

Polare Edition 32

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Editorial

by Craig Andrews, Polare Editor

Firstly, I apologise to everyone for the lateness of this edition of *Polare*. This has been owing to a bit of an injury - which hopefully is on the mend.

Elizabeth reports a number of positive developments for transpeople within the Equity Association she's been steadily working with. An extremely encouraging story from a Victorian transwoman and her employment while Christine writes a great piece on the unique opportunities transpeople have in their lives.

This issue carries two H.I.V./AIDS articles and how these relate to the trans community as a whole. You may not believe you are at a special risk as a transgender person. Please read these articles - your health may depend on it.

Two F.T.M.s talk about their experiences in the gay and straight worlds as transgender men. Elizabeth Anne has a cross-gender questionnaire for you to have a toy with - she'd love some feedback on your results or views on it. Gianna Israel raises the issues around post-operative living and the range of experience, results and feelings around this sensitive subject.

Lastly, two writers discuss the issues around gender perception mechanics and the variables they see there.

Manager's Report

by Elizabeth Riley, Gender Centre Manager

Employment Issues for the Transgender Community High on the Agenda

A number of initiatives have been undertaken in recent months to address the appalling unemployment rates that transgender people are forced to endure. We are now working very closely with government agencies on two fronts to try to achieve employment equity and the outlook is promising.

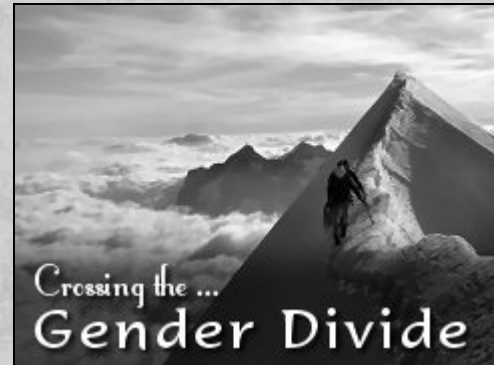
The Two Major Initiatives:

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

Most of you will be aware that I have been working with E.E.S.A. over recent months endeavouring to raise awareness of transgender issues. E.E.S.A. comprises representatives from a wide range of state government departments, statutory authorities and local government. All representatives are E.E.O. practitioners, committed to ensuring that there is employment equity in the public sector.

On 18th and 19th November, E.E.S.A. held a conference in Sydney and transgender issues featured significantly on the

Feature Articles



I think where all of these so-called minority discriminated communities should be heading is accepting diversity.

Crossing the Gender Divide

Tan Houghton and Jonathan Pare are both actively involved in the trans community. Jonathan was one of the co-founders of the Victorian group Transgender Liberation and Care and Tan is now the president of the group. They spoke to Zoi Velonis of Brother/Sister Victoria.

Surviving and Living

Scott Abraham is an incest survivor, or is he? Unsure where the dividing line is between victim and survivor, if it truly exists at all, Scott seeks to clarify this and is also uncomfortable with the definitions of therapists and counsellors, however well intentioned.

Telling the Truth

There are some people possessing great understanding and compassion, and it's about these people that Tanya shares her recent job application experience, and the absolute deepest satisfaction and joy that it had given to her then, and even now, weeks later.

Have I Been Lucky

About ten years ago Christine asked herself that all important question - am I transsexual? She'd had these feelings all of her life and knew from an early age that something was different. After many years of indecision she decided to talk to someone about her feelings.

Transensuality

Myths about H.I.V./ AIDS in the transgender community, common feelings which inhibit safer and more enjoyable sex, how to use a condom, how to protect yourself against H.I.V. and other S.T.D.s and how to go about getting tested for H.I.V. It doesn't have to be a drag!

Trans People and H.I.V.

In February 1999 at a community meeting in San Francisco, the Transgender Community Health Project of the city's Public

program. Apart from myself, three other transgender people were invited by E.E.S.A. to attend the conference. The presence of four transgender people at a conference on equity achieved enormous results in raising awareness of and commitment to our community. Many of the delegates had no knowledge of transgender people prior to the conference, whereas at the end of the two days we were firmly on their equity agendas.

My feeling was that the conference represented a milestone in working towards equity for our community and my thanks to the three transgender attendees for doing such a great job in promoting our community and enhancing our employment prospects in the future. We will continue our endeavours with E.E.S.A. in the coming months.

Transgender Working Party.

In parallel to the work being done with E.E.S.A. the Transgender Working Party has adopted employment as the major focus issue in the immediate future. The working party will be encouraging the development of all government policy to improve the employment prospects of transgenders. Our hope will be to have employment of transgender people as an integral part of government policy.

If we are successful in this aim then this will enhance the capacity for E.E.S.A. delegates to pursue the issue within their individual organisations.

While I cannot give a time frame on this process I am confident that doors will begin to open. It is critical that when they do, there are transgender people ready to go through them. The sooner we increase the transgender presence in the mainstream workforce, the sooner we can expect to overcome the discrimination in the general community that has plagued us in the past.

If you are interested in establishing a career in the public sector, contact me with your details. There will be more opportunities for transgender people to attend E.E.S.A. meetings and I will be inviting those people who have expressed an interest.

News in Brief

from the pages of Polare Number Thirty-Two

Burke Offers Transgenders Link to Government

Melbourne, Australia: State Liberal politician Leonie Burke has offered to be a link between the transgender community and the Victorian Government to organise discussions over transgender law reform. "I will continue to talk and meet with the transgendered community and will organise discussions with the new Attorney-General on the issues of law reform", she said. Burke's offer comes after earlier comments at a "Meet the Candidates" forum, organised by the Victorian Gay & Lesbian Rights Lobby. At the forum, Burke was asked about the inclusion of transgendered identity in the Equal Opportunity Act and responded "I'm against all discrimination, and I believe your group is more discriminated against than anybody and I do personally support you". Later, when asked about changing bigoted attitudes within the Liberal Party, Burke said "the big issue is actually educating the members. How many of our members would actually get a chance to sit down with the transgendered community and talk to them? I think my responsibility is to try to get more members to actually sit down with them and actually understand their issues." Joseph O'Reilly, who is Burke's A.L.P. Opponent for Prahran for Saturday's state election, described her offer as "too little too late". Openly gay, O'Reilly requires a swing of 4.61 percent to defeat Burke. "We've had enough discussion on this issue" he said. "People of transgendered identity know that they need legal protection from discrimination and so does Labor and that's what we're offering". Labor's recently released gay and lesbian policy includes changing the Victorian Equal Opportunity Act to make discrimination on the basis of transgender-identity unlawful. The Liberal Party does not have a gay and lesbian policy or a transgender policy. Transgender Victoria estimates that over 90 percent of transgender people lose their employment when they adopt a lifestyle congruent with their sense of gender-identity. The inclusion of transgender-identity in the Equal Opportunity Act would provide transgender people with a legal remedy for discrimination in employment, education and housing in Victoria. The group will also lobby for improved and consistent conditions for transgender people in prisons. It will soon release a petition to gather community support on the issue.

H.I.V. Drug not Working as Expected

Philadelphia U.S.A.: Using sophisticated new technology, scientists have discovered that H.I.V. not only remains hidden and latent in the body, it continues to reproduce and spread within seemingly successfully treated patients. Coming on the heels of other disturbing findings regarding the limits of Highly Active Antiretroviral Therapy (HAART), the study reported in today's Journal of the American Medical Association adds to a growing uneasiness about treatment of H.I.V. infection, the cause of AIDS. Dr. Roger Pomerantz and his

Health Department presented the findings of its groundbreaking study of H.I.V. risk among transgendered individuals in the San Francisco Bay Area.

Post-op. Living

This article addresses some of the questions and issues that individuals who have had genital reassignment have raised to American Therapist Gianna E. Israel. It may also be of interest to persons who are considering undergoing genital reassignment surgery.

Perspective, Perception and Fact

People are seen in different lights, sometimes from a distance, occasionally from close up, but rarely do people see the real us, unless we let them. The only people who really matter are those who take the time to look closely without judgement or prejudice.

The Mechanics of Gender Perception

The first thing that occurs when two people make contact is an establishment of the other's gender. This lays the groundwork for how that other person is to be dealt with. Even infants are capable of gender identification within the first few months of life.

colleagues at the Thomas Jefferson University in Philadelphia studied blood samples from 22 patients on the H.A.A.R.T. drug cocktail, which is now standard anti-H.I.V. therapy. Although sixteen of the 22 patients had nasty drug side-effects or secondary infections, they were considered successes because after months of HAART therapy, H.I.V. levels remained undetectable in their blood. But the Pomerantz group used highly sensitive technology and discovered bits of H.I.V. genetic material in the blood of every one of those patients. And, contrary to widely held beliefs that such bits of R.N.A. are harmless, in the laboratory, all of those H.I.V. fragments were capable of acting as fully alive and reproducing viruses. In other words, HAART does not stop H.I.V. replication. "HAART is a wonderful group of drugs for a lot of patients, but it is not a cure. It simply puts people into remission," Pomerantz explained by telephone from a meeting at the Food and Drug Administration in Rockville, Maryland "we sort of keep moving the goal post. We keep pushing H.I.V. down, but we don't hit zero".

Boulder Considers Banning Transgender Discrimination

Boulder, U.S.A. A proposed revision of a city ordinance could make it illegal to discriminate against people who cross-dress. The Boulder Human Relations Commission is expected to receive a proposal next week to include transgendered people in the city's anti-discrimination ordinance. The City Council could act by next month on the proposed revision of the eighteen year-old law banning discrimination in housing, employment and accommodations. City Attorney, Joseph de Raismes, is reviewing a draft of the proposed revision. If approved, Boulder would join nine other cities across the country banning discrimination against people who have changed their sex, or present themselves as members of the opposite sex. City Housing and Human Services Director Susan Purdy said her staff have researched ordinances adopted by several other cities in developing an outline for the Boulder ordinance. "it's not a large number of people", Purdy said.

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Crossing the Gender Divide

An Interview with Tan Houghton and Jonathan Pare

by Zoi Velonis

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Tan Houghton and Jonathan Pare are both actively involved in the trans community. Jonathan was one of the co-founders of the Victorian group Transgender Liberation and Care and Tan is now the president of the group.

... whilst gays and lesbians experiences are very different, the discrimination and the ridicule from being different is on a par.

How do you identify, what labels do you choose for yourself?

Tan: For me personally, I choose Tan. When people ask me how I identify, I say as Tan.

Johnathan: I'm very proud of being transgender, if someone was to come up to me on the street and say "are you transgender?" I would say yes, but I see myself as a guy, just like any other guy. Sexuality, which is a different thing completely, I would identify as bisexual. I identify myself as Jonathan, but in the real world that doesn't stick; people want a word they can relate to, so I'm a guy or, if a situation arises where I think it's appropriate, I'm transgender and specifically F.T.M.

What has your journey been like?

Tan: I grew up knowing I was different but not knowing what the difference was. As I got older I found myself attracted to women so I thought, if I'm a girl and I'm attracted to girls, then society says I must be a lesbian. So for six years I tried to fit into a lesbian persona and found it very hard. Through six years of meeting different people, coming across other people who didn't identify strictly as a girl or a guy and being exposed to different ways of life, things came out clearer.

I started delving into my childhood stuff. I had a hatred of men but I couldn't work out why. I didn't want to face the guy that I was because I wanted to be just like everyone else. I was brought up in a strict Italian household, I had the expectations of an Italian girl, you go to school, you get married, you have your kids, you settle down with your husband. I thought, well, I want to do that because otherwise it's going to be too hard. So I struggled with that for a long time.

I went through the saga of drinking full-on as a teenager, trying to stop all the thoughts and feelings of being different and not wanting to at that stage find out what was different about me, I just wanted to fit in. As I got older I got into the drugs, to suppress everything and try to feel normal and go along with what was expected. I think a lot of us go through that, you just try to suppress it, not deal with it. I'd come to a point in my life where I thought, I've got to be honest with myself and I've got to not hide, so then once everything came up for me and I realised yeah, I'm a transsexual, I stopped hiding and I was honest with everyone, sat down, told family, told friends, and then sat back and thought, okay, people who are going to stay are going to stay, people who are going to go, well, just go.

I couldn't continue the way I was. It was either live as the real me, Tan the guy, or not at all, because I just couldn't do it anymore.

It was too hard, it wasn't me. And it was destroying me. And it was destroying the relationships I was having, not only sexual relationships with partners but relationships with friends and especially the relationship with my family.

I got to the point where I hated myself, but that was a good point for me to get to because then I could start rebuilding and that's what I've been doing ever since. My family accepts me now and they actually praise me for certain qualities of my personality that prior, living as a girl, I was condemned for.

Jonathan: For me, I knew from the day that I was born. I'm originally from Tasmania, and back then everything was so black or white. You were a man or you were a woman. I was a guy, I'd always known that I was a guy. From my younger years I'd always believed that I was going to change at some stage naturally. I got to about ten or eleven when my breasts started to develop and realised that that wasn't going to happen. I saw a show where there was a panel of transsexuals that were being interviewed and I just went "that's what I have to do, I've got to go to the medical profession and they'll do it for me".

So I got to fifteen and through the advice of my step-mother I started seeing a counsellor, who advised me to tell my parents, which I

did. In hindsight I shouldn't have told them so young because I was still living at home and that caused a lot of problems between my family and myself. As a girl you're really radical and out there, because you don't fit into the lipstick mode, and that was okay until I got to about twelve or thirteen and then all of a sudden I was condemned for something that I'd always done that was okay and I had no idea what was going on. From that point onwards, I basically came-out to my family. They completely turned against me. I wasn't kicked out of home, nothing overly serious like that, but from an emotional point of view, it turned my world upside down. I've found that I'm still trying to come to terms with that.

I was out, I started my H.S.C. and everyone knew. I coped with that. That was in an extremely difficult time and I had a really good support network as far as friends that surrounded me and protected me basically. When I was nineteen I moved here, basically to start a new life, but it was getting quite violent for me down there. I had just started taking hormones and just knew that the young guys were waiting for me to get to a point where they could beat the crap out of me if not kill me. It was a good time to leave.

I moved to Melbourne. I was working in the straight world, playing the straight game. I was just a guy like any other guy. I had girlfriends, straight girls didn't have a problem with relationships, I did, but at the time I didn't think that I did. But I was completely isolated and silenced because no one knew except for my partner and we never talked about it you just work around these things, you simulate your life to be as normal as possible.

I got to the stage when I was about twenty-five, I went back to school. I learnt so much about myself but also the reality of this world and this life that that yet again turned my life upside down and I started to seriously question my upbringing, the values, and everything that had been pumped into me via society and everything that I saw around me. I started having huge issues with my sexuality that I hadn't had before. That was very difficult for me because I think I was still locked into the 'gender and sexuality is one and the same', and I learned to separate that out and to realise that I was a guy, that I was a different guy, I was a guy with a vagina basically, and what did that mean when it came to my sexuality and having relationships with men potentially.

One of the first things I was told when I started was that "this is going to be a very difficult life for you, you would have to prove constantly to everyone that you are what you say you are". Most of my experiences haven't been people knowing and it's been in my face, it's been what I've seen and heard around me. A good example is this: I did a lot of voluntary work at the AIDS Council and plastered all around the walls were naked men, naked men, naked men, naked men. That to me, well, it doesn't reinforce my body, it doesn't reinforce the acceptance that I'm trying to create with my body, and that's something that's an ongoing thing. There's no validation anywhere. You really don't exist. There's nothing, there's no role models. I think that is the ongoing frustration. If your self-esteem is okay, you can ride through that stuff, but no one's self-esteem is okay all the time. So you end up going up and down like a yoyo and there's nothing around you that will support you except for friends and really only people like you can support you in the way that you need.

I've had some difficult experiences with friends throughout my life, people that I've worked with two years, three years, and it's got to the point where we're really good mates, I want them to know this because we've got something between us and we're such good friends that it obviously won't make that much of a difference if I tell them. And believe you me, you can't predict how someone's going to react. And I've had people turn around and go, "what, you're really a woman?".

Tan: I've had them start referring to you as she, when they've been calling you he.

Do you feel like you're accepted by the gay, lesbian and bisexual community?

Tan: Not overly. If you identify just from a guy's point of view as a gay man, you can't go into the gay scene. You're not accepted. You're accepted purely from the physical level like you can walk in and they go, "oh, you're a good-looking guy" but once they know, it's like, "you're not a guy, you haven't got a dick".

Jonathan: For most of my life I've lived in the heterosexual world. When I started doing a lot of volunteer work at the AIDS Council and a variety of organisations that were more gay and lesbian focused, I was under this idealistic grand assumption that I would be very welcome because whilst gays and lesbians experiences are very different, the discrimination and the ridicule from being different is on a par. I thought, they've had these experiences, they're going to open their arms to someone like me who's had a different experience but a similar experience of rejection. And I have never been so discriminated against, more so by the gay and lesbian community than the heterosexual world. Because it always comes back down to sex. Have you got a dick? You don't fit in. To generalise. There are a lot of wonderful straight, gay and lesbian people out there, but en masse, if I was a single person and I wanted to pick up, there's so much involved that you just don't do it. You can't. You meet people through social situations. Like Tan said, you're constantly searching for crowds who are extremely open-minded, who really have analysed the world and see it for what it is and they're really the only people we can really connect with because they're kind of on par with our head space.

Tan: We face discrimination within the so-called transgender community. And also the values between the girls and us guys. I've heard so many comments like "ew, look at you, why would you want to be so hairy?". I know that that's their projection, so intellectually I can go, "no that's your stuff you're projecting your own self-hate of the man that you were". Sometimes I feel like I'm just bashing my head against a wall, trying to let people know who are also transgendered that my experiences are very valid. I've been told I don't have the right equipment. This is from someone who supposedly also doesn't have the right equipment, whatever that means. So I certainly don't feel that there's any such community that I feel safe and comfortable or belong to other than the little community that I've made myself which includes the friends that I surround myself with; the family.

Jonathan: I think the main problem we all face is that society has created a system which is extremely black and white. The reality for us and a lot of people like us, regardless of their situation, they don't have to be transgender at all is that we actually live in a world where there are millions of shades of grey and they're not taken into consideration at all and they're not accepted at all.

When a transgender person first presents to the medical profession, the attitude given to you is that it's a two year process, we see you

on a regular basis, you start your hormones, you have your surgery and then it is all over and done with and you get on with the rest of your life. My experience certainly hasn't been like that. Once you admit to yourself that you are transgender, and once you make a move forward and enter that way of existing, it is the rest of your life. We can't change our birth certificates, male passports, we can't marry, we can't sit on juries, we're still classified as deviants in a big way.

Tan: So even if we wanted to do what was expected of us, get on with life, you can't. And there's no legal grounds we're not covered by any legislation. We can get evicted from our houses, we can lose our jobs, just for being trannies.

Jonathan: A lot of places you can't even get health insurance, it's the same argument with gays and lesbians: you made the choice. My attitude has always been, I'm the same person as the day that I was born. There was no choice involved, it was just something that I had to do. The big thing is lack of awareness within the broader community.

Tan: And people go, "well why don't you go out there and educate everyone?". It's draining, and it's hard and you feel really vulnerable and some people are really open and will take on board what we tell them and are accepting but then there are others who aren't.

Jonathan: We've both done presentations but my experience is as soon as you announce what you are, people don't hear another word because they just spend the whole time going "oh my god", or trying to see. You'll finish the presentation and you'll be in an open area where people usually chat to presenters and no one will come anywhere near you and they'll just walk around staring at you. And you think, I'm just a normal person! Come have a beer with me!

Tan: The last time I did one, my mother was there and after it finished, she went around to everyone, introduced herself as my mother and I was her son. And shook hands with everyone. She was great.

Jonathan: That sort of stuff's great, because it breaks the ice with people. For someone else to be accepting of the situation, it's like, well if you're his mother and you're cool about it, then I should be cool about it too.

Would you like to be more accepted by the gay, lesbian and bisexual community?

Jonathan: The bottom line being we're all queer. I guess the basis for everything is we're all people. There are some good people, there are some bad people. I'm sure we've got a lot in common with individuals in all of the communities, but like we were saying before, we've met a lot of guys and we don't get along with all of those guys and it'd be the same for lesbians with lesbians, gay men with gay men, bisexuals as well. I think bisexuals and us probably have far more in common than gays and lesbians.

I was in a relationship a few years ago. She was a bisexual woman and actively involved in the gay and lesbian community to different degrees and we used to go out occasionally and then we ended up not going out together at all because she wanted to respect gay and lesbian space by not being together. My attitude, pardon my French, was "fuck their space! I don't have any, I can create it wherever I want to go".

Tan: Yeah, we often sit back and go "I feel like going out But where?". And then we sit and rack our brains and go. "where is there around Melbourne where we can feel comfortable?" And we never go out, because we can't come up with something. You get treated a certain way, depending on what's been around in the media, depending on what's happening in the gay and lesbian scene. Like at the moment, the drag kings are all the flavour and it's embraced, isn't that wonderful, but I don't understand that because we're not accepted.

Jonathan: There are so many people out there that in their own minds make sense of their lifestyle and their lives but they think very differently to how people perceive or make assumptions about them. That's the hardest part, people make assumptions about you and they're often so wrong. But no one ever questions you or asks you a single question, they just assume.

I'd like to feel more part of the gay and lesbian community if bisexual people were included in that as well. I think where all of these so-called minority discriminated communities should be heading is accepting diversity, accepting people on an individual basis and a lot of the rules that were created from decades and centuries and Christian eras ago, it's about bloody time we all joined forces and went stuff you. Because if we all join forces, there are so many more of us than the conservative little number, we could get so much done.

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Surviving and Living

A Personal Story

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I wrote this in 1991 for the original *M.E.N.* magazine. At the time, I was grappling with the enormity of the damage that had been done, and wondering if the pain would ever end. Five years later, I can say ... YES!



I am not just a victim, and I am not just a survivor. I am, and shall remain, both that and more than that.

My name is Scott Barak Abraham, and I am an incest survivor. Or am I? Am I a "survivor", the accepted term for a man who was molested as a child and has begun the path to healing, or am I, and will I forever remain a "victim", bedevilled by the memories and the residual effects on my life?

... an abused child is only a part of what I am, and as I accept the eternal repercussions, I refuse to accept that I cannot transcend that experience.

I am unsure where the dividing line between victim and survivor lies, if it can truly exist at all, and I am not comfortable with the definitions of therapists and counsellors, however well intentioned.

The dictionary defines a survivor as a person who continues to live after or in spite of a life threatening experience, and the abuse I suffered most certainly qualifies: that I did not die as a child, much less during my years as a practicing alcoholic, much less by my own hand in the insanity of early sobriety during the return of my memories, is a miracle to me.

I survived - but I did not thrive.

Authors of recovery books and experts in the field generally define an incest victim as a person who was violated sexually as a child by one or more relatives, with the proviso that each victim becomes a survivor at the magical moment that they begin to realise the magnitude of the abuse and make a conscious decision to find the courage to heal, the decision itself, in current understanding, changes the status of victim to survivor.

I liked the connotation of honour and strength implicit in the term survivor, as I was true to my male conditioning and resisted labelling myself as a victim.

But victim I was, and victim I remain. I've recovered more of my memories than I ever desired, and re-lived the slimy touch of the vile hands of eight different perpetrators, male and female, relative and stranger. I survived living life with no eyelids, unable to stop the flood of images and feelings that rose like rotten corpses disinterred from the grave of remembrance. I've confronted the perpetrators that still live. I've made peace with my death wishes, and the wish I still have that I could choke the life from those baby-raping monsters who still breathe. I've divorced what little remains of my family of birth, and built a family of choice. I've spoken on radio and television. I've written, I've talked myself hoarse, and I have lived openly as a survivor for several years. I mentor those who have not walked as far on the path.

I survived, and I help others survive. For the first time, I can honestly say that I have a good life.

I survive. At times, I thrive. Yet I am, and always will, remain a victim. I am, and will always be, warped and twisted, limited and constrained, by what was done to me. I know I shall never be able to totally transcend my wounding, that to some degree, my father and mother and grandmother and uncle, the coach and priest and neighbour lady, will once again reach out in violation, if only in memory.

I will act out of my wounding. I will be limited in my ability to give and accept love. I will see life through an increasingly accurate filter of my experience, but no matter how much I work, no matter how deep my perception, the lenses through which I see will contain unavoidable distortions.

In that sense, I shall always be victimized.

The task before me is to wrestle with the ghosts, to fight to neutralize their power, to learn and grow; all with acceptance that the battle shall never be over though victory is mine.

If I have weakened the enemy within, and slain in mind if not in fact the most of the enemy outside the walls, yet know I shall never completely exorcise the ghosts, am I only a survivor? Still a victim? Or something else?

For me, I am a victim when I excuse my choices because I have been wounded. I am a victim when I blame others, or the abuse, for the harm I have done to others and myself.

I am a survivor when I hold myself to this simple law: No matter what was done to me, I am responsible for what I do to others, and to myself: under all circumstances, I am responsible for my choices.

If I do not hold myself to that credo, I am a victim, and my perpetrators live on within me, gnawing at the core of my soul, vermin scurrying in the cracks and crevices of conscience.

If I strive to hold myself to my own ideal standards, if I wilfully choose to speak and act by my own authority, I do not sing the perpetrator's song, the whine of victimizing blame.

As long as I refuse to accept responsibility for my actions, I remain a victim. Better than them, but still a victim.

That has been my personal definition of survivorship, and I feel that I do well, today, in consistently maintaining that honour. Yet calling myself a survivor, and living to the standard I have set, still has its own limitations, for I am continuing to define myself by my experiences when I wish to transcend those experiences. Labelling myself as a victim, then a survivor, were necessary steps in the healing process, yet those definitions contain the inherent limitations of names.

I know the power of naming. I rejected my patronymic name and proudly bear a name I chose, a name of meaning to me. I am an alcoholic, co-dependent, adult child of an alcoholic, over-eater, sexual and relationship anorexic and addict, yet I no longer participate in those soul-murdering activities; I had to name what I was before I could change what I was. I suspect that the necessity to name has passed, as what once defined my reality now seems to limit my potential.

The process of definition has promoted a fragmentation of psyche, so that each broken part could be identified, dismantled, and rebuilt: I think the time has come to bring the parts together as a greater whole, and I cannot do that as long as I am artificially fragmented into competing dysfunctions.

I no longer want to be known as a victim, and neither do I wish to know myself as a survivor.

I simply want to be a man who defines himself as a human being, free of the seductive tyranny of labels and names. I have a set of molding experiences, which included horrendous sexual abuse. But an abused child is only a part of what I am, and as I accept the eternal repercussions, I refuse to accept that I cannot transcend that experience.

I shall never succeed, but neither shall I quit the quest; I shall grow closer to my unreachable grail each day.

There is no name, no label, other than the simple mantle of my humanity, that I wish to don today. I shall call myself a survivor so that others may know my reality, but in my own heart, I search for something else to call myself, something that does not connote victimization or suggest that I have been deprived, by the abuse, of the potential to live a fully authentic life. I struggle to accept the dichotomy that though I shall fail in my goal, I still succeed.

I am not just a victim, and I am not just a survivor. I am, and shall remain, both that and more than that.

I am a man. As it happens, I am a man who was sexually abused as a child.

That does not make me less of a man, or more of a man, or inherently, irredeemably flawed as a man.

What happened to me is a part of what I am, but not all that I am, nor does it limit what I can be.

I'm Scott Barak Abraham, and I proudly chose that name.

I'm human, and I proudly claim that title.

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Telling the Truth

Tanya Shares Her Recent Job Application Experience

Reprinted from The Seahorse Times, by Tanya Dunkel

Article appeared in Polare magazine: November 1999 Last Update: October 2013 Last Reviewed: September 2015

To come to terms with reality in our lives, to try to come to terms about what we are in our society, what man expects: approaching this new millennium can be "scary" and "frightening" despite our so called age of enlightenment. Making us, who live in "no mans land" where, still prejudice is on many people's minds, and where people like us experience hurtful comments that are able to get into one's deepest soul.

But somehow there are some people possessing great understanding and compassion. About these people I wish to share with you my recent experience and the absolute deepest satisfaction and joy that it had given to me then, and even now, weeks later.

A good friend of mine had recommended me to his employer, not knowing me personally. All he knew of me were my skills and experience (job related) nothing of the personal torment. At the time, I was hoping to find some other employment anyway, but also knowing that my age, not to mention my transsexuality, would make it almost impossible for me to be a successful contender for any position in the workforce.

I went to the interview and I sat opposite a young man who did not even want to see my resume, but said he'd rather judge people on his "gut instinct". Somehow, I sensed an open-minded, and modern thinking individual in front of me. I was shown around and I knew that I would be quite competent in the work they expected me to do.

If only I could get the position, being truthful about myself, bearing in mind that days would be lost owing to impending doctor's appointments. To me, truth prior to my accepting the appointment was paramount for obvious reasons.

I had intended telling my interviewer the truth then and there but I lacked the courage when actually in his presence, because of the "perceived" reaction. I was offered the position, but I was hardly satisfied with my behaviour in the circumstances.

That night spent in regurgitating the whole issue, but even more, my untruthfulness. I decided to phone at the earliest opportunity to set things right. You can well imagine my emotional state.

After the pleasantries were over, I started to confess, and was quite prepared to be met with the response, "I am sorry ..." or "In this case, we as a company would be unhappy ..." or similar responses to this. No! On the contrary!

I was met with "We do not have a problem with your transsexuality and we will be pleased to see you in two weeks."

Even more, on their written confirmation, they made me welcome, and later in person thanked me for my honesty.

In conclusion, I would like to affirm that contrary to the view that we are lead to believe, the one that society holds, there are still people who do not judge books by their covers, or judge people as the majority judges people, but meet a person on their own merit and behave decently and compassionately toward that person.

They have reached out, and I am most grateful to them.

I had intended telling my interviewer the truth then and there but I lacked the courage when actually in his presence, because of the "perceived" reaction

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Have I Been Lucky?

Being Given an Opportunity to Rebuild My Life the Way I Want It!

by Christine

Article appeared in Polare magazine: November 1999 Last Update: October 2013 Last Reviewed: September 2015

These are just some thoughts I have written down when the time allows. It's not Plato or Aristotle, maybe a bit of Machiavelli. About ten years ago I asked myself, "Am I transsexual?".

I had had these feelings all my life. I knew from an early age that something was different. I had learnt to live with the problem (well, not really) and lead a relatively 'normal' existence. After many years of indecision I decided to talk to someone about my feelings.

In May 1994 I started H.R.T. WOW! What happened? The fog in my brain suddenly lifted and I could see forever (I like to call it testosterone poisoning).

Maybe, just maybe, I could transition. But, I have family, a job and could not live in stealth unless I left the country. Life carried on for a few more years, a lot better but not perfect. In 1996 I had some cosmetic surgery - a bit of lip, nose job etc. Nothing a man would not have, but who was fooling whom?

It was the nose job in 1997 that did it. My wife asked for a divorce after I was released from hospital. One month later I lost my job. My castle had crumpled around my feet - my life was in shatters. No job, being sued for divorce, threats of losing the children and losing all my savings. My thinking at the time was what judge would give a man who wants to be a woman, custody of the children. I was not a happy person.

My sister always said I was the type of person who could fall in a pile of shit and come up smelling like a rose. I guess she was right. I went to my G.P. for a referral to a psychiatrist. She referred me to one who, it turns out sees a lot of people with gender issues.

At this time, I also met a person who, if you are lucky, you only meet once in a lifetime. She became confidant, counsellor and mentor; she is a really nice human being. She said to me, "You lucky, lucky bastard. (Monty Python phrase). You have been given an opportunity to rebuild your life the way you want it."

I went away and looked at where I wanted to be in two years time. I wanted to be living as a female, I wanted my children, I wanted to keep my assets and I wanted a job. Now, nearly two years later, I have a job, I have my children, I have some of my assets and I have been living as a female of six months. Have I been lucky? I don't think so - I do not believe in luck. I have been focused on where I want to be (a very male attribute) and I have met some good people.

I still look back at the couple of months before I transitioned. I did a cost benefit analysis and a risk assessment. No one in their right mind would have transitioned - it was heavily weighted on cost and risk - the only read benefit was my sanity.

How do I feel now?

Good. My life is back on track. Though I feel I have a debt to pay because I would not be where I am now, if not for the people I have met. Far too numerous to mention here. They go from my mentor to the person who said "You look really good" when I needed the lift.

Why the reference to Machiavelli? If asked why the chicken crossed the road - his answer would be: The point is that the chicken crossed the road. Who cares why? The end of crossing the road justifies whatever motive there was.

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Transsexuality

Myths about H.I.V./AIDS in the Trans Community

Reprinted from the Transgender Outreach program, Illinois, U.S.A.

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Myth: AIDS is a gay disease and straight people are not at risk.

Fact: Infection rates are higher for certain sex acts, but AIDS doesn't discriminate on the basis of sex, gender, or sexual orientation. If you engage in unsafe sex or share needles you are at risk.

Myth: People with H.I.V. look sick.

Fact: You can't tell if someone has H.I.V.. People with H.I.V. disease are living longer and getting sick less. You have to assume that everyone is potentially

AIDS doesn't discriminate on the basis of sex, gender, or sexual orientation. If you engage in unsafe sex or share needles you are at risk.

AIDS positive or can have an S.T.I. Always practise safer sex.

Myth: H.I.V./AIDS is a punishment for being transgender or gay, so I am going to get AIDS anyway.

Fact: Anyone can get AIDS, H.I.V. is a virus spread by unsafe sex or needle sharing.

You can learn to protect yourself!

Are transpeople at special risk of H.I.V. ?

Yes, there several factors that put trans people at greater risk including: Gender identity conflict or discomfort with one's identity or body can make trans people repress their sexuality and may inhibit trans people from learning about their bodies, sexuality, and safer sex practices.

Understanding one's identity and becoming more comfortable with one's body and sexuality will lead us to take better care of ourselves. This includes everything from eating right, exercising, cutting down on unhealthy habits, and protecting yourself from H.I.V. and S.T.D.s by practicing safer sex every time.

The social stigmatization of trans people leads to shame and isolation which may contribute to alcohol and drug use.

Trans people can increase their self-esteem and empowerment by seeking support and affirmation from transgender support groups, online support chats, and by learning more about transgender people and their proud history in many cultures.

The need for affirmation and acceptance of one's gender-identity (to look and feel attractive) may inhibit safer sex negotiation and encourage risky or unsafe behaviours.

Trans people need to seek alternative ways of affirming their gender-identity. Transgender support groups can help. All people need to learn what sexual acts are unsafe and learn sexual negotiation skills.

Sexual health counsellors and the Gender Centre can help answer questions about safer sex, learn negotiation skills, and help work through issues and feelings that keep us from having safer sex.

Sex role stereotypes can put trans people at risk if M.T.F.s think that biological women are not assertive or F.T.M.s think that biological men don't use condoms. There are all types of women and men, make sure that you are the type that takes care of yourself and your partner.

Be assertive and insistent!

Transgender bodies have unique physical issues:

- » post-operative M.T.F. transsexual's new vaginas generally do not lubricate adequately and need extra lubrication;

- » pre-operative M.T.F. transsexual's who tuck (taping up the penis) may have abrasions; and
- » F.T.M. transsexual's who have had a metoidioplasty or phalloplasty may need to use finger cots or female condoms rather than regular male condoms because of size.

These special issues need to be taken into account and discussed with partners. Use latex and lots of lube for safer, hotter sex.

Transgender people who participate in the sex industry to survive or pay for their medical expenses are at high risk of H.I.V.

If you are homeless or unemployed and trading sex for survival needs, persistently seek social services from agencies such as public health, homeless shelters, and public aid, You deserve these agencies services and assistance!

If you participate in the sex industry, insist on using a condom. Better yet, learn to put one on with your mouth! That is a skill that few men can resist!

No amount of money or services is worth your life.

Sharing needles for hormones will put trans people at risk. As with injectable drug use, sharing needles can spread H.I.V. Keep your own needles and syringes to prevent H.I.V. or hepatitis infections. If you must share - clean your needles and syringes in bleach and water first.

Common Feelings Which Inhibit Safer and More Enjoyable Sex

- » Fear of losing a partner;
- » Low self-esteem;
- » Embarrassment;
- » Shame;
- » Passion;
- » Shyness;
- » Desire to be swept away;
- » Desire to be attractive;
- » Need to be wanted; and
- » Anger.

People who are comfortable with their sexuality are more likely to protect themselves and to enjoy sex more. If feelings or drug use interfere with your safer sex plans, make an appointment to talk with a sexual health counsellor.

What is safer sex?

H.I.V. is spread through direct contact with another person's body fluids: blood to blood (needle sharing, menstrual blood, bleeding wounds), semen (vaginal, anal, or anal sex), and vaginal fluids (vaginal or oral sex).

There is no risk in masturbation, erotic massage, unshared sex toys (or used with a condom), cybersex, phone sex, erotica, sharing fantasies, body rubbing, and cuddling.

By cutting the tip off and cutting the condom length wise, you can unroll the condom to create a latex dam for oral sex or anal rimming.

You can also purchase glyde lollyes which are extra large, silky feeling latex squares for oral sex. Putting lube on the side touching your partners genitals will increase their pleasure. Non-microwavable kitchen plastic wrap can also be used in squares or even as safer sex "underwear".

Use latex gloves if you put your fingers or hands into someone's vagina or anus.

Always keep condoms available at room temperature or in a condom key chain. Sex with latex can be terrific!

Condoms can also prolong sex. You can make condoms part of your foreplay, for example your partner can put the condom on with their mouth. You can use flavoured condoms or flavoured lube for oral sex! If you put a small amount of lube inside the condom it will increase your sensation and pleasure. Use plenty of lube on the outside for wet, wild sex with your partner.

How to Use Condoms:

- » Check the expiration date.
- » Be careful opening the package.
- » Be careful with fingernails, don't tear or poke holes in the condom.
- » Put a few drops of lube in the condom. Pinch the tip of the condom to create space for semen.
- » Pinch the air bubbles out of the tip of the condom (it is friction against air bubbles that causes most condom breaks.)
- » Roll it all the way to the base of the penis.
- » Smooth out any air bubbles.
- » Lubricate the outside of the condom and enjoy!
- » Pull out before the penis softens.
- » Don't spill the semen — hold the condom against the base of the penis while you pull out.
- »

When used on a sex toy just roll on, lube up, and go!

- » Change condoms before changing partners or holes!
- » Never re-use a condom.

How do I protect myself?

Think about the situations in which you are most likely to practise unsafe sex and examine ways in which you can prevent these situations from occurring.

Think about the feelings or issues that keep you from having safer sex. You can work through these feeling with your peers, with sexual health counsellors or outreach workers.

Take responsibility for yourself, plan in advance, always keep condoms available, talk about sex and negotiate for safer sex, and have fun.

Safer sex is fabulous sex!

What about H.I.V. testing?

There are several H.I.V. tests available today; call your local public health clinic or H.I.V. organisation to find out what tests are available in your area. Many departments provide anonymous testing. If you are H.I.V. positive knowing your H.I.V. status can help you have access to medications to help fight H.I.V. and to keep your immune system working.

Transgender Safer Sex Workshops

Service providers or trans people can host safer sex workshops where participants can discuss issues and feelings preventing safer sex, learn safer sex negotiation skills, and learn about different prevention methods and skills.

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Trans People and H.I.V.

Findings of San Francisco's Groundbreaking Study

A brief summary of Camille Finks' report on the Transgender Community Health Project's (T.C.H.P.) study as reported in [F.T.M. Newsletter, Issue 45, Summer 1999](#), [F.T.M. International](#).

Article appeared in Polare magazine: November 1999 Last Update: October 2013 Last Reviewed: September 2015

Findings Summary

A brief summary of Camille Fink's report on the [T.C.H.P.s](#) study as reported in [F.T.M. Newsletter, Issue 45, Summer 1999](#), [F.T.M. International](#).

Where

In February of this year (1999) at a community meeting in San Francisco's Tenderloin district, the Transgender Community Health Project of the city's Public Health Department present the findings of its groundbreaking study of [H.I.V.](#) risk among [M.T.F.](#) and [F.T.M.](#) transgender individuals in the Bay Area. The [T.C.H.P.](#) had also previously made a formal presentation of its findings to the Federal Centre for Disease Control in Atlanta.

Who/How

A staff of transgendered interviewers spoke with 123 [F.T.M.](#) and 392 [M.T.F.](#) participants from July to December, 1997. Socio-demographic information as well as data regarding medical history and health status, [H.I.V.](#) prevention service access, sexual behaviours, drug use behaviours and psychosocial factors were collected. Respondents were tested for [H.I.V.](#) and received [H.I.V./S.T.D.](#) counselling, harm reduction counselling and referrals. The study specifically sought to "sample a large number of transgendered persons who typically are not eligible for studies or are excluded from analysis because their gender does not fit the male/female dichotomy".

[F.T.M.](#) sample was 67 percent white, about 10 percent each Latino, African-American and Asian/Pacific Islander and 3 percent Native American. [M.T.F.](#) sample was 27 percent each white, Latina, and African-American and 13 percent Asian/Pacific Islander and 6 percent Native American. Both groups had a median age of around 35, with the [F.T.M.](#) group having a higher median income, higher rates of private health insurance, lower rates of past incarceration, and radically lower rates of [H.I.V.](#) infection.

While 80 percent of the [F.T.M.s](#) had jobs, stable housing and at least some college education, 40 percent of the [M.T.F.s](#) were homeless or in unstable housing and more than half the [M.T.F.s](#) interview had a high school education or less.

30-50 percent of both groups had high rates of [S.T.D.](#) diagnoses, and similar numbers had had mental health conditions resulting in prescribed medication. About 30 percent of both groups reported suicide attempts.

Hormones/Surgery

Of [F.T.M.s](#): over half reported hormone use with one-third undergoing sexual reassignment or gender confirmation surgery and some 85 percent indicated they planned to have surgery.

Of [M.T.F.s](#): 91 percent used hormones with 22 percent undergoing some type of surgery and 72 percent planned to have surgery in the future.

Abuse and Discrimination

All [F.T.M.](#) respondents reported experiencing "some form of discrimination or abuse related to gender presentation or gender-identity".

[M.T.F.s](#) also reported similarly high incidences of discrimination and abuse with 37 percent experiencing recent physical abuse.

Sexual Practices

Among both [F.T.M.](#) and [M.T.F.](#) respondents, 59 percent reported a history of forced sex or rape.

The rates of unprotective sex amongst [F.T.M.s](#) was 28 percent unsafe anal intercourse with 64 percent had unprotected vaginal intercourse.

The rates of unprotective sex amongst [M.T.F.s](#) ranged between 64-85 percent for unprotective anal sex with 6 percent engaging in unprotective vaginal intercourse.

The issue of low self-esteem and unprotected sex was significant for both F.T.M. and M.T.F. participants.

Drugs and Alcohol

The study indicated that 23 percent of F.T.M.s had a history of participation in an alcohol treatment program and one-fifth in a drug treatment program. About 18 percent of F.T.M.s surveyed reported lifetime injection drug use - most commonly speed, heroin and cocaine - and a very high number of these individuals shared syringes (91 percent).

18 percent of M.T.F.s reported recent injection drug use.

H.I.V. Rates

The study found an alarming H.I.V. prevalence among M.T.F. participants with over two-thirds of this group testing positive for H.I.V.

Participants of the qualitative study who were living with H.I.V. felt that the transgender individuals needed more client advocacy and case management, particularly in terms of health care.

Conclusions

Researchers commented that the reports of unprotected anal sex and needle sharing suggest that F.T.M.s who have sex with men and those who inject drugs may be at risk of H.I.V. and should be targeted during outreach. For M.T.F.s, the data indicate that histories of sex work, unprotected anal sex and injection drug use together with a high level of recent risk behaviours "suggest continued transmission of H.I.V. among M.T.F. individuals and their sexual and drug using patterns".

Dion Manley and Jed Bell writers for the F.T.M. Newsletter (Issue 45, Summer 1999) stated some concerns with the conclusions reached within the T.C.H.P.s findings.

(1) The class and race breakdowns of F.T.M.s differ so vastly from those of M.T.F.s in the study that we believe they cannot simply reflect an objective difference in the two populations.

Instead, we believe this difference must also reflect the different ways available in the investigating staff for reaching F.T.M.s and M.T.F.s. Both populations were sought out in street and community settings. But our speculation is that most F.T.M.s were actually reached through organisations, meetings and community event, while most M.T.F.s were contacted through street outreach and social service programs. While this difference reflects real contrasts in our lives and in how M.T.F.s and F.T.M.s can be contacted in this city, it may not reflect such vast differences in the overall transgendered populations.

(2) Even without this issue in place, we neither understand nor agree with the T.C.H.P.s conclusion that F.T.M.s are at low risk of H.I.V. F.T.M.s frequently engage in high-risk behaviours, according to the report (see "Sexual Practices" and "H.I.V./AIDS: Some Issues for F.T.M." by Ms. Vivianne K. Namaste, PhD.).

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Post-Op Living

Addressing Some of the Lesser Asked Questions

by Gianna E. Israel

Article appeared in Polare magazine: November 1999 Last Update: October 2013 Last Reviewed: September 2015



This article addresses some of the questions and issues presented to me by individuals who have had genital reassignment six, twelve, and even twenty years ago. The material addressed may also be of interest to persons who are considering permanently living "in role" as a member of the opposite gender, or who are considering undergoing genital reassignment. The decisions to live in role permanently and undergo genital reassignment are serious ones having numerous consequences.

For numerous transgender men and women, passing becomes easier the longer they live in role. However, passing can present problems of its own.

"I Wish I Had Waited"

Surprisingly, for all the clamour I have heard over the years from pre-operative transsexuals who feel waiting one year while living in role is too long, the preceding is one of the most frequent comments I hear in the privacy of counselling from persons who underwent genital reassignment. After feelings of permanency and newness wear off, many new women find

that little else has changed in their day-to-day lives. This is particularly true for those who placed more importance on obtaining surgery than on refining their overall appearance and presentation.

For example, women who did not finish their electrolysis still get five-o'clock shadows, and those who gave up on needed speech practice still sound like men. Occasionally, I hear very masculine appearing women state that they wished they had spent their money on facial reconstruction, rather than spending it all on hidden body parts. There are many reasons a person may wish they had waited before undergoing genital reassignment, however, once the surgery is done life does not stop.

After surgery, having special transgender needs does not cease, and persons with unfinished business are advised to move forward completing unfinished business as time and finances allow. If an individual is having difficulty putting together a good presentation, such as for a job interview, then seeking wardrobe and cosmetic consultation would be beneficial. If a person finds him or herself dealing with confrontation or transphobia, then he or she should seek assertiveness training and learn how to deal with harassment.

"Help, I've Gone Stealth and Might Be Found Out!"

This is a very, very common concern. Many transgender persons who are in the process of coming-out or who have lived in role for only a short time look forward with anticipation to the day they can "pass" all the time. Others, who during transition had great difficulties, find themselves working as hard as possible to bury their former identity. However, no matter how presentable you are or how many surgeries you have, this does not stop you from having a transgender identity. For numerous transgender men and women, passing becomes easier the longer they live in role. However, passing can present problems of its own.

After surgery, some persons disconnect entirely from the transgender community. They may move to areas where few transgender resources exist, or accept an employment situation where nobody questions their gender identity. Sometimes these persons have difficulty explaining their situation to a new physician, particularly after disclosure skills become rusty from disuse.

The art of living in stealth takes skill. A person must decide when disclosure is appropriate, and when people do not need to know. Generally speaking, a person's regular physician need know, while a temporary care provider need not know if this will not affect medical care. An employer need not know, however discreetly letting an employer know can prevent co-worker difficulties if someone finds out.

A one-night-stand need not know about your transgender identity if you are post-operative; however, if you are dating or seeking a relationship it is generally a good idea to disclose early on so as to prevent complications. Generally, disclosing your transgender status is best done when you are sharing personal information about yourself and gauging how that person responds to new information. Doing so "matter of factly" before actually engaging in sexual intercourse works well for many.

Sometimes telling about your transgender status isn't easy. I have frequently received calls from people stating that they are involved in a relationship which is becoming serious, and that they feel afraid to disclose because they may get rejected. If a person is going to be

rejected, it is best to get it done and over with. However, in most circumstances transgender men and women aren't rejected. Disclosing under these circumstances is not that much different from when a person is just in the coming-out process. Set an appointment to talk, validate the relationship, disclose, offer an opportunity for question-asking, and reiterate your love. Finally, if you must respond as to why you did not disclose earlier, simply state you did not know how to do so. Be honest!

"I've Now Had Surgery, So I Can't Get AIDS"

Wrong! Having genital reassignment does not make a person immune to H.I.V. or any other sexually transmitted disease. I have heard this misconception too many times, sometimes too late. If you have sex where body fluids are exchanged, use condom protection or abstain. Also, taking "birth control" does not protect against sexually transmitted disease, only pregnancy.

"Where Can I Get Gender-Sensitive Medical Care?"

If you are located in a major city, contact a gender specializing counsellor or therapist and ask for a referral. The next step is to check with gay and lesbian resources. Both post-operative males and females frequently require follow-up work, sometimes years after surgery. Stenosis or hardening of tissue may set in, or the person may have difficulty with urination. Transgender women who failed to dilate may need surgical intervention. They should contact a local gynaecologist, urologist, or sex reassignment surgeon and ask for a specialized referral.

"A Tax Statement Showed Up With My Old Name"

Oh, that paper tiger rears its ugly head again! Lots of people think being transgender is all about hormones and surgery. Wrong. It's really about the creation of lots of unnecessary paperwork and aggravation. If the tax collector says you owe money, pay it and then ask a supervisor to follow through with correcting your name. If you have problems with bureaucracies, continue climbing the supervisor/manager ladder until you find someone who will help you. If that doesn't work, try visiting a different office. Surprisingly, I have heard from clients having serious difficulties getting passports changed at one location who later had no problem whatsoever at another location. Finally, if you receive an inheritance or trust fund check payable to your old name, on the reverse, sign it the old way, then the new way and deposit it. This is standard banking practice. Afterward, write out a donation to your local transgender support organisation.

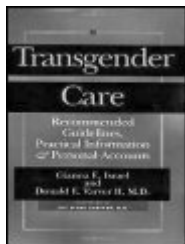
Gianna E. Israel

From Susan's Place:  Gianna E. Israel was a therapist and author of many online articles regarding transsexuals and gender transition as well as the 1997 book *Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts*.




She also published numerous articles on transgender issues, including a regular column in the magazine, *Transgender Tapestry*, and a series of gender articles which are published on Usenet and in C.D.S. Publication's TG Forum. Her writings on gender issues had a significant impact on the field and had an enormous impact on many people's lives. She spent nearly 20 years providing gender-specialized counselling, evaluations, medical recommendations, and mental health services across the United States. She even offered appointments by telephone for individuals without local support or who found office visits difficult. She was a member of H.B.I.G.D.A. and worked with thousands of transpersons in all stages of transition. She passed away on 21 February 2006 after a long illness and is a sorely missed supporter of the trans community.

A full list of her essays on the "[Differently Gendered](#)"  website



Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts
Author: Gianna E. Israel, Donald E. Tarver and Diane Shaffer
Publisher: Temple University Press (1998)
I.S.B.N.-13 978-1566398527.

From Amazon Books:  By empowering clients to be well-informed medical consumers and by delivering care providers from the straitjacket of inadequate diagnostic standards and stereotypes, this book sets out to transform the nature of transgender care. In an accessible style, the authors discuss the key mental health issues, with much attention to the vexed relationship between professionals and clients. They propose a new professional role; that of "Gender Specialist".

Chapters 3, 4, and 5 provide definitive information (in the context of consulting health professionals) on hormone administration, aesthetic surgery, and genital reassignment surgery. Chapter 6 takes up the little-examined issue of H.I.V. and AIDS among transgender people. There is also a chapter devoted to issues of transgender people of colour, as well as a chapter on transgender adolescents. The book contains a wealth of practical information and accounts of people's experiences about coming-out to one's employer or to one's friends or spouse. Several essays spell out the legal rights of transgender people with regard to insurance, work, marriage, and the use of rest rooms. The second part of the book consists of thirteen essays on a range of controversial topics.

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Perspective, Perception and Fact

Rarely do People See the Real Us, Unless We Let Them

by Sarah J. Rutherford

Article appeared in Polare magazine: November 1999 Last Update: October 2013 Last Reviewed: September 2015



Ooh la la, cie la vie and merde

It was, they claimed an everyday, ho hum, routine operation which they could perform backwards, inside out and upside down while blindfolded and playing the complete 1812 overture on a tuba. Unfortunately they forgot about Murphy, and his almost now cliché law of opportunity to liven things up in a not so friendly fashion. The problem was a matter of two deeply impacted wisdom teeth, which I had been ignoring for at least ten years and a third tooth beyond the sense of being saved by a simple filling. It didn't seem all that difficult, and it wasn't, until a cavity infection made a mess of the surgeon's nice neat work. In a matter of days I ended up making puffer fish look good.

You are you, what other people see rarely matters, and their opinions, like free advice, don't have to be taken note of.

My mouth, that orifice of oratory for espousing wisdom, closed to just five millimetres, making eating and drinking almost impossible. The pain was intolerable, and even simple conversation was beyond my pain threshold. Swallowing anything, including water and medications became a real trial and task, of course that was presuming they would fit into my mouth in the first place.

In frustration and agony I returned to complain, and found myself being operated on again, an aggressive attack upon the infection, like a bull in a China shop, which they said normally worked. Take a close look at that word "normal". I still have yet to figure out what it means. Naturally when you are dealing with Murphies law, you may as well disregard any contemplation about "normality" it becomes too impractical, impossible and non-existent.

A weekend of bloating out further, screaming silently inside, because I couldn't perform the task outwardly, and I returned in a heap to where it had all started. The nurse met me at the door with the greeting, "Sarah, you're back, and looking good". A flood of tears washed over the floor, and nearby patients in the recovery room were issued with wellies and floaties. "No I'm not", I managed to mutter, and as the nurse got closer she grimaced.

"Yes, and I can smell why". The infection was very noticeable if one had a fully functional proboscis. The doctor, upon arrival muttered something empathetic, like, golly gosh, you again, and surrendering the untouchable budget dollar, admitted me. Within hours I was in surgery for a third time and they do say third time lucky. Fortunately for me, Murphy relaxed long enough to get rid of the infection which made me look like I was wearing someone's bum on my face, and for some of the terrible pain I had endured for two weeks, during which time I couldn't eat, and lost seven kilos, to subside.

To the point dear friends, and I do get there eventually, one can after all, only waffle with sincere eloquence for so long. There was a single painting in my little hospital room, a lethargic looking Van Gogh or maybe a Van Meer, an un-impressionistic Dutch town scene, windmills, canals, clogs and a (snore) geometric layout. It was nothing to look at, at all, not until one had stared at the thing for a few hours, as in my case about twelve hours flat on my back.

My perspective was of a somewhat cliché Dutch scene, classic lines and items, yet upon putting my glasses on, for I am short sighted, I saw that what I was looking at was not quite true. Perceptively what I saw was what I presumed to be a typically Dutch scene. Perceptually however, I saw an almost totally different picture. For a start there appeared to be a giant Snoopy, hat and all, hovering over the people in the picture, at which time it occurred to me that Van Gogh or Van Meer may not have known, never mind approved of Snoopy.

Factually, and this is where having eaten a hearty breakfast, well a hospital breakfast, I dragged myself out of my very comfortable electrically adjustable bed and actually *looked* at the picture, close up. Ooh la la, cie la vie and merde, I 'ave made ze boo boo. It's French, not Dutch, and the closer I look I can see the windmills turn metrically and the scene is actually of Montemartre. I challenged my brain with a complex question, do I know any French painters? Er nope, but I put that down to surgical or anaesthetic shock, an imbalance of the Chi and not enough cups of tea to get the day going. Not a single artist sprang to mind long enough to cause me palpitations.

So, those windmills palez vous Françoise eh? My inner knowledge protested, but windmills are Dutch, it doesn't matter that there are or

were thousands of the buggers scattered through Europe and the U.K. prior to the invention of the steam engine. That's the trouble with perspective and perceptions though, they often differ with the actual fact of what we do see. So, from that discovery on, I would get up each morning and say "Bonjour", not "Guten tag" to that picture, and having done so I felt assured that Van Gogh and Van Meer could return to their respective graves, knowing all was clearly understood and seen.

People are seen in different lights as well, sometimes from a distance, occasionally from close up, but rarely do people see the real us, unless we let them. People's perceptions and perspective's rarely act individually, having conformed to societal norms, and standards, so the next time someone sees you in the wrong light, the next time someone makes a derogatory comment about what they think you are, according to their limited vision, shrug it off and think of a simple fact.

You are you, what other people see rarely matters, and their opinions, like free advice, don't have to be taken note of. The only people who really matter are those who take the time to look closely at the picture, to study it, and acknowledge its true contents, without being judgemental or prejudice.

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The Mechanics of Gender Perception

Doing Your Gender Homework

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... the first thing which unconsciously occurs when two individuals make contact in society is the establishment of the other's gender.

This past month I had the pleasure of attending two events that were both enjoyable and educational experiences for me. First of all, I was invited to speak to a

group of professionals at a conference on language, communication, and gender in Reno, Nevada U.S.A. Secondly, I attended the 16th annual Fantasia Fair in Provincetown, Massachusetts U.S.A. Fantasia Fair is an annual event sponsored by the Human Outreach Institute at which people explore and hopefully learn more about their inner gender desires.

These two events were very different in nature but both had a similar impact on me. At each, I met a number of people who were striving to learn more about issues pertaining to "gender". This was the thread that seemed to tie both events together and this I feel is the issue that we as individuals and collectively are trying to resolve.

... the key is to study others, to emulate at times and to emanate a level of security in who one is and how one wants others to perceive them.

The professionals in Reno were all highly educated department heads and professors at various universities. One of the purposes of this conference was to identify how "gender" impacts us as a society. The feeling seemed to be that gender, whether it be implied or unquestionably stated, carries with it stereotypical connotations. It was also stated that gender and the social image that accompanies it creates a caste system within which we live.

Several times during the presentations it was stated that the first thing which unconsciously occurs when two individuals make contact in society is an establishment on the other's gender. This in turn lays the ground work for how that other person is to be dealt with.

In other words, if the person is of the same gender as ourselves we relate one way and if that person is the opposite gender we then act accordingly. It was stated that gender establishment is "the" crucial factor in all social interactions. I would agree with this.

From personal experience, I now know that almost all personal interactions are governed by gender influenced perceptions. The underlying notion of "one of us" or "one of them" carries much more weight than we would like to admit, and until this choice is made, interaction in society tends to stall.

There are cases when gender mis-identify is acceptable. Fantasia Fair is one of these places. At this event persons from all over the world are free to explore their "gender of desire" and to interact with society in general while exploring this adopted gender. During this event the town and it's visitors are geared up to play what I would call "gender games". It's said that everyone associated with the "fair" gets "read" (or misread). But this is the nature of this event and all present expect it unlike society in general.

Gender perception is a multi-faceted process. All our senses are put into service when a person's gender is being decided and our perception of another person's gender is usually established very quickly. Should there be any indecision, this identification process preoccupies us until some decision can be attained. In addition, our perception of another's gender, once established, is not easily changed.

Should initial perception prove wrong, several alternatives might result. These alternatives range from a simple reprogramming of how to relate to this other person to outright embarrassment and even hostility.

People do not like to look ridiculous and if the mis-perception of another person's gender has caused seemingly open public embarrassment, hostility toward that individual may follow. In addition, should an individual be insecure with respect to their own role in society or be so rigorously programmed that any gender variations are taboo, they will probably not be able to accept someone projecting mixed gender signals. In these cases an "I'm better than you" or a "you're sick" reaction may result.

What are the gender signals? How do we perceive another person's gender? Also, for us in the "gender community", how do we stack the deck in favour of the gender we perceive ourselves to be. The answers are not easy.

As I previously stated, gender perception is a multifaceted process which we learn very early in life. Even infants are capable of gender identification at an early age. Within the first few months of life, a child can distinguish between strange men and women and will act accordingly.

Gender perception begins with the processing of general sensory signals such as appearance, speech and speech content, scent, mannerisms, etc. All of these signals are collected until a template is sufficiently filled. This I call the "gender perception template".

The template is made up of many sensory inputs or cues, some cues are obvious in nature and others very subtle but none the less important. These cues each have two sides, i.e. a masculine and a feminine side. Some would argue that there is a third side (androgyny) but I would argue that this third possibility is only that a specific cue is missing from the template.

An individual has been identified as belonging to one gender or the other when the individual doing the identification has filled in the template to the point where the scales tip to either the masculine or feminine side and momentarily reach one end of the scale. I feel the key here is that once the scale momentarily reaches an end point, the decision making process is over. This new individual has been analysed enough for the unconscious brain to end the analysis and other thought processes take precedence.

Other gender related inputs will be processed but these are not used to establish this person's gender, only to reaffirm it or to be placed in a list of things that are used to establish that person's credibility or one's comfort level with this individual. Therefore, once gender is established other gender related traits are processed differently.

For those who desire to portray a gender other than that which they were initially raised, i.e. cross-dressers or transsexuals, and to succeed in being accepted as the gender of choice, a working knowledge of this process and the way to tilt it in their favour is a necessity. For many the deck is heavily stacked against them. Such things as physical stature, vocal patterns, even general appearance within the context of the interaction, i.e. being there at all, may be formidable obstacles to overcome. Combine these items with such subtle but immediate giveaways as body language, how one occupies space or a tendency to over compensate, and the war will be lost in milliseconds.

Yes, the gender identification process is usually over before we know it.

Can physical characteristics be overcome? Can any tilting occur with respect to obvious physical handicaps? The answer, I feel to a large degree is yes. How then can a 6ft. 2in. M.T.F. or a 5ft. F.T.M. transsexual with a burgeoning feminine rear ever hope to be accepted as the gender of their choice? The answer to most physical handicaps can be found in studying others with the same problem who are decidedly of the gender of choice yet exhibit that same features.

With little exception, I feel that there is no single feature which may be considered as a gender handicap that is not currently present in many persons in the gender of desire.

For example, There are many very tall women that are perceived as nothing more than tall women. Likewise, there are many short men with large rear ends who are very much accepted as men. Also, while a deep vocal pitch is normally a decidedly male characteristic, there are many notable actresses and female singers with very deep voices. The list goes on and on.

The secret is to seek out individuals who have characteristics which would normally be considered a feature of those of the opposite gender and study them to learn why they are accepted in spite of these handicaps. Study all the other gender related items (most will not be physical characteristics) which comprise these person's total image. When taken as a whole, these other characteristics tilt the scales in the opposite direction.

The key, therefore is to provide enough gender cues to cause the "gender perception template" to tilt momentarily while minimizing things that seem to contradict that initial impression.

The process of seeking out individuals to follow as examples of how to overcome gender handicaps I call doing one's gender homework.

Gender homework is not just saying I know what I feel this should be, gender homework is studying numbers of persons in a public environment such as a shopping mall, university campus or any other public place to see how others do it.

Probably one of the worst mistakes a transgendered person can make is to assume that they know how it's done or how to appear as a person of the opposite gender. Worse yet, they merely try to achieve what they have internally conjured up as the ideal man or woman and run with it. Wrong!

Although a topic for an article by itself, something also has to be said for establishing a comfort level with individuals with which interaction occurs. One should not create an atmosphere of tenseness or act uncomfortable. This can cause people to more closely scrutinize an individual in question and possibly open the door uncovering "gender faults" that initially would go unnoticed.

Usually this "comfort level" in the gender of choice comes only with experience and much practice. There will undoubtedly be many pitfalls and uncomfortable situations along the way but the only way to attain the desired comfort level is to keep at it.

In conclusion I would like to reiterate that the key is to study others, to emulate at times and to emanate a level of security in who one is and how one wants others to perceive them. If this process is followed, and the lessons learned are taken to heart, they will become automatic and gender perception in the gender of choice will be attained. GO FOR IT!

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