

January-March 2009

No. **78**

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THE FINE PRINT

Polare

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Polare is published in Australia by **The Gender Centre Inc.** which is funded by the NSW Health Department through the AIDS and Infectious Diseases Branch, and supported by the Department of Community Services under the SAAP program.

Polare provides a forum for discussion and debate on gender issues.

Advertisers are advised that all advertising is their responsibility under the Trade Practices Act.

Unsolicited contributions are welcome, though no guarantee is made by the Editor that they will be published, nor any discussion entered into. The Editor reserves the right to edit such contributions without notification. Any submission which appears in ***Polare***, may be published on our Internet site.

Polare A Magazine for people with gender issues

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Editor: Katherine Cummings

DEADLINE

for submissions to the next edition of *Polare* is the eighth of March 2008.

Opinions expressed in this publication do not necessarily reflect those of the Editor, Publisher, The Gender Centre Inc., the NSW Department of Health or the Department of Community Services.
Polare printed in house (text pages) and by WenChai Publications (cover)

Phinn's Report

Hello every one, well it's time again for the next issue of *Polare*

So what's been happening at the Centre?

We were very fortunate in obtaining a grant from the City of Sydney Council, which has enabled us to employ a dedicated caseworker for the Inner City area for a period of twelve months. We welcome Cindy aboard

The Centre has been busy with the development of policy and procedures for inner city services willing to take transgender clients, and our inner city case worker has been working closely with these services. The development of these policies was funded by the City of Sydney and will soon be available on our website for all services to utilise.

More and more service providers and employers have requested training from the Centre, and we have had an increase of students from TAFE and colleges visit the Centre as well as student placements. This year we have had three student placements with further requests for the coming year

The NSW Police, Program Department, awarded our Case-Manager Elizabeth Ceissman a certificate of appreciation in acknowledgement of our commitment and contribution to the GLLO program, and for our consistent involvement in training and the related building increasing awareness and understanding of transgender issues. Well done Elizabeth.

Elizabeth has conducted several training events for the police this year and will continue to provide training in 2009.

The Gender Centre has been organising an event for the 2009 Mardi Gras next year. We will be holding a debate which will take a light hearted approach to the topic of 'Where do we, the transgender community, fit in the GLBT community?'

Does the T still fit with GL and B?

This event will take place on the 18th of February 2009 at the Sydney Mechanics School of Arts, 280 Pitt Street Sydney, starting at 7pm and hosted by Julie McCrossin. The panel will

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comprise Katrina Fox, Roberta Perkins, Stevie Clayton, Tracy O'Keefe, Katelund Povey and Rachael Wallbank. This should be a very interesting evening. Hope to see you all there

This year the Gender Centre will be closed from Xmas day the 25th of December till the 5th of January. A dedicated staff member will be on call for all our residential clients.

I would like to take this time to wish you all a very Merry Christmas and a Happy New Year .

Well that's about all from me for this edition and this year. Keep well and safe. See you soon

Phinn

PhD Research on Australian Indigenous Gay, Lesbian and Transgender/Sistagirl experiences.

Aude Chalon (aud_mmsh@hotmail.com)

is gathering life stories especially among Sistagirls. If anyone can help, please contact him on his email address.

SEXUAL HEALTH CLINIC

NOW AT RPA HOSPITAL

We offer free confidential medical and counselling services:

- Testing and treatment for STIs (sexually transmissible infections)
- HIV testing and counselling
- HIV treatment and management
- Hepatitis vaccinations
- Sexual health check-ups
- Free condoms and lubricant
- Sex worker health checks

For appointments and other information call 9515 3131 or drop in to see our nurses.

Ground Floor, Page Building (Bldg.14),
Royal Prince Alfred Hospital,
110, 112, 114, 116, 118, 120, 122, 124, 126, 128, 130, 132, 134, 136, 138, 140, 142, 144, 146, 148, 150, 152, 154, 156, 158, 160, 162, 164, 166, 168, 170, 172, 174, 176, 178, 180, 182, 184, 186, 188, 190, 192, 194, 196, 198, 200, 202, 204, 206, 208, 210, 212, 214, 216, 218, 220, 222, 224, 226, 228, 230, 232, 234, 236, 238, 240, 242, 244, 246, 248, 250, 252, 254, 256, 258, 260, 262, 264, 266, 268, 270, 272, 274, 276, 278, 280, 282, 284, 286, 288, 290, 292, 294, 296, 298, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 340, 342, 344, 346, 348, 350, 352, 354, 356, 358, 360, 362, 364, 366, 368, 370, 372, 374, 376, 378, 380, 382, 384, 386, 388, 390, 392, 394, 396, 398, 400, 402, 404, 406, 408, 410, 412, 414, 416, 418, 420, 422, 424, 426, 428, 430, 432, 434, 436, 438, 440, 442, 444, 446, 448, 450, 452, 454, 456, 458, 460, 462, 464, 466, 468, 470, 472, 474, 476, 478, 480, 482, 484, 486, 488, 490, 492, 494, 496, 498, 500, 502, 504, 506, 508, 510, 512, 514, 516, 518, 520, 522, 524, 526, 528, 530, 532, 534, 536, 538, 540, 542, 544, 546, 548, 550, 552, 554, 556, 558, 560, 562, 564, 566, 568, 570, 572, 574, 576, 578, 580, 582, 584, 586, 588, 590, 592, 594, 596, 598, 600, 602, 604, 606, 608, 610, 612, 614, 616, 618, 620, 622, 624, 626, 628, 630, 632, 634, 636, 638, 640, 642, 644, 646, 648, 650, 652, 654, 656, 658, 660, 662, 664, 666, 668, 670, 672, 674, 676, 678, 680, 682, 684, 686, 688, 690, 692, 694, 696, 698, 700, 702, 704, 706, 708, 710, 712, 714, 716, 718, 720, 722, 724, 726, 728, 730, 732, 734, 736, 738, 740, 742, 744, 746, 748, 750, 752, 754, 756, 758, 760, 762, 764, 766, 768, 770, 772, 774, 776, 778, 780, 782, 784, 786, 788, 790, 792, 794, 796, 798, 800, 802, 804, 806, 808, 810, 812, 814, 816, 818, 820, 822, 824, 826, 828, 830, 832, 834, 836, 838, 840, 842, 844, 846, 848, 850, 852, 854, 856, 858, 860, 862, 864, 866, 868, 870, 872, 874, 876, 878, 880, 882, 884, 886, 888, 890, 892, 894, 896, 898, 900, 902, 904, 906, 908, 910, 912, 914, 916, 918, 920, 922, 924, 926, 928, 930, 932, 934, 936, 938, 940, 942, 944, 946, 948, 950, 952, 954, 956, 958, 960, 962, 964, 966, 968, 970, 972, 974, 976, 978, 980, 982, 984, 986, 988, 990, 992, 994, 996, 998, 1000

PLEASE NOTE:

The email address for Resources and Polare is now:

resources@gendercentre.org.au

NB Please put the word 'Polare' somewhere in the subject line

Editorial - Katherine Cummings



Much of this issue concerns itself with the Transgender Day of Remembrance (November 20). Part of the difficulty of having a quarterly publication is that whereas some events must be written up in advance, with the advantage that people might be made aware

who would otherwise not be, it also has the drawback that often the final arrangement for observance (place, time etc.) have not been made by the time the magazine goes to press. On the other hand, writing about the DOR after the event may cause regret that one has not participated but has the considerable advantage that one can write of concrete instances of observance, both here and overseas.

I felt it was also appropriate to pay our respects to Eleanor Lister, who was always in the forefront of organising Sydney's Day of Remembrance and active in many other ways in support of her transgendered sisters and brothers. Eleanor died in May 2008 and will be missed.

There were a number of descriptions of observance submitted for publication and I have selected from these in an attempt to show how widespread the observance has become, and the variety of different ways of remembering our dead. Dawn services are becoming popular, as are night vigils.

This is not a conventional memorial day which celebrates the sacrifice of those who died for us in various wars. Our war continues and it is sadly one-sided. It is not often that any sort of retribution is exacted on the perpetrators. The cases of Brandon Teena and Gwen Araujo are rare exceptions but the case of Rita Hester, whose murder prompted the first Day of Remembrance, has never been solved.

Queensland is establishing a research study into homophobia and transphobia and various other studies have been carried out (although some of these have never been published) but clearly

there is a growing awareness of the problem of violence against GLBTI people. An example of this awareness is that our Day of Remembrance was brought to the attention of the Senate this year and duly recorded in Hansard.

Phinn has suggested that I tell you about my experience as a Living Book. This was my third go at the game and took place on 8 October in Martin Place, Sydney, for the Mental Health Association. Being a Living Book is a bit like speed dating. The Living Books sit at little tables and members of the public can 'borrow' a book for half an hour. This means they come and sit opposite a 'book' and ask questions and, if they wish, make statements. The whole session only goes on for two hours so that normally one would not speak to more than four people, although sometimes they turn up with a friend for moral support. My own feeling is that the session could go on for much longer without unduly exhausting the 'books' but maybe that is because I enjoy chatting with people, especially if I can tell them something about transgender.

There was a variety of 'books' on this occasion, in addition to the Transgendered Woman (me), there was the Triple Animal, a man who had played Rugby for Argentina, Australia and Tahiti and saw himself as a Puma, a Wallaby and a Topo.

There was a couple with gay and lesbian children (one of each). They were there to talk about PFLAG (Parents and Friends of Lesbians and Gays). There was an Androgynous Christian Anarchist (our much loved norrie mAy welby) who worked with the Sex Workers' Outreach Project (SWOP) for years and spends time visiting banged-up asylum seekers at Villawood "as the most reachable, persistent and objectionable manifestation of the right-wing authoritarianism crippling humanity".

There was a drag queen/community activist/performer, Tobin Saunders, possibly better known as Vanessa Wagner. There was a lesbian clergywoman, who has written fifteen books and won the Australian Human Rights Medal. There was a woman who has been living with obsessive compulsive disorder since she was

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eight and another who is bipolar and revels in her heightened perception of reality. And there were more, but you get the idea. People with a story to tell, a life to share, a lifestyle to defend against ignorance and prejudice.

This time it was slightly different because Julie McCrossin was there. Julie is an activist who spends a lot of her time working for charities. She is a practised public speaker and communications expert. She interviewed three of us on stage between sessions and I think this was an excellent stratagem. It meant that instead of dealing with four enquirers in depth I was able to make a connection with something like a hundred people as Julie interviewed me. Julie asked sensible leading questions and the audience reponded well.

In the last few weeks of the year I also spoke to a class of around ninety Community Services students at Nirimba TAFE and a post-graduate seminar group at Sydney University from various disciplines, who were completing a postgraduate Bioethics colloquium.

On 20 October I interviewed Penny Sharpe at Parliament House and on 23 October I took part in the formal opening of the GLBT collection housed in the Tuggerah branch of the Wyong Shire Library. Busy, busy.

I spent time on 11 November at the Anti-Discrimination Board's Sex and Gender Diversity Community Consultation. This group meets several times a year and includes representatives from the ADB, the NSW Registry of Birth Deaths and Marriages, the Attorney-General's Department, the Police, the Gender Centre, various shelters, the Australian Human Rights Commission and some interested individuals who come in their own right. Currently we are talking about identity documents and the problems faced by pre-op MTFs in gaining access to female shelters.

On 1 November the Gender Centre hosted a mini-forum which had been advertised through the Centre. About a dozen individuals from the transgender community met to exchange views and to help Catherine Wilson formulate ideas for a paper to be presented to a "Women in Psychology" conference in December. I have seen an early draft of this paper and hope we

will be able to bring it, or parts of it, to you in a later edition of *Polare*, but for the present I will deal only with aspects which struck me as being of vital concern to the transgenders present.

Perhaps the most prevalent of these was the persistent problem for transgenders who have transitioned and find they cannot find work, or in some cases cannot hold it even if they find it. A few years ago there was an employment agency which advertised for clients in *Polare* and made every effort to find work for them. Maybe we need an agency like this again, but there is also a need for employers to accept responsibility for a measure of affirmative action. In the United States there was an Employment Market recently at which a number of large employers co-operated to provide employment for transgendered employees. Perhaps we could do something similar in Sydney? There are many companies whose employees number in the thousands, and whose staff positions range from the unskilled to the highly qualified. Surely they could be persuaded to make a small percentage of these positions available to transgendered applicants?

In the United States there are annual conferences where those seeking employment and those looking for employees come together. CVs of those seeking employment are filed in one section and job descriptions needing candidates are filed in another. Bookable space is provided for employer/employee interviews and the system works well. We should try it.

Another outcome of our mini-forum was less predictable. A number of those present felt that it might be time for T I to distinguish itself from G L and B. I agree. T and I are not expressions of sexuality, whereas G L and B are. Ts and Is can be G, L or B. I am not saying we should not support GL and B to gain their human, social and legal rights, merely that it may be time for the general public (and the authorities) to recognise and accept our differences. Transgender and Intersex will always involve a vital need for medical treatment and identity document changes, and these are usually irrelevant to the needs of G L and B.



Katherine

FTMAustralia
Information Sheet 2008

FTM Australia is a membership-based network which has offered contact, resources and health information for men identified *female* at birth, their family members (partners, parents, siblings and others), healthcare providers and other professionals, government and policymakers since 2001.

We aim to inform the public of the issues surrounding transsexualism in men (female-to-male transsexuals).

This Australia-wide network is coordinated by Craig Andrews, with the input of members and guided by an Advisory Panel of health and legal specialists.

Membership

Members receive our newsletter *Torque* and access to our e-mail discussion list, *OzGuys*.

Newsletter

Our newsletter – *Torque* is published four times a year for the benefit of members, their families and service providers. *Torque* is posted out to members free of charge throughout Australia and New Zealand.

Discussion List

Our e-mail discussion list is called *OzGuys*. It is open to members of FTM Australia living in Australia and New Zealand.

To find out more please visit our website at
www.ftmaustralia.org

More information about membership is available through
 Our website at www.ftmaustralia.org
 By email mail@ftmaustralia.org
 By post PO Box 488, Glebe, NSW 2037

We warmly welcome your interest
 in the network and
 hope to hear from you soon!



This network is supported entirely by members



**NEEDLE
 EXCHANGE**



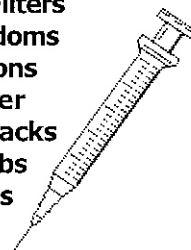
7 Bent Street,
 PETERSHAM
 (02) 9569 2366
 10am-5.30pm

Monday to Friday

A confidential free service for people
 with gender issues (*Ask for the
 Outreach Worker*)

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- | | |
|---------------------|-----------------|
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| Spoons | 5ml |
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| Swabs | 25g, 26g |
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or phone the Alcohol and Drug Information 24 hr
 advice, information and referral service. Sydney
 02 9331 2111
 Country 009.42.2599

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 nights
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 friends
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 all welcome**

7 Bent Street, Petersham

To be or not to be?. Is that really the question? Am I really who I feel myself to be? Cogito ergo sum. I think, therefore I am.

What does this feeling have to do with what I think? This feeling of liberation I have had since I finally accepted myself as I am. "Be yourself." If I had a dollar for every time I'd heard this in my earlier years I'd have no problem footing the bill for my breast augmentation. My identity remained hidden behind closed doors, behind walls, in prison. Not even I would allow myself to embrace the sanctity of self. I lived to define myself in the eyes of all around me. A prisoner by virtue of my selfishness. Craving acceptance from others yet unable to find the balance of selfishness and selflessness required through acceptance of myself. Boundaries: what were they? Or rather, whose were they? I'd sold out my responsibility for them years ago. They were what I made of what everyone else made of them.

At times the weight of roles I played out became too much. I was smothered in falsehoods if only to belong, if only to fake it till I made it. The clouds come and go along with the seasons of my life. Always here whether day or night. And if I am mistaken it is my mistake, a luxury to make a mistake of this kind. I am not a mistake. I am certainly not mistaken. The sky is as it is, as too am I. No longer a shroud of clouded roles, no construction of identity based on causal reasoning like a jigsaw puzzle. Just an insatiable appetite for peace. Yet not at the expense of disconnection from my surroundings; not the peace solitude can afford: the peace acquired from dropping the need to drive myself and simply be myself. No longer a passenger in my life. Not an observer to the roles of expectation played out for others to see. Not isolated by insecurity and self-loathing. Now liberated by the strength of which I am myself.

1 September 2008

The walls are not mine any more. I am not a victim. I will not be made a victim. Yet the walls have consequences for me. I am a prisoner of the State of New South Wales. I am subject to the Manager's discretion. Policy exists to grant me voice. Yet what is true in the word of the law is often far different in the law's actuality. Yet, here I am. A thorn, apparently in the side of those who are my "keepers".

First they ignored me, then they laughed at me, now it feels as if they are fighting me - yet - I have already won - can't they see?

OBAMA TO HELP GAYS, TRANSGENDERS

The Obama administration is promising to include protections for sexual orientation, gender identity and gender expression as civil rights. These proposals are part of the Civil Rights section of the Obama campaign's agenda. They will also back the Employment Non-Discrimination Act which they intend to "prohibit discrimination based on sexual orientation or gender identity or expression.

While not committing to same-sex marriage, the policy commits to same-sex civil unions that "give same-sex couples legal rights and privileges

equal to those of married couples." The policy also states that the Defense of Marriage Act will be repealed and same-sex couples will be allowed to adopt.

BRITISH TRADE UNIONS CALL FOR END TO DISCRIMINATION AGAINST TRANSGENDER

The TUC (Trade Unions Council) is calling on its members to cease discrimination against transgendered workers and is campaigning for Britain's equality laws to provide better protection for the transgendered. A spokesperson said "If Britain is to be a truly equal and inclusive society we need to understand the issues facing trans

people, and develop practical steps to end discrimination in workplaces and in society at large."

ISIS TO HAVE HER CHANGE, THANKS TO BANKS

Isis King, the transgender who competed in "America's Next Top Model", but was eliminated in the second round, is to have her gender affirmation surgery funded by Tyra Banks, who runs the reality show. Isis had been living in a shelter for the homeless when she tried out for ANTM and could see no way to pay for her \$30,000 to \$50,000 surgery.

Please help the Editor by typing, keyboarding or emailing your work.

LEGAL PROBLEMS?

The Inner City Legal Centre will be providing advice sessions for clients of the Gender Centre. There will be a six-month trial at the gender Centre, with a solicitor from the ICLC attending the Gender Centre, 7 Bent Street, Petersham, on the fourth Friday of each month between 2.00pm and 5.00pm

The ICLC can advise in the following areas:

family law | criminal matters | fines | AVOs | victim's compensation | employment | identity documents | police complaints | discrimination | domestic violence | sexual assault | complaints against government | powers of attorney | enduring guardianship | wills | driving offenses | credit and debt | neighbourhood disputes

The dates for 2009 have not been set but sessions will be held monthly. You can phone or email and ask to be given an appointment as early as possible. See below...



To make an appointment please contact a staff member of the Gender Centre on 9569 2366. Bookings are essential

Support Services Pages *(in most cases see also the Directory Pages at the back of the magazine for added detail)*

problems?

You can write to
The Counsellor
The Gender Centre
PO Box 266
Petersham
NSW 2049

questions?

If you do not wish to be identified, make up a name for yourself or come in and talk confidentially with the Counsellor (by appointment only)

concerns?

Hours

9am - 5pm
Monday and Tuesday only
Email:
counsellortgc@bigpond.com.au
Gaye 9569 2366



THE SEAHORSE SOCIETY is a self help group based in Sydney open to all crossdressers, their relatives and friends. We offer discretion, private monthly social meetings, social outings, contact with other crossdressers, a telephone information service, postal library service and a monthly newsletter.

NSW Seahorse Society

THE SEAHORSE SOCIETY OF NSW INC
PO BOX 2193 BORONIA PARK, NSW 2111

Call on **0423.125.860** and our website is:
www.seahorsesoc.org
Email: crossdress@seahorsesoc.org
Membership enquiries, change of details etc. contact Membership Secretary,
PO Box 6179, West Gosford, NSW, 2250
"crossdress with dignity"

Central Coast Group Forming

A group aimed at networking transgender persons who live/work on the CENTRAL COAST of NSW, AUSTRALIA. Transsexuals, others identifying as transgender, crossdressers and partners who have a connection with the Central Coast are welcome to join. This group is about fostering friendship amongst ts, cd, tg persons and the rest of the trans community. Even if group emails are not your thing please join the contact list (in DATABASE) so that it might act as an email and postcode directory of who's who on the Central Coast. Feel free to email and introduce yourself to the group and any members near your postcode:) Whether you are a crossdresser who prefers their topic to be crossdressing; or a transsexual who prefers to converse on matters of transition please respect and tolerate every member's right to be different. Remember the primary goal is to facilitate contact :) NOT A DATING SITE; SEXUALLY EXPLICIT CONTENT OR CONDUCT WILL NOT BE TOLERATED. [<http://au.groups.yahoo.com/group/centralcoastts/>]

Gender Affirmation and Liberation (GAAL)

- GAAL is committed to providing a service to: People with the condition of Gender Dysphoria and who are in the process of affirming gender identity by hormonal and/or surgical means or have already done so.
- GAAL aims to provide a safe and supportive environment for people in the process of gender affirmation or who have affirmed their true gender to share experiences.
- **Social Activites.** We also have social occasions where we actively encourage the participation of friends, family, partners and other support groups. We hold regular meetings on the third Monday of each month at a venue in South Yarra. GAAL: PO Box 245, Preston, VIC, 3072
- Or call our message bank: (03) 9517 1237 and one of our committee members will contact you as soon as possible or you can write to us. If you need to contact us urgently **Ph: 0425 785 666**

Central Coast Transgender Support

The CCTS was started in the 1990s and is a totally free and unfunded service to all with gender related issues. Its primary function is to offer guidance to all who are contemplating commencement of the Medical and Psychological requirements that are involved in full M to F Transition under the Harry Benjamin Standards of Care.

The Centre also provides access to high quality, subsidised and certified permanent hair removal and offers alternative direction and instruction for the control and management of problem hair or chronic hirsutism within the premises.

The CCTGS operates Monday to Saturday 10am to 10pm

Tel: 0404 054 000

Email: smh101@exemail.com.au

QUEENSLAND GENDER CENTRE

The Queensland Gender Centre is run solely by a transsexual here in Brisbane, Queensland, Australia with the aim of assisting those in need of accommodation and assistance.

It is open to all those who identify as transsexuals and who are mentally stable and drug and alcohol free.

The location of the shelter is kept confidential to protect the tenants. The accommodation is in an upmarket suburb on Brisbane's upper north side.

You can stay either up to six months or twelve months and we can house up to six people at a time.

If you want more information or are interested in assisting with the project please telephone, write or e-mail the Queensland Gender Centre (see p.38 for contact details)

OUTER METROPOLITAN AND COUNTRY TRANSEX-INTERSEX SUPPORT (O.M.A.C.T.S.I.S)

Our service provides support for individuals and their families, affected by the issues of transsexualism and/or intersex conditions

We are able to offer social support and out-of-hours counselling services by telephone.

For further information and social support please phone Gina (0247 511 402)

We will soon be in other areas

Issue Seventy-eight

IN MEMORIAM ELEANOR LISTER

A few words from a solitary lesbian, living in a small country town out West, namely Gulgong, where it ain't easy being a dyke, or being Green.

Mainly I am writing concerning the passing of Eleanor Lister, activist for GLBTI rights, and also a warrior for the Greens' policies generally...

I seem to remember meeting Eleanor many years back, when she had a male body, and found him at the time inspiring, sociable, a wonderful chess player, and friendly. I think it's truly a great thing that someone with so many difficulties in life, i.e. transsexual feelings and struggles, should also devote so much time and to rights for other disadvantaged gay, lesbian and transgendered people, and care about social issues, i.e. housing, and a green future for the planet.

I myself have worked with my local Enviro group and found them moderately 'understanding' of my 'difference'. Growing older (seventy-three) I now have different feelings about being transsexual to how I felt throughout my youth and up until recently. Now I would not have wanted to 'change' or 'realign' -- but that's another story.

This is just "Vale Eleanor". I was deeply saddened to hear of her death last May, following a long battle with cancer as I found her an inspiration...

I'll conclude by saying that politics is important, is my life, but I simply do not trust most of the politicians, with their attitudes to 'difference'.

Anyone who wants to write to me can do so care of the Post office, Gulgong, full address to be supplied by the editor of *Polare*. Thank you,

Kay Binns

Eleanor Lister was a very active activist and she will be missed. Our paths crossed most often when the annual Day of Remembrance came up, as Eleanor was always full of energy and eager to organise Remembrance Day. She should have been memorialised in Polare before now and we thank Kay for taking the lead. Ed.



Eleanor Lister

In Loving Memory Of



Marie Fisher

14th March 1925 ~ 16th November 2008



It is with great regret that we record the passing of Marie Fisher, a great lady.

Marie will be greatly missed by all at the Gender Centre

The Gender Centre is compiling a list of email addresses of those clients and friends who would like to be notified of social, support, educational and other functions and events of interest.

Just email us

reception@gendercentre.org.au

Put "Email list" in the subject line and give us your first name and Email address.

Graduate Diploma in Sexual Health

The University of Sydney
Faculty of Health Sciences



Are you or have you ever considered yourself transgender?

Are you a parent of a transgender child or adult?

Are you a professional who works with transgender clients?

If so, would you like to take part in an important research study on the needs of variant children and their parents?

Elizabeth Anne Riley, in conjunction with the University of Sydney, is doing her PhD and conducting the research titled:

Gender Variant Children: Views of Professionals, Parents and Transgender Adults [Ref.no. 11203]

If you would like to take part, or would like more information about this survey, visit www.zoomerang.com/Survey/?p=WEB228CP3PGE8H

This is an international survey, please pass it on to anyone who may be interested.

Sex, Gender & Sexuality Clinic

Director Dr Tracie O'Keefe DCH



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Still available: *Finding the Real Me: True Tales of Sex & Gender Diversity*, edited by Tracie O'Keefe & Katrina Fox

Issue Seventy-eight Ageing People Who Seem To Be Different

by Jennifer Lovelace

We all age and die. In our world community respect for age, and as a consequence, support, as we begin to run down from body-mind levels of effective functioning are not ideal. We need help. Old age care in its many forms is too often less than perfect. Carers *must* come to understand.

Older people can be very sexual. They often like having sex with each other and sometimes with younger people who want to have sex with them and for all kinds of reasons. Sometimes they like to have sex with people who are the same sex.

Some of us live full- or part-time as members of the 'other' sex. Some choose to live somewhere in between or, in their own way, separate from ways usually regarded as 'normal' gender-based, culturally habitual or deemed to be 'correct'.

And why should we not? And who are we to deprive older sexuality or gender diverse people (and often disabled or other challenged people) people of every possible chance to live every moment with all possible opportunities for creativity, social contact, fulfilment – and love?

People who have developed lifestyles that are 'different' often frighten 'normals' who do not understand, who believe that we are 'meant' to be 'normal'. Show me the justification and I will challenge it on the grounds of competent research and other data. Carers often do very cruel things to older, defenceless, 'different' people, many of whom are frail. This can cause great distress because ill-informed carers want to see their idea of normality enforced. They strive to suppress what they see (and fear) as deviance.

You? Then who the hell do you think you are? By what authority do you hurt others who are different? Think - your own time will surely come!

When we are living in old age care we are, effectively, waiting to die. If we have had intensive body modification our medical needs as we grow older may be different from those of most other people. We need competent and understanding health practitioners and carers. Death will come when it will come but our final years can be joyful, creative and fulfilling. Even as we become frailer, our lives and examples can be valuable for the rest of the younger world – helpers, families – especially our own grandchildren or any children who are at an age when they could be our grandchildren or great-grandchildren.

If I am an old, ageing and frail woman I am still going to want to look and feel as elegant as I can, in all ways, for

as long as I can. I want to wear pretty clothes, to be well made up, to have my hair looking good, and also my nails and I want to live and look as creatively and as happily as I can until I die – and even then. When I need washing I want my carers to show me respect and not freeze, let alone freak out, when they find out that I have a penis and that my friend, my bald and handsome, lamb-chopped and deep-voiced friend, Bruce, has a vagina. So what? I am a woman. Bruce is a man. This is how we feel about who and what we are and that is all that matters to us.

Homosexuality, Bisexuality, Heterosexuality, Asexuality - none is tied to diverse gender self-identification any more than they are tied to 'gender-normality'. Whatever drives us to live full or part-time in ways that are 'gender diverse' from the norm is interesting, controversial, exhaustively researched and, as yet, well and truly mysterious. How we truly feel about who and what we are, freed of all personal and cultural inhibitions to true self knowledge and active being, is all that matters. Not always easy! Quite possible! Failure to self-discover and to live as true to ourselves as we can, can spell awful agony and tragedy.

Even gender reassignment surgery, or breast creation or removal or other appearance/body modification (cosmetic) surgery however complete and happy they may make us feel, cannot *determine* our sexuality or sexual orientation irrespective of whatever degree of genetic or other *predisposition* may exist. Our physical genitalia, genetics, biochemistry or morphology (shape, size and appearance - our sex: female, male or intersex) do not determine our sexuality (who and what turns us on 'out-there' and in our imagination) or our gender self-identification (who and what we feel we are deep 'within' our selves). However much all three interact, our Sex, Sexuality and Gender interact in as many ways as there are individual people. We are all individual people. For this we deserve and demand respect as we age.

Me? I am pangendered. My web address is *beingme.atspace.org*. I am very fortunate. I enjoy that part of my life that appears 'normal' – male - as much as I enjoy that part of my life that appears 'different' - female. I live my life to the full as much as I can. I have purpose, passion, reason to live. In spite of much life-pain, loneliness, even depression, I am overall very happy. I have been so fortunate with my unusual family, my exciting childhood, my personal and challenging life circumstances. *Being Me* – my way - as best I can is how I stay more or less sane. A few friends and family know

about both Jenny and not-Jenny – and they are very supportive. Most others do not. We are all different – unique. My website, which is evolving, is about me but mostly it is about and for other gender diverse people who are always different from me. Each of us must be our own person – or life can be not good enough – or worthwhile! This is what moves me to encourage others to be as fully as possible, themselves, both as a counsellor and as a friend.

I too will grow old and die. I have been growing old since I was born – and it ain't so bad after all. Please treat me with respect – and everyone else, *simply because we exist*. Nothing else matters. Remember, you will, like as not, get old. And you, too, one day will die. Make every

moment count. Relate to all the rest of us – and yourself – as Fellow Souls. Nothing else will matter. Your life will be so fulfilling.

Jenny Lovelace, November 2008

Personal Self-Development for Gender
Diverse (GD) people of all kinds
and support for the people close to them
Posture, Movement, Voice Work, Dance - and
FUN

Dr Jennifer Susan Lovelace
PhD

Transgender Day of Remembrance

On Thursday, 20th November 2008 the Gender Centre celebrated the Transgender Day of Remembrance with a small memorial service. 2010 GLBT Youth Service kindly provided access to their Aurora Room for the event. Youth workers, social workers and the NSW Police Force were all represented in the cross-section of people in attendance.

A non-denominational service was conducted by Pastor Robert Clark from Granville Metropolitan Community Church. He spoke beautifully about transgender people and his own friendship with a trans woman. Some of his welcome speech and the memorial service are published below. Candles were lit after the prayers. Four commemorative candles were lit, then those present were invited to light small floating candles in memory of those who have died because of hatred, fear and ignorance in the world.

If you wish to participate in next year's service or catch up on any of the events at the Gender Centre, or events being run elsewhere with Gender Centre support, remember to check regularly with the Centre, either directly or through the Gender Centre website at www.gendercentre.org.au.

Pastor Clark's speech

Welcome, distinguished guests to this Transgender Day of Remembrance. For those who may not be aware, the National Transgender Day of Remembrance was created in honour of Rita Hester, a transwoman, murdered on November 28th, 1998. Rita suffered a brutal attack in her home and died of multiple stab wounds. Her murder, like many others of our transgender siblings, remains unsolved.

Her death spurred activists to create the "remembering our dead" website project, dedicated to providing an accurate and honourable list of those murdered out of hatred.

This week, in churches and secular setting, remembrance gatherings are occurring in a myriad of cities across the world. These gatherings will continue until the killings cease.

I have here a list of 425 names of sisters and brothers, stretching over most continents, hopelessly lost through homophobia and unwarranted brutality. This list is a project of Gender Education and Advocacy in the USA. We who are here today, however, are aware of those who have suffered and died in this country, and we honour them today.

Just over a week ago Australians honoured, in ceremonies much like this one, the nation's soldiers who fell in war. The ode of remembrance ends with the words, "We will remember them". Let us now in quietness, remember. Thank you.

LATROBE UNIVERSITY STUDY TO IMPROVE SERVICES FOR LGBTI STUDENTS

Latrobe University is initiating a survey of SSATY (same-sex attracted and transgender youth) and will consider schools, youth service, housing and health. The project is called "Beyond Homophobia" and will investigate the non-delivery of inclusive services to SSATY.

Researcher Daniel Marshall said "We know there are issues of drug abuse and self harm within the same-sex attracted and transgender youth community and we need to make sure these young people have appropriate access to assistance." He continued, "A lot has been done [in Victoria] over the last ten years in terms of intervention and policy changes."

The results of the survey, and its recommendations, are expected in mid-2009 and will be negotiated between the Victorian Equal Opportunity and Human Rights Commission, Gay and Lesbian Health Victoria and the Ministerial Committee on Gay, Lesbian, Bisexual and Intersex Health.

NICOLE KIDMAN TO PLAY CHARLIZE THERON'S HUSBAND

Charlize Theron won an Oscar by changing her appearance and playing a lesbian. Nicole Kidman won an Oscar by changing her appearance and playing Virginia Woolf. It now seems they will be playing opposite each other in the film version of "The Danish Girl", a heavily fictionalised version of the lives of Gerda and Einar Wegener, written by David Ebershoff.

Einar Wegener was a Danish artist married to Gerda Wegener (who becomes Greta in the book). Gerda was also a Danish artist (she becomes an American in the book). Gerda occasionally used Einar in drag as a model and Einar came to love his alter ego (Lili Elbe).

Eventually Lili became the first recorded person in modern times to undergo gender reassignment (Hamburg 1930). Not knowing what they were doing, the surgeons botched the job and Lili Elbe only lived for a year post-op. The book by Niels Hoyer (*Man Into Woman*) is to be preferred to Ebershoff's pastiche.

New Zealand Agender Conference, Wellington, 2009

There is a buzz happening already about our next conference. And we are yet to tell you about a number of exciting things we have planned. The National Executive have elected a Conference Coordinator, Peri Te Wao and he will tell you all a lot more about what is going to be happening at *Our* conference. *Our* - is an important word, *Our* is inclusive of all trans people wherever they fit on the gender continuum. Whether cross-dresser, mtf, ftm, pre- or post-op, there is a place for you at Conference 09.

The conference in Christchurch set the bar high, (in fact some members from the Christchurch conference have already notified they will be attending), and I know that Peri and the Executive team are looking forward to the challenge. The challenge is to put together a conference that you'd want to come to. We already have our keynote speaker booked; Miss Carmen Rupe is a New Zealand icon and over the years has led a wonderfully colourful life. We are planning an entertaining dinner with Carmen and you, the attendees for the Saturday night so bring your dancing shoes! We have the fabulous cultural group Tiwhanawhana to open the conference on the Friday night. There will be our regular workshops and some new ones. A request to have a longer session on the cat walk training for the ever popular fashion show will be a crowd pleaser and if you've ever wanted to strut your stuff on the catwalk in a friendly and supportive environment – Have a go!

We have secured the West Plaza Hotel in the centre of Wellington and will have more details to follow. Wellington, New Zealand at Queens Birthday Weekend 09 will be the place to be seen! There are great deals on all major airlines from Australia to New Zealand and we would love to see you over here for an enjoyable and interactive weekend. There will be a request for expressions of interest for presenters, poster presentations circulating early in January-February 09 and if you already have questions, ideas or have a workshop you would like to run contact the Conference Coordinator on conference@agender.org.nz

Youth (under 25) Support Group

Proposed dates for Youth Group starting:

1. Monday 16 February: Topic - Introductions, ideas on gender, transgender and transitioning.
2. Monday 23 February: Topic - Gender transitioning options - dress, behaviour, hormones, surgery and other options.
- Monday 2 March: NO GROUP (MARDI GRAS WEEKEND)
3. Monday 9 March: Topic - Experiences of gender - childhood, now, future hopes, dreams and ambitions.
4. Monday 16 March: Topic - Sexuality and gender crossroads (speaker from 2010).
5. Monday 23 March: Topic - Guest speakers, sharing personal stories.
6. Monday 30 March: Topic - Keeping healthy - mental health, physical health.
7. Monday 6th April: Topic - Dealing with other people - family, school, work, friends.
- Monday 13 April: NO GROUP (Easter Monday)
8. Monday 20 April: Topic - Wrap up and feedback.

Apply to the Gender Centre now (9569 2366) to reserve your place

Change of mailing list?

different Gender?
 different Address?
 different Name?
 no more Polares thanks?

Mail to:

Polare - The Editor
 The Gender Centre Inc
 PO Box 266
 Petersham
 NSW 2049

All my **OLD** details

All my **NEW** details

_____	_____
_____	_____
_____	_____
_____	_____

TRAINING!

Training courses have been offered through 2007-08 including Makeup, Hotel Worker, Workplace Hygiene Certificate and Senior First Aid Certificate.

Little interest has been shown and these courses have been poorly attended.

What courses **would** you like to see offered? Please contact Liz on 9569 2366 or email casemanagement@gendercentre.org.au

There are many viral sexually transmissible infections. In this, part 2 of an overview of STIs, I will discuss some of the main viral STIs that people may be concerned about. The article on viral STIs will appear in two parts. In this article I will discuss the viruses tested for with a blood test. These are HIV, hepatitis A and B. I will also briefly discuss hepatitis C although this is not a sexually transmitted virus, as I will explain later. I am dividing the viral STIs over two parts as there are many viruses it is possible to pass on during sexual contact and a lot of information to take in.

This article is to be used as a reference. If you have any question or concerns regarding your sexual health please contact your doctor or sexual health clinic.

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)

HIV (Human Immunodeficiency Virus) is a virus which affects certain immune cells in the body. AIDS (Acquired Immune Deficiency Syndrome) is a group of infections and cancers which occurs as a result of a severely weakened immune system in people who are infected with HIV. AIDS usually occurs about ten years after a person becomes infected with HIV, or earlier if they have high levels of the virus in their blood. HIV antiretroviral treatments can prevent AIDS in most people.

A person with HIV can pass on the virus to someone else by the exchange of body fluids such as blood, semen, vaginal fluids and breast milk. This can occur by vaginal or anal sexual intercourse without a condom, sharing drug injecting equipment or from an infected mother to her baby during pregnancy, childbirth or breastfeeding.

HIV has never been proven to be transmitted by kissing or cuddling, shaking hands, social contact, sharing knives and forks, cups or glasses, toilet seats or mosquitoes. HIV is not transmitted in urine, faeces, saliva, sweat, tears or phlegm unless there is blood present.

Some people may experience a severe cold or flu, swollen or sore glands and general malaise, (feeling generally tired and unwell), when infected with HIV. It is, however, important to

note that many people do not know they have been infected with HIV, and may have no signs or symptoms of it.

What is the test for HIV?

HIV is tested for with a blood test. The window period (the period of time needed to be certain to be certain a person has not been infected) for HIV is three months. Some countries offer 'rapid' testing or testing with a saliva test. These tests have not been validated or approved in Australia and are therefore not used or encouraged.

Treatment

There is no cure for HIV. HIV management has greatly improved and there are many treatment options to prevent HIV becoming AIDS and maintaining a person's health but it is a virus that infected people will have for the rest of their lives.

Hepatitis A and B

Hepatitis is inflammation of the liver caused by any of the hepatitis viruses.

Hepatitis A is passed from one person to another when faeces from an infected person are transferred to another person's mouth. This can occur during anal sex especially during anal/oral contact, such as rimming. Hepatitis A can also be from contaminated food or water (such as water supplies, contaminated with sewerage, used for drinking in some countries).

The average time between exposure to the hepatitis A virus and developing symptoms is about twenty-eight days. Symptoms may begin suddenly or gradually. The most obvious sign of hepatitis is jaundice, when the eyes and/or the skin turn yellow, urine becomes darker and faeces is lighter in colour. Other common signs of hepatitis include fatigue, loss of appetite, nausea, vomiting, abdominal pain and fever.

These symptoms will resolve after a few weeks to several months. It is important at this time to avoid alcohol, paracetamol and recreational drugs.

Infected people can transmit the virus from two weeks before they develop symptoms until approximately one week after they develop jaundice, approximately three to four weeks in

total. Following acute hepatitis A and recovery, people develop natural immunity. This means they cannot be infected with the hepatitis A virus again. It does not go on to cause possible lifelong infections like hepatitis B or C.

Hepatitis B

Hepatitis B is a virus which can cause inflammation of the liver. It is more infectious sexually than HIV and more common globally. The hepatitis B virus is transmitted by vaginal, anal or oral sex without a condom, sharing needles, syringes and other injecting equipment, by an infected woman to her child during birth, sharing toothbrushes, razors or personal items that may lead to the exchange of bodily secretions such as blood and saliva with a person infectious with the virus.

Symptoms usually develop within two to six months after the exposure. Many adults will have no symptoms while others may experience a mild flu-like illness, nausea and vomiting, abdominal pain and jaundice (yellowing of the skin and whites of the eyes).

Most adults who acquire hepatitis B will recover, and develop lifelong immunity. These people are no longer infectious. About five per cent of adults remain infectious for many years and are called 'carriers' of hepatitis B.

Acute hepatitis B is occasionally so severe it can be life threatening. Long term HB carriers may suffer chronic hepatitis which may predispose to cirrhosis (scarring of the liver), liver failure and cancer of the liver.

What are the tests for Hepatitis A and B?

Hepatitis A and B viruses are tested for with a blood test.

Vaccinations

There are vaccinations available for both hepatitis A and B. A blood test can determine if you have been vaccinated or are immune to hepatitis A and/or B. Vaccinations for these viruses are made from an inactive form of the virus, which means a person cannot get hepatitis from the vaccination. If a person is not immune to either virus a combined vaccination is available if required. It is best to discuss the need for which type of vaccination required with

your health practitioner.

Hepatitis C

Hepatitis C is not classed as a sexually transmitted infection.

I will briefly discuss hepatitis C as it is easy to be confused by the different types of hepatitis. Hepatitis C is transmitted by blood to blood contact. It is not transmitted in other body fluids unless blood is present in these. There have been cases of hepatitis C being transmitted through sexual contact, however there was most likely blood to blood transmission in these cases (such as sex during menstruation or 'rough' sex where bleeding has occurred and cuts or abrasions are present on the other partner. Some 'kink' or S and M practices, such as cutting or needle work that cause bleeding increase the chance of hepatitis C being transmitted. Sharing needles and any kind of injecting equipment for injecting drug use is the biggest risk for transmission of hepatitis C.

How is it tested?

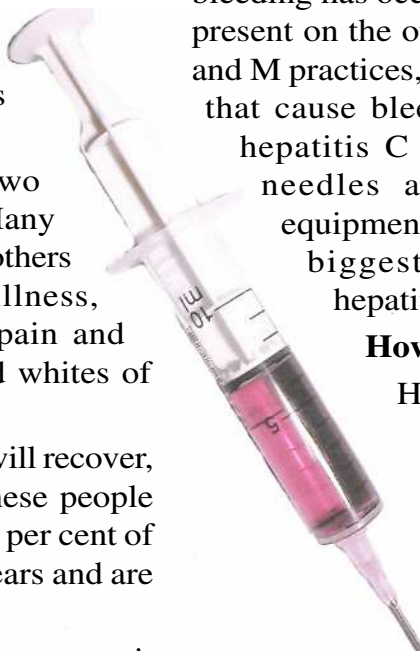
Hepatitis C is tested for with a blood test. The window period (amount of time needed to be certain a person has not been infected) is six months.

Treatment vaccinations

There are effective treatments for some types of hepatitis C. If a person has any concerns or questions contact the Hepatitis C Council of NSW.

There are no vaccinations for hepatitis C. Therefore prevention is best. If a person is involved with any sexual practices that may involve blood, gloves should be used. Do not share or re-use any sharp or potentially contaminated equipment. If person injects drugs, either for recreational use or therapeutic (e.g. injecting hormones), do not share any equipment, needles, tourniquets or even swabs. In the next article I will discuss other viral STIs such as genital warts, herpes and molluscum.

Please remember that these articles are not about trying to put a person off sex or scare anyone. They are intended as education, so that sex can be both enjoyable and safe.



TIGERBEERAD>BANNED

An advertisement for Tiger Beer with a transsexual dancer featured in it has been banned because it contained an image of a Tiger Beer bottle labelled "1st" and a picture of a transsexual wearing black stockings, bra and knickers with a sheer blouse. The dancer was labelled "3rd".

Complaints were lodged because the "sexually provocative pose" was linked with Far Eastern exports.

One wonders how the complainants knew the dancer was transsexual?

BRITISH CENSUS TO RECORD LGBTSTATISTICS

The ONS (Office for National Statistics) in Britain announced on 4 December, 2008, that all major surveys of the population from January 2009 will include questions on sexual identity.

The Queen's speech earlier in the week had announced a new Equality Bill to ensure that people are not treated differently because of race, disability, gender, sexual orientation, gender reassignment, age, religion or belief.

Without statistics on GLBT citizens in a given area it would be difficult for public bodies to carry out their duties under the new Act.

EXTRAGENE MAY BE CLUE TO MTF TRANS GENDER

Researchers at Prince Henry's Institute in Melbourne have found that an extra copy of the gene known as DAX1 stops the sexual development of males in the womb. The gene blocks testicle development by decreasing the production of the gene SOX9, which is responsible for

the production of testicles rather than ovaries. The suppression of SOX9 may result in a child with XY chromosomes being born with genitalia that look female, or look ambiguous.

Researcher Louisa Ludbrook said, "The earliest possible diagnosis would mean that children can be better assigned a sex from birth and receive the best treatment thereafter. Some children who are misdiagnosed at birth may reach adolescence and then fail to develop according to the sex they were assigned. Some will then have to endure physical alterations including sex reassignment therapy and hormone replacement. However most females who have been mis-assigned and are really males, continue to live as females."

SWEDES WON'T STAND FOR THEIR FREE PENISES (AND VICE VERSA)

Swedish FTMs are protesting a government initiative which would provide free prosthetic penises from plastic surgeons without cost to the patient. The intention was to correct a long-standing feeling that FTMs were not treated as well as MTFs, who are entitled to free wigs, breast implants and electrolysis.

The problem lies in the fact that the new prostheses cannot be used to urinate and cannot become erect.

The authorities justify their action on the basis of a Swedish law which forbids the use of public funds to pay for sexual aids.

Lobbyist Immanuel Brandemo, however, complains that "Transsexualism is seen as some sort of disability and 'handicapped' people are not expected to have a sex life."

SURFING CHAMPION CHALLENGES THE WAVES OF CHANGE

Peter Drouyn, former world surfing champion, is going through a spontaneous sex change, without medication or hormone therapy, enhancements or advice.

Australian-born Drouyn (58) says the change has been going on for the last eight years. He now claims to have more of a woman's emotional and physical make-up than a man's, and will have affirmation surgery as soon as he can afford it.

QUEENSLAND FUNDS GLBTI HATE CRIMES RESEARCH

The Queensland State Government is providing nearly \$80,000 to investigate the nature of violence based on prejudice against GLBTI and the reporting of those crimes.

Currently the Queensland police do not record and collate hate crime information despite the urging of activists.

Griffith Law School Associate Lecturer Merran Lawler said that 1,000 people would participate in the survey. There will also be focus groups in key metropolitan areas and the research finding would be due in twelve months. It is hoped that these would help to develop legislative initiatives and increase awareness of homophobia and transphobia both in law enforcement agencies and the general public. The project will be supported by the Department of Justice and the Attorney-General.

Surgery: A Guide for FTMs: Part 2

Hysterectomy and Oophorectomy

Hysterectomy refers to the removal of the uterus, including its lining (*endometrium*). Total hysterectomy involves removal of the uterus and cervix (the cone-shaped neck of the uterus that sticks out into the vagina).

Oophorectomy refers to the removal of the ovaries. The fallopian tubes, which carry eggs released by the ovaries into the uterus, are usually removed at the same time as the ovaries (*salpingo-oophorectomy*).

Both surgeries can be done by a gynecologist or reproductive endocrinologist.

Why get hysterectomy/oophorectomy?

There are various reasons FTMs have for wanting to have their uterus and/or ovaries removed. Like any other type of SRS, there is no right or wrong answer in terms of whether to have a hysterectomy or oophorectomy. It is a personal decision. You might want to consider it if you:

1. *Feel dysphoric about having “female” organs or having periods.*

Even though the uterus and ovaries are not visible, for some FTMs it is uncomfortable to know they are there. For FTMs in this situation, having the ovaries and uterus removed can help reduce the dysphoria.

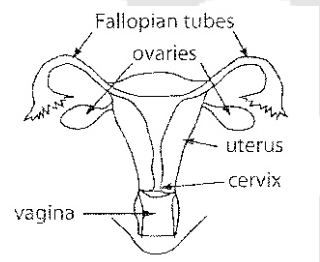
Testosterone stops menstrual periods, but some FTMs don't want to take testosterone, experience bad side effects from it, or can't take it for health reasons. Removal of the uterus guarantees no more periods.

Endometrial ablation - removal of the lining of the uterus by surgically burning it away or vaporising it - is a possible alternative to getting your uterus removed if your main reason for hysterectomy is wanting to stop periods.

2. *Are having gynecological problems.*

Your doctor may suggest hysterectomy if you have fibroids, endometriosis, abnormal uterine bleeding, very painful menstrual periods, or another gynecological problem relating to the uterus, and may suggest oophorectomy if you have ovarian cysts or other problems with your ovaries. Usually surgery is considered a last

resort for gynecological problems but for FTMs surgery may be considered as treatment early on if you were planning to have a hysterectomy or oophorectomy in the future anyway.



3. *Are at risk for cancer of the uterus, ovaries or cervix.*

Risk of cancer depends on variables that are different for each person, including genetics and exposure to environmental agents known to cause cancer (*carcinogens*). As discussed in *Trans People and Cancer* (available from the Transgender Health Program), FTMs may be at increased risk of cancer of the uterus, ovaries and cervix whether or not they take testosterone.

There is also some evidence that testosterone may increase risks of uterine and ovarian cancer. For these reasons, some doctors recommend that FTMs who are taking testosterone over a long period of time should have their ovaries, uterus and cervix removed. Other health professionals feel the evidence is not conclusive at this point and that these surgeries are only necessary if there are other risk factors for reproductive tract cancer.

4. *Find it traumatic to have Pap smears and pelvic examinations.*

The Pap smear is the main screening tool for cervical cancer. It involves gently spreading the vagina open (with a *speculum*) and taking a sample of cells from the cervix to look for changes that can indicate early stages of cervical cancer. *Pelvic examination*, which involves the health professional putting one or two fingers inside your vagina, is done to help feel the size, shape and position of your ovaries, uterus and fallopian tubes, and to check for pain or growths. It is the main screening tool for ovarian and uterine health.

For FTMs who feel dysphoric about their genitals or have been sexually assaulted or abused, having anyone look at or put something inside the vagina can feel traumatic or humiliating. Some FTMs refuse to get Pap smears or pelvic examinations. This increases the risk of ovarian, uterine and cervical disease

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(including cancer) not being identified until it has advanced past the point where it can be treated. Removing ovaries, uterus and cervix is one way to prevent cancer.

If you have had cervical cancer or high grade abnormal Pap smears (*cervical dysplasia*) in the past, even after your cervix is removed you will still need to get samples of the cells at the top of your vagina (*vaginal cuff*) to check for cancer. It is recommended that you get vaginal cuff smears every year until you have three normal tests in a row, then they can be done every two years.

5. Want to lower your testosterone dose.

The ovaries are the main source of estrogen. Having them removed lowers your estrogen and therefore the amount of testosterone you need to overcome the effects of estrogen. The health risks of long-term use of relatively high doses of testosterone are not known, and some doctors and trans people believe that lower doses are lower risk. If your combined estrogen and testosterone are too low you are at risk for loss of bone density (see booklet on *osteoporosis*), so if you have your ovaries removed you will have to take some type of medication to protect your bones. If you have bad side effects from testosterone, there are other options.

6. Want to be able to change legal sex on your birth certificate.

FTMs born in Australia are usually required to show that they have undergone irreversible gender reassignment surgery before they can have their birth certificates changed to show their affirmed gender. Birth certificates are administered by the States and there are differences in interpretation of the surgeries acceptable to the authorities. The matter of documentation is currently the topic of a campaign by the Australian Human Rights Commission which is trying to have the regulations modified and liberalised in order to separate medical from legal procedures in this area. It will be necessary for Australian FTMs to verify the situation in their own cases until the new legislation is, we hope, passed and accepted and any necessary definitions and regulations passed into law.

Some other identity documents (name, driver's

licence, academic qualifications etc. can be changed without the requirement for surgery, but it is advisable to check in each case before officially adopting the new name and gender status. See Polare 76 for the current status of many forms of identification and identity change.

[Note: The section in italics replaces the equivalent section written for the Canadian document which is the source of this article. In the Canadian context, the Ministry of Health in British Columbia require an FTM to have had a hysterectomy and chest reconstruction (or a small chest) in order to change the birth certificate gender classification from F to M. KC]

Surgical techniques for hysterectomy/oophorectomy

Hysterectomy

In the past the only option for hysterectomy was a large cut across the abdominal muscles. This was a major surgery that involved prolonged recovery time. It is usually done differently now to spare the abdominal muscles. Several small cuts are made in the belly button/abdomen and a tiny teleopic camera (*laparoscope*) and other surgical instruments are passed into the pelvis. The camera is used by the surgeon to see the uterus and other pelvic organs, and the surgical instruments are used to snip the tissues holding the uterus and cervix in place. The uterus (and possibly cervix) is removed through a cut in the vagina (*vaginal hysterectomy*) and the top of the vagina is sewn shut.

It is up to you and your surgeon to decide whether to do abdominal or vaginal hysterectomy. Abdominal hysterectomy involves a larger incision than vaginal hysterectomy, so can take longer to heal. A vaginal hysterectomy, however, can be difficult to carry out if you have never had penetrative vaginal sex or have a small vagina (especially if your vagina has atrophied from taking testosterone over a long period of time) or if your uterus has become attached to other organs due to adhesions from endometriosis or another gynecological condition.

Oophorectomy

This is usually done at the same time as hysterectomy and usually involves removal of ovaries and fallopian tubes on both sides (*bilateral salpingo-oophorectomy*). It is usually

done through laparoscopic abdominal incisions as described above for hysterectomy.

When can I have hysterectomy/oophorectomy?

If you are having hysterectomy/oophorectomy to treat pre-existing medical problems (pain, bleeding, etc.) you will go through the same process as women who are having the same surgery for similar conditions. The wait for surgery depends on how much of an emergency the condition is; if it's considered serious you will have surgery sooner than if it is considered a minor health problem. Mental health assessment is generally not required to have hysterectomy/oophorectomy for a physical health problem, unless the surgeon has concerns about your ability to provide informed consent or doesn't think you are psychologically prepared for surgery.

If you are wanting hysterectomy/oophorectomy to reduce dysphoria, to change your legal sex, or for other reasons that are considered part of your gender transition, your surgeon may treat the surgery differently. If your surgeon follows the Harry Benjamin International Gender Dysphoria Association (HIGBDA)'s *Standards of Care* (www.hbgda.org/soc.htm), this states that hysterectomy/oophorectomy should only be done after one year "real life experience" and evaluation by two trans-experienced mental health professionals. You should also enquire about medical insurance coverage (*both Medicare and any private medical insurance you may carry*).

Hysterectomy/oophorectomy is usually carried out as a single surgery. Because there is a risk every time you undergo general anesthetic, in SRS programs where there is a team of surgeons working together, hysterectomy/oophorectomy may be carried out at the same time as chest reconstruction or genital surgery.

What to expect before and after hysterectomy/oophorectomy

At the hospital

You will usually be admitted the same day as your surgery. You may be asked to come to the hospital the day before surgery to go over information about the surgery and to have a last

minute checkup. You may be prescribed antibiotics to help reduce the risk of infection, or laxatives to clean out your bowels. You will be told not to eat or drink after midnight the night before your surgery.

You will be monitored by hospital staff as you come out of the anesthetic and will stay in the hospital for two to five days to recover (depending on the type of surgery you've had and your progress in healing). You will probably have a tube (*catheter*) in your bladder to collect urine for the first forty-eight hours of surgery as it's often difficult to urinate at first. There may also be tubes from your abdomen to help drain fluids from the operation site.

As with any surgery, you will not be able to drive afterwards and you will need someone to help you return home. You will probably be given antibiotics in the hospital to help reduce the risk of infection as your wounds are healing, and will also be given pain medication. You may be given medication that you place in your anus (*anal suppositories*) to help with pain, constipation, bloating and gas.

After surgery

The aftercare instructions are different for different types of surgery and depend on the specific technique used. Talk with your surgeon before surgery to make you understand what to expect and what you need to do after you've been discharged from the hospital, and to talk about pain management options.

Your surgeon will give you information about wound healing and the dressings over your wounds, and a home care nurse may visit you after you are discharged from hospital until the wounds have healed enough for you to take care of them yourself. If you have had surgery done by laparoscopy, the wounds will be very small; if you have had abdominal hysterectomy you will have a larger incision. Do not have a bath or otherwise soak the incisions until they have completely healed.

During the first two weeks, you will need to rest and avoid lifting or other movements that cause pain. After this, you can try slowly working on more daily tasks that do not involve too much physical activity. People describe having a

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feeling of abdominal pressure; pain when trying to urinate, pass gas or defecate, or sometimes vaginal bleeding. Once this has stopped, you can go back to most of your normal activities, being careful not to overdo it and to rest when you need to.

Complete recovery usually takes four to six weeks for vaginal hysterectomy and six to eight weeks for abdominal hysterectomy. Whichever type you've had, don't have vaginal sex until six weeks after surgery, and avoid heavy physical exercise for at least three months after surgery. The surgeon will want to see you approximately six weeks after surgery to check your healing.

Risks and possible complications of hysterectomy/oophorectomy

Every surgery involves possible risk of infection, bleeding, pain and scarring. Antibiotics are usually given at the hospital to reduce the risk of infection, and hospital staff and the home care nurse will be checking for signs of infection. It is normal for there to be swelling and bruising, but if the skin is very tender or warm and you don't feel well, see a doctor to check whether you have an infection. See a doctor if your incisions are red more than one or two centimetres beyond the end of the incision line.

All surgery that involves general anaesthetic is a serious medical procedure. With general anaesthetic there is a risk of a negative reaction to the anaesthesia or, if you are lying flat for a long period of time, a risk of blood clots (which can be fatal). Surgeons, anaesthetists, and surgical nurses are experienced in preventing problems and responding to any emergencies that happen during surgery.

After you're discharged from the hospital, move around as much as feels comfortable to prevent blood clots, and drink plenty of water. Call for



medical help (call 000) if you have sudden shortness of breath, chest pain, dizziness or tender, warm and swollen legs -- these can be signs of a blood clot requiring emergency help.

Possible complications specific to hysterectomy include:

- accidental damage to the bladder, rectum, or other internal organs
- bladder or urinary tract infection
- sinking of the top of the vagina (*vaginal vault prolapse*) due to decreased support from other organs: this needs surgical repair
- changes in sexual sensation or decreased intensity of orgasm

Possible complications specific to oophorectomy include:

- accidental damage to the bladder, rectum, or other internal organs
- bladder or urinary tract infection
- menopausal symptoms and loss of bone density related to decreased estrogen (if you're not taking testosterone)
- pain and menstrual bleeding if some ovarian tissue is left behind (see below)

Call your doctor or go directly to hospital if you have:

- severe pain
- nausea or vomiting
- heavy vaginal bleeding (more than a typical menstrual period would be)
- fever of thirty-eight degrees Centigrade/ 101 degrees Fahrenheit or higher
- pain when you urinate, or problems controlling your bladder (*incontinence*)
- a swollen abdomen or inability to pass gas

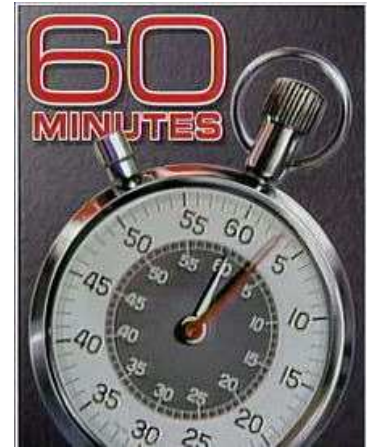
Whether or not you have vaginal sex, you may find that the removal of your uterus and cervix affects the sensations you experience during orgasm. The uterus changes shape during sexual arousal and contracts with orgasm, so its removal can change what you feel when you have an orgasm. If you enjoy vaginal penetration as part of sex, you may find that

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having your cervix removed makes it harder to have an orgasm or that orgasm is less intense. The loss of the cervix can also impact vaginal lubrication, so you may need more lube after a hysterectomy.

Polycystic ovaries, endometriosis, infections, and other gynecological problems can cause scar tissue (*adhesions*) that attaches your ovaries to your uterus or other organs.

It can be hard to separate and pull the ovaries off the other organs. Bits of ovarian tissue may be left behind and grow, causing pain. The situation is called *ovarian remnant syndrome*.

In rare cases enough tissue is left to produce eggs, or normal amounts of estrogen - which can bring about a menstrual period if you still have a uterus and are taking low doses of testosterone. Further surgery is needed to remove the leftover pieces of ovarian tissue.

FTM Genital Surgery

FTM genital surgery can involve:

1. removal of the vagina (*vaginectomy* or *colpectomy*) or closure of the vagina (*colpocleisis*)
2. creation of a scrotum and testicular implants (*scrotoplasty*)
3. creation of a penis (two types of surgery - *metoidioplasty* or *phalloplasty* - with various techniques that can be done for each type)

■ both techniques can involve lengthening of the urethra - which carries urine from the bladder to outside the body - to allow you to urinate through your penis (*urethroplasty*)

■ phalloplasty can include placement of a device to make it stiff for sex and also tattooing of the head to make its colour look more like a non-trans man's penis

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Each type of surgery is discussed in detail in the following pages.

Different surgeons may do different parts of the surgery:

- ◆ vaginal closure, urethral lengthening, metoidioplasty; urologist (urinary tract specialist)
- ◆ removal of the vagina (if done with removal of ovaries/uterus): gynecologist or reproductive endocrinologist
- ◆ phalloplasty: plastic surgeon
- ◆ scrotoplasty: urologist or plastic surgeon

Timing of FTM genital surgery

There are various ways the surgeries can be grouped together, depending on the protocols used by the surgical team, your health and your overall goals of genital surgery. Possible combinations include:

- vaginal closure/removal, urethral lengthening, scrotal construction and metoidioplasty/phalloplasty done at the same time, along with removal of the ovaries and uterus if they have not already been removed
- vaginal closure/removal, urethral lengthening, and phalloplasty done at the same time, with scrotum construction and placement of a penis stiffening device done later (one year after phalloplasty)
- vaginal closure/removal at the same time as removal of the ovaries and uterus, if there are no plans for urethral lengthening in the future

If you have recently had your ovaries/uterus removed, you must wait at least four to six months before having genital surgery, to give your body time to fully recover from the first surgery.

FTM genital surgery techniques

Creation of a penis

There are two options for creating a penis: metoidioplasty (sometimes spelled “metadioplasty” or “metoidioplasty” or abbreviated as “met”) and phalloplasty. Phalloplasty can be done on top of a metoidioplasty - in other words, you can have a metoidioplasty first, then have phalloplasty later.

Metoidioplasty

How is it done? Testosterone makes your clitoris grow (usually one to three cm). Metoidioplasty involves cutting the ligament that holds your clitoris in place under the pubic bone, as well as some of the surrounding tissue. Your clitoris is then freed up so more of it is showing (this technique is sometimes called “clitoral free-up” or “clitoral release”). The surgical technique can include modifications to enhance the result: fat can be removed from your pubic mound and the skin pulled upward to bring the new penis further forward flaps from the inner labia can be wrapped around the shaft to make it bigger.

Phalloplasty

There are various techniques but the most common involves removing a flap of skin/blood vessels/nerves from the forearm (or another area), rolling this to make a “tube within a tube” and then using microsurgery to attach the new penis to your groin (over the top of your clitoris). The end is surgically sculpted to look like the head of a penis. Tattooing the head can be done six months later to help create a visible line between the head and the shaft. A skin graft is taken (usually from your thigh) to cover the graft area on your arm.

Vagina removed? Optional - done if you get urethral lengthening.

Yes.

Result size A very small penis.

An adult male-size penis.

Sexual function Sexual sensation is generally good as the clitoris is not impacted much. The new penis will get erect on its own when you're sexually aroused. but won't be large enough to penetrate a partner.

Pulling on the penis will stimulate the clitoris that is buried at its base. If the microsurgical nerve hookup is successful, you will also have sensation in the skin of the penis. At least one year after phalloplasty, a stiffening device can be inserted to create an erection firm enough for penetrative sex.

Urinate standing up? Yes if you have urethroplasty done (optional).

Yes. As part of phalloplasty, urethroplasty is done.

Visible scarring Minimal.

Large scar on the forearm where the tissue was removed. Scars on the graft sites.

Metaidoioplasty is a simpler and less invasive surgery, but the penis created is too small to use for penetrative sex. Phalloplasty is a more complex and invasive surgery, but the penis created is adult-male-sized and can be used for penetrative sex. Deciding which one to have depends on many factors, including your overall goals for surgery and the health risks of each.

It is highly recommended that you look at pictures of surgical results from both metaidoioplasty and phalloplasty so you know what you can expect from each. There are many techniques that can be used in phalloplasty (pedicle, flaps from areas other than the forearm, etc.) and two metaidoioplasty techniques (basic and Centurion), so make sure the photos you look at match the technique you are thinking of having. There is an online collection of FTM surgery photos at www.transster.com.

There are various options for devices to make your penis erect after phalloplasty. *Hydraulic erectile prosthesis* (e.g. Dynaflex, CXM) involves a pump that moves liquid from a central reservoir (usually in the abdomen) into an inflatable chamber in the penis. Alternatively, a flexible rod can be inserted.

Vaginal removal or closure and urethral lengthening

FTM vaginal surgery can involve removal of the vagina (*colpectomy*) or closure of the vagina (*colpocleisis*). In colpectomy, the entire vagina is removed, usually at the same time as removal of the uterus and cervix. In colpocleisis, the lining of the vagina is removed and the muscles surrounding the vagina are stitched together to close it.

Closure/removal of the vagina and urethral lengthening are a necessary part of phalloplasty, but are optional in metaidoioplasty. They are usually done together because the lining of the vagina is typically used to make the urethral extension. If you're not planning to have urethral lengthening you can have colpectomy or colpocleisis done separately (usually at the same time as removal of the uterus/ovaries).

Scrotoplasty

Male testicles hang in a pouch of skin called the *scrotum*. The scrotum and testicles provide a significant part of the bulge when men wear underwear or swimming trunks. FTMs who identify as men may want a scrotum constructed to help with passing, and/or because having a scrotum is part of their self-image. Scrotoplasty can be done by a urologist or plastic surgeon at the same time as metaidoioplasty/phalloplasty or as a later stage. Vaginal removal or closure must be done first. The outer labia are used to create two pouches, joined in the middle over the former opening

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of your vagina. After the tissue is stable, silicone implants are placed inside the pouches to simulate testicles. At first the scrotal skin looks oddly tight, but over time the weight of the implants stretch out the scrotal skin to create a more natural appearance.

What to expect before and after FTM genital surgery

Vaginal closure is a relatively simple surgery, but all other FTM genital surgeries are major procedures that require more complex care before and after surgery. As most FTMs have a group of genital surgeries done together, the information below describes what to expect in the typical groupings of genital surgeries.

At the hospital

If you are having a metoidioplasty you will probably be admitted to hospital the same day as surgery. You may be asked to come in a day earlier to get blood work done and go over the instructions for surgery.

If you are having a phalloplasty, you will be admitted to hospital the day before your surgery. Blood will be drawn to check your overall health and you will probably have electrodes placed on your chest to measure your heart function: if you have any concerns about your lungs you may have a chest X-ray. You will also have a "bowel prep" to clean out your intestines. This both helps prevent problems during surgery and also gives you a couple of days rest so that you will not have to strain going to the toilet after surgery. You will be told not to eat or drink after midnight the night before you have surgery. The area that will be operated on will be shaved.

After your surgery you will be monitored by hospital staff as you come out of the anesthetic. You will then stay in hospital until you are recovered enough to be sent home. This is usually:

- an overnight stay if you are having metoidioplasty without urethral lengthening
- five to ten days if you are having metoidioplasty with urethral extension

ten to fourteen days if you are having phalloplasty

After phalloplasty you will need to stay in bed most of the time that you are in hospital. Your penis will be very closely monitored (every hour for the first two days) by the nursing and surgical staff. You will likely be hooked up to a PCA (*patient-controlled analgesia*) machine that lets you take pain medication when you need it (up to a limit that is safe). You will also be given antibiotics and medication to prevent blood clots for the first five days. The skin-grafted forearm will be wrapped under special bandages for five days.



If you are having urethral extension (required as part of phalloplasty, optional with metoidioplasty), a tube (*suprapubic catheter*) will be placed to bring urine from your bladder out through your lower abdomen. This gives your new urethra time to heal. This catheter is usually removed during the first week. A catheter may also be placed from your bladder out through your new urethra (*Foley catheter*) to help keep your urethra open. You will stay on antibiotics until the Foley catheter is removed.

After surgery

Generally people start to feel more physically comfortable during the second week after surgery, but it can take a long time to fully heal, and there can be pain and soreness for a long time in the surgical sites.

After phalloplasty you will have to follow up with the plastic surgeon and urologist frequently in the first couple weeks after surgery, and periodically after that. You should plan to stay in the same city as the hospital for at least one to two weeks after surgery. The surgeon will do a physical exam to check your general health and will also check your new penis for healing, blood flow and ability to urinate. Your donor forearm will be checked for healing and hand/wrist sensation and function. All of the surgical incisions will be checked for infection and scarring. The skin graft donor site (thigh) will be covered with a sheet of gauze which

becomes absorbed in the scab. It may be gradually trimmed away as it lifts up from its edges over the following one to two weeks.

You can slowly become more active as you recover and can go back to your usual routine when you feel well enough to do so (i.e. normal movements don't cause pain). This is generally six to eight weeks but can take longer in some cases. You should avoid any activity that is vigorous enough to raise your heart rate until you have fully recovered. Check with your surgeon if you are not sure.

Risks and possible complications of FTM genital surgery

All surgery involves possible risk of infection, bleeding, pain, and scarring. Antibiotics will probably be given to reduce the risk of infection, and the health professionals who will check your dressings in the week after surgery will also be looking for infection.

All surgery that involves general anesthetic is a major medical procedure. With any surgery there is a risk of blood clots (which can be fatal) or a negative reaction to the anesthetic. Surgeons, anesthetists and surgical nurses are experienced in preventing problems and responding to any emergencies that happen during surgery. After you're discharged from the hospital move around as much as feels comfortable, to prevent blood clots, and drink plenty of water. Get emergency medical help (call 000) if you have sudden shortness of breath, chest pain, dizziness or tender, warm and swollen legs - these can be signs of a blood clot and you may need emergency help.

Risks/complications of metoidioplasty and phalloplasty

Possible complications specific to metoidioplasty without urethral lengthening include:

- dissatisfaction with the length of the penis (shorter than expected)
- change in sensation: loss of sensation, persistent tenderness or hypersensitivity
- temporary or permanent narrowing of the vaginal opening, making penetration difficult

- change in urine spray, resulting in splashing of the labia and vaginal skin

Possible complications specific to urethral lengthening include:

- urethral fistula: opening between the urethra and the skin, leading to leaking of urine (very common: occurs in around 45 per cent of phalloplasties)
- partial or total death of the tissue used to create the new urethra
- narrowing or closure of the new urethra
- hair growth in the urethra (from hair-bearing tissues used as urethral lining)

Phalloplasty includes all the possible complications of urethral lengthening as well as possible:

- partial or total death of the tissue used to create the new penis
- numbness or hypersensitivity of the skin of the penis
- decreased sexual sensation, possibly with decreased ability to have orgasm
- compromised sensation and/or function of the hand



and wrist of the donor arm (approximately five per cent of patients need a long period of physiotherapy to recover fully)

- dissatisfaction with the size or shape of the penis
- excessive scarring in the donor sites (arm/thigh)

Some of these are long-term risks, while others are only likely to happen in the hospital (where they can be taken care of by the hospital staff). For example, partial or complete death of the new penis - a rare complication of phalloplasty - is most likely early in recovery while you're still in hospital; by the time you are discharged the risk is very low. Hospital staff will also take care of any bleeding or swelling that happens right after surgery.

Decreased sensation at all surgical sites is common and usually resolves spontaneously within a few weeks to months. After

phalloplasty the penis has no sensation for the first several months, with sensation gradually progressing from base to tip throughout the following year. You may have significantly decreased sensation in your donor forearm. Although this usually improves over time as small nerves branch into the skin graft, sensation will never fully return.

Your GP or nurse can handle minor infection or rupture of a small number of stitches after you've been discharged from hospital. You will be referred back to your surgeon if:

- you have a serious infection
- you rupture so many stitches that the wound keeps opening more and more
- you have any signs of tissue death (mottled skin that progressively becomes darker)
- you have difficulty urinating, painful urination, decreased amount of urine, or need more time and effort to urinate
- urine is leaking from a hole in your skin (fistula)
- your penis is becoming swollen from fluid buildup
- you have severe scarring

Urethral fistula is very common (45 per cent of phalloplasties). You should let your surgeon

know if this happens. Your surgeon will give you instructions on how to monitor it and keep it clean.

Most fistulae heal on their own, but if it doesn't heal within three weeks, you will probably need to have it surgically repaired by a urologist.

You will also need further surgery if:

- the new penis dies (after phalloplasty)
- your urethra is severely narrowed or blocked
- you have severe scarring

Scrotal implants and erectile prosthetics

With any implant there is a risk of the implant becoming infected, coming out of the skin, or breaking down (scrotal implants can rupture: hydraulic erectile prosthetic can have mechanical failure of the pump system).

The implant must be surgically removed, with the option of later replacement. After having an implant, see your surgeon if:

- your incisions are warm, red, or leaking blood
- you can see the prosthetic coming out of your skin
- your erectile device isn't working (your penis doesn't become hard)

Special preparation for phalloplasty

If you are having phalloplasty there are two special issues that need to be addressed months in advance of your surgery.

1. Removal of hair on graft sites

Ask your surgeon whether or not you need to have electrolysis to remove hair on any of the donor sites. Electrolysis is usually optional for the skin that will be used to form the shaft of the penis, but mandatory for skin that will be used to lengthen your urethra (as hairs can promote infections and urinary tract stones). Some surgeons require electrolysis to be completed at least three months before phalloplasty.

2. Stopping smoking

Smoking affects wound healing, skin quality and other aspects of healing after surgery so surgeons strongly encourage their patients to quit well in advance of surgery. With all types of surgery, the surgeon will ask you whether you smoke as part of the initial consultation. With phalloplasty, it is mandatory that you quit several months before surgery. You will not be considered for phalloplasty if you smoke or if your surgeon thinks it likely you will start smoking soon after surgery, because the likelihood of your new penis dying is much higher if you smoke.

"Surgery: A Guide for FTMs Pt 2", continues the information provided in the first part, which was published in *Polare 77*. It is gratefully reprinted, with light editing to make it appropriate to the Australian scene, from the publication produced by the Vancouver Health, Transcend Transgender Support and Education Society and the Canadian Rainbow Health Coalition.

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Remembered and Celebrated

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by Auden Cody Neuman

A man with salt-and-pepper hair and a black jacket pauses outside the lit-up windows of the Cornerstone Café. It's after eight on a Thursday night in the final days of October. I see him peer through the glass, then watch as he reads the signs posted on the door: "Café Closed," "TransAction Meeting here!" Lights from the Fernwood Inn and the Belfry Theater illuminate this junction of Fernwood square. The clatter-crash of a kitchen next door drifts in through the walls.

Inside the café, seventeen bodies sit in a circle on chairs, couches and laps. Hands clutch steaming coffee mugs, the late-night caffeine a telltale sign of activism at work. Laughter bubbles as people chatter and bound ideas around. This is TransAction, a community-based activist group dedicated to bringing awareness of transgender-related issues to Victoria.

"Maybe he wants to join us," a friend says, referring to the curious lurker outside. Perhaps he does, though even as this thought is voiced his figure vanishes into the night.

TransAction is an eclectic bunch — the campus fauna of students, TAs and instructors mingles with members of the broader community. There's an age spread of twenty-to-fifty-somethings and a mix of genders and sexualities too diverse to name.

I sip black coffee as the group's chatter draws my attention. The Trans Day of Remembrance (TDOR), to be held at Centennial Square on Nov. 20, is mere weeks away; there is much to do.

TransAction formed this September as an offshoot of the former on-campus trans advocacy group, Trans-Alliance. In November 2007, Trans-Alliance organised Victoria's first TDOR in collaboration with the Women's Centre, the Pride Collective and the Anti-Violence Project.

TDOR is an international event, and began in San Francisco in 1999. The existence of a Victoria TDOR in 2007 brought awareness of transgender issues and a sense of community to many people's lives.

"Personally, it helped me meet a bunch of trans people and allies who have supported and helped

me in my journey," says Ryan Chapman, TransAction member and former Trans-Alliance member.

Like Remembrance Day, TDOR is a memorial. Nov. 20 is a day for pause and reflection to honour the brave souls lost to anti-transgender violence. But unlike more traditional days of remembrance, TDOR reflects upon a battle still raging, an age-old conflict that leaves an ever-growing list of fallen soldiers: the victims of transphobic hatred.

Tasha Dunn: the name topping the list of the dead.

Beside her name is a chilling #1, a digit that kicks off a kind of staccato rhythm in my head — #1 Tasha Dunn, #2 Jacqueline Julita Anderson, #3 Leslie Re'Geanne, #4 Regina Haskins, #5 Karla (José Alexis) Barrahona... all the way to #237 Ruby Molina.

Dunn has a story to tell. On Valentine's Day 1998, she lay slain and shoeless in a vacant lot in Sulphur Springs, a district of Tampa, Florida. She had been bludgeoned to death. Tampa Police claimed to know no motive, and her murder went unsolved. Yet Dunn is not silent — she speaks across a decade. Her body is her message. She was impoverished, a sex worker, possibly homeless. And she was transgendered.

Targeted for a potent intersection of class, gender and sexuality, Dunn was vulnerable to gender-based violence. Hers is the first name on a list compiled on the International TDOR website (www.transgenderdor.org), a growing headcount of those lost since 1998. But first on the list doesn't mean first ever. Dunn's is not the only broken body to speak this story.

It started before Dunn lost her shoes, before the gender warriors of Stonewall rioted against the New York Police, before Richard von Krafft-Ebing violated transman Sandor V. in the name of medical science and wrote his monster-making text, *Psychopathia Sexualis*.

It begins before words like transsexual or transgender found their way into language. It begins before heroes like Leslie Feinberg or Susan Stryker or Riki Wilchins went to war with their pens and their ink and their bodies for trans and gender rights. It begins wherever I look.

I find it where Aristotle strikes manhood from the male slave and womanhood from the female slave to justify their captivity. I find it where British imperialism constructs colonised men as effeminate or hyper-masculine, and colonised women as passive or oversexed to justify conquest and rule, and where the Bush administration recycles the same dialogues to justify imperialist wars. I find it in the American Psychological Association's *Diagnostic and Statistical Manual of Mental Disorders* which, to this day, justifies corrective therapy for gender variant children to prevent them from growing up gay.

This story is everywhere and it's not just about trans people. It's about men and women, girls and boys, cross-dressers, drag performers, intersexuals, gays, lesbians and bisexuals, queers, sissies and tomboys, dykes and faggots, trannies and androgynes, heterosexuals and hockey players and police officers and firemen and couture models. It's about anyone who's had to learn the rules of gender, or who's suffered the injustices that come from stepping outside of them.

Dialogues of improper gender are the cruel tools of history that define who is worthy of autonomy, respect, independence, self-determination, liberty, citizenship, safety, personhood and life.

Just ask #13 Rita Hester, whose shadowy presence gives this story shape.

Hester died in Boston of multiple stab wounds on Nov. 28, 1998. She was attacked in her apartment and died in a hospital. Hester had lived 10 years as a woman, and had feminized her body through surgery, yet both mainstream and gay media sources dismissed her as a cross-dressing man, a pervert, a prostitute and a freak. Like Dunn's, Hester's murder remains unsolved.

Yet, from the memory of this crime came a movement: shortly after Hester's death, Gwendolyn Ann Smith of San Francisco began the Remembering Our Dead project; an online memorial for those killed by anti-transgender violence and medical neglect. The project is a

call to arms. "We have lost so many people in our community to the hand of hatred and [prejudice], yet we still are not seemingly willing to fight back," Smith wrote in 1999. "Meanwhile, we die at the hands of a lover, of police, of medical practitioners, and even parents, while the news media calls us 'freaks' — and worse ... will we be willing to bear yet another century of violence and hatred aimed at those who do not so easily wear 'man' or 'woman'? The San Francisco community of the late '90s was not willing. On Nov. 20, 1999, eight days short of a year when Hester died, a candlelight vigil was held in her honor. This was the first TDOR.

Now an international event in its tenth year, TDOR memorialises those who have been killed. In addition, it draws attention to the violence faced by transgender and gender variant people and the lack of satisfactory coverage of this violence in media.

On Sept. 21, 2008, the 237th name appeared on the International TDOR's list of the dead. The body of a twenty-two-year-old transwoman, Ruby Molina, was discovered in the Sacramento River.

Molina's death brings the total for 2008 up to nineteen thus far. As Victoria's second annual TDOR draws near, the memory of Rita Hester continues to call for an end to this violence and hate.

A. Turje reclines in the sun in front of the Student Union Building doors at UVic. They — a chosen gender-neutral pronoun — have a picket sign propped against their knees.

Books, photocopied readings and a mug with dried coffee at the bottom surrounds them. Turje is six feet of dark-haired genderqueer in a black hood; sharp eyes peer from behind large glasses above a devilish grin.

Turje, like Chapman, was a member of Trans-Alliance before helping to form TransAction, the more "punk rock" version of the group. Turje also emceed the Anti-Queer Bashing (AQB) Rally on campus on March 25, 2008.



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“We [members of Trans-Alliance] realised that a ridiculous amount of people had died since TDOR,” says Turje. “One event just wasn’t enough.”

Turje points out that queer-bashing and trans-bashing are part and parcel of the same.

“Gay bashings are purported to be based on sexuality, yet queer people are often targeted because they display traits of gender non-conformity,” Turje says. “Meanwhile, people who are gender-variant are read as sexually deviant. You can’t differentiate between the two when it comes to violence.”

The AQB Rally was a direct response to the death of Lawrence King. On Feb. 12, 2008, less than three months after TDOR, the fifteen-year-old was shot at E.O.Green Junior High in California. King was targeted for his gender expression and sexual identity. Having come out as gay at age ten, he bravely began presenting at school in dresses, high heels and makeup approximately a month before his murder. King’s killer was fourteen-year-old Brandon McInerney.

“[Turje] and I were saddened and outraged at King’s death,” says Chapman, who also helped organise the AQB Rally. “The more research we did the more we became convinced an event had to happen.”

Chapman describes the rally, which occurred at the Petch fountain in front of McPhearson, as “an embodiment of our outrage at the violence that gender-variant people experience.”

The March event consisted of speeches, a die-in, a gender analysis workshop, a screening of Gwen Haworth’s film, “She’s a Boy I Knew” (2007) and a community art project to record experiences of genderism and gender or sexuality-based violence. According to Chapman, community ties created at TDOR 2007 helped make the rally possible. “We had allies and gender-variant people and community members speak out about deaths and legal cases and personal experiences,” said Chapman. “For me it was a very different experience than TDOR, where I still felt isolated and alone.”

Violence is not the only challenge faced by trans and gender-variant people.

Misunderstanding and discrimination in institutional and public settings places barriers in the way of safe and healthy living.

TJ Naven, a trans activist whose work has included organizing TDOR events in Ontario and helping Égale Canada in efforts to create a national trans resource directory, says violence is only part of the picture.

“Suicide, self-harm, addiction, lack of resources and education, and lack of access to housing, medical care and employment are all common in the trans community,” Naven says.

These factors contribute to a sense of a lost older generation. In Victoria, the face of trans activism is often the face of youth. Danna Waldman, a TransAction member in her fifties, cites the statistics she learned from trans academic Dr. Viviane Namaste.

“AIDS is an organic factor in removing trans men and women in my age group through isolation, hospitalisation, disease-induced suicide and death,” Waldman says. “There are [HIV] infection rates of up to 100 per cent in North American cities among trans sex trade workers.”

Medical, penal and law enforcement institutions are further sites of discrimination, says Waldman.

“Transfolk are dying in hospitals and prisons due to institutionalized neglect and punishment,” Waldman states, calling to memory the case of Tyra Hunter, who died in 1995 after being denied medical care by paramedics because she was trans. “In the case of incarceration of both pre- and post-op trans women in male prisons, they are refused access to life-and-death medical necessities, like dilators and hormones.”

The reality intersecting the sites of discrimination in the lives of many trans people cannot be ignored. Limited access to jobs, education and housing places people on the streets or in the sex industry, increasing their vulnerability to violence, addiction, suicide, HIV/AIDS, punitive legal action and the ravages of poverty.

Racism in anti-trans violence also cannot be ignored, as many of the names on the Remembering Our Dead website recall. A high

percentage of those targeted, including Hester and Hunter, were trans people of colour.

“We can’t disconnect the oppression that trans people face from the oppression of all marginalised groups,” Naven says.

Combating violence against gender-variant people is the main purpose of TDOR, yet this is not its only goal. Representation, visibility, awareness and community are also key issues. TransAction dedicates itself towards these goals.

Victoria TDOR 2008 will not be only a day of remembrance, but two weeks of celebration, education and memorial for local gender-variant people and their friends, families and allies.

“I’m excited about the number of events we’re having,” says Chapman. “There will be public events to create greater awareness and visibility, but this year we have an awareness of safety leading to more private events as well, where people can come to experience safer spaces without outing themselves to a broader community.”

In the events that span a period from Nov. 7 to Nov. 22, there will be an open microphone night, workshops on ‘zine-making, gender

analysis and safer spaces, a movie night, an All Bodies Wrestle & Swim and, of course, the vigil at Centennial Square.

TDOR and trans and gender advocacy are not just for people who identify as transgendered, transsexual or genderqueer.

“Gender affects us all; we are all limited and contained by it,” Turje says. “This is about every boy who feels humiliated when his mom asks him to hold her purse, or every girl who feels pressure to stop playing sports. It’s about power imbalances in dating that might expose a woman to rape. It’s about so many things.”

Turje emphasises that the more we interrogate the ways gender controls our lives, the more we will be able to imagine a world where we will have the freedom to express all sides of ourselves without fear. If there is a message that the bodies of the 237 speak, a lesson in this long history of gender violence, then surely this is it.

History needs to claim no further souls to make its message clear. By the light of the candles on Nov. 20, a prayer was said and a determination made for the 237 to rest in peace at last.

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New South Wales

THE GENDER CENTRE Counselling

Provides counselling to residents and clients living in the community. For more information or an appointment contact the Counsellor on Monday, Tuesday, Wednesday or Thursday 10am - 5.00pm.

Outreach service

Available to clients in the inner city area on Tuesday nights from 6.00pm to 2.00 a.m. and on Thursdays from 10am - 5.30pm by appointment only. Monday and Wednesday afternoons and Friday 10am - 5.30pm. Also available to clients confined at home, in hospital or gaol - by appointment only. For an appointment contact Outreach Worker - 0407 929 915.

Social and support service

Provides social and support groups and outings, workshops, forums and drop-ins. For more information contact the Social and Support worker. 9569 2366

Resource development service

Produces a range of print resources on HIV/AIDS, medical and other information relevant to people with gender issues and their service providers. We provide printed information including a quarterly magazine *Polare* and a regularly updated website at:

www.gendercentre.org.au

For more information contact the Resource Development worker on Monday or Wednesday 9569 2366

Drug and alcohol service

Provides education, support and referral to a broad range of services - By appointment only. For an appointment contact the Outreach or Social and Support worker 95692366

Residential service

Provides semi-supported share accommodation for up to eleven residents who are sixteen or over. Residents can stay for up to twelve months and are supported as they move towards independent living. They are also encouraged to consider a range of options available to meet their needs. A weekly fee is charged to cover household expenses.

Assessments for residency are by appointment only and can be arranged by contacting the Counsellor, Outreach worker or Social and Support worker 9569 2366.

For partners, families and friends

Support, education and referral to a wide range of specialist counselling, health, legal, welfare and other community services are

available for partners, families and friends of people with gender issues. For more information contact the Social and Support worker 9569 2366.

For service providers, employers and others

Advice, support and workshops are also available to employers, service providers, students and other people interested in gender issues. For more information contact the

Gender Centre Co-ordinator,
7 Bent Street

or PO Box 266

Petersham NSW 2049

Tel: (02) 9569.2366

Fax: (02) 9569.1176

coordinator@gendercentre.org.au

<http://www.gendercentre.org.au>

For after hours counselling contact **Lifeline** on 131 114 or the **Gay and Lesbian Counselling Service**

4pm-midnight seven days on

(02) 9207.2800

1800 805 379

<http://www.glcsnsw.org.au/>

2010 - TWENTY10/GLBT YOUTH SUPPORT

Twenty10 is a NSW-wide organisation that provides support to young transgender, lesbian, gay and bisexual people who are having trouble at home or are homeless. We provide accommodation support, counselling, case management and social support. We also provide information and referrals for young GLBT people and their families and do community education programs throughout NSW.

PO Box 553, Newtown, NSW, 2042

Youth callers needing help:

Sydney local: (02) 8594 9555

Rural NSW : 1800.65.2010

All other callers:

(02) 8594 9550

Fax: (02) 8594 9559

Email: info@2010.org.au

Web page: www.twenty10.org.au

ACON-AIDS COUNCIL OF NSW

Information and education about HIV/AIDS, caring, support for people living with HIV/AIDS.

9 Commonwealth St, Surry Hills, NSW 2010

PO Box 350 Darlinghurst NSW 1300

Tel: (02) 9206.2000

Fax: (02) 9206.2069

tty: (02) 9283 2088

ACON-HUNTER

129 Maitland Road

PO Box 220

Islington 2296

Tel: (02) 4927 6808

Fax: (02) 4927 6485

hunter@acon.org.au

<http://www.acon.org.au>

ACON -MID-NORTH COAST

4 Hayward Street

Port Macquarie NSW 2444

Tel: (02) 6584 0943

Fax: (02) 6583 3810

ACON -NORTHERN RIVERS

27 Uralba Street

Lismore NSW 2480

PO Box 6063

South Lismore NSW 2480

Tel: (02) 6622.1555

or 1 800 633 637

Fax: (02) 6622 1520

northernrivers@acon.org.au

ACON-WESTERN SYDNEY

6 Darcy Road,

Wentworthville, 2145

Tel: (02) 9204 2400

Fax: (02) 9891 2088

aconwest@acon.org.au

AFAO (AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS)

National AIDS lobby and safe sex promotion organisation.

PO Box 51

Newtown 2042

Tel: (02) 9557 9399

Fax: (02) 9557 9867

ALBION STREET CENTRE

HIV testing, clinical management, counselling and support, treatment and trials for HIV/AIDS.

Tel: (02) 9332.1090

Fax: (02) 9332.4219

ANKALI

Volunteer project offering emotional support for People Living with HIV/AIDS, their partners, friends and carers. One on one grief and bereavement service.

Tel: (02) 9332.1090

Fax: (02) 9332.4219

ASTRA (ASSOCIATION OF SEXY TRANSVESTITES)

An erotic social club for the bold and the beautiful! All ages, shapes and sizes. Discreet meetings, weekly parties.

PO Box 502, Glebe NSW 2037

BOBBY GOLDSMITH FOUNDATION (BGF)

Provides direct financial assistance, financial counselling, employment support and supported housing to people in NSW disadvantaged as a result of HIV/AIDS.

Tel: (02) 9283 8666

free call 1800 651 011

www.bgf.org.au; email

bgf@bgf.org.au

BREASTSCREEN

Phone 132050

CENTRAL TABLELANDS TRANSGENDER INFORMATION SERVICE

Provides information and directions for anyone seeking medical or psychological assistance in changing gender. Provides information on gender friendly services available in the Bathurst, NSW Area. Brings together transgenders, their families and friends and provides support and understanding in a non-counselling atmosphere.

Operates 9 am - 8pm Mon - Fri
Tel: 0412 700 924

(CSN) COMMUNITY SUPPORT NETWORK

Transport and practical home based care for PLWHA. Volunteers welcome. Training provided.

Sydney Mon-Fri 8.00am-6.00pm

9 Commonwealth St, Surry Hills

Tel: (02) 9206.2031

Fax: (02) 9206.2092

csn@acon.org.au

PO Box 350 Darlinghurst NSW 1300

Western Sydney and Blue Mountains

Mon-Fri 9.00am-5.00pm

Tel: 9204 2400

Fax: 9891 2088

csn-westsyd@acon.org.au

6 Darcy Rd, Wentworthville, 2145

PO Box 284, Westmead, 2145

Hunter

Mon-Fri 9.00am-5.00pm

Tel: 4927 6808\Fax 4927 6485

hunter@acon.org.au

129 Maitland Road, Islington, 2296

PO Box 220, Islington, 2296

MacKillop Centre - Hunter

Training and development opportunities for PLWHA

Tel: 4968 8788

Illawarra

Mon-Fri 9.00am-5.00pm

Tel: 4226 1163

Fax: 4226 9838

illawarra@acon.org.au

47 Kenny St, Wollongong, 2500

POB 1073, Wollongong 2500

Mid North Coast

Outreach project: by appointment
Tel: 6584 0943

Fax: 6583 3810

mnc@acon.org.au

4 Hayward St, Port Macquarie, 2444

POB 1329, Port Macquarie, 2444

FTMAustralia

Resources and health information for all men (identified *female* at birth), their partners, family and service providers.

Contact FTMAustralia for more information.

PO Box 488, Glebe, NSW, 2037

www.ftmaustralia.org

mail@ftmaustralia.org

Directory Assistance

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HIV AWARENESS AND SUPPORT

For HIV positive IDUs and their friends. Meets on Wednesdays. Contact Sandra or Tony at NUAA. Tel: (02) 9369.3455
Toll Free: 1800.644.413

INNERCITYLEGAL CENTRE

Available to discuss any legal matter that concerns you. Tel: (02) 9332.1966

INTERSECTION

Coalition group of lesbian, gay, transgender and other sexual minority groups and individuals working for access and equity within local community services and their agencies. Christine Bird (02) 9525.3790

KIRKETONROADCENTRE

Needle exchange and other services
Clinic Hours:
Monday to Friday, 10am - 6pm
Saturday to Sunday, 2pm - 6pm
Outreach Bus - Every Night
100 Darlinghurst Road
(Entrance above the Kings Cross Fire Station - on Victoria Street)
PO Box 22, Kings Cross, NSW, 2011
Tel: (02) 9360.2766
Fax: (02) 9360.5154

LES GIRLS CROSSDRESSERS GROUP

An independent peer support group for transgender people. Free tuition, job assistance, friendship and socials, general information. Bi-monthly meetings. Coordinator,
PO Box 504 Burwood NSW 2134

(MCC)METROPOLITAN COMMUNITYCHURCH

MCC Sydney is linked with other MCC churches in Australia as part of an international fellowship of Christian churches, with a special concern for any who feel excluded by established religious groups. MCC deplures all forms of prejudice, discrimination and oppression - and seeks to share God's unconditional love and acceptance of all people, regardless of sexual orientation, race or gender.
96 Crystal Street, Petersham 2049
Phone: (02) 9569.5122
Fax: (02) 9569.5144
Worship Times:
Sundays 10.00 am & 7.30 pm
mcc@eagles.bbs.net.au
http://www.mccsydney.org.au/

MOUNTDRUITTLUXFORD ROADCLINIC

Provides free, confidential and respectful sexual health information, assessment, treatment and counselling. Ph: (02) 9881 1733
Mon 1.00pm-4.00pm
Wed 9.00am-12.30pm
Fri 9.00am-12.30pm
Every second Thursday 9.00am-12.30pm

NEON

is a support and social group for transgender people of all ages. It's a chance to get together and discuss experiences, gain support and make friends. We meet at the ACON Hunter office on the last Wednesday of every month from 7pm-9pm and on the second Wednesday from 7pm-8pm
Tel: (02) 4927 6808 (ask for Cath)

NEWCASTLE SWOP

SWOP at Newcastle has a Mobile Sexual Health Team
0249 276 808

NORTHAIDS

A community based organisation providing step down and respite care for PLWHA on the Northern Beaches.
Tel: (02) 9982 2310

NUAA - NSW USERS AND AIDSASSOCIATION

A peer-based community organisation providing education on safe injecting, safe using and safe sex. Information on services for injecting drug users. Free needles, swabs, water, spoons, condoms, dams, gloves and lube. Free newsletter and material on HIV and AIDS and other topics of interest or concern to people using drugs illicitly.
345 Crown St., Surry hills, 2010
PO Box 278, Darlinghurst, NSW, 1300
Tel: (02) 8354 7300
Tollfree: 1800 644 413
Fax: (02) 8354 7350
admin@nuaa.org.au

PARRAMATTA SEXUAL HEALTHCLINIC

provides free, confidential and respectful sexual health information, assessment, treatment and counselling. Level 2, Parramatta Health Service,
158 Marsden (cnr. George St) Parramatta 2150
Ph: (02) 9843 3124
Mon, Wed, Fri 9.00am-4.00pm
Tue 10.00am-4.00pm
Thu 4.00pm-7.30pm

PLWHA (PEOPLE LIVING WITH HIV/AIDS)

PO Box 831, Darlinghurst NSW 2010
Tel: (02) 9361.6011
Fax: (02) 9360.3504
http://www.plwha.org.au/
Katoomba:
P.O. Box 187
Katoomba NSW 2780
Tel: (02) 4782.2119
http://www.hermes.net.au/plwha/plwha@hermes.net.au

POSITIVE WOMEN

Can offer one-on-one support for HIV positive transgender women. Contact Women and AIDS Project Officer or Women's HIV Support Officer at ACON.
Tel: (02) 9206.2000
http://www.acon.org.au/education/womens/campaigns.htm

REPIDU

Resource and Education Program for Injecting Drug Users
Mon - Fri, 9am - 5pm Sat & Sun, 1 - 5 Deliveries Tue, Fri 6 - 9
151 Pitt St, Redfern, NSW, 2016
Tel: (02) 9699.6188

RPASEXUALHEALTHCLINIC

provides a free and confidential range of health, counselling and support services

SAGEFOUNDATION(Sexand GenderEducation Foundation)

A voluntary lobbying organisation made up of gender variant people to lobby the government to ensure equal treatment in all respects of life. Sage is non-profit. All welcome.
Ph: 0421 479 285
Email:
SAGE_Foundation@yahoogroups.com

SEAHORSE SOCIETY OF NSW

The Seahorse Society is a non-profit self-help group funded by members' contributions. Open to all crossdressers, their relatives and friends. We offer discretion, private monthly social meetings, outings, contact with other crossdressers, a telephone information service, postal library service and a newsletter.
PO Box 168, Westgate, NSW 2048
or Tel: 0423125 860
www.seahorsesoc.org
crossdress@seahorsesoc.org

SOUTH COAST of NSW

from Ulladulla to the VIC Border. We are a group of like-minded people trying to establish a social and support group. Jen Somers, Sexual

Health Counsellor, Narooma Community Health Centre, Marine Drive
Narooma, NSW 2546
Tel: (02) 4476.1372
Mob: 0407 214.526
Fax: (02) 4476 1731
jenni.somers@sahs.nsw.gov.au

(SWOP)SEX WORKERS OUTREACH TRANSGENDER SUPPORT PROJECT

Provides confidential services for trannies in sex work within NSW. 69 Abercrombie Street Chippendale NSW
PO Box 1354
Strawberry Hills NSW 2012
Tel: (02) 9319.4866
Fax: (02) 9310.4262
info@swop.org.au
http://www.swop.org.au/
0249 276 808

SYDNEYBISEXUALNETWORK

Provides an opportunity for bisexual and bisexual-friendly people to get together in comfortable, safe and friendly spaces. Pub social in Newtown on 3rd Sunday of every month followed by a meal. All welcome. PO Box 281 Broadway NSW 2007
Tel: (02) 9565.4281 (info line)
sbn-admin@yahoogroups.com
http://sbn.bi.org

SYDNEYBISEXUAL PAGANS

Supporting, socialising and liberating bisexual pagans living in the Sydney region.
PO Box 121, Strawberry Hills NSW 2012

SYDNEYMEN'SNETWORK

Welcomes FTM Men.
PO Box 2064, Boronia Park, 2111
Tel: 9879.4979 (Paul Whyte)
paulwhyte@gelworks.com.au

SYDNEYSEXUALHEALTH CENTRE

Provides free, confidential health services, including sexuality, sexual function, counselling and testing and treatment of STDs including HIV.
Level 3, Nightingale Wing, Sydney Hospital, Macquarie St, Sydney, NSW, 2000.
Tel: (02) 9382 7440 or freecall from outside Sydney 1800 451 624 (8.30am-5.00pm) Fax:(02) 9832 7475
sshc@sesahs.nsw.gov.au

TOWN&COUNTRY CENTRE

Drop In Centre - Weekly Coffee

Issue Seventy-eight

Nights - 24 hour ph line - regular social activities - youth services - information, advice and referral - safer sex packs and more! - for bisexual, transgender folks and men who have sex with men
80 Benerembah Street, Griffith
PO Box 2485, Griffith, NSW 2680
Tel: (02) 6964.5524
Fax: (02) 6964.6052
glsg@stealth.com.au

WESTERN SYDNEY HIV/HEP C PREVENTION SERVICE

Needle and syringe program
158 Marsden St, Parramatta
NSW 2150
Ph: (02) 9843 3124
Fax: (02) 9893 7103

WOLLONGONG - TRAN

Transgender Resource and Advocacy Network.
A service for people who identify as a gender other than their birth gender. Providing a safe and confidential place to visit, phone or talk about gender issues.
Thursday AND Friday 9am - 5pm
Tel: (02) 4226.1163

WOMENS & GIRLS DROP IN CENTRE

is a safe, friendly drop-in Centre in inner Sydney for women with or without children. Shower, relax, read the paper, get information, referral and advice.
Monday to Friday - 9.30 - 4.30pm
177 Albion Street, Surry Hills
NSW 2010
Tel: (02) 9360.5388

YOUTHBLOCK HEALTH & RESOURCE SERVICE

Free, safe and holistic health service for young people aged between 12-24 years in the inner-West and Canterbury areas of Sydney. Medical, dental and counselling services and music, visual arts, Aboriginal cultural and health promotion programs available. SPACE program for young people questioning their gender or sexuality.
142 Carrillon Ave, Camperdown
Ph: 9516 2233

A.C.T.

AGENDER AGENDA is a non-profit group committed to providing support, education, information and relief to people living with any tupe of sex or gender related condition (whether symptoms are physical or mental and are attributable to genetic or other origin).
PO Box 4010, Ainslie, ACT,
2602 Ph: 0412 882 855
Fax: (02) 6247 0597
Email: polar@homeemail.com.au

AIDSACTION COUNCIL OF ACT

The AIDS Action Council of the ACT provides information and education about HIV/AIDS, caring, support services for people living with HIV/AIDS
Westlund House, Acton, ACT 2601
GPO Box 229, Canberra, ACT 2601
Tel: (02) 6257.2855
Fax: (02) 6257.4838
info@aidSACTION.org.au

PLWHA (PEOPLE LIVING WITH HIV/AIDS)

People living with HIV/AIDS ACT provides peer based support, advice and advocacy for people with HIV/AIDS in a relaxed friendly environment.
Westlund House, Acton ACT 2601
GPO Box 229, Canberra ACT 2601
Tel: (02) 6257.4985
Fax: (02) 6257.4838
plwha.act@aidSACTION.org.au

SWOP ACT (SEX WORKER OUTREACH PROJECT)

Provides services for people working in the sex industry in the ACT.
29 Lonsdale Street,
Braddon, ACT, 2601
PO Box 67, Braddon, ACT, 2601
Tel: (02) 6247 3443
Fax: (02) 6247 3446
E-mail: actswop@webone.com.au

Directory Assistance

Northern Territory

NORTHERN TERRITORY AIDS&HEPATITIS COUNCIL

(incorporating People Living With HIV/AIDS and/or HEP C, the Needle Syringe Program, the Sex Worker Outreach Project and Community Education)
GPO Box 2826, Darwin, NT, 0801
46 Woods Street, Darwin
Tel: (08) 8941 1711
Freecall: 1800 880 899
Mensline: 1800 181 888 information and referral for gay, bisexual, MSM and men who are curious about their sexuality
Email: infor@ntahc.org.au
www.ntahc.au

Queensland

(ATSAQ) AUSTRALIAN TRANSGENDERIST SUPPORT ASSOC. OF QLD.

A non-profit organisation providing counselling, support, referral and information, crisis counselling, drug and alcohol for transgender people, their families and friends.
Ph: (07) 3843 5024 8am-6pm
Email: trans.atsa@bigpond.com
www.atsaq.com
PO Box 212, New Farm, Qld, 4005

BRISBANE GENDER CLINIC

Doctors from private practices with an understanding of the transgender community ARE available for consultation by appointment each Wednesday afternoon from 1.30pm to 5.30pm.
Phone (07) 3837 5645
Fax: (07) 3837 5640
Level 1, 270 Roma Street,
Brisbane 4000

CAIRNS SEXUAL HEALTH SERVICE

A public health clinic with an interest in and experiece of transgender medicine. Doctors, nurses and psychologist with referral to other services as required.
The Dolls House, Cairns Base Hospital, The Esplanade, Cairns
Ph: (07) 4050 6205

GOLD COAST SEXUAL HEALTH CLINIC

A public sexual health clinic with an interest in and experience of transgender medicine. Medical staff, nursing staff, dietician, psychologist. Referral to speech pathology, endocrinologists, psychiatrists, surgeons available.

Consultations free, by appointment.
2019 Gold Coast Highway
PO Bopx 44, Miami, Qld, 4220
Ph: (07) 5576 9033
fax(07) 5576 9030

QUEENSLAND GENDER CENTRE

Transsexual semi-supported accommodation available to those who identify as Transgender and who are drug and alcohol free. Accommodation available for six or twelve months.
PO Box 386, Chermshire South, QLD 4032 Ph: (07) 3357 6361
www.queenslandgendercentre.org

SEAHORSE SOCIETY OF QLD

We provide a safe environment for members and other persons in their lives to meet and socialise and offer counselling where possible. We are wholly self-funded And open to both sexes no matter what their sexuality
PO Box 574 Annerley QLD 4102
www.geocities.com/
WestHollywood/8009/
seahorse@powerup.com.au

(SQWIS) SELF HEALTH FOR QUEENSLAND WORKERS IN THE SEX INDUSTRY

Provides a confidential service for trannies working in the sex industry in Queensland. Offices in Brisbane, Gold Coast and Cairns. Also has an exit and retraining house for sex workers wanting to leave the sex industry.
PO Box 5649, West End Qld 4101
Tel: 1800 118 021
Fax: (07) 3846 4629
Email: sqwisib@sqwisi.org.au

Andrejic Arcade, Suite 32,
55 Lake Street,
PO Box 6041, Cairns, Qld, 4870
Tel: (07) 4031 3522
Fax: (07) 4031 0996
Email: sqwisc@sqwisi.org.au

Level 1 Trust House
3070 Gold Coast Highway,
Surfers Paradise, Qld, 4217
PO Box 578, Surfers Paradise, Qld 4217
Tel: 1800 118 021
Fax: (07) 5531 6671
Email: sqwisigc@sqwisi.org.au

Level 3 Post Office Arcade
Flinders Street, Townsville, Qld, 4871
PO Box 2410, Townsville, Qld, 4810
Ph: 1800 118 021
Fax: (07) 4721 5188
Email: sqwisit@sqwisi.org.au

Directory Assistance

Issue Seventy-eight

TRANSBRIDGE

A support group for transgenders in the Townsville area. We have connections with sexual health, mental health, AIDS counselling and others by association.

Transbridge Support, PO Box 3572, Hermit Park, QLD 4812

If we can help you at any time we have a mobile phone for twenty-four hour support at:

0406 916 788

email: transbridge@mail.com

South Australia

CARROUSEL CLUB

A non-profit, social group that operates as a support group for persons with gender issues, and provides social outlets. Produces a Club Newsletter every two months.

PO Box 721, Marleston SA 5033

Tel: (08) 8411.0874

ccsai@hotmail.com

www.geocities.com/carrousel_2000

CHAMELEONS

Counselling, information and support aimed at minimising the isolation of transgender people in South Australia.

PO Box 2603

Kent Town SA 5071

Tel: (08) 8293 3700

Fax: (08) 8293 3900

AH: (08) 8346 2516

DARLING HOUSE

COMMUNITY LIBRARY

A non-profit, community based resource that operates as a joint project of the AIDS Council of SA and the Gay and Lesbian Counselling Service of SA Inc.

64 Fullarton Rd Norwood

PO Box 907 Kent Town

South Australia 5071

Tel: (08) 8334 1606

Fax: (08) 363.1046

Freecall: 1800 888 559

SHINE-SEXUALHEALTH

Networking and Education South Australia Inc. (formerly Family Planning South Australia) provides sexual and reproductive health services for the South Australian community.

17 Phillips Street, Kensington,

SA. 5068 Tel: (08) 8431 5177

Fax: (08) 8364 2389

(SATS) SOUTH AUSTRALIAN TRANSSEXUAL SUPPORT GROUP

A support group for transsexuals who have changed or are about to change their gender role and for their partners. Also provides information on transsexualism for the community and people with gender identity difficulties.

SATS C/o PO Box 907

Kent Town SA 5071

or the Gay and Lesbian Counselling Service (Gayline) on: (08) 8422 8400 or country on 1800 182 223 or Sarah on 0409 091 663 or www.tgfolk.net/sites/satsg/hrt.html

email: satsgroup@yahoo.com.au

Tasmania

WORKING IT OUT

Tasmania's sexuality and gender support and education service providing counselling and support, mentoring for lesbian, transgender and intersex (LGBTI) Tasmanians and education and training programmes to schools, workplaces, government and non-government organisations. Office hours vary from office to office.

Hobart, 39 Burnett St, North Hobart (03) 6231 1200 or 0429 346 122

Launceston, 45 Canning St, Launceston

Burnie, 11 Jones St, Burnie (03) 6432 3643

www.workingitout.org.au

Email: coord@workingitout.org.au

Victoria

CHAMELEON SOCIETY OF VICTORIA Inc.

While the group does not meet on a regular basis it is there to provide support and information to those requiring assistance with all matters.

PO Box 79

Altona, VIC.3018

Telephone message bank service (03) 9517 9416

email:

chameleonvicgirls@hotmail.com

robr@vicnet.net.au

FTMPHALLOPLASTY CONTACT

Michael is F2M who has had GRS and is willing to be contacted for information and support around Gender Reassignment Surgery for F2Ms in particular phalloplasty as performed by the Monash Medical Centre Gender Team.

Michael Mitchell. Tel: 0405 102 142

Tel: (03) 5975 8916 messagebank

pathwaysau@yahoo.com.au

GENDERAFFIRMATION ANDLIBERATION

is a caring self-help group for transsexed people. It meet monthly to support people who are in the process of gender/sex affirmation (transitioning or transitioned).

PO Box 245, Preston, VIC, 3072

Tel: (03) 9517 1237

http://groups.yahoo.com/groups/gaall

PROSTITUTESCOLLECTIVE OFVICTORIA

RhED in the sex industry

Are you interested in contributing to **RED**, the magazine produced by the RhED Program? If you are, please contact RhED on (03) 9534 8166 Mon-Fri 10am to 5pm

SEAHORSE CLUB OF VICTORIA Inc.

A fully contituted self-help group financed by members subscriptions. Full or postal membership is open to transpersons who understand and respect the purpose of the club. Partners are also considered to be members. We have private monthly social meetings with speakers from relevant professions. Besides a monthly magazine and a library, we offer a contact mail service.

GPO Box 86, St Kilda, VIC, 3182

Tel: (03) 9513 8222

http://home.vicnet.net.au/~seahorse
seahorsevic@mbox.com.au

(TGV) TRANSGENDER VICTORIA

Transgender Victoria is dedicated to achieving justice and equity for people experiencing gender identity issues, their partner, families and friends. We provide support on a range of issues including education, health, accommodation and facilitating assistance with workplace issues for those identifying as transgender, transsexual or cross-dresser.

PO Box 762, South Melbourne, VIC, 3205

Tel: (03) 9517 6613 (leave a message)

transgendervictoria@yahoo.com.au

www.vicnet.net.au/~victrans

Western Australia

CHAMELEON SOCIETY

Provides support to crossdressers, their relatives and friends.

PO Box 367,

Victoria Park WA 6979

Tel: 0418 908839 (8pm-10pm)

Email: chameleonswa@email.com

www.chameleonswa.com

FREEDOMCENTRE

1/471 William St,

Northbridge, WA 6003

Ph: (08) 9228 0354 (opening hours

(08) 9482 0000(admin)

Fax: (08) 9482 0001

Email: info@freedom.org.au

Web: www.freedom.org.au

Provides peer support, information, referrals and a safe social space for young people (under 26) who are gay, lesbian, bisexual, transgender, transsexual, queer and questioning. We have a monthly drop-in specifically for Trans- and/or gender diverse young people called Gender Q (see below) on the first Thursday of every month from 5-8pm.

GAY AND LESBIAN COMMUNITY SERVICES

2 Delhi St, West Perth, WA, 6005

Ph: (08) 9486 9855

Counselling line (08) 9420 7201

Counselling line country areas 1800 184 527

Email: admin@glcs.org.au

Web: www.glcs.org.au

Gay and Lesbian Community Services provides telephone counselling and other support services for people with diverse sexuality and gender. They have an excellent referral list for trans* friendly doctors, psychs etc.

GENDER-Q

Meets at the Freedom Centre (1/471 William St, Northbridge WA) on the first Saturday of every month from 1pm-4pm. It is a free peer-based support session for young people (aged 25 and under) with diverse gender expression. Significant others welcome.

Freedom Centre, PO Box 1510, West Perth 6872, WA

Tel: 9228 0354

www.freedom.org.au

email: info@freedom.org.au

INTERNATIONAL FOUNDATION FOR ANDROGYNOUS STUDIES (IFAS)

See International listings on p.39

MAGENTA

Magenta offers support, education and information to transgender,

male and female workers in the sex industry: PO Box 8054 PBC Northbridge, WA 6849
Tel: 08. 9328 1387
Fax: 08. 9227 9606

PERTH INNER CITY YOUTHSERVICE(PICYS)

PO Box 1062, West Leederville, WA, 6901
Ph: (08) 9338 2792
Fax: (08) 9388 2793
Email: picys@westnet.com.au
PICYS provide medium to long-term support and accommodation for young people aged 16 to 25 who would otherwise be homeless. PICYS staff are well informed about TTI issues and are trained to provide young people with specialised support. TTI-specific resources and referrals to medical professionals.

TRANSCOMMUNITYWA

We provide peer support for, information resources about, and advocacy on behalf of, people who are transitioning, are planning to transition, or have transitioned. We also organise discreet social events at which significant others and supporters of our membership are welcome. Contact Lisa on 0427 973 496, email lisasonau@yahoo.com.au

TRANSWEST: THE TRANSGENDER ASSOCIATION OF WESTERNAUSTRALIA (INC)

Support, information, advocacy and social events for all kinds of transgender and transsexual people. Established 1997
PO Box 1944,
Subiaco, WA, 6904
Mob: 0407 194 282
hmp Perth@cygnus.uwa.edu.au
www.geocities.com/transwest_wa

TRUE COLOURS PROGRAM

1st floor, Trinity Buildings,
72 St Georges Terrace.
PERTH, WA, 6000
Ph: (08) 9483 1333
Fax: (08) 9322 3177
Email:
jaye.edwards@unitingcarewest.org.au
Web:
www.unitingcarewest.org.au
The True Colours program aims to promote safe and inclusive rural and regional communities where young people with a diverse sexuality and gender, their families and friends are supported and affirmed. This program offers support to young people who are coming out as well as educating the community

services sector and community members about the impact of homophobia and heterosexism on these young people, their families and friends.

WELLBEING CENTRE OF WA

Service for people with blood-borne diseases such as Hep C and HIV/AIDS. This service is for people with issues such as health problems, relationships, medication and alternative therapies.
162 Aberdeen Street,
Northbridge
Tel: (08) 9228 2605

www.free2be.org.au is a WA based website for DSG youth that has a section on gender too (www.free2be.org.au/gender.html)

National

(ABN) AUSTRALIAN BISEXUAL NETWORK

ABN is the national network of bisexual women, men and partners and bi- and bi-friendly groups and services. ABN produces a national news magazine, houses a resource library and is a member of the International Lesbian and Gay Association (ILGA).
PO Box 490, Lutwyche QLD 4030
Tel: (07) 3857 2500

1800 653 223

ausbinet@rainbow.net.au
www.rainbow.net.au/~ausbinet
IRCL (oz.org network) A.B.N.

AISSUPPORTGROUP (AUSTRALIA)

Support group for Intersex people and their families. We have representatives in all Australian States.
PO Box 1089
Altona Meadows, VIC, 3028
Tel: (03) 9315 8809
aissg@iprimus.com.au
www.vicnet.net.au/~aissg

AUSTRALIAN WOMAN NETWORK

Australian WOMAN Network is primarily a lobby and health support group for people who experience the condition of transsexualism, their families, friends and supporters. There are email discussion lists for members as well as a bulletin board providing places for both public and member-only access. There is also a large archive of related material available for education and research purposes.

www.w-o-m-a-n.net

CHANGELINGASPECTS

A caring national support organisation for Transsexual people, their partners and families. For information, please write or call.

email:knoble@iinet.net.au
www.changelingaspects.com

FTMAustralia

Resources and health information for all men (identified *female* at birth), their partners, family and service providers. Contact FTM Australia for more information.
PO Box 488, Glebe, NSW, 2037
www.ftmaustralia.org
mail@ftmaustralia.org

International

AGENDERNEWZEALAND

A caring national support organisation for Cross/Transgender people, their partners and family. For a detailed information pack, please write or call.

PO Box 27-560
Wellington New Zealand
Tel: (64) 0800 AGENDER
president@agender.org.nz
www.agender.org.nz

BEAUMONT SOCIETY

Non-profit organisation for crossdressers throughout Great Britain. Social functions, counselling and a contact system for members. Provides a magazine - Beaumont magazine
BM Box 3084
London WC1N 3XX
England
www.beaumontsociety.org.uk/

BEAUMONT TRUST

The Trust is a registered charity, the aim of which is the support of transvestites, transsexuals, their friends and families. It fosters research into both psychological and social aspects of transvestism and transsexualism and can provide speakers to address other organisations. It produces literature and arranges workshops, develops befriending facilities and assists with conferences.
The Beaumont Trust, BM Charity,
London WC1N 3XX.
http://www3.mistral.co.uk/gentrust/bt.htm

CROSS-TALK

The transgender community news & information monthly.
PO Box 944, Woodland Hills CA 91365 U.S.A.

FTM INTERNATIONAL

A group for female to male transgender people. Provides a quarterly newsletter - FTM.
160 14th St
San Francisco, CA, 94103
http://www.ftmi.org/
info@ftmi.org

FTM NETWORK UK

A support group for female to male trans people. Provides a newsletter - *Boys' Own*
FTM Network, BM Network,
London, WC1N 3XX, England.
www.ftm.org.uk

GENDERBRIDGE Inc.

Support and Social Society for people with gender identity issues, their families, partners and professionals involved in care, treatment and counselling.
PO Box 68236, Newton, 1145, New Zealand
Phone: (64) (09) 0800 TGHELP (0800.84.4357) (24 hrs)
www.genderbridge.org
info@genderbridge.org

GENDER TRUST (THE)

A help group for those who consider themselves transsexual, gender dysphoric or transgendered. Provides trained counsellors, psychologists and psychotherapists and there is a referral procedure to a choice of other therapists.
The Gender Trust
PO Box 3192, Brighton
BN1 3WR, ENGLAND
http://www3.mistral.co.uk/gentrust/home.htm
gentrust@mistral.co.uk

INTERNATIONAL FOUNDATION FOR ANDROGYNOUS STUDIES (IFAS)

Support, information, advocacy and social events. An incorporated body established to advance the health, well-being, basic rights, social equality and self-determination of persons of any age or cultural background who are transgender, transsexual, transvestite or intersex, or who are otherwise physically or psychologically androgynous as well as gay, lesbian and bisexual people.
PO Box 1066
Nedlands, WA, 6909, Australia
Mobile ph: 0427 853 083
http://www.ecel.uwa.edu.au/gse/
staffweb/fhaynes
IFAS_Homepage.html
www.IFAS.org.au

IFGE INTERNATIONAL FOUNDATION FOR GENDER EDUCATION

Educational and service organisation designed to serve as an effective communications medium, outreach device, and networking facility for the entire TV/TS Community and those affected by the Community. Publisher of materials relevant to the TV/TS theme. Produces TV/TS journal *-Tapestry*.
PO Box 229, Waltham, MA 02254-0229 U.S.A.
http://www.ifge.org/
info@ifge.org

IKHLAS

IKHLAS drop in centre is a community program by Pink Triangle Malaysia. Provides an outreach project, HIV/AIDS information, counselling, medication, workshop and skill building for transgender people in Kuala Lumpur Malaysia.
PO Box 11859, 50760
Kuala Lumpur Malaysia
Tel: 6.03.2425.593
Fax: 6.03.2425.59

ITANZ INTERSEX TRUST AOTEAROA OF NEW ZEALAND

Registered non-profit charitable trust to provide a number of educational, advocacy and liaison services to intersexuals, their parents, caregivers, family, friends and partners within the Community and those affected by the Community.
PO Box 9196, Marion Square
Wellington, New Zealand
Tel: (04) 4727 386 (machine only) Fax: (04) 4727 387

PROSTITUTES COLLECTIVE OF AUCKLAND-NEW ZEALAND

PO Box 68 509,
Newton, Auckland,
New Zealand

PROSTITUTES COLLECTIVE OF CHRISTCHURCH-NEW ZEALAND

Provides a confidential service for trannies working in the sex industry.
PO Box 13 561
Christchurch,
New Zealand

PROSTITUTES COLLECTIVE OF WELLINGTON-NEW ZEALAND

Provides a confidential service for trannies working in the sex industry.
PO Box 11/412, Manner St
Wellington New Zealand
Tel: (64) 482-8791
Fax: (64) 801-5690

Every effort has been made to include accurate and up-to-date information in this directory. To amend your listing fax (02) 9569 1176 or email the Editor on resources@gendercentre.org.au

\$50 OFF

FIRST VISIT

PERMANENCE
The permanent hair removal specialists

www.permanence.com.au

Bankstown
Shop P 013,
Centro Bankstown
North Terrace
Bankstown NSW 2200
Phone **9793 2155**

Drummoyne
170 Victoria Road
Drummoyne
NSW 2047
Phone **9719 1391**

City
Dymocks Building
Suite 5, Level 3
428 George St, Sydney
NSW 2000
Phone **9221 8594**



The Lesbian and Gay Anti-Violence Project can be contacted on (02) 9206 2116 or 1800 063 060

PLEASE NOTE!

Apart from the Wednesday night drop-ins, you should make an appointment before coming to the Gender Centre. This helps us to plan and saves you disappointment.

*We didn't use a condom
and now I'm worried about HIV*

THERE'S A TREATMENT CALLED PEP THAT MIGHT STOP YOU GETTING INFECTED*

Within a few hours and no later than 3 days.

**CALL THE PEP 24 HOUR HOTLINE
1800 737 669
1800 PEP NOW**

*For more information and your nearest location
AN INFORMATION BROCHURE ABOUT PEP IS
AVAILABLE AT VENUES, SEXUAL HEALTH CENTRES,
ACON, NUAA AND SWOP OR VISIT WWW.ACON.ORG.AU*

FTM RESEARCH ARTICLE

I'm a post-graduate journalism student researching an article about the experiences of FTM transgendered individuals. I would like to interview an FTM male about his life and how the experience of transitioning has impacted on personal and sexual relationships, and how he feels transgendered people are viewed by the lesbian community. The overall tone of the article will be positive.

If you are interested, please email me at luke.malone@gmail.com. I look forward to hearing from you.
Luke Malone