

Polare



MAGAZINE OF THE NEW SOUTH WALES
GENDER CENTRE

Edition 94
January-March 2013

The Gender Centre & Aurora Foundation present:

transtopia

2013

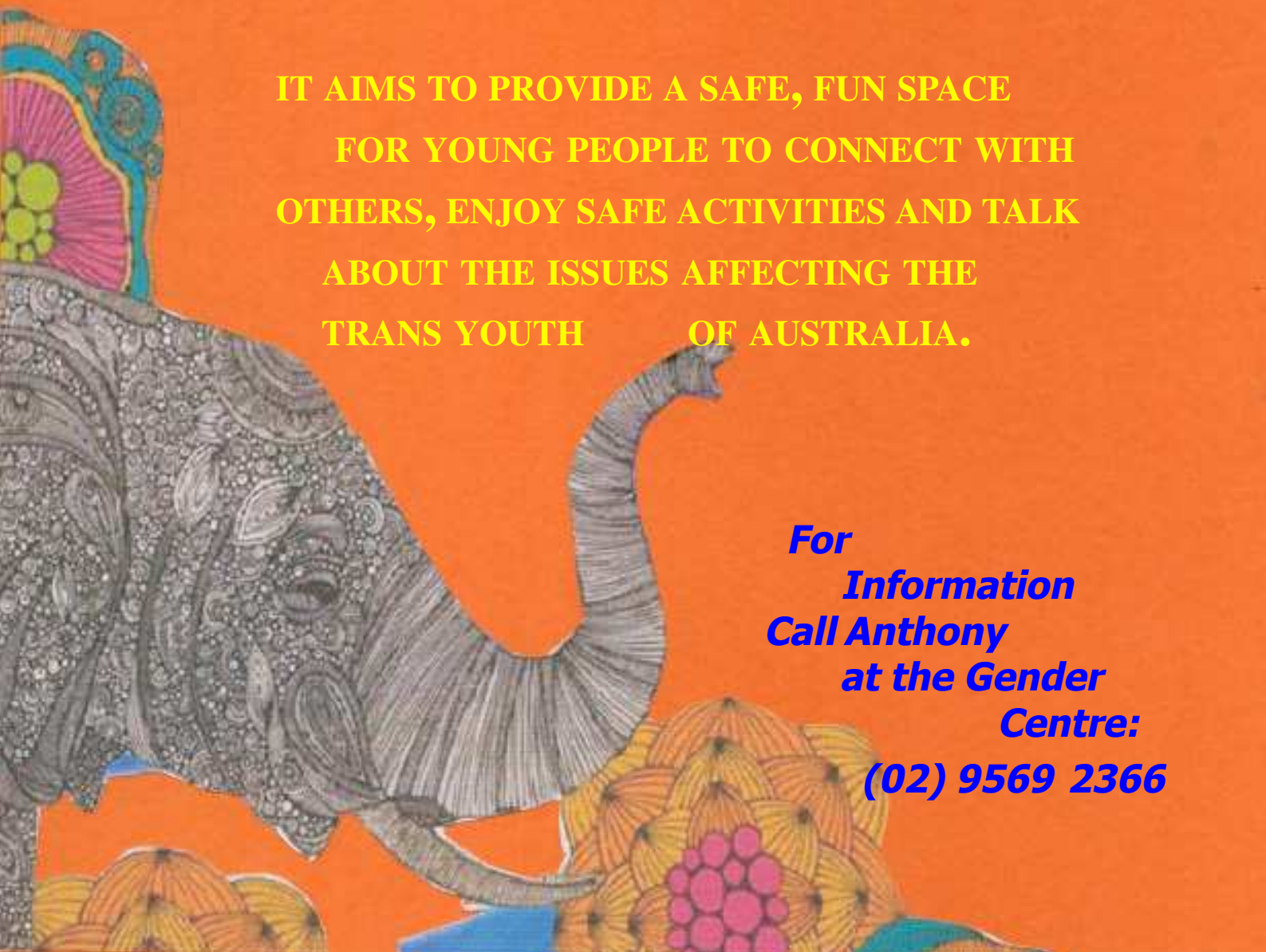
gender-questioning?

gender-queer?

‘TRANSTOPIA’ IS A MONTHLY GROUP TO BE HELD OVER TEN MONTHS IN 2013 FOR TRANSGENDER YOUTH BETWEEN THE AGES OF FOURTEEN AND NINETEEN...

IT AIMS TO PROVIDE A SAFE, FUN SPACE FOR YOUNG PEOPLE TO CONNECT WITH OTHERS, ENJOY SAFE ACTIVITIES AND TALK ABOUT THE ISSUES AFFECTING THE TRANS YOUTH OF AUSTRALIA.

***For
Information
Call Anthony
at the Gender
Centre:
(02) 9569 2366***





the Gender Centre Service Magazine

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

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

We offer a wide range of services to people with gender issues, their partners, families and organisations, and service providers.

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

the Gender Centre

The place to go for confidential, free services for people with gender issues.



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Petersham
NSW 2049**

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reception@gendercentre.org.au

Website:

www.gendercentre.org.au

**The Gender Centre is staffed
9am-4.30pm Monday to Friday**



Our Services

- Support and education
- Social and support groups
- Drug and alcohol counselling
- Quarterly magazine *Polare*
- HIV/AIDS information
- Condoms and lube
- Needle exchange
- Accommodation
- Referrals to specialist counselling, medical, HIV/AIDS, education, training, employment, legal welfare, housing and other community services
- Outreach - street, home, hospital and jail
- Counselling and support groups for partners and family

Residential Service

For all enquiries relating to the residential service, please contact us.

The TAVP Report *Stand Tall Against Violence* is the culmination of a year-long project devised and coordinated by the City of Sydney Council, the Inner City Legal Centre, the NSW Police Force and the NSW Gender Centre. The report was launched by the Deputy Lord Mayor of Sydney, Robyn Kemmis, at the Transgender Day of Remembrance observance at Parliament House on 20 November 2012. It can be downloaded from the Gender Centre website (www.gendercentre.org.au).

Gay and Lesbian Counselling

Telephone - Counselling:

☐ General line daily 5.30pm to
9.30pm
Sydney Metro 8594 9596
Other areas of NSW 1800 184 527

☐ Lesbian line
Monday 5.30pm to 9.30pm
Sydney Metro 8594 9595
Other areas of NSW 1800 144 527

GLCS also offers face- to-face support groups including:

- Talking it out - Men's Discussion Group
- Women's Coming Out Group
- SMART Recovery Program
- And other groups to be announced soon.

For further information please
contact GLCS Administration
on:

(02) 8594 9500

Or via the website:

Website: www.glcsnsw.org.au

Or by mail:

PO Box 823, Newtown, NSW, 2042

Leaving PRISON is TOUGH... I
could do with some genuine
SUPPORT



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The WIPAN mentoring program
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If you are interested in having a Mentor,
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Advocacy Network (WIPAN)

Ph: 02 8011 0693

Mobile: 0415 454 770

Email: mentoring@wipan.net.au

Website: www.wipan.net.au

Having a MENTOR has changed my life
... my FUTURE is BRIGHTER than ever!

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for submissions to the next
edition of *Polare* is the
eighth of March 2013

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THE FINE PRINT

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Unsolicited contributions are welcome although no guarantee is made by the editor that they will be published, nor any discussion entered into. The right to edit material contributions without notice is reserved to the editor. Any submission that appears in *Polare* may be published on the Gender Centre's Website.

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Happy New Year!

With assorted loonies drawing attention to the Mayan calendar, as if it were an apocalyptic forecast rather than an interesting artefact, followed by the start of a New Year in our own calendar and other assorted days of note at

the end of the year (Christmas Day, Transgender Day of Remembrance and so on), my mind turned to calendars in general and I began wondering about some of the illogicalities and oddities in the system.

Why, for instance, do we start the year on the first of January? I have nothing against the date, *per se*, but it is not significant in terms of the planet's movements around the sun. It is neither a solstice nor an equinox and has no claim to significance other than as an arbitrary human choice.

I talked with friends and did some reading and found, not at all to my surprise, that the Romans had a lot to do with it. The first Roman calendar we know of was attributed to Romulus, the founder of Rome, around 753BC.

In the Romulus calendar (I might have said Romulan, but hesitated to confuse the issue by involving Trekkies who have their own pantheon and liturgy), the year started with Martius, a month that included the Spring solstice, important to an agrarian culture.

The year had only 304 days and there were ten months, many of them named after their number in the sequence of months (e.g. Octobris was the eighth month, from *octo*, meaning eight).

The calendar was reformed in 713 BC, adding two new months, Januarius (January) and Februarius (I'll let you guess). These were interpolated before Martius and added fifty-seven new days to the year (including six taken from the existing months). This gave them a year of 355 days.

In order to keep the calendar year in line with the solar year a leap month called the Mensis Intercalaris was inserted when needed in the

middle of February, for a year of 377 or 378 days.

Julius Caesar revised the calendar again in 46 BC, achieving a 365 day year, and included a Leap Day every four years, but it was left to Pope Gregory XIII in 1582 to tidy up the remaining few minutes per year not accounted for by the Julian calendar. We live by the Gregorian calendar, although some of the Eastern European countries maintain the Julian calendar for liturgical purposes.

Which still leaves me wondering whether, assuming Christ *was* born on December 25, which seems unlikely, he was born at the end of 1 BC, or did those seven days constitute the whole of 1 AD? It seems odd to have a dating system predicated on an event said to have occurred part way through December, and then move the date for numbering following years to January 1.

.Why not start the new year on December 25? This is not as absurd as it looks at first glance (although it is pretty absurd) as in Britain the New Year started on 25 March (close to the vernal equinox, but tagged onto Lady Day, the Feast of the Annunciation of the Blessed Virgin), until 1752.

Handwritten letters from the period are sometimes dated with the wrong year because people forgot that March 25 was no longer New Year's Day.

Janus, who gave his name to January, was the god of beginnings and changes, of gates, entrances and exits. He is represented with two faces, one facing the past and the other the future.



Janus

Maybe we should adopt him as a mascot, since he presided over transitions. His temple in Rome had doors which were closed in peacetime and only opened when Rome was at war. For obvious reasons they were open most of the time.

Incidentally, the Romans believed December 25 to be the winter solstice, which may account

for its appropriation by the Christian church to be a holy day.

What does all this have to do with the wonderful world of transgender? Simple. Everyone should be thinking all the time and they should be asking questions, (like “Why do we start the year on January 1?”) and when they are not asking questions they should be seeking answers.

Why? Because it is only by asking questions, refusing to accept as true “what everyone knows” and trying to find new and better answers, that we will eventually achieve social equality and the place in society we have so long been denied. It is through reason and logic that we must attain our goals if they are to be comprehensive and lasting. Marching in the streets, mindless sloganeering and threatening those who have been taught that we are a threat to traditional society will achieve nothing worth having.

Which leads us on neatly to the Transgender Day of Remembrance, which combines the ideas of memorialising events by specific dates and the regrettable truth that every year transgenders are attacked and sometimes murdered for no reason other than mindless prejudice.

The Transgender Day of Remembrance for 2012 was held, for the third consecutive year, in the NSW Parliament building, sponsored by Penny Sharpe MLC (Labor), Cate Faehrmann MLC (Greens) and Trevor Kahn MLC (Nationals). The event was catered by the Parliament House service through the generosity of the City of Sydney Council and attended by an audience of seventy-four interested and concerned people, including members of the police force (6), the Greens (7), the transgender community (many) and the general public (several). This was nearly twice as many as attended on each of the previous two occasions.

This may have resulted from our decision to hold the event on the actual date of the

Transgender Day of Remembrance, November 20, which fell on a Tuesday, a sitting day for both houses of Parliament. In the past we have held the gathering on the closest Friday, in order to avoid Parliamentary sitting days.



Robyn Kemmis, Deputy Lord Mayor, launches the TAVP Report on Transgender Day of Remembrance

This turned out to be a successful stratagem as two MLCs from the Greens attended (Cate Faehrmann and David Shoebridge), as well as Trevor Kahn MLC from the Nationals, the Independent MLC, Alex Greenwich and Penny Sharpe MLC and Carmel Tebbutt MP from the Labor Party.

The event was called to order at 10.30am and after housekeeping messages the Deputy Lord Mayor, Robyn Kemmis formally launched the Transgender Anti-Violence Project Report.

The Report is the culmination of a year’s work by a consortium consisting of the Sydney City Council, the Inner City Legal Centre, the NSW Police Force and the NSW Gender Centre. The Project served two major purposes, to support those members of our community who suffer violence, by accompanying them when they make formal reports and by recording their experiences, gathering, for the first time, reliable statistics on violence against transgenders, statistics which have in the past been submerged in other forms of violence, or have been lost because transgenders did not wish to draw attention to themselves by reporting the attacks.

The Report is available on the Gender Centre website (www.gendercentre.org.au) in pdf format (1.1 mb) and is well worth a look. For the first time we have statistics from which to form a first approximation of the level of violence against transgenders.

The statistical analysis and formatting of the report were carried out by Che Bishop, a volunteer who worked with the Gender Centre throughout 2012. Thank you, Che!

Katherine



RPA SEXUAL HEALTH CLINIC

24 Marsden Street, Camperdown,
NSW, 2050

PHONE: (02) 9515 1200

WHAT DOES THE SEXUAL HEALTH CLINIC DO?

- Testing, treatment and counselling for sexually transmissible infections, including HIV
- Gay men's sexual health check-ups
- Sex worker health checks
- Men's and women's sexual health check-ups
- Advice on contraception
- Pregnancy testing and counselling
- Free condoms and lubricant
- Needle and syringe program and sexual health check-ups for people who inject drugs
- Hepatitis testing and vaccination
- Post-exposure Prophylaxis (PEP) for HIV

WHAT HAPPENS WHEN YOU VISIT THE CLINIC FOR THE FIRST TIME?

You will be asked to fill out a registration form.

The information you give us will remain confidential and will be put in a numbered file. Keep this number and quote it for any test results and when making future appointments.

A nurse will determine whether you need to see a doctor or nurse for a medical issue or a counsellor to discuss information on sexual health, safer sex or relationship issues.

SOME COMMONLY ASKED QUESTIONS

Do I need an appointment? *Yes, appointment is preferable.*

Do I need a Medicare card? *No, you don't need a Medicare card.*

Do I need to pay? *No, all services are free.*

Do I need a referral from a doctor? *No, simply call 9515 1200 for an appointment.*

(Interpreters available)

NEWS ITEM OF INTEREST

'PREGNANT MAN' IS DENIED DIVORCE

Thomas Beatie, an American FTM who retained his female reproductive organs became widely known the first time he became pregnant. He did so because his wife, Nancy, was unable to bear children. He received a tremendous amount of media attention, was widely known as the Pregnant Man and was interviewed many times on widely watched talk shows (Oprah Winfrey, Larry King and others).

Beatie conceived using donated sperm and eventually bore three children. After a nine-year marriage Thomas and Nancy decided they wanted a divorce and this has resulted in more complications for the Beaties, as the Arizona judge who was asked to rule on the case has



Nancy and Thomas Beatie with daughter Susan

decided he probably does not have the right to dissolve what he sees as a same-sex marriage, as these marriages are not legal in Arizona.

One of Beatie's attorneys has pointed out that if the ruling is accepted that the marriage was invalid and therefore cannot be dissolved, Beatie will profit by not being liable for alimony. Beatie, however, wants the divorce in order to prove the marriage was legitimate. "He loses money, but he wants to be told it's valid," said his lawyer.

Beatie was born in Hawaii as Tracy Lagondino and began testosterone treatment in 1997. He had a double mastectomy and chest reconstruction in 2002. He changed his name and documentation under Hawaiian law.

He married Nancy in 2003 before moving to Arizona with his wife and three children, who are now four, three and two years old.

STAFF VACANCY AT GENDER CENTRE

The p/t position of Residential Case Worker (14 hrs/wk) at the Gender Centre is vacant. Classification: Community Services Worker Grade 3.2. \$23.15 p.h. For details contact Phinn Borg, Mgr, NSW Gender Centre, POB 266, Petersham 2049 or (02) 9569 2366. Closing 4 Feb 2013

QUEENSLAND GENDER CENTRE

The Queensland Gender Centre is run solely by a transsexual in Brisbane, Queensland, Australia with the aim of assisting those in need of accommodation and assistance. It is open to all those who identify as transsexuals and who are mentally stable and drug and alcohol free.

The location of the shelter is kept confidential to protect the tenants. The accommodation is in an upmarket suburb on Brisbane's upper north side.

You can stay either up to six months or twelve months and we can house up to six people at a time.

If you want more information or are interested in assisting with the project, please telephone, write or email the Queensland Gender Centre. Contact details on the Directory pages.

Central Coast Transgender Support

The CCTS is a totally free and unfunded service to all with gender issues. It offers guidance to all who are contemplating commencement of the medical and psychological requirements that are involved in full MTF transition under the Harry Benjamin Standards of Care.

The Centre also provides access to high quality, subsidised and certified permanent hair removal and offers alternative direction and instruction for the control and management of problem hair or chronic hirsutism.

CCTGS operates Monday to Saturday 10am-10pm

Ph:0404 054 000

Email:smh101@exemail.com.au

LEGAL PROBLEMS?

The Inner City Legal Centre will be providing advice sessions for clients of the Gender Centre.

The ICLC can advise in the following areas:

family law | criminal matters | fines | AVOs | victim's compensation | employment | identity documents | police complaints | discrimination | domestic violence | sexual assault | complaints against government | powers of attorney | enduring guardianship | wills | driving offenses | credit and debt | neighbourhood disputes

Dates for 2013 have not been set but sessions will be held monthly. To make an appointment please contact a Gender Centre Staff member on 9569 2366 or email reception@gendercentre.org.au. Bookings are essential

On September 4 2012, the United States District Court made a landmark decision, ordering an inmate to be provided with a taxpayer-funded gender reassignment operation. The decision has sparked controversy around the world. It exposes to the media and public scrutiny the important but rarely considered human rights issue of the entitlements of transgendered inmates.

This issue is highly significant because of the disproportionately high risk of assault, sexual assault, self-harm and murder that transgender people face in prisons. A major cause of this is the strict male-female segregation within prisons, which is disturbed by people who do not fit into these clear-cut categories.

This article rationalises the decision in the context of rights of inmates to medical treatment in situations of necessity, examining how a case that may initially seem counterintuitive and unjust is actually the implementation of equal, fundamental rights, and argues that the same standard needs to be applied internationally, including Australia.

A small percentage of people feel a genuine separation between their biologically determined sex and their own sense of gender. This condition has been recognised by the International Classification of Disease and the American Psychiatric Association as Gender Identity Disorder (GID), although its status as a disorder is disputed. Importantly, it is not a mental illness and cannot be cured with psychiatric treatment.

The condition can lead to a sense of detachment from the physical prison of the body and affect interactions with other people. Constant feelings of confusion, unhappiness and a sense of disconnection can cause unbearable mental and emotional stress, which in extreme cases can lead to self-harm and be a contributing reason for criminal behaviour.

Entitlement to gender reassignment is a highly significant human rights issue. People should have the freedom to express themselves without interference or fear, as long as the behaviour causes no harm to others. This includes physical alteration to bring one's body in line with one's

by Wendy Tian (from Justice Action)

sense of self. For some, gender reassignment is the only way of alleviating the continual emotional pain caused by the sense of not belonging in one's own body. In many cases, in order to prevent harm inflicted by transgendered people on themselves or on others, surgery is a medical necessity, whether the person is inside or outside prison.

GID can be a significant contributory factor that can drive transgender people to commit violent crimes, as the stress it causes can have a serious impact on mental state. People may be even more in need of immediate treatment because the treatment may help relieve their stress and improve their psychological condition, thus aiding rehabilitation. At worst, treatment may be necessary to prevent transgender inmates from harming themselves or others.

This issue has been highlighted by the recent United States case of Michelle Kosilek, formerly Robert. After being convicted for murdering her wife in Massachusetts in 1990, she was sentenced to life in Norfolk prison. Kosilek, who suffers from GID, was so tormented that she attempted castration and suicide (twice). She successfully sued the government in 2000 for violation of the Eighth Amendment, which protects against cruel and unusual punishments.

She subsequently received hormone treatments but not surgery. On September 4 2012, in the District Court, Judge Wolf made a landmark decision directing state officials to provide gender reassignment surgery to Kosilek. Judge Wolf found that the state had breached Kosilek's constitutional rights by denying it, and that the treatment was the only way of addressing Kosilek's serious medical needs. This is the first decision of its kind, and inmates in Colorado, Idaho, California and Wisconsin have been unsuccessful in similar claims.

In Kosilek's case, gender reassignment surgery was considered a form of necessary medical treatment, which inmates are entitled to in both the United States and Australia. It was established to be necessary in order to deter Kosilek from self-mutilation and suicide. This emphasises the idea that, like many other medical conditions, GID can lead to pain, suffering and death. Even if the harm is mental

or self-inflicted, it can be just as, or even more, severe. It is important that inmates are able to receive medical treatment if it is necessary for the preservation of their physical and mental wellbeing. If the treatment is gender reassignment surgery, inmates should be entitled to receive it just as much as they would any other health service. Transgender inmates should not be prevented from necessary treatment because of their minority status and their unique circumstances. To exclude them from this basic right to medical treatment is a form of discrimination.

Moreover, Judge Wolf found that, by not allowing Kosilek to undergo surgery, the State was actually breaching her right under the Eighth Amendment to the United States Constitution that forbids cruel and unusual punishment. Although Australia does not have a Bill of Rights or an equivalent document prohibiting cruel and unusual punishment, Australia has readily signed documents such as the United Nations Convention on Torture and Other Cruel, Inhuman Treatment or Punishment, which, although not legally binding, should nevertheless be upheld.

It is crucial that the scope of this entitlement be limited to situations where the treatment is desired by the inmate and approved and determined to be necessary by a medical practitioner. After ensuring that the inmate wants gender reassignment, extensive investigation into whether an inmate is mentally suitable for surgery should first take place to confirm that it is the only viable option and will produce a positive outcome.

This is because the operation would need to be taxpayer-funded. This is the primary issue that incited criticism over the Kosilek decision. Transgender support organisations, however, have supported the decision, saying that it highlights the critical importance of gender reassignment surgery in situations like this.

The justification for taxpayer-funding is that gender reassignment surgery is simply a form of medical treatment that should be allowed if it has been established as being necessary for the improvement of an inmate's physical or mental health and the belief that failure to

provide it would constitute cruel and unusual punishment.

The United States decision regarding Michelle Kosilek raises the important issue of the rights of transgender people in prisons. This is a human rights issue that essentially questions whether the right of inmates to receive medical treatment when it is deemed necessary for their physical or mental wellbeing is uniformly applied to transgender inmates. This article contends that gender reassignment surgery is simply a form of medical treatment, which inmates should have the right to access if it prevents harm to themselves or others. Therefore, transgender inmates should be able to receive taxpayer-funded gender reassignment surgery in prison if it is desired by the inmate and determined to be necessary by a medical professional. To deny them this right is to deny them a basic right against cruel and unusual punishment, a right that Australia has an obligation to uphold under international conventions. It is important that there is further international attention, education and exploration of this human rights issue, following this decision, in order to provide fair and equitable treatment for inmates, particularly transgender inmates who have so far been disadvantaged by the prison system.

*Justice Action can be contacted on:
ja@justiceaction.org.au*

Barbecues and other events 2013



Watch the Gender Centre Website, Twitter and Facebook

Speaking Personally, by Marika

During the three or four years of my gender-realignment, I think I can honestly say that I was never deluded into believing that my physical appearance in the eyes of others would ever entirely match my idealised feminine self-image. I'm tall, wide-shouldered, have a cleft chin and a voice that will always be problematic.

Nevertheless, I was determined not to make the mistake I'd observed in some others, of over-compensating and presenting as some kind of 'dolly-bird' or 'femme-fatale'. Besides being entirely inappropriate for someone of my background and advancing age, I soon learned that over-presenting is invariably counter-productive and a sure way of attracting negative or uncomfortable attention. I'd also observed that, out and about with a small group of 'trans' friends, it only takes one such individual to draw attention to the whole group.

Now, before I go any further, please understand that what I'm expressing here are my early experiences and sentiments. It wasn't long before I was faced with the reality that I'd made the mistake of going too far the other way. For quite some time I avoided make-up, skirts, heels, elaborate hair-styles and anything else that could be regarded 'over the top', preferring to rely on my natural deportment and mannerisms which, ever since childhood, would have been regarded by most as being effeminate anyway.

In short, my presentation, although to me quite feminine enough, was actually rather more androgynous to others. It took me some time, immersed in the joy of my true gender, to realise how unfair this was to the many strangers I'd encounter in the course of a day shopping, conducting business or passing in the street.

Occasionally, people would get it wrong, addressing me as 'Sir' or 'Mate'. Apart from perhaps being a little disappointing, it never really bothered me too much at first. Their mistake was understandable. However, I soon

came to realise how embarrassing it was to some of them when they realised their mistake.

Worse would be their pained apologies leading to my own discomfort. It became clear to me that the only way to avoid causing others such confusion and possible embarrassment was to

make more of an effort to present in such a way as to remove any doubts as to my gender. Although I don't think it will always be so in the future, the reality, right now, is that society requires us to be unambiguous, whether we like it or not.

I discussed this with my counsellor and she was, as always, very helpful in advising me how to go about achieving the kind of balance of presentation that is neither too extreme or so low-key as to be ineffectual. The first, and I now realise, most important

thing she taught me was the importance of discreet make-up and the value of investing in product that is always correctly matched to one's skin-type and colour.

It's so easy to over-do it and, unfortunately, this is a common mistake, the basic rule being 'less is best'. I've found the girls at my local pharmacy to be delightfully helpful and I much prefer to be guided by them rather than being influenced by glossy ads in magazines and then, belatedly, discovering the shade or quality of an over-priced product doesn't match the promise.

Girlfriends encouraged me to seriously start looking for feminine clothing with an emphasis on understated quality and style, rather than the frilly, lace and chiffon which, they observed, has many of us in early transition looking as our mothers may have done in earlier decades.

At first, this was quite a challenge because, as a pensioner, my resources are somewhat limited. Shopping at David Jones, Country Road, Ralph Lauren etc. was depressing. So many beautiful things, but invariably beyond my means or not in my larger sizes. However, I soon learned that it is possible to put together a decent 'mix and



Marika

match' wardrobe fairly cheaply by shopping around. Something I now really enjoy doing.

We're fortunate, right now, to be going through a time when the 'rag-trade' is being flooded with some pretty decent fashions from China, the Philippines, Thailand and Indonesia. It's a very competitive market, which keeps the prices down.

Following is a list of retailers where I've found decent quality clothing at a fair price.

Target. A wide range of always contemporary ladies' fashions of decent quality and value. Good for quality lingerie and swimwear. I especially like the 'Moda' range for 'fuller' figures, up to size 26. There's also a good range of shoes up to ladies' size 11.

Watch out for their seasonal sales. I've picked up some real 'end of line' bargains from the sale racks.

Autograph. A stylish range up to size 26 at a fair price. Again, some real bargains to be found at their sales. Membership benefits. They're also on-line and offer free shipping on most items.

Millers. A good range of budget clothing for the older woman looking for the smart and practical rather than high fashion. Take time to browse. I've occasionally found a little surprise or two tucked along the racks. Membership rewards.

K-Mart. A really good range of casual skirts, tights and slacks up to size 18. All under twenty dollars. Their 'Now Plus' range to size 26 is good for blouses and dresses. Although the range tends to be limited at any one time, the turn-over is good so it pays to drop in fairly frequently. I bought a couple of versatile tops for only five dollars each almost a year ago. I wear them a lot, and they're still good.

Crossroads. Similar to Autograph, and may even belong to a shared parent company. A good turn-over, so worth dropping into occasionally. Slightly better than average

quality, but not significantly more expensive. Membership discounts.

Big W. Always a good range of casual day-wear and beach-wear towards summer. Their 'Avella' range has some quite nice dresses up to size 26. The range of ladies shoes go up to size 11 and they are, generally, quite well-made, comfortable and durable, especially those bearing the 'Grosby' label.

Myer. For something a little more up-market for a special occasion, I've found their 'BB' and 'ts' ranges for fuller figures not to be quite as pricey as David Jones and their occasional 'sale' racks are well worth scouring for a bargain or two.



During the early stages of putting together a wardrobe I made many mistakes, but rarely the same mistake twice, thanks to candid advice from women friends. My most costly mistake, I soon learned, was to trust size-labels and to buy things

without trying them on first. 'Vinnies' did very nicely from me during that period...

Women will rarely buy clothing without trying and, furthermore, tend to take as many alternative items into the changing rooms as is allowed.

It makes sense, testing though it may be to partners patiently waiting outside. Especially so when the lady declares that her final choice rests on something she tried on in another store an hour or so earlier, and wants to go back there to try it on again....

I also learned that the first and most important criterion, when it comes to dressing, is to understand my shape and its limitations and to always be mindful of this when buying a new item. It's all too tempting to go for something that looks wonderful on the rack or draped around the stick figure of a mannequin.

Because of my small posterior, tight-fitting skirts are out of the question, as is anything showing my knobbly knees. My broad shoulders, strong arms and wrists are best draped in loose fitting tops with generous sleeves.

Because of my height and posture, heels anywhere above 'wedge' are out. I tend towards neat court-shoes or ballet-flats. For 'mature age' comfort, I recommend 'Homy-Peds', stocked by some of the better pharmacies.

My hairdresser has been very helpful in advising me as to what to avoid and those hairstyles that would be better choices. I do realise, of course, that, sometimes, advice may not always be the best, but I guess that's why it's important to be especially mindful of how those giving it present themselves...

Oh..., and before I sign off...In *Polare 93*, I suggested I was about to test my intestinal fortitude. I did so in September by jumping out of an aeroplane at 14,000 ft. If we should happen to meet out-and-about, I might just bore you with the details over a coffee or two... Love

Marika

**WOULD YOU LIKE TO
HEAR BY EMAIL?**

The Gender Centre is compiling a list of email addresses of those clients and friends who would like to be notified of social, support, educational and other functions and events of interest.

Just email us

reception@gendercentre.org.au

Put "Email list" in the subject line and give us your first name and Email address.

Over 55's Group

A Mature Person's Group

Programme Jan-March 2013

Thursday 10 January 1.30pm to 3.30pm
Discussion Topic: Creating
your own fortune-telling
cards

Led by Janet Tinas

Thursday 14 February 1.30pm to 3.30pm
Discussion Topic:
Creativity with paper
Led by Marika Jackson

Thursday 14 March 1.30pm to 3.30pm
Discussion Topic:
Understanding the diversity
of XXY
Led by Canice Cody

This group provides opportunities for the sharing of experiences and talking about our future goals as individuals.

Come and enjoy your participation in this interesting Group.

Transgender Anti-Violence Project (TAVP)

The mission of the Transgender Anti-Violence Project is to provide education, support, referrals and advocacy in relation to violence and oppression based on gender identity.

The Project addresses all forms of violence that impact on the transgender, gender diverse and gender-questioning community, including (but not limited to) domestic violence, sexual violence, anti-transgender harassment and hate crimes.

Transphobic crimes affect many gender-diverse people in Australia each year.

The Transgender Anti-Violence Project provides a range of free, confidential services and has already helped a number of people who have experienced incidents that include verbal abuse, physical attacks, bullying, harassment and discrimination.

The TAVP needs to know about your experiences to be able to help you personally and to document the event in order to stop it from happening to others.

What can I report?

You can report anything to the TAVP. Some examples follow:



- Physical assaults
- Verbal abuse and threats
- Sexual assaults
- Stalking
- Domestic violence
- Family violence

When you make a report to the TAVP you will be assigned a support worker, to assess the nature and level of support you may require. The Project will then provide you with ongoing assistance and referral services, including support when reporting to police, counselling, legal support, court support and medical support and follow-up support.

To make a report, call the Transgender Anti-Violence Project on 9569 2366

or 1800 069 115 or report online at www.tavp.org.au

Do You Believe You Are Intersexed?

If so and you would like to know more and meet others like yourself then contact:

OII Australia [Organisation Intersexe Internationale]

at PO Box 1553, Auburn, NSW, 1835 or at:

oiaustralia@bigpond.com

or visit our website at www.oiaustralia.com

Wrestling for Fitness and Fun

by Maggie Smith

A few months ago I saw an ad for a beginner's workshop in freestyle wrestling with the Harbour City Wrestling Club. As a kid and teenager I was always wrestling friends and used to love it. Being a woman now in my forties I don't really get much of a chance to wrestle anyone except the kids anymore so I thought I would go along.

I was the first woman to attend the club. The guys were fantastic. They were incredibly welcoming and once they realised I wasn't going to cry or break when wrestling they treated me the same as anyone else there.

The workshop was the hardest thing physically I have ever done. (I have exercised pretty regularly all my life so that's saying something). I hurt for a week afterwards, and in parts of my body I didn't know could hurt, but I went to training the following Friday night and am now well and truly addicted to wrestling.

The club is a very inclusive and safe place to exercise. Wrestling by nature is a very close contact and I have never felt uncomfortable hitting the mats and wrestling the guys.

Wrestling is a fantastic form of exercise and a fantastic way to let off a bit of steam. You will work all the muscles in your body. Because it is a new type of exercise it's quite normal to be a bit sore the first few times but this will pass. Come along and try it out on a Friday night.

Club Information

The Harbour City Wrestling Club, (HCWC), (also known as Sydney Silverbacks) is a gay and lesbian not-for-profit community freestyle wrestling club based in Sydney. HCWC welcomes men, women transgender, gay, lesbian, bisexual, straight. The club welcomes anyone willing to give wrestling a go and approach the club with the respect and acceptance club members show to everyone else.

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Founded in 1993, the club has since become incorporated and now runs weekly wrestling training nights, beginner workshops and regular intra-club tournaments. It also participates in international competitions including the Gay Games, and Don Jung Tournament in San Francisco.

The club trains in Freestyle wrestling (a style that allows moves above and below the waist), and incorporates moves from Graeco-Roman

wrestling (a style that allows moves above the waist only). Think style wrestling.

Wrestling is a great way to get fit while having fun. The sport incorporates full body movements to build strength, fitness, and explosive movement. Wrestling can also be seen as a non-violent self-defence type training that builds

self-confidence and self-esteem.

Wrestling is a year-round sport. The club runs weekly training on Friday nights at the Boxing Works, 23 Pelican Street, Darlinghurst, NSW, 2010. All levels are catered for: from beginners to experienced wrestlers. International wrestlers are also welcome. Your first wrestling session is provided free of cost or obligation. Just come and give it a go.

Spectators are also welcome at training nights.

Location:

The Boxing Works, 23 Pelican Street, Darlinghurst, NSW, 2010. It is the old Gold's Gym site located behind the Oxford St Hungry Jack's.

When you arrive, just ask for Harbour City Wrestling Club at reception.

Time: 7.00pm-8:30pm.

Please arrive a little earlier to change and make your way to the mat for the 7.00pm warm-up. Locker keys can be obtained from reception. Change rooms are upstairs.



Photo courtesy of HCWC training night



NEEDLE EXCHANGE



7 Bent Street,
PETERSHAM
(02) 9569 2366

9-4.30

Monday to Friday

A confidential free service for people with gender issues (*Ask for the Outreach Worker*)

Sharps Containers

Pill Filters
Condoms
Spoons
Water
Fit Packs
Swabs
Dams



Syringes
1ml, 2.5ml,
5ml
Needles
21g, 23g,
25g, 26g

or phone the Alcohol and Drug Information 24 hr advice, information and referral service. Sydney 02 9331 2111
Country 009.42.2599

Pay-It-Forward Binder Program

is a used binder service that provides used donated binders to:

*** guys in the Australian and New Zealand region who need a chest binder and are struggling financially or cannot obtain a binder through regular channels e.g.: Centrelink recipients, students, individuals who do not have an income, or do not have the support of their families to access binders.

The aim is to alleviate some of the dysphoria experienced by FTMs and to improve their quality of life.

The Pay-It-Forward program accepts donated binders, which are cleaned, sized and passed on to those in need.

The service is based on honesty and should not be accessed by those who are just looking to save money.

Our website is:

<http://binderprogram.ftmaustralia.org> or you can email: binderprogram@ftmaustralia.org



FTM Australia

2013

FTM Australia is a membership-based network which has offered contact, resources and health information for men identified *female* at birth, their family members (partners, parents, siblings and others), healthcare providers and other professionals, government and policymakers since 2001.

Newsletter

Our newsletter - *Torque* is published four times a year for the benefit of members, their families and service providers. *Torque* is available as a pdf document which is emailed to you or available on our website. All the information about *Torque* is on the website at

www.ftmaustralia.org/resources/torque.html

OzGuys Discussion List

Our e-mail discussion list is called OzGuys.

OzGuys - is open to FTM Australia members living in Australia and New Zealand.

Goals of the discussion list include:

- To encourage friendships and information sharing amongst members
- To empower members and their families in understanding transsexualism
- To encourage members to adopt positive images of being men in society and achieve anything and everything they dream of.

For more information please visit <http://groups.yahoo.com/group/ozguys/>

To find out more or read our resources please visit our website at www.ftmaustralia.org

TRANSWOMAN ALLOWED TO HELP RAISE HER DAUGHTERS

A forty-nine-year-old transwoman has been awarded the right to participate in the raising of her daughters, after a three-and-a-half year legal battle. The daughters are aged seven, twelve and seventeen and their parents will have shared responsibility for them, except in areas of education and health, where the birth mother will have complete control.

The girls will live with their mother after having suffered ridicule from other children about their father's gender reassignment.

The mother has remarried and the transwoman, known as "Mrs Parer", has been living in a same-sex relationship.

The mother raised in court her concerns that Mrs Parer had introduced the girls to other transgenders and had allowed them to be photographed at the Gay and Lesbian Mardi Gras family fun day, and showed them an M rated film about being transgender. The girls also appeared in a magazine "beside photos of men pole-dancing and kissing".

The two older girls refuse to see their father but the magistrate said that eventually Mrs Parer would be allowed to have her youngest daughter home to stay overnight.

MALAYSIAN LAWYER REMAINS RECALCITRANT ON ASEAN HUMAN RIGHTS DRAFT

Azril Mohd Amin, Vice-President of the Muslim Lawyers Association of Malaysia is insisting that LGBT rights must be removed from the human rights declaration being drafted



Azril Mohd Amin

by the Association of Southeast Asian Nations (ASEAN). Amin maintains that recognition of the rights of LGBT people would "be confusing and destructive to the development and witness of our own children". He went on to say that "Malaysia and those who are against LGBT rights are thereby protecting the human race from the secular fallacy, perpetrated by the

United Nations, that human beings may do as they please, within their so-called "sovereign borders" (as laid down by the European powers).

Mr Amin has an MA in Human Rights from the University of London's Institute of Commonwealth Studies.

1st INTERNATIONAL CONFERENCE ON LGBT PSYCHOLOGY TO BE HELD IN 2013

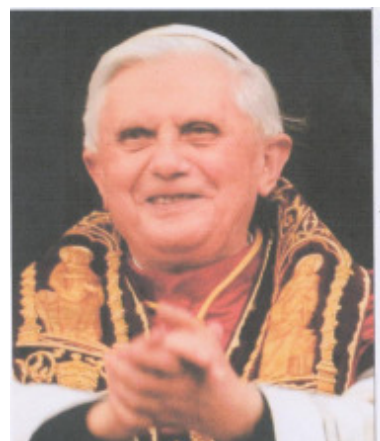
The first international conference on LGBT psychology will be held from June 20 to June 22, 2013 in Lisbon, Portugal. It is intended to create a forum for students, researchers and scholars interested in LGBT research to discuss current work in order to bridge the gap between LGBT research and the realities in which the LGBT communities live.

Speakers from Britain, the United States and Australia will be among those presenting addresses.

For further information and registration go to www.lgbtpsychology2013.com

CHRISTMAS MESSAGE FROM THE POPE

Pope Benedict has pontificated to the faithful in his Christmas message that marriage equality will destroy the very foundations of the family and "what it means to be human".



Pope Benedict XVI

The Pope went on to say that a person's gender is God-given and unchangeable, and he sees 'same-sex marriage' as a manipulation of nature.

He further denounced those who manipulate their God-given identities to suit their sexual 'choice', destroying the very essence of the human creature in the process.

He has said in earlier speeches that gay marriage, abortion and euthanasia, are threats to world peace.

1.30pm		Feb 4, 25 Women's Group	Mar 25 Women's Group	Apr 29 Women's Group	May 27 Women's Group	June 24 Women's Group	July 29 Women's Group	Aug 26 Women's Group	Sep 30 Women's Group	Oct 28 Women's Group	Nov 25 Women's Group	
1.30pm	Jan 10 Over 55s	Feb 14 Over 55s	Mar 14 Over 55s	Apr 11 Over 55s	May 9 Over 55s	June 13 Over 55s	July 11 Over 55s	Aug 8 Over 55s	Sep 12 Over 55s	Oct 10 Over 55s	Nov 14 Over 55s	TBA
5.00pm		Feb 20 Youth Group	Mar 20 Youth Group	Apr 17 Youth Group	May 15 Youth Group	June 19 Youth Group	July 17 Youth Group	Aug 21 Youth Group	Sep 18 Youth Group	Oct 16 Youth Group	Nov 20 Youth Group	
6.00pm	Jan 4 FTM Connect	Feb 1 FTM Connect	Mar 1 FTM Connect	Apr 5 FTM Connect	May 3 FTM Connect	June 7 FTM Connect	Jul 5 FTM Connect	Aug 2 FTM Connect	Sep 6 FTM Connect	Oct 4 FTM Connect	Nov 1 FTM Connect	Dec 6 FTM Connect
6.00pm	Jan 14 Parents' Group	Feb 11 Parents' Group	TBA									



The Carmen Rupe Memorial Trust

The Carmen Rupe Memorial Trust (CRMT) is inviting transpeople with a passion for making a difference to join their Advisory Committee.

The CRMT is being established as a registered charity to further Carmen's interest in GLBTI education and social justice through philanthropy and community service. We are looking for talented, motivated people happy to work in a positive team environment to build an organisation capable of achieving great things in Carmen's memory.

The Advisory Committee will provide the Trustees with input on policy and strategy, will lead or coordinate projects initiated by the Trust, and will ensure the CRMT's decision-making processes are informed by the wider community through ongoing consultation. They are especially interested in hearing from members of the transgendered community, the wider GLBTI community and the Maori and Pacific Islander communities.

Former Gender Centre Counsellor, Elizabeth Riley, one of CRMT's foundation trustees, says:

"We're setting out to build a charitable organisation that will educate and empower transgendered people to take greater control of their own lives while helping others, ultimately to educate and engage the wider society in support of all gender-diverse individuals.

For further information please contact Kelly on 0452 454 965

**Gina Wilson**

In the light of debate around same sex marriage, marriage equality and the legal recognition of intersex people, Gina Wilson writes on the marriage rights of intersex people.

The first thing to address is our right to marriage of any sort.

When the Howard government proposed changes to the definition in the Marriage Act so as to make certain that a legal marriage could only be between a man and a woman, it was in fact only making certain that which was already established in law.

In its application to intersex people there is one key question: just what is meant by a union between a man and a woman?

Those of us in the LGBTI communities and those familiar with gender politics recognise man and woman as gender roles and distinct from anatomical sex, and what is male and female. The law and legislation make no such distinction, so that in the Marriage Act the reference to gender, man and woman, is identical to a reference to sex, male and female. This is made clear by the qualifying document required when applying for a licence to marry. That document is a birth certificate and that certificate specifies sex not gender.

The Marriage Act therefore intends that a marriage shall be between a male and female to the exclusion of all others.

In the Case of C and D (falsely called C)

Many suppose the definition of male and female has not been tested in law so far as the Marriage Act is concerned. That assumption is wrong. In 1979 a case was brought before Bell J. sitting on the Queensland bench of the Family Court of Australia. In that case:

The parties went through a ceremony of marriage in 1967 and lived together until about May 1978. The husband, unbeknown to the wife

at the date of the marriage, had been diagnosed as an hermaphrodite and had undergone certain operations. The wife claimed that the husband since the marriage was unable to consummate the marriage and sought an application for a declaration as to the validity of marriage. However, as under the Matrimonial Causes Act 1959 the court did not have jurisdiction to make a declaration of validity of marriage, and as it had been held in England that a nullity suit was the proper method of having a marriage declared to be void and that no declaration proceedings could be entertained, Bell J. Suggested to counsel for the wife that an application for a declaration of nullity be filed, which was done.

Bell in his considerations ventured far and wide through legal precedent much of it not applicable to intersex people. Of that which is relevant:

(iii) the ground in sec. 18(1)(d), namely that “the consent of either of the parties is not a real consent because... (ii) that party is mistaken as to the identity of the other party...”, was made out. The wife was contemplating immediately prior to marriage and did in fact believe that she was marrying a male. She did not in fact marry a male but a combination of both male and female, notwithstanding the fact that the husband exhibited as a male;

and

(iv) further, the definition of “marriage” as understood in Christendom is the voluntary union of one man and one woman to the exclusion of all others for life and a marriage in the true sense of the word within that definition could not have taken place and did not exist.

Bell observed:

At the age of twenty-one years the husband consulted his doctor in Warwick for recurrent abdominal pains. The doctor performed a surgical operation on the abdomen and found that the husband had an ovary and a uterus and he was subsequently referred to a specialist in Brisbane and had four surgical operations at the age of twenty-two years to correct his external sex organs. He also had an operation for the removal of both breasts. As a result the

medical practitioners who were involved presented a paper which was published in the Medical Journal of Australia on 11 June 1966. I do not consider that I need to go into any further details concerning the tragic life of the husband in this case but that to say he has been diagnosed as an hermaphroditus verus; in other words a true hermaphrodite

And that, while his chromosomes were 46,XX, it was recognised that “he was born a male and had been reared as a male”:

As was said in the Medical Journal, an hermaphroditus verus is most uncommon. A karyotype of a cell from the peripheral hood showed a count of 46 chromosomes and a normal female sex chromosome complement and all the cells which were analysed from the husband’s body conformed to this pattern. Notwithstanding the chromosomal arrangement, the surgery carried out on the husband was such as to confirm the recognition that he was born a male and had been reared as a male.

This clearly establishes that the person in question was diagnosed as intersex. “Hermaphroditus verus” or “true hermaphrodite” is currently considered by the medical profession to be an “ovo–testicular disorder of sex development”, a term that OII Australia finds pathologising.

The husband had lived in the male role prior to his marriage to his wife. He had Male on his birth certificate consistent with his application for a marriage licence and the law at the time, as now, prohibiting same sex marriage. Post-diagnosis, he was surgically altered to confirm his male sex assignment. Despite all these factors, Bell J. found:

I am satisfied on the evidence that the husband was neither man nor woman but was a combination of both, and a marriage in the true sense of the word as within the definition referred to above could not have taken place and does not exist. In those circumstances —

It is ordered:

- 1. That the Application for Declaration of Validity of Marriage is dismissed.*
- 2. That a Decree of Nullity is pronounced*

This establishes in law that intersex marriages are unlawful in respect of the Marriage Act and are open to being nullified should one party to the marriage seek that. Annulment is a declaration that the marriage does not in fact exist.

OII Australia agrees with Bell J. that an intersex person is neither a male or a female (a man or a woman) in the biological sense of those words. We do not agree that our biological differences should preclude us from marriage, to the contrary we hold the current definition of a marriage deny many people their human rights by limiting that right to those in possession of certain anatomical features to the exclusion of others.

That is to say, the Marriage Act is contingent on physical biology that excludes in the same way race or disability was once a reason for exclusion.

Re: Kevin

Bell’s Judgement was later considered by the Family Court of Australia in the matter known as *re: Kevin*. The first in 2001 by Chisholm J. sitting in the NSW Family Court, and later in 2003 by the full bench with the consensus judgement being delivered by Nicholson C. J.

It has been speculated that this judgement in fact overturned Bell J findings. We disagree. Observations in those rulings concerning C and D were *inter obiter* comments and did not alter or change any part of the judgement. Bell J stands.

More than that, Chisholm J and Nicholson CJ viewed intersex through the prism of the transsexual experience and in that we hold they were mistaken in their views. No intersex people were called to either of these proceedings and those academics present were only concerned with transsexual matters and the right of Kevin to marry. Chisholm noted in his comments:

Kevin was born in 1965 and given the name Kimberley. His birth certificate recorded his sex as “female”. No doubt he looked like a girl baby when he was born. There is no direct evidence about the state of his body after birth, but on the available evidence I find that at birth his

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genitalia and gonads were female, and he had and continues to have female (XX) chromosomes.

Then in this Kevin was not born physically intersex in the sense that intersex people are born with congenital differences of sex.

Chisholm continues :

...so far as I am aware all the authorities cited in argument on the meaning of the words in various contexts approached the matter by reference to the contemporary meaning of the words, typically attending to whatever medical evidence was available. This is quite explicit in the Australian authorities on the meaning of "man" and "woman". Thus in SRA, in particular, where the issue arose in connection with social security law, the majority of the Full Court of the Federal Court held that the meaning of woman and female was to be determined according to their ordinary meaning, and relied on contemporary dictionaries and medical evidence

And then to C and D:

Before leaving the Australian case law, I should refer briefly to C and D... in that case, Bell J. treated Corbett as correct. However the decision is not in point: the case did not involve a transsexual, but a person found to be a "true hermaphrodite"; and the decision was largely based on grounds of no present relevance. Further, Bell J. did not have the advantage of medical evidence and as the proceedings were undefended his Honour did not have the advantage of detailed argument. It does not seem that the correctness of Corbett was challenged, and the reasoning is not of assistance on this subject. In relation to his Honour's conclusion that the individual was in law neither a man nor a woman, it is enough to say that I cannot imagine any circumstances in which I would be persuaded to accept such a conclusion. However since neither party really sought to rely on the decision, I see no purpose in adding to the criticism that the case has received.

So clearly Chisholm J. in no way attempts to make findings that might alter the Judgement in Bell's 1979 ruling.

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In the appeal Nicholson et al observed:

It was common ground before the trial Judge that Kevin had female chromosomes, gonads and genitals at birth.

That is, Kevin was not intersex. Nicholson in accepting the evidence of M. Diamond did not rely on any assertion or theories concerning "brain sex", rather he relied on the following:

Diamond. M

"[Kevin] is typical in choice of surgeries. Most often the female to male transsexual will adopt a male name and dress, and work, live and play as expected of a male in society. For the female to male (FtM) transsexual the most desired surgery is hysterectomy to stop menses, removal of ovaries to stop estrogen production and mastectomy to remove the breasts. His taking of male hormones produces hirsutism and a desired deepening of the voice. Phalloplasty, the construction of a penis to improve a male body image or to facilitate sexual activity is not uncommon but is less often requested. Many FtM transsexuals forgo this penile construction surgery due to its difficulty, lack of insurance that the penis will function adequately when surgery is complete and expense. Further, for many transsexuals, living as a male is done for mental reasons less associated with eroticism. Other behaviours can substitute for penile-vaginal intercourse. Following the actual sex reassignment surgery, female to male transsexuals generally "pass" quite well and are easily accepted in society. Indeed, conditions are such that [Kevin] cannot probably live in any manner other than as a man in society. Aside from his inner feelings of maleness, his appearance and demeanour would make it difficult for him to be accepted as a woman. To force such a condition would be cruel to him, to his wife and all social contacts. Society would most greatly lose thereby."

Nicholson went on to say:

For the purpose of ascertaining the validity of the marriage under Australian law, the question whether a person is a man or a woman is to be determined as at the date of the marriage.

There is no rule or presumption that the question whether a person is a man or a woman for the

purpose of marriage law is to be determined by reference to circumstances at the time of birth.

Unless the context requires a different interpretation, the words man and woman when used in legislation have their ordinary contemporary meaning according to Australian usage. That meaning includes postoperative transsexuals as men and/or women in accordance with their sexual reassignment.

The context of marriage law, and in particular the rule that the parties to a valid marriage must be a man and a woman, does not require any departure from ordinary current meaning according to Australian usage of the word 'man'.

There may be circumstances in which a person, who at birth had female chromosomes, gonads, and genitals, may nevertheless be a man at the date of a marriage.

In the present case, the husband at birth had female chromosomes gonads and genitals but was a man for the purpose of the law of marriage at the time of his marriage, having regard to all the circumstances and in particular the following:

(a) He had always perceived himself to be a male;

(b) He was perceived by those who knew him to have had male characteristics since he was a young child;

(c) Prior to the marriage he went through a full process of transsexual re-assignment, involving hormone treatment and irreversible surgery, conducted by appropriately qualified medical practitioners;

(d) At the time of the marriage, in appearance, characteristics and behaviour he was perceived as a man, and accepted as a man, by his family, friends and work colleagues;

(e) He was accepted as a man for a variety of social and legal purposes, including name, and admission to an IVF program, and in relation to such events occurring after the marriage, there was evidence that his characteristics at

the relevant times were no different from his characteristics at the time of the marriage;

(f) His marriage as a man was accepted, in full knowledge of his circumstances, by his family, friends and work colleagues.

Nicholson observed so far as "brain sex" is concerned:

That further research will confirm the present evidence that brain sex or mental sex is a reality which would explain the persistence of a gender identity in the face of or contrary to external influences.

Falling well short of any declaration in respect of intersex variations he went on to observe:

His Honour said that in his view, the evidence demonstrated, at least on the balance of probabilities, that the characteristics of transsexual people were as much biological as those people thought of as intersex. He said that the difference was essentially that we can readily

observe or identify genitals, chromosomes and gonads, but at present we are unable to detect or precisely identify the equally biological characteristics of the brain that are present in transsexual people.

Having accepted this, however, his Honour said that he did not base his decision on the view that 'brain sex' is in law the decisive factor in determining whether a person is a man or a woman, but rather one of them. We comment in passing that 'brain sex' is a somewhat unsatisfactory and ambiguous term that was used both before his Honour and ourselves.

The appeal made no observation or findings in respect of C and D, excepting that some of the findings in Kevin would be useful in an appeal against C and D.

It is OII Australia's considered view, having listened to legal opinion, that the judgement of Bell stands and that intersex people are precluded from marriage as a consequence. We acknowledge an appeal against that judgement

Same sex marriage?

Opposite sex marriage?

What do you call it when an intersex person wants to marry?

would most probably be successful. Our view is that a couple, one of whom is intersex, would have to launch a test case.

We note that even with *pro bono* assistance that would be expensive, and also that “out” intersex people are generally marginalised and poor.

Marriage and the gender binary

Now, let’s step aside from Bell and his judgement, and consider marriage through the lens of re: Kevin and the current requirement that a birth certificate be produced to demonstrate the union will be between a “man and a woman”.

Kevin did a number of things so far as marriage is concerned. One of them was to entrench the sex binary requirements of the *Marriage Act*.

Re: Kevin reinforced, rather than challenged, the notion that there are only men and women in the world.

Kevin, though born female in every observable sense, through behavioural traits, lived experience and surgical confirmation establishing him firmly on the other side of a binary.

Kevin affirmed that a marriage should be between a man and a woman, and went to considerable lengths to qualify as a man and so be “compliant” with the *Marriage Act*.

In doing this, Kevin consensually undertook the (often non-consensual) surgical and hormonal steps taken to make intersex individuals conform to the sex binary. That is, while Kevin was born of certain sex and chose to authenticate his sense of self by traversing the binary, intersex people who are born of uncertain sex are often compelled without consent into one of the two options using all of the medical interventions Kevin was in a position to consent to.

(Note that the husband in the case of C and D was able to consent to treatment because of his age at diagnosis and the state of medical protocols half a century ago).

Kevin did a number of things so far as marriage was concerned. One of them was to entrench the sex binary requirements of the Marriage Act

Kevin in no way contested the right to an unmodified anatomy and the gender of one’s instinct irrespective of that anatomy. We would have to wait for the case of AH and AB in the Western Australian Family Court to do that.

For intersex people the most disturbing feature of Kevin is the need to medically construct an anatomy that is marriageable. That is, to establish an anatomy congruent with a mind that conforms to male or female and heterosexuality. This need is, in our view, a homophobic need.

As a consequence, we reject the notion that Kevin or any judgement or law that entrench the sex binary

paradigm is relevant or helpful to intersex people. Indeed, we contend that it is oppressive of our right to an intact body and a lived gender, even when both of those things confronts current social or medical expectations.

Current proposals for marriage equality

Finally, we move to current proposals for marriage equality.

The marriage equality acts proposed for state legislatures are, in our view, same sex marriage proposals and are not inclusive of intersex. Same sex marriage is certainly a step in the right direction but it is a long way short of equality.

The arguments that the proposed state based acts would be intersex inclusive rests on the notion that at law there are only males and females, as attested to by those state registers of births, deaths and marriages that only allow male and female appellations on birth certificates.

In our view this is simply attempted denial of an undeniable biological fact. We exist in law so far as Bell, Chisholm J and Nicholson *et al* are concerned. We exist as a “problem” in a children’s hospital near you, and also in the adult gynaecology, urology, endocrinology wards.

The anxiety by activists to be seen to be intersex inclusive when actuality shows otherwise is insulting and hurtful. Best to speak the truth and explain the reasoning for the exclusion than to offer a false hope. To say intersex people can

marry as male or female is just the same as saying gay and lesbian people can marry as heterosexuals ... it's just that we can't marry as ourselves, and we have to hope that our claim to marriage will not be called into question.

There is also a notion afoot that only trans people have to divorce to have their cardinal documents changed. Intersex people have to be single to change their cardinal documents when they reject their birth assignment. Perceived same sex marriage is just as troubling for intersex as it is for trans.

More so: we are compelled to take medications and are subjected to surgeries, sometimes against our wills and sometimes also with so little information that consent cannot be considered to be informed.

Summary and conclusions

To summarise:

- * The judgement of Bell J precludes intersex people from marriage.
- * The findings of Kevin reinforce the sex binary nature of marriage and encourage surgical interventions on intersex people to make us "marriage ready".
- * Current proposals for state based marriage laws similarly require sex binary conformity through medical interventions so that intersex individuals are "marriage compliant".
- * The view of intersex through a trans lens is, from our point of view, mistaken. Intersex people do not seek transition, sex/gender binary certainty within the confines of a sex binary paradigm, even though the outcomes of our choices might look like that. Intersex people actually seek the right to self determination, and autonomy over our anatomy; the right to sex roles that we are comfortable with, and the right to freely given, prior and fully informed consent – especially in respect of medical interventions and lived sex roles.

Every intervention in our lives is done with a weather eye to heterosexual "marriage readiness". That need for readiness is propelled by a deep seated homophobic fear that "if we are neither female nor male what exactly is the nature of our relationship?"

Further information:

In the case of C and D (OII Australia article) <http://oiaustralia.com/16808/annulment-marriage-due-intersex-marriage-falsely-called/>

Re: Kevin (Wikipedia with links to the full text of the case) http://en.wikipedia.org/wiki/Re_Kevin_-_validity_of_marriage_transsexual

Senate inquiry supports marriage equality, talks about intersex. <http://oiaustralia.com/20742/senate-committee-supports-marriage-equality>

Intersex legislative issues - a brief summary (OII Australia) <http://oiaustralia.com/21053/intersex-legislative-issues>

Sex and Gender Education

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PARENTS OF TRANSGENDER CHILDREN

The Gender Centre hosts an information and support group for parents who have children (any age) who are transgender or gender diverse).

Meetings will be held on the second Monday of each month from 6.00pm to 8.00pm. A clinical psychologist will co-facilitate these meetings.

A light supper will be available.

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Even More News Items Of Interest

FORMER MISS PENNSYLVANIA DEFAMES MISS UNIVERSE COMPETITION

Sheena Monnin, who left the Miss Universe pageant in June 2012 maintained the competition was rigged but pageant executives denied this and said that Ms Monnin left the pageant because transgender participants were to be allowed to compete. She is quoted as saying, "I refuse to be part of a pageant system that has so far and so completely removed itself from its foundational principles as to allow and support natural born males to compete in it. This goes against every moral fibre of my being. I believe in integrity, high moral character and



Sheena Monnin

fair play, none of which are part of this system any longer."

Miss Universe co-owner, Donald Trump, brought a defamation suit against Ms Monnin and was awarded US\$5 million damages by US District Court Magistrate Theodore H. Katz.

FORMER CHIEF JUSTICE JAMES SPIGELMAN SAYS SPEECH THAT IS 'MERELY' OFFENSIVE IS NOT DISCRIMINATORY

Spigelman maintained, in a Human Rights Day speech for the Australian Human Rights Commission, that the Federal Government's Bill extending anti-racial speech measures to areas such as age, disability and gender goes too far and that speech that is 'merely' offensive should be protected under the principle of free speech. "There is no right not to be offended", he said. He failed, however, to define the difference between vilification and offensive language or explore the established connection between vilification and violence.

Sex, Gender & Sexuality Clinic

Director: Dr Tracie O’Keefe DCH, ND



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- Jamision Green

“Do not neglect this book.”
- Professor A.W. Steinbeck

An anthology of real-life stories by trans people of their experiences of being in love

Contributors include Sydney legend ‘Carmen’ and a foreword by Kate Bornstein & Barbara Carrellas

Published by Routledge, 2008
(In stock at The Bookshop and the Feminist Bookshop in Sydney, and at Hares & Hyenas in Melbourne).

Still available: *Finding the Real Me: True Tales of Sex & Gender Diversity*, eds: Tracie O’Keefe & Katrina Fox

Don’t put up with it — Don’t let them get away with it

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Draft Principles to Inform Federal Anti-Discrimination laws

National Roundtable on Discrimination on the Basis of Sexual Orientation and Gender Identity

On Friday, 28 October 2012, representatives of several organisations and NGOs active in the amelioration of legal and social rights for various LGBTIQ communities met at the Australian Human Rights Centre, University of NSW, to discuss basic principles of human rights for these communities and to draft a set of recommendations to be passed on to the Federal Government to inform its current project to improve the Federal Anti-Discrimination Act and to assist the government's efforts to remedy the faults in the current Act.

Although time was limited, some progress was made and the document below was circulated for general comment.

[Circulated Document, December 2012]

1. Protected attributes

1.1 Participants asserted the need to provide anti-discrimination protections to everyone within the LGBTI community, including intersex people. This included the following commentary on identified attributes:

- **Sexual Orientation** – It was noted that current state definitions for sexual orientation were too prescriptive (homosexuality, bisexuality, heterosexuality) and do not currently reflect what is understood by the term sexual orientation. Participants also drew attention to the lack of protection for people who were 'asexual'. Participants noted the bi-partisan support for sexual orientation to be included within the bill.
- **Gender Identity (& Gender Expression/Presentation)** – Participants affirmed the scope of protections embodied in the proposed Tasmanian anti-discrimination Bill's definition of gender identity, which encompasses appearance and mannerisms, rather than identity alone. Participants noted that the coalition's published position at the last election did not include public support for 'gender identity' and the need for broad education on the issues with Liberal and National MP's.
- **Relationship status** – Participants noted their support for the Senate Inquiry into the effectiveness of the Sex Discrimination Act, specifically Recommendation 4 which sought to include same-sex relationships within the proposed definition. It was noted that the Coalition supported this during the previous election campaign.
- **Intersex** – Participants strongly supported the inclusion of protection for people experiencing intersex. The definition included within the Tasmanian anti-discrimination bill was noted for support in a Federal bill.
- **Disability (HIV)** – Participants noted their support for the continued protection of people living with HIV under disability discrimination laws, including protection from their status being disclosed.

1.2 Participants noted the importance of protecting individuals from discrimination on the basis of multiple personal attributes without needing to lodge multiple claims. (e.g. discrimination faced by an "Asian lesbian with hearing impairment" or a "bisexual HIV-positive male cross dresser")

2. Exemptions

2.1. Participants supported the inclusion of a general limitations clause in any proposed anti-discrimination law (the proposed Act) rather than of a large number of permanent exceptions or exemptions (hereafter referred to as exemptions), particularly where these exemptions impact upon vulnerable groups such as older people or children/young people. Any

general limitations clause should contain a proportionality test in keeping with international human rights law standards.

- 2.2. Participants highlighted their opposition to broad exemptions on the grounds of religion. Moreover, they asserted that where there is receipt of public funding, or a body is acting as an agent of government, religious exemptions should not be permitted.
- 2.3. Participants proposed that where religious exemptions are envisaged under the proposed Act, there should be an emphasis on the principles of openness, transparency, and the intention to rely on the exemption should be made public. This would ensure that those individuals potentially impacted by the exemption can be fully informed about the nature and extent of likely discrimination when engaging with religious organisations.
- 2.4. Participants asserted that exemptions, if permitted, should be of a temporary, rather than permanent, nature.
- 2.5. Participants noted that where exemptions are proposed, clarity is required in terms of who exactly the proposed exemptions apply to.

3. *Advocacy and alliances*

- 3.1. Participants affirmed the need to build strong alliances with other bodies who oppose exemptions (including religious organisations), as well as progressive allies and human rights experts who advocate for law reform in this area.
- 3.2. Participants noted the importance of trans & intersex advocates being heard by MP's and supported an advocacy approach that recognised the need for distinct advocacy on sex and gender diverse matters.
- 3.3. Participants proposed that LGBTI organisations and allies converge on Canberra in the final sitting week(s) of Federal Parliament (w/c 26th November 2012), to lobby Members of Parliament and key Ministers directly.

4. *Proposed Key Advocacy Messages*

The below represent five key messages for advocacy, that will be reviewed once the exposure draft of the proposed Act has been released.

- 4.1. This is an overdue and welcome reform that will significantly benefit the LGBTI community.
- 4.2. Definitions of 'Sexual Orientation' and 'Relationship Status' protections should be broad and inclusive.
- 4.3. Definitions of 'Gender Identity' should be inclusive of 'appearance' and 'mannerisms' or separately protected under a definition of 'gender expressions/presentation'.
- 4.4. Intersex people should be protected under anti-discrimination laws on the basis of their 'biological sex characteristics'.
- 4.5. Exemptions for religious organisations should be limited but, if permitted, provide for transparency by requiring the organisation in question to publish their intention to rely on the exemption.
- 4.6. Broad exemptions on the grounds of religion should be opposed, particularly where they affect young and old or otherwise vulnerable populations (i.e. the provision of schooling or aged-care services), and/or where organisations receive Government funding or act as agents on behalf of Government.

Before dealing with the question of transgender in Sydney, or anywhere else, it may be well to be clear on what I mean by transgender, which is word much in contention and carries a variety of meanings in different contexts.

For a start, the concept of transgender is relatively recent. Despite the fact that almost every society shows examples of transgender behaviour, both in its history and its mythology, it was not until 1952, when Christine Jorgensen was outed by the press as having undergone a ‘sex-change’ that there was any evidence that what had undoubtedly been the impossible dream of thousands, perhaps millions, of people over the ages, had become a possible dream.

Christine Jorgensen was not the first transsexual, as such people were then called, thanks to the writings of Dr Harry Benjamin, but she *was* the first one to receive world-wide publicity, and the impact on society was amazing.

There had been a much earlier case, that of Einar Wegener, a Danish artist who became Lili Elbe in Dresden in 1930 and died the following year from complications following her appallingly misguided medical treatments. There were also cases immediately preceding Jorgensen’s who managed to avoid publicity, notably Elizabeth Forbes-Sempill, who became Ewan Forbes-Sempill legally in 1951, having lived as a male since 1945, and later successfully claimed a baronetcy which descended only through the male line. There was Robert Cowell, a Spitfire pilot in World War 2 and racing driver after the war, who became Roberta Cowell in 1951, nearly two years before Jorgensen’s transition.

For Jorgensen and her immediate successors, life in the spotlight was not too onerous. They were nine-days-wonders, courted by the press and the public and not seen as a threat to the

fabric of society. They were rather seen as *lusus naturae*, freaks of nature, on the assumption that their numbers would be minuscule and they could be treated as an amusing sideshow in the kaleidoscope of human differences.

The following decades, however, showed that transsexuals existed in society in much greater numbers than had ever been suspected and the few cases from the 1950s grew to become a significant sub-group within society, and a group that soon came to assert its rights,

sometimes in concert with gay and lesbian action groups as in the case of the Stonewall riots in 1969, and sometimes independently, pushing their own claims to legal recognition in their affirmed genders, and their entitlement to therapeutic treatment to help them integrate into society in their new gender roles.

As noted above, transgender has been known in one form or another throughout recorded history. Some cultures have condemned it, as the Jews did when they condemned to death “men who wore women’s dress”, some have revered it, as in the case of some American Indian nations, who treated

transgenders as shamans or “two-spirit” people, and some have even made transgender compulsory in selected cases. In Samoa, if there are too many boys in a family and not enough girls, it is customary to assign one of the boys to the female lifestyle of a *fafaine*, without reference to the child’s preferences.

This makes an interesting parallel with the case of the Chevalier d’Eon, (1728-1810) who is said to have dressed as a woman in order to influence the Empress Elizabeth of Russia on behalf of France. This is unsupported by hard historical evidence but it is certainly true that when he fell out of favour with the French king he was ordered to assume the life of a woman, effectively removing him from the corridors of power. He went to live in England but lived for the rest of his life as a woman, suggesting that



Christine Jorgensen

he had no great objection to the king's punishment. When he died medical examiners certified that he was anatomically male.

On the other hand, we have the Abbé de Choisy (1644-1724) who revelled in his ambivalent lifestyle and records his great pleasure when dressing as a woman and being admired by all and sundry.

In India the hijra, often referred to as eunuchs, are recognised as a third sex and occupy a place in society somewhere between entertainers and the traditional gypsy. Recently they have developed their own activists and are seeking political power through the ballot box and an improvement in their living conditions through legislation.

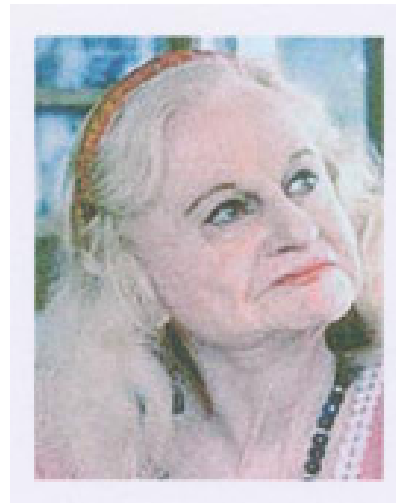
I have tried to show in the foregoing that definition of transgender is not a simple matter. To try and establish a coherent history of transgender in Sydney requires some understanding of transgender throughout the world and through time.

It has always been there in some form but recently it has started to define itself, however tentatively, and move towards legal, social and human rights which have been denied, or given and then taken away under successive State and Federal governments.

Let us, then, consider definitions of the term 'transgender'. I say definitions, rather than definition, because there are multiple definitions and within the transgender community there is no uniformity of usage.

The term was originally coined, in the form 'transgenderism' by Virginia Prince, to refer to people like herself who lived full-time as a woman without medical intervention. Some people still reserve the term 'transgender' for those who transition from one gender role to the other without surgery while others use it as an umbrella term to include anyone with cross-gender issues.

Wikipedia says that transgender is a general term applied to a variety of individuals, behaviours, and groups involving tendencies that diverge from the normative gender role (man or woman) commonly, but not always,



Virginia Prince

assigned at birth, as well as the role traditionally held by society.

"Transgender" exists when one's "gender identity" (self-identification as woman, man or neither) is not a match for one's "assigned sex" (identification by others as male or female based on

physical/genetic sex). "Transgender" does not imply any specific form of sexual orientation; transgender people may identify as heterosexual, homosexual, bisexual, pansexual, polysexual, or asexual. Some may consider conventional sexual orientation labels inadequate or inapplicable to them."

In New South Wales we are given a legal definition of transgender in the Anti-Discrimination Act 1997, Section 38a which states that a person is transgender if that person:

"identifies as a member of the opposite sex by living, or seeking to live, as a member of the opposite sex or... has identified as a member of the opposite sex by living as a member of the opposite sex, or ... being a member of indeterminate sex, identifies as a member of a particular sex by living as a member of that sex."

New South Wales complicates matters by throwing in the concept of "recognised transgender person" which means that the person in question has had his or her record of sex altered under Part 5A of the Births Deaths and Marriages Registration Act 1995 or under the corresponding provisions of a law of another Australian jurisdiction. More of that later.

As for the history of transgender in Sydney, it is safe to say that there have been transgendered people in Sydney for as long as Sydney has existed, just as there have been gays and lesbians and bisexuals ever since Sydney existed. The major differences are that until relatively recent times there was no established

framework against which one could measure oneself in order to self-define as transgender.

The cross-gender behaviour of some gays and lesbians muddied the water so that even when the phenomenon of transsexualism was written up by Harry Benjamin it was assumed that transsexualism was another form of sexuality, as the name suggested, and transgenders were treated with the same disregard for human rights as the same-sex attracted segment of our society had been for centuries.

As transgenders started to realise they had an identity they also saw that in the numbers they could muster they stood little chance of making themselves visible and audible in the larger milieu, and accepted that they could accomplish more if they could make common cause with other oppressed minorities.

I can remember attending an inaugural meeting in 1987 of a group calling itself TLC (Transgender Liberation Coalition) where it was put to the meeting that in order to obtain any kind of recognition and consequent social justice it would be necessary for us to ally ourselves with a larger and more powerful segment of the community. The gays and lesbians were at that time emerging into the sunlight and demonstrating a strength and solidarity which were to bring about significant changes in their legal rights and social acceptance.

No longer were gays figures of fun, effeminate and ridiculous, to be mocked on stage by cruel caricatures such as that portrayed by John Inman as Mr Humphrey in "Are You Being Served". Instead athletes, sportsmen and women and important figures in politics and business were making themselves visible as same-sex attracted.

The obvious suggestion at the TLC meeting was that we should seek alliance with gay and lesbian organisations. I suggested that male-to-female transgenders might seek alliance with another oppressed segment of society, namely women, but the weight of opinion was to go with the GLB grouping transmuting it into GLBT. This has morphed into GLBTI with addition of Intersex, and more recently we have seen the addition of the overarching and, in my opinion, unnecessary Q for Queer. Intersex, of course

define themselves as different from Transgender in that Intersex has recognised medical causes, such as chromosomal variations, Turner's Syndrome, Klinefelters syndrome, some conditions such as CAIS (Complete Androgen Insensitivity Syndrome) or PAIS (Partial Androgen Insensitivity Syndrome) and other conditions which were once grouped together as androgynous or hermaphroditic.

I will leave Intersex out of the equation for the moment, not because it is less important but because it is recognised as being a group of conditions with medical causes and medical treatments and it becomes unduly complicated to keep in mind all the possible variations.

Despite the efforts to bring GLB and T together it became clear that there were some problems besetting transgenders which did not apply to G, L and B. One of these was the refusal of some segments of society (for some, read virtually all) to recognise transgenders as *bona fide* members of their affirmed gender. This created problems for homeless transgenders, particularly male-to-female (MTF) transgenders, who would often be refused accommodation in women's shelters, despite in some cases having been in female mode for years, and being unable to go to male shelters because this would have placed them in serious danger of sexual assault.

Roberta Perkins, who had formed an association for transgenders, the Australian Transsexual Association, in 1981 at the Wayside Chapel, was approached in 1983 by Frank Walker, who was then the NSW State Minister of Youth and Community Services, following her authorship of *The Drag Queen Scene*, which dealt with the transgender subculture in King's Cross.

Walker was upset at the number of young transgenders, some of them sex-workers, who had nowhere to live and his Department funded a house of refuge for young homeless transgenders. In October, 1983 the refuge opened in Petersham and its twelve bed spaces were immediately occupied. The refuge was named Tiresias House, after the figure from Greek mythology who was condemned by Athena to live as a woman after he offended her by killing two of her sacred snakes.

More recently the institution which grew out of Tiresias House has been renamed the NSW Gender Centre, which makes it easier for people to find.

The association started by Roberta aimed to support transgenders by advocating legal and social changes and little by little some changes were made in the circumstances of transgenders. In 1996, for instance, transgenders were added to the Anti-Discrimination Act although before that date they had no legal defence against discrimination.

The Gender Centre had its ups and downs. By mid-1984 a new wave of residents were seeking accommodation ... former jail inmates on parole, drug addicts and sex workers. Tiresias House was registered as a halfway house for their benefit and to this day remains a needle exchange. Some of the new residents had an effect on the original residents, turning some of them to sex-work and drug addiction. There were also problems with the residents turning to street crime to finance their drug habits. The Gender Centre acquired a bad reputation in the area, with people turning up complaining they had been robbed, local gangs threatening to break in and police turning up regularly to arrest residents.

Walker again rescued the Gender Centre by providing extra accommodation and funding a detoxification centre and resident nurse. One of the most significant crises of the early years also occurred in 1984 when one of the residents decided he no longer wanted to be female and not only left Tiresias House but went to the media and accused Tiresias of forcing him to dress as a woman and hooking him on heroin. Again Walker intervened, smoothing the matter over with his political colleagues and convincing them that the media crisis was exaggerated.

Some of you may see parallels here with the action of the Victorian government in suspending the Monash University Gender Reassignment Clinic's procedures pending an investigation of claims by two former clients, one FTM and one MTF who said that they had been rushed through the reassignment process without appropriate psychotherapy beforehand. Another six clients joined them in their claim

but even if these claims were well-founded the number of dissatisfied clients is negligible in a total of 600 reassignments over the years of operation ...between one and two per cent. Overseas investigations of satisfaction levels for post-operative transgenders over the past thirty years have never come up with a figure below 87% satisfaction, with many of the surveys showing satisfaction in the high nineties. According to a recent survey, suicide rates for pre-operative transgenders occur in approximately 20% of cases, in post-op they occur at the rate of one half of one per cent.

Getting back to the Gender Centre, Roberta Perkins left her post of Manager in 1985. A period of ups and downs, with internal and external crises followed. These are hard to record although the anecdotal evidence is fascinating and I am trying to persuade our oldest living staff member to document some of them before it is too late.

The role of Manager was taken over by Elizabeth Riley in 1997, following Bill Robertson, who ran the Centre for about three years, and Craig Skinner who managed the Centre briefly.

Elizabeth says she became Manager virtually by default as she was working on the staff when Skinner left, but if this is true it was an extremely fortuitous happenstance, as Elizabeth Riley brought the Gender Centre to a format where it provided a wide range of services to a broad spectrum of clients, comprising virtually everyone with gender issues.

From time to time differences have sprung up between, say, transvestites and transgenders and even between pre-op (or non-op) transgenders and those who insist that the only true way is by way of the surgeon's knife, but under Elizabeth Riley these differences were ignored and the policy of providing what services we can to anyone with gender issues has become our mission.

It is a simple fact that people are not simple mechanisms but the most complex it is possible to imagine and those who have the impulse to 'go all the way', may draw back, change course or to otherwise seek variations on an already complicated life course. These variations should

be expected and supported, not rejected because they do not conform to some mythical 'one true way'.

I joined the Gender Centre in 2001, by which time the pattern of services had been laid down and efficient systems put into place by Elizabeth Riley. Perhaps having been a teacher helped her, providing her with a logical pattern of thought and a recognition that gender problems do not fit into neat boxes with regular shapes but can be as diverse as the human mind itself.

The Centre still provides accommodation for up to fifteen residents, but the residents are now case-managed, to prepare them for entry into society when their time in residence is completed. Other services include Outreach, for those who cannot come to us, i.e. those who are shut in at home, or in jail, or rest-homes or other institutions. Sex workers, who sometimes cannot come to us because of their working hours and conditions, are visited on a regular basis, and safe-sex kits are issued free.

The Counsellor is well-trained in gender problems and the Senior Case Manager provides social support and training. TAFE courses are offered to our clientele and social functions such as barbecues, outings and help with skills as diverse as motor-car maintenance and make-up are provided. The Manager co-ordinates the services in Consultation with the Management Committee, which is elected from Members of the Gender Centre..

A part-time Housing Worker looks after the many and varied maintenance and logistic problems associated with accommodation.

The Receptionist does far more than her job title suggests. She is our front line for a service and meets people when first they arrive, and talks with them when first they phone. She solves some problems on the spot and knows who to contact for the other problems. We also mentor students in social services who spend months with us learning the complexities of a gender community.

I am the Information and Resources Worker. I run the library and acquire new materials for it, edit the quarterly magazine *Polare* and provide the handouts and kits that are also available in pdf form on our website. I visit TAFE colleges and several universities to talk to students about transgender. I have also been a Living Library Book a number of times (this is a process a bit like speed-dating without the sex ... people with a story to tell sit around in a library and are 'booked' by a reader who can then talk with the "Living Library Book" and ask questions for half a hour or more, hopefully gaining a clearer idea of what the "Book's" life is like).

“Being a Living Library Book is a little bit like speed dating without the sex...”

So much for the Gender Centre and what it does, but what about the rest of the transgender community? Clearly we see only a small subset of the total. It is very hard to identify or even quantify the transgender population because those who are most successful at

transitioning to their preferred gender role are seldom visible. We know they are out there but we don't know who they are or where they are. Six hundred copies of *Polare* are mailed to addresses in NSW and there must be many, many more transgenders who prefer not to receive it or don't know it exists. These are the transgenders who have found their own way to their life's goal without the aid of the Centre or other institutions. Of course there are other valued organisations that care for the sex-and-gender-variant, of which more later. Some of these prefer to keep separate from the Gender Centre, through differing ideologies or definitions

There is one surgeon in Sydney who carries out approximately fifty transgender operations a year. I was number four hundred and forty seven on his list of operations in 1989 which means to date we can add another thousand to the tally. Nor do these figures take account of those who go overseas to have their surgery, or who arrive in this country already post-operative. We know where 600 are, assuming most of the addresses we mail *Polare* to are either post-operative transgenders or

somewhere on the journey. But the other 900 plus are out there somewhere, living their private lives as men and women unremarked by society, which is the real wish of almost all transgenders.

Unlike the gay and lesbian communities, transgenders have little desire to join with other transgenders to form communities within the larger population. They would rather be seen as men or women than as transgenders, and the ones who remain visible as transgenders are those who have a vested interest in being visible (entertainers and sex-workers, for example), as well as those who have no choice, or those who are standing up to be counted in the hope of some happier time in the future when people are valued for who they are rather than what they are.

It is interesting to muse on what the outcome might be for Sydney, or anywhere, if all transgenders were to announce their former status. I think everyone would be surprised, including me.

It is a simple fact that transgenders who are successful at “going stealth” and melting into society are often successful in other directions. In the United States and Britain, where transgenders have come out more we have become aware of transgendered over-achievers in almost every field ... education, the arts, sciences and politics.

A case in point is Lynn Conway, an emeritus professor in computer science. Lynn went through her university career in her male persona, then transitioned and ‘went stealth’. Rather than revealing herself she took all her degrees again, this time as Lynn. She was highly successful and after a number of years came out to the world and now lives openly as a transgender activist as well as fulfilling her role as a former professor at, I think, the University of Michigan.

She has interesting web pages, including several

pages of TS Successes which list some of the more successful transgenders. Yet even these must only be a subset of the “Successes” since there are many who would never come out, for their own sakes and for the sakes of their families and friends. I have a friend in the United States with whom I have been corresponding for more than twenty years yet all I know of her is that she is a professor in a Denver university.



Rachael Padman, astrophysicist

Some of this reticence is understandable. When people are known to be transgender they sometimes attract bigoted attacks. When an Australian astrophysicist, Rachael Padman, was engaged to teach at an all-female college of Cambridge (Newnham) she was attacked by Germaine Greer who was also connected with the college, on the grounds that the Australian was not a ‘real’ woman. Since the college had been aware of the astrophysicist’s transgendered status before they hired her, this cut no ice, but one can only wonder ... would Greer have been happier with a female-to-male academic with his male-pattern baldness, testosterone fuelled masculinity and general male persona, on the grounds that he was not a ‘real’ man and was therefore acceptable to Newnham?

Bigotry generally stems from ignorance, coupled with the desire for a pecking order in society. People tend to want to know that they are not at the bottom of the social ladder ... that there is someone they can look down on, bully and victimise.

Sometimes this bigotry is rooted in religion, sometimes in social perception, sometimes in simple conservatism and the view that one should not rock the boat or change the way things are.

A few years ago I was commissioned by the Gender Centre (before I was an employee) to write a report for the NSW Attorney-General on violence against transgenders in NSW and possible strategies to minimise that violence. I submitted my report and it was criticised

because I had included two forms of violence the A-G was not interested in ... domestic violence and self-harm, two of the most often-encountered forms of violence encountered by the transgender. The other sections dealt with unfocussed violence, where the attacker did not know the victim, focussed violence where the victim was known to be transgendered (often perpetrated in a small community, or a workplace), and institutional violence, which takes place in jails, schools, retirement homes, hospitals etc.

Other criticisms were made. The material was too anecdotal and not research based. This was true, but the time frame allocated had not allowed for a proper academic survey, although I did lean on earlier research such as Jude Irwin's *The Pink Ceiling Is Too Low* which deals with the workplace experiences of gays, lesbians and transgenders. Much of the material was indeed anecdotal, but there was so much similarity of detail from our survey, and from the participants in a focus group held at the Gender Centre, that I had no option but to believe it to be true. I was also told I should not have made up my own definition of violence. When I pointed out that I had, in fact, adopted the World Health Organisation's definition of violence the response was a deafening silence. My recommendations for strategies for ameliorating the problems of violence against transgenders were based first and foremost in education.

I said that just as pre-schoolers are now taught that it's alright for Heather to have two mummies and for Bill to have only one parent and so on, they could also be taught that it's all right for Joe to feel he should have been a girl, or Wendy to want to be a boy.

This education would need to include parents, who often set the social attitudes of their

children, and the education should continue to be a component through primary school, secondary and tertiary, although at tertiary level it would presumably be chosen as an elective.

Similarly there should be an obligation on the media to treat transgenders more sympathetically and realistically, rather than

presenting them as effeminate or exaggeratedly butch freaks or as serial killers. There has been a move towards presenting transgenders as real people in a few television series over the past few years, and episodes of

"LA Law", "Two and a Half Men" and "Becker" have all presented episodes where the transgender character was the most rational and likeable person in the episode. Recently "Dirty Sexy Money" has incorporated a transgendered character played by a real-life transgender. Films like "TransAmerica", "The Crying Game", "Breakfast on Pluto" and "Boys Don't Cry" have done their part to educate and inform.

It would be good if we could encourage some of our talented film makers to do more to inform the Australian public about the Australian situation. I have acted as adviser for an episode of "GP" where a pharmacist comes out to his family and customers as transgendered, and to a film about a young transgender who is trying to raise enough money to pay for surgery by boxing professionally. This film progressed through several stages of the Australian Film Commission process but was sadly trumped by a real-life story out of Thailand about a kick-boxer who had done exactly the same thing. A fine documentary "Becoming Julia" was made by Ruth Cullen. It followed the progress of a Julia Doulman over a period of two years, showing with honesty the transition of a young, rather boofy young man into an attractive and well-groomed woman. The documentary was screened at the Sydney Film Festival to a

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.

World Report on Health and Violence, WHO, 2002

standing ovation and has also been shown on SBS more than once. Alas, in real life Julia found post-transition impediments to employment and was unfairly fired from successive jobs after transition and evicted from her home.

“Australian Story” ran a sympathetic episode on Rachael Wallbank, a brilliant lawyer who is also an energetic activist and has run a number of landmark cases for the transgender community, including the key *Re: Kevin* case which established the right of people to marry in their reassigned gender, a right that has recently been formalised by the new Attorney General. *Re: Kevin* was won against the former Attorney General, Philip Ruddock, who then appealed the verdict to the Full Bench of the Family Court, and lost again. Way to go, Philip! (I made up a joke about Philip Ruddock, asserting that he turned in his Amnesty International badge, complaining that there was too much candle and not enough barbed wire.)

My Violence Report sank without trace in the murky cellars of the Attorney General’s Department and has never been published despite early comments from the Steering Committee (which had members from the A-G, the Police, the Department of Community Services and the Gender Centre) that the Report was “ground-breaking”. Perhaps the breaking of the ground revealed too much that needed reform?

There has been an interesting development in Sydney transgender circles. The Gender Centre has been holding mini-forums where we listen rather than talk and the first of these revealed that there was a strong opinion that the GLBTI alphabet soup had outlived its usefulness and it was time for T and I to stand on their own feet rather than relying on the support and strength of G, L and B to further their social aims.

There were various reasons given but the strongest was the erroneous perception in the mind of the public that transgender is a sexuality. As noted above, in the Wikipedia definition, a transgendered person can be straight, gay, lesbian, bisexual or asexual... or some of those other sexualities I don’t really understand and therefore don’t think about, like polysexual and pansexual. I’m not saying they’re not real ...

just that I find life complex enough without them. My tiny mind can only cope with so much.

As a result of this finding, a debate was held under the auspices of the Gay and Lesbian Mardi Gras on the topic, “Does the T still belong in GLBT?” There was an excellent (and to me surprising) turnout with well over 150 people present. The event was moderated by Julie McCrossin and the debaters included the President of ACON, Mark Orr; lawyer and advocate, Rachael Wallbank; psychotherapist, Tracie O’Keefe; her partner, journalist Katrina Fox, and sociologist and founding administrator of the Gender Centre, Roberta Perkins.

The debate was light-hearted and the debaters were not necessarily putting their own points of view, but when the debate was opened to the floor in the second half of the evening it was demonstrated that many ‘T’ people felt ‘T’ should be more independent.

I concurred with this viewpoint, and said: “It seems to me there is a good argument for separation. There are matters we have in common with the G, L and B armies of the night including, but not limited to, inheritance, next-of-kin status, same-sex marriage, super-annuation rights and so on.

On matters such as these we should be prepared to support the GLB movement and stand shoulder to shoulder with them. This does not suggest, of course, that we need to *identify* with them even in the sense of endorsing the GLBT acronym, any more than we need to identify in any formal way with asylum seekers, single parents or victims of domestic violence in order to support them against bureaucratic lack of compassion and populist prejudice.

There are areas where our needs diverge from those of the G, L and B communities, where we need to make the running and must expect to defend a point of view. Typical of these are the right to self-define, taken for granted by G, L and B, the right to have surgery or not, as we choose, without having to satisfy gatekeepers in the medical profession, and the right to have our documentation (birth certificates, naturalisation, passports, driving licences, degrees, diplomas, credit cards etc.) amended to reflect our new names and newly affirmed

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gender roles. These are matters which do not concern G, L and B in any way and G, L and B are not obliged to help us in our struggles for common sense and a fair go. Many of them *will* support us, and for that help we should be grateful, but it is not a right we can assert with any realistic hope of automatic acceptance.

There will also, regrettably, be times when G, L and B turn out to be the enemy. There is, for instance, the recalcitrant attitude of some radical feminist [lesbians] who refuse to admit transgender women to their functions and take refuge in bad spelling to restrict their spaces, meetings and festivals to “womyn born womyn”. I wonder how they classify FTMs? Are they “men born womyn” or can they still be admitted as “womyn born womyn”? I wonder how they treat women born with syndromes such as CAIS which often result in a very feminine *soma* despite a full complement of XY chromosomes? Are they “womyn born men”? This silliness is something we must resist when we encounter it or we will find, once more, that there are times when we are denied access to spaces on both sides of the gender divide, and consigned to an intermediate limbo born of prejudice, ignorance and stupidity.

An example of the continued differences between the elements of G, L, B and T was shown in an on-line survey that was supposedly intended to promote concrete ways for G, L, B and T to work together to achieve our aspirations. The first question on the survey was:

What is your sexuality? 1. Gay, 2. Lesbian, 3. Bisexual, 4. Transgender, 5. Heterosexual, 6. Other

Clearly those who devised the questionnaire thought Transgender was a sexuality. And what happened to “Asexual”, an increasingly popular choice?

We need to look at the employment problems of transgenders. The unemployment rate for transgenders is at least twice the national average and may be much higher. Transgenders are often fired from their jobs and, once on the job market, find it hard to gain new employment. Many have had their daily lives and progress in education disrupted by the crisis of transition,

leaving them without resources and frequently abandoned by those who might in other circumstances be relied on for support.

I hope some scheme of affirmative action for transgenders may result, as it has in the United States where companies like Boeing and IBM have made it their business to employ transgendered staff, and employment ‘fairs’ are held annually to which transgenders may take their cvs and employers can take their job vacancy descriptions.

There are many other areas in which progress needs to be made, including the problems of transgender children and the problems facing the first generation of transgenders reaching old age in significant numbers. Policies on counselling for the problems inherent in developing a serious relationship with a potential partner need to be discussed. Do you tell him/her at the outset of the relationship that you are transgendered or do you wait until you feel you know each other well? Both options risk the loss of the partner and there is no one-size-fits-all solution.

I may have seemed to have placed too much emphasis on the Gender Centre and its efforts to help those with gender issues. There are, of course, many other volunteer organisations and self-help groups (SAGE, Seahorse, FTMAustralia, Organisation Internationale Intersexe etc) as well as government-funded organisations (such as ACON and 2010) working for the same objectives, to ensure that those with gender issues are protected from discrimination and assisted in areas such as health, legal issues, social relationships, education and employment.

Many of these organisations are in *Polare’s* Directory pages and on the Gender Centre Website .

We look forward to a time when gender issues are fully recognised and funded for reform. The recent provision from the Federal Government of \$5 million for services to ageing GLBTI is a hopeful sign that politicians and authorities are beginning to understand the need for more consultation with those who are currently taking the responsibility, and bearing the load. □□□

The Gender Centre Library

To borrow books you will need to become a member of the Library. You will need to supply personal details (phone number, address etc.) You can make an appointment to join and see the Library by phoning

9569 2366 on Monday or Wednesday.

Video tapes and dvds are not for loan but can be viewed by appointment in the Gender Centre.



Directory

Note: As foreshadowed in *Polare 90*, the Directory Assistance section has been reduced in order to free up space for other material. The directory information changes only in minor details and at long intervals and *Polare* is no longer sent interstate in significant numbers. Interstate entries have, therefore, been removed and only New South Wales, the ACT, Interstate and International entries have been retained. The full Directory is still available on the Gender Centre website at www.gendercentre.org.au.

NEW SOUTH WALES GENDER CENTRE

Counselling

Provides counselling to residents and clients living in the community. For more information or an appointment contact the Counsellor on Monday, Tuesday, Wednesday or Thursday 10am - 5.00pm.

Outreach service

Available to clients in the inner city area on Tuesday nights from 6.00pm to 2.00 a.m. and on Thursdays from 10am - 5.30pm by appointment only. Monday and Wednesday afternoons and Friday 10am - 5.30pm. Also available to clients confined at home, in hospital or gaol - by appointment only. For an appointment contact Outreach Worker - 9569 2366.

Social and support service

Provides social and support groups and outings, workshops, forums and drop-ins. For more information contact the Social and Support Worker. 9569 2366

Resource development service

Produces a range of print resources on HIV/AIDS, medical and other information relevant to people with gender issues and their service providers. We provide printed information including a quarterly magazine *Polare* and a regularly

updated website at:

www.gendercentre.org.au.

For more information contact the Information Worker on Monday or Wednesday 9569 2366

Drug and alcohol service

Provides education, support and referral to a broad range of services - By appointment only. For an appointment contact the Outreach or Social and Support Worker 9569 2366

Residential service

Provides semi-supported share accommodation for up to eleven residents who are sixteen years of age or over. Residents can stay for up to twelve months and are supported as they move towards independent living. A weekly fee is charged to cover household expenses.

Assessments for residency are by appointment only and can be arranged by contacting the Counsellor, Outreach Worker or Social and Support Worker 9569 2366.

For partners, families and friends

Support, education and referral to a wide range of specialist counselling, health, legal, welfare

and other community services are available for partners, families and friends of people with gender issues. For more information contact the Social and Support Worker 9569 2366.

For service providers, employers and others

Advice, support and workshops are also available to employers, service providers, students and other people interested in gender issues. For more information contact the Manager, Gender Centre, 7 Bent Street or PO Box 266, Petersham NSW 2049
Tel: (02) 9569.2366
Fax: (02) 9569.1176
manager@gendercentre.org.au
<http://www.gendercentre.org.au>

A.C.T.

AGENDERAGENDA

is a non-profit group committed to providing support, education, information and relief to people living with any type of sex or gender related condition (whether symptoms are physical or mental and are attributable to genetic or other origin).
PO Box 4010, Ainslie, ACT,
2602 Ph: 0412 882 855
Fax: (02) 6247 0597
Email: polar@home.com.au

AIDSACTION COUNCIL OF ACT

The AIDS Action Council of the ACT provides information and education about HIV/AIDS, caring, support services for people living with HIV/AIDS
Westlund House, Acton, ACT 2601
GPO Box 229, Canberra, ACT 2601
Tel: (02) 6257.2855
Fax: (02) 6257.4838
info@aidSACTION.org.au

SWOP ACT (SEX WORKER OUTREACH PROJECT)

Provides services for people working in the sex industry in the ACT.
Westlund House,
16 Gordon Street, Acton.,
ACT, 2601
GPO Box 229, Canberra, ACT,
2601
Tel: (02) 6247 3443
Fax: (02) 6257 2855
E-mail:
aacswoop@aidSACTION.org.au

NOTE

For after-hours counselling contact Lifeline on 131 114 or Gay and Lesbian Counselling Service 5.30pm-10.30pm seven days on (02) 8594 9596 or 1800 105 527
www.glcnsnw.org.au

NEW SOUTH WALES

2010 - TWENTY10/GLBT YOUTHSUPPORT

Twenty10 provides support to young transgender, lesbian, gay and bisexual people who are having trouble at home or are homeless. We provide accommodation, support, counselling, case management and social support as well as information and referrals for young GLBT people and their families. We run community education programs throughout NSW.

PO Box 553 Newtown, NSW, 2042
 Youth callers needing help:
 Sydney local: (02) 8594 9555
 Rural NSW: 1800 652 010
 All other callers:
 (02) 8594 9550
 Fax: (02) 8594 9559
 Email: infor@2010.org.au
www.twenty10.org.au

ACONHEALTHLTD

Information and education about HIV/AIDS, caring, support for living living with HIV/AIDS. 41 Elizabeth St, Surry Hills, NSW 2011 or POBox 350 Darlinghurst, NSW 1300
 Ph: (02) 9206 2000
 Fax: (02) 9206 2069
 tty: (02) 9283 2088

ACON-HUNTER

129 Maitland Road or PO Box 220, Islington, 2296
 Ph: (02) 4927 6808
 Fax: (02) 4927 6845
hunter@acon.org.au
www.acon.org.au

ACON-ILLAWARRA

47 Kenny Street, Wollongong, PO Box 1073, Wollongong, NSW, 2500
 Ph: (02) 4226 1163
 Fax: (02) 4226 9839
www.acon.org.au

ACON-MID-NORTH COAST

Shop 3, 146 Gordon St Port Macquarie NSW 2444
 Tel: (02) 6584 0943
 Fax: (02) 6583 3810
mnc@acon.org.au
 POB 1329, Port Macquarie, 2444

ACON -NORTHERN RIVERS

27 Uralba Street Lismore NSW 2480
 PO Box 6063 South Lismore NSW 2480
 Tel: (02) 6622.1555 or 1 800 633 637
 Fax: (02) 6622 1520
northernrivers@acon.org.au

AFAO(AUSTRALIAN FEDERATION OFAIDS ORGANISATIONS)

National AIDS lobby and safe sex promotion organisation.
 PO Box 51 Newtown 2042
 Tel: (02) 9557 9399
 Fax: (02) 9557 9867

ALBIONSTREET CENTRE

HIV testing, clinical management, counselling and support, treatment and trials for HIV/AIDS.
 Tel: (02) 9332.1090
 Fax: (02) 9332.4219

ANKALI

Volunteer project offering emotional support for People Living with HIV/AIDS, their partners, friends and carers. One on one grief and bereavement service.
 Tel: (02) 9332.1090
 Fax: (02) 9332.4219

BOBBY GOLDSMITH FOUNDATION (BGF)

Provides direct financial assistance, financial counselling, employment support and supported housing to people in NSW disadvantaged as a result of HIV/AIDS
 Ph: (02) 9283 8666
 free call 1800 651 011
www.bgf.org.au
bgf@bgf.org.au

BREASTSCREEN

Phone 132050

CENTRAL TABLELANDS TRANSGENDER INFORMATIONSERVICE

Provides information and directions for anyone seeking medical or psychological assistance in changing gender. Provides information on gender friendly services available in the Bathurst, NSW Area. Provides support and understanding for families and friends in a non-counselling atmosphere.
 Operates 9 am - 8pm Mon - Fri
 Tel: 0412 700 924

(CSN) COMMUNITY SUPPORT NETWORK

Transport and practical home based care for PLWHA. Volunteers welcome. Training provided.
 Sydney Mon-Fri 8.00am-6.00pm
 9 Commonwealth St, Surry Hills
 Tel: (02) 9206.2031
 Fax: (02) 9206.2092
csn@acon.org.au
 PO Box 350 Darlinghurst NSW 1300

Western Sydney and Blue Mountains

Mon-Fri 9.00am-5.00pm
 Tel: 9204 2400
 Fax: 9891 2088
csn-westsyd@acon.org.au
 6 Darcy Rd, Wentworthville, 2145
 PO Box 284, Westmead, 2145

Hunter

Mon-Fri 9.00am-5.00pm
 Tel: 4927 6808\Fax 4927 6485
hunter@acon.org.au
 129 Maitland Road, Islington, 2296
 PO Box 220, Islington, 2296

Mackillop Centre - Hunter

Training and development opportunities for PLWHA
 Tel: 4968 8788

Illawarra

Mon-Fri 9.00am-5.00pm
 Tel: 4226 1163\Fax: 4226 9838
illawarra@acon.org.au
 47 Kenny St, Wollongong, 2500
 POB 1073, Wollongong, 2500

Mid North Coast

Outreach project: by appointment
 Tel: 6584.0943
 Fax: 6583.3810
 4 Hayward Street, Port Macquarie, 2444
 POB 1329, Port Macquarie, 2444

FTMAustralia

Resources and health information for all men (identified *female* at birth), their partners, families and service providers. For information contact FTMAustralia, PO Box 488, Glebe, NSW, 2037.
www.ftmaustralia.org
mail@ftmaustralia.org

GAY AND LESBIAN COUNSELLING SERVICE OF NSW (GLCS)

A volunteer-based community service providing anonymous and confidential telephone counselling, support, information and referral services for lesbians, gay men, bisexual and transgender persons (LGBT) and people in related communities.
 Counselling line open daily from 5.30pm-10.30pm daily (02) 8594 9596 (Sydney Metro Area - cost of local call, higher for mobiles)
 1800 184 527 (free call for regional NSW callers only)
 Admin enquiries: (02) 8594 9500 or admin@glcsnsw.org.au
 website: www.glcsnsw.org.au

HIV AWARENESS AND HIV AWARENESS AND SUPPORT

For HIV positive IDUs and their friends. Meets on Wednesdays. Contact Sandra or Tony at NUA.
 Tel: (02) 9369.3455
 Toll Free: 1800.644.413

HOLDEN STREET CLINIC

Sexual Health Clinic is staffed by doctors, sexual health nurses, a clinical psychologist and an administration officer.
 Mon, Tue, Wed. 9.00am-5.00pm (closed 12.15pm-1.00pm for lunch)
 Men's Clinic Thursday evenings 5.00pm-8.00pm
 Appointments preferred (02) 4320 2114
 Ground Floor 69 Holden St, Gosford 2250
 Tel:(02) 4320 2114
 Fax: (02)4320 2020

INNERCITY LEGAL CENTRE

Available to discuss any legal matter that concerns you.
 Ph: (02) 9332 1966

INTERSECTION

Coalition group of lesbian, gay, transgender and other sexual minority groups and individuals working for access and equity within local community services and their agencies.
 Christine Bird (02) 9525.3790

The Anti-Violence Project can be contacted on (02) 9206 2116 or 1800 063 060

KIRKTONROADCENTRE

Needle exchange and other services
Clinic Hours:

Monday to Friday, 10am - 6pm

Saturday to Sunday, 2pm - 6pm

Outreach Bus - Every Night

100 Darlinghurst Road

(Entrance above the Kings Cross
Fire Station Victoria Street, Sun-
days

345 Crown Street, Surry Hills, 2010
PO Box 22, Kings Cross, NSW,
2011

Tel: (02) 9360.2766

Fax: (02) 9360.5154

LES GIRLS CROSS- DRESSERS GROUP

An independent peer support group
for transgender people. Free
tuition, job assistance, friendship and
socials, general information. Bi-
monthly meetings.

Coordinator,
PO Box 504 Burwood NSW 2134

(MCC)METROPOLITAN

MCC Sydney is linked with MCC
churches in Australia as part of
an international fellowship of
Christian churches with a social
concern for any who feel excluded
by established religious groups.
MCC deplores all forms of
discrimination and oppression and
seeks to share God's unconditional
love and acceptance of all people,
regardless of sexual orientation,
race or gender.

96 Crystal St, Petersham, 2049

Phone (02) 9569 5122

Fax: (02) 9569 5144

Worship times:

10.00 am and 6.30 pm

office@mccsydney.org

http://www.mccsydney.org.au/

MOUNT DRUITT SEXUAL HEALTHCLINIC

Provides free, confidential and
respectful sexual health information,
assessment, treatment and
counselling.

Tel: (02) 9881 1206

Mon 9.00am-4.00pm

Wed 9.00am-1.00pm

Fri 9.00am-1.00pm

NEWCASTLE SWOP

SWOP at Newcastle has a Mobile
Sexual Health Team
4927 6808

NORTHAIDS

A community based organisation
providing step down and respite care
for PLWHA on the Northern
Beaches.

Tel: (02) 9982 2310

PARRAMATTASEXUAL HEALTHCLINIC

provides free, confidential and
respectful sexual health informa-
tion, assessment, treatment and
counselling.

Level 1, 162 Marsden (cnr.eorge

St) Parramatta, 2150

Ph: (02) 9843 3124

Mon, Wed, Fri, 9.00am-4.00pm

Tue 9.00am-1.00pm

Fri 9.00am-4.00pm

PLWHA(PEOPLE LIVING WITH HIV/AIDS)

PO Box 831, Darlinghurst, NSW,
2010

Ph: (02) 9361 6011

Fax: (02) 9360 3504

www.plwaha.org.au

Katoomba

PO Box 187,

Katoomba, NSW, 2780

Ph: (02) 4782 2119

www.hermes.net.au/plwaha/

plwaha@hermes.net.au

POSITIVE WOMEN

Can offer one-on-one support for
HIV positive transgender women.

Contact Women and AIDS

Project Officer or Women's HIV

Support officer at ACON.

Ph: (02) 9206 2000

www.acon.org.au/education/

womens/campaigns.htm

REPIDU

Resource and Education Program
for Injecting Drug Users

Mon - Fri, 9am - 5pm Sat & Sun,

1 - 5 Deliveries Tue, Fri 6 - 9

103/5 Redfern Street, Redfern,

NSW, 2016

(Redfern Community Health

Centre, enter via Turner Street)

Tel: (02) 9395 0400

Fax: (02) 9393 0411

RPA SEXUAL HEALTH

CLINIC provides a free and
confidential range of health,
counselling and support services. Ph:
9515 3131

SAGE FOUNDATION (Sex and Gender Education Foundation)

A voluntary lobbying organisation
made up of gender variant people to
lobby the government to ensure equal
treatment in all respects of life. Sage is
non-profit. All welcome.

Ph: 0421 479 285

Email:

SAGE_Foundation@yahoo.com

SEAHORSE SOCIETY OF NSW

The Seahorse Society is a
non-profit self-help group funded
by members' contributions. Open
to all crossdressers, their relatives
and friends. We offer discretion,
private monthly social meetings,
outings, contact with other
crossdressers, a telephone infor-
mation service, postal library
service and a newsletter.

PO Box 2193 Boronia
Park, NSW, 2111 or Ph:
0423 125

SOUTH COAST of NSW

from Ulladulla to the VIC Border.
We are a group of like-minded
people trying to establish a social
and support group. Jen Somers,

Sexual Health Counsellor,
Narooma Community Health
Centre, Marine Drive
Narooma, NSW 2546

Tel: (02) 4476.1372

Mob: 0407 214 526

Fax: (02) 4476 1731

jenni.somers@sahs.nsw.gov.au

(SWOP) SEX WORKERS

OUTREACH

TRANSGENDER SUPPORT PROJECT

Provides confidential services for
people working in the NSW sex
industry.

PO Box 1354

Strawberry Hills NSW 2012

Tel: (02) 9206 2166

Fax: (02) 9206 2133

Toll free 1800 622 902

info@swop@acon.org.au

www.swop.org.au

SYDNEY BISEXUAL NETWORK

Provides an opportunity for bi-
sexual and bisexual-friendly people
to get together in comfortable,
safe and friendly spaces.

Pub social in Newtown on 3rd

Sunday of every month followed
by a meal. All welcome.

POB 281 Broadway NSW 2007

Tel: (02) 9565.4281 (info line)

sbn-admin@yahoo.com

http://sbn.bi.org

SYDNEY BISEXUAL

PAGANS

Supporting, socialising and liber-
ating bisexual pagans living in the
Sydney region.

PO Box 121, Strawberry Hills
NSW 2012

SYDNEY MEN'S NETWORK

Welcomes FTM men.

PO Box 2064, Boronia Park, 2111

Tel: 9879.4979 (Paul Whyte)

paulwhyte@gelworks.com.au

SYDNEY SEXUAL HEALTH CENTRE

Provides free, confidential health
services, including sexuality, sexual
function, counselling and testing
and treatment of STDs including
HIV.

Level 3, Nightingale Wing,
Sydney Hospital, Macquarie St,
Sydney, NSW, 2000.

Tel: (02) 9382 7440 or freecall from
outside Sydney 1800 451 624
(8.30am-5.00pm) Fax: (02) 9832
7475

sshc@sesahs.nsw.gov.au

SYDNEY WEST HIV/HEP C PREVENTION SERVICE

Needle and syringe program
162 Marsden St, Parramatta,
NSW 2150

Ph: (02) 9843 3229

Fax: (02) 9893 7103

TOWN & COUNTRY CENTRE

Drop In Centre - Weekly Coffee
Nights - 24 hour ph line - regular
social activities - youth services -
information, advice and referral -
safer sex packs and more! - for
bisexual, transgender folks and
men who have sex with men80

Benerembah Street, Griffith PO

Box 2485, Griffith, NSW 2680

Tel: (02) 6964.5524

Fax: (02) 6964.6052

glsg@stealth.com.au

WOLLONGONG TRAN

Transgender Resource and Advoca-
cacy Network. A service for people
who identify as a gender other than
their birth gender. Providing a safe
and confidential place to visit,
phone or talk about gender issues.

Thursday AND Friday 9am - 5pm

Tel: (02) 4226.1163

WOMENS & GIRLS DROP IN CENTRE

is a safe, friendly drop-in Centre
in inner Sydney for women with
or without children. Shower,
relax, read the paper, get

information, referral and advice.
Monday to Friday - 9.30 -

4.30pm 177 Albion Street, Surry
Hills, NSW 2010

Tel: (02) 9360.5388

National

(ABN) AUSTRALIAN BISEXUAL NETWORK

National network of bisexual women and men, partners and bi and bi-friendly groups. ABN produces a national magazine, houses a resource library and is a member of the International Lesbian and Gay Association (ILGA).

PO Box 490, Lutwyche QLD 4030
Tel: (07) 3857 2500
1800 653 223

ausbinet@rainbow.net.au
www.rainbow.net.au/~ausbinet

AIS SUPPORT GROUP (AUSTRALIA)

Support group for Intersex people and their families. We have representatives in all Australian States.

PO Box 1089
Altona Meadows, VIC, 3028
Tel: (03) 9315 8809
aissg@iprimus.com.au
www.vicnet.net.au/~aissg

AUSTRALIAN WOMAN NETWORK

Australian WOMAN Network is primarily a lobby and health support group for people who experience the condition of transsexualism, their families, friends and supporters. There are email discussion lists for members as well as a bulletin board for both public and member-only access.

www.w-o-m-a-n.net

CHANGELINGASPECTS

organisation for Transsexual people, their partners and families. For information, please write or call.

email: knoble@iinet.net.au
www.changelingaspects.com

FTMAustralia

Resources and health information for all men (identified *female* at birth), their partners, family and service providers. Contact FTM Australia for more information.
PO Box 488, Glebe, NSW, 2037
www.ftmaustralia.org
mail@ftmaustralia.org

TRUE COLOURS DIVERSITY

True Colours represents young people who experience transsexualism and a network of their parents, families throughout Australia. Whether you are a parent, a family member, a carer, a friend or a young person experiencing the diversity in sexual formation called transsexualism, you have come to a friendly place. TRUE Colours offers mutual support and advocacy

for young people with transsexualism and their families. We also offer a parents/caregivers email discussion group.
Web: www.truecolours.org.au
Email: Mail@truecolours.org.au

International

AGENDER NEW ZEALAND

A caring national support organisation for Cross/Transgender people, their partners and families. For a detailed information pack, please write or call:

PO Box 27-560,
Wellington, New Zealand

Tel: (64) 0800 AGENDER
Email: president@agender.org.nz
www.agender.org.nz

BEAUMONT SOCIETY

Non-profit organisation for crossdressers throughout Great Britain. Social functions, counselling and a contact system for members. Provides a magazine - Beaumont magazine
BM Box 3084
London WC1N 3XX
England
www.beaumontsociety.org.uk/

BEAUMONT TRUST

The Trust is a registered charity, the aim of which is the support of transvestites, transsexuals, their friends and families. It fosters research into both psychological and social aspects of transvestism and transsexualism and can provide speakers to address other organisations. It produces literature and arranges workshops, develops befriending facilities and assists with conferences.
The Beaumont Trust, BM Charity,
London WC1N 3XX.
<http://www3.mistral.co.uk/gentrust/bt.htm>

CROSS-TALK

The transgender community news & information monthly.
PO Box 944, Woodland Hills CA 91365 U.S.A.

FTMINTERNATIONAL

A group for female to male transgender people. Provides a quarterly newsletter - FTM.
160 14th St
San Francisco, CA, 94103
<http://www.ftmi.org/>
info@ftmi.org

FTMNETWORKUK

A support group for female to male trans people. Provides a newsletter - *Boys' Own*
FTM Network, BM Network,
London, WC1N 3XX, England.
www.ftm.org.uk

GENDERBRIDGE Inc.

Support and Social Society for people with gender identity issues, their families, partners and professionals involved in care, treatment and counselling.
PO Box 68236, Newton, 1145, New Zealand
Phone: (64) (09) 0800 TGHELP (0800.84.4357) (24 hrs)
www.genderbridge.org
info@genderbridge.org

GENDER TRUST (THE)

A help group for those who consider themselves transsexual, gender dysphoric or transgendered. Provides trained counsellors, psychologists and psychotherapists and there is a referral procedure to a choice of other therapists.
The Gender Trust
PO Box 3192, Brighton
BN1 3WR, ENGLAND
<http://www3.mistral.co.uk/gentrust/home.htm>
gentrust@mistral.co.uk

INTERNATIONAL FOUNDATION FOR ANDROGYNOUS STUDIES (IFAS)

Support, information, advocacy and social events. An incorporated body established to advance the health, well-being, basic rights, social equality and self-determination of persons of any age or cultural background who are transgender, transsexual, transvestite or intersex, or who are otherwise physically or psychologically androgynous as well as gay, lesbian and bisexual people.
PO Box 1066
Nedlands, WA, 6909, Australia
Mobile ph: 0427 853 083
<http://www.ecel.uwa.edu.au/gse/staffweb/fhaynes>
[IFAS_Homepage.html](http://www.IFAS.org.au)
www.IFAS.org.au

IFGE INTERNATIONAL FOUNDATION FOR GENDER EDUCATION

Educational and service organisation designed to serve as an effective communications medium, outreach device, and networking facility for the entire TV/TS Community and those affected by the Community. Publisher of materials relevant to the TV/TS theme. Produces TV/TS journal *-Tapestry-*.
PO Box 229, Waltham, MA 02254-0229 U.S.A.
<http://www.ifge.org/>
info@ifge.org

IKHLAS

IKHLAS drop in centre is a community program by Pink Triangle Malaysia. Provides an outreach project, HIV/AIDS information, counselling, medication, workshop and skill building for transgender people in Kuala Lumpur Malaysia.
PO Box 11859, 50760
Kuala Lumpur Malaysia
Tel: 6.03.2425.593
Fax: 6.03.2425.59

ITANZ INTERSEX TRUST AOTEAROA OF NEW ZEALAND

Registered non-profit charitable trust to provide a number of educational, advocacy and liaison services to intersexuals, their parents, caregivers, family, friends and partners within the Community and those affected by the Community.

PO Box 9196, Marion Square
Wellington, New Zealand
Tel: (04) 4727 386 (machine only) Fax: (04) 4727 387

PROSTITUTES COLLECTIVE OF AUCKLAND-NEW ZEALAND

PO Box 68 509,
Newton, Auckland,
New Zealand

PROSTITUTES COLLECTIVE OF CHRISTCHURCH-NEW ZEALAND

Provides a confidential service for trannies working in the sex industry.
PO Box 13 561
Christchurch,
New Zealand

PROSTITUTES COLLECTIVE OF WELLINGTON-NEW ZEALAND

Provides a confidential service for trannies working in the sex industry.
PO Box 11/412, Manner St
Wellington New Zealand
Tel: (64) 4382-8791
Fax: (64) 4801-5690

Every effort has been made to include accurate and up-to-date information in this directory. To amend your listing fax (02) 9569 1176 or email the Editor on resources@gendercentre.org.au

Are You Embarrassed by Ugly and Unwanted Facial or Body Hair?

You are not alone, and there is a permanent solution. Everywhere people are raving about the results of this amazing method!

It is medically and scientifically proven safe over 130 years of use to permanently remove your unwanted hair so that it NEVER grows back

We are so confident in our results we put our 100% money back Guarantee behind our work! *So phone NOW.* The first 27 people to call and mention this ad will receive our special introductory offer - **you pay only \$99** for \$168 of value - **a saving of \$69.**

- **Consultation** Valued at \$60
- **30 Minute Treatment** Valued at \$75
- **Mefol Aftercare cream** Valued at \$30

City	Drummoyne
Dymocks Building,	170 Victoria Road,
Level 3, 428 George St, Sydney	Drummoyne
9221 8594	9719 1391

www.permanence.com.au

PERMANENCE



NSW Seahorse Society



is a self help group based in Sydney open to all crossdressers, their relatives and friends. We offer discretion, private monthly social meetings, social outings, contact with other crossdressers, a telephone information service, postal library service and a monthly newsletter.

THE SEAHORSE SOCIETY
OF NSW INC
PO BOX 2193 BORONIA

PARK, NSW 2111

Call on 0423.125.860 and our **website** is:

www.seahorsesoc.org

Email:

crossdress@seahorsesoc.org

“crossdress with dignity”

The Permanent Solution...

in Permanent Hair Removal

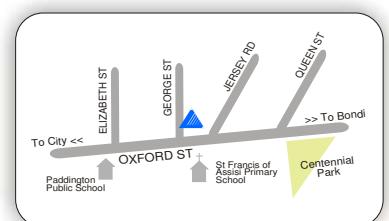
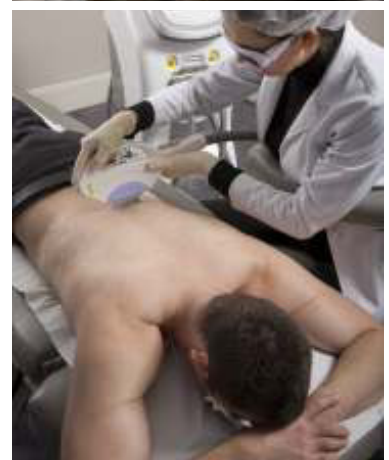
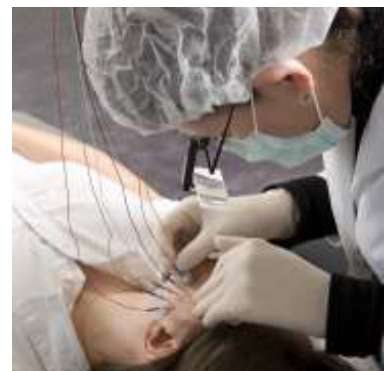
For those who are embarking on the transition from male to female, the permanent removal of hair is vital. However, with so many clinics and procedures to choose from, it's crucial that your chosen solution is reliable, safe and permanent.

At Advanced Electrolysis Centre, we have been specialising in permanent hair removal since 1996, continually improving the methods and the technologies that deliver the best results. You'll be in the hands of our experienced and qualified specialists, where you'll receive the ultimate level of personal care and attention. We also offer on-site parking for our 3hr clients subject to availability.

Galvanic electrolysis is a scientifically proven technique that is effective no matter what type of hair you have, and no matter what colour skin. It works perfectly, even if you have blonde or grey hair. However if you have dark hair this can be treated by laser or IPL, or in many cases a combination to achieve a true permanent result.

So, whether you are in need of some general information, or you have already decided on a method that best suits your needs, come in for a chat and get expert advice on how to effectively be free of your unwanted hair FOREVER!

- Multi probe galvanic 16, 32 and 64 (Dual operator) follicle treatment
- Guaranteed Permanent Results
- Skin Rejuvenation
- Pigmentation Reduction
- Red Veins & Rosacea



Phone: (02) **9362 1992**
9 George Street (just off Oxford St),
Paddington
aecsydne.com.au