexual" and "transgendered"

We are using the term "transsexual" to refer to people who are undergoing or have undergone gender transition ("sex change"). "Transgendered" is a broader term, generally used to include any person who feels their assigned gender does not completely or adequately reflect their internal gender. Transgendered people may or may not take steps to live as a different gender.

About the term "opposite sex"

Modern Western culture is very invested in a strict two-sex/two-gender system, where the two categories are constructed as opposites. Many transsexual and transgendered people (and lots of other folks, too!) feel that this model is too restrictive to accurately describe their own sense of their gender. Since the phrase "opposite sex" is based on this restrictive concept, we will avoid that term in this document, in favor of such descriptions as "another sex" or "the target gender expression." (We will occasionally use the phrase, in quotes, if we are specifically referring to the restrictive two-gender system.)

About "sex" v "gender"

Social scientists make careful distinctions between these two terms. "Sex" generally refers to biology, to the actual form of the human body, including such factors as chromosomes, genital configuration, and secondary sex characteristics, while "gender" refers to the social meanings and characteristics associated with certain types of people.

In this document, we will attempt to adhere to this usage, but not too strictly. Because transsexuals combine sex and gender in various ways, sorting out exactly what is about "sex" v what is about "gender" can get a little tricky.

Contents

Section I: General information about transsexualism and gender transition;

Section II: Responses to common reactions and feelings about transition; and

Section III: Other resources, Web links, Books

Section I: Overview

What is transsexualism?

Transsexualism is a condition in which a person experiences a discontinuity between their assigned sex and what they feel their core gender is. For example, a person who was identified as "female" at birth, raised as a girl, and has lived being perceived by others as a woman, may feel that their core sense of who they are is a closer fit with "male" or "man." If this sense is strong and persistent, this person may decide to take steps to ensure that others perceive them as a man. In other words, they may decide to transition to living as the sex that more closely matches their internal gender.

What is involved in the transition process?

The answer to this question varies depending on the needs and desires of the individual choosing the transition process. An individual may choose any combination of social, medical and legal steps that will help that person achieve the greatest level of comfort with their body and social roles.

Social steps might include asking to be referred to by a different name (perhaps one generally given to people of the "opposite sex") and different pronouns ("she" instead of "he" or vice versa), dressing in clothing traditionally worn by people of the sex they wish to be perceived as, and taking on mannerisms frequently associated with that sex/gender.

Medical steps might include hormonal treatment to achieve an appearance more consistent with the target gender expression, and/or surgery to further modify the appearance. There are a variety of surgical options to alter the transsexual person's body to help them achieve the greatest comfort with their gender expression. The transsexual person may choose some, all, or none of these surgical options.

Many transsexual people also work with the courts in their area to achieve legal recognition of their new name and gender. Steps taken vary depending on the location.

What causes transsexualism?

No one knows the answer to this question, although there is much research currently in progress investigating it. Among the theories being investigated are genetic influences, in utero hormonal influences, and other brain structure/brain chemical influences.

Human sex and gender are very complex, and it is unlikely that any simplistic analysis will definitively answer this question.

What is the treatment for transsexualism? Is there a "cure?"

Treatments for transsexualism based on attempting to change the individual's sense of their own true gender have proven ineffective. Accepted treatments are based on helping the transsexual person's body and presentation match their inner sense of their gender, usually through hormone treatment and surgery.

How common is transsexualism?

The Diagnostic and Statistical Manual of Mental Disorders (D.S.M.– IV), fourth edition, says the following (© 1994, American Psychiatric Association):

Prevalence: There are no recent epidemiological studies to provide data on prevalence of Gender Identity Disorder. Data from smaller countries in Europe with access to total population statistics and referrals suggest that roughly 1 per 30,000 adult males and 1 per 100,000 adult females seek sex-reassignment surgery.

Because these numbers reflect only people who have sought traditional medical treatment, they do not reflect the total numbers of people who have some experience of gender discontinuity.

Is transsexualism a modern phenomenon?

While advances in medical science have only in the last few decades made it possible for individuals to transition with the aid of hormones and surgery, transgendered people have existed throughout history in many societies.

Jennifer Reitz's "Natural History of Transsexuality" provides a brief historical overview.

Is transsexualism the same as homosexuality?

No. Transsexualism is about a person's core sense of their gender. This is a separate issue from the gender of the people they are attracted to.

Just like any other individual, a transsexual person may identify as heterosexual, gay, lesbian, or bisexual. For example, a person raised as a man who transitions to living as a woman may identify as heterosexual, in which case she would seek relationships with men, or lesbian, in which case she would seek relationships with other women.

Section II: Responses to common reactions and feelings about transition

The person I thought I knew is becoming a stranger.

A person we know who undergoes gender transition will very likely look and sound quite different after their transition. A person we've known as a woman, for instance, may change his hairstyle, grow facial hair, speak with a lower voice, and adopt an entirely new wardrobe. But he's not likely to adopt an entirely new personality or set of values, and our history with this person is unchanged. Think of any person you care about, and ask yourself what qualities you value most about her or him. You are likely to think of qualities which are not gender-specific, such as sense of humor, intelligence, and loyalty. These qualities are not likely to change as a person undergoes gender transition. In fact, a person who undergoes gender transition is in a process of becoming more comfortable with himself or herself, and so their positive qualities are likely to be enhanced.

It can be scary when someone in your life tells you they need to make such a major change, and it's understandable that you may feel you don't know this person as well as you thought. But if you continue to spend time together, you will likely be comforted to find that they are in many ways the same person you have always known.

Altering the body through surgery seems like mutilation.

This is also an understandable response. To those of us who are comfortable with our assigned gender, the idea of altering those parts of our bodies that are most associated with our gender can feel alien, frightening, and disturbing.

Another person's decision to alter parts of their body can feel threatening. It may help to remember that a person undergoing transition from, for instance, a male to female gender expression, is not making a blanket statement about the value of malehood or the validity of your gender expression. She is simply seeking to become more comfortable in her body.

Sex reassignment surgery is the aspect of gender transition that is most difficult for some people to understand, and you may never feel comfortable with it. That's okay. But that discomfort

doesn't preclude honoring another person's choice, treating them with respect, and even supporting them through their gender transition.

I can't imagine the person ever seeming to me like the sex they want to be.

It's hard to let go of our perceptions of someone we've known for a long time. Changes in a person's appearance and behavior can occur gradually, and may be difficult to perceive if you are in regular contact. But if you pay attention to how strangers react to the person, it may help you to see these changes. On the other hand, the gradualness of the change may help you to adapt to the new gender identity step-by-step. You may be surprised, in time, at how completely you accept the person's new chosen gender.

It is true, however, that some people who undergo gender transition will continue to have significant characteristics of their previous gender identity. Some male-to-female transsexuals, for instance, may be unusually tall for women, while a female-to-male transsexual may have small features. It may help if you avoid focusing on these specific things, but rather honor the person's chosen gender, and try to see them as they see themselves.

How can I support this person in their transition?

There are many ways you can be helpful. Perhaps the most important is to convey your intention to be supportive to the person in transition. Let them know you want to be an ally, and ask them what they need from you. Then, to the extent you are able, offer them the support they've asked for.

We can offer a couple of specific ideas as well. First, you can adopt the use of the person's new name (if they've chosen one) and appropriate gender pronouns. This change can be uncomfortable at first, and you may slip up once in a while, but eventually this change becomes habitual and comfortable. This small but very important step will demonstrate that you take the person's decision seriously.

You can also try to maintain your previous relationship with the person, whether that's the intimate relationship of close friends or once-a-month bowling buddies. Gender transition is new territory for many people, and hence can be scary. "Hanging in" with the person in transition despite feelings of discomfort with the process can be a very supportive act.

Also, you may ask the person in transition how you can help in letting others know about their transition. They may want to tell people themselves, or they may be grateful for help "spreading the word." There may be certain contexts—the softball team, a church you both attend, or the workplace—where your assistance in telling others and expressing your support will be appreciated. Let them be your guide in this.

Section III: Other Resources

Internet Resources on Gender Issues: General Resources

The International Foundation for Gender Education (I.F.G.E.)

<http://www.ifge.org/>

"A leading advocate and educational organization for promoting the self-definition and free expression of individual gender identity. I.F.G.E. is not a support group, it is an information provider and clearinghouse. I.F.G.E. maintains the most complete bookstore on the subject of transgenderism available anywhere."

Gender Education & Advocacy (G.E.A.)

<http://www.gender.org/>

"Gender Education & Advocacy is a national organization focused on the needs, issues and concerns of gender variant people in human society. We seek to educate and advocate, not only for ourselves and others like us, but for all human beings who suffer from gender-based oppression in all of its many forms "

Jennifer Reitz' Transsexuality Page

<http://www.transsexual.org/>

A lot of good information for trans folks, as well as some interesting general info about gender issues. Sections include: "What exactly is Transsexuality?; The reasons to cherish being transsexual; Why you don't want to be a woman or a man; What can I expect long term?; What is it like to be transsexual?."

Paper Cuts on My Soul

<http://lisalees.com/>

Some great educational handouts and pointers to other resources. A wonderful archive of trans folks' letters announcing their transition.

Transsexualism And Gender Identity Disorder

<http://www.avitale.com/>

Dr. Anne Vitale's site. "The intent of this web site is to educate the reader to the psychotherapeutic issues of gender identity."

Standards Of Care For Gender Identity Disorders

<http://www.wpath.org/>

Issued by the World Professional Association for Transgender Health Inc.. This outlines suggested protocols transsexuals must conform to receive treatment from participating medical professionals.

Gender Public Advocacy Coalition (GenderPAC)

<http://www.gpac.org/>

"GenderPAC works to end discrimination and violence caused by gender stereotypes by changing public attitudes, educating elected officials and expanding legal rights."

F.T.M. International

<http://www.ftmi.org/>

"F.T.M. International is the internet contact point for the largest, longest-running educational organization serving F.T.M. transgendered people and transsexual men."

Resources specifically for male-to-female transgendered/transsexual people

Transsexual Women's Resources

<http://www.annelawrence.com/twr/index.html>

Dr. Anne Lawrence's page contents includes a lot of good information about hormones and surgery, plus pointers to other resources, including resources specifically for young transsexuals.

Renaissance: Transgender Information & Support

<http://www.ren.org/>

A "transgender education organization and the largest open membership support group in the world." Primarily for male-to-female trans folks, including cross-dressers and others.

Information for family, friends, employers and others

T.G.S. – P.F.L.A.G. Frequently Asked Questions

<http://www.critpath.org/pflag-talk/tgsfaq.html>

Webpage associated with the T.G.S. – P.F.L.A.G. mailing list, a list "for support of parents, family, spouses and friends of transgendered people and transgenders who wish to discuss family or other personal relationships."

TransFamily

<http://www.transfamily.org/>

"TransFamily is a support group for transgendered and transsexual people, their parents, partners, children, other family members, friends, and supportive others. We provide referrals, literature, and over-the-phone information on all transgender issues "

A Parent's Dilemma, the Transgender Child

<http://www.firelily.com/gender/gianna/dilemma.html>

Well-written article by counselor and gender specialist Gianna E. Israel.

A Lover's Leap of Faith

<http://www.tsfaq.info/flgc-speech.html>

A Speech Given at the Friends (Quakers) for Lesbian and Gay Concerns Midwinter Gathering, February, 1999. The lesbian lover of an F.T.M. writes from a faith-based perspective about her partner's gender transition and its effects on her.

Human Rights Campaign's Transgenderism and Transition in the Workplace

<http://www.hrc.org/issues/4854.htm>

"A guide that examines transgender workplace issues, including a discussion of the law and strategies for dealing with transitioning on the job." For both workers and employers.

Transsexualism: Notes for Employers

<http://www.looking-glass.greenend.org.uk/work.htm>

"This document is intended to provide guidance to Managers and Employers of persons diagnosed with Transsexualism. It details the current legal position [in the U.K.] regarding such persons' employment rights, and makes recommendations for "best practice" ways of dealing with transsexualism in the workplace."

Books

Most of these books can be ordered from the I.F.G.E. bookstore.

Boenke, Mary (ed.) *Trans Forming Families: Real Stories About Transgendered Loved Ones.* Waterford Press, 1999.

Brown, Mildred L. *True Selves: Understanding Transsexualism—For Families, Friends, Coworkers, and Helping Professionals.* San Francisco: Jossey-Bass Publishers, 1996.

- Burke, Phyllis. *Gender Shock: Exploding the Myths of Male and Female*. Anchor Books, 1996.
- Cameron, Loren. *Body Alchemy: Transsexual Portraits*. Pittsburgh, Pa U.S.A.: Cleis Press, 1996.
- Cole, Dana. *The Employer's Guide to Gender Transition*. Waltham, Ma U.S.A.: I.F.G.E., 1992.
- Devor, Holly. *F.T.M.: Female to Male Transsexuals in Society*. Bloomington: Indiana University Press, 1997.
- Israel, Gianna E., et al. *Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts*. Philadelphia: Temple University Press, 1997.
- Kirk, Sheila M.D. *Feminizing Hormonal Therapy for the Transgendered*. Blawnox, Pa U.S.A.: Together Lifeworks, 1996.
- Kirk, Sheila M.D. *Masculinizing Hormonal Therapy for the Transgendered*. Blawnox, Pa U.S.A.: Together Lifeworks, 1996.
- Kirk, Sheila Pa U.S.A. and Martine Rothblatt, J.D. *Medical, Legal & Workplace Issues for the Transsexual*. Blawnox, Pa U.S.A.: Together Lifeworks, 1995.
- Bornstein, Kate. *Gender Outlaw: On Men, Women and the Rest of Us*. New York: Routledge, 1994.
- Califia, Pat. *Sex Changes: The Politics of Transgenderism*. San Francisco, California: Cleis Press, 1997.
- Feinberg, Leslie. *Transgender Warriors: Making History from Joan of Arc to Rupaul*. Boston: Beacon Press, 1996. Also see Leslie's website.
- Wilchins, Riki Anne. *Read My Lips: Sexual Subversion and the End of Gender*. Ithaca, N.Y. U.S.A.: Firebrand, 1997.

Send us your feedback.

Last modified: 20th July 2003

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Please Note:

The Gender Centre is listing these links for information regarding specific areas of transgender life and transition, and other resources where appropriate. Please note, while information on these websites have been found useful to some, the Gender Centre takes no responsibility for information appearing in these websites.

Many of the websites are American and British owned and operated. While general support information may be similar to here in Australia, web surfers are encouraged to contact the Gender Centre for information regarding most medical and legal issues.

The Gender Centre also possesses an extensive referral manual in the areas of legal, medical, accommodation, employment, H.I.V./AIDS, Psychiatric, Youth, Aboriginal and Corrective Services. Some of this information cannot appear on our webpage for legal reasons, and again, interested parties are encouraged to contact the Gender Centre directly.

Gender Centre publications provide neither medical nor legal advice. The content of Gender Centre publications, including text, graphics, images, information obtained from other sources, and any material ("Content") contained within these publications are intended for informational and educational purposes only. The Content is not intended to be a substitute for professional medical or legal advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health care provider with any questions you may have regarding your medical condition. Never disregard professional medical advice or delay seeking it because of something you've read. Always seek professional legal advice on matters concerning the law. Do not rely on unqualified advice nor informational literature.

The Gender Centre Inc. 7 Bent Street (P.O. Box 266) Petersham N.S.W. 2049 Ph: (02) 9569 2366 Fax: (02) 9569 1176

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



The Gender Centre Inc. Fact Sheet
Websites of Interest
For Family and Friends

Reviewed July 1st 2008

The Gender Centre is listing these links for information regarding specific areas of transgender life and transition, and other resources where appropriate. Please note, while information on these websites have been found useful to some, the Gender Centre takes no responsibility for information appearing in these websites.

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Depend (<http://www.depend.org.uk>)

Depend is a voluntary organisation who's aim is to provide support, advice and information for anyone who knows, or is related to, a Transsexual person in the U.K.

Transfamily (<http://www.transfamily.org/>)

Transfamily was founded to provide support and education for transgendered persons, their families, their families, friends and significant others.

TransParentcy (<http://www.transparentcy.org>)

Supporting the loving and caring relationship between Transgender Parents and their children.

Transgender Parent Resources (<http://www.geocities.com/jerilinda/PARENTS.html>)

Linda Simpson's personal story about her family and links to many other Trans Parent/Family resources and sites.

Mermaids (<http://www.mermaids.freeuk.com/toc3.html>)

Helpful hints and shared experiences for family and carers.

Coping With Cross Dressing (<http://www.cdspub.com/cope.html>)

Essays and strategies for dealing with cross dressing issues.

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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:

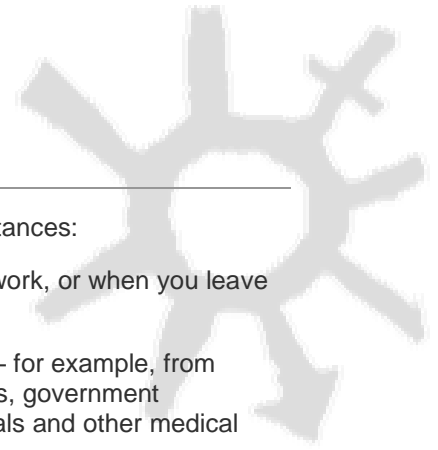
- you want to live as a member of your preferred gender (the opposite gender to your birth gender);
- you are in the process of changing over to your preferred gender;
- you live as a member of your preferred gender;
- you have lived as a member of your preferred gender in the past; or
- you are intersexual (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".

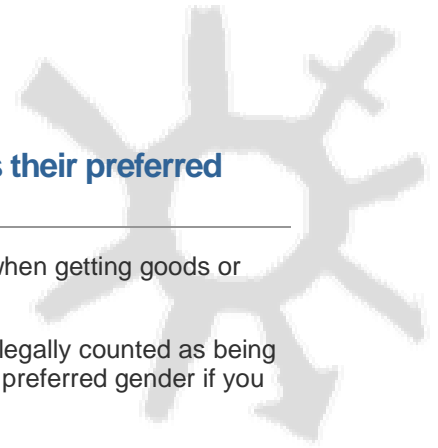
Public vilification is against the law

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.

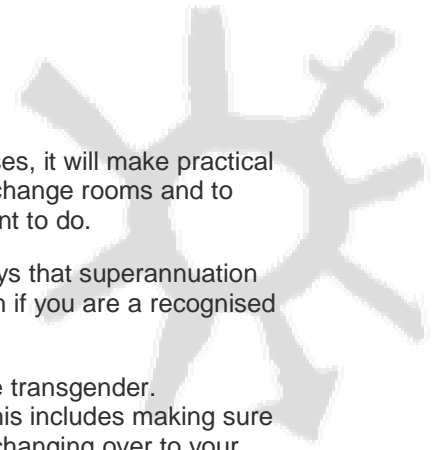
What are my work rights?

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.

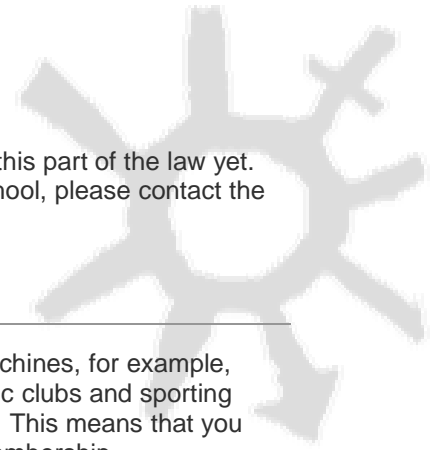
For example, they can't refuse you admission, or give you worse marks, or expel you just because you're transgender or in the process of changing over to your preferred gender. They must do their best to make sure that you're not harassed by teachers or students for being transgender.

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.

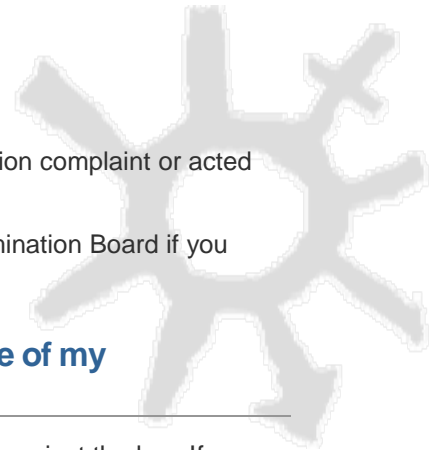
If you are not a recognised transgender person the law is not quite so clear. Generally, it is against the law for any club to treat you unfairly for being transgender. The law says that a single sex club can still keep its status as a single sex club if it admits a person who is transgender who identifies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

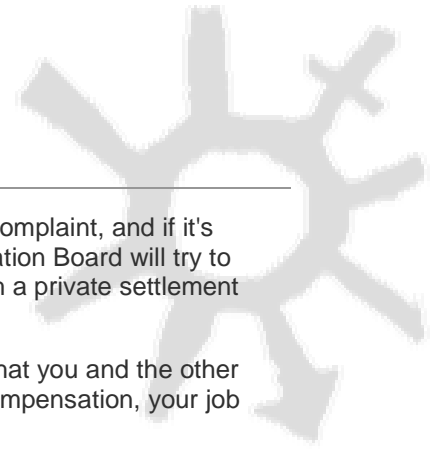
If you want to make a complaint on behalf of a child or a person with a disability who cannot make their own complaint, contact the Board for more information.

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.

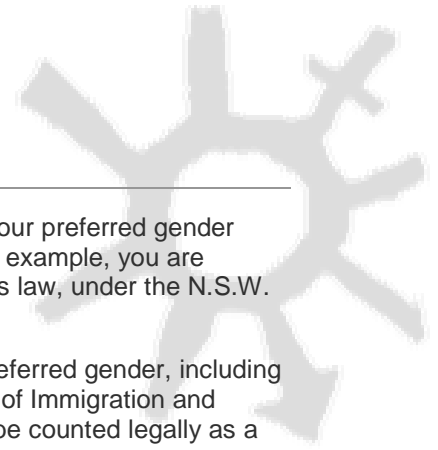
Rights of non-recognised transgender persons

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.

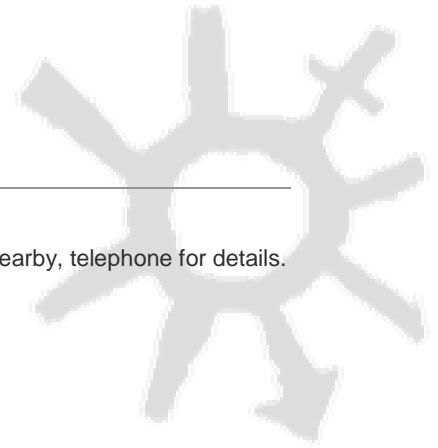
If you are unsure what your legal situation is in any particular area, please get legal advice from the Legal Aid Commission, a community legal centre, or a private lawyer. You can also call Law Access on 1300 888 529.

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

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The Gender Centre Inc. 7 Bent Street (P.O. Box 266) Petersham N.S.W. 2049 Ph: (02) 9569 2366 Fax: (02) 9569 1176

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



The Gender Centre Inc. Fact Sheet
Transsexualism
The Current Medical Viewpoint

Reviewed July 1st 2008

Produced for the Parliamentary Forum on Transsexualism.

Chair: Lynne Jones, M.P.

by: Dr. R Reid, Hillingdon Hospital (Medical Sub-Group Convenor), Dr. Domenico di Ceglie, Tavistock Clinic, Mr. James Dalrymple, London Bridge Hospital, Professor Louis Gooren, University of Amsterdam, Professor Richard Green, Charing Cross Hospital, Professor John Money, Johns Hopkins Hospital, U.S.A.

Second Edition, 18th January 1996

Summary

Purpose

This document provides an overview of current best practice in providing effective health care for persons with the transsexual syndrome. It describes the nature of the syndrome, its diagnosis, treatment and outcomes; recognises its biological aetiology; and makes recommendations for the legal status of people experiencing transsexualism. It updates a similar document produced for the Forum on 14 February 1995.

The syndrome

Transsexualism is a Gender Identity Disorder in which there is a strong and on-going cross-gender identification, i.e. a desire to live and be accepted as a member of the opposite sex. There is a persistent discomfort with his or her anatomical sex and a sense of inappropriateness in the gender role of that sex. There is a wish to have hormonal treatment and surgery to make one's body as congruent as possible with one's psychological sex.

Treatment

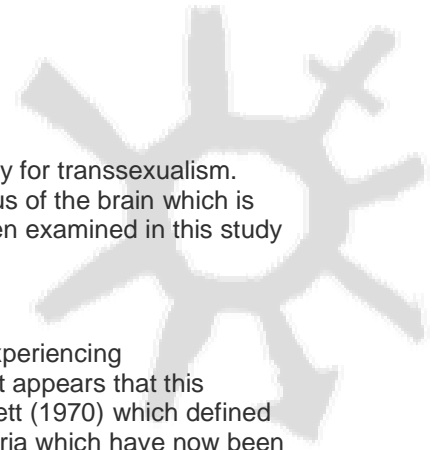
The currently accepted and effective model of treatment utilises hormone therapy and surgical reconstruction and may include counselling and other psychotherapeutic approaches; electrolysis; and speech therapy. In all cases, the length and kind of treatment provided will depend on the individual needs of the patient and will be subject to negotiation between the Consultants involved, the patient's General Practitioner and the patient.

Outcomes

Studies which have been carried out into long-term outcomes indicate that a treatment model using the principles described above is highly successful, with some suggesting up to a 97% success rate. This compares extremely favourably with the outcomes of treatment for other chronic conditions.

Aetiology

Dr. Harry Benjamin, who introduced the syndrome to the general medical community in the early 1950s, favoured a biological explanation of the syndrome, believing that the genetic and endocrine systems must provide a "fertile soil" for environmental influences. The weight of current



scientific evidence suggests a biologically–based, multi–factorial aetiology for transsexualism. Most recently, for example, a study identified a region in the hypothalamus of the brain which is markedly smaller in women than in men. The brains of transsexual women examined in this study show a similar brain development to that of other women.

Legal position

The present legal position is that people who have been diagnosed as experiencing transsexualism immediately lose a substantial part of their civil liberties. It appears that this situation was decided by the decision in the case of *Corbett versus Corbett* (1970) which defined the legal sex of the plaintiff as male, using genital and chromosomal criteria which have now been superseded. Medically, there is no reason why people receiving treatment for transsexualism and who have permanently changed gender role should be given any lesser legal status than that of any other person.

1. Aims and Objectives of this Document

1.1 The aim of this document is to provide an overview of current best practice in providing effective health care for persons with the transsexual syndrome.

1.2 Its objectives are to:

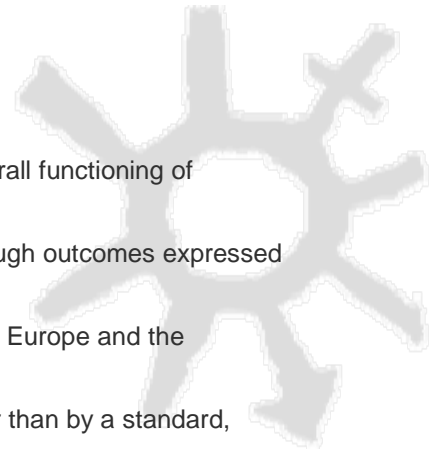
- describe the nature of the medical evidence;
- identify appropriate diagnostic criteria for transsexualism;
- indicate the main features of appropriate models of treatment;
- identify outcomes and measures in terms of improved quality of life;
- describe the case for a biological aetiology; and
- make recommendations for the legal status of people experiencing transsexualism.

2. The Nature of the Medical Evidence

2.1 Following the general move away from a mechanistic base of thought by the scientific community at large, new views of medicine, health and disease have arisen¹. In the United Kingdom (U.K.), these have been accompanied by a government policy which identifies patient care as the main expected outcome of medical research and development². An important response of the medical profession to these changes has been its growing recognition that the application of quantitative, empirically–based methodologies to the social phenomenon of health does not necessarily produce results which can usefully inform the practice of medicine in its lived social and cultural contexts³. Instead, there has been an increasing emphasis on the quality of life for patients as the measure of the effectiveness of healthcare⁴.

2.2 One result of this has been that in the process model of aetiology – diagnosis – treatment – outcome, expectations of proving causality are now less significant. Instead, interest in aetiology has focused increasingly on its usefulness in informing treatment and contributing to successful outcomes. This trend reflects the fact that the aetiology of many of the chronic conditions for which medicine provides treatment is unknown. It also recognises that the growing complexity of scientific and social theories and their interrelationship makes causality increasingly difficult to define.

2.3 Thus, in the case of transsexualism, current medical practice considers it from the viewpoints of:



its socio–biological context, that is, its relationship to the overall functioning of individuals in their social contexts;

- measuring the effectiveness of diagnosis and treatment through outcomes expressed as improvements in the patient's quality of life;
- relating U.K. practices to comparative practices elsewhere in Europe and the developed western world;
- treating each patient according to their individual need rather than by a standard, prescriptive regimen of healthcare;
- having an aetiology which is unproven and which does not, therefore, provide appropriate evidence for an adversarial court–room setting; and
- increasing concern that an inappropriate focus on aetiology rather than an appropriate focus on the outcomes of treatment could operate to the disadvantage of patients.

3. Diagnostic Criteria

3.1 Two main diagnostic systems for transsexualism are in operation, International Classification of Diseases 10th Edition (I.C.D. 10)⁵ and Diagnostic and Statistical Manual of Mental Disorders 4th Edition (D.S.M. IV)⁶. Diagnostic criteria which combine features of both systems are as follows:

- Transsexualism is a Gender Identity Disorder in which there is a strong and ongoing cross–gender identification, and a desire to live and be accepted as a member of the opposite sex. There is a persistent discomfort with his or her anatomical sex and a sense of inappropriateness in the gender role of that sex. There is a wish to have hormonal treatment and surgery to make one's body as congruent as possible with one's psychological sex;
- The diagnosis of transsexualism is confirmed when gender dysphoria has been present for at least two years and has been alleviated by cross–gender identification; and
- Transsexualism is linked with, but distinct from:
 - Intersex conditions (e.g. androgen insensitivity syndrome or congenital adrenal hyperplasia) and accompanying gender dysphoria;
 - Transient, stress related cross–dressing behaviour; and
 - Persistent pre–occupation with castration or penectomy without a desire to acquire the sex characteristics of the other sex.

4. Treatment

4.1 There is no single model of treatment: rather, variety in approach is both supported and sought as part of the continuing professional discussion of the syndrome. Typically, however, an effective model of treatment will utilise hormone therapy and surgical reconstruction, and also include:⁷

- counselling;



psychotherapeutic approaches;

- electrolysis; and
- speech therapy.

4.2 Assessment of the patient's progress is likely to take place at approximately three monthly intervals and at the appropriate point surgery will be used. Depending on the physicality and the overall health of the patient, surgery may include, for male to female transsexuals:

- vaginoplasty (construction of a vagina);
- penectomy (removal of penis);
- orchidectomy (removal of testes);
- clitoroplasty (construction of a clitoris);
- and possibly breast augmentation (enlargement of the breasts);
- rhinoplasty (reshaping the nose);
- cosmetic surgery such as hair transplants or facial remodelling;
- thyroid chondroplasty (shaving of the Adam's apple); and
- crico–thyroid approximation and anterior commisure advancement (for raising the pitch of the voice),

and for female to male transsexuals:

- hysterectomy & oophorectomy (removal of uterus and ovaries);
- bilateral mastectomy (breast removal); and
- possibly phalloplasty (construction of a penis).

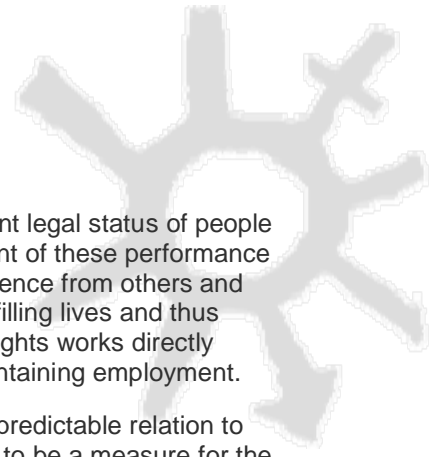
4.3 As medical and surgical techniques and knowledge increases, other or additional treatments may be used. In all cases, the length and kind of treatment provided will depend upon the individual needs of the patient and will be subject to negotiation between the Consultants involved, the patient's General Practitioner, and the patient. Involving the patient (and, in the case of minors, the parents or guardians of patients) in the management of their own programme of care is considered to be extremely important.

5. Outcomes and measures

5.1 There is a paucity of research into the long–term outcomes of treatment for transsexualism. However, the studies which have been carried out indicate that a treatment model using the principles described above is highly successful, with some suggesting up to a 97% success rate⁸. This compares extremely favourably with the outcomes of treatment for other chronic conditions.

5.2 Using a "Quality of Life" model for measuring the effectiveness of patient care, outcomes of this kind may be measured in terms of expressed patient satisfaction with their ability to:

- find employment;
- make relationships;
- integrate with the larger community; and



live fulfilling lives.

5.3 It is a matter of concern to the U.K. medical community that the current legal status of people who have been treated for Transsexualism works against the achievement of these performance indicators. That status marginalises individuals who have no visible difference from others and prevents them from being able to integrate, make relationships or live fulfilling lives and thus impairs quality of life⁹. In particular, the lack of substantive employment rights works directly against the important economic performance indicator of finding and maintaining employment.

5.4 The heterosexual or homosexual partnership of the patient bears no predictable relation to outcomes of treatment for Transsexualism and should not be considered to be a measure for the effectiveness of treatment.

6. Aetiology

6.1 Dr. Harry Benjamin introduced the syndrome to the general medical community in the early 1950s and advocated the compassionate treatment of it¹⁰. Benjamin favoured a biological explanation to the syndrome, believing that the genetic and endocrine systems must provide a "fertile soil" for environmental influences¹¹.

6.2 In their work on plastic surgery techniques four years later, Gillies and Millard echoed Benjamin's point of view and suggested that transsexualism should be classified as an intersex condition¹².

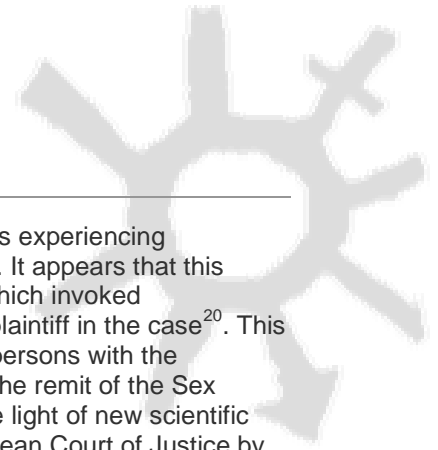
6.3 In an authoritative review of research in this field in 1985, Hoenig follows Benjamin in ultimately depending on a biological force or forces to account for transsexualism¹³. Summarising and commenting on this and other medical viewpoints three years later, in 1988, Doctor indicates that the overall weight of evidence is that there is "the formation of some kind of gender system within the brain that is fundamental to ultimate gender identity and gender–role development"¹⁴.

6.4 It is a viewpoint of this kind that Money suggests in an authoritative paper "The Concept of Gender Identity Disorder in Childhood and Adolescence after 37 years" where he states "causality with respect to gender identity disorder is divisible into genetic, prenatal hormonal, postnatal social, and post–pubertal hormonal determinants" and suggests "there is no one cause of a gender role ... Nature alone is not responsible, nor is nurture, alone. They work together, hand in glove."¹⁵

6.5 More recently, in a paper given to the Council of Europe's XXIII Colloquy on European Law, Gooren has suggested that "there is now evidence to believe that in transsexuals the differentiation process of the brain taking place in the first years after birth has not followed the course anticipated of the preceding criteria of sex (chromosomal, gonadal, and genital)"¹⁶. Thus, although sex assignment at birth by the criterion of the external genitalia is statistically reliable, in people experiencing transsexualism it is not: they are exceptions to the statistical rule.

6.6 Most recently, a study has been carried out of a region in the hypothalamus of the brain which is smaller in women than in men. Strikingly, the region was of female size or smaller in six male–to–female transsexuals, regardless of hormone treatment. This result supports the hypothesis that gender identity stems from an interaction between the developing brain and sex hormones¹⁷.

6.7 This view that the weight of current scientific evidence suggests a biologically–based, multi–factorial aetiology for transsexualism is supported by articles in journals, the press and popular scientific works.¹⁸



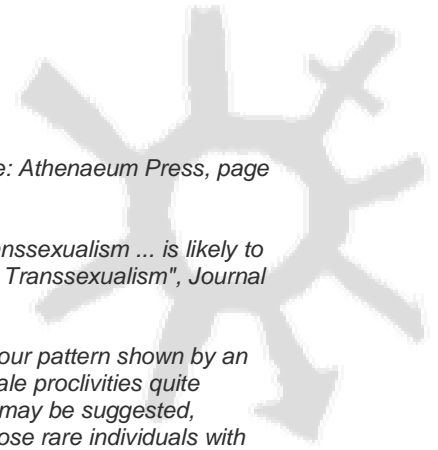
7. Recommendations for Legal Status

7.1 The present legal position is that people who have been diagnosed as experiencing transsexualism immediately lose a substantial part of their civil liberties¹⁹. It appears that this situation was decided by the decision in *Corbett versus Corbett* (1970) which invoked "chromosomal, gonadal, and genital" tests to define the legal sex of the plaintiff in the case²⁰. This definition has since been applied to employment to the disadvantage of persons with the transsexual syndrome, for example, by placing them apparently outside the remit of the Sex Discrimination Act²¹. These tests must be considered obsolete now in the light of new scientific information and the legal view has recently been challenged in the European Court of Justice by the case of *P versus S and Cornwall County Council* where the Advocate General has declared that the Equal Treatment Directive "must be interpreted as precluding the dismissal of a transsexual on account of a change of sex".²²

7.2 Current medical knowledge recognises that an absolute aetiology for transsexualism is not available although the present weight of evidence is in favour of a biologically-based, multi-factorial causality. It is considered, therefore, that scientific knowledge of transsexualism has progressed considerably since *Corbett versus Corbett* and that the evidence presented there is no longer reliable. From the point of view of medical ethics, the imperatives of respect for autonomy, beneficence, non-maleficence and justice²³ mean that medicine would not support any legal interpretation of its research into transsexualism that would operate against the health, well-being or advantage of patients. Medically, there is no reason why people receiving treatment for transsexualism and who have permanently changed gender role²⁴ should be given any lesser legal status than that of any other person.

References

1. 1 More general works such as Lupton, D. (1992) *Medicine and Culture*, London: Sage and Seedhouse, D. (1991) *Liberating Medicine*, Chichester: Wiley, provide a useful overview and synthesis of the major work in this field, including that of, for example, Illich; Foucault; and Ian Kennedy.
2. See, for example, NHS (1994) *Supporting Research and Development in the N.H.S.*, London: H.M.S.O., *Working for Patients, Managing the New, the Calman Report*.
3. See, for example, Colquhoun, D. and Kelleher, A., eds. (1993) *Health Research in Practice: Political, Ethical and Methodological Issues*, (London, Chapman and Hall).
4. See, for example, Fallowfield, L. (1990) *The Quality of Life: The Missing Measurement in Health Care*, London, Souvenir Press.
5. World Health Organisation (1992) *International Classification of Disorders*, Geneva, W.H.O.
6. American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* Washington: A.P.A.
7. See, for example, Reid, R. (1992) "Working with Gender Dysphoria", *Counselling Gender Dysphoria*, Ed. Z.J. Playdon, Devon: ATC.
8. Green, R. and Fleming D.T. (1990) "Transsexual Surgery Follow-Up: Status in the 1990s", *Annual Review of Sex Research*, Ed. J. Bancroft, volume 1, 1990, pages 163 – 174. Of the 130 F.T.M.'s reported in the study, 97% of the outcomes were considered to be satisfactory; of the 220 M.T.F.'s 87% of the outcomes were considered to be satisfactory. See also Pfafflin, F. & Junge, A. (1992) *Geschlechtumwandlung Schattauer, Stuttgart/New York for an extensive survey on outcome*.
9. For a general discussion of the medical effects of social stigmatisation see Scambler, G. (1991) "Deviance, sick role and stigma", *Sociology As Applied to Medicine*, Ed. G. Scambler, 3rd edition, London: Balliere Tindall, pages 185 – 196.



10. King, D. (1993) *The Transvestite and the Transsexual*, Newcastle upon Tyne: Athenaeum Press, page 46.
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12. "The physical sex picture does not always bear a fixed relation to the behaviour pattern shown by an individual. One or other hormone may determine an individual's male or female proclivities quite independently of the absence of some of the appropriate physical organs. It may be suggested, therefore, that the definition of hermaphroditism should not be confined to those rare individuals with proved testes and ovaries but extended to include all those with indefinite sex attitudes." Gillies, H. and Millard D.R. (1957) *The Principles and Art of Plastic Surgery*, Volume 1, London, Butterworth, page 370–1.
13. Hoenig, J. (1985) "The Origin of Gender Identity" *Gender Dysphoria*, Ed. Steiner, B.W., New York: Plenum Press.
14. Docter, R.F. (1988) *Transvestites and Transsexuals, Towards a Theory of Cross-Gender Behaviour*, New York: Plenum Press, page 63.
15. Money, J. (1994) "The Concept of Gender Identity Disorder in Childhood and Adolescence After 39 Years", *Journal of Sex and Marital Therapy*, 20 (3: 163–177).
16. Gooren L.G.J. (1993) "Biological Aspects of Transsexualism and their relevance to its legal aspects", *Proceedings of the XXIII Colloquy on European Law: Transsexualism, Medicine and the Law*, Strasbourg; Council of Europe.
17. J.N. Zhou, M.A. Hoffman, L. Gooren and D.F. Swaab, "A sex difference in the human brain and its relation to transsexuality", *Nature*, 2 November 1995, volume 378:6552, pages 68–70
18. For example, Moir, A. and Jessel, D. (1989) *Brainsex* London: Michael Joseph; Gorman, C. (1992) "Sizing up the Sexes", *Time*, 20 January 1992, pages 38–45; "Sex is all in the Brain", *Times* 12 September 1992.
19. McMullen, M. & Whittle, S. (1994) *Transvestism, Transsexualism and the Law*, (London, Gender Trust).
20. *All England Law Reports* (1970) Volume 2 pages 32 – 51 *Corbett v Corbett otherwise Ashley*.
21. *Industrial Tribunal Case No. 16132/93* (1993) *Interim Decision of the Industrial Tribunal P v S and Cornwall County Council*.
22. *Court of Justice of the European Communities, Opinion of the Advocate General in the case of P v S and Cornwall County Council* (1995) case C–13/94, paragraph 25.
23. Gillon, R. (1994) "Medical Ethics; four principles plus attention to scope" *British Medical Journal*, volume 309 (16 July 1994) pages 184–188.
24. *The point of permanent change of gender role is decided by the consultant psychiatrist in negotiation with the patient and is usually the commencement of the "life test"*.

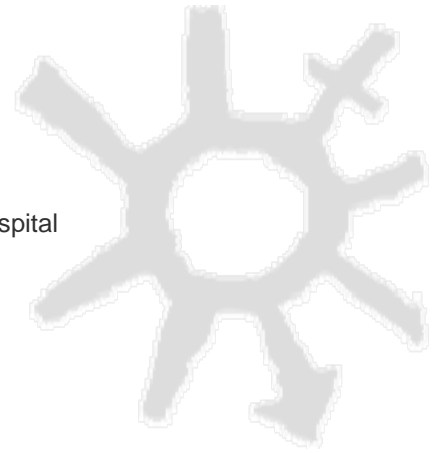
Authors

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Transgender Discrimination

Guidelines for Employers and Service Providers

Revised November 2007 Reviewed July 1st 2008

Is transgender discrimination against the law?

Yes. It is generally against the law to discriminate against or harass people because:

- they are transgender, or
- you think they are transgender, or
- they have a relative or associate who is (or you think is) transgender.

In the same way as with other types of unlawful discrimination, (race discrimination, sex discrimination, and so on), transgender discrimination and harassment are only against the law in relation to employment, service delivery, government education, registered club membership and the provision of any type of rental or holiday accommodation.

It is also against the law to publicly vilify people for being transgender. For more information about transgender vilification please visit the New South Wales (N.S.W.) Anti-Discrimination Board website.

What does transgender mean?

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

In the past, the common term for transgender has been transsexual. However, in general, people who are transgender prefer to use the term transgender as this is a more accurate reflection of their identity or behaviour – that is, that they want to live and behave as a member of the opposite gender to their birth gender, not the opposite sexuality, sexual preference or sexual orientation. A transgender, just like anyone else, may be heterosexual, homosexual or bisexual.

What does this law mean for employers and service providers?

It means that you must treat all transgenders fairly. It does not matter whether they have or haven't had "sex change" or other surgery. It does not matter whether they are or aren't taking hormones. It does not matter why they are transgender. It does not matter what gender they were at birth, or what gender they prefer to be. It does not matter whether they already live as their preferred gender, or whether they are in the process of "changing over" to their preferred gender ("transitioning"). If they fit the definition of transgender given above you must treat them fairly.

The general rule is that you should treat transgenders in the same way as you would treat anyone else. In most cases, this means that you should treat transgenders in the way they wish to be treated. In other words, if they want you to treat them as the opposite gender to their birth gender that is what you should do.



There is more information about the exact legal rights of transgenders – including who is counted legally as being their preferred gender and who isn't, in the N.S.W. Anti-Discrimination Board fact sheet "Transgender Discrimination: Your Rights".

The rest of these guidelines answer the most common questions employers and service providers ask us about transgender discrimination. If your question isn't answered either here or in the "transgender discrimination" fact sheet please contact the Anti-Discrimination Board for advice. You don't have to give us your or your organisation's name when you contact us.

Must I treat someone who is transgender as the gender (sex) of their choice?

If your employee, or customer or client is transgender, or decides to "change over" into their preferred gender while working for or doing business with you, it is best to ask them how they wish to be treated and then abide by their wishes. For example, a transgender may still wish to be addressed as their original gender, or they may wish to be known as their preferred gender. They may wish to set an official date from which they will always be known as their preferred gender. It depends on the individual.

It's important to check with the particular person first and not make assumptions. If they are in the process of "transitioning" ("changing over" to their preferred gender), it is important to ask them how they wish to handle this with their colleagues or your staff. Some may wish to talk with their colleagues/your staff themselves, or they may want you to do this for them. Some may want to have a period of leave before coming back as their preferred gender. You can get more information on how best to handle transitioning from the Gender Centre or the N.S.W. Anti-Discrimination Board.

If you have a dress code, it must apply to men and women fairly. In general, someone who is transgender should be allowed to wear the clothing or uniform of their preferred gender.

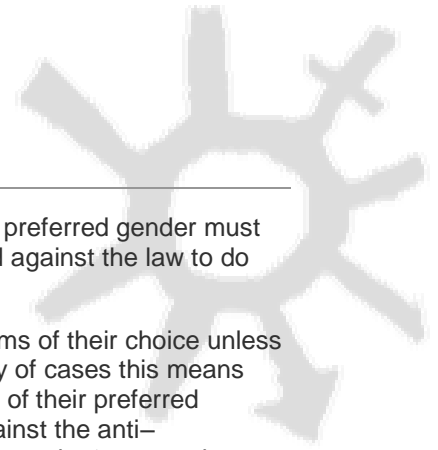
Do I need to change my records to reflect a transgender's preferred gender?

Anyone (including a transgender) can change their name by deed poll or statutory declaration. If a transgender has changed their name, you should change your records to reflect this. You can ask for an official document to confirm the name change, although you don't have to do this.

Do I have the right to ask transgenders their gender, or to see their identification

This would depend on the circumstances and the reasonableness of the request. In general, you can only ask to see someone's identification in a situation where everyone else would be asked to show their identification. In most situations, it wouldn't be appropriate to ask questions about someone's gender unless you are asking everyone else too. In general, it's best to treat transgenders in the way they are presenting themselves and not ask inappropriate questions.

In a situation where everyone is asked to show their identification, and a transgender shows you an identification of the opposite gender to the one they present as, you should be extremely sensitive in your approach. All you need to do is establish that they are the same person as their identification. You do not need to ask why they choose to present differently, or to harass or insult them in any way.



What is the situation with toilets and change rooms?

A transgender who has a birth certificate or recognition certificate in their preferred gender must be treated at all times as their new gender. It would be discrimination and against the law to do anything else.

All other transgenders should be allowed to use the toilets or change rooms of their choice unless this would be "unreasonable in all the circumstances". In the vast majority of cases this means that transgenders should be allowed to use the toilets and change rooms of their preferred gender. It is not necessary, and in most cases would be insulting and against the anti-discrimination law, to either instal a special set of toilets/change rooms or make transgenders use a different set than people who are not transgender.

Once again, don't make assumptions. Some transgenders may wish to use the toilets of their birth gender, while others may wish to use the toilets of their preferred gender.

How do I stop other staff from harassing transgender staff?

Prevention is better than cure! It is management's legal responsibility to make sure, to the best of their ability, that no-one – including transgenders – is harassed when working for them. If other members of staff refuse to work with, be supervised by, or share toilets with transgenders, or if they harass transgenders, call them names, or refuse to use their preferred name or gender, this would be transgender harassment, and against the law.

This means that you need to set a standard for what is acceptable and professional work behaviour and what isn't. You should implement grievance procedures to deal with all types of harassment, including transgender harassment. Staff must be advised that transgender harassment is not only unacceptable in your workplace, but also against the law, and that disciplinary action will be taken against them if harassment continues.

For more information on how to prevent and deal with harassment ask the Anti-Discrimination Board for their harassment in the workplace guidelines.

Do I have to employ a transgender?

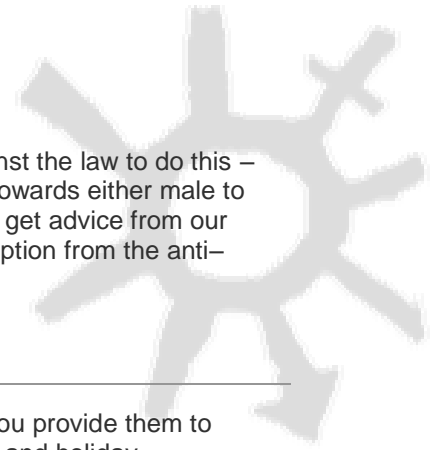
In general, all job advertisements, jobs, apprenticeships and traineeships must be open to anyone who is transgender, in the same way that they are open to anyone else.

Transgenders must be assessed on their merits against the specific criteria for the particular job in the same way as all other applicants.

You must not dismiss someone for being transgender, or for deciding to "change over" to their preferred gender while working for you – unless the job is legally only open to people of their birth gender, and then you can only dismiss someone once they have a birth certificate or recognition certificate in their new gender. In all other cases, a transgender can only be dismissed for the same reasons that anyone else can be dismissed – for example, for ongoing poor work performance, serious misconduct, medical reasons that mean they're no longer fit enough to do the job, or redundancy.

What about jobs that are targeted towards men or women only?

Someone who is transgender has the legal right to be considered for a job that is legally targeted towards only one gender, if they have an official birth certificate or recognition certificate issued in that gender. (This could be a certificate in their birth gender, or one in their preferred gender, as some transgenders are legally able to get new certificates in their preferred gender).



If you wish, you can target a job towards transgenders only. It is not against the law to do this – as long as the job is open to all transgenders. If you wish to target a job towards either male to female transgenders or towards female to male transgenders you should get advice from our legal branch first, as you will almost certainly need to get an official exemption from the anti-discrimination law before going ahead.

Do I have to provide services for transgenders?

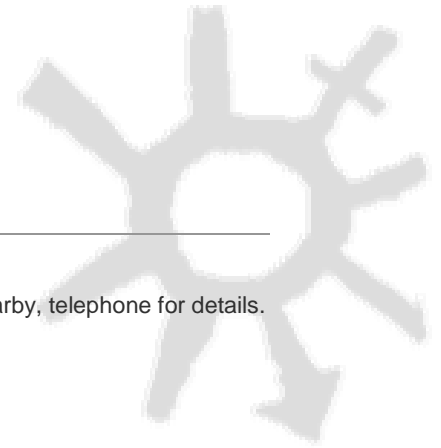
You must provide all your services to transgenders in the same way as you provide them to everyone else. Transgenders must be allowed the same access to rental and holiday accommodation, government education, club membership and indeed to the vast majority of other services, as anyone else. Transgenders must not be harassed by you or any of your staff.

If staff members refuse to serve transgenders, give them lesser or demeaning service, harass them, call them names, or refuse to use their preferred name or gender, this would be transgender discrimination, and you as a service provider could be held legally responsible for this. You should specifically tell your staff that they must treat all customers, including transgenders, fairly and that anyone who disobeys this instruction may be disciplined.

What about services, clubs and so on, that are for men or women only?

Someone who is transgender has the legal right to use and be admitted to a service, club or educational institution that is legally targeted at only one gender, as long as they have an official birth certificate or recognition certificate issued in that gender. (this could be a certificate in their birth gender, or one in their preferred gender, as some transgenders are legally able to get new certificates in their preferred gender). In addition, if you decide to admit a transgender who does not have the appropriate certificate to a single sex club or educational institution, your club/institution won't lose its single sex status just because you have done this.

If you wish, you can target a service towards transgenders only. It is not against the law to do this – as long as the service is open to all transgenders. If you wish to target a service towards either male to female transgenders or towards female to male transgenders you should get advice from our legal branch first, as you will almost certainly need to get an official exemption from the anti-discrimination law before going ahead.



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



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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