

Polare Edition 15

Published: November 1996 Last Update: June 2013 Last Reviewed: September 2015

Editorial

by Jasper Laybutt, Polare Editor

Welcome to edition fifteen of *Polare*. Welcome also to our new management committee, as listed in the "Project Manager's Piece".

In this issue we have printed two papers that were given at *The Health In Difference Conference* which reflect a polarity of viewpoints currently present in the transgender community, both of which affect our standing as a service provider. They prove an interesting read, and each propose valid points. They are not meant to represent the conference as a whole, but rather, are presented here as relevant to the politicking which surrounds us.

However I've also published the F.T.M. paper which was presented by management committee member, Max, as I feel it provides a reasonable overview of F.T.M. concerns that many readers may not be aware of.

Our other main feature concerns education and employment issues relevant to the transgender experience, provided by our resident academic, Roberta Perkins, who, by the way, is also a member of the management committee, its President no less.

It looks like the "Community Noticeboard" is finally starting to fire, so keep sending in your free classifieds so we can keep the ball rolling.

Until next time ...

News in Brief

from the pages of Polare Number Fifteen

Transgender Awarded £250,000 Damages

London, U.K.: In London, England, a 29 year-old male-to-female transsexual who worked as an engineer, was severely harassed by co-workers after she began her transition. They eventually refused to work with her. Forced to work alone, she suffered an accident that has left her with a permanent disability. As a result, her employer was ordered to pay £250,000 in damages. Madeleine Reis, the woman's attorney said her client had tried to commit suicide after discovering that colleagues started an office pool, offering a large sum of money to whoever could cause her to resign or suffer serious injuries. Her employers denied the pool existed. The decision from the London industrial tribunal is the first to follow a ruling in April from the European Court of Justice in Luxembourg that transsexuals are protected under a European Commission directive on equal treatment of men and women at work. There is no maximum award for sex discrimination, and observers say the London judgement is a warning to other employers who fail to stop co-workers harassing transsexuals.

Suspected Transgender Serial Killer Caught

Toronto, Canada: After a two-week nation-wide manhunt, Canadian authorities have arrested a man they believe shot and killed three Toronto transgendered prostitutes. during a killing spree that lasted only a few hours, this past May. Arrested and charged with the murders was Marcello Palma, 30. Palma is married and has a young child.

Feature Articles



An abysmal situation of blatant discrimination and the deprivation of a group of people whose gender change is an obvious negative factor in their attaining a liveable income.

Education, Employment and Changing Gender

Roberta Perkins writes that a recent project funded by the Federal Department of Health and Human Services provides ample evidence of widespread discrimination against transgender people in relation to education and employment.

An F.T.M. Perspective

Jasper, Max and George explore the plight of the F.T.M. from the difficulties being part of the lesbian community to the ability to visually integrate and the associated lack of a sense of community.

My Drive to be a Woman

Helen writes about her drive to want to be a woman and that she quickly learnt that expressing these desires would only lead to social ostracism. Her wish to be a woman was confined to dreams, daydreams and closet dressing in either her mother or eldest sisters clothes.

Feelings and Theories

Giselle's inability to be male and then relate to herself cross-genderly began before she could talk. This dichotomy has lead her to experience life as being confusing and deeply painful psychologically.

F.T.M.s Sought

Australia: Frank Lewins, author of *Transsexualism in Society*, is seeking F.T.M.s to interview as part of his research into a new Australian book which will focus on female-to-male transsexuals, and how their experiences differ from M.T.F.s. There is an ad elsewhere in this edition, with his details.

Male Genitalia Eaten by Disease

South Africa: According to a report in the *Weekly World News*, the World Health Organisation predicts that a South African virus that painlessly eats away male genitals will hit the U.S. in one year. The virus, called Transvaal Leprous Syndrome, or T.L.S., strikes only males between the ages of 18 - 55, consuming the penis and scrotum, leaving all other body parts untouched. It is reported to be painless, and the only other symptoms are a slight headache and cough. The disease is evidently not sexually transmitted, but some health workers believe it may be airborne, although this explanation is not conclusive.

Transgender Golfers Excluded

United Kingdom: The Ladies Golf Union of England now requires all entrants to official competitions to be "amateur golfers who were female at birth". This follows a number of incidents at the club. Last year, some women members complained that in their scratch-competition, Helen Talmage, a machine operator, had an unfair advantage because she had been born a man and had a sex-change operation at nineteen. The Ladies Golf Union, which consulted the British Olympic Association on its new clause, said that it was merely falling into line. The United States Ladies Golf Association introduced a similar rule in 1989.

Tony Award for Transvestite Character

United States: Drag had a big moment earlier this year when Wilson Jermaine Heredia won the American Tony Award for best feature-actor in a musical. Wilson plays the H.I.V. positive transvestite lover of one of the principal characters of *Rent*. This was the first Tony given to an actor portraying a transgendered person (as opposed to a female impersonator) *Rent* was also named best musical.

Unfair Treatment for Transsexuals in Prison

United Kingdom: A recent independent study on transsexuals in English prisons uncovered some alarming, but familiar facts, not the least, the subject of punitive sentencing. It was found that transsexuals have abnormally long stays in prison compared to other prisoners committed for similar crimes, and no transsexual lifer has yet been released from prison. In fact, some transsexual lifers have been told that they will never be released, as their transsexuality is considered to be a "risk factor" which they have to address before release can be considered, but at the same time, they are being denied access to the treatment which would allow them to resolve their gender problems.

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

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

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Education, Employment and Changing Gender

Evidence of Widespread Discrimination against Transgender People

by Roberta Perkins

Article appeared in Polare magazine: November 1996 Last Update: October 2013 Last Reviewed: September 2015



What is it about trannies that alarms others to such a degree that her/his new gender takes priority over their scholarship or work skills?

Joan won the University Medal for her B.A. Hons. dissertation in Social Work three years ago at the University of Sydney. One by one she watched her fellow students obtain employment until

she was the only one from her class still unemployed. This deplorable situation became such an embarrassment to the University department from which she received the award that they felt obliged to employ her as a part-time tutor. What was it that made this obviously outstanding scholar such a poor candidate for employment? Did she have leprosy? Did she have gaping pusey sores on her face and arms? Was her hair a mass of writhing snakes? No, none of these things. Joan had simply changed her gender some time in the past, and followed this with genital surgery. In the eyes of most of the prospective employers she approached, this made her ineligible for employment, regardless of her

... an abysmal situation of blatant discrimination and the deprivation of a group of people whose gender change is an obvious negative factor in their attaining a livable income.

brilliant academic record, or the fact that she possessed the necessary skills to do the job.

The problem facing Joan is a common one which most transgender people have to deal with throughout most of their lives. 'Transgender' is a term recently adopted by the new tranny rights movement whose advocates reject the existing medical terminology of 'transsexual' to describe someone who undergoes a 'sex change' operation, and 'transvestite' to describe someone who wears the clothing appropriate to the gender opposite to that assigned to them at birth, regardless of whether or not this is a permanent adjustment. The term 'transgender' refers to one who crosses their gender regardless of whether surgery is involved or not. Because one tranny can afford \$10,000 for a 'sex change' operation and another cannot is no criterion for distinction. Then there are scholars, like Marjorie Garber (*Vested Interests*, Penguin, London 1993), who argue that outer symbols of gender appropriateness changes so frequently that all such terminology is irrelevant.

A recent project funded by the Federal Department of Health and Human Services, which I carried out at the University of New South Wales, provides ample evidence of widespread discrimination against transgender people. In the project's report *Transgender Lifestyles and H.I.V./ AIDS Risk* (Department of Health and Human Services, Canberra, 1993), 55 percent of 146 transgender people surveyed across Australia were receiving Social Security benefits, 21 percent were currently involved in sex work, and 8 percent were working in the theatre chiefly as drag artists. A further 7 percent were employed as welfare workers to the tranny community, less than 30 percent were employed in jobs outside traditional tranny occupations. Table 1 shows the dramatic decline in employment dating from before the gender change to the present. These figures leave little doubt that discrimination is the cause of high unemployment in the tranny community. Whilst table 1 indicates that trannies possess the skills to do various occupations, table 2 shows that they have received high education too. By comparison, in the general Australian population 40 percent never reached the highest secondary schooling, 13 percent attained the highest secondary schooling, 13 percent received a trade certificate, 19 percent a diploma and 9 percent achieved a tertiary degree (A.B.S. Social Indicators 1992: 147)

Table 1 shows the work experiences of 146 transgender people.

Type of Occupation:	Before Change	Before Change %	Current Employment	Current Employment %
Own Business	27	18.5	12	8.2
Factory Work	40	27.4	1	0.7
Service Industry	38	26.0	6	4.1
Transit Industry	9	6.2	3	2.1

Sales Work	47	32.2	3	2.1
Skilled Trade	31	21.2	4	2.7
Nursing	16	11.0	6	4.1
Teaching	11	7.5	2	1.4
Office Work	34	23.3	6	4.1
Administration	21	14.4	5	3.4

These findings illustrate an abysmal situation of blatant discrimination and the deprivation of a group of people whose gender change is an obvious negative factor in their attaining a livable income. Nearly half the sample had resorted to sex work on the streets as a survival strategy. This brought many of these vulnerable desperate people close to the drug scene, their fragile self-esteem plunging them into heavy addictions to heroin, cocaine, amphetamines, 'crack' or barbiturates. Their addictions made them even more unemployable, and worse, it eliminated them as candidates for a 'sex change' operation, even if they could afford it.

Table 2 shows the education level achieved by 146 transgender people.

Education Level:	Number	Percentage
Below School Certificate	32	21.9
School Certificate	47	32.8
Higher School Certificate	48	32.8
Trade Certificate	32	21.9
Tertiary Certificate	42	28.8

Even those trannies who have changed gender whilst in tenured employment are not impervious to threats of unemployment. They are often faced with disintegrating support from colleagues in their workplace until they often discover they are alone in a hostile environment. They may be barred from entering toilets appropriate to their new gender, or find their desk has been moved to a less conspicuous corner of the office. In the case of Helen, an airline mechanic who had changed from male-to-female, the harassment and isolation was so severe and relentless that she was forced to resign for the sake of her health after twenty years of service for the company. Neither the company, nor any of its staff were prepared to listen to Helen's pleas to be judged solely on her productive output. Instead, they began finding fault with her work. Under such pressure, a tranny's quality of work will actually begin to deteriorate, so that a boss has a 'legitimate' reason for sacking her/him. But even in work situations where a tranny has the support of work colleagues and her/his job itself is not under threat, she/he may find that her/his advancement in the company has suddenly grounded to a halt. In many subtle ways the tranny is made aware that he/she is regarded as a lesser being, and will end up being grateful for having a job at all, let alone expect a promotion.

What is it about trannies that alarms others to such a degree that her/his new gender takes priority over their scholarship or work skills?

Is the kind of irrational fear of change that gripped 15,000 Sydneysiders recently when the State Governor status change, causing them to publicly demonstrate with Aussie flags fluttering, despite the fact that probably fewer than a handful of them even knew the Governor's name before the hysteria? Fear of change linked with a challenge to their own gender identity may cause them to react insensitively towards trannies. And they can do this without guilt because they have already depersonalised and dehumanised trannies in their minds, not to mention an inner comfort in believing they are doing God's work of punishing the deviant.

If people's attitudes remain stagnant then it is left to liberal-minded legislators to hurry social change along with new laws. And new laws are on their way, with amendments to the existing Anti-Discrimination Act and Births, Deaths and Marriages Act, due to occur in the next sitting of state parliament. These laws have passed through caucus and will be in force within a few months. It will then become illegal to dismiss a person from their job or deny employment on the basis of their transgender.

The law, however, is not the only mechanism for change, as the following recent of two trannies refused service in a Kings Cross nightclub illustrates. They took the matter to Clover Moore M.P., the tranny action group, Transgender Liberation Coalition, and the media. The media pursued the club's manager to the point of forcing him to agree to make a public apology to the two trannies, and give restitution (a 'tranny tax') by agreeing to allow a tranny pride fund raising event to occur in his bar free of charge. The funds from this event were used to pay for a float in the Gay Mardi Gras. Thus, the fruits of this man's discrimination was seen by millions on the global media network.

The point to this incident is that trannies are 'coming-out' politically. They are no longer prepared to slink away with feelings of guilt when they are confronted by such blatant discrimination.

Macquarie University is, in principle, opposed to tranny discrimination under its Equal Opportunity Policy, which is 'one of equal opportunity in employment and education'. At present this depends on the good intentions of this policy. After the passage of the amendments to the N.S.W. Anti-Discrimination Act, however, its position will then be enshrined in law under section 2 of its own social legislation.

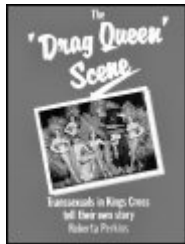
Any tranny student or staff member on campus who feels they are being discriminated against (including harassment) on the grounds of their transgender status should seek the assistance of the University's E.E.O. officer, Sarah Levin. A system of dealing with grievances

of this nature already exists on campus.

In *The Australian* on 28th February 1996, a story appeared about Economic Professor Donald McCloskey of University of Iowa, a world renowned academic who has written 20 books and 200 journal articles in his discipline, and who recently changed his sex, and his name to Deirdre. Her academic colleagues were shocked. Her sister tried to have her committed, and a Psychiatrist declared Deirdre was 'manic' but not a danger to herself or others. Yes folks, it can even happen to highly respected academics.

Roberta Perkins

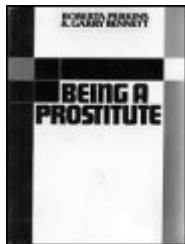
Roberta Perkins established the Gender Centre (then known as Tiresias House) in 1983. She is also a Senior Lecturer in Sociology at The University of New South Wales and has conducted many government-funded research projects into prostitution. A transsexual herself, she has the confidence of the people she interviews; a sociologist, she has counselled transsexuals for a number of years; an activist, she has worked with them in the struggle to overcome the problems they face every day of their lives. Roberta is also the author, and co-author of five books and scores of journal articles on sex work research in Australia and has also taught Native American Studies for many years in Sydney



The Drag Queen Scene: Transsexuals in Kings Cross
Author: Roberta Perkins Publisher: Allen & Unwin (1983)
I.S.B.N.-13 978 0868610474

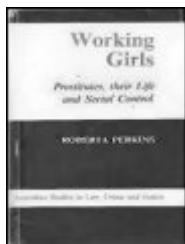
Through a unique series of frank interviews, *The Drag Queen Scene* deals with the experiences of male-to-female transsexuals who live and work in Sydney's Kings Cross area. It focuses on twelve people — showgirls, strippers, bar girls and prostitutes. Each of the twelve speaks for herself, providing first-hand insights into life and work in her world — a world a few people understand. Their stories uncover the raw reality behind the shallow popular view of the "Drag Queen". These revealing every-day accounts demonstrate how much accepted attitudes are based on ignorance,

prejudice and callousness. By offering the reader a rare opportunity to view a closed subculture as its participants see it, *The Drag Queen Scene* is an attempt to break down the resistance facing transsexuals, to influence changes in social attitudes and the law. In this book, twelve voices, hitherto silent, challenge the reader to question the stigmatising and ostracising transsexuals endure.




Being a Prostitute: Prostitute Women and Prostitute Men (with Garry Bennett)
Author: Roberta Perkins and Garry Bennett Publisher: Allen & Unwin (1986)
I.S.B.N.-13 978 0868616780

Constant media coverage and popular concern about prostitution, recent changes to legal and administrative regulations governing prostitution in its various forms in its several States, and the emergence of organised groups to represent the views and interests of prostitutes in public discussions and to influence policy formation ensure that the subject retains a high level of visibility and social significance. At the same time there have been remarkably few empirical studies of prostitution in Australia and our knowledge is largely confined to sensationalised reports of criminal cases and media exposés. So a book giving detailed accounts of the perceptions and experiences of a variety of prostitutes, male and female, homosexual and heterosexual, of different ages and background, and covering the diversity of forms of occupational types and organisational settings of prostitution at the present time would seem to be timely.




Working Girls: Prostitutes, Their Life and Social Control
Author: Roberta Perkins
Publisher: Australian Institute of Criminology (1991)
I.S.B.N.-13 978 0642158765

From Abe Books:  This book has three objectives: 1. To demonstrate empirically that prostitutes are basically ordinary women with only their occupation distinguishing them from others; 2. To bring to the general public a balanced, well-informed view of prostitution, shed of its tawdry reputation; 3. To convince legislators to adopt a more practical method of dealing with prostitution.




Sex Work and Sex Workers in Australia
Author: Roberta Perkins
Publisher: University of New South Wales Press (1994)
I.S.B.N.-13 978 0868401744

From Google Books:  *Sex Work and Sex Workers in Australia* is one of the most comprehensive books on the sex industry. This book's main focus is on prostitution and it is broken down on many levels: female, male, transsexual, health care, oral histories, and foreign workers (e.g.. Thai). It is very easy to read and one leaves this book with an excellent history lesson as well as viewpoints from both men and women which balances this book.

Call Girls: Private Sex Workers in Australia
Author: Roberta Perkins and Frances Lovejoy
Publisher: U.W.A. Publishing (2007)
I.S.B.N.-13 978 1920694913



From Booktopia:  *Call Girls* casts a penetrating, red light gaze upon the upper echelons of the world's oldest profession: private sex workers who use the telephone as a means to solicit clients. Containing frank accounts from women working in the Australian sex industry, *Call Girls* puts a human face on this hitherto shadowy, clandestine world as it documents how many women became sex workers; run their businesses; maintain their health; and how the call girls work affects their relationships with husbands, lovers and families. Far-removed from the moralising, victim stereotypes and *Pretty Woman*-inspired fantasies which pervade popular culture, *Call Girls* places the world of the sex worker within social, political and legal contexts which will surprise and change the preconceived notions of many readers.

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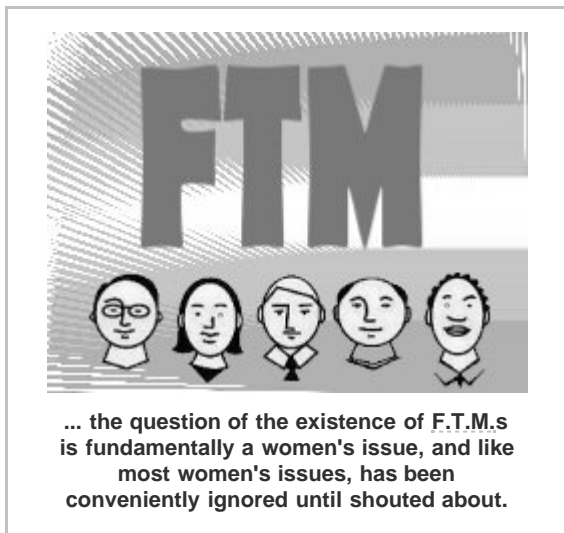
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An F.T.M. Perspective

Contemplating the Consequences of Our Invisibility

Written by Jasper, in consultation with Max and George, presented at the Health In Difference Conference
Article appeared in Polare magazine: November 1996 Last Update: October 2013 Last Reviewed: September 2015



There have always been cross-dressing women for as long as there has been a human history. With the advent of lesbian and feminist communities this

century, these historical figures have been claimed as either feminists before their time, or adventurous lesbian heroines. Only recently have a few, strident but isolated voices from the international F.T.M. fraternity begun to question the validity of these claims, and call many of these women of history, their 'transgender brothers'.

Such historical invisibility, and careful removal of evidence, have plagued women for centuries, and not the least, lesbians. However the ultimate crown of invisibility must be given to F.T.M.s, whose very existence was a mute point up until five years ago, even in our own community. It is understandable that this should be so, for the question of the existence of F.T.M.s is fundamentally a

It has to be said, of course, that not all tranny men stem from the lesbian community, however, a significant percentage do!

women's issue, and like most women's issues, has been conveniently ignored until shouted about.

The social ramifications of this has been a story of many transgender men who have braved their self-determination in silence and isolation, or who have worn the painful cloak of compromise within the lesbian community. It has to be said, of course, that not all tranny men stem from the lesbian community, however, a significant percentage do so.

Historically over the past fifty or so years, the polarity of butch/femme has allowed the F.T.M. to find love and friendship, as well as limited male expression within a social construct reflective of the wider community.

With the advent of lesbian feminist separatism in the 1970s and most of the eighties, it became politically incorrect to exhibit overtly male characteristics within certain circles. The late 1980s and early '90s gave rise to the 'femme revolution' which meant that traditional Butch role-playing was deemed very unfashionable. In the last couple of years we have seen a subtle resurgence of butch/femme identity, as those who subscribe to this lifestyle begin to reassert their right to validation.

We have also seen an explosion of gender-fuck in the club based lesbian scene, and beyond. Girl/boys abound, glue-on moustaches are flourishing, and dildo sales have never been better. It seems, in lesbian-queer quarters, that it's okay to be butch, femme, effeminate, masculine, a gay male, a drag queen or king, neither, none or all.

But where does this leave the humble F.T.M., who more often than not, identifies exclusively as male, and wishes to be just seen as one of the boys? An invisibility of a different nature begins to occur.

For those tranny men who make a physical transition, the outward results are astounding. So much so that there could be an F.T.M. sitting next to you and you would never know. This has meant that up until a few short years ago, many transmen became absorbed into the wider community, leading relatively integrated lives and becoming the men they always knew themselves to be. If they had emerged from the lesbian community, the idea of being able to remain there was unthinkable. These days it can be a different story.

This ability to visually integrate so well is a double-edged sword - on one hand, it makes life easier and less hostile, yet on the other hand it means that there hasn't been a sense of community, history, or experienced elders consistently available to us. We have had to rely upon chance meetings in medical waiting rooms, vague introductions from a friend of a friend, and the generosity of doctors.

However, five years ago, a loose national network of tranny men was formed, and still exists, albeit rather fragmented today. The emergence of the Gender Centre, from Tiresias House, has also provided a stable, and essential encounter point for F.T.M.s. These two facilities combined have meant that new transmen, if aware of these services, have the ability to connect with each other for peer and social support, and access limited information and resources.

As the area of F.T.M. has historically been under-resourced, if at all, outside of medical journals (and even then in significantly diminished ratio to our M.T.F. counterparts), this has meant that research into transmen's health and welfare has been practically non-

existent. Even basic and consistent information on hormone intake, until a few years ago, was unheard of, and many men were left floundering with irregular dosages and scripts.

There is a definite need for the intake of hormones among transmen to be administered and monitored on a regular basis. There are a number of reasons for this which include:

- » In order to maintain an overall state of health and wellbeing;
- » Testosterone increases the risk of heart disease;
- » An excess of testosterone can cause psychological instability;
- » There is a need to effectively manage heightened levels of aggression;
- » Excess testosterone is converted by the body into oestrogen which is counter-productive to the gender transition;
- » There is a need to monitor kidney and liver function, which can be affected by long-term hormone use; and
- » Testosterone can also result in significant weight gain which adds to the risk of heart disease.

There is also the issue of osteoporosis, which until recently, was never really considered a health concern for F.T.M.s. However, preliminary research, and common medical sense, shows that transmen are at great risk of acquiring osteoporosis due to fluctuations in hormone intake, and also due to the leaching of calcium from the body which occurs with the intake of testosterone. This has meant, that many F.T.M.s who were led to believe that their testosterone intake would be downgraded, in line with their long-term vision, were now faced with incurable osteoporosis. Preventative, and educational methods are therefore an absolute necessity.

Having started out as genetic females, transmen are still at risk of diseases associated with female reproduction, such as cancers of the uterus and cervix, cysts, S.T.D.s and the like. As such, it is absolutely important for transmen to be encouraged to take annual pap smear tests. This is difficult, for many F.T.M.s may find such an examination acutely humiliating, yet it must be done. Long-term testosterone intake atrophies the ovaries, and the results of this have never been assessed. There is no long-term research, that I am aware of, of the dangers inherent in this region.

A Hysterectomy is not necessarily the answer, and not all F.T.M.s would seek this option, though many do. According to the U.K. F.T.M. Network, it is now recommended in Britain that only twenty-five percent of transmen need a hysterectomy in their early years of treatment. In these cases it is because of breakthrough bleeding due to cervical erosions. It is now recommended that the remaining 75 percent of F.T.M.s wait until they reach post-menopausal age, when there is an increased risk of developing cells in the cervix. Not having an early hysterectomy also proves useful at the time when phalloplasty, or neo-penis surgery is performed.

In light of the recent anti-discrimination legislation, this causes a problem. The current legislation requires transmen to have womb surgery performed before they will be legally recognised and covered by that legislation. Now that it is recommended that most of us wait to have a hysterectomy, if at all, in order to minimise health risks, then many of us may fail to meet this legal requirement. This is a point that should seriously be considered by the A.D.B. and other legislative bodies.

Phalloplasty, and other related surgeries, are still highly experimental and fraught with side-effects. In Australia, the availability of such surgery is limited to one or two surgeons whose techniques do not necessarily reflect overseas progressions. At the most extreme, phalloplasty can cause death due to complications and infections. Permanent incontinence is another major risk, along with the death of healthy tissue. The main area of difficulty is extending and creating a workable urethra, with fistulas more often the norm. For those men who choose phalloplasty, the results can vary dramatically, which seems to suggest a pot-luck outcome. I have not met one F.T.M. who has had this surgery, who hasn't experienced complications, or loss of tissue.

Phalloplasty also requires a number of complex procedures which can tax the patient's health and stamina. In the past, there was a tendency for surgeons to rush the patient through these stages, not allowing enough time for the body to heal between surgeries. These days, this is being redressed.

Another consideration is that because there are only two surgeons in Australia performing this surgery, and one has already indicated his unwillingness to continue in this area, it is absolutely essential that new surgeons be trained to fulfil this role. Sadly this is not, as yet, on the horizon.

As with any specific health group, there needs to be the implementation of long-term research, and analysis into the health and needs of female-to-male transsexuals. Whereas our M.T.F. sisters have had limited focus so far, transmen are yet to be given any attention necessary for their continued wellbeing and quality of life. Our surgical options are extremely limited, and our invisibility keenly felt. We hope that the near future will see an improved awareness and concern, for our situation, by the government, and medical profession. In the meantime, the Gender Centre, and our own loose network are providing avenues for working toward the fulfilling quality of life we all seek.

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My Drive to be a Woman

Confined to Dreams, Daydreams and Closet Cross-Dressing

by Helen

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What ever drives me to want to be a woman has been with me since my earliest memories.

What ever drives me to want to be a woman has been with me since my earliest memories. In my early primary school days this was expressed by wanting to play with girls and an attachment to feminine things. However, I quickly learnt that expressing these desires would only lead to social ostracism. Perhaps, fortunately for me, I could play the male gender role well, being good at sport and among the top students at my school. My wish to be a woman was confined to dreams and daydreams whose frequency is impossible to estimate in retrospect and to closet dressing in either my mother's or eldest sisters clothes whenever a suitable opportunity arose. Not surprisingly, I was sprung by my parents on a few occasions and my sister realised that it was my slightly larger feet that had stretched her first pair of heels. Little did she realise that I'd been eyeing them off in envy for about three months and had nearly succumbed on a number of occasions.

Perhaps my greatest satisfaction is that my former wife and two daughters still wish to know me as do those close friends that I've broken the news to

In my late teens my parents, who were starting to suspect that my flirtations with womanhood might be more than a passing phase, had organised for me to contact a psychiatrist. Unfortunately, I followed his advice and tried to "straighten" myself out and

make a man of myself. If some of the more realistic advice that is available today had been given, I could have spared my family and myself a lot of needless agony. This is not to say that I regret my life for the following thirty years. With the same knowledge I'd probably do the same thing again. I enjoy life and the pressures of gender dysphoria only require expression other than my inner thoughts from time to time. When this happened, I either cross-dressed or indulged in other pursuits of which I'm not proud but recognise have been employed by many others besides myself. These latter generally resulted in self-loathing which enabled me to sublimate my desires from three to six months.

If it was all in my head as I had been led to believe, I should not have needed this help, however, I recognised at a pragmatic level that I did. After eight years my wife came home unexpectedly to find me cross-dressed, and this situation was compounded by my closet efforts being very amateuristic. I looked at what I was - a man doing a very poor impersonation of a woman. After a lot of arguing and anger over a period of months, which did not go unnoticed by our two teenage girls, we agreed that if we could get our relationship back on a more reasonable level, then we would stick together until our youngest (thirteen years) had completed high school. At this time, if I still felt the same, then I should take steps to establish what I really wanted. It was at this time that I made contact with Professor Steinbeck. From that time I've been taking Androcur, initially on the assumption that my desires were sexual in nature (while I was sure they weren't, I couldn't convince anyone else). The Androcur certainly diminished my sexual drive but not noticeably my capacity for sex or my gender dysphoria.

By now you should guess that I'm about fifty (we won't discuss too closely how "about") and I was only fully transitioned on the 27th June this year. It was meant to have been on the 1st April, but I'm getting used to not being able to have everything that I want. However, since May 1995, my private life has been conducted as a woman while pants, shirt and tie were only donned for work. My reasons for this were threefold.

1. **Financial** - for myself, the cost of transition would be \$32,000 - \$41,000 (which included electrolysis, reassignment surgery, cosmetic surgery, H.R.T., Dental work and a cost of change of documentation). I also felt obliged to leave a spouse who had supported me for twenty-six years, and continues to support me, in a reasonable financial position.
2. **Presentation** - To me, living as a woman means being employed, preferably in my chosen profession. To achieve this I had to be able to present myself in an acceptable and professional manner, as a woman. A deep voice and a five-o'clock shadow would severely diminish the image I wished to present so electrolysis, speech therapy and a reasonable level of H.R.T. as a minimum were needed first. I also thought that some cosmetic surgery would be helpful but in retrospect this was not necessary as I secured a contract (computer programming) on my first day of full transition before the cosmetic surgery

was done. The many professionals, both medical, health and public servants, who helped me achieve my transition all responded in a supportive, constructive and often sympathetic way. If I fail in my endeavours, it will be because of my own shortcomings and not because of a lack of an appropriate level of support.

3. **Personal** - It is impossible to pursue the course I am on when you have been married for twenty-six years and have two grown children without having problems on the personal front. Perhaps my greatest satisfaction is that my former wife and two daughters still wish to know me as do those close friends that I've broken the news to. This is not to say that there hasn't been a lot of heartache, soul searching, guilt, anger, and loneliness along the way.

That things have gone smoothly is largely due to the fact I've managed to resist a strong temptation to charge into gender reassignment like a bull at a gate and have taken the time to assess where I wanted to go and to deal with problems as they have cropped up along the way. Over the past eighteen months I've met and discussed mutual problems with some fifteen other G.D.s. This peer support is invaluable, it's a shame that my wife didn't have access to the same level of support. In particular, I owe Kate Cummings, first for her book *Katherine's Diary* which for me is the most relevant that I've read, and then, for being willing to meet my wife and for providing me (and a long list of others) with rational advice and accommodation (the latter at her cost).

I have also been fortunate in forming a friendship (bordering on alliance) with another who is some twenty years younger and who approaches transition with a zest and sense of humour that has to be seen to be believed. Her presentation is flawless and what she sees in this middle aged "old boiler" is beyond me. However, I'm very grateful that she finds something. It's too easy, given the problems that we do face, to become self-absorbed and humourless, so having someone to laugh at yourself with is invaluable.

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Feelings and Theories

Of a Queer Celibate Female Transgendered Biologically Determined Androgyny Male-to-Female Transsexual Male

by Giselle Galadriel

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Labels do not help!

After reading 'Theories of Gender' in *Polare* Issue No. 14, I suppose if I must continue the tradition of using insufferable and discreet terms to describe myself and also using the new N.S.W. law passed recently as a guide, I am a ... queer celibate female transgendered biological determined androgynous male-to-female transsexual male.

I intellectually know that the terms of gender male or female cannot stand separately but only in relation to each other.

Yet all my life there has never been a label I could hold on to. If to be queer means that I do not relate to my genitals, then I am queer. Yet to say I was arbitrarily ascribed them, I feel is indeed flippant.

What if I feel my whole body is wrong? I am a practicing contortionist (no, really), so where it has been deemed by this new legislation as an advantage in

sport to be a transgenderist, in my sporting art form it is an absolute disadvantage.

No hormone can reassign me my female hips or lighten my tendons like a females, although oestrogen does soften them a little. So then, I am a biological determinist.

I am not saying because you have a womb it must be used but I have desperately wanted my child. But four years ago I was diagnosed as infertile. At the same time I was on ludicrously high amounts of hormones - three vials of Primogyn a fortnight, four Androcur a day and four Provera a day. Of course I started to produce copious amounts of colostrum and naturally I was 'clucky' as hell. It almost drove me to suicide. I was depressed for three years and the emptiness still bites into me (no, really).

How can the birth experience ever be labelled as an arbitrarily assigned experience? Labels do not help. No operation can give me the female genitals that I actually feel lent and not actuate or even give me any fertility back let alone produce my child. The transsexual process, to me, is but a copy and seems but a meddling one at that. No I.V.F. program would touch me, not even for a million dollars and then it would be dangerous for the child!

My inability to be male and then relate to myself cross-genderly began before I could talk. This dichotomy has lead me to experience life as being confusing and deeply painful psychologically. You may be polite to call me she and give me some rights in society but the feelings never stop.

I intellectually know that the terms of gender male or female cannot stand separately but only in relation to each other. Yet, the skeletal system, the reproductive system, the Müllerian duct or the vas deferens are not arbitrarily assigned, they are flesh and blood, and no introduced hormone or operation erases that blueprint. Forget chromosomes as an argument, these are whole symbiotic systems no psychology can remove the male system or female system just as no one dealing in transsexualism has ever been able to tell me when at last shall I start ovulating. Feelings cut deeper than any surgeons bill ever will.

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