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Manager's Report

by Elizabeth Riley, Gender Centre Manager

N.S.W. Health

To begin with N.S.W. Health has produced a policy in relation to the employment of transgender people in N.S.W. Health. The policy is printed in full in this edition for your information. The Ambulance Service of N.S.W. has also adopted the N.S.W. Health policy in its entirety.

N.S.W. Health is responsible for administering all the area health services throughout N.S.W. and each area health services is required to comply with the policy. This means that significantly greater opportunities exist for transgender people to gain employment within the health system. Since N.S.W. Health employs people with a wide range of skills ranging from areas such as cleaning or catering through to administration and medically qualified staff there is a real opportunity for anyone who might be interested in working in the health system to gain employment.

If you are interested it might be worthwhile to peruse the employment pages in the *Sydney Morning Herald* on Thursdays. The Thursday edition focuses specifically on health related positions in its employment section.

The Transgender Working Party

Secondly, the Transgender Working Party is advancing on the work reported in the last edition of *Polare*. A proposal has been put forward the Office of the Director of Equal Opportunity in Public Employment (O.D.E.O.P.E.). This proposal will involve all members of the working party but will specifically be negotiated through O.D.E.O.P.E., The Public Sector Management Office (P.S.M.O.), the Anti-Discrimination Board (A.D.B.) and the Gender Centre. We will be meeting as a sub-committee in early April to examine appropriate modifications to the handbook. The following is an outline of the proposal:

Feature Articles



The biological characteristic which separates females from males has been defined as the ability to produce eggs in an ovary and so mothers have been the stereotype for femaleness in our culture

The Pregnant Man, An Oxymoron?

"The Pregnant Man, An Oxymoron" is a study focusing on female-to-male transsexuals who chose to bear a child while being conscious of their transsexual male identity and who therefore transitioned shortly afterwards and the unique problems with which this group are faced.

Media, Grow Up!

Barely a week goes by without a newspaper article or television show making fun of transsexuals. Apparently our mere existence is amusing in its own right. It seems that when transanything is concerned even the most respected journalists become tabloid journalists.

Castration in Non-Transsexual Males

Counsellor and co-author of medical recommendations, Gianna E. Israel provides information about non-transsexual males seeking castration. She has come in contact with a significant number of these men, they have varying reasons and a unique history of their own.

Proposal for developing and communicating a policy on the employment of transgender people in the N.S.W. public service.

It is proposed that the most effective way of introducing a policy to prevent discrimination against, and progress equal opportunity for transgender people is to review and amend the relevant mainstream personnel policies, which are in the *Personnel Handbook*.

O.D.E.O.P.E. will work on this, in consultation with P.S.M.O., with advice from the Gender Centre and the working party.

- The Personnel Handbook provides authoritative policy instructions to all employers bound by the Public Sector Management Act. Other public sector and local government employers often use it as a guide for their policies.
- The handbook will shortly be published electronically, with quarterly updates. Because of the consultation agreement with Labor Council, we will aim to have the first changes included in the August update.
- Some issues are complex and may take longer to develop. The relevant handbook sections can be revised in stages and included with later electronic updates.
- >> When the amendments to key sections are agreed and included in the electronic

Personnel Handbook, a letter to H.R. managers will draw attention to the changes.

» Once the most important changes are in place, we hope that the Gender Centre would be interested in preparing a leaflet specifically for the transgender community on N.S.W. Public Sector Equal Employment Opportunity provisions for transgendered people. O.D.E.O.P.E. and P.S.M.O. could assist by providing details of the relevant personnel policies.

This is the outcome of three years of work with the public sector and represents a huge step forward in providing equity in employment to the transgender community. It is anticipated that the changes will come into effect when the August edition of the handbook is printed. The P.S.M.O. will provide me with details of the relevant entry opportunities into the public sector at our next meeting so I will keep people informed.

However, interested transgender people might like to check the public sector employment pages in Saturday's *Sydney Morning Herald*. They are listed on pages 2, 3 and 4 of the employment section. If a position interests you it might also be useful to call the contact person and have an information kit sent out to you. Whether you apply or not it will provide you with a good idea of how the sector works and what is likely to be required of you when you do apply.

Increasing Employment Opportunities

Thirdly a reminder that for the first time in our history we are beginning to see a commitment from key elements in the non-transgender community to ensuring transgender people have access to equal employment opportunities.

This is enormously significant, not only in terms of employment but also in terms of creating a transgender presence in the mainstream workplace, and promises to go a long way towards reducing and eliminating the kinds of discrimination and stereotyping that we have all experienced from the wider community in the past.

Once again I encourage every one seeking employment to review your skills, upskill if necessary, and when the time comes flood the public sector with your applications. When the doors finally open we need to make sure that we are standing there in sufficient numbers to pass through them.

N.S.W. Police Service

Finally the N.S.W. Police Service has been working on a transgender policy which covers all areas of police dealings with transgender people, including employment. This is a very promising policy and we will be publishing a copy as soon as it is completed in a coming edition of *Polare*. Stay tuned for this one.

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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.

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The Pregnant Man: An Oxymoron?

The Unique Issues Faced by Pregnant F.T.M.s

by Dr. Sam Dylan More, Institute for Molecular Science - <u>U.V.S.O.R.</u> Okazaki National Research Institute, Myodiji, Okazak, Aichi 444, Japan Article appeared in Polare magazine: April 2000 Last Update: October 2013 Last Reviewed: September 2015



... in certain cases pregnancy might be a solution for a F.T.M. to fulfil his wish to found a family.

Abstract

The desire to found a family is a gender neutral one. Pregnancy does not fall into this category - in our culture it is considered to be an exclusively female activity.

Both a positive and rational relationship towards the body and a supportive environment helped to reduce pregnancy related stress.

This study focuses on female-to-male transsexuals (F.T.M.) who chose to bear a child, while being conscious of their transsexual male identity, and who therefore transitioned shortly afterwards.

Problems this group has to face include: finding a supportive environment, defining the individual perception of masculine identity and handling the organisational aspects of transitioning.

These consist in dealing with therapists and or medical caregivers who are required to write or approve the necessary referrals for name change, hormones or surgeries. Additionally meeting the standards legally required for a name/gender change can be complicated as those frequently request permanent sterilisation or a non-marital status.

Several F.T.M.s who transitioned either during or after pregnancy (maximum three years afterwards) have been interviewed, particularly in respect to the response of their social environment. The request of permanent sterility for F.T.M.s who wish to change their gender legally is discussed from a feminist and human rights perspective and from the male self-perception of the F.T.M.s involved in the study.

Introduction

The biological characteristic which separates females from males has been defined as the ability to produce eggs in an ovary and so mothers have been the stereotype for femaleness in our culture (Clover, 1986).

Potency, the ability to sire own biological offspring is however a prominent characteristic of a man in many, especially traditional societies. Female to male transsexuals (F.T.M.) are caught in a catch-22 situation: if they become pregnant society might perceive them as female, if they opt against a pregnancy they won't become fathers of own biological offspring - both may lead to psychological suffering.

Feminists have often regarded F.T.M. transsexuals with suspicion as going over to the enemy (Feinberg, 1996: 100; Queen 1994) and threatening the concept that gender is a social patriarchal construct (Butler, 1991). In claiming the right to have their own biological children and still being determined to live in all purposes as a man, the pregnant F.T.M. could be seen as a special threat to feminism. The essence of his decision would, however, be to claim the right of self-responsibility over his own body, a goal which has been a traditional feminist one, especially regarding the difficult moral question of abortion.

As there is also a strong link between feminism and lesbianism, trans-activists who struggle to provide a better legal recognition of transsexual families could become worthwhile allies as for those who try to improve the legal situation for gay and lesbian couples.

The International Bill of Gender Rights (I.G.B.R.) which was accepted as a resolution at the International Conference of Transgender Law and Policy can be regarded as a political manifest of the transgender liberation movement.

It states:

The right to conceive, bear, or adopt children, the right to nurture and have custody of children and to exercise parental capacity ... Therefore individuals shall not be denied the right to conceive, bear, or adopt children, nor to nurture and have custody of children, nor to exercise parental capacity with respect to children, natural or adopted, on the basis of their own, their partner's, or their children's chromosomal sex,

genitalia, assigned birth sex, or initial gender role, or by virtue of a self-defined gender-identity or the expression thereof. (I.B.G.R., 1995)

Western's society's view that pregnancy is an activity reserved exclusively for women is also mirrored in the jurisdiction of several countries including Germany, Netherlands, Sweden and some North American States. (McMullen and Whittle, 1994) For example the German legislation "Transsexuellen Gesetz" (T.S.G.) provides a "minor" solution the "name change" and a "major" solution "a change of sex/gender designation".

Parenting options and the right to marry are restricted by this law as long as the F.T.M., desires a gender appropriate male name. After birth of a child or a marriage, the name change is automatically revoked.

The possibility of a pregnant F.T.M. is covered, however, as the name change stays valid, when the child is born within 302 days after the name change has become legal i.e. has been legally conceived prior the name change. The option of transitioning and having biological children of his own is therefore strongly restricted once the F.T.M. has started to live in the male role. Further the law requires strong evidence of male gender-identity to grant the continuance of the male name in a second move.

Additionally the law requires "a permanent inability to reproduce" in order to grant a transsexual citizen a legal gender change. (T.S.G. (1980), Second Section, SS 8, 1 (iii)).

Only this status enables a <u>F.T.M.</u> to marry, as once his name change is legal, marriage (to a man) in contrast would permanently revoke the name change, while a marriage to a woman would be impossible due to his still female gender status (<u>T.S.G.</u> 1980, first section, SS 7). An eventually existing marriage with a male partner has to be divorced prior the gender change.

German Law (B.H.G., 14.12.1994 FamRZ95, 344) defines a marriage as a contract between a man and a woman. A change in the T.S.G. would however imply that also relationships between two men would be recognised as eligible for marriage. The existing policy, however, is in contradiction with the German constitution, which guarantees "protection of the family" by the state (Art. 6, sections 1, 2 and 3) as in the cases of relationships between F.T.M. the state is not recognising an existing family and discriminating against it on the basis of gender.

Gay F.T.M.s are prevented to marry or maintain a marriage to the father of their mutual offspring. This problem may have been overlooked when this law and similar ones were issued, as sparse scientific evidence about such individuals existed.

No study has previously investigated if <u>F.T.M.</u> could willingly become biological parents, while being conscious of their transgender identity.

Until now only few studies have been dealt with F.T.M. who have had children. Green et al. (1978) have conducted a study about nine F.T.M. who had raised their own or the spouse's children, The study concentrated however mainly on the psychological impact a parent's transsexuality might have on the children. Devor (1998: 379, 386) mentions in her extensive case study of forty-five F.T.M., two participants who consider to combine parenthood of a biological child and transitioning, but does not go into any detail except citing that one of those individuals had already a child before and had self-identified as a "pregnant man".

Other participants of that study are briefly described as being F.T.M. and biological parents, who had their children prior transitioning, however their identity as a transgendered parent is not investigated. Most other research has been more ethnologically founded and has mainly dealt with non-western cultures where other categories for a socio-cultural gender change from female-to-male apply.

Certain native American cultures have had the system of a berdache, which enabled in certain cases that a female born person could live in a male or cross-gender role (Spier, 1930). This could also be combined with the option to raise own offspring (Feinberg, 1996: 27).

Contacts to F.T.M. transsexuals were established using e-mail via the Internet or at F.T.M. conferences. Notes were taken during the oral interviews, when questions arose later they were clarified using email correspondence.

Two other <u>F.T.M.</u> were contacted exclusively over the Internet, as they belonged to a <u>F.T.M.</u> mailing list and were willing to engage in a longer e-mail conversation. Several <u>F.T.M.</u> who were not willing to give enough information were excluded. All names used in the paper are pseudonyms.

Nine F.T.M. transsexuals were included in this study.

Six (AI, Ben, Chris, Del, Eric, Matt) met the criteria to have had biological children, while being aware of their male gender identification and transitioning in the time-frame of three years after the birth of the last one.

The beginning of transition is defined as the decision of the F.T.M. to live eventually as a man and his start of either cross living, hormone therapy or transition related counselling.

Another three F.T.M. (Leif, Hal, Ian) who transitioned later (6-8 years after the pregnancy) were included in the survey as a comparison to the first group.

Seven (Al, Ben, Chris, Del, Leif, Hal, Ian) of the F.T.M. became pregnant by having intercourse with a male partner, in five cases the F.T.M.s were married (Al, Ben, Leif, Hal, Ian).

In two cases (Eric, Matt) the pregnancies were scheduled in a pre-planned time-frame and the child was conceived by donor insemination in order to have a biological child before transitioning. In those two cases and in one of the above (Chris) the F.T.M.s

were actually transitioning while being pregnant.

All participants were transitioning at the time the study was conducted.

Summary

As this study shows, in certain cases pregnancy might be a solution for a F.T.M. to fulfil his wish to found a family. While direct transition related anxieties were not present during the pregnancies of F.T.M. who transitioned later, the feelings directly concerning the pregnancy did not differ in their variations if compared to the group who transitioned earlier.

Both a positive and rational relationship towards the body and a supportive environment helped to reduce pregnancy related stress.

Medical and psychological caregivers as well as the state would have to change present restrictions to enable individuals with that wish to do so, in order to increase their life quality.

Acknowledgements

Thanks to James Green, F.T.M. International, for critically reading this paper.

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Media, Grow Up!

Apparently Our Mere Existence is Amusing

by Rachael Cook

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Apparently our mere existence is amusing in its own right.

arely a week goes by when I don't read in the newspaper or see on the television someone making fun of transsexuals. Apparently our mere existence is amusing in its own right.

It is as unfortunate for journalism as it is for us that the media insist on tabloid treatment of all matters involving transgender people

To be transgendered and teach, practise medicine or nursing, play sport, have a family, run for parliament or even exercise ones legal rights are apparently so controversial it warrants exposure of ones life history including private details such as ones former name and publication of a before photo.

We have this uncanny ability to be born a man or a woman. I don't recall having heard this expression applied to anyone who hasn't changed sex. Funny that. I can only presume it's much easier to despise someone who was born an adult than someone who was born an infant.

I may have been born with or perhaps acquired a difference from most at some stage of my life. I don't care. My self-perception was well in place whilst still believing in Santa Claus. Hardly a surprise, I'd be hard pressed to find someone who's not transgendered who wouldn't attest to the same.

That's my history, answering the big question only leads to intolerant approaches such as aborting all foetuses carrying the pansy or tomboy gene. I remember growing up modelling myself not on my mother, father or sisters but on girls I aspired to be like at school and respected role models I admired. For whatever reason those I was instinctively drawn to in this way all happened to be female and I don't consider that experience any different to that of my sisters or other female peers at school or elsewhere. Hardly the modern day caricature of a football guarterback doing ballet. Surprise, surprise, I was just another kid.

Recently the *Sydney Morning Herald* presented a picture of Channelle Bergman leaving court with a filename of none other than "000223_trannie.jpg". I wonder if it's now *Sydney Morning Herald* policy to do this for all minorities? Quite apart from the issues surrounding the invasion of privacy on what is essentially a confidential medical matter that has unfortunately found its way into court; the labelling they've invoked is offensive and deplorable.

It's not as though there is no room for a positive approach. It just seems that when trans-anything is concerned even the most respected journalists see the need for tabloid "just another tranny story" journalism. I don't terribly like the term tranny in any case. I can take it in a transgender community publication when someone is referring to themselves, but in the mainstream media and government pamphlets (such as those issued by the A.D.B.) I find it just plain condescending.

It is as unfortunate for journalism as it is for us that the media insist on tabloid treatment of all matters involving transgender people because as they all clamour for an opportunity for a good story they miss an opportunity for some brilliant journalism by challenging the stereotypes with far more shocking yet truthful headlines such as "suicide rate approaches employment rate" to public attention.

The general public has a way of treading in the footsteps of the media before them. Perhaps then if the media grew up a little so would our community as a whole. To borrow a famous quote "I am not an animal, I am a human being."

I'm not prepared to live my life by the standards of others. I swear, as a kid I was at least as afraid to come-out to my family as not believing in God, as I was to tell them I wanted to be a girl. The only mental-illness associated with transsexualism is that of the general community.

To insist on treating someone as one sex when their self-perception is clearly otherwise I think is truly psychotic. Is it really such a threat to people that it is better to hurt someone's feelings than deal with the reality that perhaps there are others with a life experience different to our own?

I know who I am and what I am, deal with it! I came to terms with theory of mind at about age four, it never ceases to amaze me that there are adults walking around who still can't get their head around the concept that not everyone strives to be like themselves.

I'm tired of being tolerated. What is there to tolerate? Diversity? No two people on Earth are the same. Is it any wonder then that those who spend their time frothing at the mouth are so upset? There is a whole world out there to control.

I would have thought it much easier to pull ones head in a little and treat diversity as something to learn from rather than put up with. We've all done it at some stage, had a go at someone for being different in some way or put someone down in the hope of not being associated with their kind. There's no shortage of that in the trans scene either.

Bottom line is if you want the world to give you a fair go, give others the same fair go, don't go around making presumptions about others and pride yourself on it! If nothing else it will make for one less person in this world who has forgotten the basic concept of employing good manners.

It's rude to point, it's rude to stare, it's rude to isolate others and it's generally considered pretty rude to pick apart the life of someone you've never met.

Media, grow up.

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Castration in Non-Transsexual Males

Become informed about chemical and surgical options

© 1998 Gianna E. Israel

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



Gianna E. Israel - As a community counsellor and co-author of medical recommendations, I have come in contact with a significant number of non-transsexual men seeking castration.

everal summers ago I authored an article titled; 'Transgenderists: when self-identification challenges transgender stereotypes'. It introduced transgenderists as those persons who had the need to maintain their original gender identification as well as a build on a

... generally speaking nontransgender men frequently seek castration for reasons other than gender issues. They also have a unique history of their own.

new one. Although they are not interested in genital reassignment surgery, they may need and often are interested in hormones and cosmetic enhancing procedures. As a consequence of that article I received a lot of mail. Some people sharply criticised me for identifying transgenderists. Those who did believed that such an identification would somehow distract from cross-dresser and transsexual individuals. For the most part however, I received positive commentary on the article, and it was even published in a few foreign languages, which was nice.

In this particular article I am providing information about non-transsexual males who are interested in castration. This would include transgender and non-transgender people. Generally speaking if a person has gender identity or cross-dressing issues, his or her purpose for seeking castration most commonly to become more physically congruent with a new or desired gender identity. In other words, if the person was born male, and desired to become a woman (even part-time), he or she may seek castration as a gender confirmation surgery. If this is the case, then the person would want to follow up-to-date clinical literature for transgender persons. This would include 'Recommended Guidelines for Genital Reassignment Surgery or Gonad Removal' found in the book *Transgender Care*

(Israel/Tarver - Temple University Press, 1997). However, if a non-transsexual or transgender person wishes castration, many consumers as well as care providers are very poorly informed what treatment options are available.

As a community counsellor and co-author of medical recommendations, I have come in contact with a significant number of non-transsexual men seeking castration. Sometimes the lines blur, and a transgenderist may seek castration for similar purposes as non-transgender men. However generally speaking non-transgender men frequently seek castration for reasons other than gender issues. They also have a unique history of their own.

Historically within each culture there has been a small segment of non-transgender men who seek chemical or surgical castration. These include a variety of groups. The Skoptji within Russia are a religious sect, and believe castration is the highest form of spirituality. There are also the famed Castrati who served Catholic churches as well as Eunuchs who served Mid-Eastern harems. Throughout history there have also been a number of individuals who performed self-castration or sought it for personal purposes. Males today still seek castration for primarily the same reasons males did so in previous cultures.

Reasons for castration are numerous. Some males are happy with their relationships, but have an overly active libido. In other words they feel a sexual compulsion or drive which is so high it interrupts their quality of life. Other males have developed a body dysmorphic condition and feel extremely unhappy with the look and feeling of having testicles. There are also some males who seek castration for spiritual purposes as I previously mentioned.

The preceding information highlights some of the more common reasons males seek castration. However in the world of human diversity there are other reasons as well. Some males believe castration will reduce impulses to cross-dress. Others may be lacking in sex education and believe that castration is the answer to problems otherwise resolvable. Occasionally males become obsessive compulsive regarding castration. This means they constantly think about or self-inflict castration and mutilation. In these situations a person becomes so severely handicapped by obsessive thoughts or compulsive behaviours his quality of life becomes considerably interrupted and diminished. Finally, some people seek castration to reduce predatory impulses or because they have a psychotic or delusional disorder.

During my past nine years of practice I've worked with a number of males seeking castration for non-transgender reasons. People are often surprised when they hear that those that seek castration are often not all that different from one's neighbours or friends.

Nonetheless I do not advocate anyone seeking chemical or surgical castration without experienced counselling and a competent mental health evaluation prior to being referred for medical treatment. As well, any competent physician would ordinarily require this.

Toward the goal of assisting clients seeking castration I provide letters of recommendation after providing a competent evaluation. What I have found interesting is the fact that most men seeking castration enjoy being evaluated because it gives them a chance to talk about their needs without fear of being misunderstood. Like other specialized groups, most of these individuals appreciate the validation of their needs. Some are relieved to find that both non-medical as well as medical options actually exist. Whereas transsexuals and persons seeking gender confirming procedures complete a one year 'real life test' in order to confirm a surgical request, I advocate the same for men seeking castration. A year of chemical castration in addition to investigating other options provides men seeking castration certainty they are making the right decisions. This also provides validation for surgeons.

In discussing castration there is one specific act that gravely concerns me. This would be the person who takes matters into their own hands. In other words he or she attempts self-castration. I have encountered this with transgender as well as non-transgender persons. Tragedies happen when a person undergoes a surgical procedure without a medically qualified care provider in attendance. This frequently happens when a person was too ashamed or compulsive to ask for help. Or, a person didn't know that resources existed. Asking for help is a realistic, good thing. Not asking for help is what gets a person diagnosed as stupid, psychotic or dead. Don't let this happen to you. Become informed about chemical and surgical options.

One of the things I enjoy about working with men goes like this. Men have very independent personality traits and characteristics. Men also lead very rich fantasy lives. Some men however play-act castration fantasies during masturbation, for example. This can be dangerous. Participants may frequently act on self-castration fantasies by using rubber bands, knives and other devices. My suggestion for this behaviour is play safe. Do not allow things to become so tightly wound up you find yourself seeking emergency care. Make a promise to yourself to avoid directly cutting on skin. If you have self-mutilation fantasies that lead to cutting, its time to seek counselling or sex therapy. Finally, always use safe-sex precautions if you act out fantasies with a partner. That means no exchange of body fluids, blood, etc.

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 full list of her essays on the "Differently Gendered" Mebsite

a long illness and is a sorely missed supporter of the trans community.



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 <u>H.I.V.</u> and <u>AIDS</u> 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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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.