Polare Edition 33

Published: February 2000 **Last Update:** June 2013 **Last Reviewed:** September 2015

Manager's Report

by Elizabeth Riley, Gender Centre Manager

Dr. Louse Newman

Dr. Louise Newman is providing psychiatric advice one half day a week. Wednesdays, commencing on the 23rd February, 2000. Anyone wishing general advice or information should ring the Centre to arrange an appointment. Due to time constraints access will be limited so early bookings will avoid delays. If you do wish to utilise this service you will need to bring your Medicare card with you on the day of your appointment. Louise is providing this service at the Centre as an extension of her own practice with the aim of improving access for Gender Centre clients.

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

We are continuing our work with E.E.S.A. and the Transgender Working Party to address the issue of unemployment for the transgender community. If you are interested in working in the N.S.W. Public Sector and you have or are prepared to acquire the necessary skills then opportunities should be forthcoming in the not too distant future. Please register your interest with me personally, so I can retain your name on file and direct you accordingly when the opportunities arise.

News in Brief

From the pages of Polare Number Thirty-Three

Colorado Trans - Sex Rights

Colorado, U.S.A.: The city has become the first in Colorado to extend civil rights protections to the transgendered. Amid a round of applause, council members Tuesday night unanimously approved an amendment to the city's 27 year-old Human Rights Ordinance that legally protects transgendered residents from discrimination in housing, employment and public accommodation. Boulder joined the ranks of seven other cities, including San Francisco, Seattle and Pittsburgh, that have similar measures.

Golden Globes

California, U.S.A.: The Hollywood Foreign Press Association distributed its 57th Golden Globe awards in twelve film and twelve television categories on 23rd January at the Beverly Hilton Hotel, with an anticipated broadcast audience of 250-300 million people in 125 countries. The much-acclaimed *American Beauty*, with its gay themes, was the only film to win more than one award. It took Best Motion Picture - Drama, Best Screenplay - Motion Picture for gay writer Alan Ball, and Best Director - Motion Picture for Britain's Sam Mendes. Among the nominees beaten by *American Beauty* for Best Motion Picture - Drama was the *The Talented Mr. Ripley*

Feature Articles

How do gender-identity issues actually affect juvenile and adult children of transgender persons?

The Impact on Children

How do gender-identity issues affect juvenile and adult children of transgender people? How does one deal with the attitudes of others who disagree with telling young children? This article addresses those questions and some of the debate associated with this issue.

Trapped

Leisha, from the middle-class suburbs of Melbourne tells her story. At the age of ten she realised she was different and told her father that she wanted to become a female. And what a mistake that was, he returned with the threat to kill her if she ever expressed that wish.

Transitioning is not Therapy

Transitioning is being given the knowledge to ask the questions that help the old artificial persona fall away, revealing a brand new self. However transitioned people appear to others, to themselves they are happy, and sometimes for the first time, whole individuals.

Urethral Complications During Phalloplasty

The majority of complications that occur in F.T.M. gender reassignment surgery relate to the urethra and this is common to all phalloplasty procedures. The common complications include urethral fistulae, urethral strictures, stone formation and urethral diverticula.

Hysterectomy

Some important questions about hysterectomies including whether a hysterectomy is recommended for all F.T.M. transsexual people, how soon after commencing hormones should an F.T.M. undergo hysterectomy and for what reasons for an F.T.M. not undergo a hysterectomy?

So You Want to be a TS?

Ruth Farmer's entertaining look at why anybody would want to be a woman. Of course she admits that it's not really that bad,

homoerotic . Gay Spanish director Pedro Almnodovar said in accepting his award for Best Foreign Language Motion Picture "*Todo sobre mi madre*" (all about my mother), "I didn't prepare anything and I don't speak English, so it doesn't matter". But backstage he added that, "People [all over the world laugh in the same times, cry in the places," as they watch the story includes gay, transvestite and transsexual characters. Hilary Swank had topped just about everyone's Best Actress list for her performance as murdered Nebraska transgender Brandon Teena in *Boys Don't Cry*, and now she can add the Golden Globe to her mantel. On stage, she dedicated the film to Brandon Teena, saying, "He will always be in my heart", and later had to explain to reporters that she didn't use Teena's birth name (Teena Brandon) because, "What I was trying to do was honour what Brandon was when he died."

she greatly enjoy being a woman - because now she can be the real her (whatever that is) - no pretence. And somehow, that makes all the difference.

Expressing Our Needs

Communicating individual needs like gender and sexuality issues won't always be easy. This article collates a number of powerful tools that may be included in your communications repertoire to hopefully assist when coming-out to loved ones about your gender-identity needs.

H.I.V. Eve From 1930

California, U.S.A.: The worldwide AIDS epidemic has been traced back to a single ancestor virus — the H.I.V. Eve — that emerged perhaps around 1930. Bette Korber, who keeps a database of H.I.V. genetic information at the lab, estimates that the current epidemic goes back to one or a small group of infected humans around 1930, though this ancestor virus could have emerged as early as 1910 or as late as 1950. From this single source, she suggests, came the virus that now infects roughly 40 million people all over the world. "This offers a small piece in a larger puzzle concerning the origins of H.I.V.", she said her findings were released at a scientific conference this week in San Francisco.

Oral Sex Can Kill

California, U.S.A.: Oral sex, long regarded by many gay men as a low-risk practice, appears to be a surprisingly frequent way of spreading AIDS, according to a study released Tuesday. The study found that oral sex was probably the cause of eight percent of recent H.I.V. infections among a group of homosexual men examined in San Francisco. The work was conducted by the Centre for Disease Control and Prevention and the University of California at San Francisco, and was presented in San Francisco at a scientific conference. "While oral sex may still be safer than anal intercourse or vaginal intercourse, it is not without risk and perhaps has higher risk than we would have expected otherwise", said Helene Gayle, the C.D.C.s AIDS chief. All of the men apparently caught the virus by giving oral sex, rather than receiving it, and none used condoms. "We know that the only safe sex is total abstinence or sex with a mutually monogamous, non-H.I.V.-infected partner", Gayle said. "Everything else has some degree of risk. The sense that oral sex is safe sex may have been an unfortunate message. A lot of us in the public health field have been saying all along to be careful of unprotected fellatio", he said. "People think the risk is low, but what's low?" Frederick M. Hecht of San Francisco General Hospital, a co-author of the study, said anal intercourse may be one hundred times riskier than oral sex. "The message is not that everyone will get infected through oral sex", he said. Because of declines in unprotected anal intercourse, there has been a big reduction in high-risk exposure, Hecht said, but there is still plenty of low-risk exposure through oral sex without condoms, "and that low risk adds up".

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.

Impact on Children

of a Cross-Dressing or Transgender Parent

Article appeared in Polare magazine: February 2000 Last Update: October 2013 Last Reviewed: September 2015

... children over four years of age are intellectually capable of comprehending facts surrounding gender identity.

As cross-dressers, transsexuals and other transgender persons become more visible within society, gender issues are now touching the lives of more children. Many people wonder if and when their children should be told a parent cross-dresses or has a transgender identity. There are other questions that arise as well. How do gender identity issues actually affect juvenile and adult children of transgender persons? How does one deal with the attitudes of family members or friends who disagree with a transgender parent telling his or her children? Can nieces and nephews be told? This article addresses those questions, and considers some of the debate associated with this issue.

> ***Unless a child is predisposed toward cross-dressing or having a transgender identity, the fact that another family member does should not greatly influence or sway a child's development.***

As we strive to understand this issue I believe it is important to recognise that a variety of dynamics exists within families today. In some families, children are to be seen but not heard, while in others children may lead a joyful, carefree existence. Parents and parenting styles can differ widely. Some parents have very strict, conservative values. Others, without shame or overbearing concern, freely display intimacy and share who they are with their children. As a result of these environmental differences a child's reaction to transgender issues will reflect the values and ideas of their parents, inherited community and culture. Additionally, the ages at which children mature may vary depending on the preceding factors, and impacts a child's readiness to hear about adult issues.

As a gender specialist the most frequent question I am asked regarding disclosure to adolescents involves age. What is the "right" age? Shortly thereafter I am then often asked about consequences, which I will address later in this article. Typically during sessions I do not immediately respond to these questions because generalized answers do not always benefit individual circumstances. Instead, I ask questions which encourage a parent to think about their child's maturity, social adjustment and dependency. This prevents the parent from using generalized answers to justify disclosing to an adolescent who is not ready to hear about gender issues.

Some of the questions I pose may sound difficult. They are however easy to understand if a parent is willing to invest time understanding their child's maturity and experiences. Is the child able to understand that his or her gender differs from that of opposite-sex individuals? Is he or she able to correctly identify another person's gender when referring to others? Is a child able to construct gender identity abstractly during role play with other children or tangible objects such as toys? In other words, does the child realise he or she can temporarily assign gender identity for the purpose of play, yet also recognise that a person or object reverts to their actual gender once play is over.

If a parent can answer yes to the preceding questions, his or her child may be ready to hear about gender issues. However, there is one issue both parents and children of any age cannot overlook. This issue concerns diversity. Do both the child and parent recognise that it is okay for people to have differences, even though we may not always understand why? These differences can be in presentation, gender, sexual orientation, background, ideas, beliefs and interests. If a person cannot accept that diversity exists with others, he or she really can't expect empathy for his or her own needs. If you are a parent and have not incorporated this principle into your own life, or that of your child, you have some groundwork which needs to be done prior to disclosing gender issues. Recognizing and addressing biases or prejudices is an important part of learning how to interact with others.

In researching this article, I consulted Barbara Anderson, Ph.D., a San Franciscan family therapist and clinical sexologist with over thirty years experience.

> **She said that children over four years of age are intellectually capable of comprehending facts surrounding gender identity. There are, however many other factors that should be considered in disclosing to children of any age, information about a parent's cross-gendered behaviour.**

First, why is the child being told? Is it to serve the parent or in the interest of the child? In the first instance, one parent may want to disclose that the other parent is transgender for the purpose of discrediting his/her partner. or, in the second situation, certain changes may be imminent which require preparing the child by disclosure.

Another reason arises when the child has suspicions that lead to confusion about his or her perceptions. It is unfair to the child not to address this even if the child does not raise the question directly.

A third reason may arise if a parent is about to disclose to the larger public. It is unfair for a child to learn this information from neighbours or peers.

During our consultation Dr. Anderson went on to say that there is no need to disclose to a child the existence of transgender behaviour when it is confined to a private space. Such as, when no one except an intimate partner knows of it and there is little chance of the child happening upon it. If, however, the parent has gender identity issues beyond those of cross-dressing as part of erotic satisfaction, and keeping this aspect of the parent's life from the child interferes with the parent being open and accessible to the child, then disclosure must be considered. In such a situation Dr. Anderson recommends a delay until the child is older, more mature, and the nature of the parent-child bond is firm.

Finally, Dr. Anderson stated that negative consequences of disclosure may take many forms. When in the service of an angry spouse it may polarize the parent-child relationship in a way that disrupts the child's relationship with both parents, leaving the child feeling betrayed and untrusting in future relationships. When disclosure occurs in the context of an unstable parent-child relationship, it may be thrown further out of balance, creating more tension and resentment. When a young child is told, although intellectually able to grasp the fact, he or she may not be able to appreciate the importance of discretion, which may lead to wider unplanned exposure of the information disclose. In rare situations disclosure may precipitate a serious negative emotional response in the child. No doubt ensuing psychological treatment will identify the existence of an earlier disturbance which was ignored or unrecognised.

As Dr. Anderson and I discussed this subject, we both agreed that sometimes parents have a difficult time assessing whether a child is ready to hear about gender issues. Under these circumstances we suggest that the parents consider taking the child for a brief psychological evaluation to determine the child's developmental maturity. If a parent cannot find a gender specialist experienced with children, any child psychologist or family-child therapist might be consulted, as long as this professional person is willing to take either a supportive or neutral role regarding the adult's transgender issues. Also, some large cities are beginning to have support groups for children with transgender parents, contact your local transgender social support organisation for further contacts. Resources for children may also be found on the Internet through transgender support forums. Finally, children of parents who are out publicly, occasionally are interested in meeting other children with similar issues. This should never be forced, only encouraged if both parties are interested.

Notably, the consequences of disclosing to children who are not emotionally mature or prepared to deal with the complexities of adult situations do impact a child's wellbeing. Within my counselling practice I recognise that many people are concerned that introducing gender issues to a child at an early age might somehow sway or alter the child's maturation or development of gender identity. I do not wish to minimize or discount parents who have these concerns, after all a parent's primary responsibility is to safeguard the wellbeing and healthy development of their children. However, having worked with over one thousand transgender persons, as yet I have not encountered any evidence that either adults or children can acquire a transgender identity as a result of regular contact with a person who cross-dresses or has a transgender identity.

Unless a child is predisposed toward cross-dressing or having a transgender identity, the fact that another family member does should not greatly influence or sway a child's development. The exception to the previous observation exists in abuse or punishment situations, where I have noted that the threat of or forced cross-dressing on younger age children occasionally leaves a taboo imprint upon impressionable young minds. Later as adults, children who were threatened with or forced to cross-dress for punishment may do so within the context of erotic fantasies.

People should be aware that in part there is often a taboo or erotic stereotype associated with cross-dressing, transsexuals and other transgender persons. However, this eroticism cannot represent transgender men and women as a whole, much as other stereotypes do not accurately represent most people from other walks of life. Transgender individuals can come from any racial, economic, or religious background. They work in many types of fields; there are transgender physicians, teachers, insurance underwriters and auto mechanics. Finally, most transgender persons have families, and a large proportion have children. This knowledge should be passed on to other family members and relatives who are misinformed or who are afraid of catching "transgender germs".

One important area where gender issues effect children is on a social level. As is mentioned earlier in this article, people of any age can have great difficulty coping socially if they do not understand that differences between people are okay. This is particularly so with school age children, who by their nature are seeking approval from peers. These young persons greatly rely upon the messages mirrored back about their presentation, background, family, social worth and independence. If a parent is openly known to cross-dress or have a transgender identity the child may suffer unscrupulous harassment. This possibility needs to be discussed with the child at the time of disclosure, and a plan established to address any criticism or harassment the child encounters.

Parents need to recognise that they, not children, are responsible for insuring that these situations are dealt with in an appropriate manner. Until a child becomes old enough to speak for him or herself, the parent may need to engage with teachers and other parents to insure their child is not unfairly victimized. However, as a child's communication skills develop, he or she should be taught that throughout life a person is required to stand up against bullies who cannot tolerate differences in others. Finally, as the child builds self-

reliance skills, he or she should be taught how to state that he or she is not accountable for a parent's predisposition or choices. Children of all ages need to be reminded that this is the parent's issue, and they should be encouraged to talk about how this affects each of them.

During disclosure to children, it is important to recognise that presenting new information about cross-dressing or gender issues is likely to affect the children's perception of the parent. In other words, once again the subject of stereotypes arise. Stereotypes are those social dynamics we construct and adopt so that we feel connected to and understand the world around us. Children generally accept a parent's behaviour and identity without a great deal of question during childhood. However, as the child matures and he or she comes to recognise there are differences between parents. In doing so the child then begins embracing stereotypes of what are socially accepted roles for mothers and fathers. The parent who cross-dresses or has a transgender identity challenges these stereotypes.

Unless a child grows up with a family member or close family friend who cross-dresses, or has a transgender identity, the child in all likelihood is not going to be aware that this diversification is a healthy, potential gender identity or behaviour. After all, much of society is misinformed about gender issues, and is unaware that cross-dressing or having a transgender identity is not pathological, mentally disordered or medically diseased. As a child matures and ask more questions about the parent's behaviour or identity, it may be useful to gradually introduce the child to various types of diversity such as other races, creeds, cultures, gender or sexual orientation. This will help the child learn that much diversity exist within the world, and his or her own needs and identity are as legitimate as anyone else's. Once the child begins to understand how diverse our world really is, in all likelihood gender issues will not appear as alien.

Whether a parent is dealing with gender issues or not, a relationship between parent and child can become alienated if the child does not feel that he or she is loved. The best way to make sure the child knows this is to remind him or her from time to time, and do everything possible to insure his or her security is uninterrupted. During disclosure these themes should be discussed, and then briefly reintroduced so that the message is heard. If a parent regularly cross-dresses, or devotes substantial time to transition, significant time should be devoted to supporting the child's interests as well. If this is not done the child may come to believe the parent thinks only about him or herself. The cross-dressing or transition then becomes the issue which undermines the parent-child relationship.

Within counselling sessions I strongly encourage my clients to refrain from discussing gender issues when either the child or parent is in crisis. This is particularly so when the parent is in the process of coming to terms with his or her gender issues, and has not yet established realistic transition goals or discussed with the other parent how gender issues are to be resolved within the family home. If a transgender parent regularly cross-dresses or lives in role, the child in all likelihood will need to be informed. However, as Dr. Anderson mentioned earlier in this article, in some circumstances disclosing gender issues to one's children may be an option but not a necessity. This is so if a parent intends to cross-dress solely during erotic times or in a private manner which should affect other family members. If the child later discovers that the parent cross-dresses, and asks about it, he or she can be told that this is the parent's personal matter and that the child wasn't informed because it didn't affect him or her. When parents are directly asked about gender issues, children should not be lied to as this undermines trust within their relationship.

Introduction of cross-dressing and gender issues into the family has often been the catalyst for parents separating or divorcing. Simply put, in many circumstances it is difficult to maintain a marriage commitment which does not fulfil both adult parties' needs. However, if we operate under the assumption that children are a product of two people's love, regardless of gender-identity, parental responsibility does not end because a parent's life journey and needs have changed. During counselling I encourage parents to recognise that although circumstances may change, nothing prevents two adults from remaining friends and collaborating in their child's welfare. Couples can do this by getting back in touch with the basic friendship that initiated and maintained the relationship.

If change is forthcoming, children of all ages need to see how loving adults handle issues affecting others. They do so by not allowing circumstances to destroy relationships. Whether a couple intends to remain together or not, both parents are responsible for presenting gender issues in a neutral fashion so that these do not become divisive instruments pitting the child against one or even both parents. Failure to present such issues in a neutral fashion can disrupt the child's ability to process and move beyond feelings of betrayal, loss, anger or shame experienced as a consequence of these changes.

The short and long-term reactions of children to a parent's gender issues vary widely for both young and adult children. In some circumstances children grudgingly go along with changes. Others are readily supportive. Some children simply don't care, as long as it doesn't effect them. Those children with objections should be provided an opportunity to discuss their feelings. However, the parent should not allow any child or adult to badger, bully or attack the transgender person's special needs or gender identity.

People often attack others through passive-aggressive behaviour, and children are no exception. Passive-aggressive behaviour takes place when people state they support others needs, and then deliberately and continuously introduce opposition. They do so in an effort to make someone feel bad or compromised. This type of behaviour should be directly addressed with a statement that this type of behaviour is hurtful, destructive to relationships, and will not be accepted.

Fortunately most children are relatively accepting of a parent's cross-dressing or gender transition. This is especially so for those who have grasped the concept of self-parenting. Self-parenting means to be one's own parent after one's biological parents are no longer active, day-to-day protectors and participants. Generally, young adults and emotionally mature adults have grasped these concepts. When they do so they also begin to understand that parents have the right to follow a path separate from their children. Those parents who must transition during a child's formative years, are strongly encouraged to follow through with their parenting responsibilities. This includes insuring that adequate gender role model representation is available to the child, so that the child understands that parenting and even mentoring may come from persons of different gender. Mentors or role models, are those individuals people look up to during life's transitions.

Finally, the vast majority of children are relatively accepting of a parent's cross-dressing or transgender identity. As with any important relationship, children should be reminded that their acceptance is valued. However, in circumstances where a child does not accept the parent's behaviour, give the situation time. There is nothing wrong with a child calling a transgender woman "Father" or "Daddy", until

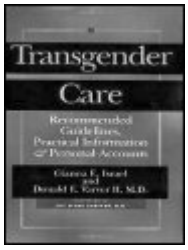
the young person understands that this label does not match the parent's presentation. Children can be encouraged to use appearance-appropriate labels and pronouns once they can comprehend the distinction.

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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Trapped

It all started in a middle-class suburb in Melbourne ...

by Leisha

Article appeared in Polare magazine: February 2000 Last Update: October 2013 Last Reviewed: September 2015

I was female and was wrongly dressed, as the girls were wearing skirts, but I was wearing trousers ...

Hi, my name is Leisha and this is my story. I identify as a transsexual lesbian pre-op.

At ten years old I made the mistake of telling my father ... he returned with the threat to kill me if I ever spoke about wanting to be female again.

It all started in a middle-class suburb in Melbourne some seventeen years ago. At the tender age of ten I found that I was different from the other kids in that I was female and was wrongly dressed as the girls were wearing skirts, but I was wearing trousers, I wanted to wear what the girls were wearing. I would have rather me go to school with plaits in my hair, tights, a school skirt and gloves, it was not to be.

At ten years old I made the mistake of telling my father that I wanted to become a female; what a mistake that was, he returned with the threat to kill me if I ever spoke about wanting to be female again.

When I turned eleven years old my parents separated with horrible results with my father dragging my mother through the courts for seven years.

By the age of thirteen I was a role model for my seven-year-old brother, then to make things worse I was sent to a college in outer eastern Melbourne, my feelings of femaleness became stronger every day I knew then I was very different to the others.

Privately I would dress in female clothes during my teenage years from thirteen to eighteen years-old, during those years I ran away a lot too.

At thirteen years old I was sexually abused, that left an emotional and physical wound on me for life. This I carried around for sixteen years, until I told my psychologist this deep dark secret.

When I turned fifteen year-old my father had a road accident causing brain damage and memory loss.

At eighteen years old I begun my journey to womanhood with a clinic dealing with transgender issues, while undergoing treatment which has expanded over nine years, I worked as a electrical fitter in a straight job for six years which seem great, but it was not a typical female role to be in. The Clinic ran many tests even to this day still no decision, except confirmation that three of the six panel members are in favour of me having surgery in the future.

Between the ages of ten to twenty-five I lived with my mother, my mother knew about my yearnings to be female, but she never helped me to deal with these feelings when I was young. At the age of nineteen years old I also started an electrical apprenticeship to block my feelings but it didn't work.

On a dark winter's night in the August of 1998 in front of my mother and best friend, I told all, female hormone treatment, sex-change yearnings the lot. My mother hit roof, her reaction was to put me in a mental ward to try to cure me of these ideas, so to my supposed best friend as well.

From here on in, my life was made difficult by my mother and some friends are so standoffish. I now live life by this: "If it is to be it is up to me".

Seventeen years have passed by so quickly, so fast, only now I face final decisions from my doctors. Breast augmentation is only months away. My transition has being hard and full of pitfalls, ups and downs and all around so has my life. When I look back some said to me "is it all worth it" and it's not over until I reach the peak, when I reach that goal S.R.S. to rewrite what nature wrongly gave me the wrong body but a little of my past will remain inside only.

I have fallen in love and out of love over the past seventeen years to have a partner to share your feelings with right now would be heaven on earth, but the waiting game is still there (S.R.S.).

Why? Because it was destiny to become a female, that is I am a female. I remember cutting the cake at my twenty-first birthday and

wishing that my breasts would grow bigger that wish didn't happen instead I was trapped in a male body with a female body trapped inside wanting to get out. I kept this secret very close to my chest away from friends, etc. If they had found out the likelihood of being bashed was very high.

Years passed, the yearn inside of me became more tense, it was only a matter of time before the bubble would burst. I then decided to leave my trade and go into something, what a mistake that was. A transsexual amongst country folk it was the first time I was threatened outside of my family by someone who was so narrow-minded about things, the change from working to study was a mistake, going to college in the country, then changing at the age of twenty-five years old to security work which at times has it's own challenges in life. I began the long road to changing what was wrong to right for nine months I kept my female hormone treatment secret from my mother the changes occurred instantly, things started to happen so I left and moved in with a friend who was understanding to me and understanding about what I was going through.

As for my mother she will never, never accept my decision as a female not even try to understand me at all, for some friends acceptance is already there with understanding to a point.

To those who venture into this world change - of direction comes at price, for some of us change brings new life, others hardship.

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Transitioning is not Therapy

Transitioning is being given the tools and knowledge to ask the questions whose answers set them free

by Carl W. Bushong Ph.D., L.M.F.T.

Article appeared in Polare magazine: February 2000 Last Update: October 2013 Last Reviewed: September 2015

I have gradually come to the conclusion that for most M.T.F. transgender folk, the male persona is an artificial construction produced by the early adolescent individual (age twelve to fifteen) in order to fit in and be like everybody else. For the Female to Male person, there is a separate and different, but still consistent pattern.

Because a child's greatest desire is to be normal ... they create an artificial-self which meets this goal

As I discussed in my article, "The Multi-Dimensionality of Gender" (*Transgender Tapestry*, Issue 72), one's gender identity is only one of our five semi-independent aspects of gender (genetic, physical, brain sex, gender Identity and sexual orientation). One's gender identity is established by, or shortly after birth, and is our self-map. This internal map forms how we see ourselves as a sexual individual (our affiliation to a gender), just as sexual orientation is our love map - how we identify our love/sex partner.

When our gender self map does not match our physical gender, along with our society providing no niche or role (although most other societies do) for this varied gender expression, a conflict usually develops. Although transgender folk's combination of the five gender factors is just as natural as any other, it is not perceived as "normal" (what you are supposed to be or do) in our society.

Because a child's greatest desire is to be normal (like everybody else), they create an artificial-self which meets this goal. They are often so successful at this that they not only fool everyone else but themselves as well - at least part of the time, in some way.

Once created, transgender folk live in this role - 3-D personality with its own goals, likes and dislikes, values, hobbies, etc. Although indistinguishable from the "real thing," it isn't themselves. It is an artificial creation for them to be able to fit in. But, as the nagging reality of the deception becomes harder and harder to suppress, one has to express their true self somehow, in some way.

For most, dressing is the obvious compromise. If one cannot be female, one can at least express femininity. But the more one expresses one's true self, the desire for more becomes greater. Some individuals continue expressing themselves more and more, others panic and purge only to start again later.

While all transgender folk need to transition, not all (or even the majority) need to use hormones, let alone surgery. The only person who truly knows where and how far to go is the transgendered person, themselves. But even they cannot do it alone. When you have spent decades fooling everyone, including yourself, it is difficult to tell what is true and what is smoke and mirrors. As we need a reflection to see our own face, we need a knowledgeable, experienced helper to see our true self.

How does one find such a helper? With great difficulty, I'm afraid. In my opinion, a psychotherapist's role is to be a helper, a teacher, and a guide. To help the transgendered with those areas and conflicts resulting from a lifetime of living a double life, one inside or hidden from others, one out in public. The therapist needs to be a teacher in making available all the accumulated knowledge, skills and choices one has as well as clearing away the myths, lies and misinformation. And as a guide, the therapist aids the client through the social, legal, medical and emotional mine fields toward one's new self. Here are some must have's you will need to find in your helper:

- Is your helper knowledgeable and up-to-date about transgender needs and problems?
- Has your helper previously helped at least two other people transition successfully before you?
- Is your helper knowledgeable about electrolysis, hormones, surgery, transgender law, etc., to guide you through your transition?
- Does your helper know and understand the difference between transitioning and psychotherapy.
- Last but not least, does your helper have working relationships with other knowing, experienced and successful practitioners such as electrologists, endocrinologists, surgeons, attorneys, etc.

While transgender folk have problems and need psychotherapy, and marriage and family counselling like any other group, transitioning, itself, is not psychotherapy. Transitioning is being given the tools and knowledge to ask the questions whose answers set

them free. The old artificial male persona falls away piece by piece, revealing underneath a brand new self. The new-self may be female, just more feminine, or even much the same! Whatever transitioned people may appear to others, to themselves they are happy, and sometimes for the first time, whole individuals.

I am pleased to say that those who have stayed to complete their transition with me have all become both happy people and very happy with their decision to transition. Never have I had so many people use the word "giddy" to describe themselves and their new life.

What, you may ask, about the Harry Benjamin International Gender Dysphoria Association (H.B.I.G.D.A.) Standards of Care and a diagnosis? I feel that the Standards of Care is a guidebook, not a rule book. If a transgendered individual is seeing a therapist or practitioner who has little or no knowledge of transgender folk - their needs, problems and lives - I believe the Standards of Care is very important to use as a guide for their physical transition. But, if a therapist is both very knowledgeable and experienced in dealing with transgender folk, the Standards of Care can often be unnecessarily rigid and handicapping. I have had people come to me at all stages of physical transitioning (physical transitioning is only a part of transitioning) from 100 percent male (or female) on the outside to dressed as their true gender after a year or more of hormones, etc. To hold both individuals to the same program would be both foolish and harmful. Each of us is an individual and must be treated as such for the best results. And as far as a diagnosis is concerned, I see it only as a needed requisite for medical intervention. As transitioning is more than physical change, what is it?

Basically, transitioning has three main parts. These parts are:

- Recognition that one's self-map is different from one's physical gender. This can take the form of seeing one's self as a "woman trapped in a man's body," a need to express one's "feminine side," etc. This stage is mainly concerned with physical/surface changes such as cross-dressing, passing, make-up, wigs, etc. In this first part, many transgender folk don't even venture from their own home and often have a juvenile (before age fifteen) and later, an adult phase. The so called "Primary Transsexual" is an individual who never constructs a male persona and therefore never accepts their male genitals or challenges their female self-map.
- Accepting one's self-map - This stage is more varied than the first and consists of changing one's life to fit one's self-map. These changes may only involve bringing one's significant other and loved one's into their dressing behaviour and expanding their activities or starting hormones, electrolysis and public dressing. One develops a "comfort level" with one's self-map and its conflict with their male persona and insists others respect them for what and who they are as they accept and learn to respect all of themselves.
- Becoming one's true self - This is the last but unfortunately least experienced part of transitioning. This is the stage when that little child trapped inside an artificial persona in order to fit in breaks free, grows up and has their own life - often with markedly different values, temperament and interests.

My method for transitioning I term "Informed Decision Making." In this, the client makes their own decision to go down which road and how far upon being given the information and insight needed to do so. I find many transgender folk focus on their dress and body at first not realising that the whole persona changes during successful transitioning. This is why physical transitioning (clothes, make-up, hormones, surgery) are only a minor part of the whole transition process. Values, lifelong hobbies, musical tastes, temperament, and goals, can and often do change. The new self which emerges from under the male personality often grows into a person no closer to the male persona than a sister. Naturally, it is often a rebirth in slow motion (it takes one to two years).

Also, unlike psychotherapy, transitioning need not be weekly. In fact, very few of my clients receive weekly sessions after the first few months. Why? Because it is a learning and unlearning procedure much like learning a new language, algebra, a musical instrument or a better golf swing. After the first few "lessons," all you need be is consistent. Of course, the more intensive the effort, the quicker one will reach their goal. But counselling more than once a week doesn't seem to help - unless there is more than one problem being worked on, such as transitioning plus marriage problems.

For example, let's say Mary (who was Bob) has recently come to accept she is transgendered, and has a wife, Betty, who she cares for, and four children ages four, seven, nine, and twelve. Mary is a successful engineer at a large company making a very good wage. Her wife does not work outside the home.

Mary has several problems to solve. One, - what does "transgendered" mean to her? Two - how does she now relate to her wife who is fearful and upset? Three - how, when and what to tell the children? Four - what should she do about work, friends, family, etc.?

The first problem is part of transitioning and by far the most important. As Mary answers, "What does being transgendered mean to me?" the solution to her other questions will become clearer and clearer. But at some point, as Mary gets to know and accept herself more, she and Betty will probably benefit from couple/marriage counselling as there are many issues between them they need to resolve.

Because a person's core personality often changes greatly during transition, making too many decisions too soon is a mistake. At the beginning of transition, Bob's values, goals and baggage (personal responsibilities, etc.) are still in charge - at this stage Mary is only a gleam in Bob's eye. It takes time to tear down the walls and fill in the gaps. As Mary is learning and growing, Betty needs to be brought along too - at least as far as she is willing or capable of going. Remember, this a very trying time for the spouse as well as the transgendered person. The partner's whole life is being turned upside down and she has no control over it. The partner often feels betrayed, angry and frustrated. Betty can even see Mary as her enemy, her competition. But, the more and the sooner a knowing, experienced professional is brought into the picture, the easier it is for both parties, and the better the outcome for everyone. Betty's willing cooperation is needed for best dealing with the children, family, and future living arrangements.

With Betty brought into the process, as Mary's transformation continues they can decide as a couple what their relationship and living conditions will be. Not always, happily, but truthfully with everyone's needs acknowledged and discussed. If Mary realises she must transition fully into a female body and role, they are now positioned to deal with this together including the telling of children, family and friends. Often a completely new job description is called for upon transition - sometimes because of the difference in Bob's and Mary's personality and values, and other times because a women in not as accepted or respected in the old employment. And, of course, sometimes the prejudice of the employer leads to a loss of job. But, I have found that prejudice is the least common reason for job change if the transition is done correctly on all levels - emotional and psychological as well as physical. In fact, over the last few years, I have experienced very few negative reactions from employers, family and friends towards my transitioning transgender gender clients. So few that I have began to feel that most negative reactions stem from transgender folks not being given good help during transition rather than the transition itself. The exceptions to this rule are often spouses and best friends, because in both cases, the very basis of the relationship are often threatened by transitioning.

There is a global need for all transgender folk, whether C.D., TV., TS. or TG. to transition, although the road taken and the distance travelled may vary greatly from individual to individual. Transitioning is much more than a physical/superficial journey. And transitioning in itself is not psychotherapy but a rebirth of an individual long buried under the layers of society's imposed expectations. Like all births, it can be long, difficult, very painful and full of doubts at times. But who can deny the joy and expectation of a new life, a new beginning, even if the death of the old is needed to give room for the birth of the new?

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.

Urethral Complications during Phalloplasty

Urethral Fistulae, Urethral Stricture, Stone Formation, Urethral Diverticula

by David J. Ralph

Article appeared in Polare magazine: February 2000 Last Update: October 2013 Last Reviewed: September 2015

David J. Ralph, Consultant Urologist

The majority of complications that occur in female-to-male gender reassignment surgery relate to the urethra and this is common to all phalloplasty procedures. The common complications include:

- urethral fistulae;
- urethral strictures;
- stone formation;
- urethral diverticula.

Great advances have now been made with the urethral formation in patients having a phalloplasty procedure.

Urethral Fistulae

The urethra in the pubic phalloplasty is fashioned out of hairless labia majora and vestibular skin. One side is mobilised and incorporated in the phallus and the opposite side forms the perineal (perineum) urethra to gain continuity to the patients' native urethra.

The fistula rate when the urethra was fashioned in one stage was 95 percent but this has been reduced in the two stage urethroplasty to 60 percent. In this technique the fistula is usually located at the junction of the native urethra with the neo-urethra and this is likely to be caused by an overlap of the suture line.

With this high fistula rate changes have been made to the technique of closure of the perineal urethra. Firstly, a martius fat pad is taken from the labia majora and mobilised to cover the entire suture line so that there is no apposition of subsequent sutures during the three layer closure. Since this has been performed the fistula rate has been drastically reduced.

The other feature that has been changed is that urethral catheters were previously left in situ for approximately three weeks to allow healing to occur and it is the impression that this is unnecessary. Consequently now the phallic urethra is fashioned and once this is stabilised and shown to be patent the perineal urethra is then formed and a urethral stent left in situ for approximately five days with a covering supra-pubic catheter.

A urethrogram is then performed at three weeks and this too has reduced the fistula rate. Alternative techniques to prevent fistulae have been the use of an anterior vaginal flap which is mobilised and sutured to the vestibular skin.

This with a combination of the Martius fat pad reduces further suture line apposition and consequent urethral fistula formation. Urethral fistulae may also occur with the radial forearm flap phalloplasty. This is likely to be due to ischaemia of the urethral skin at the junction of the native and neo-urethra.

In all phalloplasty techniques, providing there is no distal urethral obstruction, a simple repair with great care to avoid suture apposition and the use of healthy vascular tissue usually result in a successful closure.

Urethral Strictures

Urethral strictures occur commonly in all phalloplasty procedures due to ischaemic necrosis of the tissue that has been used. With the forearm flap phalloplasty the stricture rate depends on the position of the Urethral strip.

The stricture rate is less if the urethra is centrally based over the radial artery and more of a problem when the strip is harvested from the hairless skin of the ulnar border of the forearm. Strictures with this technique may occur anywhere along the pendulous urethra but more commonly at the junction of the skin tube to the perineal neo-urethra, particularly if spatulation has been inadequate. In the pubic phalloplasty, urethral strictures commonly occur at the meatus. This is due to ischaemic necrosis of the mobilised labial flap.

The flap is based on the clitoral blood supply and consequently the most distal areas are prone to ischaemia. Strictures in other areas using this technique are rare as the labial and vestibular skin makes an ideal urethral substitute.

Many treatment options have been used to treat these urethral strictures to include repeated dilation, urethrotomy, meatoplasty and urethroplasty. It is common for patients to perform self-meatal dilation in the pubic phalloplasty though it is clear that a longstanding cure using dilation is unlikely.

Other patients will maintain a small urethral stent in the meatus to direct the stream and to prevent restricture. Recurrence after urethrotomy is also the rule and a permanent cure can only be achieved by a formal meatoplasty or urethroplasty depending on the position of the stricture.

It is also important that a minimal number of re-operations be performed as multiple procedures are likely to disfigure the cosmetic appearance of the phallus. Urethroplasties using a split skin graft and pedicled island skin flaps have so far been unsuccessful. Great advances have however been achieved using free grafts of buccal mucosa.

The buccal mucosa is harvested from the inner cheek but for longer flaps extension to the lower lip can be performed. It is important that the graft is thin to increase the chance of being viable and therefore it should be de-fatted before being used. It is an ideal substitute as it used to being permanently wet, unlike the use of skin. It can be used as a patch or tubed over a catheter with spatulations at both ends: however tubed grafts are more likely to develop anastomotic strictures. Many recipient beds have been used. Where there is a meatal stenosis the penis is opened through the original incision and cut down to healthy vascular neo-urethra.

This scar tissue base seems to have a reasonable vascularity to accept the buccal graft. Where patients have had an absence of the urethra a catheter has been inserted initially, left for three weeks to allow granulation tissue to form and this granulation tissue bed used for a long tubed buccal graft.

Occasionally two segments of buccal graft harvested from both cheeks can be used although at the junction of the two tubes anastomotic stricture may occur. Therefore with longer tubes it may be necessary to harvest the buccal mucosa in one segment extending from one cheek to around the lower lip and on to the other side.

The buccal donor area is closed primarily with catgut and after three weeks the scar is very difficult to see. There is minimal morbidity from the donor site area and patients are recommended to start eating the following day.

Other techniques using buccal mucosa include an onlay. Here the skin can be de-epitheliased to leave the dermal tissue bed with is an excellent recipient of the buccal graft.

After a three month period to allow contraction this area can then be tubed as a second stage.

Stone Formation

Stone formation is common if there are large areas of redundant urethra and therefore pooling of urine within these areas. If hair bearing skin has been incorporated into the urethra this will also precipitate secretions to collect and stone/hairball formation. Recurrent urine infections are common when this occurs. Patients also complain of a post micturition dribble, which is common in all patients that have artificial urethras fashioned.

Conclusion

Great advances have now been made with the urethral formation in patients having a phalloplasty procedure. The urethra should be harvested from vascular areas of the body to have a uniform structure to prevent stone formation and spraying at micturition.

David J. Ralph

From U.C.L.H. website: David Ralph is a Consultant Urologist at St Peter's Hospitals within U.C.L.H. since 1996. He qualified from St Bartholomew's Medical School and trained in Urology at Leeds and The Institute of Urology in London. His practice is now entirely confined to Andrology having finished a Masters degree on Peyronie's Disease. He is Past-President of both the British Society for Sexual Medicine and the Andrology Section of the British Association of Urological Surgeons and is now vice president of the Sexual Dysfunction Association and Treasurer of the European Society for Sexual Medicine. He runs a large multi-disciplinary erectile dysfunction service and is Director of the Erectile Dysfunction Clinical Trials Unit. He runs a European training fellowship for penile prosthesis implantation as well as research fellowships studying the molecular biology of erectile dysfunction, Peyronie's Disease and priapism. He is heavily involved in postgraduate training, running live surgery courses and lecturing both at the European School of Urology and the American Association of Urology. Having built up the Andrology sub-specialty into a four-man team, the St Peter's Andrology Unit is now the biggest tertiary referral team within U.C.L.H. and has both a national and international reputation.

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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.

Hysterectomy

Answers to Frequently Asked Questions

Reprinted from Boys' Own, No 30. December 1999, by Stephen Whittle
Article appeared in Polare magazine: February 2000 Last Update: October 2013 Last Reviewed: September 2015

Is a hysterectomy recommended for all female-to-male transsexual people?

I assume that also removal of the ovaries is included in the term hysterectomy. Yes, I do recommend though the evidence for a yes is not super strong, but I would recommend it. Upon androgen administration ovaries become polycystic and similar to those of women who suffer from a disease called polycystic ovarian syndrome. The latter is known to have a bigger change to become cancerous. Until recently this was rather theoretical but we have seen one case of ovarian cancer in an F.T.M. after eight years of androgen treatment and one case after eight months of androgen treatment. In scientific terms, these findings do not constitute a scientific proof but they have made us cautious and have bolstered our already existing policy to recommend hysterectomy plus ovariectomy after eighteen to twenty-four months of androgen treatment.

Upon androgen administration ovaries become polycystic and similar to those of women who suffer from a disease called polycystic ovarian syndrome.

How soon after commencing hormone treatment should an F.T.M. undergo hysterectomy?

This is difficult to say, but arbitrarily I would say within four years.

Should all F.T.M.s plan to undergo a hysterectomy at some point in their life?

Not necessarily, but within a certain span of time.

Are there specific problems an F.T.M. might experience e.g. breakthrough bleeding, which might indicate an early hysterectomy?

No, this bleeding nearly always can be managed with pro-gestational drugs.

What would be the reasons for an F.T.M. not to undergo a hysterectomy?

A high risk for undergoing surgery, which is rare.

Is there any particular method that a surgeon should use, and if yes, why?

In Holland we have a Gynaecologist who is able to do a vaginal hysterectomy which leaves no scar. Intervention is a bit difficult in a person whose vaginal canal has not been widened by child birth so the average Gynaecologist is hesitant to do it. It would be good to find a Gynaecologist who is prepared to do this. It is technically more difficult. An alternative is so-called laparoscopic removal of uterus and ovaries which leaves a minimal scar if any. Laparoscopy is insertion of a tube into the abdominal cavity and operate through that keyhole and remove tissue through it.

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So You Want to be a TS?

Who Would be a Woman if they had a Choice?

by Ruth Farmer

Article appeared in Polare magazine: February 2000 Last Update: October 2013 Last Reviewed: September 2015

Do you like to dress compulsively in ladies' clothes? Have you always felt you were really a woman? Are you contemplating a new gender? Would you like to lead a whole new life? Would you like to achieve your dreams? Would you like to be pretty, to have big boobs, to be a sex angel, to "dress up" all of the time? Are you a prospective or new male-to-female transsexual, or a confused transvestite?

> ***I know some females who couldn't possibly pass as women except that they were born that way.***

Poor girl. I have news for you. Lots of people wear "drag". What does a woman feel like? If you have always felt like that, how would you know the difference? You don't change gender, only sex. Gender is what you are, sex is what you look like. At the worst it is the life sentence passed on you when the delivering doctor exclaims triumphantly, "It's a boy!" I suppose a prisoner leads a whole new life too, but changing sex is also a hard way to do it. The best way to achieve dreams is to fall asleep. In real life they are only on the telly.

The best way to be a pretty woman is to be born that way; very few transpeople achieve that, and they tend to be rather dull and they have written fairly dull books with lurid covers. Big boobs are a big nuisance. Avoid them if you have a chance. There is an enormous difference between falsies and the real thing. Ask Dolly Parton. Sex angel: see "pretty". Dressing up: Most women "dress down" these days. Or as the new saying goes, "If you want to look like a woman, dress like a man". So?

Are you a new TS or a confused TV? You have my sympathies, but you still have to live in a real world.

Why Bother?

Look, this whole sex change thing is often over-rated. It merely allows you to be who you really are. If you are a grotty man it allows you to be a grotty woman. That's progress? If you are already a great person, why change sex?

The answer is, of course, that if you have been living a lie it is pretty hard to be who you really are. When I started living as a woman I found that the real me was quite nice, a big improvement, really a very pleasant person. More modest too.

You imagine that it would be glorious to wear "women's clothes" all of the time, to be a real, honest, marvellous woman? Well, when you get there you find that clothes are just things that women wear, and although it is nice to wear a nice dress for special events, you will find that if you do that all of the time you will be conspicuously different - which is not exactly a good idea unless you are very pretty.

We live in a conspicuously dull age. As for being a real, honest, marvellous woman, there aren't many of those about either.

Of course, like any normal woman, I do enjoy dressing nicely — even if, for the sake of fashion, it only means nice-looking slacks.

Unending Bliss?

A woman's life is an unending bliss? Ha! Women are second class citizens in our advanced societies. They are discriminated against at every turn, you only find out about this when you join that club, and then it is too late.

Women have progressed from being property, through being second-class citizens (where many of them are still stuck today) to being allowed to have some of the privileges of men, on condition that they be men. What fun is that? Women are frequently put-down, patronised or bossed by people whose only advantage is that they have something extra between their legs. That's being liberated?

The other side of that coin is that it can be fun relating to men (after you have become thoroughly familiar with the feminine role). Poor dears, they are so well-meaning. They may put you down, but only to feed their famous male ego. You can manipulate that ego, and if you are very clever they will do whatever you want if they think it was their idea in the first instance!

Women usually get paid less (if they can find a job in the first place), and if you can't "pass" perfectly your chance of getting any kind of job isn't great. If you try to start up your own business, you will find male city officials doing their best to discourage you. If you do get a job, you will of course want to make suggestions and improvements along the way. Be prepared to be called "bossy bitch" or "whinging woman". A man makes suggestions, a woman makes complaints. Deborah Tannen puts it this way:

> **If [women in authority] speak in ways expected of women, they are seen as inadequate leaders. If they speak in ways expected of leaders, they are seen as inadequate women. The road to authority is tough for women, and once they get there it's a bed of thorns.**

So, you don't want to be a leader? Okay, you are still a part of a stereotype. Richard Seaman says it picturesquely:

> **Whenever a woman is involved in aberrant behaviour, that reflects on the whole group. Whereas the man who walks into the McDonald's and mows everybody down because the burgers are cool is never seen as acting as part of a group. You know, nobody says, "Oh my God, it's testosterone poisoning", and you know, "Are we going to let men have guns? They're so unreliable".**

Welcome to womanhood.

Why Bother?

So, why bother? Because God or Somebody made a little mistake a long time ago and you have had to live it with some discomfort. When you finally right that wrong, what do you end up with? You. If you are a neurotic dill you are still one after transition.

That is why Gender Dysphoria teams go to some trouble to make sure that you are not unusually psychotic, else the shock of transition might unhinge you.

At the end of my probation, I asked my chief psychiatrist, "Well, what do you think?" He said, "You appear not to have any obvious psychotic tendencies". He didn't say, "Oh yes, it is obvious that you really are a woman in the wrong body, go for it!" I wished he had, but he only said that I wasn't obviously worse than most people. Big deal. Well, at least I'm not worse than most people — and sometimes a transsexual needs that encouragement.

The Operation

Hmmm, what about the operation (to be said in hushed tones)? Otherwise known as Sex Reassignment Surgery, but everyone knows what you mean. Doesn't it change everything? Sorry, no. It changes nothing. You have merely exchanged a penis for a vagina and boobs, and if you think that that has some advantages of convenience, try wearing a bra on a hot, sticky day! — And, as a woman you are not privileged to take off your shirt.

No, what matters is that you live the kind of life that allows you to be in a woman's space. Then you can be the woman you really are (if society lets you).

The Operation doesn't achieve that, but it ratifies it. It makes it easier to live in that space. After all, it is harder to convince yourself and others that you are a woman if your swimsuit or slinky dress shows a bulge in the wrong place! Of course, I have to admit that sex (with a modern clitoris endowment) with a good man is very nice, but a good man is hard to find ...

What is a Woman

Being a woman doesn't have a lot to do with being female. I know some females who couldn't possibly pass as women except that they were born that way. Being a woman is what you feel inside. So, how do you know what you feel like inside? I don't know, at least I never knew it until I had to dilate, that lovely torture which pays you back for being born wrong.

Being a woman is ... what? I have read and read about that, and I still don't know. I have talked to feminist transsexuals who despise femininity, so I ask them, "Then how did you know that you were a woman in the first instance?" and they go off muttering something, and I can't quite make it out.

The only thing I know for sure is that women have breasts, and I do have to admit that having breasts is really quite nice. There's nothing better to make you feel feminine. But you don't need the operation for that, only hormones (or implants).

Viva La Difference

Despite all the elegant and numerous books showing how there is no inherent difference between men and women other than the plumbing, there is a difference, and that difference has persisted for untold ages. In recent times in Israel they tried rearing babies to adulthood and treating the boys exactly the same as the girls, no difference, no socialisation at all, just the same. Too bad, the women were still women and the men were still men. And I don't just mean females and males. The women had a greater tendency to appreciate relationships and feelings, and the men liked to dominate and compete, and could manage spaces and maps better.

It is claimed that boys are socialised into being dominant, aggressive and unemotional. But female-to-male transpeople have reported that with the benefit of testosterone they have felt more confident, more aggressive and less emotional.

Obviously there is more to that than socialisation. Why any woman would want to give up her lovely female body escapes me, but that is another matter. My surgeon once suggested, "Wouldn't it be nice if we could just switch you about?" Sigh.

No matter what the Experts claim, no matter how sociologists find that some tribal hills-people may live as aggressive females and passive males, I think that there is one over-riding fact that belies the whole argument: the fact of transsexuality. The transsexual is born knowing he/she has a problem.

When I was a boy I knew that there was something wrong from the age of four. As I grew up, I did not want to dominate, to be aggressive and suppress emotions, despite a massive effort by everyone to socialise me into that. It just wasn't in me, and I spent

many horrid years trying to build up that shell — and still it cracked around the edges. In vain, my teachers, parents and peers tried to convince me to be a good, sports-loving, gross male clod.

But I felt that deep within me there was a person who preferred relationships, cooperation and emotional honesty. Where did that come from?

By abusing rodents and correlating people, some scientists think that it comes from an irreversible feminisation of the brain of a transsexual (or homosexual) owing to hormonal imbalance before birth during a critical stage of the development of an embryo in the uterus.

Other scientists rubbish this, saying that "You can't tell anything from animal experiments" (so, ignoring most of the advances of medical science), or "Oh, that's only statistics" (so, ignoring the rest).

Whatever the scientists and sociologists say, I believe that transpeople exist as an irrefutable proof that there is a fundamental difference between men and women. Viva la difference!

Sugar and Spice and Puppy Dog Tails

In other directions, if you are a woman, are you made of sugar, spice and everything nice? I personally believe that caring and sharing is built into the female psyche, and I do enjoy caring and serving. If this outrages some feminists out there, well okay, but if you don't want to do the dishes along with the other women, you had better find some man to do it instead. Good luck!

What if you take your male ego with you into womanhood? Arrgh! I have seen plenty of that in well-meaning transsexuals. It looks revolting — unless you are pretty, in which case all is forgiven. Sigh.

Who Would be a Woman?

What more? Oh yes, governments also take a dim view of transpeople. Listen to Katherine Cummings:

> **To complicate matters further, recent cases where male-to-female transsexuals have been raped have resulted in decisions being made that for the purposes of rape a male-to-female transsexual is to be considered a woman. The anomaly arises that if a male-to-female transsexual has sex willingly with a man, then she is considered to be male, but if she is raped then she is transformed, for the time being, into a female. As I said in a letter to the Attorney-General on the topic, one's sex alters depending on whether one is being seduced or raped a fine distinction in some cases.**

Who would be a woman if they had a choice?

Well, it's not really that bad. I greatly enjoy being a woman — because now I can be the real me (whatever that is) — no pretence. And somehow, that makes all the difference, and it makes all the rejection and agony worth the while.

Yes, it would be nice to be pretty, and sometimes when I look in a mirror I weep, but I then pretend that I look great, and people believe me! Amazing.

That is the little-known secret of being a successful transsexual: believe in yourself. If it doesn't come naturally, work at it. People will take you at your own value. It works. Well — it doesn't make me pretty, but I have a great smile.

Finally, who cares what governments think? After all, they are only run by men (mostly). You reckon you are a woman and you want to shift the earth? Vote for women!

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.

Expressing Our Needs

Coming-out for Transsexuals & Transvestites

by Joni Eveling Israel

Article appeared in Polare magazine: February 2000 Last Update: October 2013 Last Reviewed: September 2015

Sharing our gender and sexuality issues with people close to our hearts can be intimidating

When we think of communications, many thoughts may come to mind. Conversing on the telephone, chatting through computer modems, speaking to friends and family, or even our own gender leaders educating a group of budding psychologists, all these are different forms of communication. As individuals experiencing various levels of gender issues and self-awareness, we often find ourselves becoming more in touch with our feelings and needs. Equally important to discovering new levels of self, is sharing the discoveries we have made, so that we may enrich our experiences and fulfil our newly identified needs.

> ***'Coming-out' can be a powerful experience, often serving as a catalyst in revealing our special secret self***

'Coming-out' can be a powerful experience, often serving as a catalyst in revealing our special secret self, while at the same time, improving our overall communication skills. Sharing our gender and sexuality issues with people close to our hearts can be intimidating. In our pre-established relationships, i.e., family, partners and close friends, we often become comfortable in speaking about daily needs and occurrences.

Often, overlooking communication as an important tool which cements our relationships together, at times assuming that those individuals "know what our needs may be". In revealing important issues, like coming-out, we deal with the focus being directly aimed at us. We may draw on the fear of "I may be rejected", or "I feel a lot of shame surrounding this issue". Hence, we perceive 'Coming-Out', like other communication challenges, as risky business.

In revealing deeply important issues, such as coming-out, one guideline therapist Roger Peo endorses is the fundamental question, "Will this improve my relationship with this person?". This is an excellent measure in determining necessity versus risk.

Revealing our needs has always been a risky business. There are, however, a number of tools we can use in minimizing risk, which are illustrated in the following:

- **Prepare for communicating:** Much like going to a business meeting, it can be helpful to prepare a list of items you wish to discuss. Also, talking with a knowledgeable friend or counsellor can be helpful. Dan, our imaginary person, is about to tell his wife, Karen, about his gender issues. Dan first spoke with his therapist about his feelings, then strategized a communications plan, and finally, he defined a level of confidentiality to request from Karen.
- **Make an appointment:** Making an appointment was the first thing Dan did by asking Karen whether she would feel comfortable talking personally over dinner.
- **Validating the relationship:** Validating the relationship is an important door opener. It reaffirms that the relationship and its positive strengths exist. Dan stated, "Karen, I want you to know I've drawn a great deal of happiness from our eight years of marriage. What I have to share is very personal and I feel I can trust sharing it with you". Dan also sought a confidentiality agreement at this time.
- **Relieve stress by revealing:** Just about now, our imaginary character is starting to sweat a little. Like many great communicators, he found that by telling Karen he was feeling a little nervous, he had put Karen in an empathetic mood. Feeling comfortable, he now can move on.
- **Share the facts:** "Karen, I'm a cross-dresser and even have thought of having a sex change". There, Dan did it! He then continued to reveal the facts he knew about himself, gender issues ... all the time respectfully answering Karen's questions. He also, referred questions he didn't know to a future discussion.
- **Affirming the other person's beliefs and feelings:** Affirming the other person's beliefs and feelings can be our most empowering step. It is at this point, that we may not hear what we want. Dan followed this

by listening while Karen expressed reservations about his cross-dressing around their children. He told Karen he would talk to his therapist to see if cross-dressing around children was harmful.

- **Sealing the communication:** Like any good communication, it's important to have a proper closing. Karen had stated, "I'm not very happy about this, and there is a lot I don't understand, although I am willing to learn more without passing judgement". In closing Dan thanked Karen for being there for him, while restating, that he valued his relationship with her, and then gave her a warm hug.

Communicating individual needs, like gender and sexuality issues, won't always be this easy. However, you have just reviewed some powerful tools that you may include in your communications repertoire. With practice, as you increase your communication skills, you will find an increased sense of empowerment and satisfaction. Do remember, after sharing something as stressful as 'coming-out', you may be well-served by spending time alone, positively reflecting on your personal success ... and if you wish, rewarding yourself in a special way.

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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.