

Polare

**MAGAZINE OF THE NEW SOUTH
WALES GENDER CENTRE**



**Edition 80
July-September 2009**



the Gender Centre Service Magazine

The Gender Centre is committed to developing and providing services and activities which enhance the ability of people with gender issues to make informed choices.

The Gender Centre is also committed to educating the public and service providers about the needs of people with gender issues.

We offer a wide range of services to people with gender issues, their partners, families and organisations, and service providers.

We specifically aim to provide a high quality service which acknowledges human rights and ensures respect and confidentiality.

the Gender Centre

The place to go for confidential, free services for people with gender issues.



**7 Bent Street
PO Box 266
Petersham
NSW 2049**

Tel:(02) 9569 2366

Fax: (02) 9569 1176

**Email:
reception@gendercentre.org.au**

**Website:
www.gendercentre.org.au**

**The Gender Centre is staffed
10am-5.30pm Monday to Friday**

DROP-INS

**Friday 11am - 1pm
Wenesday 6pm - 8pm**

All other times by appointment only



Our Services

- Support and education
- Social and support groups
- Drug and alcohol counselling
- Quarterly magazine *Polare*
- HIV/AIDS information
- Condoms and lube
- Needle exchange
- Accommodation
- Referrals to specialist counselling, medical, HIV/AIDS, education, training, employment, legal welfare, housing and other community services
- Outreach - street, home, hospital and jail
- Counselling and support groups for partners and family

Residential Service

For all enquiries relating to the residential service, please contact us.

The Gender Centre stall at the Gay and Lesbian Fair 2009 was shared with the Inner City Legal Centre, with whom the Gender Centre has a close and productive relationship. Staff from the ICLC distributed pink balloons while Gender Centre staff handed out candy..

July-September 2009

CONTRIBUTORS

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THE FINE PRINT

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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.

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Polare A Magazine for people with gender issues

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Editor: Katherine Cummings

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 is printed inhouse (text pages) and by WenChai Publications (cover)

DEADLINE

for submissions to the next edition of *Polare* is the eighth of June 2009

Phinn's Report

Hi, everyone,

It's time again to write my report on what's been going on at the Centre.

We have started an FTM drop-in on the first Friday of every month. So far we have held two such drop-ins and the attendance numbers are slowly picking up. Word of mouth publicity has helped and at the last get-together there were ten people present. Leo Turner from Concord Hospital was kind enough to address the group despite the fact that it was his silver wedding anniversary night.

We will ask Dr Megan Hassel, a reconstructive surgeon from North Sydney to attend a drop-in and give a talk on the latest methods used for FTM top-half reconstruction.

We are also starting a support group for transgender parents with school-age children and a support group for parents with young transgender children. Watch this space and the Gender Centre website for details.

You will recall the recent highly successful debate on the proposition **"Does the T still fit in GLBT?"** The presentation by Julie McCrossin, including the entire debate was filmed and edited. Shortly the film will be uploaded onto the Gender Centre website so that the tg community and/or anyone interested can watch the event. We are all proud of the entire process and we are sure it will be informative and helpful.

Please note that there will also be an online survey on the website on the same topic and we welcome and encourage your participation. You will be able to obtain an instant report of the total number of responses and whether they are for or against the proposition.

A brief history behind the organisation of the debate.

"Where does the 'T' fit in GLBT?"

In September 2008 ACON asked the Gender Centre at short notice to participate in a GLBT strategic planning conference (absent the "T" which appears to have been dropped from "GLBTI").

ACON decided, after our prompting, to invite the Gender Centre to join a round table discussion to develop a strategic plan for the GLBT community in NSW. This proposed strategic plan was to be developed with the involvement of as many GLBT community organisations and individuals as possible throughout NSW in order to identify a number of key areas for discussion within the so-called community.

The fact that the conference was organised without our involvement is astonishing, and then for us to have been invited at the last minute seems to indicate lack of understanding of and sensitivity for transgender issues on the part of ACON.

Despite the difficulties, we attended the conference only to find that another related organisation, SAGE (Sex and Gender Education), which had not been invited, was picketing outside the venue in protest against exclusion. It seems that no other organisations representing the transgender community had been included in any way and the Gender Centre was alone in representing transgenders (as an afterthought and following our prompting). The Intersex community had been totally ignored.

From the outset there was absolutely no discussion of any matters related or relevant to transgender issues but rather, exclusively, to gay and lesbian issues. Indeed there was no discussion of any gender issues, no mention of transition and its attendant problems, no discussion on the difficulties of obtaining surgery, nor on the discrimination faced by transgenders *within* the gay and lesbian community, including the exclusion of MTFs from some lesbian events because they were not born female i.e. for not being "wimmin born wimmin".

Nor were the basic, everyday issues such as access to accommodation, protection within the law, crisis accommodation, problems of obtaining or holding employment, the need to revise official documentation, the need to resume education interrupted by transition and so on. Not one of those topics was even mentioned. Every time we raised these topics

the response was a deafening silence! It was impossible to determine whether those in attendance were totally ignorant of the issues, or felt assaulted or shocked by our raising them.

In any event they invariably moved on to the next pressing gay or lesbian issue. There was no point in attempting to make progress in that forum.

Subsequently, after some months of total silence we received an email from the Chair of the GLBT 2020 Working Party congratulating itself on the notion that in September 2008 a large number of Sydney-based GLBT organisations came together to hold a round-table discussion.

The goal of this ground-breaking event was to discuss aspirations for the GLBT community in the year 2020, and come up with concrete ways we could all work together to help achieve these aspirations.

A link was provided to the on-line survey for the “2020 thingy” at:

www.zoomerang.com/Survey/?p=WEB2295UF6U5DP

asking us to mention the survey in our newsletters to our members, supporters and volunteers.

We logged onto the site to see what wondrous and insightful questions they were asking in order to gauge our community needs.

The first question in the survey was:

1. What is your sexuality?

- Gay
- Lesbian
- Bisexual
- Transgender
- Heterosexual
- Other

Obviously, NOTHING has been learned!!!

“Transgender” in the eyes of the GLB community is a form of sexuality.

We emailed the Chair immediately and pointed out the difference yet again between sexuality and gender, to which the Chair responded by leaving the question “What is your sexuality?” but removing all reference

to Transgender, replacing it with another “Other” as follows:

1. What is your sexuality?

- Gay
- Lesbian
- Bisexual
- Other
- Heterosexual
- Other

It seems the sexuality of Transgender people might now be any one of the above, including two forms of “Other”. The mind boggles as to what might be included in one or the other “Other(s)”. [And whatever happened to “Asexual”? Is it just another “Other”? Ed.]

We encourage our friends (and “members, supporters and volunteers”) to respond to this amazing survey, and for them to feel free to describe their sexuality, including their “other” sexuality in any way they see fit. The results should be informative, possibly even educational.

See you all soon, when the dust settles,

Phinn

Are You Young, Transgendered and Literate?

Do You Want To Have Your Say?

We Want You To Have Your Say!

The Gender Centre Administration would like to see more material for *Polare* coming from the under twenty-five segment of our community. We are aware that the problems and experiences of transgenders who transition early are different from those of transgenders who transition late. We would like to have these differences defined so that we can campaign to improve the legal, social and therapeutic conditions of those who transition early. Such people may not have had the advantage of making their way in the world in their assigned gender but may instead have encountered all the disadvantages of early transition. They may lack financial security, established reputation and social acceptance and we would like to hear your suggested strategies to ameliorate such situations.

You are encouraged to contribute material for the October-December 2009 issue of *Polare*. Please send your contribution to: The Editor, *Polare*, PO Box 266, Petersham, NSW, 2049 by 8 September 2009

Editorial - Katherine Cummings



The Monash Medical Gender Centre's Dysphoria Clinic is in trouble again. It seems to have been fighting militant, misguided clientele ever since I can remember. Some of this the Clinic brings on itself by being the gatekeepers' gatekeeper and operating on a level of bureaucracy

which is thankfully absent elsewhere in Australia.

A small number of dissatisfied clients have asserted that they should have been treated differently, provided with psychotherapeutic treatment for their gender problems, rather than being encouraged to have gender reassignment, and rushed through the process without proper attention to their 'true' needs. As a result the Clinic has been shut down, pending an investigation, and a number of its clientele are left in limbo, partway through the process of transition and deprived of the certainty they need in order to function in society.

As I have often written in the past, I have little time for gatekeepers as I really don't think any adult of sound mind should need to seek permission to exercise control over her/his body. Women have fought this fight in a different context and, by and large, have won the battle. Of course the clinker in that statement is the "of sound mind" caveat, as there are still many in society, including medical practitioners, who believe that if one wishes to affirm one's gender in a way contrary to the authorised version then there must, *ipso facto*, be a possibility of mental ill-health.

Nor do I think there is anything special about genitalia as compared to any other body part. If I want cosmetic surgery to reshape my body into a closer approximation of my ideal, that should be entirely up to me, my bank manager and my surgeon. I can remodel my nose, why can't I remodel my genitals?

As a side issue, there is a recurrent theme in newspaper stories about gender reassignment

where journalists or sub-editors refer, censoriously, to doctors playing God. Why it is seen as playing God when gender (or sex) is involved, and not for other modifications of a healthy or diseased body, passeth all understanding.

Underlying the proposition that the decision to contract with a medical technician to remodel my body is mine is, of course, the imperative that I do my homework beforehand, read up on the variant procedures available, check on possible side-effects (medical, social and legal) and then *accept responsibility for my decisions*. This is called being an adult..

The Monash clients who are creating problems are those who have accepted treatment for gender dysphoria, treatment they pleaded for and delighted in until they belatedly changed their viewpoints and convinced themselves that the Clinic should in some arcane way have divined their inner ambivalence and denied them the very procedures their whole lives had become centred on, the procedures for which they were prepared to sacrifice careers, families, social acceptance ... anything.

And how could the Clinic have achieved this miracle of brain-laundering? Why, through psychotherapy, of course. The fact that these cases had already been run past psychiatrists and psychologists is not sufficient. Monash runs on a committee system and psychs, sociologists, surgeons and Uncle Tom Cobley are all allowed to help or hinder the process of transition. As Trudy Kennedy, the Head of the Clinic, said, "I have been hung out to dry. They just want to blame it all on me. I have not made one decision here, they are all team decisions...".

The critics believe the process should have gone on until the "right" decision was reached. "Right", in this instance, means right in the retrospective judgement of those who are now in denial and want to blame everyone except themselves for decisions they took and procedures they authorised.

And how many of these latter-day converts to the One True Way are there? The article by Jill Stark in the *Sun-Herald* of 31 May 2009 mentions three dissatisfied clients from a total of 600. Later comments on the Internet have

lifted the number to eight, but even if the number were raised to twenty this would still be a dissatisfaction rate of only 3.3 per cent. The Fairfax article on gender change, which appeared in variant forms in the *Age* and the *Sun-Herald* and maybe elsewhere, also says there have been no studies of satisfaction rates in Australia. This may be true but there have been many such studies overseas going back more than thirty years and covering several countries, and the lowest recorded satisfaction rate for post-operative transgenders is around 86%, with some studies giving it in the high nineties. It is interesting to note that the suicide rate for pre-operative transgenders is of the order of twenty per cent whereas the suicide rate for post-operative transgenders is around half of one per cent.

Gender reassignment procedures are more complex than many so that there is a greater chance that things may go wrong. The endocrinological and surgical procedures are, nevertheless, remarkably sophisticated and there are constant improvements on what is, after all, a very recent surgical specialty. The first widely publicised “sex-change” (Christine Jorgensen) was carried out only fifty-seven years ago.

The former MTF from the Fairfax article, “Andrew”, does not appear to be complaining about the quality of the surgery, but rather the end result, and the uncritical willingness of the Monash Centre to prescribe feminising hormones. He sees a need for more rigorous psychotherapy preceding surgery.

Let us look at the testimony of the complainants. “Angela” was FTM who has gone back to living as a female after having a double mastectomy and testosterone therapy which deepened her voice and “within months had covered her body with thick hair.”

At this point, after being obsessed with becoming male for years, Angela had an epiphany wherein God told her to go back to being female. By her own account she was both drunk and stoned at the time, but hey, you take your epiphanies where you find them. She has now reversed the process of masculinisation, had breast implants, married and borne three children. And why not? Anything a human

being *can* do, some human being *will* do. I merely cavil at her wanting to blame someone else for her own mistakes and trying to interfere with the lives of those who are just as passionate for transition as she used to be.

“Andrew”, the former MTF complainant is, however, another kettle of fish. When I first read about “Andrew” in *Woman’s Day* (19 December 1989), he was ecstatically telling the world how happy he was to be a woman at last, having spent his earlier life wanting to be female. In 1986 he (or she) had the irreversible operation “which she says she will never regret”. She (or he) went through a form of marriage with a person who wanted permanent residency in Australia and was angry when told her marriage was illegal. “I will fight for the law to be changed,” he (or she) is quoted as saying.

By 2004 “Andrew” had changed his mind and wanted to sue the Monash Medical Centre for malpractice, despite his long years of unhappiness at being male, his desperate wish to be female, his marriage, and a confession that he cheated on the assessment tests which decided he was a suitable candidate for reassignment. Assuming he *had* been subjected to more psychotherapy, as he now says he should have been, who is to say he would not have cheated his way through that barrier as well? Psychotherapy is an imperfect science, if it is a science at all. I think it falls more into the area of voodoo or religion, but that’s just my scepticism.

In 2004 “Andrew” bought into the case of Alex and joined the Forces of Darkness who wanted to deny Alex the opportunity to defer puberty until he was of a legal age to decide whether to go forward to reassignment or not. “Andrew” by then was recalling having second thoughts on the way to the operating theatre and of being reassured by medical staff that it was normal to suffer nerves at that point.

Define “normal”.

In my autobiography I wrote of my feelings before surgery as follows “*Was I scared? You bet! Scared and excited and worried and exhilarated and apprehensive. Did I consider backing off, cancelling or postponing the date? Not for an instant.*” But mentally I reserved the

right to do so, right up to the point of losing consciousness. And didn't.

In the latest version of Andrew's story he says to the surgeon "I think I'm doing the wrong thing. I think we've got to stop it. Then it went black." When he woke he assumed the operation had been cancelled but was shocked, horrified, destroyed, to find that in fact he was now the possessor of a neo-vagina. He claims to have bawled his eyes out.

I assume the implication is that after he made his complaint to the surgeon he succumbed to anaesthetic. But if he was in the process of counting backwards from ninety-nine with an anaesthetic mask over his face, how could he enunciate his doubts to the surgeon? If, on the other hand he had not yet started the anaesthetic procedure, why didn't he insist on his right to stop the proceedings?

A new moment of drama has been added to the latest version . . . the "primal wail" and traumatised sobbing of his younger sister as "Andrew" was trolled towards the operating theatre. She didn't rate a guernsey in the earlier versions.

And so now he feels "like a desexed dog". Well, yes, the starting process is similar, but why not "desexed human"? I imagine "Andrew" knew what was going to happen down there before he agreed to the operation? "Andrew" also complains that , "I will never be able to have sex again."

There are many ways to have sex and if "Andrew" doesn't know about them at his age he must have been sleeping with Rip Van Winkle for the past half-century.

Most post-ops have no problem achieving orgasm. See Lobato *et al.*, cited below, who say, *inter alia*, that "For 83.3 per cent of the patients, sex was considered to be pleasurable with the neovagina/penis. In addition, 67.4 per cent reported that initiating and maintaining a relationship had become easier ... The number of patients with a partner increased from 52.6 per cent to 73.7 per cent. Family relationships improved in 26.3 per cent of the cases [with 73.7 per cent of the patients reporting no difference] ... In conclusion, the overall impact of sex

reassignment surgery on this cohort of patients was positive."

"Andrew", I understand that your attack is on the Monash Clinic, which you believe to be negligent in its treatment of you and others, but your own lack of credibility seriously weakens your case. Either your *Woman's Day* panygeric was true and your later story is false, or your earlier story was false and your new story is true. I suspect you don't know, or care, what truth is, and you bend it to suit your own ends. But you *could* leave other people to sort their lives out for themselves and cease imposing your own opinionated and questionable values on the intimate lives of those who know what they want from life. They really don't need you to erect barriers to their life's journey because you choose to be a spoiler.

Further reading for those interested:

Green, R. and Fleming, D. (1990) "Transsexual surgery follow-up: status in the 1990s. " *Annual Review of Sex Research*. 7: 351-369

Pfafflin, Friedemann and Junge, Astrid. *Sex reassignment. Thirty years of international follow-up studies after sex reassignment surgery: a comprehensive review, 1961-1991* (trans. from German by Roberta B. Jacobson and Alf. B. Meier)

Lobato, M.I., Koff, W.J., Manenti, C et al. (2006) "Follow-up of sex reassignment surgery in transsexuals: a Brazilian cohort." *Archives of Sexual Behaviour*. 35 (6): 711-15

Katherine



New Transgender Friendly Venue Open

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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

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

Australia by Gina Wilson

Organisation Intersex International is the world's largest Intersex organisation. We have board members on every continent and members in more than thirty countries. We are represented in more than fourteen languages and our membership is 98 per cent intersex.

OII was founded by Curtis Hinkle and established in Canada in the early 1990s when it was felt that other intersex organisations had failed, at a grass roots level, to include intersex in decisions about their lives. Because of our ability to communicate in many languages, initially English, French, Spanish and German, we have grown exponentially.

To understand the need for OII and our aims it is necessary to understand intersex.

Intersex can be thought of as congenital differences causing atypical development of chromosomal, gonadal, or anatomic sex is. That is, where there are physical differences that can be seen as simultaneously male and female, neither wholly male nor female, neither male nor female, or other conditions not covered by current notions of sex binaries.

Intersex does not indicate sexuality. Although most intersex people are heterosexual, many intersex are gay, lesbian, bisexual, or asexual.

Intersex does not indicate gender, though most intersex are men or women, many are transgender, pangender, non-gender or other. Intersex is about sex diversity. Most intersex are male or female and some are intersex, asexual, hijra, twin spirited, and more. All intersex have physical sex differences.

Some underlying diagnoses that can lead to intersex are Congenital Adrenal Hyperplasia (CAH), Androgen Insensitivity Syndrome (AIS), Klinefelter Syndrome (KS), Mixed Gonadal Dysgenesis, Turner's Syndrome and more. There are more than a hundred diagnoses that can underlie intersex in the literature.

Not all diagnoses that may lead to intersex result in intersex. Congenital Adrenal Hyperplasia (CAH), one of the most common diagnoses, rarely results in intersex for individuals with XY chromosomes and only occasionally for those with XX chromosomes. Not all intersex results in the sex binary expectations of the diagnosis.

Many of those with Klinefelter Syndrome (XXY) are male and live as men, some are female and live as women and some are neither. The diagnostic expectation is that all KS will be men.

Intersex involves human differences that challenge conventional notions of male and female and gender role paradigms.

OII Australia was established to promote understanding of intersex, provide peer support and lobby for political change that would see intersex included in Human Rights legislation, provide protection at law for intersex and ensure intersex has legal remedies against discrimination and vilification.

We also seek to forge alliances when we have human rights and legal issues in common with other groups; we have been embraced and supported by GLBT organisations and included when those organisations describe themselves as GLBTI. Our experience has been that the I is often overlooked because there are few intersex willing to speak out but, when we do, we are welcomed. By and large our greatest obstacle is knowledge about intersex in the community at large and within GLBT.

OII Australia support genital autonomy. That is, the right of any individual to govern how their genitals are treated. The right to accept or refuse surgery, the right to decide on the extent of that surgery, and the right to be fully informed about surgery and outcomes. We particularly insist on the right to have different genitals without prejudice.

OII Australia supports the right to appropriate medication. Where treatment protocols call for standard medication, those who do not fit the diagnosis paradigm cannot readily access appropriate medication. For instance, a diagnosis that classifies an intersex person as male will not allow that person access to apparently female medications despite the person being female. Medicine often assumes standard sex and gender outcomes for intersex, so that a person who has AIS diagnosis is always assumed to be female. Access to surgery and medication for that person as a male can only be obtained by being diagnosed with a mental illness. Some intersex individuals need anti-

androgen medication. Because these medicines are not recognised treatments for the specific diagnosis the only path to that medication is to register the intersex person as a potential sex offender at the Therapeutic Goods Administration in Canberra. That register also contains the names of numerous transsexual individuals who can only gain access to anti-androgens because of this inappropriate medication protocol. This is an outrage against the sex and gender diverse!

OII Australia stands strongly against the pathologising of intersex. In August 2006 a number of pediatric specialists, psychologists and others met in Chicago and wrote a "consensus statement" on the "management of Intersex disorders". This conference was initiated by the then Intersex Society of North America. It proposed to change the word "Intersex" for a new term, "Disorders of Sexual Development", a term coined by an ISNA board member. The consensus statement was not a consensus, only two intersex individuals were present and no person who might oppose the term was invited. OII rejects the pathologising of difference by referring to intersex as a disorder. Very few intersex differences result in sickness; most intersex differences are simple physical traits. OII stands against the inclusion of intersex as a mental illness. Currently intersex individuals who reject their birth assignment are regarded as mentally ill and diagnosed with GID-NOS (Gender Identity Disorder Not Otherwise Specified). This diagnosis assumes that despite physical differences, despite the fact that it is not known with any certainty how the mind informs itself of the body's sex, despite the uncertainty

of long-term outcomes for intersex people, the assigning medical practitioner is always correct. Those who reject the assignment are therefore deemed to be mentally ill.

For intersex, OII believes that sex designation on birth certificates should be changed where a mistaken assignment has been made at the time of birth. This should be allowed at any time the intersex individual becomes aware of that mistaken assignment and is in a position to request the change. Mistaken assignments are made by well-meaning people who are often unaware of genetic or internal difference in the child they have delivered, but the assignment is mistaken nonetheless.

OII Australia disputes the necessity for sex markers on any documentation except some medical documentation where physical differences are a matter for attention. Intersex demonstrates the uncertainty and undefinable nature of sex binaries. By and large sex markers act in a way that disadvantages women and to a greater extent those who do not meet binary expectations.

OII Australia invites any intersex people, their allies and friends to join us. We have three international support groups and are in the process of establishing one here in Australia.

.....
Contact OII Australia at PO Box 1553, Auburn, NSW, 1835 or at oii australia@bigpond.com or via our website www.oii australia.com

Katherine's Diary; the story of a transsexual, revamped, updated, uncut.



Originally published in 1992, this new edition has been updated to December 2007 and includes a lot of added material from the earlier years. 428pp., (32pp in colour). A\$35.00 +\$10.00 post.

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

problems?

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The Counsellor
The Gender Centre
PO Box 266
Petersham

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

Seahorse Society "Viva Las Vegas" Ball



Yes, it's on again...the annual Seahorse Society Ball.

Saturday 15th August at 7.00 pm

Six hours of wining, dining, dancing and floor show.

This is a night for EVERYONE to come together, party, relax and enjoy themselves and each others company.



*For more information, visit the Seahorse web site at www.seahorsesoc.org
or phone the society on 0423 125 860*

Bookings essential

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

The CCTGS operates Monday to Saturday 10am to 10pm

Tel: 0404 054 000

Email: smh101@exemail.com.au

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.fhs.usyd.au/sexual_health

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, ND



Doctor of Clinical Hypnotherapy
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"A rich and varied array of informative and provocative stories of relationships."
- Jamision Green

"Do not neglect this book."
- Professor A.W. Steinbeck

An anthology of real-life stories by trans people of their experiences of being in love

Contributors include Sydney legend 'Carmen' and a foreword by Kate Bornstein & Barbara Carrellas

Published by Routledge, 2008
(In stock at The Bookshop and the Feminist Bookshop in Sydney, and at Hares & Hyenas in Melbourne).

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

Domestic Violence and Transgender: Q & A from the Inner City Legal Centre

Does domestic violence happen to transgender people?

Yes. Unfortunately in trans relationships there are incidents of domestic violence. Any kind of intimate or family relationship can potentially face concerns related to the misuse of power and control, and this can sometimes escalate into abuse and violence.

Is domestic violence normal?

No. Domestic violence is not normal in relationships and should not be treated as such.

Unfortunately many trans people experience violence in their lives. Some experience violence from family when they come out acknowledging their affirmed gender. Other trans people may experience transphobic violence on the street or when going to bars and pubs. This does not make violence in the lives of trans people 'normal'. It may, however, affect those people who are in domestic violent relationships and make them feel they have fewer options or places to turn to for help.

Trans people may feel safer in an abusive relationship than alone. Isolation reinforces to trans people the need to remain in whatever relationship they establish, abusive or otherwise.

Is there much research on domestic violence in transgender relationships?

Not really. There is a significant lack of research. Because of this it is difficult to determine how often it occurs.

How do I know if I am in a domestic violence relationship?

Domestic violence is any type of abusive behaviour by one partner that attempts to gain and maintain control over the other.

Domestic violence is when one partner consciously tries to, or does, manipulate and dominate the other. It is about power and control.

Domestic violence comes in many forms including physical violence, sexual assault, stalking, emotional abuse or social and financial control. Abuse does not have to be physical or sexual to be domestic violence.

What kind of violence is unique to transgender people?

There are some forms of abuse that are specific to trans people and arise as a feature of transphobic elements of society. Abusive partners can rely on transphobia as a tool to control their partners. This type of abuse can involve:

- 'Outing' or threatening to out their partners to friends, family, police, church or employer.
- Telling a partner that she or he will lose custody of the children as a result of being 'outed'.
- Telling a partner that services such as the police or the justice system will not assist because the legal justice system is transphobic.
- Telling a partner that the abusive behaviour is normal within relationships and convincing the abused partner that he or she does not understand relationships and sexual practices because she or he is trans.

What does a safe relationship look like?

Safe relationships are based on love, respect and equality where each partner trusts and supports the other, respecting each other's right to her/his own feelings, friends, activities and opinions.

Safe relationships are based on negotiation and fairness, being willing to compromise, accepting change, sharing responsibility and making decisions together.

What is the Safe Relationships Project?

Safe Relationships Project (SRP) is an initiative of the Inner City Legal Centre (ICLC). The aim of the SRP is to provide a new domestic violence advocacy, information and referral service.

The SRP will have a specialist service for transgender people. In this respect the Safe Relationships Project will be the first of its kind in NSW, offering specialist court assistance and support for transgender communities.

The SRP will assist clients in accessing legal representation and applying for Apprehended Domestic Violence Orders (ADVOs) to help

end the violence they are experiencing. The specialist service for transgender people will focus on the needs of the community.

The SRP workers will be trained in trans issues so that clients can feel comfortable being themselves.

How can the SRP help me?

If you are in an abusive relationship and you want the abuse to stop, you can go to Court and take out an AVO against your partner.

The Court can tell your partner that his/her behaviour has been wrong and set out rules to protect you in an Apprehended Violence Order.

This order will tell your partner that he or she is not allowed to continue the abuse. If she or he breaks any of the rules set out in the AVO he or she can be arrested.

If you make an appointment with the SRP they can help you with the process of going to Court.

What will happen at the appointment?

You can meet the Project Officer who can discuss your situation with you. The Project Officer can provide you with information about the Court process and answer any questions you might have.

The Project Officer can also provide you with information about other services (e.g. housing, income security, counselling, ongoing support), which assist victims of domestic violence, and advise you on how to deal with these problems.

If requested, the Project Officer might be able to organise a solicitor to represent you at Court.

The solicitor will give you legal advice about the orders you are seeking and talk on your behalf to the Court.

How can I use the service?

If you wish to use the service, contact the Safe Relationships Project Officer at the Inner City Legal Centre **before your court day**. This is particularly important as you can discuss with the Project Officer what is going to happen when you go to Court.

Do I have to pay?

No. The service is free.

Are AVO laws the same for transgender people?

Yes. The law recognises that transgender people need the same protections as everyone else.

Will the Court refer to me in my preferred name, sex and gender?

Yes. The Court should respect your preferred name, sex and gender and the SRP can request all Court documents to be recorded in your preferred form.

Will I be 'outed'?

The SRP understands that if you have had a prior negative experience with police or support services as a result of your gender, you may feel reluctant to report violence for fear of being outed.

The SRP will respect your privacy and endeavour that your sex or gender at birth be kept discreet at all times. In some circumstances, however, your sex or gender at birth may need to be disclosed in Court, for example if the application is defended. If this situation arises the SRP can support you through that process.

Are the Courts and/or police transphobic?

Going to Court and dealing with the police can be a stressful and daunting experience for anyone. For transgender people it can be even more stressful due to the unknown fear of a negative reaction or ridicule from the police or being treated harshly by the legal system.

The SRP understands that many trans people have these fears and this stops trans people from reporting violence or engaging in any way with police and support services.

The Court staff and police are trained in equity and diversity and should not present transphobic attitudes. The Courts are a public space and with the help of the SRP you can feel safe and secure while going through the Court process.

Where can I obtain more information?

You can contact the SRP at the Inner City Legal Centre. Phone: 9332 1966 or 1800 244 481 or visit:

www.iclc.org.au

PRISON NEEDLE PROGRAM TO HELP CUT HEP C

Nearly half of all Australian prison inmates are infected with hep C and there have been renewed calls for needle exchange programs in Australian jails.

About 42% of all prisoners and nearly 60% of women prisoners in the South Australian study were infected, compared with only 1.5% of Australia's population as a whole.

The study also found there was widespread use of shared needles, with the certainty that many of the circulating needles were infected with hep C virus.

Dr Emma Miller, of Deakin University, said that the prison policy of zero tolerance put inmates not already infected at serious risk. Scotland and Germany have trialled the use of needle exchanges in prison, and Canada is considering a trial.

HEPATITIS COUNCIL TO PROVIDE FUNDS TO HELP FIGHT HEPATITIS

The NSW Hepatitis Council has launched a \$20,000 grants program to help raise awareness of the risk, prevention and treatment of hep C.

A wide range of organisations will receive grants of up to \$1,000 to support new projects intended to increase awareness and understanding of hep C.

Grants will be used for a variety of approaches, including information displays, peer education projects, health

worker training, community participation events and nutritional support and health activities for people living with hep C.

NEW ADVISORY BODY SET UP

The Australian government has established a new advisory body on blood-borne viruses and sexually transmissible diseases. Professor Michael Kidd will chair the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Diseases which will advise the government on prevention and treatment and monitor the progress and effectiveness of the new framework.

The committee has been appointed for a three year term and replaces the Ministerial Advisory Committee on AIDS, HIV Sexual Health and Hepatitis.

POLICE WILL HAVE ACCESS TO INTERSTATE RECORDS

NSW police on patrol will now have reference to NPRS (National Police Reference System) which allows them to query interstate details on suspects who may not have a NSW criminal record. This may alert them to people with contagious diseases such as hep C, providing added safety for the patrol officers. Tony Kelly, NSW Minister for Police said "This is ground-breaking technology."

Previously NSW patrols had access only to information about criminal activity in NSW.

WILL AN ELECTRIC TOOTHBRUSH TRANSMIT HEP C?

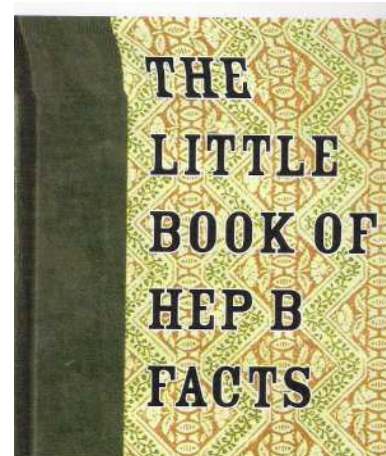
Although unlikely, it is believed that sharing a toothbrush can result in the transmission of hep C. It is believed that if someone were to brush their teeth so vigorously that their gums bled, and someone else came along soon afterward and similarly brushed their teeth until their gums bled, then they could be at risk of transmission of the disease.

It is suggested that electric toothbrushes do not add to the risk as long as recommended instructions and cleaning practices are followed.

HEPATITIS C COUNCIL OF SOUTH AUSTRALIA ISSUES *LITTLE BOOK OF HEP B FACTS*

This handy little book of Hep B facts contains many facts e.g.

- There are seven strains of hepB.
- Hep B is not the same as hep C or HIV.
- In developing countries most people with hep B acquired it from their mothers at birth.



www.hepcouncilsa.asn.au/littlebookB.html

TRAINING!

Training courses have been offered throughout 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

Gender Centre Library

To borrow books you will need to become a member of the Library. You will need to supply personal details (phone number, address etc.) You can make an appointment to join and see the Library by phoning 9569 2366 on Monday or Wednesday. Ask for the Resource Worker.

Video tapes are not for loan but can be viewed, by appointment, in the Gender Centre.

The Library is now housed in the Reception Area of the Gender Centre.

Books may be borrowed for 3 weeks

If you are isolated for any reason and would like to have material mailed to you, please let the Resource Worker know. Don't forget to include your mailing address!

Change of mailing list?

Mail to:

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

different **Gender**?
different **Address**?
different **Name**?

no more **Polares** thanks?

All my **OLD** details

All my **NEW** details

_____	_____
_____	_____
_____	_____
_____	_____

Young and Transgender? 20-35 years?

Whether you're a verified gender outlaw or just gender questioning and want to find some like-minded travellers ... why not come along, trade questions, answers, thoughts and support.....

A discussion group will be forming soon, but we need people to sign up in advance so that the programme can be properly planned. For more information call Dash on 9569 2366.

This paper is about *transpeople* and *transphobia*, and the role of Western psychiatry in relation to both. By *transpeople* here I mean people allocated to one gender category at birth (normally on the basis of what was between their legs) but who later identify and deeply desire to live in another gender role. By *transphobia* I mean feelings of fear, disgust and/or hatred towards transpeople, feelings that my research student Mark King describes as ‘*transprejudice*’; feelings that are often expressed as discriminatory behaviour towards transpeople. And, as we know, discrimination can lead to minority stress and impaired mental health (low self-esteem, anxiety, depression) and worse.

Interestingly, mainstream Western psychiatry tends to regard transpeople, as I have defined them here, as pretty much mentally disordered by the fact of their transgenderism. Transphobic people, however, are apparently well-adjusted.

My research on transgenderism and transphobia is primarily in Asia; part of the TransgenderASIA initiative to develop Asian research in these areas. So I want to point out that transphobia *is* widespread across Asia. Depending on the culture concerned, transpeople experience varied amounts of discrimination at the hands of transphobics. And with human rights culture and law less well developed in Asia than in North America, Australia or Europe, transphobic discrimination is given a pretty free rein in some places.

So there *are* Asian transpeople who are rejected by family, subjected to abuse and violence in their homes, or are thrown out onto the street; who are taunted, ostracised and abused by peers at school, are subjected to gender coercion by school authorities, and for any of these reasons *do* drop out of education early. There *are* those, especially those drifting into the city with little education or few family contacts, who *do* find it difficult to get a job. Driven to the fringes of society, living on the streets, living on their wits, some *do* drift into sex work, where they are at risk of all sorts of harassment, even violence.

Against all this, Asian governments, even those two-thirds that have ratified the International Convention on Civil and Political Rights, often provide little legal or practical protection. Indeed many perpetrate their *own* discriminatory practices, whether by allowing the outlawing of sex reassignment surgery (for example Malaysia), denying opportunities to change legal gender status or enter heterosexual marriages (for example,

‘progressive’ Hong Kong), or even denying gender-appropriate ID cards (for example ‘tolerant’ Thailand).

Abuse by police can be a problem; sometimes systematic, sometimes violent, sometimes both (as in the recent cases of Nepal and of India’s Karnataka state), and often on the basis of ill-defined vagrancy and public decency laws that effectively criminalise cross-dressing. And of course, laws against homosexuality put *heterosexual* transpeople at risk of prosecution.

In short transphobia is an Asian issue. Anything that contributes to transphobia is as much a matter of concern to Asian transpeople as it would be to their Western brothers and sisters.

I recently led a team of ten people who together took an unusually international look at transphobia. Our study involved a thirty-item questionnaire completed by 841 undergraduate students in seven countries, examining attitudes and beliefs about transwomen (natal males living female lives). Again, unusually for research into transpeople, most of our data came from Asian countries, where 60% of the world’s population live (and presumably a similar proportion of the planet’s transpeople).

The countries, and researchers involved, were as follows: China (myself and Loretta Ho), Malaysia (Teh Yik Koon), Singapore (Wong Ying Wuen), Thailand (Nongnuch Rojanalert and Kulthida Maneerat), the Philippines (Raymond Macapagal and Chuck Gomez), as well as the United Kingdom (Anne Beaumont) and the United States (Pornthip Chalungsooth).

Now *I could* demonstrate how undergraduate students in these seven countries compared in terms of the levels of transphobia they displayed. But I think the results of a factor analysis we conducted on the pooled data are more important, in an effort to identify core attitudes and beliefs underlying our international data.

We identified five factors, together explaining 52.1% of variance. They were, 1) the belief that transwomen suffer from a mental sickness; 2) the belief that transwomen are not women, should not be treated as such, and should



Professor Sam Winter

not be afforded rights as women; 3) rejection of contact with transwomen in a variety of social situations, including among family members and teachers; 4) rejection of contact with transwomen within one's peer group, and 5) the belief that transwomen engage in sexually deviant behaviour.

These factors were correlated. Particularly strong, and fairly consistent across the seven countries involved, were the links between, on one hand, the belief that transwomen suffer from a mental sickness and, on the other hand, (1) the refusal to regard or treat them as women or to afford them rights as women, as well as (2) an unwillingness to accept the idea of any social contact with them at all, either within one's family group or outside. *The possibility arises that a mental-disorder model of transgenderism may support and encourage key transphobic attitudes.*

This possibility is a worrying one. We already know that transphobia prompts minority stress, and that minority stress can lead to impaired mental health (and worse). Now if the pathologisation of transpeople, on the basis of their transgenderism, serves to support or encourage transphobia, then the result is one that can only harm transpeople. Indeed, there is perhaps the makings of a self-fulfilling prophecy, in which transpeople, regarded as mentally disordered, do indeed encounter mental health problems, but largely, perhaps only, as a result of being so regarded.

I will be accused of overstating the case. I can only say that, after eight years of work in this area in Asia, I have observed countless times what many have observed before me elsewhere; that, where significant others inside and outside the family are even moderately tolerant towards transpeople, those transpeople manage to get on with their lives without experiencing any of the mental distress or disability associated with mental disorder, or, arguably, even an increased risk thereof.

That observation is reinforced by my work with Liselot Vink in Thailand and the Philippines, and Serge Doussantousse in Laos, though the work is currently in an early stage of analysis. It therefore seems to me, just as other research has been suggesting for years, that there may be *no Gender Identity Disorder, except the inability or unwillingness of transphobics to accept transpeople.*

I am aware that psychiatric diagnosis *has* offered transpeople in some developed countries the hope or expectation of subsidised gender health care. Now presumably all this could be preserved if, in line with

recent research on biologically-based brain sex, the medical world chose to see transgenderism as a somatic condition (indeed a form of intersexualism) rather than a mental disorder.

But for the moment, it is seen as a mental disorder, and our research clearly suggests that, where this view is held, transphobia is particularly intense. In short, the psychiatric pathologisation of transgenderism may indeed be enhancing the access of transpeople in the developed world to subsidised medical care. *But transpeople worldwide, with different needs, different priorities, are paying the price.*

I do not claim that the average Asian man or woman has read DSM-IV. They do not need to. These ideas percolate down into the street in all sorts of ways. Consider the case of Thailand, where there are thousands of transpeople who, whenever at any stage in their lives they apply for a job, and are asked for their military service discharge papers, are obliged to show a document stating they were relieved of service on the basis of mental sickness.

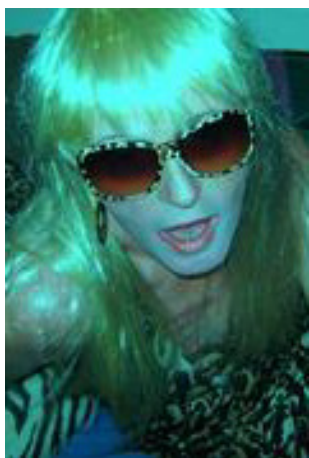
Nor do I claim that transphobia arises solely out of the 'mental disorder' view of transgenderism, or that it would go away overnight if transgenderism were to be de-pathologised. Religion, for example, also plays a role in supporting transphobia, including in Asia. My point is simply that psychiatric pathologisation is *one* of the ideas that prompts and props up transphobia. It is an idea, in my view, that is psychiatrically bankrupt, and socially disastrous for the trans community. De-pathologisation may not overnight erase the idea that transgender is a mental disorder; we all know people who still think of homosexuals as mentally sick! But de-pathologisation is a start. And that's why I today, like others before me, call for the removal of Gender Identity Disorder, Transsexualism and related psychiatric terms from future editions of the Diagnostic and Statistical Manual (DSM) and the International Classification of Diseases (ICD), *just as was done with homosexuality so many years ago.* It is time to proclaim, more loudly than ever, that transpeople represent human diversity rather than mental disorder, and that the world is richer for the fact of their existence.

Much of the research quoted was conducted with the help of funding from the University of Hong Kong. The paper was presented on 17 April 2007 at the First World Congress for Sexual Health (18th Congress of the World Association for Sexology) in Sydney, Australia. It is reprinted here by kind permission of the author, Associate Professor Sam Winter, of the Division of Learning, Development and Diversity, Faculty of Education, University of Hong Kong.

Professor Winter can be contacted by email at: sjwinter@hku.hk

Katherine Cummings

In *Polare 77* I reviewed Teri Louise Kelly's first book, *Sex, Knives and Bouillabaise*, which remains one of the funniest, raunchiest, maddest books I know. Hilarious, subversive, indecent and even informative! Now she has followed up with *Last Bed on Earth* which starts in the fair city of Auckland in 2002, meaning there is something of a gap between the end of the first book and the beginning of this one. Teri has transitioned from male to female and is in a steady relationship with her dominatrix partner, Jo. Being the fortunate possessor of inside information I know there is another volume on the way, with a working title of *American Blow Job*. *ABJ* is set, as the title implies, in the USA, and deals with the transition time for Teri from cross-dressing maniac chef to dedicated maniac transgender gypsy..



Teri Louise Kelly

As *The Last Bed on Earth* starts, however, Teri and Jo are in New Zealand having left Australia in haste with virtually no money. They look for work and find an advertisement for a Christchurch hostel seeking a management team. The clinker is that the hostel is looking for a couple to manage the gig, so Teri finds herself backtracking (no, not backpacking, pay attention!) to her male persona so that they can present themselves for the position.

I can't help feeling that the masquerade must have been half-hearted at best, since every second person sees Teri as female and she obstinately preserves womanly stigmata such as arched and plucked eyebrows and other female details of clothing, cosmetics and decoration.

Nonetheless they land the job and luckily are largely left to themselves, while the owners are off spending the income from the hostel on their lavish country estate.

Teri, between the first book and this one, appears to have accumulated a modicum of responsibility and, given her intelligence and energy, starts to run the hostel efficiently and ride roughshod, where necessary, or circumvent, where advisable, the various simian staff members and the more cantankerous and violent of the guests.

Complications arise, of course. This would not be a Teri Louise Kelly epic without her female boss getting the hots for her (or, as far as she is concerned, "him") and trying to lure Teri into a communal hot tub ... a situation likely to expose Teri's masquerade rather conclusively. Perhaps the only person to be fully aware of Teri's real condition is her doctor who periodically checks Teri's blood and comes up with gems like:

"Shut, Turri, your livils are all ever the shaw! Whut the hill is going on in your leaf?" She even suggests that Teri should go to the next stage of gender affirmation by removing her tackle completely. I'm guessing from hints and divagations that at this stage Teri had gone only as far as orchidectomy.

"She hands me a script for something, listens to my chest with her equipment,... slaps my arse twice to check my blood flow and gives me a referral to a veterinary clinic that does cheap castrations. Shit yes, give me a good old-fashioned country doctor any day of the damned week."

There are insane, dishonest and irresponsible guests (mostly backpackers but some touristy groups) who keep Teri and Jo on their toes, and there is Dick, the crusty centenerian who acts as a surrogate (and highly dishonest) manager when Teri and Jo are doing something else.

There are guests who scarper in the night having converted their rooms into ice and ecstasy factories and a guest who *seems* to have died until Dick starts to give him the kiss of life, causing all hell to break loose.

There is a night fire alarm made even more exciting when the first fireman on the scene calls Teri "darling", causing her to realise that in the excitement she has appeared in public without her breast bindings, causing raised eyebrows all round.

Sorry, I can't go on. I'm laughing too much at all the mad memories. Buy it. Read it. Buy more copies and give them away. Make Teri write more of her life. I want more, I want to know everything! I want it all!

Last Bed on Earth by Teri Louise Kelly, Wakefield Press, Kent Town, 2009 ISBN 9781862548220 \$29.95



TRANSGENDERS IN NSW WITH REVISED BIRTH CERTIFICATES MAY NOW MARRY IN AFFIRMED GENDER

The NSW Gender Centre has received assurance from the NSW Department of Births, Deaths and Marriages that transgenders who have revised birth certificates will be allowed to marry in their affirmed gender.

There has been some confusion in this area despite the new rulings on same sex relationships being accepted as equivalent to *de facto* relationships, and the statement that couples could remain married even if one of the partners goes through gender affirmation after marriage.

GWEN ARAUJO'S KILLERS APPEAL FAILS

Michael Magidson and Jose Merel appealed against their conviction on second-degree murder charges on the grounds that they acted 'in the heat of passion'. The three-judge appeal panel ruled unanimously against the appeal.

AUGUST 1 2009 TO BE NATIONAL DAY OF ACTION FOR SAME SEX MARRIAGE

Rallies are planned in seven Australian cities for rallies supporting same-sex marriage rights.

The Greens will put forward a Bill in the ACT legalising same-sex civil unions. The ALP proposed a similar Bill in 2006 but their Bill was defeated by the Howard Coalition

government. Despite this, the ALP now says it will oppose the Greens Bill.

AUSTRALIAN RESEARCHERS FIND DNA VARIATION LINK WITH MTF

Prince Henry's Institute in Melbourne has published an article in *Biological Psychiatry* suggesting that their study of 112 Australian and American MTFs shows a genetic variation in a gene which may be linked to feminisation of the brain during infant development.

The subjects tended to have a longer version of the androgen receptor gene, which could reduce testosterone effects in the brain leading to incomplete masculinisation of the brain in male-to-female transgenders, according to the Institute's Associate Professor Harley.

TRANSLONDON BOYCOTTS PRIDE LONDON

London's largest support group for transgenders and genderqueer people has voted overwhelmingly to boycott the Pride London 2009 march and rally. Pride London have refused information about funding and the mechanism for decision-making.

Pride London's plan for trans participation was for a float at the back of the parade to hold trans women in sequins, high heels and fairy wings with a few trans men in football gear. A cordon of security men would surround the float "for their protection".

TransLondon felt that to participate in this way would

cater to the worst media transgender stereotypes.

CARMEN WOVES THEM IN WELLINGTON

Carmen, transgender icon of trans show-business, and one-time mayoral candidate for Wellington, attended the New Zealand *A g e n d e r* Conference in Wellington at the end of May, 2009.



Carmen

Perhaps best known for her drag shows and colourful dress sense, Carmen ran for mayor of Wellington in 1977 on a platform of keeping hotel bars open until midnight or later, with prostitution to be legalised, abortion and homosexuality to be decriminalised, sex education in schools and the establishment of some nude beaches. Most if not all of these foresighted principles have now become legal in New Zealand.

FTM TO BECOME AUSTRALIA'S FIRST TRANS AUSSIE RULES PLAYER

Twenty-five-year-old Will has been living as a man for some time and now wishes to play competitive football in the Bendigo Football League. He has met with Glenn Scott, President of the Victorian Country Football League.

Scott told Will that he would need to change the gender on his birth certificate and that other players would need to be educated in transgender issues in order to ensure that Will was not discriminated against.

Issue Eighty **Helps, Hindrances and the Indifference of Feminism
in the Experience of Transwomen in Psychological
Contexts**

by Catherine Wilson

This paper discusses issues that transwomen face, with a focus on psychological service and feminist contexts.

I had the idea for this paper in late September 2008 when reading about the Women and Psychology conference, and its focus on feminist perspectives in psychological practice and the barriers and opportunities in engaging with a feminist psychology. At the time, I was reading Valentine's (2007) Transgender Imagining. Valentine is an anthropologist who had been working in New York with various trans communities from the 1980's to 2000's. He presents the complexity of notions of identity, specifically, the individual and community variations of the notion of trans; the lack of understanding, acknowledgement and acceptance of trans identities in the general community and (even) between different trans communities; and the struggles that many trans people face accessing support services due to contrast between individuals' and services' definitions of identity (and therefore service eligibility).

It struck me that in a conference about women, all women needed to be represented, and notions of gender identity should be explored rather than labels such as "women" taken as given. And that in a conference about community support of women, we need to examine the ways that we do or do not support all the women in our society. Transwomen needed representation – and as I suspected, nobody was doing this.

I contacted Gaye Stubbs, Counselor at the Gender Centre, who expressed interest in being involved in this conference by facilitating the process of collecting information on the subjective experiences of transwomen in NSW who have accessed psychological services; subsequently, the Women in Psychology conference was advertised at the Gender Centre (GC) and a mini forum was organised to be held at the GC to canvass transwomen's views and give them the opportunity to discuss their experiences and perspectives. This forum was held in November 2008 and the discussion, with permission, was recorded by the Centre, and then transcribed by me.

We received generous responses from a number of transwomen. In total eleven transwomen's opinions are included in this paper. Eight participants contributed their opinions in the three-hour miniforum that we held at the GC,

one gave a long telephone interview in addition to participating in our mini forum, one participant submitted a four-page written paper, and another provided access to a blog she had written in July and a written response specifically for this paper.

We (the Gender Centre and I) understand the limitations of our sampling and therefore these data do not seek to be representative of all transwomen's experiences, but rather represent a range of subjective experiences of those who responded. The diversity of the group of participants does, however, represent a range of experiences. The eleven came from a variety of geographical regions in NSW, including Sydney City, the Inner West, Inner East, Illawarra, Central Coast, Sutherland and New England Shires. Their ages cross five decades. Their life circumstances and living arrangements range from experiences of homelessness, living with family, renters and home-owners. Their relationship status included both single and partnered, with several having been married in the past, with children from these relationships. Their sexual orientations were varied. And finally (to be discussed in a little more detail in a moment) participants' understanding of the term "transwomen", and self identification, are also diverse. From these positions, they put forward a range of issues of concern for them in life, in their dealings with psychological and other health services, and within feminist contexts.

SO ... WHO ARE TRANSWOMEN?

Perhaps a good place to begin with the issues presented, is one of definition.

The term "trans" is generally short-hand for either "transsexual" or "transgender". Transsexuality, a medical diagnostic term used in the International Classification of Diseases 10 (World Health Organisation, 1993), refers to the experience of people whose gender identity does not match their biological phenotype genotype, persistently throughout their life – that is, their apparent birth "sex" (male or female) is the opposite from their sense of themselves. People are generally referred to as Male-to-Female or Female-to-Male to indicate their birth sex and gender identity. Often transsexual individuals indicate their pre- or post-operative

status, to note their stage of transitioning their body to better “match” their identity.

The term “transgender”, on the other hand, is not a diagnostic term (Meyer et al., 2001). It is used in the literature and communities as an umbrella term to encompass all forms of gender diversity, which might include people who are transsexuals, as well as transvestites, intersex individuals, gender outlaws, third sex, drag queens/ kings, pangendered and genderless individuals and so on (APA Task Force on Gender Identity, 2006; Meyer et al., 2001; Valentine, 2007)

While some transsexual individuals identify readily with both terms, transsexual and transgender, the broadness of the term transgender feels inappropriate for many.

Helen said to the group, “People are either male or female. Society’s perception is that they’re either one gender or another.” So the experience of individuals who take a political stance in attempting to challenge/dismantle notions of gender is very different to Helen’s experience as a transwoman.

Linda, a miniforum participant wrote afterwards, “As a transwoman, the key identity issue is whether any *transgendered* individual identifies as a woman. For me that is a central issue because it leads to future activity by transwomen in establishing closer links with women’s groups generally. I cannot accept that someone who is not living full-time as a woman, can legitimately claim to be recognised as one. I do not want our desire for greater recognition by women of our status to be confused by political agendas in which others in the transgendered community may be espousing. As one who has struggled to gain acceptance of my gender from the people I may meet ‘in the street’, I believe that any utopian agendas involving aspiring for a ‘gender free’ society will only alienate rather than help.”

Ten of our eleven participants identified as transsexual women, and another as “pangendered”. During the discussion many different self-descriptive terms were used such as “transgender”, “transsexual” and “trannie”, so I asked participants to provide me with an identity/demographic-related self-description following their contribution. The descriptions they put forward included “pre-operative male to female transsexual”, “a thirty-something pre-op transwoman living in regional NSW”, “post-operative TS woman residing in NSW” and “pangendered counsellor”.

The variance among our transwoman participants represents a positive diversity, yet also one of the potential barriers to presenting a united front as a homogenous community.

April, one of the forum participants, reflected “We don’t have solidarity in our community.”

Kate Bornstein a “lesbian feminist transwoman”, writes in her book *Gender Outlaw* (Bornstein, 1994b), “Every transsexual I know went through a gender transformation for different reasons, and there are as many truthful experiences of gender as there are people who think they have a gender” (pp.7-8)

As Brown states in *True Selves* (Brown & Rounsley, 1996, p. 4), “No simple formula can unravel the complexities of transsexualism. Every transsexual and his or her situation is different.”

Respond to me as the woman I am

As suggested already, most transwomen identify as women, and want to be recognised as such.

April stated “I just want to blend into the community. I get sick of being read. I get read every day...on the train to work...I hate it.”

Kirsten wrote, “As a transwoman living in the country I’m actually very lucky in that if I choose not to tell people they usually have no idea that I am trans, I suppose I’m living as they say, stealth.”

Helen questioned transwomen’s place. “We are an interest group within the female gender. So we have to go back to identification. Who we are and who we want to be...Within the female gender there are many sub-groups: do we want to present as a woman or a transgendered woman? ... We are a small community, but like other special interest groups we need to have representation...”

And despite April’s desire to “blend in”, she further problematised her gender identity in an email to me following the forum. She stated “I have had issues with my gender all my life and although I consider myself as more comfortable in the female gender, I realise I will always be



transsexual and I will always have a past that is male in my childhood years and in my younger adult years. I am a transgendered female, not a woman, and not someone who would aspire to deluding the world and myself that I am a natal female.”

Cate stated that some aspects of her experience are the “same as non-trans women. I have trouble dealing with emotions and the abuses that a lot of women have experienced, just from a slightly different slant...I had to get used to being leered at by men, and the etiquette among women.” Cate also stated that she struggles with trans women who don’t live “full-time” as women - “If they don’t live full-time as women they have



Kate Bornstein

male social privileges at work and in society, and I find it objectionable. There are obvious glass ceilings for women that they don’t have to deal with.”

As Bornstein articulated, “One of the things that makes me, and others like me, dangerous is that

we do speak up. We break the silence imposed on our people. And what we talk about is the very real oppression of women.” (Bornstein, 1994a, pp. 110-111).

The importance of being true to all aspects of one’s identity was emphasised by Katherine. She said “you can fall into the trap of portraying a stereotype rather than the person you are. I remember when I was doing voice therapy...the therapist said women end their sentences with a terminal rise. And I said ‘No they don’t, not the women I admire’... Keep in mind you are you.”

The struggle for transwomen to be recognised as “legitimate” women led to two participants raising concerns about Suzi’s inclusion in this paper, as the only “pangendered” participant. There is great concern for some transwomen that inclusion of the “transsexual” experience in the broader “transgender” grouping may create confusion in the broader community’s understanding of transsexuality, by problematising the idea of what a woman(or man) is; and how this complicates the process of

transsexual individuals having their true gender identity recognised, and slow things in terms of legislative and practical societal changes that acknowledge the rights of transsexual people (Valentine, 2007; Whittle, 2000).

THE FEMINIST CONTEXT

While transwomen may experience standard sexism from the broader community (in addition to transphobia in the moments when they “come out” or fail to pass), communities of biological women and the services they are served by, have not always been inclusive of transwomen.

Famously, Janice C Raymond’s *The Transsexual Empire* (Raymond, 1979) began vigorous debate about the inclusion of transwomen in feminist contexts, by attacking them. She stated, “All transsexuals rape women’s bodies by reducing the real female form to an artifact, appropriating this body for themselves. However, the transsexually constructed lesbian-feminist violates women’s sexuality and spirit, as well. Rape, although it is usually done by force, can also be accomplished by deception. It is significant that in the case of the transsexually constructed lesbian-feminist, often he is able to gain entrance and a dominant position in women’s spaces because the women involved do not know he is a transsexual and he just does not happen to mention it.”

Essentially Raymond refused to acknowledge that transwomen are not men, to the point of using the male pronoun to refer to them.



Janice Raymond

Cate pointed out: “Often, the level of acceptance a trans-woman receives depends on factors such as whether she has had SRS surgery and how passable she is.”

Eleanor had first-hand experience of this. She wrote “If your IDs say ‘Mr’, you go to a men’s shelter. If your IDs say ‘Miss’ or ‘Mrs’, you go to a women’s shelter. There is no middle ground. The Gender Centre in Petersham is the only homeless shelter I know of, here in NSW, that accommodates those starting out on their journey as MtF transgender and offers assistance

in obtaining new identity (in accordance with the Department of Births, Deaths and Marriages). One of the most humiliating experiences I experienced was when I was told that in order to secure my accommodation at a homeless shelter here in Sydney, I had to see a nurse; I was instructed to see her so she could check what was between my legs. If I hadn't agreed to this I would have been denied access to the shelter. The shelter had to figure out whether I was going to sleep on - the men's floor or the women's floor".

Katherine Cummings, has written a paper entitled "Transwomen are not men" (Cummings, 2008) to assist in the struggle transwomen face accessing women's shelters. "It may help them think about transgender women being women...You've got to sympathise with the women in the shelter. They may have been badly treated by men. That's why I've said a transgendered woman is not a man... Gender is not between your legs, its between your ears." The Gender Centre has also produced a Fact Sheet on anti-discrimination rights to assist trans people in navigating their rights in various contexts (The Gender Centre Inc., 2008).

Kate Bornstein writes, "The current phraseology is 'women born women'. We're told that only 'women born women' are allowed into some space. Well that's a problem. Aside from the obvious absurdity of a newborn infant being called a woman, the phrase 'woman born woman' just throws us back into the what's-a-woman question." (Bornstein, 1994a, pp. 82-83)

Discrimination by biological women in both service and social contexts had been witnessed or experienced by other participants. Tina recounted "I was going to [a GLBT youth service] for a few weeks and a counsellor said to the [lesbian] group 'we had to shoo someone away because they were a guy dressed as a woman'....so anyone who doesn't pass they won't let into the group. I was seamless... The other person [counsellor] tried to say this isn't what should be happening. I've stood next to people out, having a conversation trying to work out if someone's a trannie and they're so paranoid about having sex with a trannie as if it happens every day. I don't know many people who go out into the lesbian community because of some of the problems they encounter."

Another forum participant, Linda, further expressed the complexities of fitting into the Sydney lesbian scene: "We can walk in [to a

local pub's "queer night"] and the butches...standing around the pool table as we walk in transmit the most incredibly hostile vibes...and I then go through a gender dysphoria when I'm looking at all of these women, some of whom I may be interested in, but they're all expressing masculinity in various degrees or extreme ways and cross-dressing is a prejudicial word to use in this context because these women are simply expressing themselves the way they feel comfortable and want to, for sexuality reasons not identity...and I'm suddenly thinking I'm looking too large AND too femme..."

On the positive side, participants noted some progression in inclusiveness by individual women and women's services. Kirsten wrote "One of the more positive things that has happened to me in the past year is that I have gained the support and more importantly the friendship of the team from the [local] Woman's Centre. They are lovely. Its coordinator also referred me to someone from the Personal Helpers and Mentors scheme run by the Federal Government, these two services have actually proven more rewarding and empowering than those offered by the hospital. ... the specialised services offered by The Women's Centre and the PH&M scheme has been very significant in helping me gain a sense of stability, normality and connectedness. I am also on the waiting list at the [local] Women's Housing Group, for when I feel ready to stand on my own two feet."

On being included in the GLBTI acronym

Another issue of concern for many of our participants was being pooled with gay, lesbian and bisexual communities.

April stated quite simply "The GLB thing is about sexuality. The T is about gender."

Suzi said "They are doing their thing, we are doing ours."

And Cate said "I've got a pet saying 'who put the T in GLBT?'... [because of this] the broader community thinks TS is just an extreme of sexuality deviance ...Its like associating ourselves with diabetics. Why not make it GLBD for Gays, Lesbians, Bisexuals and Diabetics? There's no connection..."

Linda said "It's about how sexuality and gender experience fits. And that's when it becomes very political...I don't want to be regarded as a variant of the gay community. I don't want to be regarded as a drag queen. There's a great deal of ignorance and discrimination within the lesbian community."

Katherine added “When I was first transitioning, an activist trans group said we should ally ourselves with the GLBs. I suggested there was another oppressed group we could ally ourselves with – women – and they’re 50%, but no.”

Leanne concluded “The transgender movement’s moved on...years ago it was probably a good thing to be associated with gays, because it helped raise our awareness [in the community], but I think its time we move away from that.”

This has been such a pertinent issue to the trans individuals accessing the Gender Centre, that they presented a debate entitled “Where do we fit” during the 31st Sydney Gay & Lesbian Mardi Gras (The Gender Centre Inc, 2009).

EXPERIENCES OF PSYCHOLOGISTS, OTHER HEALTH PROFESSIONALS AND COMMUNITY SERVICES

The experiences of participants with health professionals and services have been mixed. Participants appeared more than willing to praise those who treated them respectfully and professionally, so it was of concern to hear some of their complaints.

Lack of services and expertise

The initial hurdle for transwomen in receiving support is a lack of appropriate services.

April opened our mini forum discussion with the observation, “I guess I just get the feeling that there’s lack of expertise out there, amongst clinicians and doctors and things about the condition of transsexualism. It’s really amazing and noticeable that there don’t seem to be many people out there who seem to aware of it, who know the current research and know what’s going on. I’ve seen a psychiatrist, a nice guy, but he’s getting on in years...I don’t know if he’s going to practice much longer, and I wonder how many more are out there who are willing to step into the breach, or who are actually specialising in gender. That alarms me a bit.”

Kirsten’s assessment of her local mental health services, in regional NSW, was poor. “The psychiatric system throughout [the region] has no ability whatsoever to deal with transsexual patients... after numerous requests they continued to be unwilling to liaise with the Gender Centre in any constructive way. Only two people, my GP and my psychologist, have really worked to get a handle on this ridiculous situation. ...While this year there are new mental

health teams in [two local towns], no effort has been made to have an information session arranged with representatives from the Gender Centre. It seems strange that both base hospitals have staff orientation sessions in how to deal with racial minorities and other groups, but seem to totally ignore sexual and gender minorities. In most cases I am the first transperson local doctors, counsellors and psychiatric nurses have ever had to deal with, while some have been at a loss as to how to treat me others have been really nice about it.”

Katherine noted that those psychiatrists who do have expertise “tend to burn themselves out. Some get rapped over the knuckles, as in the notorious case of a transwoman who committed suicide ... Because they’re liable to be held responsible people are sometimes reluctant to get involved in supporting us. We need to encourage professionals to keep on taking an interest in us.” April suggested we could “encourage students to study it at university level, and get into it. I’m not sure if they want to work in this area...Its almost like it’s this fashion that has come and now it’s on the wane. It was fashionable in the ‘70’s and now it’s beginning to wane.”

On the positive side, Leanne stated “I found



enough services to support me. Obviously everyone wants different levels of services. I found a psychiatrist in a family practice, and that helped.” Leanne’s concern was a lack of “services for families of transgender people. ... I’ve had the experience with my two children. They wanted to be able to talk with other families going through the same experience. We were able to get one on one with a counsellor, not a problem, support for them one on one, but its being able to just talk with people in the same situation...Just being able to talk to others in a similar situation on a casual basis...From talking to some of the other girls who have families, we

feel its got be something just for the families, with us away from it, so they can talk about it.”

Locating services

Assuming there is an appropriate service available, locating such a service can be another hurdle. Being individuals who are currently aware of the Gender Centre, participants were unanimous that the Gender Centre is a useful point of support and referral. Leanne said she found her services through the Gender Centre, as she “knew about the Gender Centre for years and years”. Eleanor wrote “Through the Gender Centre I was able to access services such as Disability Support Services Australia, which landed me a permanent part-time job packing tea and coffee which I have held for over two years. Through the Gender Centre I was referred to a psychiatrist and an endocrinologist for hormone treatment to grow breasts and feminise my body and to deal with my bi-polar.”

The Internet was also identified as a useful point of information and referral. April said that “the advent of the Internet has really helped my life”. Paula agreed, saying “If they’d had the Internet ten years ago it would have made things a lot easier. Because you could connect. ‘Cause that’s the hardest thing ... finding other trannies. When you’re out there in society, you think ‘Am I the only one like this?’”

Of course before looking for services the individuals needed to have come to some understanding of their issues and be willing to talk about it. Paula continued, “I didn’t find out about [the Gender Centre] till three years ago. I would have contacted earlier if I’d known it was there. But I didn’t want to talk about it with anyone. For trannies, if you haven’t transitioned you’re not going to tell anyone and you don’t want anyone to know. So it makes it difficult for us...I spoke to a counsellor and they referred me to ACON. I wasn’t necessarily talking to them [the counsellor] about the gender stuff. I was talking about sexual orientation stuff. I could talk about that, I couldn’t talk about gender. So he put me onto ACON. And I didn’t see anything there on trannies.”

Eleanor wrote, “When I was homeless I was Bi-polar and had not come out as Transgender...I kept that part of my life a secret.”

What we need from services

Participants emphasised, in various ways, the need for psychologists and other health and

community services to recognise their range of identities, experiences and issues.

Linda stated, “within the gender diverse communities there are sub groups.... You can go to GLBT venues like the Taxi Club, and they’ll say ‘she’s a cross dresser’ or ... she’s a post-operative transsexual woman’ or somebody who is gender neutral, is intersex. These different individuals have different needs and different identities and they need to be reflected in the work that an organisation like the Gender Centre, or psychologists, do with people in specific communities.”

In a similar vein, Suzi: “The community has to face up to the diversity amongst us. Whilst we all have some things in common, we are all different, and there are diverse gendered ways of being. There are some people who are terrific counsellors. I have met some, but we really need to take a big responsibility within the community...to see if we can influence the way that people who deal with gender diverse people can help to discover who and what they are, what their options are, and to find the most comfortable outcome possible.”

Cate raised the point that when the transsexual individual seeks help it is “not necessary to classify it as a ‘TS issue’”, but it is nonetheless important for the clinician to know “how the condition is developed, and address the root cause... Its important that they address immediate concerns, like safety issues, then underlying [gender] issues.”

Cate pointed out that the number of issues potentially involved is “a huge part of the challenge for counselling and psychologists’. Somebody could present to a professional and where they want to take their gender variance is unknown. There’s such a huge spectrum. They might be on the path straight to surgery, they might be on the path to living part-time, or anywhere in between. I’m just trying to think of all the things a professional would need to know across that spectrum...there’s the psychology of it as well as all the practical issues.” Cate suggested that health professionals needing information should consult recognised sources of information, such as WPATH’s (The World Professional Association for Transgender Health, previously Harry Benjamin Society) Standards of Care for Gender Identity Disorders. Cate’s view of transsexualism, is that it is a medical condition with a biological cause, while Suzi, our pangendered participant represented

the opposing position, seeking to dismantle the gender binary. Consequently Suzi responded that “[the Standards of Care] may be recognised, but it has not been challenged on some of the assumptions it makes, and that’s the problem. Because if we look for help, we need to be sure we know that someone is a bit exploratory like you talked about...because some people are different. And if they try to mould someone into categories, it’s a disaster.”

As a community educator, Katherine pointed out, “Part of the problem is the variety of areas in which we need to be seen. I talk to a biological sciences class at Macquarie University, medical ethics class at Sydney University, sociology class at UNSW, psychology classes, community services students. All of these people need to know. It gets a bit wearing sometimes.”

Leanne: “The Gender Centre is good resource. If you want to find a service, you contact the Gender Centre. So it’s important for community services and groups to know that we’re here. They don’t have to know exactly what we’re about, just that we’re a contact.”

Paula expanded on this idea: “They [psychologists and counsellors] don’t necessarily need to know about it all themselves, but should say ‘you can talk to these people’ and refer to the Gender Centre. I never got that.”

Leanne: “Counsellors have their own particular areas they’re interested in, and if they’re not interested in gender issues, it doesn’t matter what you teach them, they’re not going to want those clients. But if they at least know this place is here, that they specialise in this, they understand a bit about it, say ‘contact these people’. At least from here you’ll get a list of people who do specialise.”

An exchange between a few participants highlighted the issues further.

Cate: “if a professional’s a real professional, they can say I’ll look into it. I’d be disappointed if I saw any counsellor, professional, if they just said I don’t know anything about this.”

Katherine responded, “What if they said ‘I haven’t come across this before, come back next week’?”

Cate: “Oh yeah that would be great. I’d be happy if someone was just upfront and said ‘I don’t know about this, but I’m going to take the initiative of researching’. And I think it reaches a point where they can say ‘I can’t help you but

there’s the Gender Centre or other organisations out there’. I mean that’s really part of their duty of care. To provide that type of care to their clients. So I’d be really disappointed if that didn’t happen.”

Suzi: “But you have to face the fact that out there people are sometimes outside the system. And then there are counselling people who may not want to try. Or who sometimes try to impose their own model when it does not fit the reality of the experience of the people they are with. This is dangerous...If [psychologists and counsellors] would all say ‘ooh this is interesting, I don’t know about this, let’s have a look together and see what we can find about how it is for you’... That doesn’t happen, otherwise we wouldn’t have so many problems.”

Some participants shared the details of encounters.

Linda: “My experience with the caring professions is a negative one, significantly. My experience with counsellors, all female were generally very good, and one psychologist, a man, was also very good, heterosexual, married, Greek man. I saw three psychiatrists, two who were great, the other a complete disaster.

And I must say my impression is that counsellors and psychologists tend to be more laterally thinking on gender issues. The medical profession generally is abysmal – I’m talking about Sydney. You expect an enlightened and understanding response from a medical professional, particularly psychiatrists, and you don’t get it...Some have been disastrous. One of the psychiatrists who works in the gender area I regard as dangerous in his attitudes and his prejudices.”

Tina: “I went to three psychologists. The first was good, the next two had me ending up in a state near suicide, and I thought to myself ‘what am I supposed to do?’ And this is the system that the government runs too. And they just knew nothing. One psychologist just used to smirk at me each time I came along, and I was supposed to keep myself together? It’s so easy to go over the edge when you’re being treated that way by professionals who have been trained and done four years of study and they end up nearly doing me in ... I was so annoyed that I just closed up a lot.

The psychologist who is good is outside the system. I had to go through a number of people to get to this psychologist who actually treats

me well and is interested in working on the things I want to work on. Because I came out of the PSP wanting to do myself in and ended up in mental health ... One psychologist in PSP said "I think its really brave what you're doing" and I just got really annoyed, you don't know what it's like for me to do what I'm doing, and I just found her really hard to deal with. And then I go out of the system and I find myself with a straightforward person who had seen people before."

Kirsten: "Some narrow-minded comments have been made by psychiatrists, including 'recommending all hormones be stopped and that I should change back to my birth gender' and another 'that he could not understand how a bloke would want to have his penis cut off'... (charming hey!!!...) While in [an inpatient mental health unit] one time another patient was informed that I was a transsexual ...

Considering he was chronically ill, the way in which the local health system behaved was reprehensible and, dare I say it, discriminatory.

On one occasion they refused to supply my estrogen and mentioned to other patients that I was a transsexual, a total invasion of my privacy."

Transition

In addition to the complexities of general and identity-based psychological support, transwomen often come to the attention of health professionals due to the transition process.

Arlene Lev, in her book *Transgender Emergence* (Lev, 2005), writes "When Harry Benjamin wrote *The Transsexual Phenomenon* in 1966, he set the stage for a compassionate new treatment for transsexuals with extreme gender and genital dysphoria.

However, this model might not be inclusive of all people self-identifying as transsexual within the modern lexicon...This paradigm shift does not...diminish the need for surgeries to be available..."(p.35,37)

Linda: "Nobody can give a transition road map, but there are common practical issues for trans

women...If you're a transwoman, as soon as you've decided that, these are the things you need to look at, these are the steps."

Leanne: "We all transition differently. What's important to one person isn't for another."

Cate raised the concern that the Standards of Care (Meyer et al., 2001), which recommend that psychological support go alongside medical interventions in the transition process, are not adhered to in Australia. Cate said "simple things like a reality assessment, the impact of transition on employment etc, plus the cost of transition need to be discussed...My transition assessments were not ever about support, just about ticking the boxes ... Nobody in my transition peer group got anything like counselling."

A term used in the literature and by the women from the miniforum, to describe health professionals and particularly psychiatrists in the transition

process, is "gatekeepers", as services decide who is 'suitable' and therefore able to access hormones and sex reassignment surgery in Australia (Pitts, Smith, Mitchell, & Patel, 2006; Valentine, 2007; Whittle, 2000). Cate stated, of the beginning of her transition process, "Back then you needed to get your letters perfect – we needed to say what was needed to get through." And while her experience of psychiatrists was initially positive, with two psychiatrists "happy for me to go onto hormones after a few sessions...a third psychiatrist said I was a 'cross dresser'."

Health professionals also act as gatekeepers to mental health services for transwomen. Kirsten: "The diagnosis of Borderline Personality Disorder was automatically used because I have difficulty with emotional regulation and have a history of self harm, I have also been diagnosed with Body Dysmorphic Disorder because I have very low self image. But the fact that I am a transwomen has never really been taken into account when diagnosing me with these disorders. Clearly much of my low self-esteem

A term used ... [for] health professionals and particularly psychiatrists in the transition process is "gatekeepers" ... [they] decide who is 'suitable' and therefore able to access hormones and sex reassignment surgery in Australia..."

is in no small way a result of abuse, bullying and discrimination that I suffered as a child; due to having a learning disorder and being extremely effeminate and highly emotionally sensitive. The BPD diagnosis in particular was routinely used to deny me access to ... a low security psych ward here... . I was for some while automatically sent to another Mental Health Unit in [a neighbouring town], it's a horrible place but when I was there I had usually been scheduled against my will...finally, an enlightened doctor working for a time in [the low security ward] contacted a specialist majoring in transsexual issues. This somewhat helped in getting a modicum of understanding in the way I was dealt with and treated as a transwoman in the mental health system, such as it is."

Other common issues raised

Romantic relationships & disclosure:

April said that new romantic relationships are "really really hard. You feel really marginalised out there, well at least I do."

Katherine asked, "Do you talk about it straight away or wait until they know the real you?"

April said "I tell them from the start, I don't kid myself that I can go on stealth... If someone has a problem, I want to get it out straight away.... If they don't get it, I'll be on my own. I'm not going to do something that's half-baked."

Paula raised the danger of outing yourself to a date: "I thought he knew – so I check. It's understandable that they might assault you. It's not right, but you're putting someone through a big shock. And if someone's in shock...you shouldn't do that to them really."

Suzi concurred "The earlier the better."

Katherine noted a current court case of someone who was "outed by the police to their lover and were bashed." It's hard to say but there are dangers in non-disclosure. We've seen "The Crying Game".

Family and community relationships

Beck demonstrated the role psychologists can play in advocating on behalf of transwomen to family. Beck: "...my main problem is family accepting who I am. They sort of accept the way I dress because I'm forcing that on them all the time but as far hormones go they just won't accept that. And now they've just learnt that I'm considering surgery, they just can't accept that either...I have been to counselling with them, to

a Christian counsellor, and he said [to the family] you either start accepting the way she's going or she'll drift away from the way from you. They said they don't want to lose me... It was [a positive experience] for me. I was on the defensive ... they thought they'd take me to the counsellor to sort me out, but it worked in the opposite direction... I think it did help the family. I am going to church with them. Some people at church know, some don't. We've just got a new minister. I don't know if he knows but he always says "Hello". Another minister looked uneasy. Other people have been quite good. I haven't had many problems with church."

Helen shared her family experience: "I'm living on my own. I had my eldest son living with me for a while. He didn't normally come home Wednesday evenings when I would go out dressed to the Gender Centre meetings, but one night we passed each other going in and out. He didn't say anything, but shortly after he stopped coming around... He didn't know at all. It was probably a bit of a shock."

Linda shared that her "experiences with family have been pretty good", with siblings and children quite accepting. "In terms of grandchildren, they settled on calling me Grandad, which can be quite interesting. Like when I take them to the Easter show, taking them to the toilet, a cleaner yelled out 'That's a ladies' toilet!', I called back 'I know!' and proceeded."

"The one nuclear explosion was with my son. He was fine with it until he learned I was going to Thailand for sexual reassignment surgery. So I'm not sure where my relationship with my son is up to now. Up to that point, by his words and actions, he said 'I don't care how you present yourself'. But when I discussed surgery with him he exploded. I was surprised by his reaction."



Leanne responded, "It is the finality of it. With hormones you can always go back, but with surgery it's irreversible... I'm lucky, my two girls are very supportive. But they still have issues."

Work issues

Finding work or transitioning on the job, posed problems for many participants.

Both Helen and April felt strongly that more resources are needed to support trans individuals in the area of employment. April said that eventually getting a job “really helped me a lot. The routine of working, and the salary”.

Leanne involved the Gender Centre, who were able to speak to her workplace, where she has been since pre-transition to the present. Leanne: “The amount of feedback I got about it, about how good it was...everything went pretty smoothly.”

Its complex but we can help

A final word on the importance of supporting transwomen well: Kirsten wrote, “Certainly the psychologist I see via the mental health service two to three times a week has been an invaluable help in my recovery, indeed if it wasn’t for him I would probably be dead now...I believe that my mental/emotional breakdown could have been handled in a more humane way if only the local mental health establishment had been given a better knowledge of transsexuality and the issues people like me face. We have had an uphill battle to inform and educate them, it would be laughable in a dark way if my life hadn’t potentially been at stake.”

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Acknowledgments:

With great thanks to the following people for providing input into and feedback and editing on this paper, and other support:

- *the transwomen participants, who generously shared their experiences and provided their time and expertise. Pseudonyms, of participants’ choice, have been used throughout the paper.*
- *Gaye Stubbs, Counsellor at the Gender Centre, the only NSW service dedicated to “people with gender issues”, funded by Federal and State Government and other sources.*
- *Katherine Cummings, Editor of the Gender Centre magazine Polare and staff member in charge of resources. Katherine has not used a pseudonym for her contributions to the discussion..*
- *The Gender Centre for providing the venue for the transwomen to meet for a discussion/mini forum and for facilitating the collection of data.*

CW



NEEDLE EXCHANGE



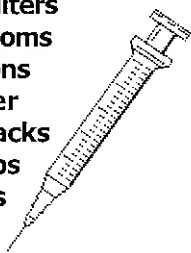
7 Bent Street,
PETERSHAM
(02) 9569 2366
10am-5.30pm

Monday to Friday

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

Sharps Containers

Pill Filters
Condoms
Spoons
Water
Fit Packs
Swabs
Dams



Syringes
1ml, 2.5ml,
5ml
Needles
21g, 23g,
25g, 26g

or phone the Alcohol and Drug Information 24 hr advice, information and referral service. Sydney 02 9331 2111
Country 009.42.2599

You're invited to Dinner!



WEDNESDAY
nights
6 - 8pm

Yummy food - New friends
- Free -
Friends/Family all welcome

7 Bent Street, Petersham

Queer Out West 89.3 FM 2GLF

Community Radio

**EVERY MONDAY NIGHT FROM
10.00PM UNTIL MIDNIGHT**

Proudly broadcasting to the gay, lesbian, bisexual and transgender communities in Sydney's West and all those friendly to the issues

THE GOAL OF "Queer Out West" is to provide a forum for groups and individuals to let the community know about social events, fund-raisers and other community activities in the western suburbs, as well as playing some great music and having a bit of fun along the way!!



So join Joe, Paul, Beverly, Suze, Matt and Kathy every Monday night from 10.00pm until midnight.

Do you want to contact us? There are a number of ways...

For social events, fund-raiser and out n' about contact

**Miss Beverly Buttercup via:
email:**

beverlybuttercup@hotmail.com

Fax: (02) 9605.3252

or write to:

PO Box 3357 Liverpool, NSW 2170

For general enquiries, community news, contact Joe or Paul via:

email: queeroutwest@hotmail.com

phone: (02) 9822 8893 (10pm-midnight only)



2009

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.

This Australia-wide network is coordinated by Craig Andrews, with the input of members and guided by an ad-hoc Advisory Panel of health and legal specialists. We aim to inform the public of the issues surrounding transsexualism in men (*female-to-male*).

Newsletter

Our newsletter - Torque is published four times a year for the benefit of members, their families and service providers. Torque is available as a pdf document which is emailed to you or available on our website. All the information about Torque is on the website at www.ftmaustralia.org/resources/torque.html

OzGuys Discussion List

Our e-mail discussion list is called OzGuys.

OzGuys - is open to FTM Australia members living in Australia and New Zealand.

Goals of the discussion list include:

- To encourage friendships and information sharing amongst members
- To empower members and their families in understanding transsexualism
- To encourage members to adopt positive images of being men in society and achieve anything and everything they dream of.

For more information please visit <http://groups.yahoo.com/group/ozguys/>

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

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

Gender Centre Housekeeping Notes

.....
 • **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.**

PLEASE READ THIS!

If you are moving, please tell us your new address. Undeliverable issues of *Polare* waste money that could be used for other services.

Please help the Editor by typing, keyboarding or emailing your *Polare* contributions. KC

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

PLEASE NOTE!

Appointments for counselling should be made directly with Gaye Stubbs, the Gender Centre Counsellor.
 Phone 9569 2366 Monday- Thursday.

\$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.

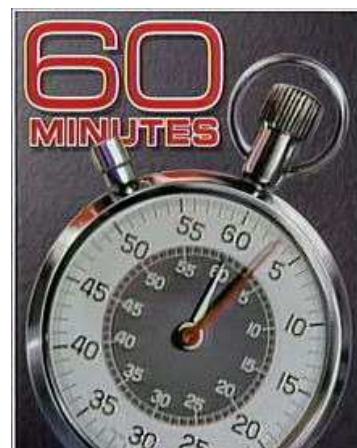
If you are interested, please email me at luke.malone@gmail.com. I look forward to hearing from you.
Luke Malone

WANT TO BE ON NATIONAL TV?

The Nine Network's flagship current affairs program

'60 Minutes' is looking for transgender people

and their families to appear on an upcoming story.



We'd love to chat with a married couple, who have stayed together despite one person making the change.

Ideally the couple would have children and live in 'the suburbs'.

The story is simply about your personal transgender journey.

I sincerely believe this is a great platform to educate a national audience.

If you're interested or want to know more please contact Producer, Phil Goyen -

pgoyen@nine.com.au

Goods and Services:



May I Have Your Attention Please!

An ad. this size costs \$11 an issue, including GST.

A Touch of Glamour
 359 Parramatta Rd, Leichhardt
 (02) 9550 9654
 Tue-Fri 9.30am to 5.30pm
 Sat 10.00am to 4.00pm
 Sizes 10 - 26
 Corsets, cinchers, bras, gaffs, padded girdles, breast forms, wigs, shoes etc.
www.glamourcorsets.com

FREE HOME TUTORING
 in reading and writing for adults
 (nights preferred)
 Call Margot 9335 2536 or Mim 9335 2350
 @ Petersham TAFE

Goods and services advertisements are the responsibility of the Advertiser under the Trade Practices Act. The Gender Centre does not imply an endorsement of the goods, services or advertiser. The Gender Centre recommends that consumers exercise common sense and draw their own conclusions on the goods and services advertised in *Polare*. The Gender Centre will not be held responsible for any misfortune nor will it indemnify readers against any harm incurred. The distribution of *Polare* is targeted and is not intended for general distribution.

To Place an Advertisement for Goods and Services in *Polare*: Please contact the Editor of *Polare*: resources@gendercentre.org.au or by faxing details to 9569.1176 attention to *Polare* Editor. Advertisements are included in *Polare* based on the space available in the magazine. Advertisements in this section should not contain images or logos and should bear some specific relation to the transgender community. Services and goods provided by and for transgender people are preferred.

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 YOUTHSUPPORT

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-ILLAWARRA

47 Kenny Street, Wollongong
PO Box 1073, Wollongong, NSW, 2500

Tel: (02) 4226.1163

Fax: (02) 4226.9838

www.acon.org.au

ACON-MID-NORTH COAST

4 Hayward Street

Port Macquarie NSW 2444

Tel: (02) 6584 0943

Fax: (02) 6583 3810

mnc@acon.org.au

POB 1329, Port Macquarie, 2444

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 011web

www.bgf.org.au; email

bgf@bgf.org.au

BREASTSCREEN

Phone 132050

CATHOLIC CARE

PO Box 3127, Bankstown

Square, Bankstown, NSW, 2200

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
4 Hayward Street, 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. For information contact FTMAustralia .PO Box 488, Glebe, NSW, 2037
www.ftmaustralia.org
mail@ftmaustralia.org

HIV AWARENESS AND SUPPORT

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

INNER CITY LEGAL 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

KIRKETON ROAD CENTRE

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 COMMUNITY CHURCH

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 deplores 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 and 6.30 pm
office@mccsydney.org
http://www.mccsydney.org.au/

MOUNTDRUITTLUXFORD ROAD CLINIC

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 AIDS ASSOCIATION

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 HEALTH CLINIC

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

SAGE FOUNDATION (Sex and Gender Education 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@yahoo.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 people working in the NSW sex industry.

69 Abercrombie Street

Chippendale NSW

PO Box 1354

Strawberry Hills NSW 2012

Tel: (02) 9319.4866

Fax: (02) 9310.4262

infoswop@acon.org.au

www.swop.org.au/

SYDNEY BISEXUAL NETWORK

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@yahoo.com
http://sbn.bi.org

SYDNEY BISEXUAL PAGANS

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

SYDNEY MEN'S NETWORK

Welcomes FTM Men.

PO Box 2064, Boronia Park, 2111

Tel: 9879.4979 (Paul

Whyte)

paulwhyte@gelworks.com.au

SYDNEY SEXUAL HEALTH 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
Nights - 24 hour ph line - regular
social activities - youth services -
information, advice and referral -
safer sex packs and more! - for bi-
sexual, 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

TRANSMASH

For younger Trans people (25 and
under). Newcastle area.
Contact Judi Butler
j.butler@acon.org.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, re-
lax, read the paper, get informa-
tion, 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@homemail.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

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 informa-
tion 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: sqwisic@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

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/~victtrans

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)

Directory Assistance

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

Aude Chalon

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

aud_mmsh@hotmail.com

QUEENSLAND GENDER CENTRE

The Queensland Gender Centre is run solely by a transsexual 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)



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, 119-143 Missenden Road, Camperdown

National

(ABN)AUSTRALIAN BISEXUALNETWORK

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.

FTMINTERNATIONAL

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

FTMNETWORKUK

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

***The Gender Centre
runs a Youth Support
Group(16-25 years old)***

*The next group will start
when we have eight people
interested in participating and
will run for eight weeks*

***Call the Gender
Centre***

9569 2366

***All gender questioning
trans and gender queer
young people are welcome
to participate***

BARBECUES 2009!

Gender
Centre
barbecues

for the remainder of 2009 will be held at
the Joseph Sergeant Community Centre,
60 Prospect Street, Erskineville, as
follows:

Spring Barbecue: September 20

Xmas Barbecue: December 13

*Mark your diaries and remember
to check with the Gender Centre
close*

the

of

event in case of



*t o
time
each*

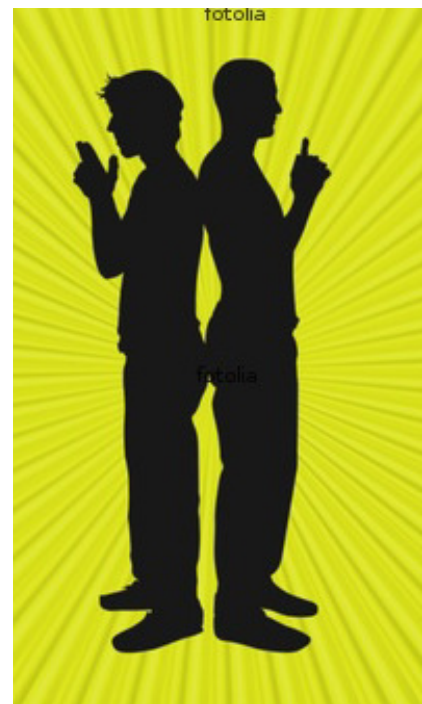
This One's For The Boys

*Once a month the Gender
Centre will host a "boys only"
drop-in on a FRIDAY night*

*The next will be 3 July from
6.00pm-8.30pm*

*and thereafter will be the first
Friday evening of every
month.*

*Come along, have a meal, meet
new friends and listen to our guest speakers*



Sex and Gender Education (SAGE) Needs You!

SAGE is a grassroots organisation that educates, campaigns and lobbies for the rights of **all sex and gender diverse people in Australia:** transsexual, transgender, intersex, androgynous, without sex and gender identity **Membership is FREE!**

SAGE no longer sends out printed newsletters - instead we send out occasional news and updates via email, and also post news items, articles and documents on the SAGE website.

To join SAGE, and receive occasional news updates, go to


<http://lists.cat.org.au/mailman/lisinfo/sage>

and sign up to our low-volume mailing list

For more information visit our website

www.sageaustralia.org

SAGE - campaigning for your rights!



A.I. Electrology.
A.A.B.Th. CIDESCO. ITEC (France)

211 Wyee Rd Wyee 2259. Tel: (02) 43572221.
Email: aie101@external.cpa.net.au

**The only proven method of
PERMANENT
Hair Removal.**

with:
**The Gentronics MC160A
Precision Blend / Galvanic & Multi Probe
Epilators from the USA.**

Fully Trained and Certified Electrologists
NSW Health Certified Skin Penetration Certified




For further details and prices, contact
Ainsley Israel or Shirley Hogue JP NSW on:
02 43 572221 or 0412-637726.

Midmark M9 Autoclave Sterilisation used in this salon.

Justice of the Peace on site for your assistance

Salon Bookings taken from
10.00 AM until 6.00 PM Teusday to Saturday inc Public Holidays.

Subsidised Rates apply for anyone undergoing the Gender Reassignment

FOR SALE

Dresses for sale. Day and evening. Various prices but all very reasonable. Sizes 14-18. Shoes, size 12 and 12 1/2,

white, black, gold. Call 9727 8656 or 0421 418 178

ACCOMMODATION

Wyee Bay, Lake Macquarie waterfront three-bedroom

house. \$50 p/w plus expenses. Open-minded 'female' (40+) to share with one other female. Phone 0437 268 335 or email: ms_bev@live.com.au

Community Contacts Cancelled

The Gender Centre announces that following some unfortunate incidents arising from misuse of the Community Contacts service, this service will no longer be provided. We regret this reduction in our services but growing reports of predatory actions by some "contacts" forces us to take this action.

Advertisements of a service nature (e.g. "For Sale". "Accommodation Wanted" or "Accommodation Available") will continue to be published.

Phinn Borg

Phinn Borg, Manager, Gender Centre

The Permanent Solution

For some, the permanent removal of hair is vital. However, with so many clinics and procedures to choose from, it's crucial that your chosen solution is reliable and permanent.

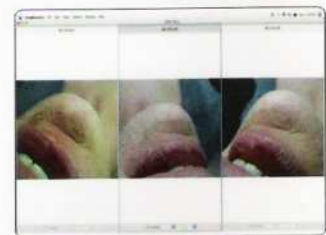
When you come to the Advanced Electrolysis, you can be assured that:

- Your hair will be permanently removed using the latest multi-probe galvanic equipment
- You'll be in the hands of an experienced specialist, who has led the way for many years in permanent hair removal, both in NSW and beyond
- Your comfort will be attended to in fully air-conditioned private premises in the heart of Paddington
- You'll receive the highest level of personal care and attention.

Galvanic electrolysis is a scientifically proven technique that is effective no matter what type of hair you have, and no matter what colour skin. It works perfectly, even if you have blonde or grey hair.

So, whether you are in need of general information, or you have already decided on a method that best suits your requirements, you can contact me, Jessica Reid, for a free consultation. Get expert advice on how to effectively be free of your unwanted hair FOREVER!

- Multi probe galvanic 16 & 32 follicle treatment
- Autoclave sterilisation
- Photographic imagery
- Guaranteed permanent results



Phone: (02) 9362 1992
9 George Street, Paddington
aecsdney.com.au

