

\*Violence  
is  
not normal

\*Transgender  
Day  
of Remembrance  
Nov 20, 2014

\*Memory — ☿

\*Lives Lost — †

\*Violence — 000

\*Fear — Sisters, Brothers, Girls, Boys

\*Hatred — Human Rights

\*Rights — Gender Identity

\*LGBTI — Protect!

\*Harassed — Protection! ↗

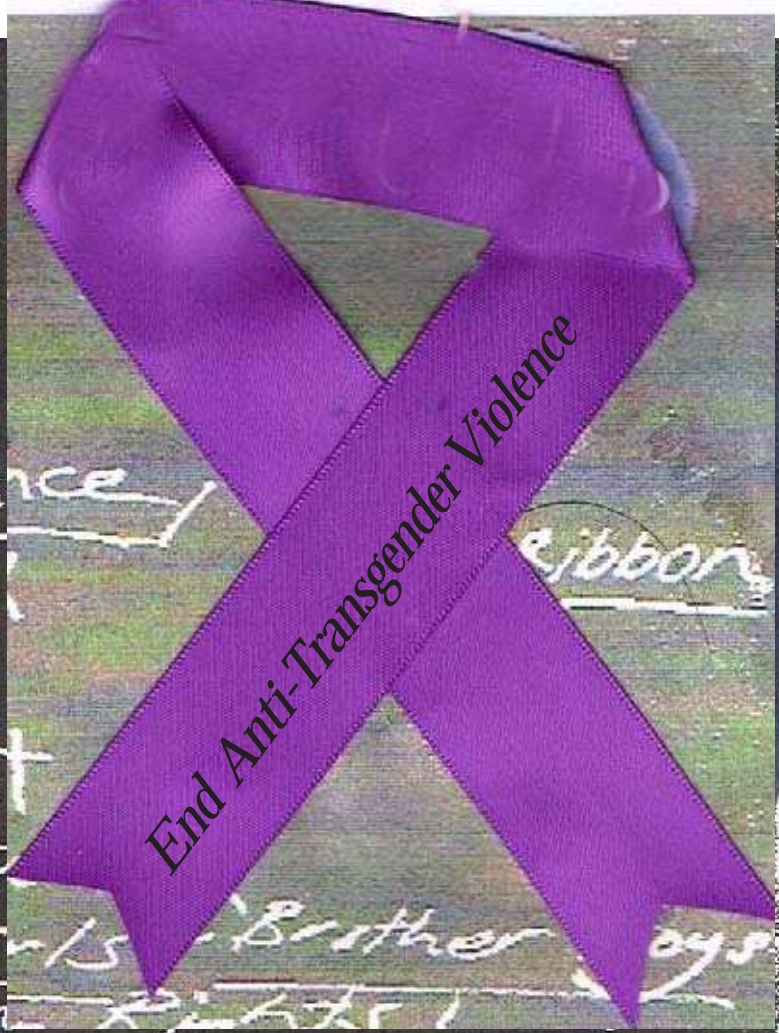
\*Arrested — Rights

\*Killed — Humanity

\*Love — Housing, Education

\*Discrimination — Employment

\*Denied Access — Public Services



*Polare 101* • Transgender Day of Remembrance  
20 November 2014

MAGAZINE OF THE NSW GENDER CENTRE

## A Really Great Youtube

A short video has been made with the support of the Aurora Foundation as part of the Transgender Anti-Violence Project.

Titled *In My Shoes*, it was made by Tahlia Tribjetz and some of the young people who use the services of the Gender Centre, all of whom gave up their own time willingly to share their stories and experiences, so that other people may understand more about the life journeys of trans- and gender-questioning youth.

The video has been highly praised and is a moving and educational experience for anyone who wishes to understand what others feel when they are part of the trans life.

## 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](mailto:oiaustralia@bigpond.com)**

**or visit our website at**

**[www.oiaustralia.com](http://www.oiaustralia.com)**

**Except for serious emergencies, please make an appointment before coming to the Gender Centre. We are glad to help you if we can, but if someone else has booked the time you may miss out. Phone 9569 2366**



2014

FTM Australia is a membership-based network offering contact, support and information for men identified *female* at birth, their families, friends, healthcare providers and other professionals.

### Network News E-Bulletin

FTM Australia publishes a free regular electronic bulletin - *Network News*. To subscribe :

<http://www.ftmaustralia.org/publications/network-news-subscribe>

### OzGuys Email Discussion List

Our national email discussion list is called OzGuys and it is open to anyone transitioning female-to-male, undergoing medical treatment and social transition in Australia or New Zealand.

For more information please visit::

<http://groups.yahoo.com/groups/ozguys/> or contact the moderators on :

[ozguys-owner@yahoogroups.com](mailto:ozguys-owner@yahoogroups.com)

### Social Media

FTM Australia maintain an active social media presence. Our Facebook page is

at <http://www.facebook.com/ftmaustralia> and our Twitter is:

<http://twitter.com/FTMAustralia>

### FTM Australia website

To find out more about female-to-male transition, or resources or to make contact, please visit our website at:

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

# 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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Annandale  
NSW 2038**  
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PO Box 266  
Petersham  
NSW 2049**



**Tel:(02) 9569 2366**  
**Outside Met. Sydney  
1800 069 115 (9-4.30, M-F)**  
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[reception@gendercentre.org.au](mailto:reception@gendercentre.org.au)

**Website:**  
[www.gendercentre.org.au](http://www.gendercentre.org.au)



## 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.

Cover: Transgender Day of Remembrance design by Edwina Keelan. A poignant reminder of all that Remembrance Day should mean for us and for everyone.

# 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](http://www.glcsnsw.org.au)

Or by mail:

PO Box 823, Newtown, NSW, 2042



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

WIPAN are helping

WOMEN

EX-PRISONERS

Settle back into Life on the OUTSIDE

The WIPAN mentoring program  
is a great way to get the support  
you need:

- ◆ Meet face-to-face weekly
- ◆ Get assistance to locate necessary services
- ◆ Talk confidentially about life's challenges
- ◆ Enjoy activities together
- ◆ Strengthen confidence and self-esteem
- ◆ Create mutual trust and respect
- ◆ Have a positive role model
- ◆ Develop life skills

If you are interested in having a Mentor,  
contact TARA at Women in Prison  
Advocacy Network (WIPAN)

Ph: 02 8011 0693

Mobile: 0415 454 770

Email: [mentoring@wipan.net.au](mailto:mentoring@wipan.net.au)

Website: [www.wipan.net.au](http://www.wipan.net.au)

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

October-December 2014

No. **101**

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### DEADLINE

for submissions to the next edition of *Polare* is  
the eighth of December 2014

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*THE FINE PRINT*

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Advertisers are advised that all advertising is their responsibility under the Trade Practices Act.

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 contributions without notice is reserved to the editor. Any submission that appears in *Polare* may be published on the Gender Centre's Website unless agreed otherwise.

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*Polare* A magazine for people with gender issues.  
Opinions expressed do not necessarily reflect those of the Editor, Publisher, the Gender Centre, Inc. Human Services - Community Services or the Sydney South West Area Health.  
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Those who read the fine print in the section “The Fine Print” on the title page of *Polare* will note that “*Polare* is published by the Gender Centre, Inc. ... and provides a forum for discussion and debate on gender

issues.”

Ideally this discussion and debate would be generated by submissions to the magazine. Sadly, there is very little input from the readers., despite my encouragement in the form of a box in every issue headed “They haven’t called, they haven’t written”.

I believe in debate and discussion and the presentation of evidence to support a point of view. Naturally I cannot include material that is actionable (libellous, obscene, seditious or blasphemous) and I will not publish argument that relies on invective rather than logic. I will endeavour to keep debate within the usual constraints of reasoned discussion, which means that terms should be defined before they are used and vague accusations that cannot be, or have not been, documented, should be avoided.

So, if you have opinions that you feel should be aired, please send me letters, or articles, or descriptions of interesting events. I recently heard from a reader who felt there was not enough material of interest to ‘young’ people and I am very happy for that reader, or others, to send something they feel would fill that gap.

It’s your magazine and it should reflect your opinions and experiences.

The annual Transgender Day of Remembrance will be celebrated within the publication period of this issue, and the cover, designed by Edwina Keenan, reflects our concern at the many areas of social disadvantage suffered by transgendered people ... harrassment, discrimination, employment difficulties, violence, documentation, housing problems, medical

care and so on. There will be an observance of the day on the evening of 20th November, probably in the Newtown Community Hall, but details still have to be set. For details check the Gender Centre website ([www.gendercentre.org.au](http://www.gendercentre.org.au)) closer to the time. If you wish to volunteer any ideas, please send them to us, marked Att. Remembrance Day Organiser, and we will try and incorporate them into the observance.

There have been two remarkable, and almost mirror-image, leaps in medical development for transgenders and these are documented in the item headed “Even More News Items of Interest”. One records the birth of a healthy baby to a woman with a transplanted uterus and the other foreshadows the possibility of creating a penis using cells from the recipient on a collagen donor structure from which all the original DNA had been removed, eliminating the problem of rejection by the immune system.

These developments make it a real possibility that transgendered women may one day bear children and if the research into penises is extended to include testicular implants there may be the possibility for FTMs to inseminate their partners, although that may be further away than the option of childbearing now seems to be. The fact that four of the nine women who received uterus transplants received them from non-relatives suggests that the problems of rejection are being overcome.

There is also a letter demanding reform of the media in their treatment of transgendered people, a demand sparked by the abominable way in which murdered Thai transgendered woman Mayang Prasetyo was labelled by the tabloid press as a ‘she-male’ and a ‘ladyboy’. We must all do our best to protest such outrageous behaviour by the press, preferably by sending letters to the publishers and editors concerned.

*Katherine*



by Katherine Cummings

Time marches on and progress continues to be made. In October, 2013, a Toronto psychiatrist named Joseph Berger issued a statement to the effect that from a medical and scientific point of view there is no such thing as a transgendered person, and that terms such as ‘gender expression’ and ‘gender identity’ are ambiguous and more “an emotional appeal than a statement of scientific fact”.

I wonder what in the northern latitudes of North America creates so many foolishly wrong-headed trans-practising psychiatrists? Blanchard and his goofy acolytes with their indefensible autogynephilia nonsense and J. Michael Bailey’s dishonest attempt to build a similar system based on a ridiculously small number of cases, selected from one drag club, and a fake case study that was constructed to support the theory that Bailey wanted to adopt, namely that there were only two kinds of transgenders, those who were really homosexual and those who were autogynephilic.

Berger states that people who identify themselves as ‘transgendered’ are mentally ill or simply unhappy, and that hormone therapy and surgery are not appropriate treatments for psychosis or unhappiness.

Considering some of the barbaric treatments used to treat psychosis, including electroconvulsive therapy and psychotropic drugs, one cannot really understand why Berger rules out hormone therapy and surgery.

According to Berger, ‘transgendered’ people wish to be people of the sex opposite to which they were born, or to which their chromosomal configuration attests.

“The medical treatment of delusions, psychosis or emotional unhappiness is not surgery,” he stated. He went on to explain that cosmetic surgery will not change the chromosomes of a human being in that it will not make a man become a woman, capable of menstruating, ovulating and having children, nor will it make a woman into a man, capable of generating sperm that can unite with an egg or ovum from a woman and fertilise that egg to produce a human child. Berger appears to overlook the fact that many women cannot produce ova and many men cannot produce sperm, yet modern

science has developed ways in which these women and men can become parents through *in vitro* fertilisation, surrogate mothering and other ways of compensating for Nature’s shortfalls.

It is pleasantly co-incidental that while I was writing this piece reports came in of a healthy baby born to a woman with a transplanted uterus (one of nine such implants, several of whom are also coming to term early in 2015) and another report that penises are being grown from cellular material on collagen “scaffolds” (both news items appear on p.24). These events suggest that it will not be long before transwomen can have functioning uteri (or uteruses if you want to be modern) and penises, and I will have to rethink my current rejection of the word transsexual.

Berger, like many of his profession, seem to place a priority on physical characteristics such as chromosomes, and chooses to ignore the fact that the workings of the mind are also part of the human, and, it could be argued, the more human part of the complex mechanism that is a person. There are numerous functions of various parts of the human body and mental processes are just as much a part of the individual and his/her *persona* as any other process or characteristic.

People set out to change their physical characteristics in many ways. Sometimes the change is inadvertent and is accepted as the by-product of another procedure, for instance the creation of a beer belly through the excessive enjoyment of beer. The converse of this is also common, with people striving to change their body image through exercise, diet and medication. People augment their bodies with silicone implants and adjust them with surgical procedures (actors sometimes have their back teeth removed to create more interesting cheekbone definition, and models sometimes have their floating ribs removed to reduce waist size).

By what right, then, does Berger attack the wish of those who wish to bring their minds and bodies into congruence through hormone therapy and/or surgery? When one realises that Berger’s statements were designed to keep trans people out of “inappropriate” toilets, his impertinence is even more remarkable. □□□

# Issue One Hundred and One **New Mental Health Program Will Support North Shore and Northern Beaches**

The Chief Executive Officer of Community Care (Northern Beaches), Sharon Grocott, announced three months ago a new program intended to support people with severe and persistent mental health issues. The program will cover Sydney's north shore and northern beaches and has already been swamped with referrals.

"Mental health has been identified by the experts as a priority health issue in this area, and this has been reflected by over 120 referrals to this service since it began at the start of this year," said Ms Grocott.

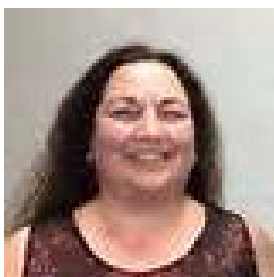
The partners in Recovery (PIR) Sydney North Shore and Baches (SNSB) initiative is intended to support people living with severe mental health issues with complex needs.

The initiative is funded by the Australian Government through the Department of Health, and is intended to help those who might not normally come under the existing mental health services.

SNSB Manager PIR, Laurie Bassett, said, "The program provides a one-stop, contact point for people. It helps them plan their recovery, assists with access to the right combination of services, co-ordinates the services people need and assists to build networks and relationships that will support an individual's recovery."

"People this program could help could be homeless, have addiction issues, be unemployed or simply have a longstanding and recurring mental health issue which requires various support and some co-ordination or management of services."

"Often, people with chronic mental health issues are overlooked as being too difficult to manage or too challenging to support. But it is essential that as a community we go the extra mile to provide this support - so individuals can better manage their lives and recovery."



**Laurie Bassett**

**"... it is essential that as a community we go the extra mile to provide this support - so individuals can better manage their lives and recovery."**

The program could help people with health care, social work and legal services, alcohol and drug treatments, education and training, employment and housing. PIR Offices have been set up in Dee Why, Mona Vale and Willoughby. Community Care (Northern Beaches, a not-for-profit



**Sharon Grocott**

community care provider, is leading the program in partnership with the Sydney North Shore and Beaches Medicare Local, Norther Sydney Local Health District, New Horizons, Uniting Care Mental health, Schizophrenia Fellowship, Northside Community Forum, Mission Australia and Anglicare.

The program is free. For more information contact 1300 000 747.

The PIR (SNSB) team visited the Gender Centre for a mutual information exchange on how to best assist clients experiencing severe and persistent mental illness with complex needs.

Amy, Mark and Pushpa from the Uniting Care Mental Health Partners in Recovery team discussed ways with the team at the Gender Centre in which services and support from multiple sectors could work in a more co-ordinated and integrated way.

Partners in Recovery has been funded across Australia by the Federal Government, in recognition of the consistent feedback that support for the most vulnerable people with significant mental health issues is not adequately integrated or co-ordinated, and PIR aims to ensure clients will be at the centre of a holistic, individualised and flexible system.

PIR thanks Phinn, Nicola and Liz for opening up the doors of communication between the Gender Centre and Partners in Recovery.





## HIGHEST PAID FEMALE AMERICAN CEO IS TRANSWOMAN

Martine Rothblatt, the highest paid female executive in the United States underwent affirmation surgery from male to female in 1994.

Martine, a lawyer, has long been known for her activist work on behalf of the transgender community.

She founded a biotechnology firm, United Therapeutics, in order to find a treatment for pulmonary hypertension after her daughter was diagnosed with the condition.



**Martine Rothblatt**

Rothblatt made US\$38million in 2013 and appeared on the cover of New York Magazine in September 2014. She put her view of gender-related pay gap in succinct terms. While recognising the advantage conferred on her by growing up with the male privilege she said she was optimistic that the income imbalance would improve for women.

“Equal pay for equal work has to begin with an education,” said Ms Rothblatt. “We need to start by educating our kids and society as a whole that a person’s productivity and what they accomplish should not be judged differently because they are female or male.”

## BRITISH BOXING MANAGER STARTS OVER AS KELLIE

Sixty-one-year-old boxing manager and entrepreneur, Kellie Maloney, who was formerly Frank Maloney, and who successfully managed Lennox Lewis to his World Heavyweight title in 1992 intends to return to the boxing world and will seek a position with the British Boxing Board of Control.



**Kellie Maloney**

Kellie hopes the support she has received following her affirmation of her female gender role will help her return to public life. She was still living as Frank when she retired from public life in October 2013 after

“falling out of love with boxing”. She says now that she would like to be “the only female to guide the next generation of future British champions”.

She also said: “I’ve not had a brain transplant. I’m like a chocolate bar and all that I am doing is changing the outer wrapping that God got wrong at birth.

“I’m now using medical science to correct that and for the first time to live at peace within myself.”

But she admits her comeback plans may not be plain sailing. She said: “The British Boxing Board of Control are in a time-warp. Can you imagine me walking in there now dressed as a woman?”

## YOUNG ADULTS’ INTERSEX NOVEL WINS WA PREMIER’S AWARD

Alyssa Brugman has won the Western Australian Premier’s Book Award with her twelfth novel, *Alex As Well*, which tells the story of an intersexed teenager who has been raised as a male but decides to live as a female.



**Alyssa Brugman**

Brugman is delighted that her book, which is intended to give teenagers struggling with their gender a literary character with whom they could identify, has been honoured in this way, and that the publishers, Text, are prepared to publish a book about an intersexed character.

She says that she believes young people from all walks of life need literary characters they can use as role models.

Brugman was invited to attend the award ceremony in Perth, where Premier Colin Barnett presented her with \$10,000 and a commemorative plaque.

She says she has finished her next novel but is not yet disclosing its subject.

□□□□

**I**t goes without saying that most recognition by one human of another depends on facial features and that even generalised recognition (of a person's gender, ethnic background and their general demeanour) also depends, in the first instance, on a person's face.

It follows, since there are facial features thought of as 'masculine' and others regarded as 'feminine', that transgendered people who have features they may consider inappropriate to their gender identities will do something about it if they can.

Some surgeons are now making a specialty of facial feminisation and as a result the number of procedures offered in this field has increased over recent years. Various procedures related to facial feminisation are common to both sexes, but some are much more commonly applied to male-to-female transgenders than to genetic women.

Foremost among these, of course, is the removal of facial hair, but this is such a large topic that it deserves an essay of its own, which it will receive in the near future.

Possibly the second most common facial change made by transitioning MTFs is rhinoplasty, or changing the appearance of the nose. Men's noses tend to be bigger than women's and straighter and the nose usually meets the upper lip at closer to 90 degrees than a woman's nose does.

The nose can be reduced in size and re-shaped so that it becomes 'retrouse' or 'tip-tilted', giving a more feminine look. At the same time the distance between the nose and the upper lip can be reduced with a small 'tuck', as men tend to have a longer philtrum (the groove below the nose). This may also show the upper teeth more when a person's face is relaxed or smiling, again a feminine characteristic.

Less popular at one time, but becoming more so, is the reduction of the Adam's apple, or larynx, which is often more prominent in men

than in women. This reduction can be achieved by grinding down the cartilage that forms the protrusion in the throat area. This procedure is called a tracheal shave. One danger in this procedure occurs when the shave is taken too far and fragments of the larynx fall into the windpipe, requiring repair.

Another procedure that can be carried out in the tracheal area is voice modification. This requires shortening of the vocal cords so that the voice has a higher pitch. This can be achieved in a number of ways, by stitching the cords together, or by glueing or tying them together.

Other procedures requiring the temporary removal of covering flesh and exposure of the bony structure below are jaw reshaping and reduction of the brow ridge. Men have a ridge of bone across the lower forehead, just above

the eyes, which may be pronounced or almost invisible.

If it is pronounced this is a strong indicator of masculinity and the supra-orbital rims over the eyes can be simply reduced by grinding

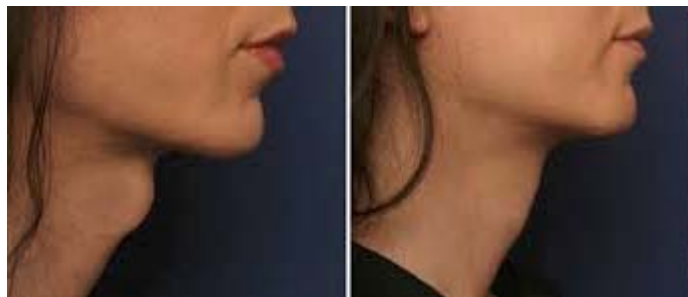
them down. Between the eyes,

however, the bone is thinner and covers the frontal sinus cavity. The facial feminisation surgeon will usually perform a reconstruction where the thinner bone is removed and resized, then fixed in place with titanium screws or wires.

Sometimes the bone is physically reduced as far as is safe, then the area is built up with the use of bone-cement (hydroxyapatite, marketed as BoneSource) thus creating a smooth, feminine appearance to the area immediately above the eyes.

Jaw reshaping can be carried out if the patient feels her jaw is too 'heavy' or masculine in appearance. This usually results from the presence of a 'square jaw' with pronounced angles at the rear of the jawbone. The bone can be shaved down, or a section removed.

Facial changes that are less drastic can be performed to provide a brow lift, as female



**Tracheal shave, before and after**



**"Jamie" before treatment**

eyebrows tend to be higher, and more arched than men's and this can be achieved with relatively minor surgery. Similarly, lips can be made to appear fuller by injecting fat from other parts of the patient's body or by using implants. Cheekbones can be made more prominent by the insertion of silicone

implants (usually placed from inside the mouth) or by transfer of fat from another part of the body.

Protruding ears can be 'pinned back' by excising a sliver of flesh from behind them and fixing them in the new position.

If the patient has noticeable excess skin ('bags') under or above their eyes, a noticeably younger appearance can be achieved by the use of a procedure called blepharoplasty where excess skin is removed from the upper and lower eyelids.

Many of the less invasive procedures mentioned above are used by both sexes and for a variety of reasons.

A person may wish to look younger for personal reasons, from career motivation or because it is a requirement imposed on them. A common form of plastic surgery used to make a person look younger is the facelift. This involves tightening loose skin on the face and jawline by

separating it from the underlying tissue and then reversing the changes made by ageing and gravity by re-siting the facial skin in a position that creates a smoother, more youthful appearance. Until relatively recently (early 1990s) the technique involved pulling the skin back, fixing it in position and cutting off the extraneous parts. Since the 1990s it has been considered more effective to pull the loose skin upwards rather than backwards. This tends to eliminate even fine wrinkles.

The use of botox has also grown more popular as a means of reducing lines and wrinkles by, paralysing the muscles. Botox is most effective in removing 'worry' lines such as those on the forehead.

Smoking and hypertension are two conditions, which impede the healing process, and may cause problems. Always check with your doctor for any likely side effects or problems that may result from cosmetic surgery.

**"Jamie" after facial feminisation, including tracheal shave, hairline forehead lift with hairline lowering, orbital (eye socket) re-contouring, rhinoplasty, lip augmentation and voice modification.**



## *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.*

*Books may be borrowed for three weeks.*

*If you are isolated for any reason and would like to have material mailed to you, let the Resource Worker know. Don't forget to include your mailing address!*



### **74-YEAR-OLD ARMY VET THANKS MEDICARE FOR COVERING GENDER REASSIGNMENT**

Denee Mallon, a 74-year-old US army veteran challenged Medicare's exclusion policy after his request for gender reassignment surgery was denied.

The Department of Health and Human Services appeal board reversed the Medicare ruling, which has been in place since 1981.

The board ruled that the current exclusion was "no longer reasonable" because the procedure is safe and effective and cannot be considered experimental anymore.

In addition to Medicare considering adding the surgery, an increasing number of university health plans and large companies—like Fortune 500 companies Shell Oil and Campbell Soup—have begun to cover gender reassignment procedures.

Medicare's decision—which applies to health plans for older Americans and people with disabilities—will also cover other treatments, like hormones. The decision does not apply to Medicaid, which is regulated by the states and provides health coverage to low-income individuals and families.

Denee Mallon, a 74-year-old Army veteran who was born male but now identifies as female, challenged Medicare's coverage exclusion policy after his request for the surgery was denied.

"This is a big, big decision; I've wanted the operation since I was probably 11 years old and knew about it," Mallon said, according to the *Times*.

He now plans to undergo gender reassignment surgery.

"I expect a certain amount of criticism because of my age—generally you're considered over the hill at 70, why have an operation—but it's a medical decision, and I want congruence between what I am as a human and my body," Mallon explained.

According to the Transgender Law Center in Oakland, California, the cost of the procedure typically ranges from \$7,000 to \$50,000.

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**October-December 2014**

### **EX\_NAVY SEAL POSTER GIRL FOR US RECRUITMENT DRIVE**

The Pentagon has commenced a recruiting campaign in an effort to attract pre- and post-op transgenders as part of the Obama's policy of social engineering within the US military.

Foremost among the transgenders being used in the campaign is Kristin Beck, formerly Christopher Beck, a member of US Navy Seal Teams 1, 5 and 6 and decorated with the Purple Heart and a Bronze Star.

Ms Beck is also the author of an autobiography, *Warrior Princess* and has delivered speeches at the Defense Intelligence Agency, the National Reconnaissance Office and at Hill Air Force Base, Utah.

She took part in the Defence Intelligence Agency (DIA) annual Pride Month and was given an award by the Director of the DIA, Lt. General Michael Flynn.

In the course of her speech she said that transgenders should be allowed to serve in the uniformed ranks and that "we are all, all of us, created equal and we all deserve equal justice." She went on to explain how she had hidden her gender identity during her military career.



**Kristin Beck**

**Christopher Beck**

Elaine Donnelly, president of the Center for Military Readiness, who is on record as opposing men and women serving on active service together, said that before President Obama imposes "another extreme element of LGBT" he should consider the consequences for the majority of men and women in uniform. Ms Donnelly said they should not be forced to participate in "an unprecedented social experiment that does nothing to strengthen the military."

## Postgraduate degrees at the UNSW Centre for Social Research in Health\*

The Centre for Social Research in Health (CSRH) is seeking passionate, engaged and motivated applicants for our MA by Research and PhD degrees who are interested in understanding and influencing change in the fields of health, sex, drugs and risk:

*<http://csrh.arts.unsw.edu.au/education-training/postgraduate-research/>*

Based in Arts and Social Sciences at UNSW Australia, a founding member of the Group of Eight (Go8) key teaching and research universities in Australia, our research degrees provide the skills needed to undertake high quality research, contribute to academic and policy debates, and inform best practice.

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Students form an integral part of our diverse community of talented supervisors and researchers, and develop close relationships with community organisations, health and education service providers and policy makers, to inform the quality of their research and strengthen the impact and relevance of their research findings.

To learn more about getting started, visit:

*<http://csrh.arts.unsw.edu.au/education-training/postgraduate-research/getting-started/>*

Note: Applications for APA scholarships (for domestic students) **close 17 October 2014** for first semester 2015 admissions. A second round then opens for second semester. UNSW International Research Candidate Scholarships are listed here:

*<http://research.unsw.edu.au/postgraduate-research-scholarships>*

**\*Formerly the National Centre in HIV Social Research**

# Preparing to Avoid Side Effects of hep C Treatment

There are strategies to minimise treatment side effects; the more you know about this before starting treatment, the better. You cannot overstate the importance of reducing the impact of side effects by being prepared for, and dealing with, side effects that can be minimised or eliminated.

This means being aware of the reactions you may experience, such as appetite loss, rashes and insomnia, and having some strategies in place to deal with them; the sooner they are minimised, the easier it will be to continue treatment.

Depression and mental health problems can arise during treatment, especially for people with a history of these.

Ideally, health professionals will work together to deal with this in preparation for treatment, and prescribe anti-depressants, mood stabilisers or other medication if needed. It helps to be physically fit before beginning treatment, as the course can be demanding; this includes losing excess weight, eating a healthy diet and quitting smoking.

Many people are less active during treatment, and it can take time after finishing to regain fitness. It is also useful to set aside time for relaxation and pursuing other interests, so that treatment doesn't become allconsuming.

You have to stay focussed and not let treatment consume your thoughts. It's easy for it to take over your life so that everything revolves around hep C and treatment.

## Personal Support

If you live with other people, they may also need to know what's involved in treatment, if only so they can cope with potential mood swings.

It can be especially hard for partners to deal with depression or outbursts directed at them, and it's helpful for them to be able to recognise early signs of depression so that they can be dealt with. Sue Mason helps prepare patients as much as possible by discussing what they may experience. It's good to do this with a support person or partner so they are clued in as well.

Recognising what others can do to help during this time is important; partners and

housemates may be willing to do extra chores such as cleaning and shopping. While it is important for friends and partners to support someone going through treatment, it may also be good for them to have some outside support for themselves.

Reprinted from [www.hep.org.au](http://www.hep.org.au)

**For Those Who Live On The  
Central Coast of NSW**

**The DeepWater Practice in Woy Woy, run by Melissa Turner, has agreed to bulk-bill counselling clients who come with a GP referral and who mention that they are also clients of the Gender Centre.**

**Deepwater Practice,  
Unit 2, 101 Blackwall Road,  
Woy Woy. Ph: 4344 7386**



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I guess I ought to start with an apology for my absence from the previous edition of *Polare* and, to be honest with you, to admit that it's only after several digs from friends, especially our wonderful but occasionally quite redoubtable editor, that I'm now sitting here at my 'Mac', wracking my brain for something significant, or at least moderately interesting, to share with you. The truth is that, recently, and over recent months, a 'perfect storm' of events has necessitated absence from my home on the Central Coast for a total of four months out of the eight so far this year. Much of it in Sydney looking after my dear friend Joanne, first recovering from a hip replacement and then, within weeks, a quite serious shoulder operation. All of this at a time when some heavy renovations were going on at her apartment. During this work, a water pipe was punctured by a jack hammer, which caused a serious flood throughout, ruining the carpet and, worse, a second leak, the source of which was difficult to trace, leaving us without a shower for several weeks. This was especially challenging because, as part of my nursing duties, I had to bathe her daily. I was also doing all the cooking, washing, cleaning, driving and entertaining. We played a LOT of Scrabble...

Now don't get me wrong. I was happy to do it, and I know she would do the same for me. My reason for relating it is in the context of its being but one reason for my having missed the last edition. Other pre-occupations have included an ongoing stoush with a Government Department over the fact that my pensioner rent-subsidy had been withheld for a whole year without my being aware of it until I noticed an inexplicable deficit in my private bank account. I lodged a claim, which was rejected, so I'm now in the process of appealing, with little chance, I'm told, of success...

If you read my last column you will also know that over the period from October 2013 to February this year I was in court four times, having laid charges against a hostile neighbour. The matter was finally resolved in my favour but, shortly after, I was diagnosed with 'atrial

fibrillation', which is basically doc-talk for an irregular heartbeat. I'm now taking medication for it and I'm pretty sure it must have been the stress associated with the court proceedings that caused it.



Marika

My main reason though, for finding it difficult to make time for projects like this column, is that I'm determined to finish a novel I've been writing, on and off, for some years now. It has recently become an urgency because, to tell the truth, I need the cash. It is proving difficult to write with so many distractions. I have to keep the story central to the focus of my head, that is to say, my creative imagination. All those distractions and pre-occupations have seriously undermined the quality of my work. Consequently I've made the decision to, as far as possible, quarantine myself until the thing is finished, hopefully well before Christmas. I'm not answering calls and I'm turning down social invitations. For this I apologise, especially to loyal friends who may have been trying to get in touch. I still love you all, but I'm simply cutting myself some slack. I'm sure you'll understand.

My dream is that my book will earn me enough to be able to rent or, better still, buy a place big enough for some studio space so I can start painting again. I know I'm unlikely ever again to find the kind of perfect space I lost in Hobart in an expensive divorce settlement but it's nice to dream. "Yeah ... you wish!" I can hear some of you saying...

A couple of weeks ago I was delighted when my son, his beautiful wife and my two extraordinary grand-daughters, all came to visit me for a whole day. This was a first, in the almost four years since I moved from Hobart to the the NSW Central Coast.

I have visited them at their home in Ryde a few times and Adrian, my son, has been to visit me a couple of times on his own. But this was especially nice because I wanted Therese and the girls to see that, although I'm living in a low-rent, one-bedroom flat, I haven't quite hit rock-bottom, and I've managed to turn my shoe-box into a comfortable nest.

## Issue One Hundred and One

Mind you, I had to spend some time the day before, sweeping the shared stairway of its cigarett ends, and the surrounds of beer bottles, McDonalds' boxes and general litter. I have new neighbours who don't seem to have any concept of personal pride.

Until a little while ago I had a Burmese neighbour. I think I may have mentioned her in an earlier column. She loved cooking as much as I do, and we would take it in turns to cook the evening meal. The meals were always eaten in my apartment because I have a table. We became very good friends, but she left recently after receiving unwanted sexual advances from one of our neighbours. I miss her but, because she has moved to another place on the Central Coast, I'm still able to see her occasionally. She's been lucky to find a nice little place with a fenced garden. Here, like me, she had nowhere private outside her flat, not even a small balcony. My flat has only two windows, one in the bedroom and the other in the kitchen. At this time of the year I make sure that, weather permitting, I take a walk into town for at least half-an-hour a day and, if it's sunny, find a spot to soak up the sunshine.

During a checkup at the NSW Dental service recently, I was told that my four top front teeth all needed to come out and I had them extracted, leaving me looking for all the world like some Shakespearian hag. The really alarming news, however, was that it would take anything from three to five months to be fitted with dentures, because the waiting list for pensioners' free dentures was very long. But in the meantime, they said, you need to make an appointment at the dental centre in Gosford to be assessed, whatever that meant. Fortune smiled on me (I'm sure Fortune must have *beautiful* teeth!). It was on that very day that a new scheme was introduced at Gosford, which meant I would be among the first to get my new set, within weeks rather than months. I was given a voucher, along with a list of dental prosthetists on the Central Coast. All I had to do was choose one and use the voucher to pay for the service. I chose a gentleman in Umina Beach, only a ten-minute drive from my flat. He took casts and, only ten days later, I was fitted with my beautiful new smile. That lovely man's a genius! I'm so

happy. You've no idea how humiliating it had been for someone as vain as I am to be seen as poor, even though, in truth, that's what I am. Mind you ... it had, for a while, also given me extra encouragement to keep my head down and to concentrate on my work. Win-win.

Recently, Joanne and I took a few days rest and recreation at a place further north, a quiet little beach called Soth West Rocks. We had been there about two years ago and were able to rent the same house again. Much as I enjoy such excursions, I do wonder why I'm increasingly finding the preparation for any trip away from home such a drag. I seem to have spent my whole life moving and, when I think about it, a compelling memory of many travels around the world is the hassle of early morning panics to get everything together to catch the shuttle to a railway station or an airport, and having to do it all over again a few days later. I'm well and truly over it but it will be only three weeks before I'm off again, to the Blue Mountains for a weekend Women's Retreat. This also is something I've done before. A little scary, really, to recognise the creature of habit I seem to be becoming in my old age.

A recent delight was the book-launch at a local cafe of my good friend Katherine Cummings' latest work, *The Life and Loves of a Transgendered Lesbian Librarian*. It was a full house and I was particularly struck by the wonderfully positive responses from a very receptive audience. The Woy Woy cafe in question is called *The Red Lime* and the owner Rosie, has actively promoted her establishment as LGBTI friendly, and overtly so, in the year or so since she established it. I thoroughly recommend it as the place for a coffee or light lunch if ever you're up this way.

Love,

*Marika*

They haven't called, they haven't written...

The Editor welcomes contributions from our readers. Letters, articles, opinions and life experiences are all welcome.



# Study Shows Long-Term Use of Hormones Less Harmful Than Feared

Issue One Hundred and One

A topic which is frequently raised when discussions of ageing transgenders take place is the possible damage caused by long term use of hormone therapy, particularly as many hormones come with a warning against long-term use.

A recent study on long term effects of cross-sex hormone treatment of transgender adults has, however, reached the conclusion that there are very few long-term effects.

The study, called *Comorbidity and Side effects of Cross-Sex Hormone Treatment in Transsexual Subjects* was carried out using 2,000 patients from fifteen European and United States centres, and showed “mostly minor side effects and no new [adverse events]” took place in the large sample of subjects.

Dr Henk Asscheman, the principal investigator, pointed out some limitations of the study, including the facts that there were few patients with more than ten years follow-up and few who were aged over sixty. There were also some differences between diagnostic rates in the US and European centres.

Co-chair, Dr Nelson, pointed to the size of the patient population and called it “one of the biggest databases so far” of transgender patients receiving hormone therapy.

She also said “Some side effects are expected, such as venous thromboembolism with estrogen use, but most of the results are really reassuring.”

There were some unexpected findings, including comorbidities that existed before hormonal therapy. These included hyperthyroidism at 2.1% (MTF) and 2.3% (FTM), almost twice the predictable level for a test population that was largely under the age of forty, Type 2 diabetes at a rate of 3.2% (MTF) and .6% (FTM), morbid obesity at 2.5% (both MTF and FTM).

In the MTF sample 2.6% were infected by HIV, .4% had prostate cancer and .3% had testicular carcinoma.

Dr Nelson felt that the hyperthyroidism might be unrelated to gender dysphoria or hormonal treatment. After cross-sex hormone therapy

Following cross-sex hormonal therapy, side effects in MTF subjects included venous thromboembolism, weight gain in .5%, myocardial infarction in .4% and .1% experienced a stroke. Hypertension was also common in the MTF group, according to Dr Asscheman.

Side effects in FTM subjects included acne in 2.9% of cases, weight gain (.4%), muscle pain (.4%) and liver-enzyme abnormalities (.4%).



**Dr Henk Asscheman**

Of the 1,596 adults who completed the follow-up, 1,073 were MTF and 523 were FTM. The average age of the MTF group was 35 years and the average age of FTM was 27.5 years. The MTF group had an average follow-up of 5.6 years and the FTM group had an average follow-up of 4.5 years.

More than 70% of the MTF group received cyproterone acetate or spironolactone as anti-androgens and more than 90% of the FTM group had received intra-muscular injections or topical (gel) testosterone therapy.

One side effect noted more widely was that of depression, with an incidence of 24.9% in MTF patients and 13.6% in FTM. This effect varied widely between study centres. After treatment 2.4% of the MTF group and 1.4% of the FTM group continued to report that they suffered depression.

*This piece is based on an article in the American Journal of Public Health published in April 2014.*

*It has been re-written and lightly edited by Katherine Cummings, editor of Polare.*

## **NOTE!**

**The Gender Centre is moving and after 21 October we will be at 41-43 Parramatta Road, Annandale. Phone number and PO Box will be unchanged.**

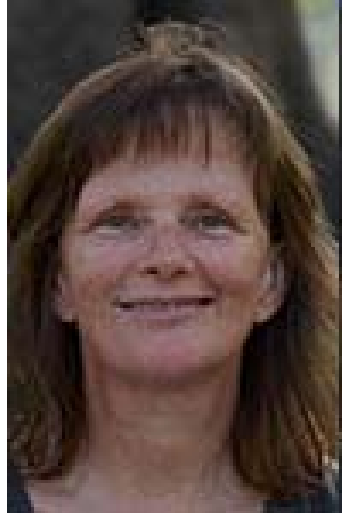
by Michelle de Mari

There is apparently a fairly widespread belief in the aged care sector that LGBTI people with dementia lose their sexual or gender diversity. This belief has been held not only by carers but has also been aired in professional conferences, as recently as in the past year.

Research at La Trobe university, led by Dr Catherine Barrett in conjunction with Alzheimer's Australia, has addressed this misconception by documenting the experiences of LGBTI people with dementia. Dr Barrett said "It's a kind of homophobic view, in a way, that being LGBTI is some kind of performance and that we lose the capacity for the performance if we get dementia."

In an interview with the *Star Observer* she said the view was harmful because it was being spread by people of authority in the field of dementia. She said it suggested that LGBTI people had regressed to a point before they 'chose' to be sex or gender diverse. A study conducted by older gay and lesbian groups, Vintage Men and Matrix Guild, had created a study called *My People*, that cited an aged care worker asking for help in understanding how to meet the needs of a new resident "who used to be gay".

Barrett suggested that views such as these could have severe effects on LGBTI clients as it meant that aged-care service providers felt they did not need to take note of the the sexual and gender diversity of those with dementia.



Dr Catherine Barrett

She cited the case of an individual whose partner, suffering from dementia, was living in an aged-care facility for people with mental illness. The partner with dementia did not understand why he was in the institution and needed a lot of tactile reassurance, holding, kissing touching, holding hands. This evidence of same-sex love

evoked some discriminatory episodes from others in the institution.

Another gay man was questioned by Dr Barrett. "I said, 'so do you think, as a person with dementia, you are still gay?' and he laughed and laughed and then he said 'naturally'.

Barrett's interviews will be gathered into book form and published in order to shed light on the personal and unique experiences of LGBTI people with dementia.

*The project is hoping to hear from LGBTI people living with dementia, and from their partners, families and carers. Contact Dr Catherine Barrett at:*

***c.barrett@latrobe.edu.au***

*to find out how you can participate*

Note: This piece was transcribed with minor editing from an email generated for various recipients by Michelle de Mari, Co-ordinator, Library and Information Services, Alzheimer's Australia NSW, Vincent Fairfax Resource Centre, 120 Coxs Rd, North Ryde, NSW, 2113.

*michelle.demari@alzheimers.org.au*

*www.fightdementia.org.au*

## The Aboriginal and Torres Strait Islander gay, sistergirl and transgender HIV/AIDS sexual health project

The Australian Federation of AIDS organisations (AFAO) established the Aboriginal and Torres Strait Islander gay, sistergirl and transgender HIV/AIDS sexual health project in response to recommendations from the first national Aboriginal and Torres Strait Islander Gay Men, Sistergirl, Transgender Sexual Health Conference called Anwernekenhe. It seems to address the challenges of HIV/AIDS and sexual health in Australia. Input and guidance for the project are provided by key stakeholders in each State and Territory. So far a booklet has been created titled *HIV/AIDS and Us Mob*, focussing on Aboriginal and Torres Strait Islanders with HIV. **Contact:** Michael Costello, Project Officer, AFAO, Level 1m, 222 King Street, Newtown, NSW, 2042, Ph:(02) 9557 9399 Fax: (02) 9557 9867

# Gender Centre Events, Workshops and Group Meetings Jan-Dec 2014

1.30pm		Feb 3, 24 Women's Group	Mar 24 Women's Group	Apr 28 Women's Group	May 26 Women's Group	June 30 Women's Group	July 28 Women's Group	Aug 25 Women's Group	Sep 29 Women's Group	Oct 27 Women's Group	Nov 24 Women's Group	
1.30pm	Jan 9 Over 55s	Feb 13 Over 55s	Mar 13 Over 55s	Apr 10 Over 55s	May 8 Over 55s	June 12 Over 55s	July 10 Over 55s	Aug 14 Over 55s	Sep 11 Over 55s	Oct 9 Over 55s	Nov 13 Over 55s	Dec 11 Over 55s
5.00pm		Feb 12, 26 Youth Group	Mar 12, 26 Youth Group	Apr 9, 30 Youth Group	May 7, 28 Youth Group	June 4, 25 Youth Group		Aug 6, 20 Youth Group	Sep 3, 17 Youth Group	Oct 1, 15, 29 Youth Group	Nov 5, 19 Youth Group	Dec 3 Youth Group
6.00pm	Jan 3 FTM Connect	Feb 7 FTM Connect	Mar 7 FTM Connect	Apr 4 FTM Connect	May 2 FTM Connect	June 6 FTM Connect	Jul 4 FTM Connect	Aug 1 FTM Connect	Sep 5 FTM Connect	Oct 3 FTM Connect	Nov 7 FTM Connect	Dec 5 FTM Connect
6.00pm	Jan 13 Parents' Group	Feb 10 Parents' Group	Mar 10 Parents' Group	Apr 14 Parents' Group	May 12 Parents' Group	June 9 Parents' Group	July 14 Parents' Group	Aug 11 Parents' Group	Sep 8 Parents' Group	Oct 13 Parents' Group	Nov 10 Parents' Group	Dec 8 Parents' Group
5.00pm	Feb 19 Young Women	Feb 19 Young Women	Mar 19 Young Women	Apr 23 Young Women	May 21 Young Women	June 18 Young Women	July 23 Young Women	Aug 20 Young Women	Sep 17 Young Women	Oct 22 Young Women	Nov 19 Young Women	

## 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, an 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.

**A**utogynephilia is the "mental illness" described by the pseudoscientific theory that male-to-female transsexuals who aren't exclusively attracted to men actually have a sexual fetish for viewing themselves as females. This covers lesbian, bisexual, and pansexual transsexuals.

The term translates from Greek to something like "self-woman-love," with the intended meaning "love of oneself as a woman." The theory was originated by Ray Blanchard and Kurt Freund in the 1980s, and endorsed by onetime celebrity psychologist J. Michael Bailey (who was later forced to resign as psychology chair at Northwestern University).

### Criticism

This leads to the biggest criticism from a scientific standpoint, in that the theory is speciously unfalsifiable. While at first, it seems as if it would be possible to find a transsexual who is attracted to women, but does not erotically fantasise about having a female anatomy, the theory invites one to beg the question, and take it as fact that one is simply lying about not having such fetishes, because being attracted to women would mean you have autogynephilia, and thus be a pervert.

Entirely apart from being unfalsifiable, the "autogynephilia" label is used derogatorily to separate the "genuine" transsexuals from the "fake" transsexuals, a practice that has been around pretty much as long as transsexuals have ever been around, in order to denigrate undesirable transsexuals. This works within the theory, because the autogynephilia group is based on exclusionary criteria, so nearly anything can be used against transsexuals in order to exclude them from the "genuine" transsexuals and place them in the designation of "autogynephilia". While it is obvious within the theory that even a single passing interest in a woman would "disqualify" one as "genuine", it is less apparent — because it's implicit in the categorisation process — that even not looking feminine enough can be used to cast doubt upon the transsexual's actual motivations for transitioning.

Worse so, when any transsexual denies having any erotic fetishes about themselves, then this

is used as conclusive evidence to show that they indeed actually are autogynephilic, because only an autogynephilic would lie about this. A wonderful Catch 22 for anyone suspected of autogynephilia... which of course, could be any transsexual.

And finally at the tail end of all of this criticism, is that even the "genuine transsexuals", are labeled by the theory as if they were men. This allows proponents for the theory that are against homosexuals to dismiss all transsexuals very simply, either they're perverts or they are homos. None of them is allowed to be considered genuinely female, despite neurobiological indications to the contrary.

Autogynephilia, while it is almost entirely unscientific as a theory, still has a use in describing a limited subset of transsexuals. There are people for whom autogynephilic is reasonably descriptive, but attempting, as this theory posits, to apply this broadly upon individuals as a catch all when they fail to match your expectations of what a genuinely transsexual person would be, is a most inappropriate application of reason.

**Warning:** the No True Scotsman Fallacy is used to defend this statement! (See below)

### No True Scotsman Fallacy

The term was coined by Antony Flew, who gave an example of a Scotsman who sees a newspaper article about a series of sex crimes taking place in Brighton, and responds that "no Scotsman would do such a thing." When later confronted with evidence of another Scotsman doing even worse acts, his response is that "no **true** Scotsman would do such a thing," thus disavowing membership in the group "Scotsman" to the criminal on the basis that the commission of the crime is evidence for not being a Scotsman. However, this is a fallacy as there is nothing in the definition of "Scotsman" which makes such acts impossible. The term "No True Scotsman" has since expanded to refer to anyone who attempts to disown or distance themselves from wayward members of a group by

This page reprinted from RationalWiki.

## Life and Health Care by Liz Ceissman

In the past few months a number of clients of the Gender Centre have made mention of the need to identify a next of kin or relative when they are undergoing medical treatments. Sadly they have been unable to identify anyone that they feel they could trust to make life decisions on their behalf should something occur during the course of their medical treatment.

For these people and for all other people who would like to have a say in how they are cared for when they can no longer make decisions for themselves there are mechanisms that exist to ensure that this can happen.

While many people may find it confronting to read the rest of this article as no one really likes to talk about sickness and loss of independence in the future, this topic does deserve consideration as an important part of taking control of your own body, life and health care decisions.

It can protect you from having other people (some of whom you may not really be happy to have involved) making decisions on your behalf if you are incapacitated and unable to speak for yourself.

Advance care planning: refers to the process of preparing for possible scenarios near the end of life and usually includes assessment of, and dialogue about, a person's understanding of his or her medical history and condition, values, preferences, and personal and family resources.

An advance care directive (ACD), sometimes called a 'living will', is a document that describes one's future preferences for medical treatment in anticipation of a time when one is unable to express those preferences because of illness or injury. Ideally, completion of an ACD should be one component of the broader advance care planning process. (*Using Advance Care Directives (NSW) Department of health 2004*)

An Advance Care Directive should provide a clear statement that sets out your wishes and

directions including your values that need to be considered before medical treatment decisions are made on your behalf.

Discussions around these issues are best done with people who are important to you and your doctor.

An advance care directive is not only relevant for people who are unable to identify a family member or friend as "next of kin". In some instances family or others close to you may become involved in making treatment decisions, and they are not able to

easily judge your wishes, unless you have discussed the issues with them previously and have made clear what your thoughts are.

Families and others often shoulder

significant burdens in situations where critical decisions have to be made. Healthy and open discussion at a time when everyone is well and able to be engaged and involved can be some of the best preparation practices and may diminish any guilt or concerns that family members or friends may experience over later decisions to limit treatment.

The process of setting up an advance care directive may seem to be a daunting one, but there are number of resources available to help you navigate the challenge.

The Department of Health has produced an online document that explains advance care directives, the benefits, the challenges and the things to consider when planning to create one. The link for this document is [http://www.health.nsw.gov.au/policies/gl/2005/pdf/GL2005\\_056.pdf](http://www.health.nsw.gov.au/policies/gl/2005/pdf/GL2005_056.pdf).

Your own doctor is also a great resource. Finally, if you would like support to navigate the more legal aspect of planning your advance care, then you can contact the Inner City Legal Centre on 9332 1966. They are always happy to help out on this topic



**The ACON Lesbian and Gay Anti-Violence Project can be contacted on (02) 9206 2116 or Freecall 1800 063 or [avp@acon.org.au](mailto:avp@acon.org.au)**

### **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. PO Box 386, Chermside South, QLD, 4032. Tel:(07) 3357 6361

### ***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 World Professional Association for Transgender Health Standards of Care (formerly known as 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](mailto: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 2014 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](mailto:reception@gendercentre.org.au). Bookings are essential.**

#### **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.glcsnsw.org.au](http://www.glcsnsw.org.au)

**FREE!**  
**HOME TUTORING IN READING AND**  
**WRITING FOR ADULTS**  
**(nights preferred)**  
**Call Margot 9335 2536**  
**or Mim 9335 2350**  
**@ Petersham TAFE**

**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.**

**Contact Liz or Anthony on 9569 2366**

## New Specialist Support for People of Western Sydney

The Gender Centre has over the past year worked collaboratively with the Wentworth Community Housing and will in future be offering a joint service that allows transgender people in the lower Blue Mountains, Wentworth and Richmond/Nepean areas to access specialised support to address homelessness issues. A specialist worker from the Gender Centre will be based within Wentworth Community housing two days per week to deliver front-line support and information to transgender and gender questioning people who are experiencing or are at risk of homelessness. If you live in the Nepean/Richmond or lower Blue Mountains area you can access this support by contacting the Gender Centre directly on 9569 2366 or Wentworth Community Housing on 4777 8000. This project aims at delivering support to people closer to their homes and safe spaces, thus preventing the need to relocate just to get help. The Gender Centre and Wentworth Community Housing hope that this new initiative will further strengthen understanding, inclusion and acceptance in these local areas.

**The Gender Centre is a Needle Exchange and operates Monday to Friday from 9.00am to 4.30pm.**

A confidential free service for people with gender issues (ask for the Outreach Worker)  
Sharps containers, pill filters, syringes (1ml, 2.5ml, 5ml), needles (21g, 23g, 25g, 26g), condoms, spoons, water, fit packs, swabs, dams.  
Or phone the Alcohol and Drug Information 24 hr advice, information and referral service,  
Sydney (02) 9331 2111 Country 009 42 2599

## Transgender Day of Remembrance

20 November 2014

Please check the Gender Centre's Website for information about the observance of the Day of Remembrance. As the Gender Centre is in the throes of moving from Petersham to Annandale, details have not yet been decided.

## Change of Mailing Details?

- Different name?
- Different address?
- Different gender?
- Don't want *Polare* in the future?

My **OLD** details:

My **NEW** details:

Mail to: The Editor, *Polare*, PO Box 266,  
Petersham, NSW, 2049

**M**y name is Jessica Merritt. I am a trans-gendered woman, out and proud, and wanted to take the time to talk about my workplace transition, in the hope that my own experiences will assist others in their own journeys.

This is not a 'how to' transition guide, I have written a separate article covering the logistics and legalities, which is also available. Rather it is a series of personal insights about transitioning that I wanted to share and to, hopefully, provide a sense of optimism for others like myself.

This document is, in its entirety, a rewrite. When I first transitioned I felt an incredible sense of pride and, dare I say it, self-importance, and a pressing need to shout it from the rooftops.

**"I am here! I am trans! I am proud!"**

I was filled with elation, a sense of self-affirmation, that anything was possible.

Then, when given the opportunity to tell my story, something strange happened. Within a few lines I had descended into a deep well of self-pity and negativity. Tales of woe, of a tortured adolescence, of repression and abuse, poured out, and I became physically ill writing about it.

It was almost as if some part of my inner workings almost revelled in some perverse form of martyrdom, and demanded that these old wounds be revealed to the world.

In some ways, it is, of course, incredibly important that there be open dialogue about the very real suffering and discrimination trans people face on a daily basis. And I think, in a way, I used this as a justification for this act of literary self-flagellation.

Upon re-reading what I had written, picking at the fresh scabs on some of these old wounds, and having realised that while in a way I felt I was helping to educate others to the turmoil that accompanies a transition, I was instead secretly taking a masochistic pleasure in revisiting my own past conflict. And, upon reflection, I think this sort of self-indulgence can be incredibly disempowering and downright unhealthy.

Far too many stories that I have read online have been terrible tales of sadness and suffering, discrimination and prejudice, and systemic and flagrant abuse of basic human rights. I would on occasion deliberately delve as deeply as possible to find these stories, to read about these injustices, and for a long time the inequality and sheer 'unfairness' of it all threatened to overwhelm me. Undoubtedly, dwelling on the worst possible scenarios and outcomes retarded my own personal growth, and to a certain extent continues to inhibit my progress, as my therapist can no doubt attest.

After this reflection, I decided to come back and start a new article. Instead of treading out the same story we have all heard dozens of times, about my childhood, religion, parents, assaults, discrimination, rejection, suicide attempts; familiar themes to many members of the trans and LGBTIQ communities in general, I decided

to focus on the positives, of the optimism I have dared to feel about the present and, more importantly, the future.

I also wanted to be bold enough to suggest that, at least in my own experience, the views of the mainstream community have also evolved, almost without our noticing. This was readily apparent to me during my transition. After years, decades, of self-destructive behaviour, after I reached the level where a decision had to be made, I was terrified. I discussed these fears with my few friends, how I *knew* I would be hated and rejected for what I truly was, how I would spend the rest of my life alone, a reject a *freak*.

And while it would be unrealistic to say it was a fairytale story, a Cinderella-like emergence, it was certainly significantly more positive and rewarding than I ever envisaged in my darker moments. The first hurdle, confiding in my employers, was the hardest. I took a couple of practice runs with the people I trusted the most at work and was overwhelmed by the results.

The first responses were positive, supportive, and even *glad*. It was almost amusing, in

...after I reached the level  
where a decision had to be  
made, I was terrified.



retrospect, how dramatic I must have seemed ... “I have to tell you something ...” you could see their faces suddenly twitch, their eyes narrow, anticipating the worst. Then ... “I am a transgendered woman” ... relief, their eyes widen, a mixture of surprise and genuine warmth. Hugs, laughs follow ... one said “I am so relieved. I thought you were going to tell me something awful had happened!”

I nervously showed them pictures, told them stories, saw their acceptance, and felt myself flooded, for the first time, with genuine happiness and confidence. It was possible, it was going to happen, and it was going to be okay. Armed with this confidence, I made the leap to tell my manager. This was, by far, the most difficult discussion of them all.

This was a man I had admired for years, whose acceptance and respect I craved above all others, whom I had somewhat unfairly placed on a pedestal, and as such my mind was crowded with all sorts of fears and uncertainties, how it would play out, what would he *say*, what if he was repulsed, what if he couldn't handle it, or worse, what if he already somehow *knew* and was praying I wouldn't bring it up?

None of the above. I could tell from his face that acceptance and relief came in equal measure. It was as if, at long last, he could understand why I was such a moody, depressed and difficult individual who deliberately sought isolation from everyone, trapping myself in a dark place. It was incredibly liberating to be uttering those truths about myself. I felt like a huge, crushing weight had been lifted from my shoulders.

More meetings followed, emails, face-to-face discussions, phone calls. My company, from my direct manager to HR to senior management, were all appropriately supportive and positive, and at no stage did I face any negativity. The only real issue, and it wasn't a negative, was that they had not managed many of these transitions

(as in, hardly any) and as such it was new for all of us.

What helped me tremendously was preparing, on the basis of the advice I received online, a formal ‘transition plan’, including a background of gender dysphoria, my current situation, some proposed timelines and some additional medical information. This was well received by my employer, and was of great value in expediting the process (which only took four weeks!). I had, by March 2014, been on HRT and in therapy for six months, and everyone involved agreed I was more than ready to take the final leap, and so, on March 31, I did. My team were mostly supportive, or at least accepting, and it was, incredibly suddenly, all

happening.

The whole process felt like a whirlwind. Sometimes I felt out of control, as if everyone had taken hold of my life and was directing it, deciding it, and it was a struggle at times to stay in control of the process. I would vacillate between panic and relief, almost hourly, and it was incredibly difficult to stay as a ‘man’ while I impatiently awaited D-day.

One constant theme, however, was, as I mentioned earlier, the immense relief I felt that a massive weight had been lifted off me. There was a certain liberation in stripping away the defensive layers I had built up over the years, of being able to stand up and yell “I AM HERE!”.

To be Jessica, to be seen as Jessica, heard as Jessica, known as Jessica, was a feeling beyond description. Even in my darkest moments, when other issues would bear down on me, I had the satisfaction of knowing I had done it. I had come out and survived, and was living and working as a woman.

I was not prepared for how accepting my peers would be. Additionally, something else happened.



**Jessica Merritt**

People started coming to me, in private, confiding their own hidden issues and fears, people whom I had considered friends and others whom I had barely spoken to. Even former adversaries came forward, expressing regret at previous falling-outs, and expressing their respect for my courage in coming out.

It is worth nothing that a lot of people, even the well-meaning ones, do not fully comprehend the issues trans people face on a daily basis. There is an excellent article on this very subject in the *Advocate*: ([www.advocate.com/commentary/2014/02/07/op-ed-what-not-to-do-when-calling-yourself-transgender-ally](http://www.advocate.com/commentary/2014/02/07/op-ed-what-not-to-do-when-calling-yourself-transgender-ally))

They can be supportive, and friendly, and even accept you in public, but there is still some way to go before there is the necessary deeper understanding of the 'T' in LGBTIQ. This does not mean, however, that you should discount their efforts, and you should definitely at all times value their friendship and support, and recognise their benevolence, even if they sometimes stumble with their pronouns.

It is also important to remember that transitioning is not a magic elixir that cures all your ills. Depression and anxiety, self-doubt and despair are constant companions to transgendered people of all parts of the spectrum, even post transition. Not many days go by where I don't, at least briefly, question myself, and become very afraid for what might happen to me. Trans people can suffer from the same broad spectrum of mental issues that the mainstream community faces, and transitioning doesn't magically make them all go away.

What it did do, however, was remove a giant black stain from my very soul, a tarnishing of my inner self that had become intolerable. I had spent forty years living an identity that was false, one that was forced on me from birth against my will, and one that I was bullied and coerced into maintaining by my family, environment and social circumstances. And now, finally, I was free.

With that freedom, the healing can begin.

□□□



# TAVP



## Transgender Anti-Violence Project

**Have you experienced an incident where you felt discriminated against, harassed, victimised or unsafe because of gender identity?**

***You are not alone! And it is NOT your fault.***

By reporting transphobic incidents, we can support you and try to stop it happening to someone else.

*If it is an emergency: **call the police on 000***

Otherwise, **contact the TAVP:**

**ph:** (02) 9569 2366, **email:** [tavp@gendercentre.org.au](mailto:tavp@gendercentre.org.au)

**online:** [www.tavp.org.au](http://www.tavp.org.au)

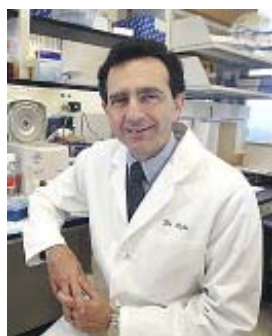
or [www.gendercentre.org.au](http://www.gendercentre.org.au)

## SCIENTISTS GROW PENISES FROM CELLS

Scientists at the Wake Forest Institute for Regenerative Medicine in North Carolina, have reported the successful growth of penises in a laboratory and say that penises ‘grown’ in this way could be tested on humans within five years.

The press release concerned itself with the potential for helping men who have “suffered a serious injury to the region, had cancer surgery or are suffering from a congenital abnormality”.

It seems clear that this research could also make a big difference to female-to-male transgenders, as it would make it possible for a functioning penis to be provided without the need for the very expensive procedures currently used in the creation of a neopenis through plastic surgery. It should also reduce the length of the patient’s time taken.



**Prof. Anthony Atala**

The Director of the Institute, Professor Anthony Atala, pioneered the successful creation of penises for rabbits in 2008.

One of the major problems with transplants is the threat of rejection of the transplanted material by the immune system of the recipient, but the new techniques allow an organ to be grown from the patient’s own cells, taken and cultured for up to six weeks.

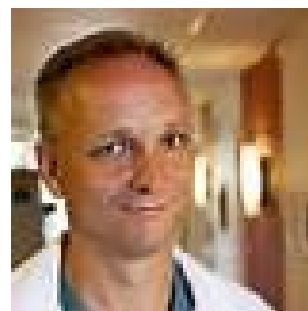
The penis would be based on a donor penis from which all the identifying donor cells had been removed, leaving a “collagen scaffold” on to which the patient’s cultured cells would be added.

## SWEDISH WOMAN GIVES BIRTH AFTER UTERUS TRANSPLANT

A thirty-six-year-old woman in Sweden has given birth to a healthy baby boy after undergoing a uterus transplant. The woman was born without a uterus and had the uterus of a sixty-one-year-old woman friend transplanted into her. The donor had gone through

menopause some seven years earlier.

The baby was born by Caesarian section at thirty-one weeks after the mother developed a condition called pre-eclampsia, and which involves high blood pressure and excessive amounts of protein in urine.



**Prof. Mats Brannstrom ...**

t h e

The leader of the medical team, Professor Mats Brannstrom from the University of Gothenburg, expressed great pleasure and satisfaction at the outcome. “We really couldn’t believe that we had reached this moment,” he said.

“Our success is based on more than ten years of intensive animal research and surgical training by our team and opens up the possibility of treating young females worldwide who suffer from uterin infertility.”

The procedure could be applied in cases where a woman have lost her uterus to cancer, or like the patient in the case



**...and the baby**

just reported, were born without one. It is believed there are two more women with implanted uteruses awaiting birth of their children

in the next few months. Brannstrom and his team have carried out nine uterus transplants, five of them being from mother to daughter.

As in the previous news item, this breakthrough has implications for transgenders, in this case transgender women who want to bear children.

## OUTRAGE OVER COURIER-MAIL HEADLINE

More than 21,000 people have signed a petition on change.org, protesting at the *Courier-mail*’s use of the term ‘she-male’ to describe the brutally murdered transwoman Mayang Prasetyo. This transphobic terminology is contrary to the *Courier-Mail*’s own policy for appropriate use of terms for sex, sexuality, ethnicity etc. and if all goes as it should, the petition should elicit an apology from the editor of the *Courier-Mail*.

Last week a beautiful young woman's butchered remains were found dismembered in a very new apartment building in a well heeled suburb of Brisbane. Police found some of her remains boiling down in a pot of chemicals and the rest of her remains in garbage bags around the apartment. Her young husband fled the scene and his body was found shortly later after he committed suicide.

The news riveted and shocked the nation. How could this happen in Australia? What is becoming of our country? How could a young woman, a human being be violated in such a grisly and macabre way? We must do something about the growing number of domestic crimes against women in Australia.

The very next day, papers around Australia released front page news with headlines such as "The monster chef and the shemale", "Cooked Shemale", "Ladyboy cooked and eaten" -suddenly the beautiful woman was now a sex freak, killed by a pervert. Prostitutes and cannibals and sexual perversion.

The memory of beautiful Mayang, a human, is reduced to dehumanising headlines.

To many transgender people across Australia, the crime was greatly disturbing but the degrading labels applied to Mayang were sickening. The media does not care that to call a transwoman a shemale or ladyboy in Australia is like calling a black person the "N" word.

Even though the porn and sex industry use the word Shemale and Ladyboy in their product labeling to promote revenue, only a very small percentage of transwomen in Australia are in the sex industry.

The media do not have the right to refer to us as shemales, or ladyboys. We are people, we are transgender women. We must be respected and accorded our human right to respect.

For too long we have suffered at the hands of men sexually exploiting us and sexualising our beauty for their own sexual perversion or sexual gratification. Men openly verbally abuse us in front of their friends to seem more manly. For this cycle to end we must stand up for ourselves and say we are not monsters, sexual freaks and porn stars. We are human beings, we have a

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October-December 2014

## A Letter to the Editor

gender and you must respect us. We alone can say no, we alone can say we do not deserve this.

There is no specific federal law to protect us from gender vilification, which is what Mayang suffered in the media after her death. But we could change that, we could lobby to change the law so that we are all protected across Australia. We have to start now, by saying "No!" to being labelled so horrifically in the media. We must write in protest to newspapers, online blogs, politicians and rights lobbies, the change begins with us. It is our duty to contact friends who may be able to help or perhaps friends who have friends of influence. If we want the human right of protection from discrimination and vilification then we must ask for and demand it.

I urge you all, my sisters, to lay down your political differences and unite on this issue, what we do and achieve today lays the groundwork for a more just future not only for us but for the transgender community when we are gone. This could be our legacy for the future that we could all be proud of when we look back on our lives.

Let's stand together and demand the respect due to us as human beings and refuse anything less from the media.

Katherine Wolfgramme

2014 Recovery Walk by Rosalina Curtis

We (Edwina and Rosalina) went to the recovery walk.

Today was a great day.

Spending time with my sister Edwina Keelan. Had a bbq. And the sun was



**Edwina**

beautiful.

We also got to see a wedding.

And a plane in the sky.

Writing a message from the groom to his wife, Deadly day.

# The Over 55 Support Group by Laurel Walter

The Over 55 group is having a varied and lively time this year. Topics presented by guest speakers have been healthy brain, depression, meditation, aged rights. One of the group members gave a wonderful presentation on Transgender Art. Another group member conducted a drawing workshop, opening up possibilities for creativity.

Future groups include a visit to Dress for Success, a viewing of the *Carlotta* dvd, and another art workshop.

Do you have any skills or knowledge you'd like to share with the group? Or is there some particular topic you'd like to hear about? Let me know.

The Over 55 Support Group is on the second Thursday of each month, excluding January, at 1.30pm.

## AGED CARE AND THE RAINBOW TICK

Numerous Aged Care providers - this includes nursing home staff - are having training sessions on LGBTI concerns. This training includes discussion of the diversity of LGBTI people, our special needs and history of discrimination, criminalisation and vilification.

A number of these providers are going a step further; they are aiming for the Rainbow Tick. This is a somewhat rigorous accreditation process, aimed at providing a service that is LGBTI inclusive and friendly. These services may also attract greater numbers of LGBTI staff. While there are no trans-specific aged care services, almost all are now training their staff to be trans-friendly and trans-inclusive. This is, in fact, a requirement if services receive Commonwealth funding, as most do. Please contact me if you'd like assistance in negotiating services:

*(over55support@gendercentre.org.au)*

## HEALTHY AGEING

Have you noticed there has been a lot of emphasis on healthy ageing lately? This year there have been numerous events, forums, etc. Social connection is one of the greatest contributors to health and to mentalhealth in particular.

Some Gender Centre clients recently attended an event organised by the LOVE Project for

LGBTIs over 55: "Nutritious Delicious and Super Simple: A social event and tasting night showcasing healthy food ideas". There was a delicious six-course tasting menu and Mocktails. There was also an entertaining host, information from a dietician, a delightful pianist, and good company. (<http://loveproject.org.au>)

The LOVE Project is preparing a series of Healthy Ageing Fact Sheets. Look out for them online, or in future issues of Polare.

If you'd like to be included on an email list for trans-friendly events for over-55s, including the Gender Centre's monthly group, email me or phone me with your address.

Laurel Walter

*over55support@gendercentre.org.au;*  
ph:9569 2366

## **NOTE!!**

**THE GENDER CENTRE IS ON THE MOVE!  
THE BENT STREET PREMISES WERE VACATED ON FRIDAY 17 OCTOBER 2014 AND THE GC RE-OPENED ON WEDNESDAY 22 OCTOBER 2014 AT THE NEW PREMISES, 41-43 PARRAMATTA ROAD, ANNANDALE.**

### **NOTE:**

**THE MAILING ADDRESS: PO BOX 266, PETERSHAM 2049 AND PHONE NUMBER: 9569 2366 REMAIN UNCHANGED**

# Late Transition Leads To A Happier Life by Konnor T. Crewe

**M**y name is Konnor T. Crewe. I am female to male trans. I began social transition in 2006 when I was forty-three and hormonal transition in 2010 when I was forty-six years old.

I started realising I felt like a man when I was fourteen years old, before I had the vocabulary to even describe my feelings. I repressed those feelings for a long time. It wasn't until around 1995 that I started beginning to get the basic vocabulary of transgender identity. Before that, I'd never even heard of transgender.

I choose queer as my sexual orientation because I don't feel that other choices really adequately define my sexuality. The story about my orientation is a whole other can of worms, and I won't go into that right at the moment. Suffice to say that my orientation has been fairly fluid during my lifetime.

Addressing the question details of the question posed on Quora.com when I originally wrote this, the reasoning that people are not considered transsexual (I am going to use the preferable, politically correct term trans or transgender here, because many transgender people perceive the word transsexual as being negative and clinical) if they do not have all the surgery is false. People can transition hormonally or non-hormonally. Some female to male trans transition by naturally raising the level of testosterone in their body without injections. Some people transition socially but choose to never have surgery. Some people decide not to transition even though they are trans. A high percentage of female-to-male people have top surgery, but never opt for bottom surgery. Some people who are genderqueer or bi-gender choose to transition and fit within the trans definition. What defines someone as trans is not



**Konnor T. Crewe**

whether they have surgery. It is whether they have gender dysphoria to the degree where they feel at odds with the sex assigned at birth. It would not matter where on the gender spectrum I place myself, or what degree of dysphoria I have, if I perceive myself as transgender, then I am transgender.

The interesting thing to note is that many transgender people who suffered from depression all their life find that their depression goes away when they transition. So even though being trans is pathologised and made to sound very clinical, we are not sick because we are trans. We are not mentally ill the way closed-minded people imagine us. We become depressed because we are not able to express our gender freely or safely. We become anxious when people bully us or threaten us.

Our safety in openly expressing our gender is very complex. We could have personal safety issues based on past trauma. We could face threats from the gay and lesbian community do. We could fear violence from people who are homophobic or transphobic.

We could even fear violence from our own family or loved ones, or other transgender people when we transition. Or maybe we have safety concerns because we might lose our job or expose our children to problems when we come out. However, when we transition, we usually lead happy lives.

I went from being severely depressed most of the time to being fleetingly sad once in a while. I still suffer from anxiety issues, but my quality of life has improved dramatically as a result of transition. So to answer the OP's question which was originally on Quora.com more directly, it feels really good to transition from female to male after years of not feeling like I could truly be myself. Finally I feel as if I've come into my own. I feel happy even though I have to deal with ignorance on a day-to-day basis. I feel happy even though my father, my stepmother and my son rarely talk to me.

There is the key reason my life has changed. I feel happy because I'm able to be true to myself. Authenticity is the biggest key to happiness for me. And though I've made sacrifices, my happiness was the most important part of my progress in life. I went from living a half-life to living wholly as myself. The sacrifices were painful, but before I can love anyone else around me, I have to love myself. I am now not in a constant state of suicidal depression. It was a selfish choice to choose my happiness, but without that selfish choice, I probably would not be here.

I believe that it is different when one transitions later in life. Many of us over thirty or forty years old did not have the same freedom and information about transitioning as the teen and twenty-something trans people who are transitioning today. We may also have had

more transphobia in our upbringing and family because fewer people had access to information about trans people thirty or forty years ago. The internet has improved visibility for transgender people, as well as our ability to network with people who are trans and get support. The internet has also changed the way the public sees transgender people.

People who transition older have different priorities. We may regret not transitioning earlier. We may feel the loss of our ability to go through a trans adolescence. When I started taking testosterone I felt some of the symptoms of puberty, but because of being older, I really did not feel like exploring sexually or hanging out in the bar scene. Basically I'm just too old for that nonsense. My goals in life are more related to security and settling down than social exploration. However I lost out on a lot of the milestones that someone who was able to come out at an early age would be able to experience. And there is a sense of feeling foolish for feeling like a teenager when I'm forty-eight years old.

Another problem of transitioning late is that our health issues may complicate our ability to medically transition. Testosterone has, as a side effect, the ability to make a person more prone to conditions like diabetes, high blood pressure, and cholesterol issues. If someone has added health issues, like being overweight or smoking, it makes transitioning more of a challenge and more dangerous to the health.

Also, transitioning later in life, we may not have enough time to have all our surgeries unlike the younger folks. Being older, it may feel as if time and more health issues may cause us to put our health procedures, including surgeries, in order of priority. If we have a disability, or more complicated health issues, then transition may take a

back seat to the other issues. Those transitioning older may also find it very difficult to find like-minded older guys for support. If you are an older trans man, see the links below:

**Older FTM Trans Support:**

Trans Men Over 40 Discussion Group on Facebook (<https://www.facebook.com/groups/359776760754278/>)

It's a Man's World YouTube Collab Channel (<https://www.youtube.com/channel/UCJbF8wt5qj4yuiKCpGPnHDg>)

In my journey, I even went as far as to move to another State, Massachusetts, where I knew there were more trans people and where there was better health care geared towards the trans community. I also chose Massachusetts because we have universal health care as well as a high value placed on education and open-mindedness. And Massachusetts has better legal support and advocacy for trans people as well as having same-sex marriage. I choose to live in a State that supports my rights.

Some people asked these questions would choose to answer anonymously. I guess the idea of anonymity raises certain emotional reactions in me. So many of us live in shame and secrecy before coming out as transgender. Shame is damaging to the psyche. And there is really no need for transgender people to feel ashamed of who they are.

However, because of the transphobic and homophobic messages we are given when we are children, many of us end up feeling ashamed or conflicted for being who we are.

I believe that many of us have a very strong wish to live authentically which we deny because of society's judgements. I also believe that sometimes transphobia or fear

of trans people causes those who view trans people to think of them as being somehow fraudulent in how they present themselves and that we are somehow trying to pull the wool over societies' eyes. I'm not suggesting the author of the question has this view, but I want to take the opportunity to dispel this myth.

As a trans person, I only want to live true to myself as the person I am without the need to hide for fear of personal safety or without the wish to hide for fear that people will read me as trans and endanger my safety by outing me. The reasons that people live stealthily are many, but I think the primary reason is to protect their personal safety, their ability to make a living without being outed and having their welfare endangered, etc. And maybe for some, it is just that they want recognition as a real man without prejudice based on our history. Not one of those reasons is because they want to trick people or fool people about who they are.

The transgender panic defense is an ignorant sort of strategy by those who commit violence against transgender people which is based on some mythological idea that we are fraudulent and out to trick them or humiliate them. Most of the time, that we have not outed ourselves or we choose not to out ourselves is because we cannot do so safely or we cannot do so without losing our family members and our support network. And again, one of the most important self-actualization goals that most transgender people that I know have as a priority in their life is the ability to be authentic. It does not matter if they are doing so quietly in stealth or out in the open. It is important for us to be true to ourselves. We do not live a life based on shame. We seek a life free from those who would attempt shame or hurt us for being who we are.



Many people die for being trans. Take a look at [http://www.transgenderdor.org/?page\\_id=1663](http://www.transgenderdor.org/?page_id=1663) and take a look at the number of people murdered for being who they are. Although the website hasn't been updated for a while, you can see that there is a terrible toll of people murdered for being transgender. And these people on the website are only the ones reported in the media. There are probably many more people who are murdered for being trans who were not reported.

Many of us in the trans community know someone personally who was a victim of murder or violence or were ourselves the victim of violence. It takes great courage to come out as trans due to the degradation and hatred that we face from people who see us as unworthy of respect. Trans hate crimes happen when people see the victim as less than human and therefore think that no one will care if they commit a crime against us. However we are people and are deserving of the same respect and dignity as any other human being. And yet many of us still persist in the face of hate and violence because of our great need to be true to who we are as people.

Surgeries do not make a trans person complete, although for some of us, it can give us self-esteem, take away dysphoria and depression and make us feel more whole and right in our bodies. In my case, I have had a hysterectomy, but not top surgery. My insurance paid for the hysterectomy and oophorectomy because I had painful fibroids.

Having a hysterectomy and oophorectomy is usually inevitable when you take testosterone, because long-term usage of testosterone can cause uterine prolapse. And having the ovaries removed or oophorectomy makes it possible to take less testosterone with the same effect.

Having a hysterectomy and oophorectomy was a positive health decision for me. Decisions regarding hysterectomy and oophorectomy may be based on life stage. Those under forty may think about fertility options and egg storage where people of



**Konnor before transition**

my stage of life may find that to be less of an issue.

I also want to say that because of lack of sensitive medical care, lots of trans men do not receive proper gynecological care and can sometimes end up with more serious health issues, sometimes from avoiding doctors who are less than respectful.

It's not because we want to neglect our health issues, but because we cannot find enough doctors who are competent in communicating with transgender patients in a sensitive way, conducting exams in a sensitive way and treating us with respect.

Psychologically speaking, I felt a great sense of relief after the hysterectomy and oophorectomy procedure. I'm actually not sure whether it was being on Testosterone for two years which gave me a sense of

balance and took away my depression, or if it was having the hysterectomy and oophorectomy. Perhaps it was a combination of the two that balanced my body's hormonal system and reduced my depression dramatically. I suspect I will feel the same sense of psychological and physiological relief if I ever am able to afford to have top surgery (a mastectomy procedure very specifically geared to create a male chest), as well.

## Update 7/12/2014

It is a very strange feeling having delayed adulthood until after fifty years old, but that is how I feel. I feel like I am only just starting to realise my full potential after waiting over forty years of my life to start my adolescence and start coming into my adulthood. In 2010 when I started taking testosterone, I experienced a second adolescence. In fact, I finally experienced adolescence which I had waited for most of my life. It feels really bizarre being an adolescent in a forty-six-year-old body, but that is what people who transition late experience. It was embarrassing to me at times as well as producing a feeling of grief at having missed out on so much.

Now, I'm finally beginning to assess my core values, who I am as a man, and who I want to be. It is very painful to me that I lost out on a good part of my adulthood.

Most people my age have had houses and families. I'm now over fifty and my chance at those kinds of things is far less likely, especially with the added complication of my disabilities.

However, I have a big vision and I believe in myself. Maybe I will have a house some day. Maybe I will have top surgery. Maybe I'll be able to support my disabled partner the way he deserves.

I believe that I have a lot of intelligence and skills in spite of my transgender status and my disability. I want very much to succeed.

I want to have a legacy.

And I want to have self-respect. My wish is to help the transgender community not in a small way, but in a very large way.

If you are an FTM over forty and my story has inspired you to tell your own, please see the call for submission for Late Transition: Trans Men Speak Out (<http://www.transgenderlifecoach.org/late-transition-and-the-older-transman/>)



**Don't put up with it — Don't let them get away with it**

**STOP DISCRIMINATION**

**Contact the Anti-Discrimination Board of NSW**

**Get free confidential advice**

Phone (02) 9268 5544 or 1800 670 812 for people outside Sydney.

If you need an interpreter call 131 450 first. TTY 9268 5522.

Email [adbcontact@agd.nsw.gov.au](mailto:adbcontact@agd.nsw.gov.au)

**Make a complaint**

Visit our website at: [www.lawlink.nsw.gov.au/adb](http://www.lawlink.nsw.gov.au/adb)

to download a complaint form.

Email [complaintsadb@agd.nsw.gov.au](mailto:complaintsadb@agd.nsw.gov.au)

## A.C.T.

### AGENDER AGENDA

works with the sex and gender diverse community. This includes transsexuals, transgender people, intersex people, cross-dressers and other non-gender conforming people. We acknowledge the important role that partners, family members and allies play and these people are specifically welcomed as part of our community.

PO Box 4010, Ainslie, ACT, 2602  
Ph: (02) 6162 1924  
Fax: (02) 6247 0597  
Email: support@genderrights.org.au  
Website: www.genderrights.org.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

## NEW SOUTH WALES

### NSW 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 - 4.30pm.

#### 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 - 4.30pm. 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

### 010 - TWENTY10

#### (incorporating the Gay and lesbian Counselling Service of NSW)

A community-based, non-profit support organisation for people of diverse sexes, sexualities and genders, their families and communities across NSW, providing telephone counselling (all ages), support groups, community education and a range of specialised support services for young people (12-26 years old). For support call 1800 184 527 (QLife, daily, 5.30pm-10.30pm) or (02) 8594 9555 (Sydney) or 1800 65 2010 (regional NSW), Twenty 10, 10.00am-5.00pm Mon-Fri.

Admin enquiries (02) 8594 9550  
Email: info@twenty10.org.au  
Website: www.twenty10.org.au

### ACONHEALTH LTD

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-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 OF AIDS ORGANISATIONS)

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

## ALBION STREET 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 INFORMATION SERVICE

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

Contact, support and information for all men (identified *female* at birth), their families, partners, and service providers. Contact FTMAustralia for more information:  
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@glsnsw.org.au  
website: www.glsnsw.org.au

## HIV AWARENESS AND HIV AWARENESS AND SUPPORT

For HIV positive IDUs and their friends. Meets on Wednesdays. Contact Sandra or Tony at NUAU.  
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  
PO Box 22, Kings Cross, NSW, 1340  
Tel: (02) 9360.2766  
Fax: (02) 9360.5154

## KIRKETON ROAD CENTRE

Needle exchange and other services  
Clinic Hours:  
Mon, Tue, Thu, Fri, 10am - 6pm  
Wed 12 noon-6pm  
Weekends and public holidays, 10am - 1.45pm (NSP & methadone only)  
Outreach Bus - Every Night  
100 Darlinghurst Road  
(Entrance above the Kings Cross Fire Station Victoria Street

Clinic 180  
180 Victoria Street, Potts Point, 2011  
Tel: (02) 9357 1299  
Fax: (02) 9380 2382

Clinic 180 open

## Monday to Saturday

1.30pm-9.00pm  
Needle syringe program  
Condoms

## Monday to Friday

1.30pm-9.00pm  
Sexual health screening  
HIV screening  
Hepatitis C testing, hepatitis B testing and vaccination  
First aid and wound care  
Counselling and social welfare assistance  
Drug and alcohol assessment and referral

## 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/

# Directory Assistance

Issue One Hundred and One

## MOUNT DRUITT SEXUAL HEALTH CLINIC

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 information, 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.plwha.org.au](http://www.plwha.org.au)

Katoomba

PO Box 187,  
Katoomba, NSW, 2780

Ph: (02) 4782 2119  
[www.hermes.net.au/plwha/](http://www.hermes.net.au/plwha/)  
[plwha@hermes.net.au](mailto:plwha@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](http://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 1200

## 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](mailto: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 information service, postal library service and a newsletter.

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

## (SWOP) SEX WORKERS OUTREACH TRANSGENDER SUPPORT PROJECT

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

Lvl 4, 414 Elizabeth St, Surry Hills, NSW, 2010

PO Box 1354  
Strawberry Hills NSW 2012  
Tel: (02) 9206 2159

Fax: (02) 9206 2133  
Toll free 1800 622 902  
[info@swop@acon.org.au](mailto:info@swop@acon.org.au)  
[www.swop.org.au](http://www.swop.org.au)

## SYDNEY BISEXUAL NETWORK

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

## SYDNEY MEN'S NETWORK

Welcomes FTM men.  
PO Box 2064, Boronia Park, 2111  
Tel: 9879.4979 (Paul Whyte)  
[paulwhyte@gelworks.com.au](mailto:paulwhyte@gelworks.com.au)

Tel: (02) 9565.4281 (info line)  
[sbn-admin@yahoo.com](mailto:sbn-admin@yahoo.com)  
<http://sbn.bi.org>

Pub social in Newtown on 3rd Sunday of every month followed by a meal. All welcome.  
POB 281 Broadway NSW 2007

## SYDNEY BISEXUAL PAGANS

Supporting, socialising and liberating bisexual pagans living in the Sydney region.

PO Box 121, Strawberry Hills NSW 2012

## SYDNEY SEXUAL HEALTH CENTRE

Provides free, confidential health services, including sexual function, counselling and testing and treatment of STDs, including HIV. Level 3, Nightingale Wing, Sydney Hospital, Macquarie Street, Sydney, NSW, 2000

Ph: (02)9382 7440 or freecall from outside Sydney 1800 451 624.  
(8.30am-5.00pm)  
Fax: (02) 9832 7475  
[sshc@saahs.nsw.gov.au](mailto:sshc@saahs.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 men  
80 Benerambah Street, Griffith PO Box 2485, Griffith, NSW 2680  
Tel: (02) 6964.5524  
Fax: (02) 6964.6052  
[glsg@stealth.com.au](mailto:glsg@stealth.com.au)

## WOLLONGONG TRAN

Transgender Resource and Advocacy 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 AND 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

## WOMENS AND GIRLS EMERGENCY CENTRE

174 Redfern Street, Redfern  
Tel: (02) 9319 4088

## 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](mailto:ausbinet@rainbow.net.au)  
[www.rainbow.net.au/~ausbinet](http://www.rainbow.net.au/~ausbinet)

## AISSUPPORT 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](mailto:aissg@iprimus.com.au)  
[www.vicnet.net.au/~aissg](http://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](http://www.w-o-m-a-n.net)

## CHANGELING ASPECTS

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

email: [knoble@iinet.net.au](mailto:knoble@iinet.net.au)  
[www.changelingaspects.com](http://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](http://www.ftmaustralia.org)  
[mail@ftmaustralia.org](mailto:mail@ftmaustralia.org)

## NATIONAL LGBTI HEALTH ALLIANCE

Office: (02) 8568 1110  
Fax: (02) 8212 9013  
PO Box 51, Newtown, NSW, 2042  
[www.lgbtihealth.org.au](http://www.lgbtihealth.org.au)

## 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](http://www.truecolours.org.au)  
Email: [Mail@truecolours.org.au](mailto:Mail@truecolours.org.au)

## International

### AGENDERNEWZEALAND

A caring national support organisation for Cross/Transgender people, their partners and families. For a detailed information pack, please contact:  
Email: [president@agender.org.nz](mailto:president@agender.org.nz)  
[www.agender.org.nz](http://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/](http://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.

### FTM INTERNATIONAL

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](mailto:info@ftmi.org)

### FTM NETWORK UK

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](http://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](http://www.genderbridge.org)  
[info@genderbridge.org](mailto: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](mailto: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](http://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](mailto: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 INTERSEXTRUST 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](mailto:resources@gendercentre.org.au)



“I was filling out the form  
and it said ‘Tick ONE box:  
male OR female!’”

Talk to someone  
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