Polare Edition 16

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Editorial

by Jasper Laybutt

Welcome to issue sixteen of *Polare*, and to a new year. Now is a good time for reflection, and for making plans. Each new year affords us the opportunity to reassess our lives, and to decide which path to follow. In this sense, this time of year can be a very spiritual experience. It is up to each of us to give ourselves the time to think through our situation, and ask ourselves what it is of life that we wish to receive. Old patterns can be flushed, and new ways of being manifest. It takes courage, but we transgenders have a wealth of the stuff!

Our first issue for the year is choc-full of both serious and light-hearted articles, along with some new interesting bits and pieces, including the call from the office of Dr. Haertsch for current and past clients to undertake a questionnaire. (see page 9). The first of many "President's Reports" is within, from Roberta Perkins, plus some thought-provoking material from Jill Hooley.

Don't forget the convention on the weekend 26th January - this is democracy in action, so make sure your voice is heard. It will also be a good opportunity for readers to network and socialize.

Anyway, all the best for 1997, and keep your comments coming in.

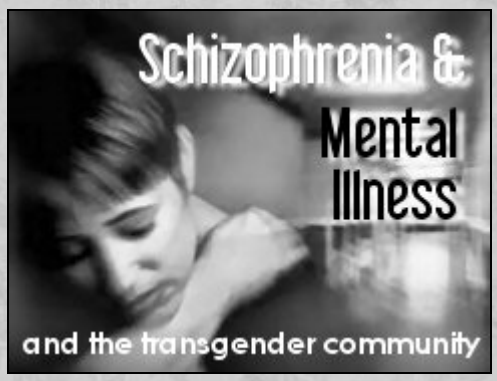
President's Report

by Roberta Perkins

This is the first of many of my reports to you in the transgender community. I intend keeping you informed of events from the inside and let you know what we, the new management committee, is on about. Firstly, though, I think it right and proper to introduce you to the elected members of the committee, beginning with me, Roberta Perkins, as its President, followed by the Vice-President, Rochelle Evans, the Secretary, Nadine Stransen, the Assistant Secretary, Sharon Stolzenberg, the Treasurer, Kymberleigh Kovan, and ordinary members, Jean Noble and Max Zebra-Thyone. We hope to serve you well in the twelve months we will be in office.

I'm sorry to begin our first communication on a negative note, but I'm sure you haven't failed to notice the factions, backstabbing and slandering that is dividing our community at present. After some years of being distant from the transgender community I was shocked and dismayed at the extent of hatred and spite that exists between trans groups and individuals. I would have expected the community to have matured somewhat from the childish mud-slinging of 20 years ago when it was fragmented by its rejection by the gay community and feeling unloved and unwanted. In those days the chief antagonists were the showgirls versus the

Feature Articles



I find that the community isn't interested in me because of my schizophrenia.

Schizophrenia and Mental Illness

The medical profession has treated John's transsexual issues as part of his schizophrenia and mental illness, and in this interview with *Polare Magazine*, John expresses his feelings toward the transgender community and his place within it.

Transgender Issues and Health

Jill Hooley reports in her paper presented to the Health in Difference conference that the flawed concept of our identities in terms of medical illness means that the need for medical intervention is created by a deep misunderstanding of gender variability as an illness.

Drug & Alcohol Service and Usage

Jill Hooley provides this extract from the "Transgender Project" conducted in Central Sydney Area Health Service, investigating reasons for the non-accessing of health services by transgender people.

Hepatitis C

When someone catches Hepatitis C, the body produces antibodies to try to destroy it. Most often, the antibody response fails to identify the virus properly and it evades the body's defence system, the infection remains long-term and people don't know that they have the virus.

Why Gender Issues? Why Now?

Gender issues are now on the social and political agenda and changes in legislation are imminent. However we have only progressed to this point because of a "consciousness-raising" effort on the meaning of gender, and the exploration of sex, and freedom of choice thus far.

Elvis Herselvis Part 1

Elvis Herselvis, otherwise known as Leigh Crow identifies as a female Elvis impersonator and a drag king. In the U.S. she makes waves and continues to draw an audience. Recently, she was banned from a high-profile Elvis Convention by

conservative sponsors.

street girls. Then it evolved into the pre-ops versus the post-operatives in the nineteen-eighties, and now it seems to be fractured almost beyond repair into various factions based on ideological and political differences, and just simply good old fashioned individual bitchiness. When are we going to grow up and learn to debate our political differences like responsible people striving for co-operation and compromise instead of resorting to the kind of gutter tactics being displayed at the moment? When are we going to realise that we have no one else for support but each other and that the real enemy is out there beyond our community? That enemy must be laughing its head off at our antics and no doubt there are those who are sniggering to one another: "There, I told you so, they're all mad!" Next we will have one of those conservative ministers raising the issue in parliament: "Take away their funding. They are too divided for the Gender Centre to do any good. Close it down!" Then, we will be exactly back where we were fifteen years ago: alone, despised, misunderstood and discredited.

Right! Let's stop the nonsense now and show some unity and nurturance, for God knows nobody else will.

This Committee and the staff at the Gender Centre are going to make it our major objective to develop a self-determining supportive transgender community over the next few months. We want to see elitism and snobbery based on appearance, occupation and/or intellectualism eradicated and for the community to work together, learn from each other regardless of where you come from, or whether you are employed or unemployed, whether you have a tertiary degree or not, whether you pass well in public or not, or whether you have had a genital operation or not. But we can't do any of this without your help. The staff in particular are pretty well battered by the last twelve months of in-fighting, and now the new Management Committee is coming under fire even before we show our colours. We now need your help and support to combat bigotry and prejudice based on hearsay and vicious rumours.

The first step is to write in and express your views in *Polare* as your open forum. But, be warned we will not print slander, bitchiness nor unsubstantiated comments about identifiable persons or groups. Send that sort of shit to the gutter press which seems to revel in our divisiveness. We would like to see healthy debates and communication that will dispel misconceptions, not create rumours.

The second step will be a public seminar which will be well controlled by professional facilitators where you can come and have your say, make accusations if you will, but be prepared for those you accuse to reply. We will present various topics which will be dealt with in a debate forum of questions and answers and workshops where everyone will be invited to speak out on issues that most concern them. We plan to hold this in January, and we invite you all to participate by speaking frankly and openly but also listen to what others have to say. So, let's clear the air once and for all and begin anew as the united community we should have always been supporting one another trying to survive in a basically transgender unfriendly society.

News in Brief

from the pages of Polare Number Sixteen

World Update

The following are extracts from a recent *Press for Change* newsletter which appeared in the December edition of *Boy's Own*. These extracts indicate global activity in relation to transgenders, as reported from the 1996 International Conference on Transgender Law and Employment Policy. *Press for Change* is a political lobbying and educational organisation which campaigns to achieve equal civil rights and liberties for all transgendered people in the U.K. through legislation and social change.

United Kingdom: A transsexual man is suing the Church of England after being dismissed fourteen years ago. as a result the courts are asked to clarify how far back claims can be made. A transsexual woman is suing the R.A.F. after she was dismissed after being diagnosed as having untreated psychopathic sexual disorder and for this she was downgraded from live arms use. However, on clarification that she was eminently "treatable", she was instantly dismissed. The criminal high court has held that a transsexual woman can now be a rape victim if her "wholly artificial vagina" is penetrated.

Namibia: Namibia has become the first black African state outside of South Africa to acknowledge transsexual people. The ministry of justice say that there will be full acceptance and change of documents on social acceptable.

Brazil: The Brazilian "travesti" have been having many problems with the police but very recent legislation (October 1996) has meant that police no longer have the right to pick up travesti just for being on the streets.

Japan: There has been, for the first time, recent publicity about gender reassignment surgery in Japan, and there is now a Japanese F.T.M. group "F.T.M. Nippon", but there are no proposals for legal recognition.

India: Hijra can now ask for their identification cards to be changed to recognise their female status.

Netherlands: There has been confirmation that a person would not be refused military service on the grounds of their transsexualism.

Turkey: There are still many reports of trans people being seriously injured and even being killed by the police. This is a scandal that must be addressed by the international trans community. Ironically, Turkey has legislation allowing birth certificate amendment but what use are these if you get killed after applying for it?

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.

Schizophrenia, Mental Illness and the Transgender Community

An Interview with John

Interview With John

Article appeared in Polare magazine: January 1997 Last Update: October 2013 Last Reviewed: September 2015

John recently spoke with *Polare* about his feelings toward the transgender community and his place within it, hoping that other transgender people may come forward and make contact.

> ***I was threatened with going to Rozelle Hospital if I cross-dressed ... they confiscated my waxing gear and I was thus forced to grow facial hair.***

Polare Magazine: How have you found the TS community?

John: I've found that's there's been some opposition, usually through ignorance, to the idea of schizophrenia and mental illness, and hence a tendency for people to ignore it as much as possible. The TS community itself has a problem with this, and tends to brush me aside.

Polare Magazine: What has been your background?

John: I never felt I had to conform as a man or a woman. At sixteen, the medical profession diagnosed me with paranoiac schizophrenia and manic depression.

Polare Magazine: On what basis?

John: Probably just because I was a noisy teenager and they didn't like it. I was threatened with going to Rozelle Hospital if I cross-dressed. At seventeen I was allowed to cross-dress, though they weren't tolerant as to how I did it. They confiscated my waxing gear and I was thus forced to grow facial hair. At eighteen I was committed at Kenmore Schedule 5 Psychiatric Hospital by a magistrate.

Polare Magazine: Why was this?

John: My family is working class and they in no way could support me financially. I wasn't allowed to go overseas either.

Polare Magazine: How was your family toward you?

John: Supportive and happy to visit me. I still have contact with them and we see each other every few weeks.

Polare Magazine: At the time you were committed, was the medical profession that aware of transgender issues?

John: They were aware of changing people's organs. I grew up in the church and saw gender as a means of having children, but I myself never wanted children. The medical profession treated my transsexual issues as part of my schizophrenia and mental illness, and still does today.

Polare Magazine: Let's return to the TS community ...

John: I find that the community isn't interested in me because of my schizophrenia. I would really like to find other trannys who want to talk to me openly about such things as politics and economics. Most trannys I come across seem to only want to talk about sex - perhaps having a lot of it would be better than talking about it!

Polare Magazine: Are you feeling isolated or lonely?

John: Yes, I've got two birds who've taken over a pair of slacks on my balcony - they're company for me.

I have always worked when I could. I've worked for a few dollars with a dress designer, as a house keeper and kitchen hand. I'm on a pension but supplement my income when I can. I find the general mental illness community unrealistic and lazy. I've never got a job through the C.E.S. - every job I've gotten, I've found myself.

Polare Magazine: How would you wish the TS community to respond to you?

John: I wish to meet other people who want to talk about the state of the world, rather than one's sex change. I don't want to, however, undemocratically impose my opinions onto others.

Polare Magazine: Would you like to connect with other trannys who have forms of mental illness?

John: Yes. We'd have things in common to talk about which saves boring other people who aren't interested. I'm also searching for peer emotional support.

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Transgender Issues and Health/Welfare Politics

The Deep Misunderstanding of Gender Variability as an Illness

This presentation is a combination of the opening address and a paper given at the Health In Difference conference by Jill Hooley.
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I am very pleased to offer the opening remarks at this historic conference for Gay, Lesbian, Bisexual and Transgender People. I speak as one who holds the interests of trannies dearly. We come to the end of a year which saw ground breaking legislation in N.S.W. for transgenders. The 1996 Transgender Amendment bill is, as the Attorney General said, the first of its kind in the world. It protects trannies from discrimination, without such protection being dependent upon "sex-change" surgery. The bill thus recognises gender as a "doing" or behaviour, not determined by genitalia and the reality that most transgenders do not proceed to surgery. (Perkins 1994)

> ***Since Fiske's definition of "gender dysphoria" in 1974, medical control escalated, with trannies having no control or ownership, but a "disease of gender" foisted upon us.***

Another series of events this year requires comment. Conflict between a "service organisation" (the Gender Centre) and a number of tranny activists and academics. The conflict arose within two sets of power relationships; between trannies and social workers working "on behalf of" or "for" trannies and between trannies and the medical profession. I want to generate discussion of important practice issues in relation to these. It is part of social workers' role to protect "clients" from discrimination. It is part of professional development to expand and use new knowledge for practice and to base practice upon relevant knowledge. Also it is essential for workers to engage in vigorous criticism of their practice and theoretical base. (Social Work Code of Ethics 1990) It is also essential for workers to have a good understanding of gender and a multi-disciplinary perspective, and I would argue that knowledge of sexuality theory, sociology and anthropology are extremely important.

"I noted some confusion, in the form of concerns about workers or researchers engaged professionally "with" or "for" trannies, who were accused of being "ideological" or "un-objective" in professional practice. It is clear to those of us who work in research, welfare, sociology and social work that workers who feel they can be "apolitical" neutral or "objective" are misled. I feel it is important to make one's own political ideologies clear, while not bringing one's own personal, emotional issues into professional relations with clients.

Social welfare is seen primarily as focusing on the amelioration of "oppressed people and communities". (Larbalestier 1996:20), Attendees at this conference, know that a holistic view of personal health means that health cannot be separated from social, political and cultural factors. We cannot avoid operating in fields of power. Health and welfare are embedded in politics, or caught up ineluctably with who gets what, when and how. Without activists and lobbyists there would be no Gender Centre, no legislation. We need to acknowledge that state agencies operate under contradictory forces.

The Perkins Report (1994), the document responsible for the legislation, informs us of high levels of systemic discrimination and violence, with accompanying levels of low self-esteem, poverty and negative health outcomes. A view which individualizes trannies as "the problem" while failing to account for the marginalizing effects of social structures, institutions and the assumptions about sex/gender on which they are founded, makes us victims. The institutional power of sex/gender is apparent whenever we fill out a form. A historically produced set of gender relations, dominated by masculine heterosexuality, denies our legitimacy and "realness". The social terrain denying us full, equal economic and social participation as citizens is however, changeable, as the bill shows.

Vying for the allocation and distribution of resources, indeed the use of empowerment strategies with "clients", is indicative of welfare providing political skills. Health/welfare can't be "depoliticized" or made "neutral". The state's assistance of oppressed groups or communities is a paradox or contradiction of the welfare state apparatus, in which community organisations "serving" these groups are caught up. Some shared coherent understandings and negotiated boundaries concerning politics in such agencies is required, while respecting the delicacies of funding guidelines.

I feel we also need to acknowledge that our issues are never merely "gender issues." Gender is a part, the main part, of interconnecting structures of class, status, race, ethnicity, gender, sexuality, religion, able-blooded-ness and so on, which impact varyingly upon every person with transgender practices. "Gender issues" seems too singular as well as a tame and vague way of articulating the issues, since our small community is fragmented or cut across by different economic, racial, gender and sexual "identities". These differences, giving rise to possible inequality, tensions and resentment, may create hierarchy, or divisions we seek to avoid. The implications for welfare practice, policy and health, of the 50 percent of the sample in my recent report being welfare dependent or outside the "mainstream" workforce, need to be addressed. Training and employment programmes now have the backup of recent Anti-Discrimination measures. A focus on opportunities for economic independence or mobility is paramount.

A crucial consideration is this. What factors create the circumstances for the generally poor health outcomes documented in Perkins? (1994). The main one? A social order of gender meanings, or taken for granted norms that be seen to be "natural". These norms are

shaped in accordance with the social institution of gender, which many assume to be part of a natural order. However, when trannies pass as "real", they show the "real" to be a social construction, a mode of performance. The efforts of tranny activists have been directed at challenging the power of "the real" to construct trannies as "false"; in this regard, current gender scholarship shows how material processes of gendering occur. The "sexed body" is not prior to or ever outside culture - it is never simply "nature". The view that gender is a social, historically developed institution is common. Judith Lorber notes, "Most people think that gender is bred into our genes. Most people find it hard to believe that gender is constantly created through human interaction, out of social life, and is he texture and order of that life." (Lorber 1994: 13) Or as Judith Butler says, " ... the social is the natural".

Roberta Perkins's work in this journal shows that crossing gender is a lived human experience with socially contingent meanings. It is practised and interpreted differently in specific cultural, social, historical contexts. And since gender and sexuality are always caught up in relations of power, including the power of giving meaning and status to behaviour and groups, changing gender is an unavoidably political act, with social, economic and political consequences.

Such was the power of gendered institutions and medicine, that in cultures of the modern, "civilised", scientific West, trannies were seen as having "disorders of gender-identity" - or an incurable mental illness. David King's work notes that trannies have been wedded to a "condition view" of ourselves. (King 1993) I feel that the medical condition view has exerted powerful control over how we live our lives - and our bodies. Identity is more realistically understood as constructed, as abundant, inexhaustible, changeable - a process of ongoing shaping of the self, subject to change. Indeed, the gender practices that attach to our notions of self are potentially mobile, fluid behaviours. Gender fluidity is constrained however, by forms of social discipline and punishment, by convention seen to be "nature", by coercion, by self-regulation. The "common sense", taken for granted assumptions of gender, founded on the idea that there are two opposite sexes with corresponding "masculine" and "feminine" behaviour are easily troubled" why is so much emphasis placed on "proper" gender behaviour in child development, or why is "correct" socialisation even required, if gender is innate?

Ideas of a given, innate pattern of human sexuality arose from modern science. The privileged status of the "pure sciences" ensured respect for their claims to locate the "truth" of "sex differences" or gender as "inside" the body. This biological bias ignores the cultural realm entirely. A vast body of anthropological work shows the immense cultural variability of sexuality and gender. The notion of "pure nature" is as fraught as the notion of "pure science". The very concept of a male/female dichotomy is now shown to be quite problematic; to be part of nineteenth-century political struggles over gender and power. Related to the rise of a bourgeoisie dominated by men, these battles produced a Western cultural imperative for two, and only two, clear cut, non-overlapping sex categories, and "science" was their handmaiden.

Anna Fausto-Sterling's paper about Intersexuality, titled "The Five Sexes" argues that sex is unstable, " ... sex is a vast infinitely malleable continuum that defies the constraints of even five categories ... " She shows how the medical fraternity completed what the legal profession had begun in the eighteenth-century; the erasure of any form of embodied sex that did not comply with male/female heterosexuality. Part of this process was the, rise of sexology and psychiatry in labelling forms of gender that did not conform with sex as sickness and regulating sexual identity. These "sciences" created a cultural norm, demanding the consistency of "gender identity", "gender role" and "sexual preference" for a diagnosis of "normality". Tranny activists responded to this arrogance by questioning it; we were rightfully engaged in struggles over naming, meaning and self-representation.

The power of self-definition did not come historically for trannies, but from "experts supposed to know". Since Fiske's definition of "gender dysphoria" in 1974, medical control escalated, with trannies having no control or ownership, but a "disease of gender" foisted upon us. Medicine's cultural authority and power to know the "truth" of our identities came from its professional standing. Claiming "objective", scientific knowledge, these "scientists" engaged in the political activity of imposing their negative meaning and their order, upon identities that contradict socially constructed sex/gender coherence. Such techniques of naming, specifying and controlling tied us to identity categories in constricting ways and set up a power imbalance. Medicine colluded with social institutions dominant ideologies and practices which deny trannies cultural understanding except as ill or disordered.

This process of labelling and control was founded on the idea of "sex" as irreducible; upon the supposed "natural" dichotomy of male/female, upon the idea of identity itself as primarily founded upon "sex". The idea that one's sex formed their basic "core", human potential and social/political standing was an outcome of nineteenth-century Victorian, political manoeuvres. (Foucault 1978)

The availability and demand for a technological fix, or "sex-change", arose from the centrality of "sex" and led to an adversarial relationship between doctors and trannies (Stone 1991) The "Official Story", given the quasi-scientific name of "gender dysphoria", became the disease for which transsexual medicine was the "cure". We were shaped as the problem by a medical technocracy regulating gender and sexuality. Homosexuals first entered the D.S.M. III, in 1958. The removal of this as a "sickness" and the rise of gay and lesbian cultures show us that "scientific" regimes of "truth" and social structures of sexuality are open to contestation and change.

The idea however, of a unified, fixed, singular and non-contradictory identity held by many people, gay, lesbian or otherwise, is quite problematic. Claims to a "true" or pure identity are however exaggerated. The findings of H.I.V. / AIDS research on sexual practices shows that the identities to which people lay claim, don't by any means correlate with their practices. Transgender research shows that trannies have sex with numerous partners whose sexuality is not necessarily what they declare it to be. Hooley 1996) For example, forty-seven trannies reported having sex with "heterosexual" men, six with "bisexual" men, thirty with gay men, twenty-one with other trannies, fourteen with "lesbians", and so on. (Hooley: 1996) Another report showed that one-sixth of the sample of 692 homosexually active men also had sex with men, women and trannies. (B.A.N.G.A.R.: 1994)

Classification is of course, a political act; and classification of transgenders as "mixed-up", "pathological" or "gender disordered" is a violent political act by those presuming to have "expert" or "scientific" knowledge of us. The psychiatric diagnoses of "gender dysphoria" or "disorder of gender-identity", derived from dominant notions of sex/gender as innate and dichotomous, are dominant meanings and terms which disempower us. I feel any "service organisation" which complies with rather than challenges an outmoded medical "disorder" model, will fail us. Critical management with this model and use of knowledge produced by transgender is required.

Another issue is that a tranny welfare agency is never merely "servicing clients" nor can it ever produce "objective" knowledge; such organisations, workers produce and communicate knowledge, values and meanings. This knowledge is always situated. It is the product of the subjective world view of some person or profession. No knowledge is "value free". Some kind of position is communicated, even one that poses as a non-position, or as "impartial". It is important therefore, that workers interrogate their own subjectivity and openly, explicitly impart their views and invite "clients" to challenge them. Welfare/health organisations may be contradictory in their effects, ameliorating the conditions of people's "disadvantage" or marginality, yet also generating dependency and control of "clients". Therefore, there must be room for contestation of the practices of welfare agencies, for independent political agency and self-representation by the service users, and the "target group may be more easily accessed and serviced by trannies from within the target group, given trannies" reluctance to disclose to non-trannies. (Perkins: 1994)

Larbalestier notes that social work endeavours operate within dominant discourses premised upon oppositional shapings of difference, and that these discourses are embedded in relations of power and domination. Her assertion is borne out by the positioning of worker/client as a set of unequal relations, serving to objectify and feminize "clients". This subject/object or self/other relationship is comparable in its structure to the historically, socially produced opposition or hierarchies of man/woman, white/black, heterosexual/homosexual or West/East. Workers are assumed to have the superior or authoritative reference point and the ability and knowledge to act "for" or "with" us. Welfare service organisations, forged through the benevolent paternalism of the welfare state, cannot avoid shaping their "clients" ideas, views and identities in some way. They are engaged in power relations whatever they do; moreover, social workers operate within a framework which places their "clients" in a position of subordinated difference. (Larbalestier: 1996)

A tranny service organisation must above all, blur or collapse boundaries that arise from a worker/client, or provider/user hierarchy and engage in continuous reflection upon its practice/theory relationship. It must use the knowledge of skilled, experience or qualified trannies; it must employ trannies. It must allow input, vigorous debate, opposition and resistance by members of the community it arguably "serves". It must hold forums. Such practices at least acknowledge the power imbalance and address the symbolic violence that occurs within unequal worker/client relations, set up by social work theory and practice, as a discourse of privileged professionalism. Whether there is any way of this "privileged professionalism", theorises Larbalestier, is doubtful and ambiguities, tensions and contradictions will remain. (Larbalestier: 1992)

Perhaps workers may ask themselves; how have you come to know and understand transgender people; whose knowledge do you privilege, and what gaps are there? Is your knowledge produced by trannies - or by others, the "experts" on our identities - psychiatrists, doctors or sexologists? For the knowledge workers have of trannies, from the street and in books, or discourses, shapes the way you frame, or see trannies. Multiple, cross-disciplinary ways of seeing are invaluable, especially those taking account of the social and cultural constitution of who, or "what" we are.

Finally, I want to draw an analogy. The proclaimed "great philosophers" of western culture have usually been men. The power to speak and know was not conferred upon women. Men in the emergent medical professions of the nineteenth century saw women as over-emotional, mad or hysterical. We may ask - how is it that transgenders came to be seen as "gender disordered" or mad, in the late twentieth-century? Modern feminists saw that their subordination and oppression was founded upon men's knowledge, on men's construction of women's difference in terms of an unequal male/female dichotomy, spuriously based upon a culturally developed dichotomy. Thus do some modern tranny scholars, (Stryker 1994, Stone 1991 et al.) see that the foundations of medical knowledge constructing us as pathological, are just as subjective as men's version of the "facts", the "truth" of sex/gender.

Men, doctors, psychiatrists - not trannies, were seen as having the "authoritative" knowledge, rather than experienced tranny workers, activists and scholars. It was a meeting set up by a tranny service agency, with a dozen doctors, without any prior community consultation - without any invitation to tranny academics or trannies in community organisations (whom it sought to exclude) that initiated the conflict between trannies and their service organisations. I interpreted the giving of power to the doctors to label, define and decide what is best for us, as contemptuous as an insult, a deprivation of power for trannies seeking active involvement. This meeting's agenda assumed the efficacy, necessity and "truth" of the "gender dysphoria" diagnosis. The participants assumed trannies" passive, "feminine" compliance with medical professionals who assumed command of the floor and the right to pontificate on ways to "treat" and "manage" our "disorderly natures". Trannies who resist such subordination, rather than enact a passive, compliant femininity, may rightly displease those in "authority", who ignorantly interpret trannies' justifiable anger as madness and exclude tranny advocates and scholars from forums.

I feel we do not need to be told who we are by "experts"; we may be freed from certain ways of knowing and seeing ourselves. Should doctors, medicine, be in a dominant and controlling position? A position powerful enough to shape our very identities - as mad, sick? Considering the emerging research findings of Roberta Perkins and others, and the emergence of new information about the nature of identity, sexuality and gender, the concepts of categorical, pure, singular, non-shifting identity, and of "true-self" and "gender dysphoria" are very tenuous. The "truth" of self-identity lies only in the story we tell; and there is always excess and exclusion.

The flawed conception of our identities in terms of medical illness means that the need for medical intervention is created by deep misunderstandings of gender variability as illness; as a merely "private" issue for "the individual". This reduces the issue to the "purely personal" or private, appearing to take it out of the realm of power and politics. The false polarisations of man and woman, public and private individual and society, nature and culture, civilised and primitive were crucial to the emergence of modern, patriarchal sexuality and gender relations, in western capitalist countries. They enabled the suppression of forms of sexuality and gender that did not comply with the dominant white, western middle class heterosexual family, based on gender polarity.

The power of this privileged, cultural norm to shape our own identities is evident in the film *Paris is Burning*. Venus, one of the coloured or black trannies in this revealing film tells the camera, "I want to be a spoilt, rich white girl." As Stone's work suggest, "gender dysphoria" is a strategy for rationalising medically and socially shaped "needs" and desires. "Transsexualism" was only made possible by advances in surgical techniques, which are not equally available to all. As for Venus, she didn't make it, for she was murdered.

Medicine has no concept of empowerment, rendering us passive recipients of "treatment" and "cure", for a "disease" of gender that only exists in the stories we tell.

It is time that empowering stories were told. We may feel proud of who we are and value what makes us truly unique or individual, rather than elevating certain attributes - or attempting to conform to some impossible, idealized norm of gender or fantasised "truth" of sex.

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Drug & Alcohol Service and Usage

An Extract from the Transgender Project Conducted in Central Sydney Area Health Service

by Jill Hooley & Rochelle Evans

Article appeared in Polare magazine: January 1997 Last Update: September 2013 Last Reviewed: September 2015

detox units are predominantly oriented toward servicing users of narcotics and alcohol rather than drugs such as ecstasy and amphetamines, which are the substances primarily used by transgender people.

Thirteen transgender people (16 percent of the sample) reported seeking to use drug and alcohol services. Eleven (12 percent) of these respondents used services and two reported not completing detoxification programs. Of the thirteen who approached the services, five respondents or (41 percent) felt they were treated with respect and sensitivity. Three (or 24 percent) disagreed or strongly disagreed that they were treated with respect and sensitivity. Four (or 30 percent) of the thirteen were not sure that they had been treated with respect and sensitivity. Of the thirteen, 52 percent were therefore either unsure or in disagreement with the notion that services treated them with respect and sensitivity. Most respondents who did not use these services expected respectful treatment. Two respondents had difficulty finding a place near their homes to obtain clean needles.

Transgender people using drug and alcohol detoxification institutions have reported experiencing isolation and misunderstanding due to discrimination by other patients who are almost invariably men.

Seven (or 53 percent) of the thirteen who used D. & A. services, believed that these services did not understand transgender issues and 38 percent of the thirteen were not sure. This response was the largest expression by transgender people of the likelihood or reality of specific health services failing to understand transgender issues. Therefore, it may be said with caution, that drug and alcohol services are probably seen as most likely to be discriminatory toward transgender people. Anecdotal data confirms these perceptions to some degree and shows the experiences of numerous transgender people within these services to be discriminatory, unresponsive to their needs and very difficult.

These services appear to be without any adequate education about issues of transgender, gender and sexuality, or the ability to help address these for clients, as part of social relations of marginality which help to produce low self-worth and co-exist with or result in drug abuse, unsafe sex and self-abuse.

Transgender Experiences of Drug & Alcohol Services

Transgender people using drug and alcohol detoxification institutions have reported experiencing isolation and misunderstanding due to discrimination by other patients who are almost invariably men. There is a perceived urgent need among the transgender spoken with during research for education of staff about transgender issues in hospital detoxification units. In addition to this, detox units are predominantly oriented toward servicing users of narcotics and alcohol rather than drugs such as ecstasy and amphetamines, which are the substances primarily used by transgender people in the context of their, and gay or queer subcultures. This study, however, reveals a quarter possibly using alcohol excessively, and some marijuana.

The sub-cultural context in which use or addiction occurs among transgender thus often differs from heterosexual or 'mainstream' cultures. Issues, such as those of discrimination, gender and erotic practices; relationships of power and abuse, specific to the sub-cultural context, dynamics of transgender people's use, therefore need addressing in drug and alcohol treatment and healing processes.

Also, the levels of dereliction are not as great for transgender users, and the issues specifically different, compared to users of alcohol and narcotics, who appear mostly to be from the 'heterosexual community'.

There are also reports of negative, discriminatory or abusive attitudes toward transgender people, (in relation to gender behaviour and/or perceived sexualities) by numerous patients, who are overwhelmingly men. This discrimination may extend to transgender workers in detoxification units, and has done so. Transgender workers have also experienced discrimination from staff.

Building 82, the detoxification unit at R.P.A.H., has had only one transgender person use its services in the past twelve months and

perhaps two, over the past two years. The management at this unit has awareness of transgender issues although adequate education by transgender people has not, according to the study's understanding, been adequately updated or carried out for twelve months or more. There remains the issue of the oppressive sense of confinement and isolation felt by transgender people in detoxification environments and the restrictions imposed on personal movement. One transgender person using this service saw staff there as perceptive, totally accepting and caring.

The experience of transgender workers in detoxification units is that a great lack of understanding towards transgender people occurs. This comes in the form of abuse of transgender workers and patients sense of gendered self and hence, the invalidation of their very identities or existence. Some discrimination encountered by transgender people is replicated in rehabilitation programs. Two units heard causing anguish, stress and acting in a discriminatory fashion were The Buttery and Gorman House. Jarrah House has a rigid two gender policy which excludes transgender people on the basis that children are present in the unit. Issues of gender and sexuality are reportedly totally unaddressed in rehabilitation units and assumptions of heterosexuality and a rigid two gender model all prevail, silencing issues critical to transgender people' esteem, growth and recovery.

Rehabilitation programs present a series of issues in regard to (mis)management and lack of sensitivity and education; one of these is social/drug and alcohol worker surveillance, the disciplining and controlling of a transgender person's gender and personal practices and sexualities. There is an urgent need for education programs among workers for transgender people to be understood and their needs met. Currently, there is no provision for addressing issues about gender and power, about erotic practices, or about issues of abuse, arising out of past experience or sex work and possibly destructive personal effects, specifically for transgender people. One transgender person told the project officer of a staff's counselling behaviour, their gaze, the lack of privacy given her and the sheer intrusiveness of workers, while she was attending to her usual personal habits.

This kind of treatment may not occur if workers were adequately skilled and trained to deal with the issues, or alternatively, if adequate issues-based education programs which explicitly confronted and addressed issues of transgender phobia among workers, were in place and effective. Education strategies effectively implemented by transgender liaison officers within these services may address these issues partially. This is unlikely to be sufficient however, to provide the kind of transgender specific quality care, for which skilled transgender workers would be better equipped, and in a supportive transgender controlled environment.

The inappropriateness of men working in D&A who were given the task of tending to transgender people's needs, the expectation of sharing space with groups predominantly made up of men suggest to transgender people that staff cannot comprehend transgender oppression and do not treat their identities, behaviours and needs sensitively. Men are especially confronted by transgender gender behaviour, which may stir men's rigid gender beliefs, misogynist transphobic or homophobic fears. An atmosphere and structure of this kind; a lack of needs provision, underlying fear and discrimination by workers and fellow patients, is less than conducive to treatment and cure; all combine to deter, or have discouraged several transgender people, from using or completing detoxification programs.

Anecdotal findings suggest a considerable qualification of D&A counsellors and a lack of their being able to understand transgender issues. The privileging of a specific moralistic way of treating D&A issues, as per twelve step programs, was referred to as a problem by transgender people who are attendees of these programs. Along with these problems, with a de-emphasis on harm reduction in some D&A treatment programs criticism of twelve step programs, with embedded assumptions of heterosexuality and the absence of any education, (let alone informed education about transgender issues): all shape a rigid and inappropriate environment for transgender people trying to help themselves through detox, recovery and rehabilitation. Transgender people using D&A services found the Bourke St. D&A service, which has an understanding of their gay, lesbian and transgender client group to be more knowledgeable, empathic and validating, than 'mainstream' services.

Health gain requires transgender specific services

The Gender Centre operates a secondary needle exchange outlet and produced a video entitled *Shattered Illusions*. The effectiveness of the latter in community H.I.V. education appears negligible.

Transgender people' Patterns of Drug Use & Required Action

The Perkins recommendation that special transgender substance abuse services be established in each state of Australia, still awaits implementation. Perkins found that transgender people consumed large quantities of drugs, legally and otherwise. Fifteen percent of Perkins sample of transgender people used heroin (with only 2 percent of the population reporting having tried it), 16 percent currently used amphetamines, 40 percent currently used marijuana and 41 percent smoked between ten and thirty cigarettes per day.

In this study, reports of usage over the past six months of all these substances were lower. Seven or (8 percent) used heroin or cocaine, seven (or 8 percent) used amphetamines, 20 (or 23 percent) used marijuana and alcohol consumption may be excessive for sixteen respondents. This indicates some harmful instances or levels of substance abuse within the community, which trannys may fail to address. Experiences of the project worker within the community and during research indicate higher and more widespread substance abuse than transgender people are prepared to disclose or articulate. The project officer observed very destructive health outcomes through drug use as antidotes to unbearable personal and social difficulties of transgender people. Drug use by sex workers, often a way of coping with circumstances, appears to be underestimated in the project's findings. Some sex workers who were approached to do or who completed the questionnaire were very cautious about disclosure of drug use.

Forty-two respondents to this study reported smoking between ten and twenty-five cigarettes per day.

Along with violence, discrimination, medical G.R.S. procedures and sexual assault, cigarette smoking appears as the largest general (and cardiovascular) possible health problem in this study.

Organisation, support, initiatives and training and resources need to be focused in the area of D&A education by the transgender

community/service organisation, using prevention and treatment orientations, which focus on building esteem, affirmation of gender choices and practices of individual transgender people, through innovative peer based support and education. Use of substances is inextricable from issues of discrimination and marginality. A D&A service for transgender people specifically was seen as appropriate by some transgender people, difficulties faced in 'mainstream' service provision. Links with these services may be created by transgender liaison, officers deployed within C.S.A.H.S., to provide transgender education and best practice models. These may be developed and used by our own community/service organisation, following recommendations arising, consultation with transgender people and their representatives.

Health gain may require transgender specific quit smoking strategies.

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Hepatitis C

Affecting About 1 in 200 People in Australia.

by Tanya

Article appeared in Polare magazine: January 1997 Last Update: October 2013 Last Reviewed: September 2015

Hepatitis C, formerly known as Hepatitis non-A non-B, is not related to the other hepatitis viruses although the others also affect the liver. It had remained a mystery until 1989 when scientists discovered the specific antibodies in the blood to the virus that has been around for about twenty years. It is believed that about 1 in 200 people carry the virus in Australia.

Transmission of H.C.V. is nearly always through blood to blood contact, but unlike H.I.V., the virus can survive longer outside of the body.

When someone catches the Hepatitis C virus, their body produces antibodies to try to destroy it. More often than not, the antibody response fails to identify the hepatitis C virus properly and it evades the body's defence system. The infection then remains long-term. Most infected people don't know that they have the virus. This is because for some people there will be no symptoms and for others, symptoms take an average thirteen years to develop. Some people may have hepatitis C for twenty years or more before finding out.

Hepatitis C may damage the liver. The damage may be slight or serious. At this stage there is not enough known about Hepatitis C to predict what will happen for any one person. However, it seems at present that if 100 people catch hepatitis C, fifteen to twenty people will get rid of it in the first month or so, sixty people will have a long-term infection that may cause no problems or may cause levels of liver damage ranging from mild to serious. Symptoms that can range from mild to severe will occur. These may include tiredness, abdominal discomfort and nausea. Twenty to twenty-five people will have a long-term infection that leads to serious liver damage after twenty years. Of these people, ten to fifteen will remain stable and the other ten will progress to liver failure or liver cancer after another five to ten years.

Hepatitis C infection doesn't always make people sick. When someone does get sick, symptoms take a long time to develop (approximately thirteen years). Symptoms often stay at a certain level and don't always get worse.

Transmission of H.C.V. is nearly always through blood to blood contact, but unlike H.I.V., the virus can survive longer outside of the body.

Sharing of injecting drug equipment, unsafe tattooing and body piercing, blood transfusions and use of blood products before 1990 are the highest risks. Other activities involving blood contact are risky but much lower. Needle stick injuries, sharing razor blades or toothbrushes, sexual transmission and blood transfusions after 1990 are included here.

There remains a very high incidence of H.C.V. in the injecting drug using community. The new message now is **if possible, keep everything separate from other users.**

Use your own fits, spoons, filters, water, tourniquet and swabs. Sharing fits is not an option even if you use bleach three times, which is the method suggested to kill H.I.V. It may not kill H.C.V. Stopping the bleeding with fingers also involves risks if someone has had blood on their fingertips and then helps someone else. Shared tourniquets may also carry blood from one person to the next. Try to use all your own equipment when injecting. With other people, in case of overdose, the safer way is to inject yourself. The safest way, of course, to avoid the virus is to smoke, snort or swallow drugs.

If you would like to be tested, you need to wait six months after the contact with H.C.V., before the antibodies can be detected. The test is free if you take your Medicare card to a doctor who bulk bills.

You are under no legal obligation to tell anyone if you have Hepatitis C. However, there are various treatments that can be investigated. At present there is no cure, but trials with the drug Interferon are showing some promise. Lifestyle is also important. Controlling alcohol use, eating a healthy balanced diet, planned exercise, managing stress, getting adequate rest and giving up smoking all help to keep you as healthy as possible.

For trannys with Hepatitis C on hormones, there does not appear to be a problem with further liver damage, unless the damage is already serious. Oral hormones will be processed through the liver whereas patches and injections are not. However, this should not be a concern for most people with Hepatitis C.

Unfortunately, there just isn't enough information on Hep. C, because it is so new to dentists. But the Hepatitis C hotline is in place for people in N.S.W. who want information or support. The numbers are 9332-1599 and 1800 803 990. Or you can call us at the Gender Centre on 9569-2366 for any questions you night have. As limited as it can be, we do still have more information on hormones and other tranny specific areas and will be keeping up to date as the research comes out. In the mean time, stay safe and be well.

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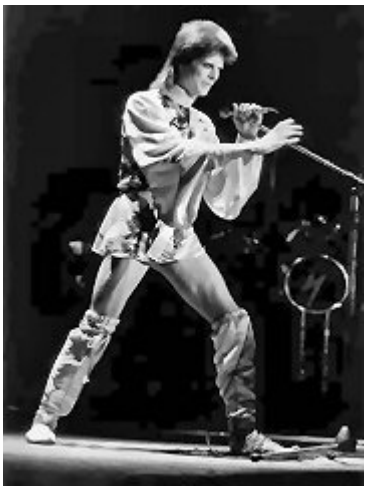
Why Gender Issues? Why Now?

If Transsexualism Had a History Surely Everybody Would Have Heard of It

by Louise Glanfield

Article appeared in Polare magazine: January 1997 Last Update: October 2013 Last Reviewed: September 2015



In terms of the recent past, performers such as David Bowie ... blurred distinctions between "femaleness" and "maleness".

In the last 30 years there have been major social and political movements advocating equal rights and new protective legislation for indigenous people, gays and lesbians, women, children and others. There is legislation now in place protecting people from discrimination on the basis of race, sex, disability, and sexual preference, and laws regarding children and their status in Australia have been quite radically revised and updated. Our present notions of equal opportunity and our employment and access policies (however limited) have flowed, both directly and indirectly, from these social movements.

The cultural perception that an issue is "new" has much to do with the way in which the mass media and other institutions of power, such as the political arena, can create controversy or maintain silence.

Gender issues are now on the social and political agenda and changes in legislation, and hence a change in social status; or at least social perceptions, is imminent. It may seem that gender is a "new" issue, or the "next big thing". However, none of the social movements mentioned above were advocating new issues when they pushed for cultural recognition, although they were largely perceived as such.

The cultural perception that an issue is "new" has much to do with the way in which the mass media and other institutions of power, such as the political arena, can create controversy or maintain silence. Feminism and other women's movements have existed for hundreds (and possibly thousands) of years, but it was not until the 1970's and the advent of "radical" feminism that any cultural recognition, however negative, was accorded to the people in this movement. There was, and still is, no real recognition accorded to the movement's history. Even now there is a cultural perception that "women's issues" have a short history of 20 years or so, and finding evidence to the contrary still presents quite a challenge.

... and their popular histories

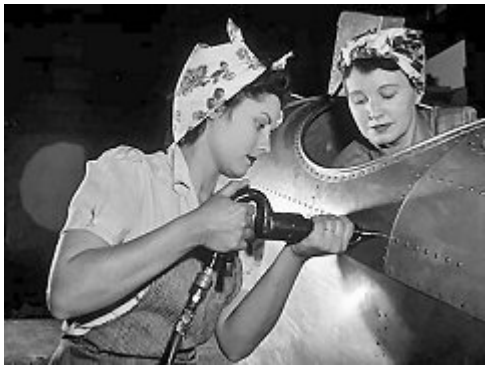
Gender issues have been explored in both popular and high cultures for centuries. Shakespeare presented that actors who cross-dressed, as did many of the Greek classics; the English music hall of the late 1800's relied on cross-dressing for many of its comic effects. In terms of the recent past, performers such as David Bowie, Freddie Mercury, Annie Lennox, and the "gender-benders" and "beautiful boys" of the early 1980's blurred distinctions between "femaleness" and "maleness".

However, the forms of entertainment in which a culture takes pleasure are still regarded as being quite unimportant, with very little relevance to "real life". The fact that popular culture simultaneously shapes and mirrors many aspects of the culture that watches it or takes pleasure in it remains disregarded, yet it is astounding just how often the concerns of popular culture are found to precede social movements that impact on politics, law and the general social fabric. This can be seen quite clearly in popular culture preceding "women's liberation" and "gay liberation". Ideas get played with and toyed around with as a kind of "what if" or "imagine that". This is one of the primary roles of entertainment, fiction, and popular culture in general social movements happen when "what if" becomes "when".

In any case, gender issues are now being presented in the social and political arenas. Unfortunately it is the perception that an issue is "new" that can create or maintain hostility or marginalisation. Equally unfortunately, it is very difficult to place a social movement in its historical context if the majority of people can simply say, and believe, that "if this had a history surely everybody would have heard of it. Things like that don't just get ignored." (as was the case with feminism). The hostility is created by the perception that all of a sudden, out of the blue, a whole section or sub-section of the community expect to be offered "special" treatment or "special" rights.

Gender Issues

Gender and cultural notions of gender have evolved and changed constantly since the beginning of recorded human history. Gender, both as concept and practice, has always been mutable. It has been shaped and reshaped to deal



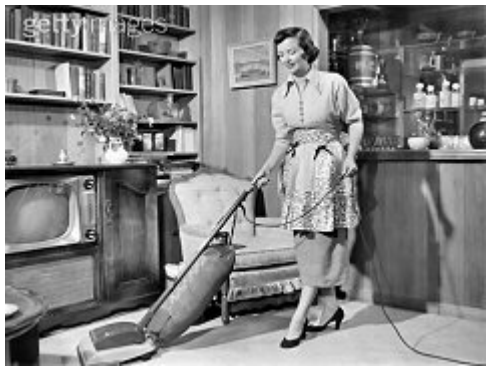
The best-known and most obvious example of the mutability of gender and the way it can be culturally utilised to fit circumstances is the mobilisation of women into trades during WWII.

with social needs, rather than existing as a fixed and unchanging edifice. The only enduring feature of gender is that notions of gender, in one form or another, seem to have always existed.

The best-known and most obvious example of the mutability of gender and the way it can be culturally utilised to fit circumstances is the mobilisation of women into trades during WWII. Popular images of women changed overnight; from depicting women as decorative, pampered creatures who existed to be cared for, the images changed to show strong, capable women who could "do their bit while the men were away". Women took over jobs that had been seen as suitable only for men (munitions, farm management, tool-making, etc.) and did them well. The direct flip-side to this picture, however, can be seen in magazines and movies of the 1950's, by which time the cult of the housewife/mother and the pictures of "domestic bliss" and the "happy humming home" became idiomatic and, for women, virtually inescapable.

The difference now is that those who are calling for political and legal reforms are working with this cultural mutability and pointing out the ways in which gender has always changed to suit the times. If this is so, then there is no reason for adhering to a rigid gender system, because a "rigid" gender system only ever exists for very short periods of time before changing again. This is very much the same as what happened when women and the gay community pointed out the inconsistencies of their status and demanded their rights (although these groups still have a considerable way to go in gaining equality.)

The question becomes: "If our gender divisions and definitions are "natural", how and why do their accoutrements change with such astonishing regularity?" This question mirrors other social movements - the feminist question was "if the position of women is "natural" then why does our culture need such rigorous socialisation, and such severe sanctions for the crime of being "unfeminine" or "unwomanly"?" Even God apparently felt it necessary to tell women that it was a sin to dress in men's clothing (according to the translators, at any rate) - and why God ever needed to tell anybody what to do or not to do if everything "he" made was natural anyway has always been a vexing question. God certainly never had to tell people to breathe or eat or risk the consequences.



... the 1950's ... the cult of the housewife/mother and the pictures of "domestic bliss" and the "happy humming home" became idiomatic and, for women, virtually inescapable.

All of these questions are based on logic rather than shared cultural beliefs and as such are viewed by many people as antisocial or dangerous to society. And in a way, they are - for they are questions that demand truth, and the truth would certainly be "dangerous" to society as it stands now. Social movements are gaining momentum faster and faster as more people lose their willingness to uphold and maintain polite social fictions and begin to demand facts in the place of "social facts".

The most common accusation levelled at those advocating social change is that they challenge the accepted view of reality and demand that social beliefs be explained - particularly difficult if the belief has no rational basis and can only be explained in terms of itself.

Why now?

There are a variety of theories that have been put forward to explain why social movements that have existed and struggled in cultural silence for long periods of time suddenly gain exposure and credibility. That major theory is that the process of social change is very similar to technological change; that all of a sudden the world or a particular society is ready to cope with a new form of technology or a new social arrangement.

For instance, early astronomers were burned at the stake for suggesting that the earth was not the centre of the universe but merely revolved around the sun in company with several other planets. (This upset not just science but religion as well.) However, at a point in history people became willing to accept that this was so despite religion and earlier theories, and the suggestion became "truth". Feminism achieved much the same result for the position of women in society as the early astronomers did for the position of the earth in space.

History is broken up into epochs and eras by the particular aspects and events that characterised each time-period. Thus we have the "world at war" era (1915-17 and the years beyond) and the "age of decadence" (the 20's) and "The Great Depression" (late 1920s - mid 1930s and really in many ways up until WWII) and then "the War" Then there is "the family era" (the '50s), the "age of revolution" (the '60s) and the "decade of change" (the '70s). The '80s are popularly classified as the "me decade" or the "decade of greed" and the '90s as the "nervous '90s". Many of these classifications attempt to classify each era by characterising the "Zeitgeist" or the "spirit of the times".

To begin to place gender issues in their historical perspective, it needs to be understood that a social movement needs to take place when there is sufficient time, space, and resources to explore it. During the war eras or during the Depression there were so many life

and death issues that had to be dealt with on a daily basis that individual issues could do little but slide to the back burner. Few people stop to think about social issues on an empty stomach, or at least not about social issues that lack the potential to fill the stomach.

But between the wars, particularly during the Great Depression, there was a strong movement for female contraception and legalised abortion in Australia and America, although this declined during WWII and was heavily de-popularised during the "family values '50s". The swing back to and far beyond these movements in the 60's was therefore nothing short of phenomenal, but it is no coincidence that it happened at a time when the "baby boomers" were reaching their adult years, and when these young adults were, on the whole, better fed, educated, and more carefully nurtured than those at any other period of history.

A great variety of social constructs have outlived their usefulness and thus are no longer in existence. Patriotism of the jingoistic variety, which was necessary in the past to make refusing to go to war an almost unthinkable concept, has been largely superseded by "economic rationalism". In other words, we show loyalty to whoever enhances (or at least does not jeopardise) our economic well-being, rather than aligning ourselves "with or against a particular country on an "ideological" basis. Rigid gender roles are quite likely to go the same way, eventually.

Furthermore, gender issues could only truly gain momentum after there had been a cultural "consciousness-raising" effort on the meaning of gender and its place in society, and a further exploration of sex, sexuality, and sexual choice and freedom. Studies and advances in anthropology, archaeology, sociology, medicine, and other diverse disciplines also helped to provide a strong foundation for the social recognition of gender issues and thus the movement could begin to take on the power structures of society in earnest.

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Elvis Herselvis

An Interview between the American Performer and Wicked Women Magazine

First part of a two-part series on American performer Elvis Herselvis. This issue, we reprint an interview from *Wicked Women* magazine

by Kimberly O'Sullivan

Article appeared in Polare magazine: January 1997 Last Update: October 2013 Last Reviewed: September 2015

Since I have been here in Australia I have had a lot of straight women flirt with me.

Elvis Herselvis identifies as a female Elvis impersonator and a drag king. In 1993 she toured Australia to sell-out gigs, yet unfortunately, has failed to return. In her home country, however, Elvis Herselvis, otherwise known as Leigh Crow, continues to make waves and draw an audience. Recently, she was banned from a high-profile Elvis Convention by conservative sponsors.

> ***Straight men are very intimidated by a woman impersonating Elvis. It is one of the last bastions of masculinity ...***

Reprinted here, with kind permission from the publisher, is an extract of an original interview penned by Kimberly O'Sullivan, and published in the five year anniversary edition of *Wicked Women* magazine. As such, we are given a 'wicked' perspective on the artist.

Wicked Women Magazine: How would you define your sexual style?

Elvis Herselvis: I'm definitely out as a lesbian, but my sexuality is really involved with relationships. I don't know if I will reach the stage where I can just have sex for sex's sake.

Sexually I am both active and passive. Almost whatever my partner needs I am willing to do, as long as they are willing to reciprocate.

Wicked Women Magazine: Where do you see your sexual limits as being?

Elvis Herselvis: I am definitely into having people be nice to me! I am uncomfortable with a lot of power play and even light S.&M., for me that doesn't work sexually.

Wicked Women Magazine: So you are a 'Love Me Tender' kind of gal?

Elvis Herselvis: (much laughter) Yes, it's the truth, that's what I am! I am afraid I am just a big softie.

Wicked Women Magazine: How do you identify?

Elvis Herselvis: As a cross-dresser, as a drag king and of course as a lesbian.

Wicked Women Magazine: Have you inherited Elvis' sexual style?

Elvis Herselvis: Since I have been here in Australia I have had a lot of straight women flirt with me. I love to flirt, I'll flirt with straight women, with queens, with just about anyone but horrible straight men. I'll flirt with nice straight men, as long as they are the sort of straight men who can be kept in line.

Straight men are very intimidated by a woman impersonating Elvis. It is one of the last bastions of masculinity, the right to 'do' Elvis. It is funny, Elvis is perceived as much more macho here than in the States. I personally think he was very queeny, in the 1950s he wore make-up and pink, on stage when that was unheard of behaviour for a straight man.

Because I am a cross-dresser people assume that I am butch and if people want to think that, then that is fine with me. But it's not true. It is not sexually where it is a problem, I can be butch or femme in bed, it is socially where 'butch' does not sit comfortably with me. I like a lot of attention and I found that as a butch I was expected to give the attention, rather than receive it.

Wicked Women Magazine: Have you had any sexual brushes with fame since being Elvis Herselvis?

Elvis Herselvis: Usually people will really throw themselves at me on stage and really play it up and that craziness is part of the act and I encourage it, it's great. But on stage is where I like it to begin and end. A couple of times women have carried it on off stage and it has made me really uncomfortable. It's not me they're reacting to but a character I am playing. I don't like it, it's too weird!

Wicked Women Magazine: Has performance as Elvis Herselvis changed your sexual self?

Elvis Herselvis: Yes it has. Being able to put on a male persona and play Elvis has definitely helped me to find out who I am. I have had to answer questions such as "because I am a cross-dresser does that make me butch?" As I said, I have explored that and come to terms with the fact that for me I do not really need to identify as butch or femme. On stage I can get out the swaggering maleness which is in me. Ironically, because of this I now feel very comfortable going out socially in femme drag. I feel more comfortable doing this since I have done the Elvis drag. Now I can even play at drag in a hyper-feminine style.

Wicked Women Magazine: Do you have any sexual heroines?

Elvis Herselvis: I am a heavy pop culture person, so I have to say media personalities. Julie Newman as Catwoman and Dianna Rigg in *The Avengers* are definitely sexual heroines. They were powerful female characters, women who were very sexy and feminine but who remained totally uninterested in the men in their shows.

When I was a kid I heavily identified with Jodie Foster and I had a great crush on her. If she came out of the closet she would be one of my sexual heroines.

Maybe that will get her to come-out. Jodie - Elvis is calling you ...

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