

Polare Edition 41

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Editorial

by Katherine Cummings, Polare Editor

First I would like to thank Craig for his generous help in showing me aspects of *Polare's* production where I needed assistance. It is never easy to walk into an established publication and pick up all the subtleties of its construction and I might have taken much longer to produce my first issue without Craig's lucid advice.

The *Polare* I edit will be familiar to its past readers in many aspects, and will include most of the regular features. It may look a little different in my choice of typefaces and the way I lay out pages. I learned layout and typography back in the "hot metal" era and have never become entirely comfortable with the freedom conferred by offset and photo-typesetting. You may, therefore, find my (or rather, your) *Polare* more conservative looking than it has been in the past. I hope, nevertheless, that *Polare* will continue to be informative and entertaining.

I will be changing some of the procedures as I think necessary and will welcome your suggestions for improvement, and your comments on the way I do things. For instance, I intend to leave items on the "Community Noticeboard" for two issues and then drop them unless you let me know that you want them to continue running. There is no point in keeping ads in print beyond their useful life.

Elsewhere in this issue you will find some of the results of the *Polare* Readers Survey which was sent out in issue No. 40. There were 59 responses which is only 3% of the number sent out but a few patterns emerged. I look forward to the work involved in producing *Polare*. As a long time writer, editor, printer and publisher I have always thought printed matter (informational and/or entertaining, preferably both) to be one of the most remarkable achievements of humanity.

Manager's Report

by Elizabeth Riley, Gender Centre Manager

Staff Changes

I would like to begin by acknowledging the excellent contribution Craig George Andrews has made to the Centre's publications and website over the last four years. Craig resigned from the centre on 21st May. His talents as our Resource Development Worker will be greatly missed and we wish him well in his future endeavours. His position has been advertised and we hope to fill the vacancy in the near future.

In the meantime I am delighted to welcome Katherine Cummings to the staff team. Katherine has joined the Centre as a relief worker to take over Craig's role. Many of you will be familiar with Katherine's endeavours as a representative

Feature Articles



Colapinto's excellent book sorts out myth making from reality and the convergent histories of Money and the Reimer family are presented with clarity and in persuasive detail.

As Nature Made Him

In 1967 John Money was contacted by Ron and Janet Reimer, parents of identical twin boys one of whom had suffered a severely damaged penis in a botched circumcision. Money recommended that the damaged infant, Bruce, be reassigned as a girl.

Androgen Insensitivity Syndrome

A.I.S. is an intersex condition caused by an interruption of foetal reproductive system development where embryonic testes develop and start to produce androgens which the body is unable to respond to in varying degrees.

Metoidioplasty (Clitoral Release)

Metoidioplasty is a procedure that enables the clitoris to be released from its hood and then appear as a small penis. A form of circumcision can be performed at this time to enable the tip of the clitoris to appear as the male glans.

Remembering Her, Missing Her, Mourning Her

Deanna's transition, to all intents and purposes, is over. Transition, and getting to the end of it, was her focus for so long. Transition required and drained so much of her energy and she looked for and celebrated changes and milestones brought on by her transition.

Reflections 2001: A Gender Odyssey

Deanna describes her relationship with her transition. Transition required and drained so much of our energy. We spent countless hours analysing the transition and our feelings around it.

The Life and Loves of an XY Woman

This essay was written in 1996 for a competition run by the Society of Women Writers, New South Wales. It was published in a collection of women's writings. It forms a sort of sequel to Katherine's autobiography and may tell you a little more about

of the transgender community, in particular as the author of *Katherine's Diary* and as a Democrats candidate in the last federal election. She has many years experience as a librarian of high status and we look forward to the contribution she will make to our service and to the transgender community.

I would also like to farewell Jack Powell, Social & Support Worker, who has tendered his resignation effective from 1st August. Jack has been with the Centre for almost a year and has initiated some positive programs for his role. Unfortunately for us he has received an offer of employment more suitable to his needs and has decided to move on. We thank him for his efforts and wish him the very best in his future endeavours.

N.S.W. Police Service

I reported in the last edition of *Polare* that the police policy was still in the pipeline. Since then a draft policy has been sent to the Anti-Discrimination Board for ratification. Providing the Board is satisfied with it's contents it should be only a short period of time before it is adopted by the N.S.W. Police Service.

As previously stated I believe this policy will go a long way towards ensuring that transgender people are treated fairly and appropriately in any dealings we may have with the police. This in turn will hopefully lead to confidence in reporting crimes, particularly those involving violence, that have previously gone unreported.

We will publish, in full, details of the policy when it is made available. We will also provide any other information that may assist transgenders in taking advantage of the benefits of the policy.

Gay Games

Unfortunately we have still not had final information on this policy in time to beat the deadline for this edition of *Polare*. We understand the policy is in the hands of solicitors, and is currently being drawn up and should be close to completion. We hope to provide full details in the next edition.

Stonewall 2001

A number of people met at the Pride Centre on 17th May to begin the process of establishing a national lobby group to work towards eliminating discrimination against people based on their gender expression. Participants came from as far a field as Melbourne and Newcastle to attend the meeting.

A range of issues were discussed with the group deciding that it would be inclusive of all those who were subject to gender-based discrimination. The outcome of the first meeting was to commence formulating a mission statement and a set of guidelines under which the group would operate. That process is underway and group members elected to meet again in August to formerly adopt those documents.

The air of the meeting was very positive and it is hoped that the group will become an effective lobbying force within the trans community. Anyone wishing information or wanting to participate in future meetings should contact norrie mAy-welby

Family Planning Health

The youth team at Family Planning Health recently arranged a meeting with key stakeholders to address the issues of homophobia in public education. Represented at the meeting were N.S.W. Police, D.E.T., ACON, P.F.L.A.G., the Gender Centre and other agency representatives. The initial meeting involved a sharing of information on the work conducted through individual agencies and a sharing of ideas. It is envisaged that the group will meet periodically to work towards a reduction in homophobic behaviours within the education system. We look forward to the contribution The Gender Centre will be able to make to this group and we will keep you informed of progress.

South Sydney Council

After a brief break South Sydney Council have reactivated the working party looking at the best ways the council can meet the needs of the Gay, Lesbian and Transgender communities within their boundaries. Bernice Carrington, Council's first Gay and Lesbian Liaison Officer resigned in December of last year and the working party was temporarily shelved. Council has now, however, appointed a new person to the role, Suzie Matthews, and we are pleased to be able to continue the work previously commenced. The first meeting largely dealt with a discussion of who would be the appropriate community organisation/community representatives for the committee

your *Polare* editor.

What are the Rights of the Individual?

People have rights, civil and human, inalienable and inferred. Given such assertions, the rights of the individual need considering and restating, so there can be no misinterpretation, confusion or excuse for personal, institutional, or societal ignorance of their existence.

Are You Getting Good Treatment?

Some medical practitioners who are not members of the H.B.I.G.D.A. don't know what the Standards of Care are or choose to ignore them or have never even bothered to read them, affording their clients deficient care.

Hepatitis B

Hepatitis B is the name for several different illnesses which all cause the same problem: an inflamed (swollen or painful) liver. Some people who get infected with Hepatitis B do not get very ill. Some do not get sick at all.

and the appropriate balance between organisations and individuals on board. The ultimate role of the committee will be to act as advisory body to council on issues concerning our communities.

The Gender Centre A.G.M.

Just a note to inform all members that the Annual General Meeting of the Gender Centre will be held on Thursday 27th September at Jarvie Park Youth Facility, Yabsley Avenue, Marrickville. Be there at 7:00pm for a 7:30pm start.

The Gender Centre advise that this edition of Polare is not current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.

Polare Magazine is published quarterly in Australia by The Gender Centre Inc., which is funded by the Department of Family & Community Services under the S.A.A.P. program and supported by the N.S.W. Health Department through the AIDS and Infectious Diseases Branch. Polare provides a forum for discussion and debate on gender issues. Unsolicited contributions are welcome, the editor reserves the right to edit such contributions without notification. Any submission which appears in Polare may be published on our internet site. Opinions expressed in this publication do not necessarily reflect those of the Editor, The Gender Centre Inc., the Department of Family & Community Services or the N.S.W. Department of Health.

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. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.

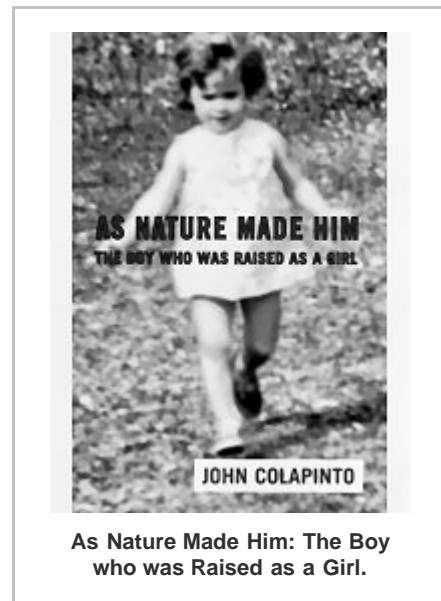
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Book Review: As Nature Made Him

The Boy who was Raised as a Girl

Reviewed by Katherine Cummings

Article appeared in Polare magazine: August 2001 Last Update: October 2013 Last Reviewed: September 2015



As Nature Made Him: The Boy who was Raised as a Girl.

As Nature Made Him: The Boy who was Raised as a Girl

by John Colapinto
Harper Collins Publishers Canada,
Limited (2001)
I.S.B.N.-13 978 0060929596

Colapinto's excellent book sorts out myth making from reality and the convergent histories of Money and the Reimer family are presented with clarity and in persuasive detail.

John Money was brilliant, arrogant and unscrupulous. He was also fallible. In 1951, studying for a psychology doctorate at Harvard, he submitted a study of Intersexed patients and came to the conclusion that despite lack of surgical intervention, the majority made an 'adequate adjustment' to life. Fifteen years later he performed a classic backflip and joined the Psycho-hormonal Research Institute at John Hopkins which advocated surgical and hormonal intervention for intersexed infants.

Money was eccentric. He would pepper his conversation provocatively with words like 'fuck', 'cock' and 'cunt' to shock the prudish and publicly espoused the practice of paedophilia provided the relationship was 'totally mutual'. He believed children should act out sexual behaviour and claimed to have observed 'sexual rehearsal' play between Australian Aboriginal children of the Yolngu. This, he claimed, created a tribe entirely free of

any psychosexual gender confusions or dysfunction. One of his colleagues claimed that this sexual rehearsal play never occurred and that the Yolngu have been treated for a wide variety of sexual neuroses.

In 1967 Money was contacted by Ron and Janet Reimer, parents of identical twin boys one of whom had suffered a severely damaged penis in a botched circumcision. Money recommended that the damaged infant, Bruce, be reassigned as a girl. This was the first time the Johns Hopkins unit had reassigned a child born with normal genitalia. For Money, the fact that Bruce was an identical twin was a godsend. For the first time children with identical gender profiles could be used to confirm his theory that nurture overrode nature and that a child could be moulded by therapy, surgery and hormonal medication to conform to an assigned gender.

The Reimers accepted Money's recommendation and Bruce became Brenda. The family visited Money annually at Johns Hopkins and he would observe the twins and question them. He also forced them to indulge in 'sexual rehearsal' therapy and bullied Brenda into affirming that she was female and enjoyed girlish pursuits.

Nothing could have been further from the truth. Brenda was unfeminine, aggressive and a loner and never felt at ease with her assigned gender, although she tried to mollify her parents by appearing to go along with the charade. By the time she was nine she adamantly refused to visit Money and when told at the age of fourteen of her reassignment immediately opted to return to her male persona, adopting the name David.

Money and his medical colleagues in the Reimers' hometown of Winnipeg, had been determined to make the experiment fit the thesis, rather than test it. As one psychiatrist said "we were going to try to make this work because it was famous in the medical literature". Indeed Money cited the 'twins' case constantly until Brenda's rebellion, after which he became progressively more defensive, blaming the media for intrusive distortion and the parents for failure to carry out his instructions.


Money does not let facts or failures get in the way of a good psycho-hormonal theory. As recently as 1988 he was claiming the infant boys can "with surgery and hormone treatments be turned into heterosexual women", demonstrating that he still does not understand the distinction between sexuality and gender identity.

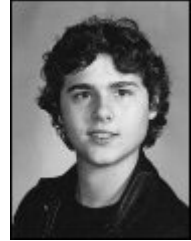
The 'twins' case has been cited for thirty years in the nature v nurture debate, often inaccurately, thanks to Money's self-serving and selective reportage. Colapinto's excellent book sorts out myth making from reality and the convergent histories of Money and the Reimer family are presented with clarity and in persuasive detail. His research has been thorough, although scatter-gun. He fails to make a clear enough distinction between intersexed people, the transgendered, and those with genitalia damaged by mishap who's sex and gender were presumably congruent at birth. Nor, understandably, given his focus on a single case, does he deal with related social and legal problems, including the human rights concern with documentation. This would have arisen if Brenda had matured as a woman and sought to marry. Some jurisdictions revise gender documents in every respect (e.g. New Zealand) while others (like the Australian

State and Federal legislatures) make half-hearted and selective revisions which leave post-operative transsexuals in legal limbo.

Colapinto emphasises that "no theory can be based on a single experiment" and that the Reimer case neither proves nor disproves the thesis that a person may be better off after being gender reassigned. The case of Bruce/Brenda/David Reimer does suggest, however, that it would be more humane to wait until an individual is old enough to make his or her own decision, rather than imposing an arbitrary gender in infancy for the sake of anatomical neatness. Neither genitalia nor chromosomes define gender. The brain is the arbiter and the brain usually follows the prompting of pre-natal hormonal influences.

David Reimer

From Wikipedia:  David Reimer was born as Bruce in Winnipeg, Manitoba. His identical twin was named Brian. They were both diagnosed with phimosis and referred for circumcision at the age of eight months. A urologist performed the operation using the unconventional method of cauterization. The procedure did not go as doctors had planned, and Bruce's penis was burned beyond surgical repair. The doctors chose not to operate on Brian, whose phimosis soon cleared without surgical intervention.



The parents, concerned about their son's prospects for future happiness and sexual function without a penis, took him to Johns Hopkins Hospital in Baltimore to see John Money, a psychologist who was developing a reputation as a pioneer in the field of sexual development and gender identity, based on his work with intersex patients. Money was a prominent proponent of the 'theory of Gender Neutrality'; that gender identity developed primarily as a result of social learning from early childhood and could be changed with the appropriate behavioural interventions. The Reimers had seen Money being interviewed on television where he discussed his theories about gender. He and other physicians working with young children born with atypical genitalia believed that a penis could not be replaced but that a functional vagina could be constructed surgically, and that he would be more likely to achieve successful, functional sexual maturation as a girl than as a boy.

They persuaded his parents that sex reassignment surgery would be in Reimer's best interest, and, at the age of twenty-two months, orchidectomy was performed to remove his testes. He was reassigned to be raised as a female and given the name Brenda. Psychological support for the reassignment and surgery was provided by John Money, who continued to see Reimer annually for about a decade for consultations and to assess the outcome. This reassignment was considered an especially valid test case of the social learning concept of gender identity for two reasons. First, Reimer's twin brother, Brian, made an ideal control since the brothers shared genes, family environments and the intrauterine environment. Second, this was reputed to be the first reassignment and reconstruction performed on a male infant who had no abnormality of pre-natal or early post-natal sexual differentiation.

For several years, Money reported on Reimer's progress as the "John/Joan case", describing apparently successful female gender development, and using this case to support the feasibility of sex reassignment and surgical reconstruction even in non-intersex cases. Money wrote: "The child's behaviour is so clearly that of an active little girl and so different from the boyish ways of her twin brother". Notes by a former student at Money's lab state that during the follow-up visits, which occurred only once a year, Reimer's parents routinely lied to lab staff about the success of the procedure. The twin brother, Brian, later developed schizophrenia.

Reimer had experienced the visits to Baltimore as traumatic rather than therapeutic, and when Dr. Money started pressuring the family to bring him in for surgery during which a vagina would be constructed, the family discontinued the follow-up visits. From twenty-two months into his teenage years, Reimer urinated through a hole surgeons had placed in the abdomen. Oestrogen was given during adolescence to induce breast development. Having no contact with the family once the visits were discontinued, John Money published nothing further about the case to suggest that the reassignment had not been successful.

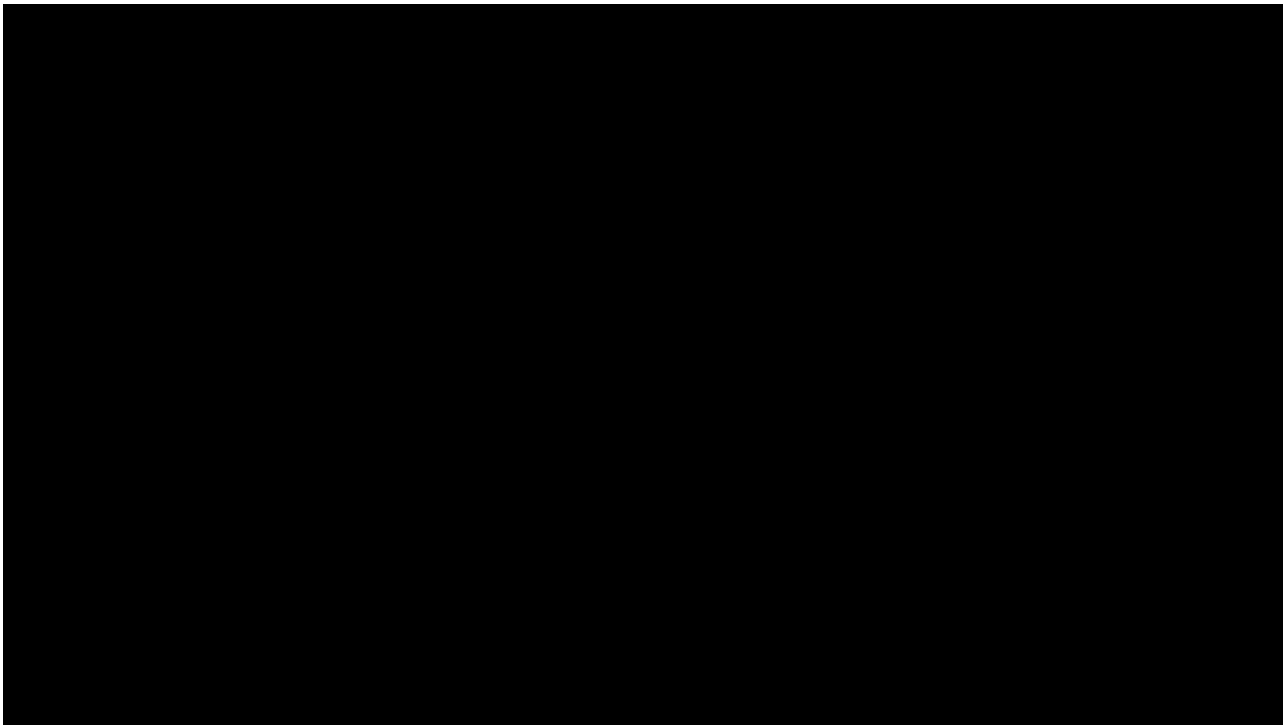
Reimer's account, written with John Colapinto two decades later, described how - contrary to Money's reports - when living as Brenda, Reimer did not identify as a girl. He was ostracized and bullied by peers, and neither frilly dresses (which he was forced to wear during frigid Winnipeg winters) nor female hormones made him feel female. By the age of thirteen, Reimer was experiencing suicidal depression, and told his parents he would commit suicide if they made him see John Money again. In 1980, Reimer's parents told him the truth about his gender reassignment, following advice from Reimer's endocrinologist and psychiatrist. At fourteen, Reimer decided to assume a male gender identity, calling himself David. By 1997, Reimer had undergone treatment to reverse the reassignment, including testosterone injections, a double mastectomy, and two phalloplasty operations. On 22nd September 1990 he married Jane Fontaine and became a stepfather to her three children.

His case came to international attention in 1997 when he told his story to Milton Diamond, an academic sexologist who persuaded Reimer to allow him to report the outcome in order to dissuade physicians from treating other infants similarly. Soon after, Reimer went public with his story and John Colapinto published a widely disseminated and influential account in *Rolling Stone* magazine in December 1997. They went on to elaborate the story in the book, *As Nature Made Him: The Boy Who Was Raised as a Girl*.


In addition to his lifelong difficult relationship with his parents, Reimer had to deal with unemployment and the death of his brother Brian from an overdose of anti-depressants in 2002. On 2nd May 2004, his wife Jane told him she wanted to separate. On the morning of 5th May 2004, Reimer drove to a grocery store's parking lot, and committed suicide by shooting himself in the head with a sawed-off shotgun. He was thirty-eight years old.

For the first thirty years after Dr. Money's initial report that the reassignment had been a success, Dr. Money's view of the malleability of gender became the dominant viewpoint among physicians and doctors, reassuring them that sexual reassignment was the correct decision in certain instances, resulting in thousands of sexual reassignments.

The report and subsequent book about Reimer influenced several medical practices and reputations, and even current understanding of the biology of gender. The case accelerated the decline of sex reassignment and surgery for unambiguous XY male infants with micropenis, various other rare congenital malformations or penile loss in infancy.



John Money

From Wikipedia:  John Money was a psychologist, sexologist and author, specializing in research into sexual identity and biology of gender.

Born in New Zealand, he initially studied psychology and graduated from Victoria University in Wellington with a double master's degree in Psychology and Education. He then became a junior member of the psychology faculty at the University of Otago in Dunedin, but in 1947, at the age of 26, he emigrated to the United States to study at the Psychiatric Institute at the University of Pittsburgh.



Money proposed and developed several theories and related terminology during his career, including gender identity, gender role and gender-identity/role. Money was a professor of paediatrics and medical psychology at Johns Hopkins University from 1951 until his death in 2006. While there, Money was involved with the Sexual Behaviours Unit, which ran studies on sex reassignment surgery.

During his professional life, Money was respected as an expert on sexual behaviour, especially for allegedly demonstrating that gender was learned rather than innate. Many years later, however, it was revealed that his most famous case was fundamentally flawed. The subject was the sex reassignment of David Reimer, in what later became known as the "John/Joan" case.

In 1966, a botched circumcision left David Reimer (aged 8 months) without a penis. Partly based on Money's recommendation, 14 months later Reimer was reassigned as female by having his testes removed and being renamed Brenda. Money further recommended hormone treatment (which was done) and surgical creation of a vagina (which was not done). Money published a number of papers reporting the reassignment as successful.

In 1997, Milton Diamond, professor of anatomy and reproductive biology at the University of Hawai'i, reported that the reassignment had failed, that Reimer had never identified as female or behaved in a typically feminine manner, and had indeed switched from female to male hormone treatments and taken a male name (David) as a teenager. Allegations were made that Money had falsified research, while Money's defenders responded that he had only seen Reimer once a year for much of the time Money was involved in the case, and that he had no contact at all with the Reimer family after about 1978, and that during the annual visits the Reimer family had lied to lab staff about the child's progress.

In 2000, David and his twin brother (Brian) alleged that Dr. Money had taken numerous naked photos of the twins during their treatment and had forced them to engage in "sexual play" at age 7. In 2002, David's twin brother was found dead from an overdose of the drugs used to treat his schizophrenia. On May 5, 2004, shortly after being asked by his wife for a separation, Reimer committed suicide. Reimer's parents have stated that they believe Dr. Money's methodology was responsible for the deaths of both of their sons.

Money claimed that media response to the exposé was due to right-wing media bias and "the anti-feminist movement". He claimed that his detractors believed "masculinity and femininity are built into the genes so women should get back to the mattress and the kitchen". However, intersex activists also criticized Money, stating that the unreported failure had led to the surgical reassignment of thousands of infants as a matter of policy. Privately, Money was mortified by the case, colleagues said, and as a rule did not discuss it. Money's own views also developed and changed over the years.

under the S.A.A.P. program and supported by the N.S.W. Health Department through the AIDS and Infectious Diseases Branch. Polare provides a forum for discussion and debate on gender issues. Unsolicited contributions are welcome, the editor reserves the right to edit such contributions without notification. Any submission which appears in Polare may be published on our internet site. Opinions expressed in this publication do not necessarily reflect those of the Editor, The Gender Centre Inc., the Department of Family & Community Services or the N.S.W. Department of Health.

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Androgen Insensitivity Syndrome

Absolutely Everything You Need to Know!

by Tony Briffa, [A.I.S. Support Group Australia Inc.](#)

Article appeared in Polare magazine: August 2001 Last Update: October 2013 Last Reviewed: September 2015



Androgen Insensitivity Syndrome Support Group Australia Inc.

Introduction

Up to eight weeks gestation, every foetus, whether of typical male or female chromosomal sex, has the capacity to develop either a male or female reproductive system, and in a typical male (XY) foetus the active intervention of male hormones (androgens) is needed to produce a fully male system. A female body type with female external genitalia is the basic underlying human form.

The rights of the patient to assign meaning and validity to his or her condition via a diagnosis, and to seek out a support group, must be considered.

Androgen Insensitivity Syndrome (A.I.S.)

Androgen Insensitivity Syndrome (old name Testicular Feminisation Syndrome) causes an interruption of the foetal development of the reproductive system. In

A.I.S. the child is conceived with typical male (XY) sex chromosomes. Embryonic testes develop and start to produce androgens but the body is unable to respond to these androgens to a varying degree. This means that the genitals can vary from completely female if there is no response through to almost completely male if there is a slight insensitivity to androgens or anywhere in between. So the external genital development continues along female lines (the 'backup' route) but the development of female internal organs has already been suppressed by a hormone (Müllerian Inhibitory Factor or M.I.F.) from the foetal testes.

A gene on the X chromosome controls tissue androgen sensitivity, and A.I.S. is an X-linked recessive condition, inherited down the maternal line (or, in an estimated third of all cases, results from a spontaneous mutation). A mother who carries the variant gene has a one in two chance of any XY child having A.I.S. and a one in two chance of any XX child being a carrier of the variant gene like herself, but XX individuals can be tested to see if they are carriers. A.I.S. is a biological intersex condition, in which the reproductive organs/genitalia are partly at variance with the genetic sex.

Forms of A.I.S.

There are two forms; a complete form (Complete Androgen Insensitivity Syndrome or C.A.I.S.) where the tissues are completely insensitive to androgens, and a partial form (Partial Androgen Insensitivity Syndrome or P.A.I.S.) where the tissues are insensitive to varying extents forming a spectrum of outcomes.

At the C.A.I.S. end of the spectrum the external genitalia are completely female (A.I.S. Grades 6 and 7) and the sex of rearing is invariably female. In P.A.I.S., the outward genital appearance can lie anywhere along a continuum from completely female (Grade 6), through mixed male/female, to almost completely male (Grade 1) and can vary somewhat between affected siblings. Some people with P.A.I.S. are males, which supports the A.I.S.S.G.A. position against childhood surgeries. The complete and partial forms may be caused by different variations at the genetic/cellular level and do not usually occur in the same extended family.

Synonyms

Androgen Insensitivity Syndrome, Androgen Resistance Syndrome, Testicular Feminisation Syndrome, Feminising Testes Syndrome, Male Pseudo-hermaphroditism, Goldberg-Maxwell Syndrome (C.A.I.S.), Morris's Syndrome (C.A.I.S.), Lubs Syndrome (P.A.I.S.), Reifenstein Syndrome (P.A.I.S.), Gilbert-Dreyfus Syndrome (P.A.I.S.), Rosewater Syndrome (P.A.I.S.).

Other XY conditions with some A.I.S.-like features: 5 alpha-reductase deficiency, 17 keto-steroid reductase deficiency, XY gonadal dysgenesis (Swyer Syndrome), Leydig cell hypoplasia, Denys-Drash Syndrome, Smith-Lemli-Opitz Syndrome.

XX conditions with some A.I.S.-like features: Mayer Rokitansky Küster Hauser or M.R.K.H. Syndrome, Müllerian dysgenesis.

Incidence

The most accurate figure currently available for C.A.I.S. comes from an analysis (1992) of a Danish patient register, suggesting an incidence of 1 in 20,400 XY births (hospitalised cases only, so true incidence probably higher). P.A.I.S. may be only about one tenth as

common as C.A.I.S..

Effects (C.A.I.S.)

Even in the complete form there will be no ovaries, Fallopian tubes or uterus, and the vagina will be blind ending and possibly short or absent. The undescended testes can result in an inguinal (groin) hernia in infancy and this is when the condition may come to notice in a female child (~50 percent of cases). Otherwise C.A.I.S. may not be discovered until puberty as a result of a girl not commencing her monthly cycle.

Female pubertal development occurs, because the testes produce some oestrogen, but there will be no menstruation and no possibility of conceiving/bearing children. Some girls with A.I.S. may develop some dark, coarse pubic/underarm hair (A.I.S. Grade 6) but this does not develop in true C.A.I.S. (Grade 7) because androgen action is needed for its growth. The nipples usually remain underdeveloped and pale in colour. The vagina may need to be lengthened before sexual intercourse is possible. The older literature sometimes states that girls with A.I.S. are often tall, that the body form is 'voluptuously female', i.e. with very adequate breast development, and that the skin maintains a good condition, not being prone to acne (which is linked to the action of male hormones).

Gonadectomy (Orchidectomy)

There is a small risk of cancerous changes occurring in the undescended testes after age twenty, and many clinicians recommend their removal in women with A.I.S. before this time. Usually this is deferred until the late-teens to allow a spontaneous feminising puberty to occur, which may have physiological and psychological advantages over one induced by exogenous hormones. Note that girls with C.A.I.S. cannot be masculinised by hormone administration, because of their complete insensitivity to androgens.

Although the pre-adult risk of cancer is too small to justify it, gonadectomy is sometimes done in infancy or childhood, usually with the intention of avoiding a psychological crisis arising from explaining the need, later on, for such an operation. Obviously, gonadectomies should not be performed on males with P.A.I.S., as they produce the testosterone needed for secondary sexual characteristics, although additional testosterone treatment may be required.

H.R.T./Osteoporosis

When the testes are removed from women with A.I.S. after puberty, immediate long-term female hormone replacement therapy (H.R.T.) is needed to prevent menopausal symptoms and osteoporosis (bone thinning) and protect against cardiovascular disease. In the case of gonadectomy in infancy/childhood, H.R.T. is often started at age eleven, in order to initiate puberty.

Low bone density seems to be more common in A.I.S. women than in XX women. The cause is not clear. Lack of H.R.T. is a risk factor, although some A.I.S. adults have a low bone density in spite of regular H.R.T. Possibly, it is due to that fact that 'XY girls with testes' have lower oestrogen levels than 'XX girls with ovaries' during the time when most bone development occurs. XX girls start producing oestrogen at around age eight (i.e. a year or two before breast development starts) so supplementary low dose oestrogen from this age, with or without gonads in place, may be advisable in A.I.S.. However, the androgen insensitivity itself might contribute to a low bone density in C.A.I.S., irrespective of oestrogenisation.

A.I.S. women should be aware of their increased risk of osteoporosis, especially if they have not used H.R.T. continuously after gonadectomy.

Testosterone treatment in men with A.I.S. will also help prevent osteoporosis.

Vaginal Hypoplasia

Generally the top third of the vagina is missing in A.I.S. but in some cases the vagina may be no more than a centimetre or two in length, or even just a dimple. Clinicians must not overlook vaginal hypoplasia in pubertal A.I.S. patients, because some youngsters discover this by self-examination and can live in fear and isolation with this secret for many years. Vaginal hypoplasia (in both C.A.I.S. and P.A.I.S.) can be treated by the non-surgical method of pressure dilation, performed by the girl herself at home. This is best deferred until she has gone through puberty and is sufficiently motivated. It involves minimal risk and expense, and results in a vagina that closely resembles a typical one. In some cases, the Vecchietti procedure, which is a semi-surgical way of accelerating dilation, has advantages. There are a number of plastic surgery methods of lengthening the vagina using skin grafts, sections of intestine etc. These all have many disadvantages, and should be used only when less invasive treatments have been ruled out. Vaginoplasty in early childhood usually has poor results and should not be done.

Facing the Diagnosis

Some clinicians/parents cling to an old-fashioned, paternalistic attitude and, in a misguided attempt to spare the patient inner conflict, withhold the genetic/gonadal information, but most professional carers now recommend truth disclosure with psychological support/counselling. Otherwise patients will seek diagnostic information via medical libraries or the Internet and bear the burden alone and in silence. Many will wrestle with perplexing half-truths, or reach false conclusions (e.g. that gonadectomy = cancer).

If the parents' emotional needs/anxieties are addressed first (via psychological support/counselling from professionally trained staff) it will be easier for them to provide effective support to their child. Everyone will feel better if there are no taboos about the subject. Talking, like grieving, is therapeutic, enabling feelings to be confronted and resolved. Pushing the matter under the carpet is just storing up psychological trouble for later. It is important that parents encourage discussion with their child, and actively seek out information on their behalf. Unfortunately, keeping the condition a secret can become more important to some parents than acknowledging their child's need for emotional support and appropriate clinical intervention. It wastes mental/emotional energy that is better spent in helping the child come to terms with the truth.

The rights of the patient to assign meaning and validity to his or her condition via a diagnosis, and to seek out a support group, must be considered. Meeting others who are affected is vital and is probably the single most useful therapeutic measure. Doctors may have over-emphasised the extent to which knowledge of their genetic/gonadal status causes lasting distress to A.I.S. women. C.A.I.S. adults tell us that, in the long-term, their XY chromosomes and testes would have been of no material relevance to them – were it not for the isolation, sense of freakishness and stigma which results from an apparent unacceptability of their biological status in the eyes of adults around them since they have a normal feminine gender identity. In C.A.I.S., the person will look like a girl, and problems of psychosexual identity as a biologically determined feature of the condition are unlikely. In C.A.I.S., leanings towards heterosexuality, lesbianism or bisexuality seem no different from females in general.

But over-emphasis on a C.A.I.S. patient's femaleness with an unwillingness to allow exploration of her very real female deficiencies (lack of internal female organs, pubic hair, and menstruation, with possibly a diminished vaginal length) will suggest to her a very considerable anxiety and discomfort on the part of doctors/parents. Preparing the youngster for intimate personal relationships as an adult should be a priority, tempting as it may be to divert attention away from sexuality issues and towards substitute goals.

Many issues with males with A.I.S. centre around the lack of adequate surgical techniques and the reluctance by many to accept that men with A.I.S. exist.

Aims of the Androgen Insensitivity Syndrome Support Group Australia Inc.

To reduce the secrecy, stigma and taboo surrounding A.I.S. and other intersex states, by encouraging doctors, parents and society to be more open.

To put parents and people with A.I.S. and related conditions in touch with each other in a safe and confidential environment and encourage them to seek support and information.

To encourage the provision of psychological support within the medical system, for young people with A.I.S. and their parents.

To increase the availability of information on A.I.S. both verbal (from the health professionals) and written (from the support group and other sources).

To encourage improvements in the treatment for men and women with A.I.S. in both surgical and non-surgical means.

To encourage research into gender identity and sexual identity issues.

Androgen Insensitivity Syndrome Support Group Australia Inc.

P.O. Box 103

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Metoidioplasty

Clitoral Release

by Author

Article appeared in Polare magazine: August 2001 Last Update: October 2013 Last Reviewed: September 2015

Metoidioplasty is a procedure that enables the clitoris to be released from its "hood" and then appear as a small penis. A form of circumcision can be performed at this time to enable the tip of the clitoris to appear as the male glans.

Besides de-hooding the clitoris, the under-surface of the structure, known as the chordee, must be freed of its dense fibrous tissue to allow the entire structure to be free of surrounding tissues and release it to allow more exposure. This technique may also provide some additional length, though it is somewhat limited in this regard. Care must be taken to avoid injury to the internal erectile tissues during removal of this fibrous band so as not to lose that important function.

The labia minora are used as flaps to provide protection of this denuded under-surface of the clitoris and to provide additional girth and circumference.

The labia majora are descended from their natural position using plastic surgical techniques, and pockets are created within them to allow the placement of testicular implants. This simulates a male scrotum with testicles. At a later stage, or in the initial procedure this divided scrotum may be joined centrally to have the appearance of a single scrotum with two testicles within. Expanders may be used to enlarge the "scrotal" pockets prior to placement of permanent implants, but this is usually not necessary. It does also require additional surgery. The testicular implants usually descend further on their own due to their weight and the effects of gravity.

As an option, along with metoidioplasty the urethra may be advanced to the tip of the new penis. A vaginal mucosal flap is used for the extension of the urethra from the native urethral opening (without disturbing that opening directly and endangering sphincter function). In this situation the labial minora flaps are used to protect the vaginal flap urethral extension as well as provide girth. This procedure is more complex and entails additional risks such as fistula formation (urinary leakage).

It is important to recognise that this is not formal phalloplasty and that the result will depend in great part upon the size of the clitoris and its enlargement under the influence of hormones.

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Remembering Her, Missing Her, Mourning Her

We never planned nor wondered how it would be for us when transition was over

by Deanna

Article appeared in Polare magazine: August 2001 Last Update: October 2013 Last Reviewed: September 2015

Aside from a very healthy, active sex life, I find our relationship stalled. Almost to be described as being at an impasse. I think it's that we had to navigate a new way of being with each other.

Transition, to all intents and purposes, is over. Transition, and getting to the end of it, was our focus for so long. Transition required and drained so much of our energy. We spent countless hours analysing the transition and our feelings around it. We awaited, looked for and celebrated change, milestones brought on by transition.

Thinking

I don't believe we ever once planned or wondered how it would be for us when transition was over. Did we think it would never end? Did we think we would continue as if nothing happened? That we would pick up where we left off or is it because his gender is not the same? I wonder why transition did not give us room to nurture us while it dictated our life?

Grinding teeth, fighting off the red.

I'm back to where I was when we first met. Wishing we had common adventures, wanting a past to discuss, reminisce and learn from, needing a blueprint for life with the other. Instead, I find myself feeling that we are at the beginning, trying to understand each other's moods and idiosyncrasies, learning each other's bodies, discovering what makes the other tick as well as what soothes and calms.

I realise that letting her go brought me to these feelings. And I accept that I still harbour ill feelings towards transition, and so it is also to blame.

I don't know which is better. Remembering her, missing her, mourning her. Or feeling like he is a stranger to me.

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Reflections 2001

A Gender Odyssey

by Madeline, Denise and Dennis

Article appeared in Polare magazine: August 2001 Last Update: October 2013 Last Reviewed: September 2015



I just can't believe it, has it really been two years since the last Agender New Zealand Conference? So much has happened since 1999. My wife Madeline and I left South Australia and a flying job

in 2000 and moved to the Gold Coast, Queensland. Our three children have made their own way in the world, Tracy lives in Auckland, New Zealand, Ivan in London, United Kingdom, and Michelle, our youngest lives in Sydney, Australia. We are just so proud of our special children. Finding work on the Gold Coast has been difficult, so in the latter part of 2000 Madeline and I founded our personal empowerment and image

Being transgender is difficult in itself but if you also come from a dysfunctional family background it is hard to acquire the confidence of social interactive skills ...

consultancy, support service business called "Cross dressing With Dignity". which is tailored exclusively for the transgender community. The positive feedback from our clients has been nothing short of amazing, but that is another story.

The chance to see New Zealand, our friends and family again, coupled with another conference was just too good an opportunity to pass up. Our travel documents complete, tickets and accommodation booked and with nearly 60kg of luggage we boarded the Qantas flight out of Brisbane on Wednesday 30th May. I might just add at this point that Dennis packed one pair of jeans, a t-shirt and a jacket, the remaining luggage belonged to Madeline and Denise (spoilt bitches).

In the two or three weeks prior to the conference taking place we were liaising with John Penny (F.T.M.) and Janet and Claudia McKay, the conference organisers. There was a possibility of our providing input for the two workshops run by John for his F.T.M. people. We were asked because I balance out being equally happy with either of my chosen gender expressions. I am happy and proud to be Dennis or Denise, although I need the freedom and validation to choose. After finding Denise I needed to find both my masculine and feminine energies to feel complete. We must all learn to love and honour our wholeness. We were excited and thrilled with the prospect of working with John. Dennis and John had long trans-Tasman conversations on how to be more of an average bloke, which is quite ironic because I am not too sure what an average New Zealander or Aussie bloke is. Dennis did his best and John seemed happy to put up with my babble.

The arrival at the hotel, check in and the first night were uneventful. We met John for lunch on a glorious sunny and calm Wellington day and John explained how his workshops would operate.

The Friday night opening was enjoyed by all but understandably some people were a little reserved despite the chance to catch up with some old friends and make some new ones. The first of many late nights, for somehow Saturday dawned so quickly. While Madeline facilitated the workshop "A discussion time for partners of cross-dressers", I rather nervously headed for the Cornish suite to help John with his workshop, "On being a man for the F.T.M.s". What had I let myself in for?! Calm charismatic John soon had us all at ease and soon Alan, Andre, Cia, Peri, John and I were swapping jokes and our personal stories. When it was my turn I became quite emotional and it wasn't long before I unashamedly began to cry. So much for the average macho bloke I was trying to portray. We covered a lot of ground, we pulled a lot of myths to pieces and broke down a lot of barriers. I think the guys taught me more than I could teach them about being strong and "blokie". They have all faced many challenges, overcome many hurdles against tremendous odds and survived. I don't think the average bloke would have had the tenacity to do what these guys have achieved.

After lunch we enjoyed the guest speakers, Peter Wherrett, television presenter and author (cross-dresser), Mani Mitchell, Therapist and Counsellor, Susan Robby, one life after surgery (M.T.F.), Georgina Beyer, M.P. ("doing time in politics") M.T.F., to name only a few. Thank you all!

Some time in the afternoon, Dennis became Denise. Denise enjoyed the pre-dinner drinks (medicinal, of course) to calm her shattered nerves. The dinner and conversation which followed were both enjoyable and stimulating.

John had asked Madeline for her input with the Sunday afternoon workshop "Gaining social skills for F.T.M., from a woman's perspective". Directly after this Madeline and Denise were facilitating their own workshop "Personal presentation, grooming and the myth of passing for cross-dressers". Denise was also asked along to John's workshop and since we all knew each other better the

group settled down to some in-depth genuine conversation. Madeline and I work well together to bring out the best in people and we are honest and open. Madeline has an uncanny ability to ask sensitive and personal questions of people in an innocent and non-judgemental way. She gives people the validation to be themselves and to put them at ease, and seems to bring their very soul to the surface, teaching them to listen to their inner child and the confidence to explore this new-found information. We all discussed things that afternoon at a deep personal level that might not have been possible in another situation.

Being transgender is difficult in itself but if you also come from a dysfunctional family background it is hard to acquire the confidence of social interactive skills we all need to blend in and prosper in today's society. I think we underestimate and limit ourselves too much. You could feel the positive energy flowing on that Sunday afternoon in Wellington.

From victims we became warriors, We laughed and we cried. We all came to realise, regardless of our background or anatomy in our hearts we are all the same. We are all connected. We give each other the strength and validation to be fearlessly proud individuals.

Our presentation in the afternoon was well attended and we hope people were able to take the message on board, especially "the myth of passing" (material for a future article in itself). On Sunday night the fashion parade took place. Denise being two years older and a couple of kilos heavier conceded defeat and let the younger girls strut their stuff. Escorted out on the catwalk by very dashing looking guys the contestants all looked stunning. In all six people made the trip across the Tasman from Queensland and two of them, Kathy and Juanita, won prizes that night. Go, Australia, but when are we going to organise our own Transgender Conference?

The last day of the conference, came around all too quickly. We had all achieved and grown so much and we said goodbye to our friends with important networking contacts in place.

Thank you Janet and Claudia! I know at the end of the conference you were exhausted but without you Agenda 2001 would not have taken place.

For us, the hindsight of the conference was working with F.T.M.s. You are such special people and we wish you every success, especially Peri and his partner Karen who are to be married in March 2002.

The greatest prize of all is the awareness and acceptance of one's "true-self". Worship your uniqueness.

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The Life And Loves Of An XY Woman

The Katherine Cummings Story

by Katherine Cummings

Article appeared in Polare magazine: August 2001 Last Update: October 2013 Last Reviewed: September 2015

This essay was written in 1996 for a competition run by the Society of Women Writers, New South Wales. It was published in a collection of women's writings (No thanks, or Regrets, State Library of New South Wales, 1996). It forms a sort of sequel to my autobiography, *Katherine's Diary*, Heinemann, 1992). This shortened form may tell you a little more about your *Polare* editor.



Katherine Cummings

The Life...

I was born eight years ago, when I was fifty-two years old. Not born again; not reborn ... just born. A long gestation period, and a difficult one, full of pain and joy, achievement and failure. I jumped because I was pushed but if I hadn't been pushed I think I would eventually have jumped anyway.

No wonder I adopted the butterfly as my symbol. I emerged from the confining chrysalis of masculinity to be the female person I had always known myself to be, despite years of avoidance, denial and sublimation.

Sometimes my friends tell me the butterfly is inappropriate as a symbol for me, as it is too fragile and delicate (and beautiful?). I always reply that my butterfly has teeth and claws and the will to use them. I thought this was an original conceit of my own until someone sent me a newspaper clipping about a carnivorous South American butterfly that preys on ants. Nature always has the last laugh.

I found my way down the difficult path of transsexualism virtually alone, forming my own opinions and accepting the strictures of the medical profession as if they really knew something.

But it isn't easy being a woman without a childhood or teenage years. There is always a sense of something missing, and the mind tries to compensate in strange ways.

Sometimes, with no intent to deceive, I hear myself saying "When I was a little girl, I ..." and I pull myself up and examine this false memory that has been created from my knowledge of other women's childhoods, or from childhoods absorbed from my sister's story books and from my longing from earliest infancy to be female. There is a deep underlying desire in me for a complete life but a complete life is something I will never have. In a way I am lucky that so much of my childhood was spent in other countries as we followed my seafaring father around the world. Later the time came when I set out on my own explorations and divagations. Lacunae are inevitable in any account of my life and there are discrete groups of friends around the world who knew me at different periods of my life and those friends will never know each other. To visit now is to step through windows into chunks and slices of a lifetime which bear no relationship to other chunks and slices. My school friends, my university chums, my Naval comrades, my professional colleagues, my internet contacts ... Maybe I will string them all together one day, like a sequence of amber beads through which I can cloudily view the trapped insects, fern leaves and raindrops of my life.

Perhaps the teenage years are hardest to be without. These should have been my apprenticeship years. Years for exploring sexuality and hairstyle; fashion and feminism; music and mankind; a meld of yearning for the security of being younger and impatience for the adventure of being older ... Years for comparing notes with one's peers, experimenting with life, whispering in corners, conspiring behind books. Years for listening to the tribal elders and appearing to scoff and disregard but really storing up their wisdom for the future.

This lack of a teenage may account for the fact that my first few months of life as a woman were overlaid with a desperate attempt to catch up on all the things I had never known and all the experiences I had missed. "Teenager in fast-forward" is sometimes used to describe this phase in transgendered people, and it seems appropriate. I crammed into a few months all the hair, make-up, fashion, sexual politics and social dynamics that other women absorb as teenagers without even realising they are doing it.

Of course I made mistakes. I was past fifty but I desperately wanted to savour the learning years I had never known. My fast-forward efforts resulted in clothing and make-up styles inappropriate to my age and position. My heels were too high, my skirts too narrow, my necklines too low.

I should have known better. If I could blush I would blush.

Can't I blush? Well, I don't blush. It may be due to those years of self-control which trained me to live two lives intermittently and not make inappropriate gestures or respond to the "wrong" name if I heard it in public. Those years when I lived between genders, sublimating my need to be a woman by playing at it with accommodating friends from time to time.

But I can certainly cry.

For forty years I never cried, but now I break down and sob to racking, hiccupping excess over personal distress; or a friend's unhappiness; or a sentimental passage of music. It must be the hormones. Every transgendered person asked to account for a behavioural quirk says "It's the hormones ...".

For two years I lived as a probationary woman, learning to walk, talk, move and gesture all over again ... like the victim of a terrible accident who must learn again how to cope with life; or an amnesia victim painstakingly relearning all the facts she once knew so well, working through the Britannica and able to answer any question as long as it starts with the letters A-D. Next week she will know things starting with A-H ...

Learning to live in a gender role is like learning a language. If you do it from infancy it is simple, if you start when you are an adult there is a great deal to unlearn as well as a thousand new things to absorb.

In a way I was the victim of a terrible accident. I was born with XY chromosomes but some unpredictable hormonal wash during pregnancy (the latest theory to account for transgenderism) created a need to be female in the deepest recesses of my psyche.

During my transition time between starting my new life and submitting my body to the surgeon's knife, I was treated with great compassion and understanding by my suburban community, by my profession and by society at large. Only my family failed me, and they were simply demonstrating that problems obey the laws of perspective - up close they look bigger. They had most to lose and probably felt most betrayed by this strange quirk which was in me from birth and which I had suppressed and sublimated for the sake of others for two thirds of my predicted life span. The loss of my wife and two of my three daughters was a tragic experience, but the alternative was suicide and I could not see that as a desirable solution on any terms, mine or theirs. Mind you, I didn't take a vote ...

Gradually I became more practised. I dressed more appropriately and stopped buying from charity shops and I learned that a five-minute make-up job is often more suitable for everyday life than a two-hour makeover. Unless I had a reason to "dress-up" I wore jeans and shirts and flat-heeled shoes like other women I knew and I felt myself blending into society in a way which was not only more appropriate but also more comfortable - for me and for society.

And gradually, too, I became more womanly in a physical sense. My hormone replacement therapy changed me. My skin became softer and curves appeared where bones and angles had been before. Some transgendered people have problems with H.R.T., and complain of side-effects ... headaches, nausea, cramps. I never had any side-effects. There were noticeable front effects though ...

And after two years the day came when I entered St. David's Private Hospital for what the authorities call, on the form which lets me have a passport with an "F" in the gender box, "irreversible gender reassignment surgery".

Did the operation make me a woman?

No!

I have always been a woman. But we all live inside our own heads and I will never know if my XY chromosome self-perception of womanhood is the same as that of XX chromosome women, or for that matter XXY chromosome women (Klinefelter's syndrome) or XXXY chromosome women (Caroline Cossey). But at least the operation made me look more like a woman. I could go to the beach without making painful arrangements to conceal unwanted bits of my anatomy, and I could join other women in the change rooms of gymnasia and aerobics classes without a moment's hesitation or unease on their part or mine.

What is a woman? That is much more difficult to answer, because there are social, legal, grammatical and personal definitions and they tend to change from day to day. Nobody owns a word and sometimes the same word can be used in twenty different ways by twenty different people.

Justice Lockhart of the Federal Court stated in a recent judgement, "In my opinion, a person who has gender reassignment surgery from male to female is female and a woman, and a person who has had gender reassignment surgery from female-to-male is male and a man."

Hooray for Justice Lockhart! His statement is not law but it is obiter dicta and could be referred to in any future case where the gender of a post-operative transsexual is to be determined. And it flies in the face of Ormrod J's Corbett v. Corbett ruling, of which more anon.

I was, as I say, well treated by my various communities but were there any noticeable changes in the way I was seen by friends and colleagues? Did I find people treating me differently in my female persona? Were my opinions overridden by men in conversation? Was I patronised by strangers? Was it assumed I was weaker than I had been, that my skill at driving a car was suddenly in question, that my reading tastes had changed?

In some cases this is exactly what happened, although my butterfly would often show its teeth and claws on these occasions. I was upset, however, by the realisation that I had not observed these social handicaps more clearly from the other side of the gender barrier. I had prided myself on treating men and women equally before my transition, yet I found that even my eyes had been clouded by testosterone, and some of my attitudes had bordered on the paternalistic. I try now to make amends by joining in the struggle for

recognition of a woman's place as an equal; not a servant, an ornament or a toy.

Oddly enough, some of those who might be assumed to have an interest in elevating women are those who seem to wish to preserve the status quo.

I went to a speech therapist because I was tired of being called "Sir" on the telephone and she explained that it was not simply a matter of pitch and timbre and vocabulary but also of cadence. "A woman," she explained, "finishes her sentences with a terminal rise."

I could hardly believe my ears. Not only was the terminal rise of fairly recent origin (it did not generally exist when I went away to the United States in 1968 but was firmly entrenched in the schools when I returned in 1973) but it was a speech characteristic I had fought to stamp out in my daughters. The terminal rise seemed to me to be a constant request for affirmation and approval ... a tentative mode of address which virtually sought permission to express an opinion. "Stop asking me questions," I would say to my daughters when their voices rose at the end of each sentence. "Make statements!"

Accordingly I told the speech therapist that the kind of woman I intended to be was not one who constantly sought permission for her opinions. I would be a woman who made statements and would not adopt the terminal rise as a standard feature of my discourse. Nor, I should add, is it a feature in the intonation of the women I admire, women of strength and achievement. So the therapist and I compromised on raising my voice pitch from 90Hz (in the male range) to 150Hz (in the grey area between male and female) and working on timbre ("Talk from behind the facial mask," I was told) and making minor changes in vocabulary. Men and women really do talk slightly different languages. I even compromised on intonation, recognising the truth of the statement that there is more "light and shade" in women's conversation than in the monotone of men.

I found my memories and attitudes of masculinity gradually being submerged by new perceptions, feelings and attitudes so that second nature became first nature and my former existence became a vagueness which had to be focused on with great concentration before it became a reality ... rather like the formless dreams we try so hard to see clearly before we wake, and which always move beyond the periphery of vision. I knew there had been a person in my former existence, who still loved and wanted his ex-wife and missed his children desperately, yet the perceptions, emotions and experiences of my female persona were starting to overlay the blurring memories of my male self and to achieve the colours and sharp edges of immediacy.

My female self was becoming real life, my male self was becoming a memory.

And The Loves...

A quick and stupid assumption holds that a man who becomes a woman does so in order to make love to men. There are all kinds of foolish theories which label transgendered people as homosexuals unable to admit the fact and evading what they see as a stigma by the simple(!) solution of gender reassignment! Since many, even most, transgenders are aware of their gender dysphoria in infancy this seems like a far-fetched notion. That a four-year-old can be aware enough of sexuality and the differences between genders to settle monomaniacally on a course which will allow him or her to grow up and make love to her/his own gender by way of surgical intervention is rather too foolish to countenance.

Unfortunately one of the foolish people who held this view of transgenderism was Justice Ormrod, who presided over *Corbett v. Corbett* (1969) in which April Ashley's husband Arthur Corbett sought an annulment of their marriage on the grounds that April Ashley was born male. This was the first test in a British court of the right of a transsexual to marry. Ormrod ruled that April Ashley was male despite her reassignment and *Corbett v. Corbett* has laid its dead hand on British and Australian law affecting transsexuals ever since. Recent correspondence from Ormrod to an Australian jurist currently carrying out a study on the place of transsexuals in society has demonstrated Ormrod's total lack of understanding of gender dysphoria as he maunders on about how satisfactory anal sex is and wonders that anyone would want a vagina in order to have sex.

I became quite choleric when I read this correspondence and wrote a sharp series of comments to my jurist friend. Very few of us seek gender reassignment in order to go to bed with men. We seek reassignment for our own peace of mind, and the thought of anal sex would be repugnant to many. The thought of going through life with male genitals would be totally insupportable to virtually all. How could we bear to look at ourselves every day, half and half parodies of humanity, female above, male below?

So then, what of my own sexuality? I am what I call a "second wave" transsexual ... one who fought to suppress my gender dysphoria and tried to live as others wanted me to be. For a third of my life I lived to please my parents. Then I married (thinking this might redeem me from my mad desire to be female), raised three lovely daughters and finally gave way (after some negative familial coercion) to my need to be a woman, finally and forever. "first wave" transsexuals, like April Ashley and Caroline Cossey, move across the gender border much earlier in their lives and live virtually their whole adult lives in the female role (I hope female-to-male transsexuals who read this account will forgive my concentration on my own situation and not theirs. It becomes insupportably complex to frame every sentence to cover both sides of the mirror-image). It is "first-wave" transsexuals who are most likely to want sex with men. Those of us who follow later in life more often than not retain our original sexual orientation. I sometimes say that my surgeon made me into a lesbian ...

My surgical reassignment did not affect my love for my family. I would have returned to my wife on almost any terms ... as lover, as best friend, as roommate ... But her repugnance for my condition was such that she first divorced me, then sought annulment of our marriage.

The annulment is a story in itself. I had assumed the Catholic Church might have moved into the twentieth century in terms of understanding of the human psyche, but in fact the Catholic Tribunal which controlled our annulment was as cruel, dishonest and secretive as the Spanish Inquisition. Evidence was called but never shown to the parties to the annulment, so that nothing could be challenged, and I was never allowed to hear any of the deliberations, although I requested this right. All evidence was written up in the

judgement without attribution so that it was effectively anonymous. I was allowed to see the judgement only after the Tribunal had ruled in favour of annulment and my appeal against that ruling had been dismissed. The judgement was full of lies and irrelevancies, including the evidence from some unidentified person that when I cross-dressed it was in order to be attractive to men. A blatant lie. It was suggested that I owned 135 pairs of shoes, making me the Imelda Marcos of Balmain. Another lie, but even if true, what possible relevance did it have to the moment of marriage, the only moment which is relevant in an annulment proceeding? The grounds given for annulment were that I had shown "gross lack of discretion in marrying". If this means anything in the English language it means that I should have realised when I took my marriage vows that twenty-three years later I would be forced by circumstance into leaving the marriage and seeking gender reassignment. How foolish of me not have known that!

Incidentally my attempts to have Civil Liberties lawyers take on the Catholic Church in defence of my rights have failed miserably. Letters have not been answered, telephone calls not returned. They couldn't be running scared just because I want them to sue the Pope, surely? Even my butterfly has sharper teeth than they.

I have said in another place that gender dysphoria is a medical condition (if it is not, why is it treated by the medical profession ... psychiatrists and surgeons?). Yet we are treated as if we make a wilful choice to endure all the pain and expense; as if transsexualism were a whim, or a hobby, or a sexual perversion.

I was left in a limbo of loving. Still wanting my wife, still missing my children. One of my daughters stood by me. The other two didn't want to know me. For five years I stood aloof from the world of sex, hoping against hope that my wife would wake up one morning to a new realisation of my worth, and return to me. I admit my hopes were eroded by her marriage to the Catholic Church who had been the instigator of the annulment ...

Incidentally, although I had certainly not sought gender reassignment in the hope of having sex with a man, or men, I never denied that this was a possibility. I had no real idea how much difference might be wrought on my libido by my regimen of hormones, nor did I know what social and psychological changes might occur in my life. So I did not rule out the possibility that Mr. Right would come along and sweep me off my feet like the recycled virgin I was. The closest I ever came to this was when a Telecom technician young enough to be my son accosted me in a bookshop and asked me what I was doing next. I was rather fetchingly dressed in a peasant blouse, straight skirt and high heels (during my fast-forward period) but I stammered something about going back to work and scuttled away as fast as I could, skirt and heels notwithstanding.

Then one day I took a closer look at my empty emotional life and admitted that my wife would never come back to me, even if her despicable husband were somehow removed from the scene, and I should stop moping and think about the rest of my life. I should no longer reject the idea of finding a new partner.

No sooner had I made this decision than someone came into my life, almost miraculously, following a series of coincidences which would be laughed off the stage as the most blatant use of deus ex machina. I found myself in the company of an intelligent, witty, warm and wonderful woman who shared many of my literary enthusiasms and enjoyed my company. Within a few weeks I had declared my love for her, and, although she was startled at my boldness, she had the grace to take me seriously (she was not a lesbian before I knew her) and we commenced a close and loving relationship which endured for a year. It might well have endured longer had she not remembered one day that she is heterosexual and we parted tearfully, but lovingly, and are still close friends.

I was still not convinced I was a lesbian, and was prepared to seek out a partner first and find out his or her sex later. I have never been sex mad. I would rather have fine food than sex and good conversation than either.

I also had a brief fling with a pre-operative transsexual during a trip I took through the United States. This turned out to be a one-way relationship and foundered when we parted, although I had never intended it to be a one-week stand. "Aha!", I hear Fred Nile crying triumphantly, "so she is a homosexual by her own admission! Oops! I mean his own admission!"

Sorry, Fred. As far as I am concerned, my partner in the States is a woman, just as I was a woman long, long before surgery, so the most I will confess to is that we were lesbians ... But I'm sure that will do, Fred. Damnation is damnation, after all. If you believe in that sort of thing ...

And when I came back to Australia, having been rejected by my American playmate, I found myself drifting into a closer and closer relationship with a wonderful pre-operative woman who shares many of my interests, including that of writing. She is a published author of many books, and an independent spirit of great courage and physical beauty. There is an age discrepancy between us but there has been an almost identical discrepancy in all three of my post-marital recent relationships, and since I intend to live for ever this hardly matters.

My lover is undergoing a lot of cruel flak from her family who see me as a kind of Svengali, luring my partner to the surgical table, and blandly overlook the fact that I would never have met her if she had not been already well down the track to St David's.

And so my life proceeds. I have written one full-length autobiography (which I am proud to say won the Human Rights Award for Non-Fiction in 1992) and yet so much has happened since then that I feel I should add a lengthy epilogue before it appears again. I closed off my book in the belief that I could never love again. How wrong I was! And I have also discovered the internet and am in contact with some hundreds of intelligent, articulate transsexuals and transgendered people in several different countries. From them I have learned a great deal I never knew, for I found my way down the difficult path of transsexualism virtually alone, forming my own opinions and accepting the strictures of the medical profession as if they really knew something. I have modified many of my opinions since I wrote my autobiography and will probably continue to do so. What has emerged most clearly is the primitive stage Australia occupies in recognition of the legal and human rights of transsexuals. We cringingly follow Corbett v. Corbett, ignoring the many attacks made by sensible members of the legal profession on the narrow-minded bigotry of Ormrod J. and we fail to understand that the major question is not "Why should transsexuals be accorded the same rights as anyone else?" but rather "Why should transsexuals not be accorded

the same rights as everyone else?" Who would be harmed if we were permitted to marry in our gender of choice? Who would suffer if we could have our documentation altered to conform to our new personae? The dead hand of religion imposes laws dreamed up by timorous Middle Eastern nomads afraid of thunderstorms and earthquakes three thousand years ago and we do not have the moral courage to discard superstitions which should no longer have anything to do with modern societal rules.

I do what I can, as an XY woman. I write to politicians. I speak at gender conferences. I write for publication. I stand up to be counted. I do not expect to make much difference in my lifetime, but we have to start somewhere. Gender reassignment surgery is just over forty years old (Christine Jorgensen's operation in 1952 was the first successful one to be publicised). In that time remarkable progress has been made in recognising legal and human rights of transsexuals particularly in Holland, some of the Scandinavian countries and parts of the United States and Canada. Why is Australia so backward? I realise the Liberals blame the National Party, but that can't be the whole story, surely. Why should wide hats and narrow minds disadvantage a whole innocent sub-group of society who want nothing more than to get on with their reordered lives?

Of course there are good people (like my jurist friend) working for more humane treatment of transsexuals in Australia. With luck this account of the brief life and unexpected loves of an XY woman may inform a few more lay people, as my earlier autobiography did.

It has been a remarkable eight years for me, since first I wrote to my colleagues at the college where I worked, telling them what I intended to do with my life, or what was left of it.

It has been such an adventure that I sometimes tell my friends I have a mind to go back the other way, just for the interest and the challenge.

Ah, well. Maybe not.

Once may be enough.

Katherine Cummings



Katherine Cummings is a writer and transgender activist, currently working at the N.S.W. Gender Centre as Librarian and Information Worker. Her autobiography, *Katherine's Diary*, based on a two-year series of radio talks she gave on Radio National's "Health Report", won the Australian Human Rights Award for Non-Fiction in 1992. It has since been expanded and updated and was re-issued at the end of 2007.

Katherine edits *Polare*, the quarterly magazine of the Gender Centre and writes for it. She is currently putting together a collection of her essays, short stories, poems and book reviews to be published in mid-2013 under the title *The Life and Loves of a Transgender Woman*.

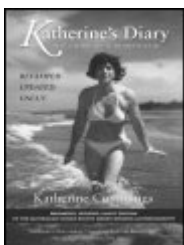
Katherine transitioned in 1986 at the age of fifty-one.



The Life and Loves of a Transgendered Lesbian Librarian
Author: Katherine Cummings
Publisher: Beaujon Press (2014)
I.S.B.N.-13: 978-098036535X

From Polare Magazine Review: The publication of this collection is a timely reminder that there is still a lot to learn about gender identity, its causes, aetiology and expression. To redress common misconceptions, prejudices, and targeted violence, ethically focussed education is critical. Of overriding importance is the acknowledgment of the truth of all 'real-life' experiences and within this framework Katherine's lifetime experience, retold through cleverly assembled vignettes (essays,

book reviews, verses and poems), is central. The book's content is varied and provides the reader with decisive personal viewpoints centred on the paramount issue of gender identity.



Katherine's Diary: Revamped, Updated, Uncut Edition
Author: Katherine Cummings
Publisher: BookSurge Publishing (2008)
I.S.B.N.-13: 978-1439215456

From Bookpod Book Store website: "I think that I was irrational, even insane, at the time. My transsexualism had taken hold of me with such obsessive force that I could not concentrate on anything else. There I was, a fifty-year-old professional academic librarian who had desperately wanted to be female ever since memories began ..." In 1986 John Cummings became Katherine Cummings and a whole life changed. In this painfully honest account of John's transformation into

a woman, Katherine tells of years of fantasising behind locked doors, of the betrayal felt by her family and the final relief of surgery. Katherine's Diary covers a lifetime of self-discovery and self-destruction told with acerbic wit and crisp observation.

Polare Magazine is published quarterly in Australia by The Gender Centre Inc., which is funded by the Department of Family & Community Services under the S.A.A.P. program and supported by the N.S.W. Health Department through the AIDS and Infectious Diseases Branch. Polare provides a forum for discussion and debate on gender issues. Unsolicited contributions are welcome, the editor reserves the right to edit such contributions without notification. Any submission which appears in Polare may be published on our internet site. Opinions expressed in this publication do not necessarily reflect those of the Editor, The Gender Centre Inc., the Department of Family & Community Services or the N.S.W. Department of

Health.

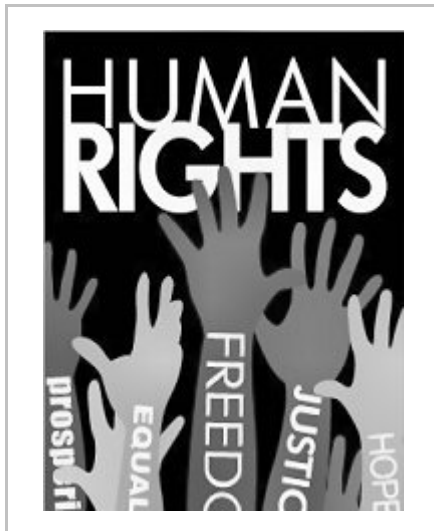
The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

What are the Rights of the Individual?

by Sarah J. Rutherford

Article appeared in Polare magazine: August 2001 Last Update: October 2013 Last Reviewed: September 2015



No matter what your circumstance, whether you work, study or are a woman of leisure, we all know some of the problems and opposition we can and unfortunately do receive from less informed others. Lately I have had my fair share of such "others" to the point where I am at the moment taking legal action as the only way to get through to certain people that while I have a mostly passive nature, there is only so much shit I will tolerate.

One of the things I always find disconcerting is the lack of consideration we receive from the general public ...

One of the things I always find disconcerting is the lack of consideration we receive from the general public, or parts thereof, and I often wish they would just take the time to consider some of the basic rights, that all people, not just Transsexuals, should have. I was asked at university to write what the lecturers called, a burning, some subject close to me, of importance, and to put the question forward in a paper with my expectations or demands. The one thing that immediately sprang into mind was the consideration that sadly had been lacking at my campus in recent weeks, The rights of the individual.

I doubt many ordinary "decent" folk have ever read the "United Nations Charter on Human Rights", or for that matter have any idea it exists. So, I came up with a few things which I think are basic to most people, and to their desire just live a nice, happy and fuss free life. My ideas are far from unique, or new, not the work of genius or wonderful discoveries or revolutionary in thinking, they are things I would just like to have, or have considered. So, here it is, my "Rights of the Individual", as best I can at this moment portray them.

It is often mooted that people have certain rights, civil and human, inalienable and inferred. Given such assertions, as we begin this so called twenty-first century, age of enlightenment, the rights of the individual in so many areas need emphatically considering and restating, so there can be no misinterpretation, confusion or excuse for personal, institutional, or societal ignorance of their existence, necessity or justification. The question of rights is not so much, do we have them, but what rights can we honestly expect people to unconditionally respect, not only for themselves, but others also? If we do not respect certain rights for some people, we cannot then accept a double standard and expect them for our exclusivity. Firstly:

- » the right to live to one's own expectations;
- » freedom of expression, in dress, language, belief, lifestyle, thought and understanding;
- » the right to choose and make choices, without fear of rebuke, excessive criticism, abuse or humiliation; to be actively creative, exploratory, adventurous or intrigued where desired;
- » to be allowed to make mistakes, and not be condemned for doing so, and likewise have the opportunity to learn from such experiences, taking individual actions and accepting the rewards or consequences;
- » being able to enjoy an independent lifestyle, personal privacy and respect; free movement without fear of obstruction, attack or abuse;
- » the pleasure of being oneself, not a societal construct or demand, based upon a superficial perspective.
- » respect as a human being, irrespective of race, creed, nationality, gender, sexual orientation, disability, physical or ethnic features, class or social status, wealth, locality, education, ability or mental capacity;
- » the right to be unique where such is justified;
- » free association without exclusion or ostracisation by opposing groups, organisations, institutions or authorities;
- » the guarantee of choice with regard to self-isolation or social inclusion, as suits the needs or desires of the individual;
- » liberty to be different, where such difference is honest, honourable and meaningful in nature;
- » the right to learn, to understand; to love and be loved, and to be taken seriously, not regarded as a novelty, a humorous object or opportunity for other people's misplaced pleasure or derision;
- » to above all else be free from unfair judgementalism, excessive scrutiny, intrusion, unwarranted attention or opinion, abuse in any form or questioning of those who for whatever reason, private or communal, disapprove of individuality, be it from their own fear, ignorance, intolerance, bias, secular or dogmatic teachings, societal or institutional misinterpretation - intellectual or otherwise; arrogance or indifference in attitude;

If after all of this, one cannot be truly individual and free to be oneself, then will someone please turn off all the lights, and at least present a truer picture of an uncomfortable, present and sad reality, that true individual freedom is merely an illusion.

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Are You Getting Good Treatment?

Does Your Doctor Follow the Standards of Care?

by Dr. Tracie O'Keefe D.C.H.

Article appeared in Polare magazine: August 2001 Last Update: October 2013 Last Reviewed: September 2015



Harry Benjamin

For many years the Harry Benjamin International Gender Dysphoria Association (H.B.I.G.D.A.) has recommended Standards of Care (S.O.C.) to practitioners treating and helping people with sex and gender dysphoria. Many doctors, psychiatrists, psychologists, therapists and endocrinologists have fought for and taken a great deal of notice of these standards in order to afford their clients the best possible care.

I know and you know that the S.O.C. are not perfect but they are an ever evolving improvement of the kind of treatment that went before ...

However, some practitioners who are not members of H.B.I.G.D.A. rarely know what those standards are or choose to ignore them. There have also been members of the H.B.I.G.D.A. who have ignored the S.O.C. or never even bothered to read them, affording their clients deficient care.

At the end of the day having S.O.C. that were unenforceable was like having a dog with no bark. What H.B.I.G.D.A. has been missing is a code of ethics that is applicable to all member practitioners and institutions so that the clients can be sure that those S.O.C. are being applied, adhered to and not abused. But H.B.I.G.D.A. is an international organisation

of members from many disciplines, cultures and continents, whose theoretical, philosophical, moral, and social development and standards differ considerably.

I underwent a sex and gender transition some thirty years ago in England and had a really bad time. The psychiatrist, now dead, who treated me was madder than a March hare, and often abused his clients. He kept me waiting seven years for surgery and never failed during that whole time to be rude, arrogant and denigrating towards me. He continually wrote love letters to one of my fellow patients and supplied her with heroin as long as there was some promise she would become his lover. Several of my friends did not survive the abuse he foisted upon them under the guise of treatment and committed suicide.

Two years ago a doctor from the west coast of the U.S.A., who had been struck off, was committed to prison after illegally operating on many desperate transpeople, ruining their bodies and lives. He carried on his butchery for many years with his potential clients being unaware of the danger in which they were placing themselves. The average person in the street often does not know how to check out doctors, surgeons or therapists to see if they are properly qualified and regulated.

Surgery is a risky business because due to the fact that so few surgeons operate in the field of sex and gender transformation it is impossible to truly monitor standards. One must rely on surgeons publishing their results openly and honestly and that is not always the case. The only common existing international connection between them is H.B.I.G.D.A.. If H.B.I.G.D.A. then fails to ensure that surgery is carried out to certain standard, what chance have the clients got?

Another client recently shot her therapist and herself after spending a year in psychotherapy and being refused hormones. I also had a client a few months ago who had been under a psychiatrist in the U.K. for four years and was still not being given hormones, because they were unable to fulfil the psychiatrist's idea of a stereotypical woman.

Endocrinologists, too, are very difficult to work with as many of them simply do not want to carry transpeople's case loads because they fear there may be stigma that might discourage their other business. Neither do many of them bother to carry out sufficient research into gender medicine to give their clients the kind of treatment that is in line with up to date treatment.

I know and you know that the S.O.C. are not perfect but they are an ever evolving improvement on the kind of treatment that went before, in line with what the client group wants, needs or desires. The clients do not always agree with the S.O.C. and the gender community is constantly lobbying organisations like H.B.I.G.D.A. to catch up with developments in social philosophy and freedom for the individual to choose their own path in life. Academia admittedly is sometimes the last sector to realise or react to what is going down on the street but it must be allowed to set a benchmark by which to set the S.O.C. for transpeople. If this were not to happen then there would be no S.O.C. at all. I have been there and, believe me, it is not pretty.

There is little doubt that H.B.I.G.D.A. was set up originally in the early 1970s as an old boys' club for those clinicians practising in the

field of gender medicine, and some of the old boys are still there. They partly wanted a professional association and accreditation to stop themselves being sued when working in the field. But the organisation has evolved to be much more than that. It has become a forum for research, skills sharing and providing information to fuel the fight for equal, lawful treatment of transpeople worldwide. As attitudes to global medicine have changed and become more holistic, so has [H.B.I.G.D.A.](#).

At the 1999 [H.B.I.G.D.A.](#) conference in London, when I talked about many members pissing on the [S.O.C.](#), and assured the members that the gender community would not allow the re-pathologisation of sex and gender expression, I saw senior members of the board place their heads in their hands. The next day the new ethics committee was formed and in September 2000 the code of ethics came into being, binding all members to practise according to the [S.O.C.](#). Change can happen most effectively from within as well as pressure from outside.

The fight as to whether sex and gender identity changes are a pathology or a variation of nature's physical and social expression still rages within [H.B.I.G.D.A.](#) and we must ask ourselves who stands to profit by such debates and stances. But also within [H.B.I.G.D.A.](#) are many dedicated, inspirational and deeply caring professionals who work far beyond the call of duty or profession to make a better world for the trans, and sex and gender variant people throughout the world.

So the path is now clear for clients who have consulted members of [H.B.I.G.D.A.](#) on a professional basis to lodge a complaint to the ethics committee if that service was not up to standard. The ethics committee will then investigate the complaints and if it is upheld the association will be empowered to place its own sanctions on the practitioner concerned. The practitioner will of course be given an opportunity to defend the complaint and also present evidence. Another duty of the ethics committee is to advise on enquiries of ethics and good practice.

Although any sanctions will be limited to [H.B.I.G.D.A.](#) membership, this could serve as an even greater benchmark in the [S.O.C.](#). Clients can be more confident in consulting a practitioner who is a member of [H.B.I.G.D.A.](#) who will be bound to practise according to the [S.O.C.](#), and they will know if they do not get a reasonable service they may seek the help of the ethics committee.

It is my sincere hope that members of [H.B.I.G.D.A.](#) and the public will take the introduction of the code of ethics to heart and be more confident in trusting us to do our jobs to a standard that can help people lead a more fulfilled life. The commercialisation of the sex and gender transitioning industry has meant that a wealthy individual can now simply travel and choose to get the kind of treatment they want, need or desire. However, for the economically disadvantaged they are often still held ransom to less than reasonable [S.O.C.](#) previously without recourse for any distress they have suffered.

Unfortunately we cannot do anything about unethical practitioners who are not members of the [H.B.I.G.D.A.](#), but we would still like to hear about them. Information is power and it is useful for us to know what is going on in the world in order to find the best ways forward for good [S.O.C.](#) to be set in the future.

A list of details to contact any member of the [H.B.I.G.D.A.](#) ethics committee can be found on [the W.P.A.T.H. website](#). ☞ Initially telephone or e-mail enquiries can be a first point of contact if a person wishes, but official complaints about practitioners must be in writing with as much printed and verified evidence as can possibly be provided. Oral evidence must always eventually be turned into a written statement in order for us to process information coherently to all committee members. Since ethics committee members are scattered around the world then it does take some weeks or months for us to investigate a complaint fully. We welcome public input into attaining and maintaining [S.O.C.](#) for all trans, sex and gender variant people we treat and help.

Dr. Tracie O'Keefe [D.C.H.](#), [B.H.Sc.](#), [N.D.](#)

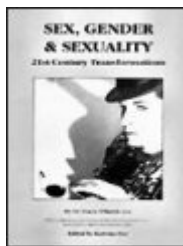
From Tracie O'Keefe's website: ☞ Tracie O'Keefe is a qualified and registered clinical hypnotherapist ([A.S.O.C.H.A.](#), psychotherapist, counsellor, mental health professional and trainer, working from a naturopathic perspective in Sydney, Australia. She trained at a post-graduate level with the National School of Hypnosis and Advanced Psychotherapy in London, U.K. [U.K.C.P.](#)-recognised school). Her degree and doctorate were earned at the American Institute of Hypnotherapy in the U.S.A. and issued in co-ordination with the Bureau for Private Post-Secondary and Vocational Education in California. She has been a family and couples therapist, a sex therapist and addictions therapist for many years and a qualified naturopath and medical herbalist, who trained in nutritional medicine with the Australian Institute of Applied Sciences. She holds a Bachelor of Health Sciences Degree in Complementary Medicine from Charles Sturt University. She is also an internationally published researcher, author and editor of the following books. [Read more about Dr. Tracie O'Keefe at her website](#) ☞



Trans-X-U-All: The Naked Difference
Author: Tracie O'Keefe and Katrina Fox Publisher: Extraordinary People Press (1997)
[I.S.B.N.](#)-13 978-0952948209.

From Google Books: ☞ This fresh and concise work takes an exciting look at the world of transsexuals. It explains the whole gender reassignment process from start to finish and includes deeply moving stories written by transsexuals themselves, their lovers, families and friends. Scientific, factual, informative, it provides, in accessible language, a comprehensive guide to the world of transsexuality.

Sex, Gender & Sexuality: 21st Century Transformations
Author: Tracie O'Keefe and Katrina Fox
Publisher: Extraordinary People Press (1999)
[I.S.B.N.](#)-13 978 0952948223



From Google Books: This book dispels much of the mysticism around physical sex, gender constructs, and the diversity of sexuality. As well as considering gay, lesbian, transsexual and transgendered identities, it also looks at the intersex groups, such as hermaphrodites, and people who identify as androgynous or as being without sex or gender.



Finding the Real Me: True Tales of Sex and Gender Diversity

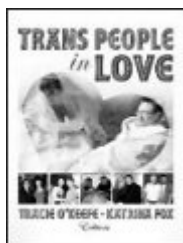
Author: Tracie O'Keefe and Katrina Fox

Publisher: Jossey-Bass (2003)

I.S.B.N.-13 978-0787965471

From Google Books: *Finding the Real Me* is an extraordinary collection of real-life stories told by a wide-range of sex and gender diverse people. These healing tales of struggle and transformation reveal just how creative, resourceful, and adventurous the individuals in this community can be and also helps to bridge the gap between ignorance and understanding. As each incredible story unfolds we become part of the author's journey to self-acceptance and join the celebration of their new life. Page by page, we laugh, cry, and learn to appreciate these wonderful courageous people and the road they walked to be their true-selves. *Finding the Real Me* is a landmark book that encourages us to embrace diversity, to never fear our differences, and to remain always in awe of our amazing possibilities.

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Trans People in Love

Author: Tracie O'Keefe and Katrina Fox

Publisher: Routledge (2008)

I.S.B.N.-13 978 0789035721

From Google Books: *Trans People in Love* provides a forum for the experience of being in love and in relationships with significant others for members of the trans community. This honest and respectful volume tells clinicians, scholars, and trans people themselves of the beauty and complexity that trans identity brings to a romantic relationship, what skills and mindsets are needed to forge positive relationships, and demonstrates the reality that trans people in all stages of transition can create stable and loving relationships that are both physically and emotionally fulfilling.

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Polare Magazine is published quarterly in Australia by The Gender Centre Inc., which is funded by the Department of Family & Community Services under the S.A.A.P. program and supported by the N.S.W. Health Department through the AIDS and Infectious Diseases Branch. Polare provides a forum for discussion and debate on gender issues. Unsolicited contributions are welcome, the editor reserves the right to edit such contributions without notification. Any submission which appears in Polare may be published on our internet site. Opinions expressed in this publication do not necessarily reflect those of the Editor, The Gender Centre Inc., the Department of Family & Community Services or the N.S.W. Department of Health.

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. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

Hepatitis B

Transmission, Symptoms, Prevention

by Unknown Author

Article appeared in Polare magazine: August 2001 Last Update: October 2013 Last Reviewed: September 2015

What is Hepatitis?

Hepatitis B is the name for several different illnesses which all cause the same problem: an inflamed (swollen or painful) liver.

What are the symptoms?

Some people who get infected with Hepatitis B do not get very ill. Some do not get sick at all. Children are more likely than adults to show no symptoms even when they are infected. In more severe cases, Hepatitis B can cause:

- » loss of appetite;
- » nausea and vomiting;
- » pain in the liver (right under the rib cage);
- » pain in the joints; and
- » jaundice (when the urine becomes darker than normal and the eyes and skin go yellow).

Normally these symptoms disappear in a few weeks, but even when the person feels much better, he or she may still be infected with Hepatitis B.

Is Hepatitis B Dangerous?

Most people who catch Hepatitis B recover completely and do not get the disease again. A few people, however, become very ill and some may even die.

What is a Carrier?

Some people become carriers of the Hepatitis B virus, which means that the virus stays in their bodies for their whole lives. People who are carriers may eventually suffer illnesses such as liver cancer and chronic liver disease, but often they show no symptoms. Even while they seem in good health, carriers can infect other people.

In some population groups many people are infected when they are children and as many as one in five people are carriers. These population groups include Aborigines and Torres Strait Islanders, South East Asians and Pacific Islanders.

How is Hepatitis B Spread?

The Hepatitis virus is present in the blood of an infected person. If infected blood enters into another person's blood stream, that person may catch the disease. The disease can be spread by:

- » Drug users sharing needles and syringes;
- » Piercing the skin with equipment which is not properly cleaned and sterilized;
- » Razor Blades and toothbrushes through close personal contact in a household in which a carrier resides form a low but sufficient risk; and
- » One person's blood being exposed to open cuts on another person;

People who get blood transfusions do not run the risk of Hepatitis B infection because blood donations are screened for the virus. You also cannot catch Hepatitis B from contact with urine or faeces unless they contain blood.

Sex

The virus can be spread if people have sexual intercourse without a condom.

How can I avoid catching Hepatitis B?

Everyone can take simple steps to protect themselves. Use condoms every time you have anal or vaginal sex. Oral sex is unlikely to spread Hepatitis B but it is best to avoid oral sex if you or your partner has herpes, ulcers or bleeding gums. If you inject drugs, never

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share needles and syringes or other equipment such as spoons, swabs and water. Always use sterile needles and syringes. These are available from needle and syringe exchanges and some chemists.

Did you know that The Gender Centre is a needle and syringe exchange? The Gender Centre can be accessed from Monday to Friday from 10:00am to 4:30pm or through the Outreach Worker. You should also consider being immunised if you:

- » have a sexual partner who has Hepatitis B;
- » are homosexual or bisexual;
- » have many sexual partners;
- » live in a house where someone has Hepatitis B;
- » are a health care or emergency worker;
- » are a long time prisoner;
- » are a kidney dialysis patient; or
- » already have a liver disease such as Hepatitis C.

Can I be immunised against Hepatitis B?

Yes, a course of three doses gives protection to about 95 percent of people. For maximum protection, you must receive three doses of the vaccine. The second dose is given one month after the first dose, the third is given five months after that. Remember the Hepatitis B vaccination only protects against Hepatitis B - it does not protect people from other Hepatitis viruses.

Once you have had the three doses you can have a blood test to see if you are protected. The test and a booster dose every five years are recommended for those at high risk.

See a doctor immediately. If you have been exposed recently. Your doctor can give you treatment which greatly reduces the risk of becoming infected with Hepatitis B.

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