

Polare Edition 60

Published: November 2004 Last Update: June 2013 Last Reviewed: September 2015

Editorial

by Katherine Cummings, Polare Editor

Elizabeth tells me she received a telephoned complaint from a reader who considered the cover images for *Polare 57* and *Polare 59* to be "trashy". I will respond first with regard to the cover of 59.

It showed an image of your editor, in the costume which won "Best Costume" in the World Science Fiction Convention Masquerade in Melbourne in 1975. It was an image for its time and place and was used for the cover of *Polare* by request of the Social & Support staff to reinforce the theme of this year's Gender Centre "Frolic" (shades of "Galaxy Quest", and timely since the image was clearly taken from Spaceship Cassini, currently zooming through the vicinity of Saturn). Trashy? Only if you are a narrow-minded wouser devoid of humour.

I take more exception to being criticised for the cover of *Polare 57*. The image, "Twilight Lovers" was taken by Tina Fiveash, a talented and internationally recognised photographer who has placed that image, and many others, in public exhibitions, commercial publications, posters, postcards and web pages and who has won numerous awards for her professional skill.

I first encountered the image in a serious book entitled *Lesbian Art* and was so impressed that I wrote to Tina Fiveash and ordered a large print of the work to hang on my wall. Trashy it is not.

I assume the objection was not raised on the grounds that it showed two women kissing? This is hardly the publication, nor the organisation, to take kindly to homophobia.

We are told by Tina Fiveash, in a letter reprinted with the article on her work in issue 57, that the models for the photo were lovers in real life, which is more than is true of the models for Rodin's "Kiss", one of the most beautiful and erotic sculptures of the 20th Century.

Back when the world was young and I first came upon Rodin's "Kiss" (about 1950, I think), I wrote a little poem.

*On First Seeing Rodin's Kiss
This is the love that knows its name,
The crocus moment of first kisses
On virgin snow an April flame.
This is the tender instant and
She lies, as calm as any duchess
Surrendered within the strong right hand
Which barely touches.*

There is nothing trashy about gentle, nor passionate, reciprocated love, nor kisses, nor admiration for a phenomenal work of creative art. Only the trashy will see trash, only the prurient will call it pornography.

In the letter columns of this issue there is a letter from Karen

Feature Articles



Show people that a transsexual woman is just a woman with transsexualism, really very ordinary, whose reality is certainly challenging but not threatening.

Being Woman - Becoming Woman

Paula firmly believes that the greatest good any of us can do is to be ourselves. For Paula, being a woman seems to come so easily and so readily now, all these years later. Where did this walk come from, these gestures, these thoughts and feelings and passions?

When Gender Isn't a Given

Parents and paediatricians have sought to offer children whose anatomy does not conform to strictly male or female standards a surgical fix. But the quest for "normal" is being challenged by some who underwent genital surgery and speak of a physical and emotional toll.

Transgender Emergence

Willow Arune reports that *Transgender Emergence* by Arlene Istar Lev is a very lucid and thickly packed book that should be on your therapist's shelf, and yours as well if you wish to understand this strange drive shared by those who are transgender and gender variant.

He's My Daughter

He's My Daughter by Lynda Langley shows that some parents and families do stay together, through all the perils of transition and more. Written by the mother of a transsexual woman in Australia, it poignantly presents a mother's tale of her son's transition.

So You Wanna have a Sex Change?

There are men and there are women. There are men who want to become women and women who want to become men. There are also people who are still wearing acid-washed jeans, but we're not gonna talk about them. They're freaky. So you wanna have a sex-change?

The "Reform" that Shames Australia

Both Liberal's John Howard and Labor's Mark Latham deserve

Gurney of W-O-M-A-N, pointing out, quite rightly, that re Kevin concerned itself, in the final analysis, with a heterosexual union, having defined the union in question as heterosexual on its way through, and should, therefore, not be used by supporters of same-sex marriage to support their viewpoint. The point is valid, but personally I see no reason why advocates for same-sex marriage should not use re Kevin to demonstrate that the old forms are passing and that now there are men who were once legally women and women who were once legally men and may have been legally married in their former legal gender; there are women reassigned at birth who, like men, have XY chromosomes and there are people born intersexed who can nominate their preferred gender. Why then, should two people who wish to make a formal and public statement of their intention to remain together for life be denied use of the term "marriage"? Nobody owns a word.

And while we are on the topic of trans language, I keep running into people who object to being called a "transgender" or "transsexual", because "we don't call a person with cancer a cancer and we don't call a person with measles a measles. We should not call a person by the name of the disease they suffer from".

Well, English doesn't work like that. It is full of exceptions and broken rules and in some cases we do indeed refer to a sufferer by the name of his or her disease. We have diabetics, manic-depressives, schizophrenics and lepers, to name only a few. English is flexible and malleable, and even ductile in the hands of those who like to draw their arguments out at great length [guilty as charged, m'lud]. But if you bend it too much to suit your own beliefs, it may be distorted or even break and communication becomes the victim. Language is a code and the more "noise" you insert, the less meaning will be transmitted.

Surely communication and education are what we are striving for, both within and outside our community.

Manager's Report

by Elizabeth Riley

Since this edition of *Polare* coincides with the close of the 2003/2004 financial year I am including in this edition my preamble to the annual report. I take pleasure in providing the following report outlining the events of significance that have occurred over the last financial year and the endeavours and contributions of the Centre and its staff to promoting the health, well-being and human rights of all members of our community.

I have frequently commented on the advances we have made in recent years in improving access and equity for transgender people within the wider community. However, despite the clear gains made and the much wider community acceptance of gender diversity that is evident, there remain many challenges that we need to work together as a community to overcome. All progress is likely to be met with a level of backlash and this has certainly been the case with some of the more significant events of the past year. There was, for example, substantial adverse reporting of the Family Court's decision to allow puberty delaying hormone treatments to "Alex", a 13 year-old F.T.M. Equally adverse reporting supported the efforts of a handful of people, misdiagnosed as transsexuals, in their concerted attacks, both legally and politically, against the Monash Medical Centre. And some right wing, fundamentalist Christian groups have been quick to join the chorus of voices that not only oppose the rights of transgender people in general, including the recently won right to marry, but also oppose our very right to exist.

It is extremely important, therefore, that we present a united front against any and all who seek to impose their will, beliefs and prejudice to the detriment of our community.

Partnerships

The Gender Centre has continued to maintain and foster partnerships with a wide range of external organisations to further promote the rights of the transgender community. While these are many and varied, the ones listed below are those with whom significant partnerships have been established.

N.S.W. Health

Apart from the obvious connection we have with N.S.W. Health who, through Central Sydney Area Health Service, provide funding to the Centre, we are also sitting on an expert advisory committee providing direction to N.S.W. Health on access to health needs for the transgender and intersex communities. This committee has now been meeting since March 2003 and some key initiatives have been developed. Once formalised, these will form the basis of a number of important recommendations that will be put to N.S.W. Health. We are confident that these will lead to substantial changes in the way the medical profession responds to the needs of intersex children and to access to medical treatments for transgender people. Apart from community representatives the committee draws on a wide variety of expertise, both from medical professionals working in the field and senior policy officers from key government departments.

The Women's Housing Company

condemnation for the ban on same-sex marriages. The recent legislation to proscribe same-sex marriage is one of the most shameful pieces of legislation that has ever been passed by the Australian Parliament.

Georgina Beyer M.P. Drafts N.Z. TG Law

Transsexual M.P. Georgina Beyer has drafted legislation she hopes will stop discrimination on the grounds of a person's gender-identity. Her bill provides for gender identity to be included as one of the grounds of discrimination in section 21 of the Human Rights Act 1993.

As stated in previous annual reports, in the latter part of 2001 we entered into an invaluable partnership with the Women's Housing Company which provided the Centre with additional exit housing for our residential clients. In the partnership we have gained four additional units. The units and tenancies of these properties are managed by the Women's Housing Company with support to residents being provided by the Gender Centre. This arrangement means that eligible residents of our refuge program will be able to enter the units for a period of twelve months after they have completed their stay at the Centre.

The Women's Housing Company are very supportive and a delight to work alongside. We have also developed a positive working relationship with B. Miles, a women's housing organisation who have a similar partnership with the Women's Housing Company, and who hold two flats in one of the same complexes as the Gender Centre.

N.S.W. Attorney General's Crime Prevention Division

The Gender Centre meets regularly with the representatives from the Attorney General and other community stakeholders on the L.G.B.T. Community Advisory Committee. The primary aim of the committee is to address the issue of crime, particularly crimes of violence, to which L.G.B.T. communities are subjected. A.G.'s funds a range of projects that aim to prevent crime against our communities, including our own anti-violence project which will see a finalised report and recommendations soon.

The Community Advisory Committee also holds joint meetings with the Network of Government Agencies (N.O.G.A.), which also addresses L.G.B.T. issues within the N.S.W. government sector. These joint meetings help to improve N.O.G.A.'s understanding of the issues from a community perspective.

Other Significant Partnerships

We have continued our ongoing representation on our local council. The Gay and Lesbian Liaison at Marrickville, (G.L.L.A.M.), meets bi-monthly to respond to community needs, plan events and provide advice on a range of council programs. Marrickville Council have shown a commitment to providing an appropriate range of services to our community and we are pleased to continue our involvement with them. The recent council elections held in March 2004 have resulted in a number of changes on the committee, however, the grass roots approach in responding to the L.G.B.T. communities continues and council are keen to promote diversity within their boundaries and to conduct a range of community events specifically targeting our communities.

Employment Equity Specialists Association (E.E.S.A.)

The Gender Centre is maintaining an active involvement with E.E.S.A. to keep transgender employment on the agenda for E.E.O. practitioners. We continue our membership with E.E.S.A. and will continue to attend meetings where issues being addressed are of relevance to us or where there are issues that we may wish to draw to their attention.

Through our work with E.E.S.A., and also with Office of Employment Equity and Diversity (O.E.E.D.), we seek to achieve strong support from the E.E.O. practitioners in the public sector in advancing work opportunities for transgender people.

N.S.W. Anti-Discrimination Board

Last, but certainly not least, we have enjoyed a long and positive association with the N.S.W. Anti-Discrimination Board. While the board has undergone significant changes in the past year, including a new president, funding cuts and the inevitable reduction in its workforce, it continues to facilitate its "Sex and Gender Consultation" which provides an important forum for airing issues of concern to the transgender community.

We will continue to use this forum in our efforts to minimise discrimination and to encourage pro-active approaches to removing the barriers to access and equity wherever they remain.

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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.

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Being Woman, Becoming Woman

Being a Woman Seems to Come so Easily and so Readily for Paula Now

by Paula Kaye

Article appeared in Polare magazine: November 2004 Last Update: October 2013 Last Reviewed: September 2015



Paula Kaye
photo courtesy:
Belinda Mason Photography 

My name is Paula Kaye. You may have seen me recently on Channel Nine's *Bodywork* series which featured the story of my sex reassignment

surgery. I grew up in Sydney in the 1950s. It was an unremarkable and essentially settled childhood. Except that from an early age I found that I was most comfortable with and most interested in being with girls. A part of my brain was telling me, "These are your kind, look and listen and learn." I guess I did – all my life. Being a woman seems to come so easily and so readily to me now, all these years later. Where did this walk come from, these gestures, these thoughts and feelings and passions?

I firmly believe that the greatest good any of us can do is to be ourselves and to be that self out in the world for everyone to see.

For me growing up with transsexualism was about orientation, not identity. I didn't think I was a girl. I knew I wasn't. I just wanted to be, every day. How

many nights did I pray, "Dear Jesus, let me wake up as a girl"?

My father was emotionally and often physically absent. I really don't think he wanted to be there. I was girl oriented before he took emotional flight though. I do believe there's a complex interaction between nature and nurture. I had both elements. I'm glad I did. I think if I'd had a father who tried to make me into a man I would have been dreadfully scarred with inner conflict.

My feminine-self came alive – with a tremendous outpouring – when I hit puberty. I desperately – and hopelessly - wanted to be a girl. I dressed in my mother's clothes whenever I could. I lived for those moments. I told no one.

And then it happened. The disaster that befalls all children with gender dysphoria. Puberty hit my body as well as my mind – in entirely the opposite way. I outgrew Mum's shoes and dresses. My body masculinised and the world became more hostile and alien.

I stayed firmly inside. All anyone saw was the mask. Incapable of authenticity or integrity or honesty or ambition or discipline, I failed to grow up. The invisible girl inside the hollow man-child.

The 1970s provided some release. You could be androgynous - even outright feminine – as long as you stayed inside the ghetto of peace and love and brown rice. In inner Sydney you could walk the streets in a circle skirt and strappy sandals. In the morning though you would have to go to work and, desperate for love and acceptance and safety, the mask would go back on.

I just didn't believe I could live as a woman; cope with the fear and the trauma and the rejection and the bashings. I was isolated in a world of hippie political correctness. I thought I was too tall, too unfeminine, too vulnerable, too scared. I imprisoned myself in a lonely tower of despair and threw away the key.

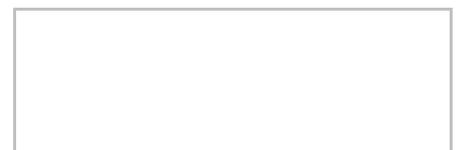
When it came to relationships I was the original serial monogamist. Never able to be myself I just couldn't make them work for long. In the end they'd give up on me. Too immature, too uncommitted, too evasive, too unauthentic. In the end they'd feel uncomfortable about the cross-dressing and the confessions.

By the 1980s I was in deep denial. I emerged from a particularly destructive relationship determined to fulfil a lifelong interest and I joined the Army Reserve.

I regard that decision as seminal – starting me on the road to becoming woman, becoming myself. The army forced to me to do things I didn't believe possible, challenged my concept of self.

I came out of those eight years with a vastly stronger sense of self-esteem, of self-discipline, of maturity and of plain old guts. I would find those qualities of critical importance when I came to transition some years later.

At about the same time I joined the Army I married for the second time. I did not tell her



about my condition. I thought this was the woman who would turn my life around. Only I could do that but her love and acceptance of the person I presented to her furthered my growth. I came to love her deeply.

Now I did face inner conflict. How can you love someone so much and not be honest about who you are. I came to feel like a volcano about to erupt.

After reaching an epiphany in which I saw clearly the woman I was, and realising that whatever others thought about me I had to be myself I told her. She was devastated, a broken woman. We struggled on for another six years – in denial and unspoken warfare, desperate not to lose the life and the love we had. The end, though, had to come. Distracted, and at the end of her tether, she found my skirts and shoes and banished me from the house. I never returned. We are now divorced and have no contact.

Determined to tread an open-ended path towards an authentic-self and an authentic life I began an open-minded exploration of my condition and my nature. I became a regular attendee at the Gender Centre. Eventually, I knew that I had to begin. I went to see the Counsellor.

From that moment my life has changed dramatically. Has it been frightening? Yes. Has it been hard? Yes. Has it been dark and lonely? Yes. Has it been joyous and wonderful? Yes, that too.

Oh! I did the usual things: read Andrea James, began the process of psychiatric evaluation, group sessions, Primogyn injections, electrolysis, electrolysis, electrolysis.

And then after what seemed an eternity but which was really only six months I transitioned at work which went very well thanks to Telstra's robust diversity policies and wonderful staff. From that moment on I have lived as the woman I always dreamed of as a child.

Two years after beginning treatment and eighteen months after full-time transition I finally had surgery and changed my birth certificate. Along the way I met an old friend from twenty years ago. We fell in love. Alex has now become my partner. He has made this journey with me over the last two years. His support and love have been incalculable.

I transitioned openly within my family, my workplace, my community. From my family I had an initial rejection which lasted two years but elsewhere I have been widely accepted.

Me, the woman who thought it was impossible! I am now reconciled with my mother and sister and my step-granddaughters and their mother.

How could this have taken fifty-two years? The only way I can make sense of it is to see my life as a larger journey of self-discovery and growth.

I had a long way to go before I acquired the honesty and courage and sense of self-worth I needed to be able to do what I have done.

And I have not done it alone. I am very aware that I have been the recipient of the most extraordinary support and acceptance from health care professionals, friends and workmates.

Unlike my former life, since beginning this journey I have been very open about who I am. This has been a journey towards being woman but more than that it has been a journey towards being me.

I don't have much to give except being myself. I seek to put that reality out there in the streets and the coffee shops and the workplace. Out there in the magazines and on public television. Me just being me. To show people that a transsexual woman is just a woman with transsexualism, really very ordinary, whose reality is certainly challenging but not threatening. If that reality is threatening at all, it is threatening to fear and ignorance and bigotry.

I firmly believe that the greatest good any of us can do is to be ourselves and to be that self out in the world for everyone to see. Then, just maybe then, that little girl hidden deep inside someone, somewhere won't have to wait fifty years before she comes out, grows up, becomes herself, becomes woman.



**Has it been dark and lonely?
Yes. Has it been joyous and
wonderful? Yes**

photo courtesy:
[Belinda Mason Photography](#) 

Paula and Photographer Belinda Mason conceived the idea of a series of images that would challenge media stereotypes and popular misconceptions of transsexual women. These images and accompanying text can be viewed on [Photographer Belinda Mason's website](#)  by selecting the options 'Exhibitions' and then 'Becoming Woman'. Many Thanks to Belinda for her permission to use these photographs.

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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When Gender Isn't a Given

The Private Quest for 'Normal' is Being Challenged in a Very Public Way

by Mireya Navarro, [New York Times](#), Sunday 19th September 2004 

Article appeared in Polare magazine: November 2004 Last Update: October 2013 Last Reviewed: September 2015

At the moment after labour when a mother hears whether her new child is a boy or a girl, Lisa Greene was told she had a son. She named her baby Ryan and went home. Ms. Greene learned five days after the birth that her baby was really a girl. Doctors who ran tests diagnosed Congenital Adrenal Hyperplasia, a condition that, put simply, can make baby girls' genitals look male. As the young mother struggled to get over her shock, to give explanations to relatives and put away the blue baby clothes, she also had to make a decision: whether to subject her daughter to surgery to reduce the enlarged clitoris that made her look like a boy, or leave it alone. Thus Ms. Greene, a twenty-six-year-old cashier in East Providence, R.I., was thrown into a raging debate over a rare but increasingly controversial type of cosmetic surgery.

... the majority of cases involve girls with Congenital Adrenal Hyperplasia, a hereditary disorder that leaves girls with high levels of male hormones.

For decades, parents and paediatricians have sought to offer children whose anatomy does not conform to strictly male or female standards a surgical fix. But the private quest for "normal" is now being challenged in a very public way by some adults who underwent genital surgery and speak of a high physical and emotional toll.

Some of them gave tearful testimony at a hearing last May before the San Francisco Human Rights Commission, which has taken up the surgeries as a human rights issue and is expected to announce recommendations before the end of the year. They spoke of lives burdened by secrecy, shame and medical complications: some said the surgeries robbed them of sexual sensation and likened the procedures to mutilation; others said they were made to feel like freaks when nothing was really wrong with them.

But a more common argument was that the surgeries are medically unnecessary and should at least wait for the patient's consent. Some doctors are starting to agree. "Everyone's rethinking this," said Dr. Bruce Buckingham, associate professor of paediatric endocrinology at Stanford University. "We're probably a little less aggressive than we used to be. There's a lot of opinion."

But more opinions and inconsistent medical practices have made the decision tougher than ever for parents, many of whom are confronted with the word "intersex" for the first time. The term describes cases that arise from a host of conditions that cause sex chromosomes, external genitals and internal reproductive systems not strictly to fit the male or female standard. Although no national statistics are available on the surgeries, some paediatric urologists and surgeons say they are doing fewer of them early. Doctors say the majority of cases involve girls with Congenital Adrenal Hyperplasia, or C.A.H., a hereditary disorder that affects the synthesis of adrenal hormones and leaves girls with high levels of male hormones.

The condition may cause not only male-looking genitals, even in the presence of fully formed ovaries and uterus, but also personality traits and interests typically associated with boys. The incidence of anomalous genitals in C.A.H. patients is not known precisely, but some studies indicate it may occur in as few as one in about 30,000 births because only girls are affected.

Surgeries for other intersex conditions are even rarer, doctors say. But for the minority of parents who must choose whether surgery is the best course of action, the decision is unlike most others they may make on behalf of their children. Some parents say they choose largely in the dark because there are no comprehensive long-term studies showing how patients fare as they grow up, with or without genital surgery: data on sexual function, for example. At the same time, some parents note, some doctors inform them of the option to do nothing, while others advise to do the surgery right away.

There is the steady drumbeat of opposition to surgery from a vocal intersex movement, but some parents wonder whether there is a silent majority of satisfied patients. And then there is the question: What would the child want them to do? Worries about such an intensely personal matter often surface anonymously on computer message boards. "It's very hard to know what her feelings will be when she is older," read one message posted this summer on a website for families affected by Congenital Adrenal Hyperplasia.

"Will she hate us for letting her have the surgery? Or will she thank us for having it done when she was young enough not to know?" In Rhode Island, Ms. Greene said she was confused and overwhelmed at first, not just with the news of her baby's change of gender but also with medical problems related to C.A.H., which kept her daughter in and out of the hospital for the first year. Ms. Greene said that at first she was determined to do a clitoroplasty, or reduction of clitoral size, fretting over whether people would call her daughter a hermaphrodite, a term from Greek meaning one with male and female sexual organs, and suggestive, in modern times, of a sideshow attraction.

"She looked identical to a boy," said Ms. Greene, explaining that in addition to a large clitoris, her daughter's labia was fused together and she had no vaginal opening. "It's hard for a parent not to think of the psychological damage." She said she was speaking candidly

because "in a way, I'm telling other parents that it's not something to be ashamed of." Ms. Greene said her child's doctors recommended against surgery, warning her of risks like possible nerve damage.

Sceptical, she went to the library to do her own research and on the Internet, where she said she sent e-mail messages back and forth with adults with the same condition. In the end she consented only to creating a vaginal opening and rebuilding the urethra last year. Although whether vaginoplasties should be done early is also a subject of debate, Ms. Greene said her daughter, now aged four and a half, would have needed to undergo the procedures sooner or later to menstruate and for heterosexual intercourse.

Ms. Greene deemed them medically and psychologically easier on the child if done early. But Ms. Greene said she opted to wait for her daughter to grow old enough to make other decisions for herself. "They tell me that what I've done is the best compromise," she said. Some parents weigh the same pros and cons and come out in favour of surgery, however.

In San Jose, California, the twenty-eight-year-old mother of another girl diagnosed with the same congenital condition said doctors told her that today's surgical techniques spare nerves and are less extreme. To her the psychological issues seemed more crucial than the physical risks and her daughter underwent a clitoroplasty last month at the age of four.

"My problem is the adolescent period," said the mother, a medical assistant who spoke on condition of anonymity to protect the privacy of her family. "Growing up a teenage girl is hard enough. I never want her to feel different. I never want her to have extra issues to deal with."

"When she's a teenager, and she's in a girl's locker room, it's not going to be a cute situation," the mother said. "Society is a big issue here. I tell my husband, if we lived in a deserted island she'd never need this." Jeff Spear, thirty-seven, a farmer in Maine whose eleven-month-old daughter underwent a clitoroplasty along with other surgical procedures six months after birth, said he hardly considered the surgery cosmetic, given how male she looked. Mr. Spear rejected the idea of waiting for his daughter's consent. "You're the parent, you make the decisions," he said. "We felt this needed to be done right now." The more "virilised" the appearance, the more likely parents will choose surgery, said Kelly R. Leight, executive director of the Cares Foundation, a support and educational group for families affected by Congenital Adrenal Hyperplasia. While more parents are beginning to question the surgeries, more often than not they choose to operate within the first year, said Katrina A. Karkazis, a medical anthropologist and research associate with the Stanford Centre for Biomedical Ethics.

Ms. Karkazis, who interviewed parents, doctors and people who had undergone early surgery of the clitoris, vagina and testes because of C.A.H. or Androgen Insensitivity Syndrome, another condition that affects the development of genital organs, said doctors and parents who favoured genital surgery were driven by cultural factors, like their own values about appearance and worries about how the child would be treated by others.

Most of the adults who had undergone the surgery as children, however, told Ms. Karkazis they were unhappy with the results and complained of lack of sensation or pain, of the need for repeated surgeries and of the fact that they had thick scarring and the genitals never looked "normal." Few were in intimate relationships, she said. Since the 1990s, adults unhappy with the operations have been raising their profile, denouncing a standard of treatment they say is based on cultural biases, and on arbitrary ideas of male and female and of the ability to assign gender.

The most famous case of "gender management" was not intersex but illustrated the point: David Reimer, raised as a girl after a botched circumcision, later in life rejected the identity assigned to him and lived his teenage years and adulthood as a man, proving wrong researchers who believed sexual identity is made rather than born.

He shared his story in a 2000 book, *As Nature Made Him* by John Colapinto, and appeared on *The Oprah Winfrey Show*. Last May, depressed after losing a job and separating from his wife, relatives said, he committed suicide at thirty-eight.

Some doctors say that even when gender seems certain, as in the case of C.A.H. patients, who can also be fertile and bear children, there are questions surrounding the effect on the girls of high levels of androgens. Dr. Patrick H. McKenna, chairman of the division of urology at Southern Illinois University School of Medicine and a member of an intersex task force of the American Academy of Paediatrics, said that both the mixed results of surgery on sexual sensation and the idea that some patients may identify more with the opposite gender upon growing up has led him to recommend against early surgery in intersex cases. He and other doctors said medical centres are increasingly involving psychologists and other specialists in handling intersex cases because of their complexity. "There's no good scientific data, and more and more we're leaning toward waiting," he said.

The Intersex Society of North America, a group representing intersex adults, advocates that children with anomalous genitals be raised in a specific gender even without surgery, but not be regarded as "a social emergency," as paediatric guidelines have called these cases in the past.

Cheryl Chase, the group's executive director, said its efforts are now focused on influencing how medical schools teach the intersex subject; she said that if doctors learned alternatives to early genital surgeries, including a treatment model that incorporates psychological support for families, they would in turn help parents see their children's condition more as a natural variation than a cause for panic.

In many cases, opponents of the surgery say, parents have hidden the medical history from their children. Betsy Driver, 40, a television news freelancer from Easton, Pa., who runs an online support group, "Bodies Like Ours", said she underwent an extreme form of clitoral surgery as an infant because of Congenital Adrenal Hyperplasia but did not fully learn the details of her condition until her thirties. "I felt my parents could not love me the way I was," she said. "There was nothing wrong with the genitals. They just looked different." It took her years of therapy to come to terms with her intersex condition, said Ms. Driver, who said she was left with no clitoral sensation. "Dating was exceptionally difficult," said Ms. Driver, who is gay and said she did not start dating until her twenties. "It

was body image, fear of rejection and not being able to explain why I was different. Now, because I can explain, it's no big deal." But she added, "Not doing the surgery is not a magic bullet."

Parents need to talk openly about their children's bodies and teach self-esteem, she said. Ms. Greene said she had warned pre-school teachers about her daughter's physique "so they're not surprised" if she ever has an accident. She said she was compiling a huge folder with information so her daughter had the facts as she grew up. "We're not ashamed of it, and she should not be ashamed of it," Ms. Greene said. "I just came to the conclusion that we'd raise her with as much confidence as we can," she said. "If she chooses as an adult to have the surgery, I'll support her."

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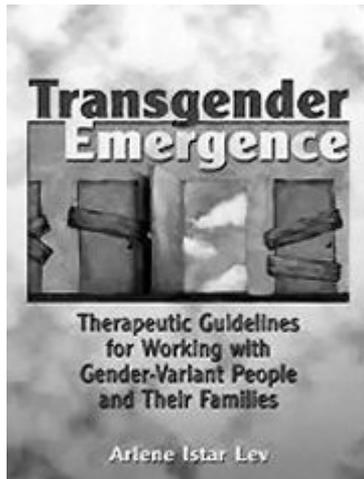
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Book Review: Transgender Emergence

Therapeutic Guidelines for Working With Gender-Variant People and Their Families

Reviewed by Willow Arune

Article appeared in Polare magazine: November 2004 Last Update: October 2013 Last Reviewed: September 2015



Transgender Emergence, by
Arlene Istar Lev

Transgender Emergence: Therapeutic Guidelines for Working With Gender-Variant People and Their Families

by Arlene Istar
Published by Haworth Clinical
Practice Press (2004)
I.S.B.N.-13 978 0789007087

A very lucid and thickly packed book that should be on your therapist's shelf, and yours as well if you wish to understand this strange drive shared by those who are gender variant.

Transsexuals are unique in the Rainbow. They must, as part of their search for identity, seek out medical intervention in the form of therapy and surgery. For most transsexuals, this search is not done in the wilderness. As a group, one distinguishing feature of transsexual patients is that they know their material. Fully 80 percent, perhaps more, have read much and some all of the professional information available. Many know more than those that treat them. It is a situation of self-diagnosis followed by confirmation by professionals.

As there is no known physical marker for a transsexual, the therapist must rely upon what is told to them by the patient. The patient, in the case of a transsexual, knows what the therapist is looking for either from reading, the Internet, or word of mouth.

Adding to the complexity of this mandated relationship, the therapist is designated by the "Standards of Care" to both treat the transsexual and to serve as "gatekeeper" for further, and patient desired, treatment. Simply, unless the therapist is convinced that the patient is a transsexual, further care, from hormones to surgery, are not permitted.

This complex patient/therapist relationship is a large part of the transsexual pattern. Several small volumes have been written on *Gender Loving Care* (Ettner) and *Transgender Care* (Israel, et al.) which offer but a small taste of the evolving clinical practice. Lev's book, by comparison, is a complete text that retains compassion and clinical perspective.

In addition, Lev carries on from transsexual to gender variant in all it's forms as well as family and friends. She adds one chapter for youth and another for the special issues that are faced by the intersexed.

Of all parts of the relationship, the most debated is the issue of "lying". After all, the patient wants the treatment, and knows that only by mirroring the known clinical guidelines will he or she be able to proceed, and that depends on the judgement of the therapist.

The tension of such a relationship is obvious. Lev discusses this at length, citing any known study and providing practical and valid suggestions for treatment that avoid the stigma of "lying". She very correctly points out that when any of us try to tell the story of our lives, we stress certain elements and omit others, the process is a normal one. Then she goes on, accepting this, to explain the role of the therapist in directly assessing this inner journey.

A very lucid and thickly packed book that should be on your therapist's shelf, and yours as well if you wish to understand this strange drive shared by those who are gender variant.

While the intended readers are those in the helping professions, relatives, the patients themselves, and even friends could gain understanding by reading this very informative book. It is by far the best of such therapy guides to appear in print.

When transsexuals enter transition, we affect the lives of those close to us. In far too many cases, those close to us seek distance and often leave our lives altogether.

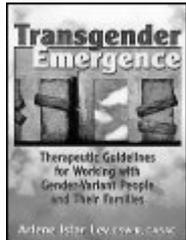
This is especially so for family members. Far from finding the "unconditional love" that parents are assumed to have for children, many transsexuals find parents, siblings and others abandon them. In fact, it seems that parents will stand by a son who becomes a mass murderer or rapist, but abandon totally a transsexual child.

Arlene Istar Lev

From Arlene Istar Lev's website:  Arlene (Ari) Istar Lev L.C.S.W.-R, C.A.S.A.C., is a social worker, family therapist, educator, and writer whose work addresses the unique therapeutic needs of lesbian, gay, bisexual, and transgender people. She is the Founder and Clinical Director of Choices Counselling and Consulting providing individual and family therapy and the Training Director of the Training Institute for Gender, Relationships, Identity, and Sexuality, a post-graduate training and consultation program housed in Albany, New York. Her expertise is in issues related to sexual and gender identity issues and the unique therapeutic needs of lesbian, gay, bisexual, and transgender people. The focus of her work includes traditional psycho-therapeutic modalities, within a feminist and family systems framework, as well as holistic and psycho-spiritual approaches. Arlene has worked for over thirty years addressing trauma, addictions, and recovery issues. She has dedicated her professional practice to the sensitive and respectful treatment of people dealing with sexual related concerns, including issues related to sexual orientation, gender expression, sexual functioning and performance, and "coming-out". She is especially excited to work with parents and alternative families of all kinds.



For more information, please visit [Arlene's website](#): 



Transgender Emergence: Therapeutic Guidelines for Working With Gender-Variant People and Their Families

Author: Arlene Istar Lev

Publisher: Routledge (2004)

I.S.B.N.-13: 978 0789021175

From Amazon Books:  Explore an ecological strength-based framework for the treatment of gender-variant clients. This comprehensive book provides you with a clinical and theoretical overview of the issues facing transgendered/transsexual people and their families. *Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families*

views assessment and treatment through a non-pathologising lens that honours human diversity and acknowledges the role of oppression in the developmental process of gender identity formation. Specific sections of *Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families* address the needs of gender-variant people as well as transgender children and youth. The issues facing gender-variant populations who have not been the focus of clinical care, such as intersexed people, female-to-male transgendered people, and those who identify as bi-gendered, are also addressed. The book examines: the six stages of transgender emergence; coming out transgendered as a normative process of gender identity development; thinking "outside the box" in the deconstruction of sex and gender; the difference between sexual orientation and gender identity, as well as the convergence, overlap, and integration of these parts of the self; the power of personal narrative in gender identity development; aetiology and typographies of transgenderism; treatment models that emerge from various clinical perspectives; and alternative treatment modalities based on gender variance as a normative life-cycle developmental process. Complete with fascinating case studies, a critique of diagnostic processes, treatment recommendations, and a helpful glossary of relevant terms, this book is an essential reference for anyone who works with gender-variant people. Handy tables and figures make the information easier to access and understand.

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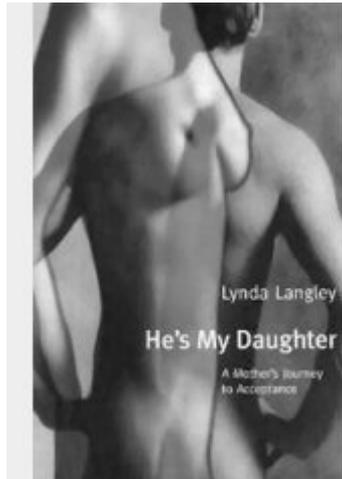
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Book Review: He's My Daughter

A Mother's Journey to Self-Acceptance

Reviewed by Willow Arune

Article appeared in Polare magazine: November 2004 Last Update: October 2013 Last Reviewed: September 2015



He's My Daughter: A Mother's Journey to Self-Acceptance, by Lynda Langley, the mother of a transsexual woman in Australia poignantly presents a mother's tale of her son's transition.

He's My Daughter: A Mother's Journey to Self-Acceptance

by Lynda Langley
Published by Indra Publishing,
Victoria, Australia (2002)
I.S.B.N.-13 978 0957873557

He's My Daughter shows that some parents and families do stay together, through all the perils of transition and more.

I come from hearty Eastern European stock — the lands of large extended families. It has been years since I have talked to my surviving parent, my sister and all my uncles, aunts and cousins who formed such a large part of my life during childhood. Since starting transition, there has been no contact at all. None ... *He's My Daughter* shows that some parents and families do stay together, through all the perils of transition and more. Written by the mother of a transsexual woman in Australia, it poignantly presents a mother's tale of her son's transition. Things get off to a rocky start. A frantic call from a daughter-in-law tells of self-castration. Tony, the son, is in hospital after removing his testicles by himself. Mother and father, frantic with worry and facing another family crisis, fly off to be with him. It is only with this shock that they discover Tony is really Toni and has had a life-long secret.

Mrs. Langley sounds like a very matter-of-fact woman, a steady and caring mother. Her love is not conditional, even if she does not fully comprehend what has occurred, and what must follow. Indeed, it is not until much later that she reads *True Selves* (Brown) and learns

such basics as the difference between transvestites and transsexuals. But before that, long before, what she has is an intuitive understanding of her child and the desire to help.

Her love washes over issues that would send other parents into shock and ostracism. She is with her son as he leaves his wife and child, with him as he relocates first to a trailer park, and then returning to the family home. She is with him as he takes his first tentative steps as Toni. Her husband, a more distant but equally caring man, is there too, no doubt steadied in his course by her dogged affection for her children, no matter what.

Transition, seen from her eyes, starts with a deep hurt. Her son is figuratively dying and she cannot prevent it. Alone in her home, she rails out against this cruel fate — but also comes to grips with the arrival of a new daughter. Tony is now Toni and gradually, with trepidation and courage, Lynda faces the new world with her. Shopping trips, new friends - transsexual friends - and so much more are taken in firm stride. Indeed, Toni's two brothers and the rest of the family seem cut from the same cloth. After a time of adjustment, the family continues to enjoy its close bond.

The 'home-spun' charm of this book stems from the third party observations of events normally described by us in the first person. Toni learns about the clinics of Australia, experiments with clothing, faces electrolysis, and talks, talks, talks. As his protective screen disappears, it seems that Toni can talk of little else and Lynda's grace is that she listens — even when the same story or theme repeats endlessly. Toni goes on dates with men and Lynda is there with advice and comfort, as a mother should be with a daughter. With her family in the midst of a terrible year, surrounded by medical and other problems, her strength allows her to continue and support.

Not that she escapes unscathed. She too has to confront issues and deep feelings, but her matter-of-fact manner conquers all.

Reading this book, I picture Lynda in my mind — a warm open woman, with arms big enough to hold the world. I am certain that Toni wished at times that she was not quite as involved in his life, but she is there for him and with him each step of the way — all the way until S.R.S.

A typical event in the book serves as an example of the humour and love that permeates every page. A shopping trip for Toni, Lynda, Richard (Lynda's husband and Toni's Father) and Grams. Toni needs his first bra and his mother is there to assist in the selection.

Yes, that's right. Toni, in his thirties, gets his first bra on a shopping trip with his Mother, with father and grandmother not far away! They go to the mall closest to home, to get others used to Toni, and Toni used to being in public near where he lives. Later, they get

together in a small restaurant in the mall for a quick bite to eat:

The guys at Richard's golf club had met Tony a couple of years previously and knew that Richard had three sons ... They played a round or two with Tony when he visited Melbourne for Christmas that year. As Richard began to tell his story, we urged him to hurry up. He has a knack of taking a long time to get to the punch line and we thought this was a joke he was telling us.

"You've got three sons, haven't you, Richard?" his golfing buddy asked. "Well, I used to have three sons", Richard replied. "Now I've got two sons and a daughter." His partner looked at him as if he'd lost his marbles and simply played his next shot with no further inquiry."

My coffee was spluttered across the table as I failed to control my mirth. I was so proud of my husband and the story sounded so funny. I wished I could be as blasé as Richard, yet I knew that he was still having an extremely difficult time coping with the changes that Toni was making to her body and her life.

The picture of Toni, Lynda, Richard and Grams in a small café will stay with me for a long time as another happy memory of this most delightful book. I try to imagine a similar scene with my parents and grandmother — it is simply not possible. Indeed, for such to happen seems almost like a fantasy. My parents would never have done so, nor any of my relatives. Enjoy this book and the family you will find within its pages. It is so wonderful to know that this can indeed happen, like a fairytale, in reality.

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So You Wanna Have a Sex-Change?

A Solid 'Starting-Off' Point for those Interested in Such Pursuits

This is the first part of five extracted from a website "So You Wanna ..."
Article appeared in Polare magazine: November 2004 Last Update: October 2013 Last Reviewed: September 2015



There are men and there are women. There are men who want to become women and women who want to become men. There are also people who are still wearing acid-washed jeans, but we're not gonna talk about them. They're freaky.

Any of the people belonging to any of the categories above, or any other category, may choose in their life to change genders to better suit their psychological and emotional selves.

We know we might piss a few off here, but we need to make it clear that this article focuses on the male-to-female sex-change, because it's much more common than the alternative (female-to-male). But the resources with which

we'll provide you are generally helpful, no matter what your situation may be. Hey, at least we're addressing the general subject, so no complaining, okay?

Also, note that this "S.Y.W." is not intended to be a comprehensive guide to changing genders; rather, this is a solid "starting off" point for those interested in such pursuits. We'll do our best to dispel some common myths, outline your options, and show you how to deal with the emotional side of this life-altering decision. We expect cold beer in return. The colder the better. To get you started, there are certain terms with which you should familiarize yourself if you want to be a hip and happenin' gender-savvy individual:

First off (whoops ... maybe we shouldn't say that in this "S.Y.W."), when you hear talk of people who are "transgender," you can assume that this refers to a fairly broad category of people who live outside the gender "norms" into which they were born. They do not conform to the ways that many people believe men or women should behave as appropriate to their genders. Note that the transgender community does not include homosexuality in and of itself; that's because gay people do not necessarily have any issues with their own gender identification. However, homosexuality may be coupled with any of the transgender categorizations below. People who are transgender can usually be broken down into one (or more) of several categories:

Cross-Dressers:

Previously known as "transvestites," this group of individuals is content with their birth gender, but choose to dress up as and use the mannerisms of the opposite gender. Cross-dressers clothe themselves in the clothing of the opposite gender not for the purpose of entertaining others (as drag performers do), but because they feel more comfortable dressed as such. Note that cross-dressers are not necessarily gay, nor do they necessarily want to undergo sexual reassignment; it is purely a choice they make about how to dress.

Drag Performers:

Drag performers, the male half of which is sometimes referred to as "drag queens," are individuals who dress up as and use the mannerisms of the opposite sex for the purpose of entertaining an audience. Think RuPaul. Some drag performers identify themselves as transgendered, and some do not.

Transsexuals:

This group of individuals were born into one gender but identify emotionally and psychologically with the other. The medical term often used to describe this situation is "gender dysphoria." The complexities of this state are numerous, and people in different stages of their "coming-out as a transsexual" process may refer to themselves in very different ways. Male transsexuals may choose to use hormones, have surgery, or do neither in order to live as women. The point is, these are people who feel that they were born in the wrong body and will often do anything they can to remedy it.

Intersexed:

An intersexed person is someone who was born with ambiguous genitalia, so doctors assigned him/her a specific gender at birth. Sometimes this assignment doesn't correlate with the biological XX or XY gender. These children are socialized as a certain gender, but as they grow older, they might not necessarily identify as they were assigned and would want to switch to the opposite gender.

Gender-blenders, androgynes, etc.:

This group is made up of people who identify as transgender but do not fit themselves into any other category that we list above. They may wish not to constrain themselves to these gender categories and will live with aspects of both male and female genders. It's the mush pot.

Again, we must remind you that people who identify as transgender may date men, women, both, other transgendered people, or no one at all. Sexual orientation and gender identity are two very distinct concepts that are not necessarily linked together. We hope that it is becoming obvious that this whole "gender" business is not as simple as it may appear. There are no clear labels or definitions into which everyone fits. By the way, if you're not sure about the difference between "sex" and "gender," think of it this way: "sex" refers to your biological identification to being male or female (you either are XY or XX); "gender" refers to the social institutions that we think of as enforcing "maleness" and "femaleness" - it's the stuff that isn't biological.

Any of the people belonging to any of the categories above, or any other category, may choose in their life to change genders to better suit their psychological and emotional selves. The most common category to do this is that of transsexuals. Male to female transsexuals feel that they are really women on the inside — that some kind of "cosmic mistake" has been made. Some transsexuals may feel content with their inner identity and have no need to alter their physical selves. Others, however, may desire a look that better goes along with who they feel they are and desire "the proper equipment" to feel whole.

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The Reform that Shames Australia

Both Liberal's John Howard and Labor's Mark Latham Deserve Condemnation

by Alistair Nicholson

Article appeared in Polare magazine: November 2004 Last Update: October 2013 Last Reviewed: September 2015



Both Howard and Latham deserve condemnation for the ban on same-sex marriages

Both Howard and Latham deserve condemnation for the ban on same-sex marriages. The recent legislation to proscribe same-sex marriage is one of the most shameful pieces of legislation that has ever been passed by the Australian Parliament.

One can only hope that a future Australian Parliament will approach this issue in an informed and principled way and repeal this shameful piece of legislation.

It was clearly intended by the Howard Government to constitute a pitch to the religious right and mirrored a similar attempt in the United States introduced by President George Bush for the same purpose. Unfortunately, it was more successful here than there.

The reason for its success reflects no credit on the Latham Opposition, which abandoned principle for pragmatism rather than hand an election issue to the Government.

The definition of marriage that the bill adopts reflects that by Lord Penzance in *Hyde v Hyde and Woodmansee* in 1866: "The voluntary union for life of one man and one woman, to the exclusion of all others."

It is worth noting that Lord Penzance's definition was inaccurate at the time that he gave it and remains inaccurate today.

It is difficult to understand how, even in 1866, marriage could have been defined as a union for life after the passage of the Divorce and Matrimonial Causes Act in England in 1857. The latest divorce figures also make clear what nonsense it is to refer to marriage as a union for life today.

Similarly, since the concept of matrimonial fault has been abolished by the Family Law Act 1975 and, in particular, that adultery is no longer a ground for divorce, it is difficult to argue that a modern marriage necessarily excludes all others. All this seems to have escaped the Government and the Opposition.

None of the proponents of this legislation seem to have asked themselves if it is not a bit strange to fall back on 19th century definitions of marriage in seeking to define marriage in 2004. In 1866, homosexual acts between adult males constituted a crime, and it was not long since adultery had been also described as "criminal conversation" in the law. There have been other changes to society far too numerous to set out here but they include the emancipation of women, the widespread introduction of anti-discrimination legislation, changing attitudes to human relationships and the adoption of international standards as to human rights, to which this country has always been a party. This latest legislation ignores all of those developments and treats them as if they had not occurred.

The legislation is a dangerous step in the direction of establishing religion in this country, for we must make no mistake that the sort of marriage the Government is talking about is Christian marriage. I am concerned that the Government, with the compliance of the Opposition, is attempting to entrench Christian dogma in relation to marriage on all of us, whatever our religious persuasion or lack of it.

For a variety of reasons marriage rates have declined in the past few decades, with a concomitant increase in the numbers of defacto relationships. However, many couples still seek marriage and it behoves the law to develop in a way that gives marriage a modern contemporary meaning. Why same-sex couples should be excluded from this process is beyond me, particularly as the increasing legal recognition given to non-marital heterosexual unions from the 1980s on has more recently been extended to same-sex unions.

At least one factor seems to be an assumption that it is better for children to have a parent of both sexes than otherwise. This is a big assumption. My own experience in the Family Court suggests children need a loving and caring relationship with their parents of whatever sex. There are many cases where children may in fact be better off with one parent. The passage of time has also seen marriage become more secularised in nature, and since 1973 civil celebrants have provided a secular alternative to couples who choose not to have a religious ceremony. In 2001 more marriages (53 percent), were performed by civil celebrants than by ministers of religion.

What the Government, with the help of the Opposition, has succeeded in doing is to turn back the clock nearly 140 years. They have done so at the expense not only of the gay and lesbian community, but quite possibly the transsexual community as well. They have

passed one of the most discriminatory laws that could be imagined. They have ridden roughshod over the legitimate rights and aspirations of these citizens. Not satisfied with this they have also struck at the right of single-sex couples to marry or adopt children elsewhere.

No one seems to have asked whether the amendments were necessary given that it would have been impossible to have successfully argued that "marriage" as used in the Marriage Act 1961 contemplated same-sex marriage. One can only hope that a future Australian Parliament will approach this issue in an informed and principled way and repeal this shameful piece of legislation.

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Georgina Beyer M.P. drafts New Zealand Transgender Law

The Human Rights (Gender Identity) Amendment Bill Offers Protection from Discrimination on the Grounds of Gender Identity.

From the [New Zealand Herald](#) 

Article appeared in Polare magazine: November 2004 Last Update: October 2013 Last Reviewed: September 2015



New Zealand M.P., Georgina Beyer.

Transsexual M.P. Georgina Beyer has drafted legislation she hopes will stop discrimination on the grounds of the gender a person identifies with. Her bill provides for 'gender identity' to be included as one of the prohibited grounds of discrimination in section 21 of the *Human Rights Act (New Zealand) 1993*. Under the Act, people are not allowed to discriminate on the basis of race or sex, for instance.

Much discrimination occurs at a day-to-day level making a test case through litigation highly unlikely or impractical.

"Transgendered people are not referred to in section 21 and thus appear to not be protected by the anti-discrimination provisions of the *Human Rights Act (New Zealand) 1993*," notes to Ms Beyer's bill said. "While most people identified with the gender with which they were born, some did not. People

whose identification with a gender different from that with which they are born, often known as transgendered people, are subjected to discrimination in employment, housing and in some matters covered by the law."

The Human Rights (Gender Identity) Amendment Bill would offer protection from discrimination on the grounds of gender identity. It has never been tested in court whether sex or sexual orientation provisions in the Human Rights Act covered transgendered people. It could be argued the 'sex' provision might do so but it was unlikely the 'sexual orientation' provision would because gender identity was not a sexual orientation.

Much discrimination occurs at a day-to-day level making a test case through litigation highly unlikely or impractical.

Explicit reference to transgender people, in terms of the words gender identity, is necessary to put the issue beyond doubt. Explicit reference to gender identity provides transgender people with the ability to point to a clear statement of law indicating that discrimination against them is prohibited, thereby increasing the chances of preventing such discrimination from ever taking place.

The bill describes gender identity as "the identification by a person with a gender that is different from the birth gender of that person or the gender assigned to that person at birth". This included intersex people – those who were of 'indeterminate' gender at birth but who were assigned a gender they later did not identify with.

The definition to be included in section 21 of the Act stated gender identity could include people who called themselves "transsexual, transvestite, transgender, cross-dresser or other description".

Members' bills are drawn from a ballot to be debated every second Wednesday when Parliament is sitting.

Georgina Beyer

From Wikipedia:  Born in 1957, Georgina Beyer was the world's first openly transsexual mayor, as well as the world's first openly transsexual Member of Parliament, and from November 1999 until February 2007 was an M.P. for the Labour Party in New Zealand.

Assigned male at birth, and given the first name George, Georgina attended two primary schools in her childhood before being sent to Wellesley College boarding school in her teens, where she tried to commit suicide amid feelings of rejection by her parents. She began acting while at that school and decided to pursue a career in that field, she left school at age sixteen. She lived in Australia for some time, and on her return to New Zealand began seeking work as an actor with increasing success and after moving to Carterton, in the Wairarapa, she worked as a radio host. She underwent sex reassignment surgery in 1984.

She also began to take an interest in local politics, first winning election to a local school board, and subsequently being elected Mayor of Carterton in 1995, serving in that role until 2000. This made her the world's first transsexual mayor. At the 1999 general election, Beyer was selected as the Labour Party's candidate for the Wairarapa electorate. She surprised the



political commentators to win the typically right-leaning electorate with a 3,000 vote majority and become the world's first transsexual M.P.. At the 2002 election, she re-contested Wairarapa for Labour and was easily re-elected with an increased majority almost 6,500 votes.

An excerpt from her speech follows: "Mr. Speaker, I can't help but mention the number of firsts that are in this Parliament. Our first Rastafarian [Nándor Tanczos] ... our first Polynesian woman ... and yes, I have to say it, I guess, I am the first transsexual in New Zealand to be standing in this House of Parliament. This is a first not only in New Zealand, ladies and gentlemen, but also in the world. This is an historic moment. We need to acknowledge that this country of ours leads the way in so many aspects. We have led the way for women getting the vote. We have led the way in the past, and I hope we will do so again in the future in social policy and certainly in human rights."



Change for the Better

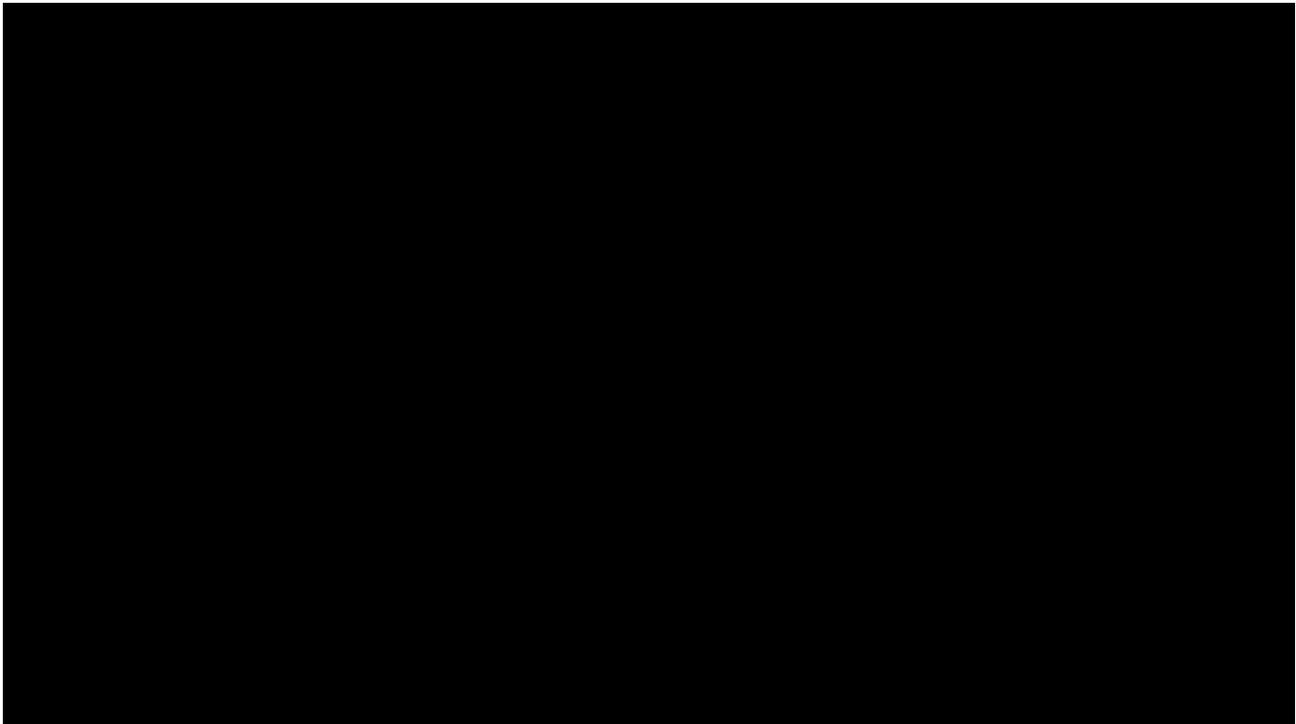
Author: Georgina Beyer and Cathy Casey

Publisher: Random House, New Zealand (2000)

I.S.B.N.-13 978 1869413717

From Fishpond Books:  George Bertrand was born in 1957, an ordinary boy who was to become an extraordinary woman. As he grew up, George realized he was a woman trapped inside a male body. Once he discovered that men could live as women, Georgina Beyer was born. This volume follows that difficult rebirth, Georgina's time working in the sex industry in the 1970s and '80s, a brutal rape in Sydney and her liberation by a sex change operation in 1984. Since then, Georgina

has achieved acclaim as an actress, including a nomination for a G.O.F.T.A. award for best actress in 1987, has tutored unemployed youth in drama, was elected to the Carterton District Council in 1993 and became the first transsexual mayor in the world in 1995. This account of Georgina's life gives an insight into New Zealand's intolerance of sexual difference. It is a story of a struggle for acceptance as a transsexual and of extraordinary determination to change life for the better.



This short film, courtesy of [Girl On A Bike Films](#)  and You Tube features performer/politician Georgina Beyer from the *Assume Nothing* Exhibition. This exhibition exploring alternative gender identity toured New Zealand Art Galleries and Museums for eighteen months and features the photographs of Rebecca Swan and the films of documentary director Kirsty MacDonald.

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.

