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Manager's Report

by Elizabeth Riley, Gender Centre Manager

A.D.B. Transgender Consultation

From time to time I am contacted by members of the transgender community wanting to be involved in lobbying to address the many issues facing us. A good starting point for anyone who is keen to take on such a role is to attend the transgender consultations run through the Anti-Discrimination Board of N.S.W.. These consultations are run six monthly or by special request where urgent issues are pressing.

Unfortunately, at the last consultation, held on 21st March, only two transgender people were present. It is difficult for two people to adequately represent the concerns of the whole community. Small attendances may also send a message to the A.D.B. that we are content with our circumstances and raise questions about the need to continue such consultations.

In reality the consultations provide an ideal platform to air our issues, generate action and achieve outcomes. They also provide accurate and informative feedback on the current state of play across a wide range of issues affecting our community. That knowledge enables us to act cohesively in campaigning for change where issues affecting us have yet to be resolved.

I would encourage all transgender activists to come along to the next meeting to be held at 5:00pm on Tuesday 1st August 2000

This is a great opportunity to have your say, be heard and achieve results.

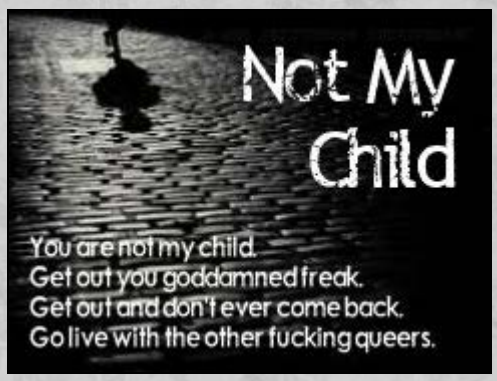
The meeting will be held at The Anti-Discrimination Boards new offices at: Pacific Power Building, Level 17, 201 Elizabeth St, Sydney.

Transgender Working Party

Further to the report in the last edition of *Polare*, I have met with O.D.E.O.P.E. and conducted a review of the *Public Sector Personnel Handbook*. Changes to the handbook are currently being drafted to include policies acknowledging transgender people and to enhance our opportunities of gaining work in the public sector. We remain optimistic that the first of these changes will appear in the next printing of the handbook in August.

The next meeting of the working party was held on 31st May and we concentrated on the employment issues there with a particular emphasis on how O.D.E.O.P.E., the Public Sector Management Office (P.S.M.O.), the A.D.B. and the Gender Centre can work in partnership to achieve desired employment outcomes. It was aimed that the draft changes would be completed by the beginning of July for comment from members of the working party.

Feature Articles



All too often, kids who have been disowned and kicked out of their homes are told that they should strive to tame their parents' wrath: Keep the channels open. Try harder to make your parents understand.

Not My Child

The saying that parents always love their children is not always true. L.G.B.T. children are regularly disowned and the city streets are filled with them. They are the children who were caught dressing up at young ages and had their love and emotional support withdrawn.

Phalloplasty Stage One

Michael, who began his journey four years ago, gives a first hand account of the elation and disappointment of the first stage of female-to-male gender reassignment surgery, his impressions of Surgeon Dr. David Hunter-Smith and Melbourne's Peninsula Private Hospital.

Small Town Transition

Like a thunderclap, Gina's ability to deny her transsexuality collapsed into the silence of her screams and burnt over her shocked family and friends. The door to her hidden life was now open to the light of the small country town she'd lived in for over 20 years.

The Administration of Hormone Treatment to Transgendered People

When the transgendered person requests hormones, providing there are no serious medical contraindications, they should be allowed to legally imbibe those hormones without any moral, fanatical or religious-based judgement from others, including the medical establishment.

Dallas Denny on the Standards of Care?

Because the S.O.C. were initially written as minimal standards, they were often over-interpreted by physicians that used the promise of hormones and surgery to influence changes in the transsexual's sexual orientation, manner of presentation and physical characteristics.

I would like to restate the reminder included in my last report in *Polare*:

> **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.**

Petersham T.A.F.E.

We have held discussions with Petersham T.A.F.E. who are keen to provide opportunities for transgender people to study in a safe and positive environment.

Anyone wishing to acquire new skills or upgrade their current skills should contact Julie Robinson at Petersham T.A.F.E. on (02) 9335 2568 Monday to Wednesday. I guarantee you will be warmly welcomed.

If you would like to take advantage of these new employment opportunities please contact me at the centre, send me your resume, and I will keep you updated on progress.

If you have access to the internet you can also check out O.D.E.O.P.E.s website which gives a range of useful information on job advertisements, how to find a job, how to apply, at interview etc, as well as information on standard requirements in the public sector including knowledge of O.H.&S., E.E.O., E.A.P.S. and so on.

Transphobic Violence

In the last edition of *Polare* and on page 6 of the current printed Edition 35 (hard copy) there is an article on a proposed study into transphobic violence. The two facilitators of that study are looking for transgender people who have experienced violence to participate in a focus group to explore the nature and frequency of such violence.

The published finding of these kinds of studies provide a basis for lobbying and can result in funding being made available to run campaigns to overcome the issues, (such as the "Anti-Homophobia, What are you scared of?") poster campaign.

I have received indications that funding might be available from the Attorney General's Department to help address the issues of violence against transgender people. Attorney Generals acknowledge there to be a serious service gap within their department in this area.

In conjunction with the Attorney General's Department and the Anti-Violence project we are also keen to run a community forum to look at the issues of violence in our community and to develop strategies to try and combat this. I urge members of the transgender community who have been victims of violence or who have ideas on how we might address violence to participate in the focus group and/or the community forum.

Please contact Elizabeth on (02) 9519 7599 to register your interest.

Annual General Meeting

The Gender Centre constitution requires that the A.G.M. be held on or by the 30th September following the close of the financial year. Due to the anticipated chaos and probable restriction on venues likely to occur as a result of the Olympic Games we are proposing to delay the A.G.M. for year 2000 until mid-October. We hope that by doing so we will optimise the opportunity for members to attend without having to endure traffic, transport and venue difficulties.

If any members are opposed to this proposal could they please contact me in the near future and let me know of their concerns.

Staff Member Moving On

Our Social & Support Worker, Sean Taylor, who began at The Gender Centre in 1996, has tendered his resignation. Sean and his partner Lisa have bought a house in Newcastle and are seeking new horizons.

On behalf of all the staff and Management Committee I would personally like to thank Sean for his invaluable efforts over the past four years. He has been a committed worker, dedicated to improving conditions for transgender people in every area of his work. He will be greatly missed. I wish Sean and Lisa the very best in their future endeavours.

Advance Notice

As a consequence of Sean's departure we will be undergoing some staff restructuring at the centre. The Social & Support position will be vacant and a new position of Community Project Worker will be created. Both positions will be permanent part-time three days per week.

Both positions will be advertised in *Sydney Star Observer* and *Capitol Q* in the week ending 17th June under the heading of "Community Workers". The ads also appear in this edition of *Polare*.

Transgender persons with the relevant skills are strongly encouraged to apply.

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.

Not My Child

Disowning and Other Abuses of Transchildren

by Suzan Cook

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

I was eleven, when my parents caught me wearing my mother's clothes. In an instant, I went from being a sissy to being a queer.

> ***"You are not my child." "Get out you goddamned freak." "Get out and don't ever come back." "Go live with the rest of the fucking queers."***

There is a platitude that says that parents always love their children. It is not always true. L.G.B.T. children are regularly disowned - and the streets of the big cities are filled with these children. These kids don't just "all of a sudden" get kicked out for no reason. They are the children who were caught dressing up at young ages, and had their love and emotional support withdrawn. They are the children of "religious" families who get kicked out because "God hates queers." They are the children who have been abused by psychology, institutionalized with Gender Identity Disorder in institutions that try to make the boys act masculine and the girls act feminine ... at least until they max out the psychiatric insurance.

As a public service announcement of a few years ago said, "words can hurt as badly as a fist, and cut as deeply as a knife."

All too often, kids who have been disowned and kicked out of their homes are told that they should strive to tame their parents' wrath: "Send books. Keep the channels open. Try harder to make your parents understand. After all, they are your parents, and deep down they love you."

You wouldn't tell an abused spouse to keep trying to mend the relationship with her/his abuser. Don't tell a disowned child to keep trying. Better advice would be to seek out the support and counselling needed to heal.

I know I probably sound cold beyond words, but some families are really toxic. One girl I knew moved here from Mexico with her family when she was three. After her parents became legal citizens, they legalized her brothers and sisters. Because she was a gender-queer, they wouldn't legalize her. They kicked her out instead. Another of my friends' family read Kaddish (a Jewish funeral service) over her and declared her dead.

Gender psychologists classify transsexuals as "primary" or "secondary" depending on whether they came-out (or were forced out) early in life, or later in adulthood, respectively. One of the main differences between these two groups is that Primary Transsexuals are far more likely to have been thrown out of their houses and disowned for being obvious gender-queers. Activist Riki Ann Wilchins calls this transparency - "the inability to pass as "gender-normal." Gender-queer kids never really enjoy the luxury of coming-out. Many biological "boys," unable to mask and hide their femininity, are out from day one, marked and labelled "sissies." Hiding their gender differences and being able to come-out in adolescence or adulthood are luxuries denied.

Sissy, Tomboy, roll the two words around in your head and ponder the weight of both those words; contemplate the discordance of the two images. Tomboys are cute. They play "boy" games, run around in "boy" clothes, and are generally considered okay. They are not stigmatized - at least, not until they hit puberty.

On the other hand, little boys who play with dolls and wear "girl" clothes are immediately stigmatized. Sissies are beaten and harassed at school. If they are discovered dressing up and learning to perform the gender of their identity at home, parental love is withdrawn. I was hit with the reality of what I was one day when I was eleven, when my parents caught me wearing my mother's clothes. In an instant, I went from being a sissy to being a queer. In that instant, my life was turned upside down. A wall of ice descended, and I immediately felt the loss of my parents' love. I realised I was no longer their child.

A few years ago, a woman who had thrown her gay son out because his queerness was against her religion publicly repented and wrote a really weepy book after her son did a half-gainer off an overpass in front of a semi-truck. I don't feel her pain. She was an asshole for disowning her son. Both she and her son would have been better off if she had found another church.

In late October 1998 the Georgian County Day School threw out "Alex" McLendon for adopting a female gender-identity. A newspaper photograph showed her wearing jeans, sports shoes, and a long-sleeved striped T-shirt; the accompanying caption said Alex was dressed as a female. Basically, the clothes were neutral; they took on the perceived gender of their wearer. Now, Alex will be home-

schooled because she identifies as female. She has already encountered the first reduction of her civil rights. Unfortunately, the chances are high that Alex will continue to encounter such reductions in her rights for the rest of her life.

In the highly accurate movie *Ma Vie en Rose*, a young transsexual child's family is hounded from their house, her father from his job.

Gender-queers are the most visible and least protected element of the L.G.B.T. community. They are the most likely to have suffered abuse, and to have emotional problems as a result of that abuse.

The persecution is real.

The very laws aimed at preventing the abuse of children in the labour market work against runaways and throwaway minors. To work as a minor legally, you usually need a work permit signed by your parents. If you don't have a high school diploma, obtaining even minimum wage positions becomes highly difficult.

I know about these things.

I have lived some of them. I have been a sex worker. I was a drug addict - speed, coke, and pills. I have seen friends overdose and die. I have seen a friend murdered because she was working the streets.

My Mexican friend ended up working the streets. She got busted, tested positive for H.I.V., and was deported to Mexico, where she had no one.

Sex work is, and has long been, a major source of income for throwaway kids. Aside from often being one of the only options available, it is also a powerful lure. To be paid for being desirable, to feel wanted and attractive when all their lives they've been told they are worthless. It's sort of an antithesis to being told, "No one will ever love you or want you. Not a woman. Not a man. Not even a queer man or woman."

Despite this fact of life, the trans community almost never mentions this disowned sector of itself. Support groups, journals (and more recently, the Internet) have been a major resource for communication within the TS/TG community, but within these forums, class differences often become apparent. Far too often, the poverty experienced by many transsexual women as a result of the stigma attached to their very being goes unacknowledged.

To judge the trans community by these forums, groups, and by the journals' targeted readerships, the majority of M.T.F. transsexuals appear to be middle-aged, currently or formerly married to women, and overwhelmingly attracted only to women. The idea of attraction to men is usually tacked on almost as an afterthought, applied to all except post-ops.

The transsexual community seems itself perpetually split between those who are protecting what security they have managed to accumulate, and those too busy just trying to get any at all, a divide which falls along predictable age and class lines. Where their money comes from is a question which largely goes unasked. The answers, when located in the back pages of urban papers, parts of Los Angeles' Santa Monica Boulevard, San Francisco's Tenderloin district, and parts elsewhere, are not different - they are a part of the trans community, and deserve a voice too.

What can we, as a larger queer community do? L.G.B.T. continuation schools are a good start. Teen shelters that are open to runaway/throwaway trans children would be great. Employment counselling and job placement would help. Sex workers need the same legal protections as non-sex workers, and the same right of dignity in profession. And for all transsexual and transgendered people, inclusion in civil rights legislation such as Employment Non-Discrimination Act, on a national level and in state-wide initiatives which protect employment rights, would be wonderful.

Trans childhoods don't have to be tragic. Having loving parents makes a difference. One child in San Diego was very fortunate, when she went to her mother and said, "Mom, I need to be a girl," her mother acted supportively, and even helped her get surgery as a teenager [1]. But for every child fortunate enough to have a mother like that, at least five others are out hooking on Santa Monica Boulevard.

The persecution is real.

[1]"Just Evelyn," Mom, I Want to Be a Girl". 1998 Walter Trook Publications, Imperial Beach, Ca. I.S.B.N.-13 978 0966327209.

Suzan Cooke

TranZGrrlla Suzan Cooke is a baby boomer who came-out as herself in the months before Stonewall, 1969. An openly sex-positive bisexual transwoman, she became politically active in the anti-Vietnam War movement, and then in the trans/gay/lesbian/women's movements. She has now been post-op. over half her life, yet remains in her words, "many things and still emerging." She currently lives in Hollywood, California.

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Phalloplasty Stage One

The Elation and Disappointment of the First Stage of F.T.M. Reassignment Surgery

by Michael

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

I started a journey four years ago, a journey of many stages, a journey where you stop and go, where you travel not a straight path but a path that at times is rough and at other times smooth. My path led me up a rocky mountain and at times I thought I had reached the top only to find that I was mistaken and had to take a detour to get around the huge chasm I had come to or the abyss I couldn't cross.

> ***What came through to me about David [Hunter-Smith] was that he was a man who sees people ... trying to achieve completion in their life and his excitement about being a part of this dream is very real.***

Many times I thought I would never get to the top and almost gave up but each time I fell, I got back up, each time I found that I had not fallen as far as before, for me my journey was one of completion, for me to feel whole and I would not give up. I have now reached the top of this mountain and look forward to climbing the next.

I meet David Hunter-Smith for the first time in July '98. I walked into his rooms not knowing what to expect, I was late (car trouble) and very nervous about that, my appointment had been for 10:00am it was now 11:30am and David was due in surgery at midday as I expected a very quick consultation and the possibility that half my questions would go unanswered.

I knew nothing of this man's opinions or his expectations of me, even whether we would be on the same wave length as I walked through the door and shook his hand, I knew that I had found a man who was totally open and honest and had a real and almost tangible understanding of transgender men.

The time limit was immaterial, he spoke in great detail of the techniques of the surgery in words that I could understand, he quite happily drew diagrams that explained things simply, he showed me many photographs of the different stages that are required in this type of procedure. He talked of complications that had occurred in the past with an honesty you don't often find when talking to surgeons. He explained that they were still having problems in some areas of this procedure with some patients, that being fistulas and strictures and that there was the possibility that this could happen to me.

What came through to me about David was that he was a man who sees people as individuals, as whole human beings who are trying to achieve completion in their life and his excitement about being a part of this dream is very real. Here is a man who is as large as life, whose humour and compassion is very real, his commitment and honesty comes from within.

In May 1999 I got the okay from Trudy Kennedy and I met with David again to discuss dates and timeframe required for the first stage of the procedure. I entered Peninsula Private hospital on Sunday 15th August, both excited and afraid but also filled with the realisation that this was the beginning of the end of this part of my journey.

For myself, I felt that the best way to cope with the operation and fears was to look only as far as being put on the operating table and going to sleep. I didn't know a great deal about what or how I was going to look or feel like when it was over I felt it easier without any expectations, to just take each experience and deal with it as it came up. To go one step at a time.

That evening I was given a drink to flush out my bowels and was shaved from my navel down to my thighs. The nurses attitude made it easier to deal with this as they saw me as a man and the whole time I was there they approached me in such a way that I was not embarrassed at any time. Basically this is not a time to be modest or feel embarrassment about your body. They are there to help you in all ways and have the experience and knowledge to make the whole process easier for you.

As I had already had a hysterectomy the first stage for me involved taking out the front wall of the vagina and creating a urethral tube to extend the existing urethra to the released uterus which now sits higher up.

The labia lips are formed into two sacs and testicular implants are placed inside these. At this stage they sit between your legs but as time passes they move and forward. into the remainder of the vagina, which is now quite small. A lot of gauze packing is placed as well as drainage tubes. A supra-pubic catheter is put in place just above the hair line and a catheter is inserted in the new urethra to keep it open. This procedure took about four and a half hours.

Once back in my room and awake I was surprised I was not in more pain but this was because a lot of local anaesthetics are given while in the operating room, once these anaesthetics wore off, yes there was a lot of pain but I was given regular pain relief so that it was bearable. After a few days one of the nurses, Sue, brought in a mirror so that I could see the transformation that had occurred. It was incredibly black and swollen, tubes seemed to be coming out everywhere but there they were two round balls that were now very much a part of me and what had been my clitoris was now my micro penis for that was exactly what it looked like, a small penis with a

foreskin.

At day three the gauze packing and drainage tubes were removed over two days and the urethral catheter tube was removed on the fifth day. I was up and walking by day four, salt baths three times a day as I had developed thrush quite severely from the antibiotics that are necessary part of this procedure.

It was painful and awkward to walk because of the swelling around the implants, for me the swelling and pain took quite a long time to subside, it was around eight weeks before I felt that I was walking normally.

David came in every day and was gentle as he could be when he removed the gauze packing and the tubes, he answered all my questions, he was totally supportive and tried his best to allay my fears about a possible leak when it came time to pee. The nurses too were very good. This procedure has been done a number of times at this hospital and they are specialising in this type of nursing. They know how to ease any embarrassment you may feel and that makes the whole thing so much easier.

Day eight arrived, a momentous day, I was going to try and pee through the new urethra. It took me all day to relax enough. I found that standing up, it was impossible to relax enough so in the end I sat facing the cistern so that I could see what was happening.

Three in the afternoon, the catheter had been clamped for most of the day and I was bursting, finally it came up and out, I was ecstatic and very proud. I had achieved something I never thought would ever be possible. I called the nurses and they were as excited as I was. I thought I would never come down, I was on such a high.

Sadly this was to be short lived, the next time I tried, it came out in a dribble and I could feel it coming from below. Then the horror of it all - the third time it all came from below. I was devastated, I felt cheated. All the pain I had gone through was for nothing. I was never going to stand and pee, doomed forever to have to sit down. I had gone into this knowing that this was a possibility but it was hard to come to terms with what had happened.

David came in that night. He also was upset that this had happened. He would take me back to theatre the next day and repair the leak. This was just a setback, not a failure and it was fixable. So back to theatre I went. This was round two! David did the repair and checked it by running dye through the urethra and was quite confident that all was now well.

Another tense week went by and it was time to try again. I was even more nervous this time and was half expecting failure again. This time it all came from below, another leak. I was devastated.

I had been in hospital for four weeks now. I had tremendous problems with thrush and the actual healing of all the surgery and I still had a leak. I was physically and emotionally exhausted, I couldn't take any more.

The thrush had played a big part in this inability to properly repair the leak. David discussed all the alternatives, he felt that it would be best to open the leak to a larger hole so that I could go to the toilet more easily from there, go home to recuperate and allow everything to heal then come back in a couple of months to repair that hole.

Once more I went to theatre. This was round three! By now I was resigned to the fact that I wasn't going to walk out of hospital being able to stand and pee. I focused on all the good things that have happened to me in that five weeks. I was half way there, I had met and made some wonderful friends, I had learnt a lot about patience and ten weeks wasn't such a long time. I needed that time to finish healing and regain my strength.

I returned to the hospital on the 15th November '99. I was trying to be confident about the end result but there was a small part of me that expected the worst.

David explained how he was going to effect the repair, drawing diagrams so that I could fully understand what he would be doing. I asked how long he usually waited before trying it out, he told me one week. I asked for more time so he agreed to wait ten days.

I was much more comfortable with the pre-op procedure and knowing the nurses so well now there was much joking and laughter. I knew the operating theatre so well it was like old home week. The repair was done the supra-pubic catheter was put in place and now it was time to wait out the ten days.

Again I got a thrush infection because of the antibiotics. This meant three wash downs a day plus application of anti-fungal cream as well as anti-fungal tablets.

Day ten arrived, I was as tense as all hell and was given a sedative to relax me so that I didn't have to strain. Horror of horrors, there it was again, a tiny leak. I was ready to give it all up - but no, David said "lets wait another week then try again". The nurses were so understanding and supportive I couldn't have gotten through any of this without them especially Sue. We had made a special connection and she was the one who helped me stay sane, kept my spirits up and laughed. At the end of that week it was time to try again, this time I had more sedatives and was floating on cloud nine.

I was given a urinal bottle and I tried to stand and pee into it. Seemed to go everywhere. Sue was there and we couldn't work out weather it was only coming from the urethra or from the leak as well. So she went and got a mineral water bottle so that I could fit it over the end of my little penis. That was more successful. It was definitely coming from the tip but there still seemed to be a dribble from down below.

David came and examined me. He couldn't see where it was coming from so inserted a catheter and put some dye through. There it was the tiniest little pin hole just inside the edge of the remains of the vagina. I was getting a 95% flow through the urethra and David wanted to leave it that way. He felt that to attempt another repair at this stage would just cause more scare tissue and that more than

likely would close itself up and even if it didn't it would be easily fixed when I came in for the next stage.

At this point he wanted to keep the flow going through the urethra. It was very important to keep it open for the next stage. I was satisfied with that, I had been in hospital for three weeks this time. It was time to go home and recuperate to get ready for the biggest and most important operation of them all.

Patience is a large requirement when contemplating this surgery as is the ability to give it the time that is needed. This type of surgery is long and complicated, there can be setbacks and complications and you have to be flexible with the amount of time you take off work not only because of the time you may need to spend in hospital but also the time needed to recuperate from each stage.

The most important thing that you must do is to join a private health fund. Do not contemplate any of this surgery without private cover because the cost would be enormous $20,000 - $30,000. With private cover you are looking at $3,000 - $5,000 out of pocket expenses.

Phalloplasty Stage Two plus Photographic Slide Show

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Small Town Transition

Would My Desperate Need to Live as Myself be a Sufficient Bolster to my Courage?

by Gina Dumas

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... to transition in my community was going to demand of me a new strength ...

I used to be an Ambulance officer in my community, a position that ensured that I am relatively well known in town. I have lived here for more than twenty years now and aside from my previous employment, my involvement in other community groups gave me an identity to live up to.

> ***I have found the experience of transitioning has provided an enormous release for me, and the further I go, the more contentment I derive from just being me.***

Like a thunderclap, my ability to deny my transsexuality any longer collapsed into the silence of my screams and burnt over my shocked family and friends. The door to my hidden life was open to the light for the first time, and if I dared I could walk through that door and let the world see me for who I am. Let the world see as I see me. If I were to relate the trauma and tears of the beginning period of my transition, I fear that this would obscure the focus of this article.

I will however, say that I have moved on from those early experiences to a realisation that I have learned to love the emerging me, learned to love myself for the first time in my life. In saying this, I do not wish to imply that I now love others less. No. This is an important and necessary "addition" to my store of loves.

So, how might a gentle transsexual woman go about the task of changing her presentation from male-to-female in front of the town? Would my desperate need to live as myself be a sufficient bolster to my courage?

I have long understood that there are many modes of courage, and that to transition in my community was going to demand of me a new strength, not at all like being in burning cars or dangling over cliffs or picking up the mess of a railway suicide. No, I had done these things and more of them compared with what I now had to do. This was going to be different. These people know me, at least they think they do. I had to think this through.

After much consideration, I decided that I had to have a strategy and that the only realistic option was to face the town and attempt to somehow educate the community; give them a factual look at the realities of being transsexual, ask them to accept what for them is a new and very different me. Impossible? No. I will explain how I have set about the task.

I had first to define for myself the dynamics of information spread in a small community; i.e.. how does it happen? How could I make use of it?

My change in gender presentation was one avenue. It gave the first and very telling advice to the town that as far as I was concerned, something radical was afoot. Logically, natural curiosity would fuel itself and spread the "story" to where eyes had not yet seen. But what was being said? I could guess that not too much factual information would be exchanged on those occasions when the topic of conversation swung in my direction.

I thought of where I had engaged in such friendly informal chatter over the years; banks, credit union, newsagency, supermarkets etc. Places where it is part of the staff's job to be engaged in a chat. I would make my start here.

My documentation had to be changed as I had recently changed my name legally, and this provided an ideal opportunity to write a series of letters to the staff at the various institutions and agencies. The fact that these changes involved these people in a face to face encounter with the "new me" provided the ideal opportunity for me to break the ice. The level of curiosity about the change in my gender presentation was high. Comments such as "I've been dying to ask" being typical. During the conversations which ensured, I found opportunities to present my letters and with them a little information pack which as my letter stated "might give them a little glimpse into the realities of being transsexual".

These letters were written and re-written until the format that I sought was found. I was determined to keep the letter to a maximum of one page, less if the desired content could be condensed without missing the essential points to be covered. The letter had to encourage the reader to read the note pack too. At least that was my aim, I had to feed fact into curiosity.

The reaction to my campaign has been surprisingly positive. I have had some very lovely letters and comments in return and to date, not a single overtly negative reaction from anyone, family aside. And it is to be expected that nearly all of us will experience some degree of varied reaction from family members, as our changes affect them much more closely.

I made a point of changing my documentation quickly once I started, to avoid carrying conflicting identification. The process of making these changes produced some very funny moments as I was glad to have taken my sense of humour with me.

I have found the experience of transitioning has provided an enormous release for me, and the further I go, the more contentment I derive from just being me.

I would be lying if I claimed to have been on top of the whole process from day one and just sailed off on my merry way. The truth is that just like all transsexuals in transition, I have experienced a long learning curve and I have been very lucky along the way. Lucky to have two of the very best friends that anyone could wish for. They have walked this path before me and have taught me so much.

I have learned to be proud of myself and to lay my fears aside to be my transsexual female self happily everywhere I go and with all those I meet.

As I write this article, I am sitting on the train that will take me four and a half hours to reach my friends on the N.S.W. Central Coast, for I live in the Blue Mountains. I am dressed in a lovely soft pink top, lightweight white jeans and my nice new high heels and two other ladies have sat opposite me, said hello and are chatting away quite unconcerned at my presence. It's a wonderful feeling, all the more wonderful in light of the fact that I am on the way to electrolysis today and patches of hair left long for this purpose are covering parts of my face.

This brings me to another point for those contemplating transitioning. These ladies accept me because I have learned to accept myself, facial hair or not. They have read the fact that I am comfortable and so they too are comfortable in my presence. It's strange but this is how it works.

One of my friends said to me recently "to transition, one has to have balls". Well, jokes aside, I respect all transsexuals for having this special courage, for without it, you would not have gotten so far carrying your silent torment alone. You need to focus this courage away from the skills of hiding and absorbing torment and into the first steps of setting yourself free.

I suggest you make use of the tranny support groups. They are an invaluable source of guidance towards the help you will need.

And if you are lucky, you might even find friends as nice as mine. I always find myself urging the train onwards on my weekly visits, so much do I enjoy their company. I hope that I might one day be as good a friend to someone like me, as they have been to me. For I owe it to them to pass on their practical kindness and love.

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 Administration of Hormone Treatment to Transgendered People

The Transgendered Person is the True Sex and Gender Adventurer

by Dr. Tracie O'Keefe D.C.H.

Article Appeared in Polare Magazine: June 2000 Last Update: October 2013 Last Reviewed: September 2015

... they get the hormones on the black market anyway, but are robbed of any kind of reasonable medical supervision.

In this paper I am considering the administration of hormone treatment therapy to the transgendered individual and who specifically does not identify as being transsexual.

Psychotherapy rarely dissuades transgendered people from pursuing the course that they indicate they wish to take.

In my 1997 book *Trans-X-U-All: The Naked Difference* my co-author Katrina Fox and I distinguish between the transsexual who identifies as belonging to their opposite biological sex and the transgendered person, who identifies as their original biological sex, but wishes to partially alter their body to physically represent the opposite biological sex.

To help the reader more clearly understand the transgender identification I shall also say that in America, transgender covers the whole of the trans-community. However, I have had difficulty with this definition because it implies that the transsexual has in some way crossed over from one identity to another. The true transsexual believes they have simply adjusted their identity to realigning it with their true sex.

The transgendered person is happy to be identified with having crossed some kind of gender barrier, but not the sex barrier. These individuals will exhibit facets of multiple sexes and genders, or in fact they may very well seek self-labelling according to what suits them.

A biological male who seeks to be transgendered may undergo hormone treatment, plastic surgery and electrolysis, living socially and working as a female or transgendered person full- or part-time. However, this person will still identify during sex and privately through self-image, to a large part, as male. These individuals are not to be confused with the "prefemisexual" who is a transsexual awaiting vaginoplasty.

A biological female who seeks transgender self-identification may undergo hormonal and surgical procedures, including bilateral mastectomy. This person will not undergo any form of genital surgery, identifying strongly with their female genitals as being the very core of their true identity as a woman living as a male. This category of person is not to be confused with the "premascusexual" (a transsexual originally biologically female, awaiting phalloplasty or who has decided not to have phalloplasty because of surgical risks).

These individuals do not think of themselves as men, but as women with social male characteristics. Furthermore the transgendered person is not a physical hermaphrodite, transvestite, or a person who wishes to represent themselves as being androgynous, because of the clear identification with their original biological sex.

It may help the reader here to refer to the paper I presented to the 1997 Harry Benjamin International Conference on Gender Dysphoria in Vancouver, namely "The Treatment of Sex, Gender and Sexuality States by Respectful Pansexual Usage of Sociolinguistics". I designed this paper to extend the verbal representation of parts of the human experience.

A very important point to put across at this stage is that the transgendered person seeks their identification and is not a victim of misidentification. Of course they could have had other identifications before they aligned their self-image to that of a transgendered person or they could move on from transgendered to another self-identification.

Western culture has had great difficulty acclimatising to those members of society who identify as not belonging to the extremes of the sex and gender polarity scale of heterosexual male and female. For thousands of years, in many other cultures in the world, the existence of the less statically gendered has been celebrated, tolerated, or seen as benign.

Unfortunately the modern Western culture has developed a distinct phobia against those who are not stereotypical and who are representations of the diversity of sex, gender and sexuality. This hostility has, at times, been taken to a socio-pathological extreme.

All forms of prejudice are the results of socio-political and religious motives that often cite morality, fanaticism or law and order as their reason for persecution of minorities, including members of the trans-community.

The transgendered person is the true sex and gender adventurer and they choose to make their journey out of a sense of exploration of their own experience. They are beyond those of us who are more strongly tethered to the narrow margins of our own sex, gender and sexualities.

When they request hormones, providing there are no serious medical contraindications, they should be allowed to legally imbibe those hormones without moral judgement from the rest of us, including the medical establishment.

It is appropriate that a transgendered person should sign a form absolving the hormone administrator of blame should complications occur due to that administration. It is essential, however, that the administrator of the hormones and any therapists involved need to take sufficient care in advising the transgendered individuals of the advantages and pitfalls of their intended course.

Insufficient research exists to guarantee the transgendered person that there will be no side-effects, so it would be unfair of them to hold the doctors and therapists solely responsible should complications happen. It is also the responsibility of any transgendered person who is taking hormones to monitor publicly available information on the research connected with the administration of those hormones.

Every day in our society people are allowed to tattoo, pierce and mutilate themselves, drink and smoke themselves to death and consume copious amounts of narcotics. Drug companies bombard us with products that are addictive and have disturbing side-effects, none of which the consumer was warned about. Yet the transgendered person is often refused the hormones they require to continue their lives in the way they choose.

There has been has been a trend in psychiatry and psychology to judge transgendered people as having a psychopathology, which bears no official diagnosis. Yet it allows the clinician to be abusive by using their own personal moral standpoints to contaminate other people's desired experiences.

There is a great need for those professionals who work with sex, gender and sexuality to re-educate themselves to be empathic to the needs of all of the trans-community, and to reserve their judgementalism. To date many of the sexologists and doctors I come into contact with daily have trouble understanding the dynamics of transsexualism, but when it comes to the transgendered issues they look at me as if I am speaking Martian.

It has been suggested to me that transgenderism is simply a social construct that is the result of our culture's need to accept the diversity of nature. This may very well be true but even so, that still does not give those of us who are not transgendered the right to deny others their desired experiences.

In a free society if the individual has the legal right to commit suicide, then surely they must ultimately be allowed to live their lives as they see fit, without the interference of the moral majority. Transgendered people do not threaten other people's existence or happiness, therefore they should not be denied the hormones they need to explore their own personal identities. A clinician, on the other hand, does need to point out that the course they take may have irreversible physiological, psychological and sociological repercussions.

I suppose the ultimate question that many would like answered about the transgendered is - are they sex dysphoric and/or gender dysphoric? Some may be moving towards their developing identity through free will therefore not being either sex dysphoric or gender dysphoric. The alternative is that some may be moving away from their old identity, unhappy with it, therefore being sex dysphoric or gender dysphoric. The third option may include both scenarios. However, we should remember that each person has the right to make their own journey through life and that there are no correct formats when it comes to the human condition.

Psychotherapy rarely dissuades transgendered people from pursuing the course that they indicate they wish to take. What tends to happen is that they get the hormones on the black market anyway, but are robbed of any kind of reasonable medical supervision.

This further takes them out of the caring system, isolates them, stops them from accessing social care should they need it and turns them into what Kate Bornstein calls "gender outlaws".

I have had several cases of people who have lived as transgendered for a large part of their lives and these individuals have reported that this was the right decision for them. They did not want to be medicalised as transsexuals and neither did they want to live completely as their original biological sex.

The ones who have been denied such treatment talk about having miserable lives held back by their unhappiness with their bodies. These people should have access to hormone treatment to change their bodies in order to facilitate their personalities and live a rewarding life.

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From Tracie O'Keefe's website: Tracie O'Keefe is a qualified and registered clinical hypnotherapist (A.S.O.C.H.A., psychotherapist, counsellor, mental health professional and trainer, working from a naturopathic perspective in Sydney, Australia. She trained at a post-graduate level with the National School of Hypnosis and Advanced Psychotherapy in London, U.K. U.K.C.P.-recognised school). Her degree and doctorate were earned at the American Institute of Hypnotherapy in the U.S.A. and issued in co-ordination with the Bureau for Private Post-Secondary and Vocational Education in California. She has been a family and couples therapist, a sex therapist and addictions therapist for many years and a qualified naturopath and medical herbalist, who trained in nutritional medicine with the Australian Institute of Applied Sciences. She holds a Bachelor of Health Sciences Degree in Complementary Medicine from Charles Sturt University. She is also an internationally published researcher, author and editor of the following books. Read more about Dr. Tracie O'Keefe at her website

Trans-X-U-All: The Naked Difference
Author: Tracie O'Keefe and Katrina Fox Publisher: Extraordinary People Press (1997)
I.S.B.N.-13 978-0952948209.

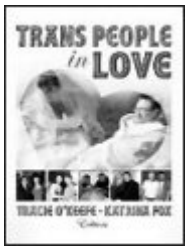
From Google Books: This fresh and concise work takes an exciting look at the world of transsexuals. It explains the whole gender reassignment process from start to finish and includes deeply moving stories written by transsexuals themselves, their lovers, families and friends. Scientific, factual, informative, it provides, in accessible language, a comprehensive guide to the world of transsexuality.

Sex, Gender & Sexuality: 21st Century Transformations
Author: Tracie O'Keefe and Katrina Fox
Publisher: Extraordinary People Press (1999)
I.S.B.N.-13 978 0952948223

From Google Books: This book dispels much of the mysticism around physical sex, gender constructs, and the diversity of sexuality. As well as considering gay, lesbian, transsexual and transgendered identities, it also looks at the intersex groups, such as hermaphrodites, and people who identify as androgynous or as being without sex or gender.

Finding the Real Me: True Tales of Sex and Gender Diversity
Author: Tracie O'Keefe and Katrina Fox
Publisher: Jossey-Bass (2003)
I.S.B.N.-13 978-0787965471

From Google Books: *Finding the Real Me* is an extraordinary collection of real-life stories told by a wide-range of sex and gender diverse people. These healing tales of struggle and transformation reveal just how creative, resourceful, and adventurous the individuals in this community can be and also helps to bridge the gap between ignorance and understanding. As each incredible story unfolds we become part of the author's journey to self-acceptance and join the celebration of their new life. Page by page, we laugh, cry, and learn to appreciate these wonderful courageous people and the road they walked to be their true-selves. *Finding the Real Me* is a landmark book that encourages us to embrace diversity, to never fear our differences, and to remain always in awe of our amazing possibilities.



Trans People in Love
Author: Tracie O'Keefe and Katrina Fox
Publisher: Routledge (2008)
I.S.B.N.-13 978 0789035721

From Google Books: *Trans People in Love* provides a forum for the experience of being in love and in relationships with significant others for members of the trans community. This honest and respectful volume tells clinicians, scholars, and trans people themselves of the beauty and complexity that trans identity brings to a romantic relationship, what skills and mindsets are needed to forge positive relationships, and demonstrates the reality that trans people in all stages of transition can create stable and loving relationships that are both physically and emotionally fulfilling.

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Dallas Denny on the Standards of Care

Transsexual People Should Not be Singled Out for Special Restrictions

by Dallas Denny, M.A. Licensed Psychological Examiner, Executive Director, American Educational Gender Information Service, Inc.
Article appeared in Polare magazine: June 2000 Last Update: October 2013 Last Reviewed: September 2015

Dallas Denny, writer, editor, behaviour analyst, and leader in the transgender rights movement.

Access to hormonal therapy and plastic surgery (including S.R.S.) is a critical need for transgendered and transsexual persons. Access has been limited since 1979 by the Standards of Care of the Harry Benjamin International Gender Dysphoria Association, Inc., an organisation composed of physicians and mental health professionals. The Standards were formulated in order to provide guidelines for access to medical treatments, which had to that point been unregulated. The Standards of Care (SOC) are minimal guidelines, and are updated regularly (most recently in 1991; they are currently being revised once again).

... more than 90 percent of respondents (who were largely transsexual) believe that there should be some regulation of access to hormonal therapy and genital surgery.

To put in a nutshell the constraints which the S.O.C. place on treatment: they require a period of ninety days of therapy before beginning hormones, and a one year real-life test before sex reassignment surgery. They also specify what is and is not professional behaviour about care of transsexual people. However, the S.O.C. are not law, are not required of any mental or physical health professional. Nonetheless, they are widely followed, and a professional who does not follow them can receive professional censure.

At the time of their formulation, treatment of transsexual people was unregulated, and there was a great deal of (to borrow a term from Geraldo) 'transsexual regrets'; this happened most frequently when the individual had genital surgery with little or no preparation for life in the new gender.

Clinicians, beginning with Harry Benjamin, had found that the real-life test (living and working or going to school full-time) was an excellent predictor of good post-operative adjustment. The Gender Identity Clinic at Johns Hopkins University used a real-life test, as well.

In 1979, sex reassignment was even more controversial than it is today. The group which founded H.B.I.G.D.A. (and formulated the S.O.C.) was the group of professionals who believed that sex reassignment was a viable treatment for transsexual people (as opposed to another group, largely comprised of psychiatrists, who believed that it was not). The Standards of Care, by their general acceptance as professional standards, lessened the chance of sex reassignment, and especially S.R.S. being declared illegal and protected those who provided medical procedures from being censured by their peers ("But look, see, these are actual Standards of Care.") They also lessened the chance of being sued by disgruntled former patients (calls to mind the term 'disgruntled postal employee', doesn't it? Well, one surgeon was shot to death by a transsexual patient).

Because the S.O.C. were minimal standards, they frequently were (and sometimes still are) zealously over-interpreted. Access to hormones and surgery were oft-promised and seldom delivered, and were, in fact, frequently used like carrots at the end of stick. Some transsexuals were kept in abeyance for years with false promises. Others were required (read forced) to make changes in their sexual orientation, marital status, career, manner of presentation, name, and physical characteristics. Many were required to live full-time for extended periods before hormonal therapy.

Unfortunately, this sort of abuse still continues. In a recent article in *Archives of Sexual Behaviour*, two members of the Gender Identity Clinic at the Clarke Institute of Psychiatry surveyed a variety of gender programs, and found all of these things still occurring at some clinics.

While most therapists, endocrinologists, and plastic surgeons don't have a clue about transsexual and transgendered persons, many others do. Some are 'old-school', and act as if transsexualism were some dread disease which they might catch, and which might go away if they can put enough obstacles in the transsexual person's path. Others (many of whom are transsexual themselves) are 'new-school', and don't necessarily think that transsexualism is a pathology. Therapy is seen as a means of allowing the transsexual person to become aware of his or her options (many aren't aware), and to help to work through difficulties which can arise in the coming-out process and during transition.

There have been very vocal criticisms of the S.O.C.; the International Conference on Transgender Law & Employment Policy (I.C.T.L.E.P.), has adopted Health Care Standards (which were formulated without input from medical professionals), which declare any provider of medical services who does not provide that service to all transsexual and transgendered people who give informed consent (absent a medical condition which would negatively affect health). These Standards have been distributed, (they were even distributed at the 1993 H.B.I.G.D.A. conference in New York City), but passed largely without comment. In our opinion, these Health Care Standards of Care make an excellent Bill of Rights for Transsexual and Transgendered persons, but lack credibility as Standards of Care

In 1993, AEGIS did a survey of the H.B.I.G.D.A. S.O.C.. We included forms in a mailing of Chrysalis, our magazine, and sent them to a variety of support groups. We received over 300 replies. We have analysed the data and presented them at the Spring 1994 Eastern Regional meeting of the Society for the Scientific Study of Sexology in Atlanta and at the First International Congress on Gender, Cross-dressing, and Sex Issues in Van Nuys, Ca. The report on our findings will be published in a book edited by Vern Bullough, R.N., Ph.D., and published by Prometheus Press.

One of the most interesting findings was that more than 90 percent of respondents (who were largely transsexual) believe that there should be some regulation of access to hormonal therapy and genital surgery.

This is not surprising, since access to such techniques as prescription medicine and surgery are limited. Medication is available only with a prescription from a physician, by way of a pharmacist, and surgery is available only from a physician.

These are important findings, for it means that the loud voices we hear dissing the S.O.C. come from less than 10 percent of the sample population, which we believe is fairly representative of the population of transsexual and transgendered people in the transgender community.

On the other hand, the respondents acknowledged that the S.O.C. were far from perfect and did not take into account the individuality of transsexual people.

This is not surprising either, since regulations on access to treatment for transsexual people go far beyond those for any other group of people, and are frequently quite repressive.

We at AEGIS believe that the issue of access to hormonal therapy and surgery is in need of renegotiation. However, we also believe that free access would result in lives ruined and lives lost and in a great deal of human misery - not for everyone, to be sure, but for a significant percentage of the transgender community.

We absolutely believe that being transgendered or transsexual is not a disorder, not a mental illness, not a birth defect; it is, rather, a special way of being which has occurred in all cultures throughout history. However, we also acknowledge that many transsexual and transgendered persons have serious mental health and substance abuse issues, that many have histories of physical and sexual abuse as children, and that many have been rendered dysfunctional because of societal reactions to their transsexual or transgendered nature. Many operate from deep within shame and denial. Furthermore, general societal lack of information and misinformation about transsexualism, coupled with the turmoil experienced when coming to terms with one's gender issue, can leave many of us temporarily or permanently far from our best when making important decisions about our lives. Also, many who seek sex reassignment change their minds, and for various reasons - sometimes because of external difficulties, and sometimes because of shame and guilt and denial - drop their plans to change their gender. Others, upon learning of newly emerging options (e.g. transgenderism) change their plans (i.e., decide that surgery is unimportant to them).

While some of us have suffered abuse at the hands of mental health professionals, others have been empowered. As more and more professionals come on line absence the prejudices of early therapists, the frequency and severity of this abuse can be expected to decrease.

We find a ninety day holding period before initiation of hormonal therapy to be advisable, and a one year period of R.L.T. before genital surgery. However, as we said, renegotiation is in order. Certainly, clearly defined criteria (both minimum and maximum) for access to hormones and surgery should be made clear to the transsexual or transgendered individual (In other words, You get it unless... v. You get it if ...) Only when there are clear contraindicating mental or physical issues (i.e., severe psychosis, severe phlebitis) should treatment be denied.

The issue of access to medical treatment is not a closed one. It is currently being renegotiated, and will likely be for some time to come. There are many things to consider: What, for instance, is wrong with a non-transsexual individual who wants a vagina, but wishes to live as a man? Why should he be denied surgical treatment? What about those whose golden parachute makes it financial suicide to come-out at work, but who otherwise live full-time? And what function should mental health professionals play in access to medical treatment? (i.e., Why should they be the heavies? Isn't that the physician's' job?)

This renegotiation will be best conducted with mutual respect between transgendered and transsexual people and mental and physical health professionals. Angry rantings against mental health professionals, as has occurred all too frequently on this Usenet group, serve only to vent the spleen of the poster, and may lead people who are in need of psychological care to not get it.

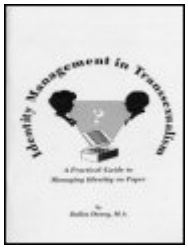
We are convinced, after fielding thousands of calls over a period of five years, that free access to medical treatment would be disastrous. We are equally convinced that there should be a clear, non-obstructionistic process to get access to these treatments, and that transsexual people should not be singled out for special restrictions that are not given to other, less marginalized groups.

Dallas Denny

From Wikipedia: **Dallas Denny is a writer, educator, and mental health professional and is renowned for her work in advocacy, policy issues, and health practices involving transsexual and transgendered people. She has served as an advisor to the World Professional Association of Transgender Health, The University of Michigan, the Centres for Disease Control, the City of Atlanta, journalists, and filmmakers. For nearly twenty years she has taught a class on transgender issues at Emory University. She has made hundreds of presentations at universities, businesses, professional organisations, and conferences.**

She has published three books and written or co-written more than twenty chapters in textbooks, hundreds of articles, editorials, and columns for magazines and journals, and assorted booklets and pamphlets. She is former Editor-in-Chief of the journals *Chrysalis* and *Transgender Tapestry* and founding executive director of the American Educational Gender Information Service, Inc. which is now known as Gender Education & Advocacy, Inc.

Dallas Denny's Website



Identity Management in Transsexualism: A Practical Guide to Managing Identity on Paper.
Author: Dallas Denny
Publisher: Creative Design Services (1994)
I.S.B.N.-13 978 1880715079

From Amazon Books: **This is the only comprehensive guide to managing an identity change for the transsexual person. Denny shares her personal experience in tracking down the paper trail we all leave behind us. She gives solid advice and explicit directions where possible. An extra bonus is the Transgender Identity card. Just add your photo and personal data.**

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