

# Polare Edition 56

Published: March 2004 Last Update: June 2013 Last Reviewed: September 2015

## Manager's Report

by Elizabeth Riley, Gender Centre Manager

Clearly the long struggle for rights is bearing riper and more succulent fruit. Over recent months there has been a range of interesting developments on the world stage that will have significant impact on the transgender, transsexual, intersex, gay, lesbian and bisexual communities.

Of great significance is the Brazilian Resolution. In brief this is a resolution to be tabled before the United Nations at their meeting in Geneva in March 2004, inviting discussion and argument as to whether sexual orientation and gender-identity are human rights or not. The 53 nations represented will vote and publicly declare whether being Lesbian, Gay, Transgender, Transsexual, Bisexual, (or heterosexual for that matter), is a basic right of human beings.

Paralleling this is the speech made in Britain's House of Lords by Lord Winston on 3rd February 2004. The following is an extract from that speech as recorded in the Lords Hansard.

“My Lords, I reluctantly join the debate at this stage of the Bill. I apologise for not being in the House at Second Reading and for hearing only part of the committee stage. However, I feel so strongly about the amendment, as well as about Amendment No. 128, that it is important to put on record the medical facts.

As a practising obstetrician and gynaecologist who has been involved with reproductive medicine and the definition of sex in both animals and humans for the past thirty years in my research, I can only reiterate the comments of my noble friend Lord Turnberg.

The definition of sex is extremely complicated. It is not just a question of chromosomes. It is possible of course to have chromosomal sex and it is probable, though by no means certain, that all of us in this chamber have chromosomes that are either XX or XY. However, even in the case of Turner's Syndrome, which my noble friend has just described, it is possible to have an XY mosaic, with some of the

## Feature Articles



What spoke to me so much was the idea of being split or torn and living a sort of double life, as was the case in my early transition.

### Sharon Meets the Ladyboys

Oh what a night Sharon and her partner had at Star City Showroom watching the *Ladyboys of Bangkok* cabaret. She hopes that shows like this will help break down some pretty rigid gender barriers and our society become more tolerant of people who are transgender.

### A Church that Cares and Accepts

Sharon is in the process of developing a special ministry with a Church in-service and outreach focus for transgender people who may be in search of a Christian Church that affirms transgender people whilst at the same time is inclusive of other marginalised people.

### Today We Have Naming of Parts

There are those who claim the power to name and label, and build boxes around the infinite variations of the human animal. Foremost among these box-builders are psychiatrists and psychologists, trying to make names for themselves by inventing names for others.

### Transgender and Sport

An area of women's sport which continues to create confusion, debate and for which gender verification has implications, is male-to-female transgenders in sport. Debbie Sims, Manager, Ethics and Women, Sport Development Group at the Australian Sports Commission reports.

### Unnatural Selection

A study of sixteen boys born with Cloacal Exstrophy and raised as girls indicates that most view themselves as male. This has tremendous implications for the nature versus nurture debate. Nurture cannot easily subvert nature, even when it is assisted by major surgery.

### Improving Access to the Law for Women Living With H.I.V./AIDS

A socially and geographical diverse minority group, women

cells carrying a Y chromosome and some having a deleted X chromosome. The variations of that syndrome mean that people may have different degrees of masculinity or femininity.

Most practising doctors in the field would describe sex on six, totally separate, definitions. Those definitions can be chromosomal but, more importantly, they are genetic. It emerges that genes on the Y chromosome are not the only genes that define sex. Although the Y gene is by far the most common and important, there are genes on chromosome 17, chromosome 11, chromosome 10, chromosome 6 and chromosome three that can, in exceptional circumstances, determine sex of various kinds. Those people can carry on a completely normal life.

Genetic sex is therefore no less important than chromosomal sex, but that is not the end of the story. There is also hormonal sex. Some people will produce hormones that will tend to feminise them, while others will be masculinised. That can happen in utero. Good evidence has emerged from Professor Walters of Monash University in Australia - he is now long retired - that suggests that some people who become transsexuals later in life have been exposed to an abnormal surge of either male or female hormones during pregnancy. That has caused them to have a different psychological sex from their genital sex. Psychological sex of course depends on brain function. That also varies greatly and is probably genetically determined, but so much exploration of that subject is being conducted that is not fully understood.

Genetics is rapidly changing our understanding of where sex is determined. But to define it simply as genital, hormonal or, as the noble Lord, Lord Tebbit, seeks to do, as gonadal, is a travesty of what really happens.

Let me give one example. Janice was the most beautiful

living with H.I.V. face multiple challenges and are more likely to experience isolation. For most, finding answers to questions and concerns about legal issues and family can be difficult and confusing.

## Alice in Wonderland

Jenny writes that she is still somewhat emotionally challenged by her gender struggles but the overwhelming relief and joy of taking her first steps to come-out has changed everything. She acknowledges that she has a long journey still ahead of her but she is on her way.

woman, who came to my unit some time ago. She was six feet tall, and had been brought up as a woman. She had very well developed breasts, a perfect physique, and was actually XY. She did not find that out until she was 20. Some people with XY dysgenesis believe themselves to be female and relish being female. Others find that when they are actually male because of their chromosomes, they entirely change their view psychologically.

I should like to make the point made by Robert Jaffe, now retired, a very distinguished endocrinologist. He says in his chapter on reproductive medicine headed "Disorders of Sexual Development":

*"It is crucial that the clinician who deals with patients with genital ambiguities be sensitive to the emotional as well as the physical needs of the patient. The patients frequently have a great deal of confusion and anxiety about their sexual roles.*

*Whereas genetic, gonadal, hormonal, and genital sex may be of prime importance to the physician, the gender identity (that is, how the patient views himself or herself) and the sex of rearing are paramount in determining the patient's sexual identity.*

Robert Jaffe is effectively saying that there needs to be an understanding of the autonomy of the person concerned because, on the whole, they are the best people to judge how they feel about their sexuality. That is true of the two hundred different mutations which could have affected Janice, my patient. There are so many different fluctuations in this broad spectrum of sexuality that I urge the House to be very cautious about defining it in terms of chromosomal, genital or any other simple definition. It simply is not medically just, and I am sure that it would produce bad law.

Meanwhile, across the Atlantic, William O. Beeman, an anthropologist at Brown University delivered a not dissimilar argument in his commentary in the *Pacific News Service* on Feb 5, 2004, against current attempts by legislators in the U.S. to codify marriage as

"between a man and a woman." In his commentary Beeman argues that such an attempt is doomed to failure since the "Laws Can't Define 'Man' or 'Woman'." He argues that there are at least three ways of codifying gender under law biologically, psychologically and culturally and on close examination all of them fail. By way of example he cites the many variations affecting those in the intersex community as proof of the unreliability of the biological argument. Though there is evidence to suggest that transsexuality is also biological in its origins, Beeman cites gender dysphoria as the prime example for the ineffectiveness of psychological attempts to codify gender. And in respect of cultural coding Beeman cites, out of many possibilities, the Zuni Indians of Arizona and the Hijra of India who are culturally classified as neither male nor female. The thrust of his argument is, therefore, that: if the law cannot effectively define a 'man' or a 'woman' how can it seek to restrict marriage to people who are so defined.

For those of us in the affected communities there is nothing new in all of this. We've known from an early age and for many years now that sex and gender are far more complex and diverse than the predominant culture would have us believe. What is exciting is the ever increasing numbers of people outside our communities, many of them with a significant degree of influence, who are striding forth to champion our cause. Let's also acknowledge that this shifting recognition is not the result of some fortuitous accident, but a direct consequence of the committed efforts of the many activists in the transgender, transsexual, gay, lesbian, bisexual and intersex communities who have steadfastly refused to succumb to the oppression of a dominant culture over many, many years. Let's also remember that within that oppressive culture there are still a vast number of 'Lord Tebbits' who will cling to their crumbling view of reality no matter what the cost to others.

---

**The Gender Centre advise that this edition of Polare is not current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.**

---

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.



(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

# Sharon Meets the Ladyboys

## The Ladyboys of Bangkok at Star City Casino

by Sharon Stolzenberg

Article appeared in Polare magazine: March 2004 Last Update: October 2013 Last Reviewed: September 2015



The acceptance of a "third sex" is widespread throughout South-East Asia and is quite consistent with Buddhist and Hindu teachings.

very cute and spunky too. The "Mother" was a lovely person who performed some really amazing acts. I was moved to tears with her/his half man - half woman costume and presentation. There was just something that spoke to me about intersex, the Yin and Yang. What spoke to me so much was the idea of being split or torn and living a sort of double life, as was the case in my early transition. Memories, Luv!

The only problem I have with the promotion of the show was the wording on flyers and in the program book. The word "transvestite" was used. I really thought, that by now at least the word "transgender" might have been used, let alone the more accurate, perhaps, use of the word "transsexual".

In the private lives of these women who perform in a show, that has as its crowd-puller - the gender ambiguous title "Ladyboys" and the old cliché - "the girls you are watching are all men", they undoubtedly have a very personal sense of self-identity which undisclosed to their audiences. After all, it is just another type of acting and performance. For example a "stripper" or "erotic dancer" does not have their complete identity contained within a portion of the professional work. Nor does an actor, in playing a role on television or motion picture production or in a theatrical work, live that character in real life.

Certainly, the term *Katoey*, has been used in Siamese and Thai culture for some hundreds of years, and, whilst the term *Katoey* has been used in the publicity flyers and the program book, there has been some attempt at educating an Australian audience about past and modern regional Thai (formerly Siamese) culture. This is where I think the strength in breaking down barriers for transsexual/transgender people in our society can progress. If a multicultural society such as ours in Australia can learn more about how another culture deals in a relatively positive way with people who seem to not fit into the neat little sex/gender categories of male and female, then hopefully our society can become ever more accepting of transgender people.

After all as Humans we all hold aspects of female and male but our western culture seems to bust a gut in ripping them apart and regiment gender and sex behaviours and cultural mores that our society is missing out on so much freeing of the spirit.

There has been some major research by academics in the fields of anthropology. Two such researchers are 1. Peter A Jackson of Latrobe University in a paper titled "The Persistence of Gender: From Ancient Indian Pandakas to Modern Thai Gay - Quings" (subtitled paper of interest is titled "Non-normative Sex/Gender Categories in the Theravada Buddhist Scriptures"); and 2. Dr. Richard Totman, an eminent British Social Scientist, who I have heard has made a detailed study of the culture. To quote from the souvenir booklet from the ladyboys cabaret show that Lee and I attended.

"The eminent British social scientist and author, Dr Richard Totman, has made a detailed study of the culture. For centuries in Siam, as Thailand used to be known, some people born boys have chosen to adopt the mannerisms and lifestyles of girls - often from an early age. He said. They are known as *Katoey*, and enjoy a recognised position within the community at large. Some would form themselves in troupes of travelling actors and perform bawdy dances and songs at country fairs. Attracting huge crowds the popular *Likay*, as this was known, is the original form of the modern cabaret show. *Katoey* have long been accepted by their countrymen as neither men or

**O**h what a night!  
My partner Lee  
and I had a  
great night at Star City  
Showroom recently. We  
went along to see the  
Ladyboys of Bangkok. A  
spectacular party

atmosphere in a cabaret format. It was a different experience from those I have had with Lés Girls; Carlotta's other touring shows or that of Simone and Monique's Playgirls Revue of the past. There was no visible compare and there were no jokes being told - but there was a fair deal of comedy and a lot of sheer fun with lots of colour and movement. The show kept moving along with very brief introductions for the individual performances and little breathing space for anyone, including the audience.

There was no crudity nor bawdiness - just a bunch of beautiful girls doin' their thang and some cute handsome boys in support roles and providing great dancing. The girls were just lovely for the eye to behold, and the boys were

***Hopefully shows like this will help break down barriers and our society become more tolerant of people who are transgender.***

women, but as occupying a space somewhere between the two genders: as the *Phet Thi Sam* - a "third sex", said Dr Totman. His latest book to be published in Britain - *The Third Sex* - is the result of three years' research in Thailand following three individuals who started their lives as boys then decided to pursue their own sexual destiny. The acceptance of a "third sex" is widespread throughout South-East Asia and is quite consistent with Buddhist and Hindu teachings. But such a notion does not sit comfortably with Western orthodoxy and has no precise counterpart in the West. Even the term "transvestite" fails to carry the true meaning in translating *Katoey*. Western culture cannot grasp the total focused commitment of those pursuing the long, sometimes painful and frequently costly, journey to determine their own gender in the third sex."

From what I could gather, the girls of the Ladyboys were certainly not just cross-dressers, nor transvestites in the sense of how the English language definition defines a transvestite. Nor could I see that they were trying to represent a third sex in the presentation both on and off the stage. Lee and I managed to travel with some of the girls and boys on a light rail tram from Star City into Central. Also from what I can only work out from my own experience of early transition, for me the age of seventeen, when I commenced female hormone complementary therapy and began transition, these girls would have probably transitioned about the, same age and even earlier.

I am certainly not advocating a third sex category for all transsexual or intersex or transgender people. However, free choice for those who may feel comfortable with such. category for themselves can be a good thing, providing that personal free choice doesn't infringe the rights and freedoms of others.

Which brings me to a poignant consideration. It would be really lovely if in contemporary Australian society and the rest of the West, if we lived in a society that was so much more accepting of our sex/gender variant people. For transsexuals, intersexed, and those on the varying hues on the transgender spectrum, life for us might just be less painful and complicated. If our society, that comprising of our parents, school systems, workplaces and other social arenas and the various religious institutions were freer in their attitudes to sex and gender in our culture, then we would, I'm sure, have a much better world. It might even be the sort of world that might be closer to the sort of world God originally created. However, now in the meantime there are the everyday folk who live the lives of transsexed, intersex and transgender experience and those who are our family and friends. It is such people as these that can be the pioneers for change for a better world. There are of course those family and lost friends who could not come to terms with transsexed, intersex, transgender as well as homosexuality and unfortunately the hurt to innocent people continues. (Even in Thailand there are still regions that do not accept people categorised as *Katoey*).

As for my own lived experience, my parents were very supportive. Yes we had our misunderstandings and had to learn a lot and continue to grow with many a laugh and many a good cry. I realise they have been a real blessing in my life. I realise that I too have been a blessing to my parents and siblings. I am their daughter and sister and in all that entails I have learnt some of life's lessons on how to treat other people. My Catholic heritage, the grass roots working class catholic ethos I grew up with taught me a lot, too.

Despite what negative speak Pope John Paul II and his fellow conservative cronies in the Vatican (God bless them) might happen to say about transsexuality and transgenderism, a lot of my peer Catholics and non-Catholics were not so hung up about sex, gender or sexuality. Some were though, and I was picked on and bullied at school. The bottom line was, and is, to be a decent person and do right and treat others as one would wish to be treated in return. A "good walk in someone else's shoes" can really do wonders for the soul. Even when one cannot fully understand something, one can at least try to empathise.

Anyhow, I guess what I enjoyed so much about the Ladyboys of Bangkok show was we had a real party atmosphere and the good vibes and positive energy all around. Some ladies in the audience sighed out loud when they saw the beautiful figures the girls have and the gentlemen too enjoyed the show.

Hopefully shows like this will help break down barriers and our society become more tolerant of people who are transgender. A society in which families don't throw children and teenagers out of home or sexually and emotionally abuses them simply because of their child's transsexed or transgender or homosexual aspects. Parents mightn't be so uptight if their little boy turns out to be really a girl and later a woman, or their little girl turns out to be really a boy and later a man.

There have, of course, been many other performers who have been pioneers for bringing out into the open transsexual and transgender realities. Perhaps "ambassadors" for transsexual and transgender people. Certainly in terms of being "out there". At times too they have provided opportunities to allow us trans people to sometimes laugh at ourselves and for non-trans people to have a bit of a laugh with us, not at us. Thanks to Carlotta and the girls in her shows over many years. Thanks also to Simone and Monique for their Playgirls Revue. Thanks too for the many other drag performers who have graced many a stage floor and have entertained and enlightened.

I also just simply thank all of us trans people who dare to be who we are, to have the courage to live our lives being true to ourselves, whether we are visible or not. The fact that we have had the guts to be ourselves and to do our best in life with what we have is just wonderful. Keep on partying every day because the whole world needs to party. We just might be the ones to show them how.

---

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.

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

# A Church that Cares and Accepts

## Metropolitan Community Church

by Sharon Stolzenberg

Article appeared in Polare magazine: March 2004 Last Update: October 2013 Last Reviewed: September 2015



Metropolitan Community Church: 96 Crystal Street Petersham.

I am a member of Metropolitan Community Church, Sydney (96 Crystal Street Petersham). I am in the process of developing a special ministry with a church in-service and outreach focus for transgender people who may be in search of a Christian Church that affirms transgender people whilst at the same time being inclusive of other marginalised people who are gay, lesbian or bisexual and their families and friends.

***... it doesn't matter if one is straight, transgender, gay, lesbian, bisexual ... trying to help people who have been hurt by hate speeches by some denominations in the past.***

This is a church where one doesn't have to subscribe to any labels, where if you wish to be part of a wonderful group of loving Christians who affirm their L.G.B.T.I. experience then you can be. It is a church where we can celebrate God's love for us without the need to hide who we are or our experiences.

I know from my own experience that I can go along to some Catholic churches, and while none may pick up or guess that I am a woman of transsexual background, I feel that I can't 'just hide' whenever I witness or hear homophobic, transphobic and other hate speech against transgender, gay, lesbian and bisexual people, as often it is used and preached in such churches.

I am not one who is going to hang around with such a church, if I cannot be who I am first and foremost, as created by God, and to be in communion with God and the faithful, if I just hide and silently bear witness to preaching that I find to be against the spirit of Christianity.

While I am a female, girl and woman, and regard myself as always having been so, even when I had a different body - I am the sort of woman who will bear witness to the truth that God's children *do* include transsexed, intersexed, gays, lesbian and bisexual people.

Jesus Christ, whilst not being a self-righteous moralist and do-gooder preacher, never denied who he was, that is the child of humanity and the child of God, even when persecuted by the religious authorities and by other status quo stakeholders with threats of stoning to death and the imminent threat of a horrible death; and further even unto the actual arrest, trial and crucifixion. So if Jesus, who is much greater than I or any other human, calls me into being a sister, a child of God, then it would be a greater sin for me to deny that I am a child of God and a woman of transsexed background. God called and continues to call me into a loving relationship. The God that made me, who and what I am and loves me because what God made is good, As stated in Genesis, "God saw what God had made, and behold it was good". [Gen. 1: 1-31]

I am also a human with human frailties and weaknesses and therefore I have the potential to do virtuous things and also to sin, or miss the mark in many ways in my actions and thoughts at times, but God's promise to forgive me and to help me to be a more Christ-like person is what is important.

This brings to heart and mind a powerful Gospel story. When asked by a 'teacher of the law' one day what was the greatest commandment of God for humans to follow, Jeshua (Jesus) replied "The first is: Yisham Yisrael, the Sovereign, our God is one Sovereign; and you shall love the Sovereign, your God with all your heart, with all your soul, with all your mind and with all your strength". And after this comes another one: "You shall love your neighbour (fellow person) as you love yourself. There is no greater commandment than these two". [Mark 12: 28-31].

Now if I or any other person is to even *begin* to try and follow these commandments we need first to believe in a god that is worthy of the sort of devotion that Jesus is telling us to do. A God who so loves us even when we sinners, and who always calls us to repent (change our ways that are not leading to good and to life). When we have faith that is both mysterious and based on reflection of how God has worked in our lives, then the first commandment holds for us a sense of belonging and purpose. God wants us to love God (her or him). That says a lot to me about how much God cares for me.

The second part of the commandment would be impossible to fulfil if I, or any other person could not love themselves so much that they



couldn't love another person as they love themselves. If I, now that I can love myself, taking into account all my humanity the 'saint and sinner' (self-acceptance and peace within), then I am well on my way to being able to love another (forgiving others and being in right relationship or justice with them).

So if I were to hate myself for being transsexed or listened to the half-truths and lies told by fundamentalist preachers and told myself that I am unworthy or unlovable even to myself, let alone to God, then I would cease to be a person who could love anyone else).

That is why, after reflecting on the truth of the Gospels, I am convinced that I was not only created by God as a person belonging to God's diverse creation, being born transsexed and being guided to pursue in life the goals that would make me a wholesome, peaceful and loving person by being the woman I am; but that God loves me and cherishes me as who I am. "God loves me, absolutely". "God loves transnics absolutely", "God loves all God's creation, absolutely".

So then, I have found a church where it doesn't matter if one is straight, transgender, gay, lesbian or bisexual, but at the same time being positively affirming, in the sense of trying to help people who have been hurt by hate speech by some denominations in the past. That is a wonderful life-giving and spiritually enriching experience to hear that God loves us as transgender women and men, and so it is for our gay, lesbian and bisexual brothers and sisters.

The pastor, Reverend Greg Smith, is a wonderful caring person. So too is the youth pastor, Reverend Johnathan Jones. They, as well as other certain key members of M.C.C. Sydney have given much encouragement for a ministry that has a focus for transsexual and transgender people.

## Metropolitan Community Church

**Metropolitan Community Church, Sydney is a progressive Christian church, open to all people who want to learn more about God. We give thanks to God for people of all genders, sexualities, ages and cultural backgrounds. M.C.C. is an inclusive place of worship. We invite you to come as you are, whether you identify as Christian, come from another faith background or are of no prior faith tradition.**

**[Visit the Metropolitan Community Church website for more information](#)** 

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.

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

## Today We Have Naming of Parts

### Psychiatrists and Psychologists Making Names For Themselves by Inventing Names for Others

by Katherine Cummings

Article Appeared in Polare Magazine: March 2004 Last Update: October 2013 Last Reviewed: September 2015



Katherine Cummings

**A**dam named the animals to demonstrate his mastery of lesser creatures. He then ruled their lives and controlled their behaviour. We have outgrown the need for myths yet there are still those who claim the power to name and label, and build boxes around, the infinite variations of the human animal. Foremost among these box-builders are psychiatrists and psychologists, striving to create hard edges for their soft science and to make names for themselves by inventing names for others.

*... the hidden transgenders have left the visible field to female impersonators, sex workers and exhibitionists and thereby skewed public perception of what a transgender is ...*

J. Michael Bailey, Head of the Psychology Department at North Western University in Chicago is just such a man. His recently published *The Man Who Would Be Queen; the science of gender bending and transsexualism*, is ill informed and offensive from its title and cover to its final conclusions. There is very little of a scientific nature in Bailey's work. It is anecdotal and depends far more on the prurient imagination of Professor Bailey than on verifiable evidence.

The book opens with the case study of a "feminine boy" (Bailey's term) named Danny who prefers dolls and dresses to baseball and trousers and who is carted off to counsellors and psychologists to seek a "cure". At the end of the book Bailey encounters Danny again and we are assured that Danny will almost certainly grow up to be a gay man (the lesser of two evils?), because few "feminine boys" actually seek sex reassignment. The force of this ending is compromised by Bailey's admission to a friend that he invented the episode, or, as we would say, lied.

Bailey has adopted some of his theory from Ray Blanchard, of the Clarke Institute, in Toronto, who asserted twenty years ago that there are only two kinds of transsexual. There are homosexual transsexuals, who are feminine in appearance and behaviour from early childhood and go through the transsexual process in order to have sex with straight men; and there are autogynephiliacs (now that's a label!) who transition from male-to-female much later in life, and do so because they are in love with their own female images. Bailey chooses to ignore female-to-male transsexuals because they do not fit his bizarre theory.

A number of respected transsexual academics have attacked Bailey's book and it was recently denounced by John Bancroft, Director of the Kinsey Institute, at a meeting of the International Academy of Sex Research. Bancroft rose at the end of Bailey's presentation to state that he had read Bailey's book and cautioned Bailey against "calling this book science".

Fortuitously, two books on transgender themes have recently appeared, as the Bailey furore reaches a crescendo, and both can be used to demonstrate the superficiality of Bailey's "research". The first of these is an anthology of first-person accounts, *Finding the Real Me*, edited by Tracie O'Keefe and Katrina Fox. The second is a transgender autobiography, *She's Not There*, by Jennifer Finney Boylan, an academic at Colby College in Maine.

The anthology shows up the restricted keyhole view taken by Bailey in considering only two kinds of transsexual. In O'Keefe and Fox's book there are twenty-six accounts and they include male-to-female, female-to-male, asexual, bisexual, androgyne, metagender, early transition and late transition from a variety of cultures, including Chinese, Japanese, Czechoslovakian, English, Scottish, Australian, American and Canadian. Yet I am sure the editors would not claim that they have done more than sample the gender diverse spectrum. In an earlier book by O'Keefe (*Sex, Gender and Sexuality*) forty-seven variations on the theme of gender/sex/sexuality were identified.

Boylan's book, which describes the transition of James Boylan, novelist and academic, into Jennifer Boylan, is better written than most. It is forthright, informative, witty, happy and heart-breaking. "I share a birthday with Kris Kristofferson and Meryl Streep," she writes, "both of whom I came to resemble, though not at the same time ...".

Boylan is one of the fortunate few whose wife and children have stood by her through transition, but the reader's heart goes out to all of them as marital tensions drive them to the brink of separation and despair.

In contrast to the assertion by Blanchard, echoed by Bailey, that late-transitioning transgenders do not really feel the urge to change in childhood, but rather fabricate stories of early desires to belong to the "opposite" gender to validate their mature-age transition, Boylan recounts stories of a childhood lived partly in the real world and partly in the fantasy world of heart's desire. She lived the typical lonely life of the transgender, conforming outwardly but always with part of her mind dwelling in worlds where sex is mutable at will, or where arrival on a sex-change planet will miraculously transform the intrepid space explorer from male-to-female. (My own fantasies involved the need for secret agents to be transformed physically in order to carry out vital missions for the war effort, or mad scientists who for no good reason would obligingly kidnap me to further their experiments in sex reassignment.) But like most transgenders, Boylan trod a perilous line where suicide often seemed to be the next logical step and despair was the most easily recognisable emotion.

Boylan was fortunate to have a loving family and a good mind. She was able to sublimate her need for a new gender role in study and in music. Like a great many transgenders she fended off the day of reckoning and when it came she was better able to cope, even though life's delays also added to the complications and responsibilities she faced in transition. It probably helped, too, for her to have found employment in academe, although I know of several cases where transgender academics have been hounded out of their employment by bigotry and ignorance.

Germaine Greer did her best a few years ago to have transgender academic Rachael Padman sacked from her teaching position at an all women's college, on the grounds that Padman was not a "real" woman. The college stood firm and Greer lost. One can only wonder if Greer would have welcomed female-to-male transgendered academics with their beards, male pattern baldness and other stigmata of masculinity in her all-woman college on the grounds that, after all, they were not "real" men?

O'Keefe and Fox's anthology and Boylan's autobiography confirm that those of us who prefer to have our bodies modified to conform to our reassigned gender role do so for self-fulfilment, not to facilitate sex with the newly-opposite sex.

Observant readers will have noticed that I use the terms "transsexual" and "transgender" as if they were interchangeable. In some circles this would be disputed hotly on the grounds that the older term, "transsexual", refers to those who undertake reassignment surgery whereas "transgender" refers to those who decline to have their bodies tampered with despite their assertion that they belong to the "other" sex. There is, however, a growing view that it is not sex which is at issue, and certainly not sexuality, but gender role, which is a social (some would even say a grammatical) construct. It is argued that sex cannot be changed since it derives from genetic and chromosomal bases. Possibly gender cannot be changed either, if we are to believe that almost all transgendered people are aware of the conflict between their assigned gender and their innate gender from their earliest memories. But gender role can certainly be changed and gender reassignment (with or without surgery) is designed to bring innate gender and gender role into congruence. There is growing use of the term "transgender" both as an umbrella term for all gender diverse variations and for the narrower part of the spectrum formerly defined as "transsexual". For similar reasons the term "gender affirmation" is starting to supplant "gender reassignment".

Our understanding of transgender is developing at an amazing pace. While hardly exponential, the curve is steep and becoming steeper as more and more people come forward to assert their transgender status and demand appropriate legal and human rights. New techniques are being evolved to provide quicker, easier, more convincing rearrangements of the bits and pieces which discriminate the sexes.

Legal rights, however, remain a dog's breakfast of conflicting decisions caused by the division of legislative responsibilities between national and provincial legislatures. In Australia, for instance, several States have moved to amend birth certificates for registered transgenders, but the Marriage Act comes under Federal jurisdiction and the Australian Government continues to deny transgenders the right to marry in their new gender role.

This obstacle was circumvented recently when a female-to-male transgender's marriage to a genetic female was validated by the Family Court on the grounds that the husband was a man in the eyes of his family, friends and society and innate gender at the time of marriage was the touchstone, not gender assigned at the time of birth. This decision was later upheld by the Full Bench of the Family Court.

New Zealand, with its enviably simple legislative system, is well ahead of most of the world in its recognition of transgenders although the United States and Canada are also making progress.

In Australia there seems to be a growing, if mixed, recognition of the transgender community. Why now? The first factor is the passage of time since the first widely publicised reassignment case in Western society. Christine Jorgensen, an American who travelled from the United States to Denmark for gender reassignment, was outed by the press in December 1952, just over half a century ago. For some time she was a world celebrity and millions of words were written about her. But she, and the few cases which followed (and even preceded) her were seen as a very small sub-set of humanity, a curiosity posing no threat to the traditional fabric of society.

Years passed and transgenders became ever more visible and vocal. The image was no longer one of an amusing freak of nature to be viewed performing in a night club, or read about in lurid tabloids, but rather of a person who might be a work colleague or the boy or girl next door.

Social attitudes hardened and demeaning terms like "gender-bender" were coined to trivialise what was often an emotional trauma and a familial tragedy. There are now many autobiographies that have attested to the variety of experiences encountered in the process of transition. The accounts written by the British writer, Jan Morris (*Conundrum*), and Australian Carlotta (*He Did It Her Way*) have little in common.

Jan Morris, the mature husband and father transitioned relatively late in life whereas Carlotta the feminine boy turned homosexual transsexual was barely out of her teens. Jan Morris, and virtually every other transgender who writes an autobiography (or an essay for a gender diverse anthology) describes an early childhood desire to belong to the "other" gender. Some learn very early in life that if they

admit their desire they will be ridiculed at best, punished at worst. Most, unaware that they are not unique in their desire to assume the other gender role, keep quiet and try to conform. Some become very good at hiding their desires and progress through puberty, teenage and adulthood without revealing their core belief that they are other-gendered. By the time they become aware of the fact that transgenders have existed in every age and every culture they may be committed to a life where they have accepted family responsibilities (parental or marital) that apply a brake to any thought of transition.

When Christine Jorgensen was outed I was seventeen and had embarked on a university career. Suddenly my world was turned upside down by the knowledge that my impossible dream was a possible dream. I agonised for some time, then decided that too many people would be hurt if I were to throw everything away in the hope that I could follow in Christine's footsteps. I sublimated my need in cross-dressing and day-dreaming and later married and fathered three children. It was not until I was fifty-one that my marriage foundered and I went forward to gender reassignment because I could do nothing else. The loss of my marital family was an agony and the subsequent divorce and annulment of my marriage were painful in the extreme.

Like most transgenders I thought often of suicide. It is sometimes only a distinctively quirky sense of humour that saves us from self-harm. When I woke from the anaesthetic after reassignment and the surgeon congratulated me, my first words were, "I've changed my mind, put it all back." He knew me well enough to respond, "Too late, it's gone to the delicatessen"; and a Melbourne friend, Julie Peters, tells of confessing her situation to her brother, who considered the situation solemnly for some time and then said "Can I have your boy clothes?"

There seems to be a growing acceptance of transgenders in society. I am often called on to speak to university classes, conferences or public meetings on the topic of transgender and I usually start by asking if anyone in the audience knows a transgendered person at first hand. When I first did this in 1987 there were very few hands raised. Now there are many, and question time usually demonstrates compassion and intelligent interest. It is possible that the transgender community is surfing in the wake of the feminist movement and the gay and lesbian liberation movement and benefiting from other human rights movements that have been so characteristic of the last half century. The transgender community is certainly associated in many minds with gays, lesbians and bisexuals. Many groups use the L.G.B.T. formula (sometimes with an added I for intersex). The inclusion of transgenders results partly from the natural inclination of disadvantaged groups to make common cause, and partly from the confusion caused by the older term "transsexual" which sounds as if it belongs with "homosexual" and "bisexual". A transsexual can in fact be homosexual, bisexual, heterosexual or asexual so that to some extent transgenders ride on the coat tails of the L.G.B. successes through an accident of language rather than identity of interest.

Many transgenders transition to their preferred gender role and then melt into society, pursuing their private lives and keeping their own counsel. This would normally be everyone's preference, since there is little point in leaving the closet in order to enter a ghetto. But the hidden transgenders have left the visible field to female impersonators, sex workers and exhibitionists and thereby skewed public perception of what a transgender is, or can be. Today, fortunately, there are more and more educated, articulate and socially conscious transgenders willing to stand up and be counted and prepared to work towards amelioration of social, human and legal rights, in defiance of those who would seek to label and contain transgenders within the rigid palisades of ignorance and prejudice.

## Katherine Cummings

Katherine Cummings is a writer and transgender activist, currently working at the **N.S.W. Gender Centre as Librarian and Information Worker**. Her autobiography, *Katherine's Diary*, based on a two-year series of radio talks she gave on Radio National's "Health Report", won the Australian Human Rights Award for Non-Fiction in 1992. It has since been expanded and updated and was re-issued at the end of 2007.



Katherine edits *Polare*, the quarterly magazine of the Gender Centre and writes for it. She is currently putting together a collection of her essays, short stories, poems and book reviews to be published in mid-2013 under the title *The Life and Loves of a Transgender Woman*.

Katherine transitioned in 1986 at the age of fifty-one.



**The Life and Loves of a Transgendered Lesbian Librarian**  
Author: Katherine Cummings  
Publisher: Beaujon Press (2014)  
I.S.B.N.-13: 978-098036535X

**From Polare Magazine Review:** The publication of this collection is a timely reminder that there is still a lot to learn about gender identity, its causes, aetiology and expression. To redress common misconceptions, prejudices, and targeted violence, ethically focussed education is critical. Of overriding importance is the acknowledgment of the truth of all 'real-life' experiences and within this framework Katherine's lifetime experience, retold through cleverly assembled vignettes (essays, book reviews, verses and poems), is central. The book's content is varied and provides the reader with decisive personal viewpoints centred on the paramount issue of gender identity.

**Katherine's Diary: Revamped, Updated, Uncut Edition**  
Author: Katherine Cummings  
Publisher: BookSurge Publishing (2008)  
I.S.B.N.-13: 978-1439215456

**From Bookpod Book Store website:** "I think that I was irrational, even insane, at the time. My transsexualism had taken hold of me with such obsessive force that I could not concentrate on anything else. There I was, a fifty-year-old professional academic librarian who had desperately



**wanted to be female ever since memories began ..."** In 1986 John Cummings became Katherine Cummings and a whole life changed. In this painfully honest account of John's transformation into a woman, Katherine tells of years of fantasising behind locked doors, of the betrayal felt by her family and the final relief of surgery. Katherine's Diary covers a lifetime of self-discovery and self-destruction told with acerbic wit and crisp observation.

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.



(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

# Transgender and Sport

## And the Assumption that Males Change Sex to Reap Rewards in Women's Sport

by Debbie Sims, Manager Ethics and Women, Sport Development Group at the Australian Sports Commission  
Article appeared in Polare magazine: March 2004 Last Update: October 2013 Last Reviewed: September 2015



American Fallon Fox, first openly transgender mixed martial artist

An area of women's sport which is creating gender confusion, heated debate and for which gender verification has implications, is transgenders (specifically male-to-female) in sport.

***What can and must happen is open, fair and rational discussion about this, and other issues, that concern women in sport.***

Six of the eight Australian States and Territories prohibit discrimination on the grounds of sexuality and five, namely New South Wales, South Australia, Western Australia, the Australian Capital Territory and the Northern Territory, prohibit discrimination on the grounds of transgender identity. There are substantial variations between the States and Territories, for example, in N.S.W. sport is exempted from the provisions of the Transgenders Bill 1996. Since 1995 a Sexuality Discrimination Bill has been under consideration at the

federal level. Under the proposed Bill, transgender is defined as a person of one sex who:

- » assumes any of the characteristics of the other sex, whether by medical intervention (including reassignment procedure) or otherwise; or
- » identifies himself or herself as a member of the other sex; or
- » lives or seeks to live as a member of the other sex; or
- » attempts to be, or identifies himself or herself as, a transsexual.

There are two distinctly different points of view in relation to male-to-female transgenders participating in competitive sport.

One side of the debate argues that there is a competitive advantage for a male who has undergone sex reassignment surgery because of his physical training and development. Men have significantly higher levels of testosterone and a greater muscle to fat ratio and heart and lung capacity than women. Research conducted in South Australia has also shown that males generally have greater motor skills than females. In our society it is usually the boys who have greater motor experiences and practice opportunities. That is, they are more likely to be involved in activities where they run, jump and catch. The other side of the debate argues that a physiological advantage does not necessarily exist. Transgenders must continually take massive doses of oestrogen which decreases their strength, and their bodies no longer produce testosterone. Female transgenders behave as "typically womanly" as possible and avoid doing anything to tip their physical appearance over to the masculine side (and therefore tend to shy away from sport or significant training). Within the debate are several assumptions:

- » that anyone exposed to testosterone at puberty will be a good athlete
- » that all males make better athletes than all females, and
- » that males will change gender in order to reap rewards in women's sport which they are unable to obtain by competing in men's sport.

All of these assumptions are false. In relation to the last assumption, a transgender believes he or she was born into the wrong body and it is a passionate, lifelong and ineradicable conviction. The sex reassignment process is extremely complex and lengthy and involves surgeons, gynaecologists, endocrinologists, plastic surgeons, psychiatrists, speech therapists and lawyers. Once a person has a sex-change, they live the rest of their life as a member of that sex. It is not something someone decides overnight nor something someone would do in order to play women's sport. There is also the related issue of female born athletes who have genetic advantages for various sports. These include Marfan's Syndrome which causes women to grow to heights of seven foot (some female basketballers and volleyballers have this syndrome) and congenital adrenal hyperplasia which causes an over-supply of testosterone in women and produces extreme muscularity. If transgenders are prohibited from playing sport because of a presumed genetic advantage, this raises the question of whether people born with genetic advantages for sport should similarly be prohibited from playing.

Unfortunately, sport doctors cannot agree to what extent, if any, female transgender athletes would be advantaged by a male past. Dr. Brian Sando, senior medical director for the Australian Olympic team, says a lot depends on whether a transgender had trained heavily between her adolescent growth stage and the sex-change operation.

Dr Tony Millar, of the Lewisham Institute of Sports Medicine, says the effect of a sex-change on performance would vary depending on the sport of the competitor. The International Amateur Athletic Federation (I.A.A.F.) has discussed the issue of transgenders in sport. It felt that individuals undergoing sex reassignment from male-to-female before puberty should be regarded as female. However, decisions concerning eligibility of individuals who had undergone sex reassignment (male-to-female) after puberty should be decided by the relevant medical body within the sport organisation concerned. The only known physiological tests conducted in Australia on a female transgender showed that, although scoring well in the areas of lung capacity and anaerobic threshold, she fell well within the normal range of female performance characteristics. If we add to this physiological data, the incidence of transgenders in the population, then this issue can be put in perspective.

For example, approximately 2,000 people have received medical treatment in Great Britain. If this is extrapolated to Australia's population and then further reduced by the number of people playing competitive sport, the issue is visible only under a microscope. There is no simple solution to the dilemma of whether transgenders (male-to-female) should be able to participate in women's sport, although the predominant train of thought appears to be that they should participate for fun but not for glory. What can and must happen is open, fair and rational discussion about this, and other issues, that concern women in sport.

---

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.

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

# Unnatural Selection

## Surgical Intervention on Intersex Infants

by Anjana Ahuja, [The Times](#)  Monday 2nd February 2004

Article appeared in Polare magazine: March 2004 Last Update: October 2013 Last Reviewed: September 2015



**Anjana Ahuja Ph.D.:** Award-Winning British-Indian Science Journalist and Author.

**A** study of boys who were surgically turned into girls after a rare birth defect has re-opened the nature versus nurture debate about our sexual identity.

When we are born incomplete, we trust medicine to restore our identity. And so, over the past few decades, many boys born without a penis were converted surgically into females soon after birth - their diminished phalluses removed and reconstructed as vaginas; their parents encouraged to raise them as girls.

***Our findings suggest that children who are born genetically and hormonally male may identify themselves as male despite being raised as females and undergoing feminising genitoplasty at birth.***

It was seen as the right thing to do in a world that could not countenance men without manhoods, and in a social climate that believed gender was gifted to us

mainly by our upbringing.

The benevolent intentions of the past, however, have now turned into one of today's most heartbreaking and complex medical dilemmas. A highly controversial American study of men born with Cloacal Exstrophy (C.E.), a rare, severe condition whose symptoms include phallic atresia (no penis), suggests that many of these "women" grow up to shun their adopted gender. Of the study's sixteen genetic males (which means they possessed an XY chromosome pair), fourteen had been reassigned female surgically, socially and legally. The parents of the remaining two had refused to permit reassignment (these two patients declared themselves to be male). Of the fourteen "converts", all had typically male hobbies and behaviours and only five truly felt female. Only one ever played with dolls. Eight felt they were male, four before being told of their condition and four afterwards. All eight are attracted to women and now want penises four of them are actually pursuing penile reconstruction. The remaining one of the fourteen refused to discuss gender at all. The study, which appears in this month's *New England Journal of Medicine*, has tremendous implications for the nature versus nurture debate: if boys raised to look and think as girls still view themselves as male, then the argument seems to sway heavily in favour of nature when it comes to sexual identity. Nurture cannot easily subvert nature, it seems, even when it is assisted by major surgery.

"We are challenging the conventional wisdom and urging doctors not to perform conversion surgery as routine," said Dr. John Gearhart, director of paediatric urology at Johns Hopkins Children's Centre and co-author of the study. "Rather, we suggest that they strongly consider counselling families to raise the children as males, and recommend penile reconstruction at later age.

"Our findings suggest that children who are born genetically and hormonally male may identify themselves as male despite being raised as females and undergoing feminising genitoplasty at birth. However, Dr. Polly Carmichael, a psychologist at Great Ormond Street Hospital, said that the hospital's own study of C.E. patients who had been surgically altered to become female was much more favourable. [Gearhart] is saying that these reassigned females are spontaneously saying they are male, but our cohort of ten patients do not have that experience," she says.

The American study involved only sixteen patients, and she says that participants might have presented themselves at clinic because they had gender problems which, in other words, possibly meant they were a self-selecting sample at the problematic end of the spectrum.

"The difficulty is that this is a very polarised argument about nature versus nurture. But we need to know that the evidence is very good before we move to a blanket policy of not reassigning gender."

Gearhart's paper, co-authored by William Reiner of Oklahoma University, could have ramifications in intersex conditions, which are situations where the gender of the child is unclear. In the past, the medical belief first put forward by John Money in the 1950s was that nurture determined gender and any corrective surgery should be done quickly after birth.

This crucial time was a window in which gender could be fixed, which would allow better parental bonding. On the basis that it is easier to hollow out a vagina than construct a functioning penis, the trend in the 1960s and '70s was towards feminising surgery. And, of

course, the child was never told the truth.

But now, as those children reach adulthood, the backlash has begun. They are angry at the culture of secrecy and shame, and that something as personal as gender and genitalia was decided without their permission. They talk of having their genitals "butchered" and, where there is nerve damage, being deprived of sexual fulfilment.

At a conference on intersex held in London, one of the most moving presentations was given by Melissa Cull, a thirty-five-year-old woman with Congenital Adrenal Hyperplasia, a condition that left her with enlarged female genitals. During childhood, she underwent a number of operations that left her physically and emotionally scarred and unable to have a satisfactory physical relationship (she had to take painkillers before sex).

She spoke of doctors warning her not to touch herself, and of a "total loss of ownership of her body". She finished by asking the clinicians to imagine having their own genitalia interfered with: "Would you really put the way you look before your sexual pleasure, wellbeing and your gender just to please society?"

The "sex" question has recently been addressed by Sarah Creighton, consultant gynaecologist at University College Hospitals in London, who runs a clinic for intersex adults. Creighton and her colleague, Dr Catherine Minto, found that a quarter of the women who underwent clitoral surgery were unable to achieve orgasm. While every case is different, Creighton and Minto advocate waiting until the child is older before surgery, partly because revision surgery is often needed at puberty.

That view is opposed by other surgeons. Philip Ransley, consultant paediatric urologist at Great Ormond Street, says that operating later can bring psychological problems of its own, because untreated children can be left questioning their gender. "What happens if a girl has a big penis in the gym" Ransley asks. "These are the problems they tell us about. The idea that we just sit back and wait for the child to decide seems to me a very poor philosophy."

Creighton, who organised the London conference, says she has noticed a shift in parental attitudes towards later surgery, and parents today are far more ready to accept slight abnormalities. Creighton says: "It is a really hard choice for parents to make. Parents worry about things such as the nanny or child carer seeing their child naked, and then everybody knowing. And it is little things, such as going to ballet or going swimming, that become difficult. I have to say, many parents are still opting for surgery, although I think there is a trend towards less surgery for the less virilised girls. My view is that surgery on babies could be delayed until their teens, so the child can participate."

Interestingly, Creighton believes the growing reluctance to opt for early surgery stems from parents wanting their child to be involved. The current onus on medical disclosure also makes it virtually impossible as well as unethical to conceal such secrets if surgery is done.

Honesty, says Jasmine, a woman born completely female except for the fact that her reproductive organs were male, is the most important contribution a parent can make. Jasmine discovered her condition as a teenager when she failed to start her periods. She also supports later surgery where possible, and believes genital reconstruction for purely cosmetic reasons is rarely justifiable because of the psychosexual damage that can be done.

She says: "I have never come across a single person who regretted being told the truth about their past "It is important that children don't think it is a secret kept from them by their parents. The best advice for parents is not to rush into a decision about surgery, and not to allow an operation before they have taken their child home."

---

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.

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

# Improving Access to the Law for Women with H.I.V.

## Addressing the special legal needs of women living with H.I.V. / AIDS

by Sian Aldis, Manager, H.I.V. / AIDS Legal Centre Inc.

Article appeared in Polare magazine: March 2004 Last Update: October 2013 Last Reviewed: September 2015



Women living with H.I.V. face multiple challenges.

The H.I.V. / AIDS Legal Centre (H.A.L.C.) is attempting to address the special legal needs of women living with H.I.V. / AIDS with the release of a new resource *Unravelling the Law*, reports Sian Aldis.

***A socially and geographical diverse minority group, women living with H.I.V. are more likely to experience isolation.***

Women living with H.I.V. face multiple challenges. A socially and geographical diverse minority group, women living with H.I.V. are more likely to experience isolation. For most, finding answers to questions and concerns about legal issues and family can be difficult and confusing.

The H.I.V. / AIDS Legal Centre is committed to positive women. With the financial assistance of the N.S.W. Department for Women we are now finally able to realise a resource we have been working on for nearly two years, *Unravelling the Law: A resource for women living with H.I.V. / AIDS*. This resource is unique in providing positive women, and their service providers with easy access to plain legal information on questions that they themselves have identified as being of common concern. A guide to the law in the areas of sex and relationships, family violence, pregnancy and childbirth, and raising children, this resource clearly states the legal responsibilities and rights of women living with

[H.I.V. / AIDS in N.S.W.](#)

### The Organisation

The H.I.V. / AIDS Legal Centre is a community legal centre located in the A.C.O.N. building in Sydney. We are a publicly funded non-profit organisation that provides advice and assistance to people living with or affected by H.I.V. / AIDS in H.I.V. related legal matters. Most of our case work concerns superannuation, insurance, discrimination, medical complaints, employment, immigration, wills, powers of attorney and enduring guardianships. We promote recognition of the rights of people living with H.I.V. / AIDS by taking part in community education programs, lobbying for legislative reform and contributing to policy drafting.

### The Process

The idea to develop a legal resource for women living with H.I.V. / AIDS originated from workers at A.C.O.N. who became aware that women with H.I.V., and their health and welfare service providers, lacked easy access to clear and plain legal information.

A.C.O.N. and H.A.L.C. utilised the experience of staff working in the area to draft a list of ten commonly asked legal questions posed by women with H.I.V. Feedback was sought from a diverse range of these women and there was an overwhelming response to the need for a resource that answered these questions. Focus groups were set up and direct input from positive women made apparent that an extended list of fourteen questions and answers was needed.

The answers were researched and drafted by staff at H.A.L.C.. Legal information was distributed to relevant community groups, organisations and departments including the Women's Legal Resource Centre, the New South Wales Department of Community Services, the Attorney-Generals Department and the Anti-Discrimination Board. Their feedback assisted with the collation of the final draft.

Restructuring of the Department originally intended to finance the resource, and staff shortages at H.A.L.C. created a delay in making the resource available. Volunteer recruitment and participation in A.C.O.N. 'Activate' forums that focus on women and families renewed vigour and made evident again the pressing need for positive women to gain better access to legal information. H.A.L.C. increased its outreach, gaining valuable insight into how best to provide women with H.I.V., and their service providers, with access to the resource once published, especially those living in rural N.S.W.. The resource was updated to include recent developments and funding was gained from the N.S.W. Department for Women for publication.

### The Resource

*Unravelling the Law: A resource for women living with H.I.V. / AIDS* provides answers to questions such as; "If I practise safe-sex do I



have to tell the person I am having sex with that I am positive?", "I am having unprotected sex and my sexual partner does not know I am positive. If I tell my doctor/nurse/counsellor/social worker are they required to take it further?", "If I need to go to court is there a way I can protect my privacy?", "Do I need to disclose my own or my child's status to their kindergarten or school?", "If I am unable to care for my children what legal care arrangements can I make?".

Some of the legal issues addressed in the resource are included below. The information contained here is not legal advice. If you have a legal issue you should talk with a legal practitioner before making a decision about how to proceed. If you would like further information about any of the matters discussed here please contact [H.A.L.C.](#) on (02) 9206 2060. We are open Monday to Friday between 10:00am and 6:00pm.

## Discrimination

It is against the law in [N.S.W.](#) to treat someone less favourably or harass someone because they have [H.I.V.](#) or because they are thought to have [H.I.V.](#). The law can provide some course of redress if it happens in the course of employment, state education, in registered clubs, when acquiring goods and services or accommodation. [H.I.V.](#) vilification is also against the law and includes any public act that could incite hatred, serious contempt or severe ridicule against people who have [H.I.V.](#).

If you have experienced vilification or discrimination and you have suffered as a result, you can complain to the Anti-Discrimination Board or the Human Rights and Equal Opportunity Commission. There is a time limit on the making of such a complaint; the last act of discrimination or vilification must have occurred no longer than six months ago (Anti-Discrimination Board), or twelve months ago (Human Rights and Equal Opportunity Commission). For people who do not access legal information these limitations create real barriers as being unaware of them does not provide an exemption from their effect.

## Disclosure

There are no laws in Australia that place any obligation on an ordinary member of the public to keep another persons [H.I.V.](#) status confidential. If you are unsure of whether or not you are required to disclose in a certain situation, seek advice first.

## Sexual Relationships

Legally you are required to disclose your status to any person you intend to have sexual intercourse with. Failure to disclose may put you at risk of being charged or sued by the person to whom you haven't disclosed. Practising safe-sex is not an exception. You are still required to disclose your status to a sexual partner, even if you plan on having safe sex and reducing the risk.

## Employment

All employees owe a duty to their employer to exercise care not to cause injury or loss in the course of performing work. Generally as an employee you are not obligated to tell your employer or potential employer if you are [H.I.V.](#) positive. However, if you are unable to perform the requirements of the job in a way that is safe your employer may be able to legally discriminate. Jobs where [H.I.V.](#) status is considered relevant include those that involve the performance of 'exposure-prone' procedures and some defence force jobs.

Sex workers with [H.I.V.](#) are legally obliged to tell clients about the risk of contracting [H.I.V.](#) before engaging in oral sex or vaginal or anal intercourse. If the owner or manager of a parlour or brothel knows that you have [H.I.V.](#), and allows you to have sex without telling clients, they have breached the law.

## Superannuation

When taking out standard cover insurance, disclosure of your [H.I.V.](#) status is generally not required and all applicants are accepted for death and/or disability cover. If you stop work because of poor health and you want to claim your superannuation on the grounds of total and permanent disability, disclosure is required.

## Schools

There is no legal requirement to disclose to school staff, school management or other students that you or your child has [H.I.V.](#) It is against the law for a school, college, university or other institution at which education or training is provided, to discriminate against a person with [H.I.V.](#).

## Privacy: Health Care

You have rights of privacy enforceable in law against all doctors in private practice, private hospitals and all other service providers in the private sector. Organisations must keep health information secure and protect it from misuse and unauthorised access. You also have the right to access your full medical records and request that they be corrected.

All health service providers must take all 'reasonable steps' to prevent disclosure of [H.I.V.](#) related information to another person. A recent case in [N.S.W.](#) confirmed that a doctor must not override a patient's confidentiality by informing their partner of their [H.I.V.](#) status without the patient's consent. Rather, the obligation is to ensure adequate pre- and post-test counselling. In exceptional circumstances in which it is thought that someone's behaviour is endangering public health a doctor may inform the Health Department who has special powers to order counselling and, in extreme cases, detention.

## Privacy: Court Proceedings

If you are going to court and you wish to maintain your privacy you can ask the magistrate or judge to close the court to the public.

Closed courts can be granted when it is considered that parties' details should not be released because of the stress and other social disadvantages it might cause. Alternatively, you can request that your H.I.V. status be masked. That is, instead of the court saying "H.I.V." the court could instead refer to it as a "disability" or "medical condition".

## Parenting: Pregnancy and Childbirth

The decision to have a child (naturally or by insemination), the decision to undergo or not to undergo any treatment considered to reduce the risk of transmission of H.I.V. during pregnancy, decisions on how to care for and raise your children are legally yours to make. Where the law can compel you to do something or prohibit you from acting in a certain way is to prevent harm to your child. The Department of Community Services (DoCS) will not be notified when you have a baby just because you have H.I.V., they will only intervene if they receive a report that a baby or child is being neglected or abused, or an unborn child is at risk of harm after his or her birth.

If you do not take precautions recognised as reducing the risk of transmission and a report is made, it is likely DoCS will investigate. An investigation may involve speaking to you, your family and other health care workers. DoCS then decide how to proceed to promote the safety of your child. DoCS may provide you with support, draw up care plans, supervise you or obtain a court order instructing or prohibiting you to act in a certain way.

## Parenting: Care Arrangements

If you need someone to look after your children, you can make informal arrangements with family (including your child's father) or friends. Legally you are only allowed to leave your child with a person who is not related to your child for a limit of twenty-eight days in any twelve month period. If you would like a non-related person to look after your child for a longer period, you are required to make a formal and legally recognised arrangement.

Any one person who has an interest in the welfare of your child can make an application to the Family Court to obtain a parenting order. Parenting orders can determine issues such as who your child lives with, who can have contact with your child and who can make decisions regarding your child's future. In determining the order, the paramount consideration for the court will be what is in the best interest of your child. Factors affecting this include your child's wishes, your child's relationships with the relevant people, your child's cultural background and the capacity of relevant people to care for your child.

While the main purpose of a will is to direct who is to inherit your property, you can, however, state your wishes as to other matters such as who you would like to look after your children; such a provision does not guarantee that they will be cared for by that person but it does ensure that your wishes are considered by a court making orders.

The legal issues for people living with H.I.V./AIDS can be specialised and complex. For women living with H.I.V. this is especially true. *Unravelling the Law: A resource for women living with H.I.V./AIDS* is designed not as a substitute for legal advice but as a source of legal information that is easy to access and understand. It is hoped that the resource will better equip women living with H.I.V. to fulfil their responsibilities and assert their legal rights.

## Further Information

[H.I.V./ AIDS Legal Centre Inc.](#) 

A.C.O.N. Building

414 Elizabeth Street, Surry Hills

P.O. Box 350 Darlinghurst N.S.W. 1300

Phone: 02 9206 2060

Freecall: 1800 063 060

T.T.Y.: 02 9283 2088

Fax: 02 9206 2053

Download *Unravelling the Law: A Guide for Women Living with H.I.V./ AIDS* (168kb) in Adobe P.D.F. You will require Adobe Reader to view. Adobe Reader is available for Download from the [Adobe](#)  website.

---

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.

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

# Alice in Wonderland

## ... and through the Cyber Glass

by Jenny Lovelace

Article appeared in Polare magazine: **March 2004** Last Update: **October 2013** Last Reviewed: **September 2015**

Once upon a time there was a little girl called Alice. Well she could have been called Alice, but she was called something else because she was not the little girl she so often longed to be. For this little girl, who was actually a little boy, it all began when she was four. She used to think she was five but now she has been thinking about it, the dates do not match so she must have been four. She is pretty sure her mother desperately wanted a girl to replace a daughter who had died. She remembers as if she was out of her body, watching herself putting on her nanny's frilly underwear.

*I know, and I am happy to accept, that it is up to me to create the complete lifestyle that will best possibly enable me to fulfil all my dreams.*

When her nanny found her, she (Nanny), was shocked. Jenny, for that is what she came to call herself, remembered saying to Nanny that she wanted to be a girl. Nanny told Jenny never to do it again and she did not - at least not until she was about thirteen. Jenny cannot remember having any deep feelings, in fact any feelings at all that first time, though with other earlier and later childhood memories she did. Perhaps she suppressed her feelings - or perhaps she really was having an 'out of body' experience and was truly in a realm beyond all earthly emotions.

In her early-teens the agony began. Furtiveness, denial, fear, shame and almost unbearable pain threatened to destroy her whole life. It nearly did and it went on for decades. She felt so alone. Now, at last, she knows how much her story is shared by so many others.

As time went by, Jenny built for herself a very challenging but satisfying male life, that she now does not want to lose. But Jenny was always there, crying, cajoling, seducing and loving her way into recognition. At last Jenny has come-out.

Jenny got dressed, drove and appeared in both 'protected' and 'open' public for the first time. She went to meet with people who understood, at the 2003 Brisbane Seahorse Club Christmas party and a few of them went out to a cafe afterwards. The other Seahorses were all so wonderful. The experience has lifted so much of a lifelong burden from Jenny's opening, blossoming, heart. The continuous, powerfully quiet, euphoria she now carries is blissful! She is now able to think much more clearly about who and what she is, what she wants to be and what she wants to do with her life from now on.

This is my story - I am Jennifer Susan Lovelace, Jenny-Sue in some chat rooms, but just Jenny most of the time. At last it all feels so right. 'Not-Jenny', her other side, is more at home with his life now that he has fully admitted (to himself) who his whole self is. He has dropped one large life burden - and all his other burdens are now easier and more pleasant to carry.

The highlight of my big night out came early when a truly beautiful 'girl-like-us', who has helped me so much to prepare to come-out, kissed me on the cheek, woman to woman, and I loved it. I felt such a girlish thrill! That was when I knew I was home at last.

So where am I and where am I going? I have no partner to share this with and I may now be too old to find the 'significant other' of my dreams because other things in my life have been absorbing my passions and I have no regrets. However, I am free of all my past agonies. The memories remain, of course, but they no longer frighten me or hurt enough to overwhelm me. I know who and what I am, and I am so happy with my knowing. Loneliness has always been my deep and ever present challenge, but even that is now easier to live with. I know, and I am happy to accept, that it is up to me to create the complete lifestyle that will best enable me to fulfil all my dreams.

What I have suffered has been awful but it is nothing to what some gender challenged people have had to endure. Some haven't made it. They've killed themselves - or been murdered. Others have succumbed to self-mutilation and other responses to mental disintegration. I have some understanding of these traumas that can invade all parts of our lives because I have been a somewhat unorthodox, trauma counsellor for most of my adult life. You know, I have been so lucky!

## Alice Through the Cyber Glass

I too have been mentally challenged. Having met and been with countless people in many countries who, in so many different ways, were suffering with a variety of traumas, I reckon I am qualified to know that I too have been close to losing it. I have been very fortunate. I have useful training and experience and my life circumstances have, on the whole, been wonderfully love-filled and nurturing.

I still am somewhat emotionally challenged by my gender struggles but the overwhelming relief and joy of taking my first steps to come-out has changed everything. I have a long journey still to go but I am on my way.

My desire to do something to help girls and boys like us to find fulfilment in our being rather than despair is deep. This is not something to be rushed into. There are already many clinical and social support services and organisations out there and many of them are doing a wonderful job. But the tragedies continue at a terrible rate. The public is coming closer to accepting gays and lesbians but, although the law is moving somewhat towards protecting people like us from bigotry and assault, we are still trapped in a world that has to remain too secret and too vulnerable. If not-Jenny came-out to everyone, not just to people like us and others who understand, his career would probably be ruined. He is not exactly unique!

So what can we do to support the best of help we are already getting? What can we do to tell people that despair can be beaten - that we are not alone and that there are safe places and people out there for us who will love and understand us for what and who we are? We can be active companions for each other.

I do hope there are people who will give me constructive feedback on what I am about to say. I may not like what you say but with courtesy and respect for all people we can say anything constructive we like about their thoughts and actions - and get listened to!

These are my views alone and I am responsible for them - whether you share any or all of them yourself.

## Professional Help

Sometimes we need professional help because we have lost our minds. Sometimes professional helpers can be competent, caring gifts from heaven. Unfortunately this is not always the case. However, wonderful people are out there. We as a community need to identify them by their results. We counsellors do not always find it easy to demonstrate our competence because client confidentiality must be respected before all else. If we do a good job, often enough word gets out - because our clients recommend us!

However, it is my professional view that what we most need is companionship. We need more of us to be competently there for each other and we need to be more out there telling the world we are here for those who need us. Professional help can always be there as well if we need it.

## Support Structures and Significant Others

However, most of the time, in my view, it is not professional help that we need. We especially need peers, people-like-us and others who understand to be there for us. Feeling at home can release many, if not all, of the inner horrors that can drive us mad. People-like-us and some others can make us feel at home - because with them, we are at home! We need more publicity, subtle but obvious, that tells people we are there for them. We need to protect those who contact us and make sure they are put in contact with the people and organisations who can help them most.

It is vital for us to realise that our gender identity, our sex and our sexual orientation, though all inter-connected and mutually influencing are not the same things. Gender identity is what we feel we are. Sexual orientation is which sex we are sexually attracted to. Both of these can be variables according to current mood and the influence of experience over time. Sex is either biologically male, female or not totally one or the other - 'intersex' or what used to be called 'hermaphrodite'. Gender identity is about discovering our true feelings not about what society thinks we should feel. Most of the problems that people like us have are because we are socially chained to other peoples' opinions!

S.O.s, or 'Significant Others', are a vital factor in what choices we make. We need to support S.O.s just as much as we need to support ourselves. Partners to people like us can be more or less rejecting, tolerating, accepting or supportive.

Rejecting partners are probably going to leave us - and that can be very hard for those of us who love them deeply. Too often partners are frightened. They just cannot understand. Having a gender challenged partner is too much for them to bear. We need to be there especially for people with rejecting S.O.s - not intruding but obviously available on call.

Tolerating partners may have been together a long time. Leaving could seem worse than losing the familiar things shared. Tolerating partners need our most special care if we are to retain, or create, loving relationships with them! Both partners could benefit from our help. We could include experienced supportive S.O.s, but they could be as close to being people like us as anyone else could be!

Accepting partners may not be totally happy with the situation but they will at least have a measure of true understanding and they probably care deeply for their gender challenged partners. We are all fortunate if someone we love in this most misunderstanding world also loves us! Being good people by example could be helpful here.

Supportive partners may even rejoice in the gender being of the person they love and share life-building in so many mutually satisfying ways. Loving friends and companions who are also people-like-us can be a great blessing when we need them, especially if we do not have accepting or supportive S.O.s.

Finally we need a place where people-like-us who are isolated can go to find out, in safety, what their options are. One way is for them to have a place to go in cyberspace.

I feel that Cyberspace, for all its many pitfalls, is often a good place for people to start to explore their gender identity. Chatting with all kinds of people around the world has given me considerable insight into the vast variety of people who enter our gender variable world.

Occasionally we will meet unbalanced and obnoxious people in cyberspace. We will need to learn how to recognise and deal with them in the most gentle but firm way. However, the many more genuine people who we will meet in cyberspace always compensate for our bad cyber encounters. This is because they are busy getting on with creating their own journeys not nurturing their own brand of sickness. We soon get to know who is for real and who is ... sick! Intelligent cyber chatting can greatly relieve the sense of loneliness we all share to some degree.

But there is much more to cyberspace than chat rooms! We can, in greater privacy, email about all kinds of personal things in the anonymity of cyberspace. And cyberspace is only useful if it is a stepping stone into the real world.

In cyberspace, real people seldom ask to meet us in person, especially if they are not in our area - or in our part of the world! They may like, and like talking about sex and sexy clothes, but they have many other, often deeper, interests.

When we are ready to meet face-to-face it will be in a safe place like at a Seahorse meeting or through an established support group or a known safe venue. We could, perhaps, meet at transgender-friendly gay nightclubs though this is not necessarily safe especially if we do not know the scene.

---

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.