

Polare

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



**Edition 84
July-September 2010**



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

Wednesday 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.

Cover: Phia Leselle is one of our senior transgenders. Like most of us, she knew she was transgendered all her life, but circumstances prevented her acting on her knowledge. She was married for many years and was a good father and husband. She worked as a fitter and turner and has invented a revolutionary car engine. She is active in the social life of the Seahorse Club and the Gender Centre. See p.6.

July-September 2010

CONTRIBUTORS

katherine cummings, phinn borg,
maggie smith, gaye stubbs, jessica williams,
phia leselle, roslyn mayne

No. **84**

REGULAR

- 4** Manager's Report
- 5** Editorial by Katherine Cummings
- 9** Counsellor's Column
- 13** Q & A by KC
- 19** News Items of Interest
- 20** More News Items of Interest
- 35** Goods and Services

- 36-41** Directory Assistance

FEATURES

- 8** Phia's Story by Phia Leselle
- 14** Wills, Enduring Guardianship and Powers of Attorney
by Roslyn Mayne
- 23** Aged Care for Transsexuals by Jessica Williams
- 31** The Baby Game (How to make babies in a transgender
relationship) by Maggie Smith R.N.

THE FINE PRINT

Polare
resources@gendercentre.org.au
PO Box 266, Petersham
NSW 2049
Phone: (02) 9569 2366
Fax: (02) 9569 1176
Email: reception@gendercentre.org.au
Website: www.gendercentre.org.au

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.

SERVICES & NOTICES

- 7** Sex and Gender Education (SAGE) / Queer Out West
(radio)
- 10** Central Coast Transgender Support Group
- 21** Inner City Legal Centre Advice Sessions
- 21** Queensland Gender Centre/ Twitter/ Inner City Legal
Centre
- 22** FTM Australia
- 34** NSW Seahorse Society

DEADLINE

for submissions to the next edition of **Polare** is the
eighth of September 2010

Polare A Magazine for people with gender issues

© 2009 The Gender Centre Inc, All Rights Reserved

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)

Just a few things to report on with what's happening at the Gender Centre. At present we are undertaking a registration process with the Office of Community Housing to become a Class Four community housing provider and we are due to complete all the documentation by 15 July and wait to see if we have been successful.

We again held self-defence classes for transwomen in May, three classes in total with Fight Like A Girl. All three classes were well attended. We will be organising more self-defence classes in the future, for the guys this time.

On a more pressing note we have seen an increase in client confusion with regard to what the Gender Centre can and can't offer i.e. medical interventions and documentation to begin medical procedures involved in transition.

The Gender Centre is *not* a medical centre (I wish we were) and we cannot provide any medical documentation or recommendations to begin the process of transition, nor can we recommend medical care for our clients. These acts would constitute serious breaches of our funding requirements under both the Department of Health and the the Department of Human Services, Office of Community Services. These services are the responsibility of your health care providers, not the Gender Centre nor its staff.

On a sad note, after a number of years the Gender Centre is losing its counsellor, Gaye Stubbs. Recruitment has started in earnest and there has been an overwhelming interest in the position. I encourage any suitably qualified community members to apply.

Stay safe,

Phinn

WOULD YOU LIKE TO HEAR BY EMAIL?

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.

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

The Library is now housed in the Office of the Resources and Information Officer.

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!

PLEASE NOTE!

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

PLEASE NOTE:

The email address for Resources and Polare is:

resources@gendercentre.org.au

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



Issue Number Eighty-Two of *Polare* was devoted in large part to young (under eighteen) transgenders and I featured Kim Petras on the cover. This issue is largely devoted to mature trans-genders, who are approaching old age in significant numbers for the first

time since the concept of transgender reared its beautiful head at the end of 1952, when Christine Jorgensen was outed. Which is why Phia Leselle, one of our senior citizens, graces the cover. She is a remarkable women, with many talents, and her story appears on page 6. There is also an interesting and well-thought-out article by Jessica Williams, on the need for specialised care for ageing transgenders. It is good to know that the problems are being recognised and planned for, and that we have reason to hope that appropriate training will be put in place for the next wave of ageing transgenders needing care.

Moving on from the theme of this issue I must say that *Polare 83* brought me an unexpected shower of brickbats. What a feisty lot we are! In *Polare 83* I included a Q&A column for the first time, as I am often asked questions which I look into and answer. Sometimes these Qs and As may be of interest and help to other members of *Polare's* readership. I also wrote a piece on norrie-mAy-welby's stoush with the authorities over the right for an individual to have themselves declared of unspecified gender. And I included some information I received from Medicare which stated that both parts of gender affirmation surgery (removing one lot of sex markers and then installing the other set) could be claimed despite the fact that some procedures are restricted to females and others to males. This could be circumvented by claiming for one part of the operation as soon as it was carried out, and the other part after one's legal gender had been amended.

Goodness! The complaints and corrections were deafening. I was told my facts were wrong, that I should have verified everything before I put it in *Polare* and that my informants were dishonest

and/or mistaken. I was even threatened with legal action, to which my response would, of course, be, *de minima non curat lex* (the law does not consider trifles). I should also add that some of my critics were, as always, polite and measured in their comments (hi, Kathy).

I shall now mount what is known in journalistic circles as a spirited defence. First, I am virtually a one-woman band when it comes to *Polare*, since I not only find almost all the stories for *Polare*, and seek permission to use them where this is appropriate, but often need to edit them, re-keyboard them, and lay them out in page format. This takes many hours (including around an hour a day sifting through approximately forty transgender stories which turn up in my in-box each morning). I know that in the ideal case I would check and double-check each story, but sometimes all I can do is cite my source and hope for the best. In the case of my brief telephone interview with norrie I was told, and wrote up, her belief that various people were supporting her case against the State Attorney-General. The list I was given included Georgina Beyer, whom I was told might be recruiting Helen Clark (former Prime Minister of New Zealand and now with the United Nations) to assist the case. One of my complaining correspondents told me this was ridiculous as I would have known if I had only consulted the New Zealand Transgender Bill on which Georgina had worked, before she withdrew it (the NZ Solicitor-General decided that transgenders were already covered by the Human Rights Act).

All very well, but I do not see why norrie's human rights are not worth defending and I would have assumed Georgina would have been among the first to defend them. Georgina is my friend so I set out to verify what I had been told. None of the contacts I had for her were up-to-date but I finally heard that she was working at a certain establishment and tried to phone her. I was told would call me back. So far she hasn't and since time, tide and editorial deadlines wait for no woman, I have pressed on without Georgina's input. I verified with norrie that what I thought I had heard was what norrie had said, and was informed that the information she gave me was based on what a Sydney journalist had

Issue Eighty-Four

told norrie in the course of an interview on the topic of norrie's unspecified sex. So there you have it. Chinese whispers strikes the journalistic media. Not a huge surprise, and hardly enough to justify the passion and accusations of lying which resulted.

The next topic concerned the internal administration of Medicare. I had been informed back in 1986 when I transitioned, that when the time came for my affirmation surgery I would only be allowed to claim for the procedures which were open to males, since at the time I would be legally male. I thought this unfair at the time and whinged about it in my book and from time to time wrote to Medicare on the topic, without success and often without response. When I revived the subject recently I received a very different answer, as I was told that one could claim for the item numbers appropriate to one's assigned gender at the time of the operation and then, after having one's sex legally changed, could go to the Medicare Tribunal and request rebates for the procedures restricted to members of the innate gender. Cumbersome, but better than losing rebates completely for the procedures in question, as I did in 1989. I printed this information and was told by some of *Polare's* readers that the information was wrong and that I should retract it immediately and apologise for misleading the readership.

I knew what I had been told and could not have invented it because until I received the advice I had never heard of the Medicare Tribunal. I gave out the information in good faith and, as I said, was threatened with legal action if I did not produce the untruthful document from Medicare and print a revised version of the facts. I refused to acquiesce to the first demand (apart from any recalcitrance on my part, I have mislaid it) but I set out to obtain a new document to verify whatever the actual situation might be. I contacted Medicare, who passed me through to their media section, when I said I intended to publish whatever they told me. After a few days I received an emailed document from Medicare, which I have placed on p.17.

This document seems to have two bob each way. It says, in effect, that you can claim for any procedures covered by an existing item in the MBS if the service is clinically relevant, but goes

on to say that although claims can be lodged immediately after a service is rendered, "in some circumstances claims processing may require review and approval where, for example, a person who is legally a man claims for an item that is restricted for use by women." It then says that "a patient must have undergone gender reassignment surgery before they are legally considered to have changed gender. The medical practitioner is required to provide Medicare Australia with a letter for the patient's gender to be updated on Medicare records."

There are a couple of problems here. First is the lack of clarity about a person claiming for an item that is restricted for the other gender. Is it suggested that the "review and approval" is separate from the patient achieving gender change on Medicare records? In other words can a person be given the appropriate rebate in advance of receiving approval for a gender change in Medicare records, or is the 'review and approval' process the one I was told about earlier, where the gender change must be recognised in advance of benefits being paid?

The other problem is simply the necessity of having this gender divide. Although my body has undergone a number of changes in transitioning from male to female, there are still parts of my body which remain male and should remain treatable under Medicare, just as there are parts of an FTM's body that remain female. I am reminded of the case of American FTM Robert Eads, who died of cervical and ovarian cancer because doctors refused to treat a man for these diseases.

What justification is there for creating a sex division in the Medicare items? If a sex-related item is prescribed for someone, and he/she undergoes the procedure, what point is there in denying medical benefits to him or her because she/he is an anomaly of any kind? A person is a person and should be entitled to medical service according to need, not according to some bureaucratic idea of the way humankind is to be classified.

And we must not (and nor should Medicare) overlook the fact that some people are unable to undergo complete reassignment, because of health, financial or other problems. Why should

they be penalised because they do not fit into neat boxes built for the average punter? Surely the time is long past for that, or any other kind of, discrimination. It is high time for the nexus between medical treatment and documentation revision to be broken.

Katherine 

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)



A.I. Electrology.
A.A.B.Th. CIDESCO. ITEC (France)
211 Wyee Rd Wyee 2259. Tel: (02) 43572221.
Email: aie101@bigpond.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 Tuesday to Saturday inc Public Holidays.

Subsidised Rates apply for anyone undergoing the Gender Reassignment

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!

Phia's Story by Phia Leselle

All my life I was tortured by the knowledge that I should have been a woman despite having been born male. Despite my inner feelings I married but the marriage did not change my feelings. I told my wife before we were married that I "had a problem". She saw me dressed twice, for about five minutes each time, but would not try to understand and accept my need.

Nonetheless we were married for forty-three years and produced six children. We also have sixteen grandchildren and three (maybe five, I'm not sure) great grandchildren.

In 1952 I saw a doctor and a psychologist and told them about my feelings but they were unable to help me. 1952 was the year Christine Jorgensen was outed as the 'first' transsexual in the world. She wasn't, of course, but she was the first to receive world-wide, sensational, publicity.

I worked as a factory maintenance fitter for most of my life, seven days a week. I enjoy the occasional beer but I have never been drunk and I gave my wife and children everything I could afford. Most of the children were taught piano and some went to university. Now they are teacher, engineers and builders. My eldest daughter and two of my sons stay in touch.

I live alone although I have many male and female friends. I am a life-member of the Seahorse Society and have been a member of the NSW Gender Centre for many years.

I am also a member of a number of clubs devoted to other interests such as music, dancing, various sports and swimming. I played football for eleven years but it's hard to play in high heels, so I gave it up. Also because I am now over eighty years old.



I am still a licensed fitter and turner, engine reconitioner, welder, boiler operator, forklift driver, panel-beater and spray-painter. I work on cars a lot, reconitioning them and bringing them back to life. I am also an inventor and am working on a new car design which will provide more environmentally-friendly power for less fuel consumption in a lighter engine than any design currently in use.

I am happy now, living as Phia, and I love life. I wish that all transgendered people could be as happy as I am and win their way through the prejudice, transphobia and all the other forms of discrimination so typical of our current society so that they can live the way they want to live, and were born to live.

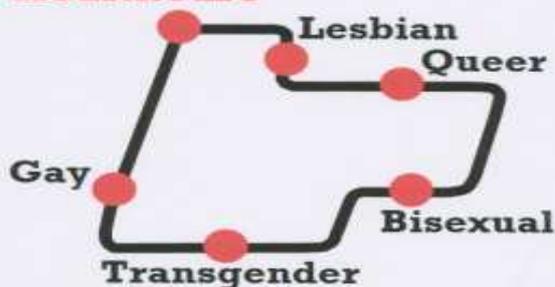
PhD Research on Australian Indigenous Gay, Lesbian and Transgender/Sistagirl experiences

Aude Chalon

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

aud_mms@hotmail.com

Healthcare



Gay, lesbian, bisexual or transgender or queer?

Aged 18 or over?

The University of Sydney is conducting a study looking at barriers to accessing primary healthcare. If you would like to find out more about our project, click here

<http://gibt.med.usyd.edu.au>



Dear Readers,

This will be a writing smorgasbord (take what you like and pass over what is not of interest to you) of news and information.

First, if you need to make contact with me, please call the gender Centre and leave your name and contact number and I will get back to you. Alternatively, you can email your name and number to:

reception@gendercentre.org.au

and it will be passed to me. You can also write using Australia Post, now known as 'snail mail' although it is actually quite fast.

It's also been a very eventful year so far. External events and conditions impact on us to a greater or lesser degree, depending on individual circumstances, including personal background, stage of life, outlook on life, health, and finances. Sometimes, when a person is down, experiencing self-blame or blaming others, it might be helpful to consider what's happening externally - outside of oneself. For instance, if you're feeling down on a particular day it might be because it's cold and wet; if your friends haven't called, it might be that they're sick in bed; if someone scowls at you as you are walking along the street it might be that this person is feeling down due to the gloomy weather and really not scowling at you. If you suffer from depression it might be beneficial to monitor your moods. Some people find it useful to keep a journal as a way of keeping a record of events, thoughts and emotions. The journal (or a mood graph) can be a useful resource for gaining perspective on life; it could even be a source of rich material for that book you want to write one day. (For useful information and resources, check out Beyondblue at www.beyondblue and Blackdog Institute at www.blackdoginstitute.org.au.)

Speaking of writing, some people find it useful to write down concerns, questions and points to be raised before coming to a counselling session or before seeing a medical practitioner. In particular you may experience the frustration of waiting for weeks to see a specialist and leaving the consultation you realise you have forgotten to ask about something that had been worrying you or on which you wanted more

information. More generally, some people find it useful to write a list of priorities and things to be done on a daily, weekly, or even monthly, basis. This is a way of not being overwhelmed by what may seem unachievable at times.

Moving on, there is a *Suggestion Box* on the Reception Desk at the Gender Centre. If you have any ideas for workshops or groups, put them in the box or send them in. Constructive feedback is helpful to the service. There have been generous donations made (over the years) of ideas, articles found and articles written, DVDs, books, the sharing of information, financial donations, as well as the offer to share knowledge and experience in a formal group situation.

Some of you may have watched "Catalyst" on 4 July. The episode dealt with recent research into the occurrence of men experiencing pregnancy symptoms simultaneously with their pregnant wives. Research suggests that this phenomenon (known as couvade syndrome) occurs due to hormonal changes taking place in the 'soon-to-be' dad, possibly brought about by pheromones and the DNA of the father. This may not be news to some of you who have reported experiencing inexplicable feminising physical changes at different stages of life, not due to hormone therapy. Or it may be interesting news for those of you who have expressed an intensified need to be female at different life stages ... not uncommonly after the birth of a child. If you are interested to find out more, check out the ABC website: www.abc.net.au/catalyst/stories (see Fatherhood and the Male Pregnancy).

The Standards of Care established by the World Professional Association Guidelines for Transgender Health have not been revised as yet but ... stay tuned. Finally, as I have told some of you, I will be pressing the "Pause" button this Spring ... it is almost five years since I first walked up the steps at Morgan Street. I look forward to introducing the new counsellor to those of you who visit the counselling room and as I will not be leaving until September I will write my farewells in the next issue.

Gaye

Support Services Pages

(and some ads)

problems?

questions?

concerns?

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)

Hours

9am - 5pm

Monday and Tuesday only

Email:

counsellortgc@bigpond.com.au

Gaye 9569 2366

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

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. Order from:

**Katherine Cummings,
PO Box 742,
Woy Woy, NSW,
2256**



TOUCH FOR LIFE CARE

Transgender friendly

Therapeutic Massage Therapy

Offering

Remedial, Shiatsu & Sports Massage

422 Marrickville Road, Marrickville

Phone John Stanhoff on

0423 243 942

Mention this ad. for discount

SYDNEY ELECTROLYSIS

~PERMANENT HAIR REMOVAL~



Permanent Hair Removal with International Board Certified Electrologist

Graduated and trained in California, USA bringing the latest technology, APILUS PLATINUM

Speed, effectiveness and comfort never before seen in permanent hair removal

Electrologist: Tomoka Eastwood, CPE

CPE (Certified Professional Electrologist)

Member AEA (American Electrology Association)

Member APAA (The Association of Professional Aestheticians of Australia)

SYDNEY ELECTROLYSIS (at Star Cosmetic Medicine)

107 Harris Street, Pyrmont Ph. 0416-878-082 (appointment only)

www.sydneyelectrolysis.com



Sex, Gender & Sexuality Clinic

Director: Dr Tracie O'Keefe DCH, ND



Doctor of Clinical Hypnotherapy
Psychotherapist
Counsellor
Sex Therapist

PACFA
ASSERT
ASOCHA

All Sex, Gender and Sexuality Diverse People Welcome: Transsexual, Transgender, Transvestite, Intersex etc.

Hormonal & Surgical Referrals When Applicable.

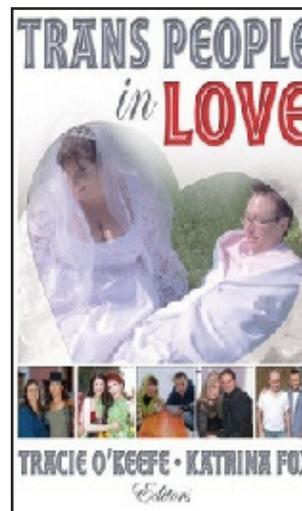
Member of World Professional Association for Transgender Health (WPATH).

Also Available: Naturopathy, Herbal Medicine
Dietitian, IPL Laser Hair Removal,
Microdermabrasion, Non-Surgical Facelift

02 9571 4333

www.tracieokeefe.com

www.healtheducationcentre.com



"Compelling in freshness."
- Del LaGrace Volcano

"The genius of the editors is in capturing these different visions."
- Christine Burns, VP of Press for Change, UK

"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

TRAINING!

Training courses have been offered throughout 2007-09 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 in 2010?

Please contact Liz on 9569 2366 or email

casemanagement@gendercentre.org.au

Barbecues and other events

Xmas Barbecue 12 December at the Joseph Sargeant Community Centre, 60 Prospect Street, Erskineville. This will commence at noon and finish at 4.00pm



.....
There will be a Day of Remembrance Observance on 20 November

Watch the Gender Centre Website and check *Polare 85* (Oct-Dec) for details

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 *Polaresthanks*?

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.

Q: Can partial gender reassignment be carried out?

A: Yes, there are a number of cases I know of where partial reassignment has been carried out, and this can be for a number of reasons.

In some cases MTFs have an orchidectomy (also called an orchietomy), which removes the testes but leaves the penis in place. This is usually because the person in question cannot afford the full operation, and does not need to go to a specialist plastic surgeon for what is a fairly common and basic surgery. An advantage in having an orchidectomy is that the supply of testosterone is greatly reduced, allowing for a reduction in the dosage of estrogens being taken.

Orchidectomies are also carried out, for instance, as a treatment for prostate cancer, or may follow injuries to the testes in sport, industrial accidents or warfare. These have nothing to do with being transgendered, but do supply a relatively large source of competent surgeons who might not be skilled in the other procedures carried out by gender reassignment (or affirmation) surgeons.

There are also FTMs who prefer to keep invasive surgery to the minimum and therefore restrict themselves to “top” surgery, removing their breasts but retaining their female reproductive organs.

There have been a number of publicised cases of post-transition FTMs giving birth, including Thoma Beattie, who was written up world-wide as “the pregnant man”. There is a fairly good article on the topic in Wikipedia, under “Pregnant Males”.

Q: Can people who have their genitals removed but not proceed to hormone therapy?

A: The act of removing genitalia would have a considerable effect on the hormonal structure of the person concerned, even if no supplementary hormones were used. Men who have anti-androgen (hormonal) treatment for prostate cancer, for instance, often suffer a degree of feminisation, including an increase in breast tissue. This is true when the same or similar drugs are used to chemically castrate deviant males.

Q: Would a person who had a partial gender reassignment be called a eunuch? Is that a bad thing?

A: Eunuch is a term not in general use as it carries some negative baggage due to Western culture looking down on eunuchs, who were often operated on so that they could be allowed into areas where royal wives or concubines were housed. Later the practice of castrating boy singers to preserve their soprano voices added another dimension to the image of eunuch as victim. Note, however, that in my article on terminology in *Polare* 83 I wrote: “If we call it a sex change we imply that sex attributes are being converted from those of one sex to those of the other. .. the truth is that one of the first stages of gender affirmation is the neutering of sex by the removal of sex organs, internal and external” and we should be honest enough with ourselves to acknowledge that fact. [For those who may want to allow for children in their post-op. futures, Maggie Smith’s article on p.29, *The Baby Game*, is worth reading.]

If a person wants to be known as a eunuch, or neuter, or “X” or “not specified”, I see no harm in that. They will be constrained in various societies and various sub-cultures by the perceptions of others as to what is meant by these terms, but that is something they should consider before they adopt the term. Nobody owns a word and everyone should have the right (within limits) to self-define.

And finally, although, as I said, there are a number of cases where people go part of the way to surgical reassignment and then stop, this is not to suggest that they necessarily see themselves as eunuchs. It is more likely that they see themselves as having come part of the way to their ultimate goal of being female (if MTF) or male (if FTM). They are likely to live in their ultimate target gender role if they intend to have further surgery when they can. There is also a growing number of non-op transgenders who are satisfied with their own self-definition and see no need for invasive surgery. They simply adopt the gender role they believe is right for them and live in that role. This falls outside the query concerning those who go part-way but those who refuse surgery form one end of a continuum which ranges from non-op through partial op. (in varying degrees), to complete op. and they should, therefore, not be ignored.

Issue Eighty-Four **Wills, Enduring Guardianship, Powers of Attorney** by Roslyn Mayne, Principal Solicitor, Inner City Legal Centre

[This article was prepared with the assistance of Novie Kurniawan and Yasmin Hunter]

There are a number of legal steps that you can take to ensure that you are cared for according to your wishes in the event that you lose the capacity to make decisions for yourself, and to ensure that your property is distributed following your instructions when you die.

These legal options mean that you are giving someone else the right to deal with your care, property or finances. Therefore, it is very important that you get advice and carefully consider the possible consequences of giving such an important power to another person or persons.

For Transgender people there are additional matters to take into account.

Most often, when a person is at risk of not being able to care for themselves, a relative or spouse takes on care or decision making functions. However, for many transgender people, relations with family are amongst the most problematic and it is not difficult to imagine situations in which, if family members are placed in a position to control property or make life decisions, it is possible they can use that control in ways which you would not wish it to be used. For example, an Enduring Guardian who has control over medical treatment could stop hormone therapy, or an Executor could choose to bury an MtF transwoman as “Our Loving Father” or an FtM transman as “Our Devoted Mother”.

So lets have a look at the legal mechanisms that you can put in place to ensure, as far as you can, that you are best looked after as you would wish to be if something goes wrong or you lose capacity for some reason.

We shall also look at how to make sure your property will be distributed as you wish after you die.

Let’s start with that topic.

Wills

What is a will?

A will is a formal document that expresses what you have decided to have happen with your property when you die.

If you die without a will, you be considered to have died ‘intestate’, which means your property is to be distributed according to a legal formula among family members, which may be against your wishes. Again for transgendered people, this may be the last thing you wanted, if relationships with some family members have been fractured.

How do I make a will?

You are able to make a will yourself. However, you must ensure that the will is

- Properly written
- Properly signed
- properly witnessed

IF your will lacks any of the above it may mean that you are intestate and may cause problems for those left behind.

It is best to seek legal advice. A lawyer will be able to assist you in making sure your wishes are properly expressed, and give advice you might need about any issues that arise in your particular circumstances.

The effect of a will

In your will, you can:

- Put specific directions or gifts into the will
- appoint someone to care for children under eighteen
- request what you would like at your funeral (although note your instructions cannot be compelled)
- set up a trust

You will also appoint an executor, who is a person that will look after your property after you die and administer the will. The Executor effectively has the authority (subject to the terms of the will) to deal with all your affairs after you die, including your Funeral arrangements. You must ensure the person is someone you know and trust. If you do not have a relative or a friend who is able to do this, you can appoint a professional trustee, such as a trust company, or solicitor, to undertake this role.

While such a person will be required to be paid, they don’t have an emotional investment in how you or your affairs are dealt with after you die.

If you have already made a will, it is important to change your will when:

- you begin a new relationship
- you end a relationship
- with the birth of children
- with any other significant change in life circumstances

It is important to note that if you have any existing debts upon your death, they will be paid out of your estate.

Also, if you have unclaimed superannuation money, it may not be compulsory for your superannuation fund to pay this according to any directive you may leave. Different funds have different terms in the Trust Deed which determine the issue of superannuation on death. It is recommended that you seek legal advice about this matter.

Challenging a will

If you do not make proper provision for your spouse and/or children, they may be able to challenge the will under the family provision laws. It is recommended that you seek legal advice on how this may affect your will.

That's all about when you are gone- what about while you are still here, but not able to look after your affairs?

Enduring Guardianship

What is an enduring guardian?

An enduring guardian is a person you can appoint to make personal decisions on your behalf, if you lose capacity to make decisions. Personal decisions include:

- where you live
- what medical treatments you receive
- what services you receive

How to appoint an enduring guardian

To appoint an enduring guardian, you must be at least 18 years old, and you must be able to understand the nature and effect of the appointment. You should appoint someone who you know and trust.

To appoint an enduring guardian, you must sign a form of appointment. You can appoint one or

more enduring guardians. You can appoint them so they act only together, or act independently. The form must be witnessed by specific persons, in the normal case a lawyer, who has advised of the consequences of the appointment.

There is no requirement for you to lodge the document, but it should be kept in a safe place and you should give a copy to your enduring guardian.

What the enduring guardian can and cannot do

An enduring guardian can make the following decisions:

- accommodation
- health care
- what services you will receive
- consent to medical and dental treatment that will promote your health and well-being
- 'access function' - who you see
- restrictive practices function- in order to protect from self harm
- directions about how to receive treatment- for example, whether to stay with the current doctor.

An enduring guardian is empowered in some decision making areas, but they are not empowered to make specific decisions.

An enduring guardian cannot:

- make decisions that are against the law
- make or alter a will
- vote or consent to marriage
- consent to treatment if you object

When does an enduring guardianship begin?

An enduring guardian can start making decisions for you when you lose capacity. A medical certificate can be provided to prove that you have lost capacity, or it is possible for the enduring guardian to apply to the Guardianship Tribunal for an order to establish that you have lost capacity.

The enduring guardian is not supervised in the exercise of his/her powers. If, however, someone is concerned for your welfare, he/she can apply to the Guardianship Tribunal for a review of the guardianship.

Issue Eighty-Four

Enduring guardianships and Advance Directives

An advance directive is different from enduring guardianship.

An enduring guardian is the legal appointment of a person who can make decisions on your behalf. An advanced directive is a document that sets out your wishes about future medical treatment if you lose the capacity to make these decisions for yourself. Such a directive can be included in the appointment of an enduring guardian.

An advance directive is legally binding if it:

- is current
- relates to future illness or condition; and
- is completed before the loss of your capacity to prepare the document.

How does an enduring guardianship end?

An enduring guardianship can end if:

- The enduring guardianship is revoked (but, of course this can only be done by you before you have lost capacity or have regained capacity)
- The enduring guardian dies
- The enduring guardian resigns
- If the guardianship is reviewed by the Guardianship Tribunal or the Supreme Court and is terminated.

Consents to Medical Treatments

Medical and dental practitioners must obtain consent before providing any treatment. That is fine if you are in a position to know and understand what the procedure is and its risks. However, if you have suffered a trauma, you may not be in that position.

Equally, if you have otherwise lost capacity, you will not be able to give consent. A *person responsible* is someone who is able to consent to medical treatments in the event that you are not capable of consenting to your own treatment.

A person responsible is

- A guardian, or if you have no guardian;
- the most recent spouse or de facto, including same sex partners; or
- unpaid carer; or

- relative or friend with whom you have a close personal relationship.

Rights of a 'person responsible'

A person responsible has the right to know

- what the proposed treatment is
- what are the risks and alternatives
- that they have the right to say "yes" or "no" to the treatment
- that they can seek a second opinion.

The medical or dental practitioner has a responsibility to give the 'person responsible' this information and seek his/her consent before providing the treatment.

What a 'person responsible' cannot do

A 'person responsible' cannot consent to

- special medical treatment- for example, sterilisation or termination of a pregnancy
- a treatment if the patient objects

Lets turn to look at how someone else may manage your finances if you are incapable of doing this yourself.

Power of Attorney

A Power of Attorney is a legal document that you sign which gives someone else the right to do things in your name. Usually a Power of Attorney is made by a person (called the 'principal') that allows another person (called the 'attorney') to deal with the principal's money and assets. These assets may include the principal's bank accounts, money, shares, real estate and other types of assets. The Power of Attorney covers financial and property decisions, not life decisions- for which a Guardianship is required.

No one has the right to act for you unless you sign a Power of Attorney allowing them to act for you as your attorney.

There are two types of powers of attorney:

- A General Power of Attorney; and
- An Enduring Power of Attorney.

What does a Power of Attorney do?

The principal often gives the attorney the power to:

- Spend or otherwise manage the principal's money, including bank accounts;
- Buy or sell shares for the principal; and/or
- Buy, sell, lease or mortgage the principal's house or other real estate.

Essentially, depending on what limits you wish to impose, your attorney can do all the things you can do with your money and assets.

You should note that a Power of Attorney does not permit the attorney to make medical or personal decisions for the principal. If you want another person to make a medical or personal decision for you then you should appoint an 'Enduring Guardian'. The appointing of an Enduring Guardian requires the completion of a separate form called the "Enduring Guardian" form.

What is a General Power of Attorney?

A General Power of Attorney only lasts until the principal loses 'mental capacity'. This means that when the principal cannot manage his or her affairs or cannot understand a document that she or he is signing, the power given to the attorney will lapse.

A General Power of Attorney is useful when, for instance, you are going overseas for a short period and need someone to look after your affairs while you are away. Other examples for a General Power of Attorney include:

- If you become ill and need someone to take care of your finances while you are in hospital;
- If, for other reasons, you cannot get to your bank, real estate agent or other agencies and need someone to do it for you; or
- If you need someone to be able to sign documents on your behalf that deal with buying, selling or dealing with real estate.

What is an Enduring Power of Attorney?

An Enduring Power of Attorney is one that continues even after the principal has lost mental capacity. The formalities for an Enduring Power of Attorney differ from those for a General Power of Attorney.

You should talk to your lawyer about your particular circumstances when considering making a Power of Attorney.

An Enduring Power of Attorney is useful where you become unable to look after your affairs at some point in the future, perhaps because of physical or mental illness. An Enduring Power of Attorney allows you to prepare for that possibility.

An Enduring Power of Attorney lasts until:

- You die;
- You go bankrupt;
- You cancel the arrangement; or
- The government appoints a guardian for you.

Do I need to see a lawyer to make a Power of Attorney?

It is better to see a lawyer if you need someone to explain the powers to be given to your attorney, or if you have particular questions. Ask your lawyer about the cost of preparing a Power of Attorney. If you want to make an Enduring Power of Attorney, you will need to have it certified by a solicitor or other qualified person.

What are my attorney's obligations to me?

Your attorney must act in good faith. Most importantly an attorney must:

- Keep their his or her money and assets separately from yours; and
- Keep proper records and accounts of how she or he handles your money and assets.

Your rights with an Enduring Power of Attorney

You will be able to manage your assets while you still can think properly and understand what is going on around you.

When should I make an Enduring Power of Attorney?

You should make an Enduring Power of Attorney when you are well and before you need someone to look after things for you. If you have lost mental capacity you cannot make an Enduring Power of Attorney because you will not be able to understand what you are signing.

When does an Enduring Power of Attorney start?

An Enduring Power of Attorney starts as soon as you hand or post it to your attorney. You may specify that your attorney should not use

Issue Eighty-Four

the power until you say so, or only if you stop being able to think properly or to understand what is happening around you.

Who should I choose as my attorney?

Any person over eighteen years can act as your attorney. You need to choose someone you can trust and who is responsible – someone who will do what you would want. If you want to appoint more than one attorney you must indicate whether you wish them to act *jointly* (in which case they must all agree before acting for you), or *jointly and severally* (where one may act independently of the others).

What if I change my mind about my attorney?

You can revoke your Power of Attorney at any time, as long as you can still think properly and you understand what it means to revoke the power of attorney. You must give your attorney a letter or form revoking their appointment to ensure they know that their appointment is revoked.

This article is general in nature and is not intended as legal advice. If you have a question about any specific issue raised you should obtain your own legal advice. The Inner City Legal Centre provides free advice to intersex and trans identified people.

Gay and Lesbian Counselling

Telephone Counselling:

- ❑ General line daily 5.30pm to 10.30pm
Sydney Metro 8594 9596
Other areas of NSW 1800 184 527
- ❑ Lesbian line Monday 6.30pm to 10.30pm
Sydney Metro 8594 9595
Other areas of NSW 1800 144 527

Face to Face Counselling:

- ❑ In partnership with Jansen Newman Institute (JNI)
 - ❑ Counselling session times by arrangement
 - ❑ Call JNI (02) 9436 3055 or GLCS (02) 8594 9500
- Smart Recovery Program - group support
- ❑ In partnership with the SMART Recovery program and Alcohol and Drug Information Service (ADIS)
 - ❑ Every Monday at 6.00pm
 - ❑ Call ADIS on 9361 8000 or GLCS 8594 9500

For further information on our services please contact Chris Wilson, Training and Volunteer Co-ordinator, (02) 8594 9500 Website: www.glcsnsw.org.au

W.A. Report Shows that GLBTI Carers in Rest Homes Need Special Training

A report from the Curtin University of Technology in WA deals with the problem of aged care providers who have no special training in the needs of GLBTI under their care, and many claimed there were no such people in their institutions. This indicates that GL and B often return to the closet rather than be discriminated against. The situation is worse for T and I who often have medical needs to be satisfied by carers and may have greater difficulty in concealing their gender status.

According to the report, more than two-thirds of the providers interviewed did not see that GLBTI clients had special needs and while most had a complaints process it usually did not refer to sexuality nor to gender identity.

The study was carried out by Ms Jude Comfort under the cooperative administration of the Curtin University of Technology and the GLBTI Retirement Association. A set of best-practice guidelines have been developed by Ms Comfort and her associates, focussing on staff education and training, improved communication and adopting GLBTI-sensitive practices.

The title of the Report is:

“We Don’t Have Any Of Those People Here” and the guidelines can be found at:

www.grai.org

Do You Believe You Are Intersexed?

If so and you would like to know more and meet others like yourself then contact:

OII Australia [Organisation Intersexe Internationale] at PO Box 1553, Auburn, NSW, 1835 or at:

oiaustralia@bigpond.com or visit our website at www.oiaustralia.com

Claiming GRS on Medicare: News Items of Interest an official statement

As I have mentioned in my Editorial, there has been some controversy and disputation on whether transgenders are entitled to claim on Medicare for all item numbers used in their treatment, given that some items are restricted to one sex or the other. If one is crossing the gender divide it is inevitable that one will be involved in both sets of numbers. Back when I went through reassignment I was told I could only claim numbers which were available for males. This meant that I not only lost all rebates for the items involved in the 'female' bit of the operation (basically the creation of my vagina) but I also lost access to my private insurance for those parts of the process. This matter has recently been stirred up (again, see my Editorial) and I contacted Medicare to see if I could sort the matter once and for all. I don't think I have, (see my Editorial), but here is what I received from a Medicare Australia spokesperson. KC

Medicare Australia Statement dated 15 July 2010

"While gender reassignment surgery is not specifically covered under Medicare arrangements, there are Medicare Benefits Schedule (MBS) items which describe services that could be involved in male and female gender reassignment procedures.

"A benefit is payable if the service rendered is covered by an existing item in the MBS and the service is clinically relevant.

"In some types of reconstructive surgery, such as facial and breast surgery, a benefit is not payable where the service is performed for cosmetic reasons. This applies to all patients.

"People can claim immediately for MBS items after a service is rendered. However, in some circumstances, claims processing may require review and approval, where, for example, a person who is legally a man claims for an item that is restricted for use by women.

"A patient must have undergone gender reassignment surgery before they are legally considered to have changed gender. The medical practitioner is required to provide Medicare Australia with a letter for the patient's gender to be updated on Medicare records.

ACON FUNDED TO EXAMINE AGED CARE FOR GLBTI

The Federal Department of Health and Ageing is funding an education program for the aged care sector, focussing on older gay, lesbian, bisexual, transgender and intersex people. The program will be administered by the AIDS Council of NSW (ACON).

The Hon Tanya Plibersek, MP announced the grant in July, 2010 at a forum entitled *Older Persons and the Law*. ACON President, Mark Orr, said the project would be "a significant step in creating better understanding and a more inclusive aged care environment for ageing GLBTI people."

Orr went on to say that the grant showed that the Federal Government recognises that there are special needs for older GLBTI people.

"The grant provides ACON the opportunity to work in partnership with the Aged and Community Services Association to inform and educate NSW-based residential aged care providers about how to better address the specific social, health and well-being needs of older people," Orr said.

SUICIDE RATE FOR GLBTI SHOCKS SENATOR

The Senate Community Affairs Reference Committee's report into suicide in Australia has recommended that a number of developing target programs be developed, including that of prevention strategies and policies for the GLBTI community, which is at a higher risk with regard to suicide than other sectors of society. Same-sex attracted youth were 3.5 to 14 times more likely to commit suicide than heterosexuals, while transgenders were 16 to 47 higher.

The Committee Chair, Rachel Siewert, said she found the high rate of suicide in GLBTI communities 'shocking'.

She said that "It is essential that people working in the front line services, such as police, medical and health-care staff, and teachers, are better trained and equipped to identify people who may be at risk from suicide and be aware of the assistance and options available to them.

More News Items Of Interest

CASTER SEMENYA CLEARED TO RUN AS WOMAN

The world governing body for athletics has cleared Caster Semenya to compete in the global athletics arena as a woman. Since the International Association of Athletics confirmed her eligibility to compete, Semenya has already won one 800 metres event, although not in the blinding form she displayed at the World Championships before suffering the indignity and prejudice resulting from the questioning of her true gender.



Caster Semenya

The IAAF took advice from a panel of medical experts and stated that the medical details of Semenya's case will remain confidential. The IAAF will make no further comment.

TRANS DEATH IN CUSTODY PROTESTED BY ALLIANCE

Representatives of a number of organisations have hoined together to protest the death of indigenous transwoman Veronica Baxter.

Baxter was arrested on drug charges a few days after the 2010 Mardi Gras Parade. She had been placed in the all-male Silverwater Remand Centre and was found hanging in her cell six days later. An alliance of activists and organisations, including Dr Tracie O'Keefe, local leader of the Organisation Internationale Intersexe, Gina

Polare page 20

July-September 2010

Wilson, Greens politician Sylvia Hale, 'gender outlaw; norrie mAy welby and representatives of Still Fierce are demanding an open inquiry.

SPAIN LEADS THE WORLD IN GAY CHURCHES AS WELL AS FOOTBALL

Spain, which is showing the way in many reforms for gays, lesbians and transgenders, has another first for its record. The American-based Metropolitan Community Church (MCC) is building a gay Christian church which will celebrate same-sex marriages. MCC already has 43,000 members in twenty-two countries.

A spokesperson said, "We want to fill a gap that exists, a spiritual gap for homosexuals and for any person that does not have a feel for other religions."

Spain passed a law allowing same-sex marriages in 2005, third after Belgium and the Netherlands and thousands of gay marriages have been carried out since that time.

The measure is, however, unpopular with the Catholic Church.

LYDIA FOY (1), IRISH REPUBLIC (0)



Dr Lydia Foy

Lydia Foy, a former dentist, who transitioned in the early

1990s. The case was fought by her wife and daughters but the High Court ruled in 2000 that the government's refusal to issue Foy with a new birth certificate violated inter-national human rights laws. The Irish State withdrew its challenge to the decision, creating a precedent for all Irish transgenders.

KIWI TRANSGENDER JAIL MENTOR ACKNOWLEDGED

Gemmah Huriwai has been honoured by the New Zealand Department of Corrections for mentoring transgenders in jail. She realised that support was limited, with many disowned by their families because of their trans-gender status.

The Human Rights Commission says Huriwai assumed she would not be allowed to return to jail to help others after serving some time in prison at a time when the street and



Gemmah Huriwai

drugs were her way of life. Her work is much appreciated by transgender inmates.

RHODE ISLAND GOVERNOR REJECTS TRANSGENDER HATE CRIMES MOVE

The Governor of Rhode Island has refused to allow an extension of hate crime laws to include transgenders despite pressure from neighbouring States.

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 email the Queensland Gender Centre (see p.40 for contact details).

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.

The Gender Centre has joined Twitter!!!

For those who don't know, Twitter is an Internet text-based social networking system a bit like SMS. Messages are restricted to 140 characters but if you want to keep up to date daily (or more frequently) with what is going on at the Gender Centre, you can do so on Twitter.



Go to the Internet, and type in www.twitter.com/thegendercentre to see the latest Twitter news. Note that this is one-way information. You can't respond or ask questions on Twitter. If you need further information you will need to phone (02) 9569 2366

or email reception@gendercentre.org.au

or resources@gendercentre.org.au.

LEGAL PROBLEMS?

The Inner City Legal Centre will be providing advice sessions for clients of the Gender Centre.

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 2010 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.

 **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	Syringes
Condoms	1ml, 2.5ml,
Spoons	5ml
Water	Needles
Fit Packs	21g, 23g,
Swabs	25g, 26g
Dams	



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



2010

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.

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

You're invited to Dinner!



WEDNESDAY
nights
5.30 - 8pm

Yummy food - New friends
- Free -
Friends and Family
are welcome

7 Bent Street, Petersham

These observations grew out of a pilot workshop organised by the NSW Gender Centre, held at the Harmony Centre at Bundanoon in the Southern Highlands of NSW on 29-30 March 2010. It was a delightful and restful setting, with comfortable accommodation and wonderful food and set in the delightful gardens of the Centre. The program over the was perhaps ambitious given the scope of the original design which was not devoted exclusively to aged care issues. Six transsexuals gathered under the skilful care of Petria King as facilitator, exploring issues of personal growth and wholeness as well as dealing with grief, psychological pain and stress. The sessions on the second day examined specific medical and legal issues facing transsexuals as well as aged care requirements. No matter how much we may seek to avoid dealing with these issues, not dealing with them will only mean that other people will make decisions on our behalf and those decisions may not lead to the outcomes that we would want.

There are, nevertheless, serious personal, practical, medical, legal, ethical and equity issues that should be considered, affecting not only ourselves but also care providers and indeed government departments at State and Federal levels.

Attending the afternoon discussion on transsexual aged care was Dr Michele Chandler, a senior executive from the Riviera Health Group, a privately owned company providing aged care services in NSW. The Riviera Group has made a corporate commitment to an inclusive policy on the provision of aged care services for LGBTI clients and has opened a residential facility in Katoomba in which inclusive practices are implemented and new residences are currently being planned. Dr Chandler wanted to hear directly from transsexuals as to specific needs important to them, in the event that they find themselves in a residential care facility.

The active involvement by Riviera Health in transsexual aged care is a welcome and important development in the aged care sector, which is currently dominated by institutions either owned by or affiliated with religious denominations.

In the past, these groups have not displayed an inclusive approach to aged care and in many cases have policies which reinforce the existing heteronormative bias currently found in aged care. Heteronormativity refers to the assumption by governments and care providers (reflecting wider social and religious



prejudice) that all clients will be heterosexual couples or singles, with the consequent invisibility of gender and sexually diverse clients. I will return to this point later.

Although our group was small (six in total; two post-op transwomen and four pre- or non-op transwomen), the discussion was vigorous and open-ended and presented many issues for consideration by Riviera Health to enable the development of their policies. These related to specific client care issues that are very relevant for managers like Dr Chandler. I will also briefly refer to more general issues relating to transgender health.

Being gender variant itself is not a risk factor for poor health or well-being. Unfortunately discrimination experienced by people whose gender identity does not match their biology often exposed transgendered people to harmful experiences, and compounds the effects of various risk factors in their lives including violence, isolation, high rates of anxiety and depression, suicide, homelessness, unemployment, substance abuse, unsafe sex practices and exposure to transmissible infections.

There is a pressing need in Australia for the development of standards for co-ordinated multi-disciplinary assessment and treatment in the provision of aged care services for transgendered people.

KEY PRINCIPLES FOR TRANSGENDER AGED CARE

- Be respectful to transgender identity
- Be responsive to specific medical issues relevant to transsexuals

Issue Eighty-Four

- Provide support for transsexuals and transgendered people who are not able, for various reasons, to access gender affirming surgical or medical care
- Be supportive of the spouses and partners of transsexuals, including same-gender partners
- Provide support for the 'cultural' needs of clients (viz. community information sources including on-line services, community periodicals such as *Polare* and magazines of relevance to LGBTI interests
- Actively support information and linkages to community support organisations and their activities
- Ability to offer residents a choice of appropriately qualified and experienced primary and specialist medical providers who can effectively care for the health of transgendered clients.

PROVIDING AGED CARE FOR TRANSGENDERED CLIENTS

On first reading, these ideal principles may seem bland. They translate, however, into management practices and highlight care issues for the providers of aged care services that are very important for transsexuals and transgendered clients generally.

Admission questionnaires.

It is critical that admitting clients be allowed to indicate their innate gender identity (or none), personal name and preferred style of address as part of their routine admissions process. Questionnaires are usually used to direct management in relation to the care needs of individual clients. This may be important for individuals whose gender identity and style of presentation do not match their anatomy or legal status (i.e. gender non-congruent).

Some transsexuals or other transgender clients may not be able (or wish) to access medical or surgical procedures and as a consequence may not live full-time in their innate (rather than assigned) gender.

The admission questionnaire, if designed appropriately and administered professionally, is a critical part of the management of individual care needs.

Polare page 24

July-September 2010

Respect for Transgender Identity

At its core this begins with the recognition and acceptance that individuals' identities *are* what they say they are, regardless of their appearance, and they deserve to be known and addressed as and referred to by their preferred names and appropriate pronouns etc. This is as true for transgendered clients who have not been able to access gender-affirming surgery as it is for post-operative transsexuals. For women this also means appropriate personal grooming such as nails, hair/wigs, makeup and clothing. Some transwomen will have issues with facial and body hair and male-pattern baldness, especially where they transitioned late and have not had the resources to fund permanent hair removal or hair transplants.

In providing personal care (in showering for instance) staff need to respect the client and, for example, refer to her by her female name even though she has male pattern baldness (without her wig) and male genitals.

Very important for many post-operative transwomen is dilation, which enable them to maintain a functional vagina. This will be important for many post-operative women, regardless of whether they have a partner, for their own sense of femininity and completeness. While still able, transwomen will usually dilate themselves.

When a woman becomes infirm but still wishes to retain her vagina, however, staff will need to undertake this task to an agreed schedule along with other personal care needs. This will require considerable sensitivity and training on the part of residence staff. It also means that transwomen will need ongoing supplies of medical lubricant and access to washing facilities for the dilators and to be able to douche after each session. It is important that transwomen have adequate privacy to enable them to dilate, and secure storage facilities for dilation kits.

Some non-operative transgenders identifying as women may seek varying degrees of hormonal intervention to alter their appearance without impacting on their male sexual function.

Many transsexuals are rejected by their families and peers and in consequence place increasing reliance on friends and informal networks as well

as transgender support organisations in their local areas. It is important that care providers recognise and support these informal networks. Closer linkages should also be fostered by care providers and transgender support organisations to provide social and other support activities for transgender clients.

Provision of transgender community information, magazines and periodicals.

Periodicals and magazines from transgender organisations should be available for transgendered clients in nursing homes, as a means of creating a more familiar environment as well as providing community news and information about community activities. The journal of the NSW Gender Centre, *Polare*, is an important source of community events and news of interest to transsexuals, as is *Torque* magazine and the website *FTM Australia* for transmen. There are also other community newspapers and magazines of special interest to LGBTI people generally, such as *Sydney Star Observer*, *Cherie*, *LOTL* etc.

Training of residential care staff

Staff from residential care facilities will need professional training in best practice in providing care to transgendered staff. The most important focus of the training should be to promote understanding and respect for transgender identity: to help staff to accept, for instance, that the elderly, frail, balding man in room number eight is called Shirley and that her gender identity is female.

When Shirley's boyfriend, Ben, comes to visit her, they are not two men holding hands but the male partner of a woman with a transgendered history visiting his partner.

It will be obvious from the foregoing and from the discussion of specific medical needs for transsexuals, that it would not be sufficient for staff training to focus on LGB issues alone, although they, too, are important.

This may be a challenge to management, not only in providing suitable staff training, but also in coping with staff unwilling to perform functions such as dilation, particularly if they feel they may be subjected to increased risk of being accused of sexual abuse by the transsexual

client or by other residents. There may also be staff for whom performing such tasks raises difficulties with their religious or cultural beliefs.

Best practice would suggest that transgender support organisations be invited to participate in the design of staff training courses, and perhaps in conducting part of the training on behalf of the management.

TRANSGENDER ADVOCATES IN AGED CARE

Where conflict or disturbances occur in aged care residences the assistance of a transgender advocate may be beneficial. These conflicts may include conflict with other residents, or over an issue regarding medical treatment or care, or indeed an issue between the resident and his/her family. The advocate does not need to be transsexual, but should be someone who is a good listener and a good communicator and who has the negotiating skills to be able to support the interests of a resident where gender identity is a factor.

The person best suited for this role might be someone from a transgender community support organisation. It would not be sufficient to assume, for example, that a person from an LGB community organisation would automatically be experienced at dealing with transgender issues.

The staff at the nursing home may well initiate contact with the advocate if they believe, for example, that the family is being overbearing or attempting to bully the client with regard to gender presentation, medical or other issues e.g. denial of spousal rights to partners.

The transgender advocate is not intended to duplicate in any way the role of the person for whom Enduring Guardianship rights have been accorded, in relation to medical decision making. [See the article by Roslyn Mayne on p.12 to clarify these distinctions. Ed. note]

In States other than NSW this role is sometimes referred to as Enduring Medical Power of Attorney.

MEDICAL CARE FOR TRANSSEXUALS

Residential care providers are very familiar with meeting clients' medical needs, but there are particular needs for transgendered clients which may not be as familiar to care providers.

Issue Eighty-Four

Indeed the current younger generation of transsexuals (eighteen to thirty-year-olds) is likely to be the first to test the effects of lifetime cross-sexed hormone replacement therapy (HRT) on transgendered clients. At present there are no data on the long-term effects of HRT on either post-operative or non-operative transwomen or transmen. This is in stark contrast to the extensive and complex clinical trials conducted in a number of countries to examine the effects on natal women of HRT used to alleviate the symptoms of menopause.

Specific Medical Needs

For transwomen, and despite the suppressive effects of oestrogen, progesterone and androgen blockers on male sexual organs, there remains a low but identifiable risk of prostate cancer. Non-operative transwomen will also need access to other urological services such as screening for testicular cancer.

The risk of breast cancer is a function of lifetime exposure to oestrogen. It is assumed that the longer a transwoman receives HRT, the more closely the risk of breast cancer approaches the risk profile for natal women.

For transmen, the risk of endometrial (lining of the uterus) and other cancers is significant with lifetime testosterone-based HRT, especially where those men have not had 'bottom surgery' for the removal of their uterus, ovaries and fallopian tubes. Transmen will have an ongoing need for Pap smears (testing for the presence of cervical cancers), and transmen who have not had 'top surgery' (bilateral mastectomy) may also need regular breast screening services.

On the other hand, for both transwomen and transmen, ceasing HRT may lead to increased risk of 'brittle bones' (osteoporosis) and consequent fractures, especially where there is an increased risk of falls because of reduced mobility and impaired sense of balance associated with ageing.

Because oestrogen has a protective effect on cardiac health, transwomen may experience an increased risk of cardiac problems when ceasing HRT, similar to post-menopausal natal women. After menopause with falling levels of oestrogen, the cardiac risk profile for natal women is similar to that for men.

Regardless of operative status, all transsexuals receiving ongoing HRT will continue to need regular blood-tests in old-age (typically six-monthly). This raises an issue for care providers. All transgendered clients in some form of residential care will need access to GP and specialist services from medical staff experienced in the special needs of transgendered people. Locating such experienced professionals may become difficult, especially where elderly transsexuals are not mobile and unable to visit clinicians in their offices. This is a significant problem for transgendered clients living in regional and rural Australia but it is also an important issue for residential aged care providers with frail elderly transgendered clients, regardless of location.

Unfortunately, from my experience, broadly based knowledge of transgender medical needs and appropriate treatment regimes cannot be presumed within the general community of primary care providers (GPs) nor in the public hospital system. This is a much wider issue relating to professional medical education, when addressing the needs of transgendered patients.

Medicare rebates

At the present time, this is a vexed administrative issue. Transsexuals, post-op and non-op, are likely to experience difficulties with Medicare procedure numbers, because many specific procedures that are relevant, for example, to the early detection of cancers, are sex-linked.

Thus post-operative transsexuals, women and men whose changed sexual status has been legally recognised within Australia, are likely to encounter difficulties with Medicare procedure schedules.

Women don't possess a prostate* but if we require surgery or medication later in life (yes, transwomen do experience prostate cancer), and if our sex status with Medicare is consistent with our legal status i.e has been changed from assigned to affirmed, then some creative accounting may be necessary to allow the Medicare claim to be accepted. Similarly, for

[Ed. note. Women possess a homologous gland which was called Skene's Gland until recently when it was renamed the Female Prostate. Naturally it has a different function from the male prostate.]

example, men don't have a uterus or cervix. Post-operative transmen may require regular Pap smears for the early detection of cervical cancer.

Non-operative transsexuals or other transgendered people who are unable to change their legal status may encounter other difficulties. Non-operative transwomen for example are unlikely to be able to access regular breast screening services, even though they may have been on HRT for many years and are therefore at risk of breast cancer.

PREVALENCE OF TRANSSEXUALISM

Aged care providers are likely to be interested in the extent and prevalence of transsexualism in Australian society. A major difficulty is, however, the absence of hard data in Australia on this question. A number of studies have, however, been conducted overseas, beginning in 1965.

The most frequently cited report is the 1993 study from the Netherlands which was based on those presenting for hormone therapy and gender affirmation surgery. This study reported a prevalence of 1:11,900 for transwomen 1:30,400 for transmen (Bakker, van Kesteren, Gooren and Bezemer, cited by Nesteby, J., *Transgender health; a resource for primary care providers*, Massachusetts General Hospital Institute of Health Professionals, 2007). This is likely to underestimate significantly the number of transsexuals in Australia, let alone the number of people who may identify as transgendered.

This prevalence standard is currently used as a benchmark by the World Professional Association of Transgender Health (WPATH) which was formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIIGDA).

A more recent Australian study (2005) cites 'guesstimates' based on different prevalence rates for transsexualism of 1:10,000. Sinnott, V. *Best practice models for the assessment and care of transgender people and people with transsexualism. A discussion paper for Victoria*. Melbourne 2005. p.2.

In 2007, Olyslager and Conway extensively re-examined the data from these earlier studies (from 1965 through to 1997) and using

mathematical models have attempted to derive prevalence and incidence data for transsexualism and the likely prevalence of the population who identify as transgendered (Olyslager, F and Conway, L, 2007. *On the calculation of the prevalence of transsexualism*, a paper presented at the WPATH 20th International Symposium, Chicago, Illinois, 5-8 September 2007).

An important conclusion from their analysis is that for each study from 1965 onwards, the prevalence data has been progressively revised upwards. they correctly point out that this needs to be explained and propose that the medical and surgical treatment for gender incongruence or gender dysphoria in those Northern European countries and Singapore where the studies were conducted, was "in a start-up transient".

This conclusion appears to be compelling for a number of reasons. Simply put, there appears to be a convergence between improvements in medical and surgical technology and more recent information technology, which has not only led to improvements in treatment outcomes for transsexuals, but which has also allowed a much greater knowledge by transsexuals, parents and society generally of these improvements. This has been paralleled in many countries by government measures banning discrimination against transgendered people, and by the legal recognition of 'change of sex'.

Olyslager and Conway propose that, based on their analysis, the prevalence of transsexualism is 1:2,000 of the population for transwomen and 1:4,500 for transmen. These conclusions are based on data from the earlier studies counting primarily transsexuals presenting for clinical intervention, either seeking help variously, from psychiatrists, or through HRT and/or gender-affirming surgery. I believe this data is closer to the 'real' prevalence of transsexualism. Less convincing in my view is when they go further by suggesting an even higher 'lower bound' for the prevalence of 'inherent' MTF transsexualism (transwomen) is 1:500 and for 'transgender prevalence' is 1:100. These higher figures depend on the mathematical modelling, which in turn depends on assumptions which may be difficult to sustain.

Nevertheless, the lower prevalence conclusions (1:2,000 and 1:4,500) translate into much higher

Issue Eighty-Four

numbers of transsexuals than previously envisaged. Population data from the NSW Department of Ageing, Disability and Home Care, Office for Ageing *Fact Sheet October 2007*, shows total NSW population in 2006 at 6,843,900 and projected to increase to 8,259,200 by 2031.

Using the Olyslager-Conway prevalence data, this means in 2006 there were 4,943 transsexuals in NSW, which are projected to increase to 5,965 in 2031. (These data include transmen as well as transwomen.)

The NSW population aged 65 and over in 1996 was 942,300 rising to 1,812,600 by 2031. This translates into 680 transsexuals over 65 in NSW in 1996, increasing to 1,309 transsexuals over 65 in 2031.

GENERAL TRANSGENDER HEALTH AND WELL-BEING

The prospect of needing residential aged care is likely to generate high levels of anxiety and a sense of threat to the well-being of many transsexuals. This applies equally to transmen as it does to transwomen. They will both face the prospect of being involuntarily outed, even if they have been passing successfully their innate gender roles.

It is conventional wisdom among the older generation of transwomen that approximately ninety per cent are not passable. This is largely a function of the age at which they began to transition. The irreversible effects of testosterone, particularly on the skeletal frame are impossible to surmount, even with modern reconstructive surgical techniques.

Transwomen who transitioned in their twenties and who have lived as completely passable women, may find themselves involuntarily outed in residential care if they need to dilate. Similarly, transmen, who have successfully lived for years as men, may suddenly discover their gender incongruence is exposed when needing assistance with personal hygiene.

There is a range of health and well-being issues affecting transgendered people, specifically as they age:

- Invisibility in the general aged-care sector at the present time;

Polare page 28

July-September 2010

- Ongoing gender-identity and sexual orientation discrimination in institutionalised aged-care, which reflects the current widespread heteronormativity of gerontology and policy planning in aged care;

- Ageism within transgender communities as with LGBTI communities generally;

- Exclusion from youth-orientated LGBTI social networks.

Key Social Determinants of Transgender and Well-being

Socio-economic status

Socio-economic disadvantage is a powerful predictor of poor health. For transgender people, loss of income during transition is commonplace. TransGender Victoria estimates that ninety-five per cent of its members have been forced to give up their jobs during gender reassignment.

Ethnicity

Little work has been done on the manner in which ethnic differences interact with gender identity and sexual orientation. In many ethnic groups, transgendered people are rejected by their families and as a consequence may experience isolation and loneliness. In other cultures family pressures are so strong that transgendered people are forced to submit to cultural norms and marry to continue the family name, ensuring that many live divided lives.

Indigenous Australians have significantly higher rates of mortality and illness than the general population. This may be due to cultural differences and to reduced standards of care resulting from racial discrimination and insensitivity within the health-care system.

In contrast, many indigenous cultures have culturally sanctioned initiation rites and ceremonial which recognises individuals' transgendered status as women and which accords a culturally sanctioned place for male homosexuals (initiated as both men and women).

Gender Inequality

Women's health and well-being are inextricably linked to their position in society. Women are primary care-givers, have lower rates of income than men and suffer more domestic violence. Research indicates that gender and gender

inequality influence health issue specific to lesbians, including patterns of illness and reduced access to standards of care.

Gender inequality is also likely to play a role in the health issues specific to transwomen, especially older transitioners who may encounter difficulties associated with the loss of male privilege and accompanying lower social status.

Geographic Location

There is little systematic research that looks at variations in transgender health across different geographic locations. Anecdotal reports suggest that the following factors may contribute to poorer health outcomes in rural and regional Australia. These include:

- Fewer health service providers with knowledge and expertise in transgender health issues;
- Increased levels of transphobia and homophobia generally;
- Reduced access to LGBTI community and support networks.

Disability

Transgender people living with a disability may be subject to the combined effects of transphobia and homophobia as well as discrimination directed against people with a disability.

For example, a disabled lesbian transwoman may not feel welcomed within a disability support network, nor within the lesbian community generally.

Carer Support

There are also support issues for transgendered people caring for partners, friends or relatives with a disability. Frederickson (1999) in a study examining care-giving responsibilities among gay men and lesbians found that thirty-two per cent of gay men and lesbians were care givers: Lesbians are more likely to be caring for children and elderly people and gay men more likely to be assisting working age adults with a disability.

SELECT REFERENCES

Barrett, Catherine, (June 2008), *My People; a project exploring the experiences of Gay, Lesbian, Transgender and Intersex Seniors in Aged Care*, Matrix Guild Victoria and Vintage Men Research Project, Stage 1.

www.matrixguildvic.org.au

Barrett, Catherine, Harrison, Jo and Kent, Jane (April 2009). *Permission to speak - determining strategies toward the development of Gay, Lesbian, Bisexual, Transgender and Intersex friendly Aged Care Services in Victoria*, Matrix Guild Victoria and Vintage Men Research Project, Stage 2.

www.matrixguildvic.org.au

Harrison, Jo (2005), Pink, Lavender and Grey: Gay, lesbian, bisexual, transgender and intersex, ageing in Australian gerontology, *Gay and Lesbian Issues and Psychology Review*, V.1 No.1 pp.11-16 accessed at

www.groups.psychology.org.au/Assets/Files/GLIP_Review_vol1_no1%5B1%5D.pdf

Ministerial Advisory Committee on Gay and Lesbian Health, (July 2003) Melbourne, Vic. *Health and sexual diversity - a health and wellbeing action plan for gay, lesbian, bisexual, transgender and intersex Victorians*, accessed at

www.health.vic.gov.au/glbtimeac/downloads/transgender_working_group_discussion_paper.pdf

Olyslager, Femke and Conway, Lyn, (2007) *On the calculation of the prevalence of transsexualism*. Paper presented at the WPATH 20th International Symposium, Chicago, Illinois, September 5-8, 2007, accessed at

<http://ai.eecs.umich.edu/people/conway/TS/Prevalence/Reports/Prevalence%20of%20Transsexualism.pdf>

NSW. Department of Ageing, Disability and Home Care. (October 2007) *Office for Ageing Fact Sheet*. Population ageing projections in NSW

Sinnott, Vikki, (June 2005) Victoria. Department of Health. *Best practice models for the assessment, treatment and care of transgender people and people with transsexualism: A discussion paper for Victoria*.

www.health.vic.gov.au/glbtimeac/downloads/dhs_discussion_paper_trans.pdf

Zirngast, Natalie (July 2002), *Aged care in Australia for Gay, Lesbian, Bisexual, Transgender and Intersex People*. RMIT Student Union Briefing Paper

www.hawaii.edu/hivandaids/Aged_Care_on_Australia_for_Gay_Lesbian_Bisexual_Transgender_and_Intersex_People.pdf



As society and governments slowly change their attitudes toward same sex and transgender relationships, and laws are changed to reflect these attitudes, it is to be hoped that more transgender people will fulfil the role of parent. I certainly hope the view that 'losing the right to reproduce is the price one pays to transition' will disappear and that medical professionals will start to have conversations about future parenting with transgenders prior to transition.

Transgenders wishing to transition usually start on hormone therapy as part of the transition process. Many personal, social and medical issues may arise during transition and the last thing a person may ponder is their desire for offspring, now or in the future. With technology as it stands at present it is certainly possible for a person to bank semen, eggs or embryos for future use. The collection of these is best done before commencing hormone therapy.

In this article I will discuss the different methods for obtaining and storing eggs or semen/sperm and ways in which these may be used for assisted reproduction. I am not an expert on assisted reproduction and strongly urge those interested to discuss it with their doctors or health care professionals.

Sperm Banking/Semen Cryopreservation for Transgender Women (Male to Female)

The collection and storage or "banking" of sperm has been available since the 1950s. To date semen/sperm samples have been stored for over twenty years and successfully used. The process of storing samples is done by freezing or cryopreservation. Therefore the storage of sperm is called semen cryopreservation, but it is more commonly known as sperm banking. Semen is the name given to the ejaculate from the penis. Sperm is only part of this fluid. The terms 'semen' and 'sperm' are

often interchanged even though this is not correct usage. In this article I will use the term 'sperm' to mean either semen or sperm, as this is the term most commonly used in informational literature.

The feminising hormones taken as part of transition for MTFs decrease sperm production (hypospermatogenesis), and can ultimately lead to no sperm being produced (Azoospermia). Stopping feminising hormones can allow sperm to be produced again, but the amount of time the hormones have been taken may affect the amount of sperm and/or quality of sperm produced. It is possible, if a person has not been producing sperm for a long time that this may be irreversible. The amount of time it takes for a person's sperm production to return or the long-term effects of feminising hormones on sperm production is not known. Obviously if gender reassignment surgery has occurred and the testes have been removed this creates a permanent state of sterility.

If a transgender woman wishes to have a baby and has a female partner, the first option would be to stop taking feminising hormones and see if sperm production returns so that the female partner could be impregnated without assistance. This option may not appeal to some people as ceasing the hormones and the return of sperm production will also involve the return of other male physical characteristics. The collection and storage of sperm for future use may, therefore, be a more appealing option.

The sperm is stored frozen at private facilities set up for assisted reproduction or IVF (in vitro fertilisation). Prior to donation a negative test result for HIV may be required. A positive result of the HIV test may not disqualify the donor from banking sperm, but it will be segregated from other donations. The sperm sample is usually produced by masturbation into a small sterile container. This is often done at the storage



Sperm

facility but there may be the option of bringing in the sample. As a rule the sooner the sample is frozen the better the survival rate of the sperm.

Another option for obtaining the sperm sample is testicular sperm aspiration or extraction. The technique used for testicular aspiration is quite simple and relatively free from complications. The procedure requires a local anaesthetic. A small needle is inserted just below the surface of the testis and a small piece of testis immature sperm is then extracted.

This technique is normally used for IVF rather than sperm donation alone, as the sperm removed may not be fully functional, but this is an option to be discussed with the fertility service.

Once collected by whatever method the sample is frozen. There is a cost for the storage of the sperm and the storage facility needs to be kept up to date with any address changes etc.

Lack of payment of storage fees or not being kept up to date with current contact details could result in the sample being disposed of.

When the sperm is required for use it is thawed out. If the transgender woman has a female partner there are a couple of options available to the couple to bring about conception. The sperm can be introduced into the female partner via artificial insemination. This basically involves inserting the sperm sample into the vagina or near the cervix, using a gentle plastic tube or a syringe without a needle. Conception is dependent on a number of factors as with non-assisted insemination. It would be best to ensure the female partner is ovulating at the time (producing an egg), and the ability of the sperm to make it to the egg and penetrate it. The success rate for conception varies greatly but can be from ten to twenty per cent success rate per attempt.

Another way that conception can occur is through IVF (in vitro fertilisation). IVF is a process by which egg cells are fertilised by sperm outside the womb. For this, egg samples will need to be collected from the female partner. This is through the same process used for any IVF, which I will discuss later in the section on egg collection and donation.

With the semen sample the sperm is separated from the semen and placed in a Petri dish around the egg. The sperm then fertilise the egg by penetrating it, or the sperm can be injected into the egg (a process called intracytoplasmic sperm injection). The fertilised egg is then observed to ensure it is viable (going to produce a foetus).

The egg is then inserted into the female partner's womb for three to five days. Success rates vary from ten to fifty per cent per cycle, or attempt. As with any attempts at becoming pregnant this can take a number of cycles or attempts.

[At the end of article I will list possible costs for the different procedures discussed.]

For a transgender woman (male to female) with a male partner the options are far more limited in Australia. They would

need to follow the procedures adopted by male same-sex couples in Australia. They would need to find an egg donor and a surrogate mother to carry the child. They could use stored sperm for this.

NSW has no current legislation regarding surrogacy and it is therefore not specifically prohibited but operates under the National Health and Medical Research Council ethical guidelines.

The NSW Law Reform Commission Report (1988) recommended commercial surrogacy be "prohibited by law and non-commercial surrogacy not be encouraged". As in all States of Australia, when surrogacy arrangements are



Fertilised human egg

Issue Eighty-Four

made, the birth parents are lawfully deemed to be the legal parents. This may bring up some difficult legal situations.

Egg Banking/Oocyte Cryopreservation for Transgender Men

There are a number of options available to a transgender man. The collection of unfertilised eggs (oocytes) is much newer technology. The freezing of embryos has been used successfully for decades. Again, these options would be best thought of before commencing masculinising hormone therapy.

The taking of male hormones decreases egg production from the ovaries and will lead to cessation of egg production and amenorrhoea (no periods). This is, however, considered a reversible situation.

How long it will take for ovulation and periods to return if hormones are stopped is, however, an individual response and will also depend on how long a person has been on the hormones.

If the ovaries have been removed as part of gender reassignment, this creates a permanent state of infertility.

The first possible option is, if the ovaries are still intact and a transgender man wishes to conceive and carry the baby (depending on his age, fitness and any other normal considerations for pregnancy), the first thing to attempt could be to stop taking hormones and see how long it takes for periods to return.

If the transgender man has a male partner it would then be a matter of sexual intercourse or artificial insemination and, it is to be hoped, conception.

If the transgender man has a female partner but wants to carry the baby the couple need to find a sperm donor. Then fertilisation could occur by whatever method the parties agree upon (assisted fertilisation at home or at a clinic).

If it is decided that a person wants to bank eggs for future use then the person will require the help of a fertility and reproductive assistance service, e.g. IVF service.

For either of the two processes I am about to discuss, the transgender man's eggs will need to be collected and stored.

The process of collecting or 'harvesting' eggs normally involves the person going on a course of hormones or fertility drugs to stimulate egg production. Normally a person produces only one egg a month from one ovary. The aim of giving hormones is to have multiple eggs produced at the same time.

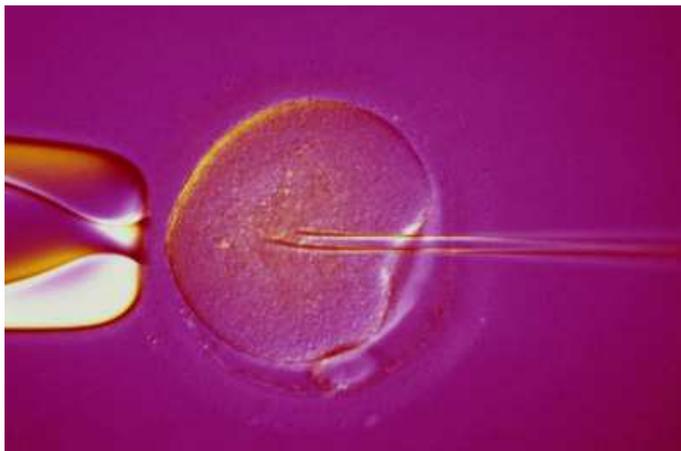
These fertility drugs may be given as a nasal spray, tablets or by injection. The drugs can affect a person and they do have side effects. For the trans-

gender man I should point out that the information I have found is for someone who has never been on masculinising hormones. I am unsure of the type of fertility drugs or the side effects experienced if a person has been on masculinising hormones.

Blood hormone levels will be monitored to detect when the eggs are mature. An ultrasound scan confirms that the eggs are ready to be retrieved. Shortly thereafter the patient will be sedated and the doctor will remove the eggs from the ovaries using a fine, hollow, needle. Another ultrasound helps the doctor to locate the eggs.

The eggs can then be frozen (Oocyte cryopreservation) for future use, or used as a fertilised egg for embryo freezing. To fertilise the eggs there would need to be a sperm donor.

For the transgender man with a female partner there is also the option for the partner to carry the baby. This option may appeal to some. In the case where the embryos have been frozen and stored earlier it means the transgender man does not need to cease masculinising hormones or go



Human egg being fertilised
(intracytoplasmic sperm injection)

through the pregnancy. Be aware, however, that in Australia the person who carries and births the baby is the legal parent.

IVF has been successfully used since the late 1970s. This originally involved the fertilisation of the egg outside the body, the egg being kept incubated for several days until it was deemed the egg was successfully fertilised, then the embryo was replanted in the woman.

The ability to freeze embryos successfully and use them at a later date has also been used for decades. Embryos have been successfully used after being frozen for up to ten years. At present five to ten years storage time is considered safe for a viable embryo to be used. For embryo freezing from a known donor it is advisable to have a clear understanding of the future use of these embryos.

The process of freezing an unfertilised egg is much newer technology with the first successful use of a frozen egg used for IVF in 1986. The success rates remained quite low until the past few years when the freezing technology was improved. Due to this relatively new change in the technique of freezing eggs it is difficult to say how long eggs can be successfully stored. Potentially up to a decade but at this stage it cannot be stated with confidence.

Success rates for either type of freezing and implantation are anywhere from ten to fifty per cent. This is dependent on many factors and is an averaged figure. For example, one person's cycle of IVF may have 100 per cent success then the next may have none.

Cost of Cryopreservation and/or IVF

The costs of services given below are only an approximate guide. Each facility will charge different fees. The prices given are also pre-Medicare rebate (where possible), and private health insurance fund rebate.

Medicare and private health insurance funds will need to be checked by the individual or couple before commencing the processes.

Costs may also vary depending on the number of attempts at IVF or other services are required. Nor have the costs of an anaesthetist, where required, been taken into account.

Costs for IVF and Cryopreservation Processes

Sperm banking: The cost for storage of sperm varies depending on the facility but as a rule will be anywhere from \$300 to \$400 per year.

Sperm aspiration: Approximate cost \$1000-\$1500 plus storage or banking costs if stored.

IVF costs: IVF, including egg stimulation, collection and insertion can cost from \$15,000 to \$20,000. Total expense will depend on the type of procedure required and the number of attempts.

Egg banking or embryo storage: \$300 to \$500 a year.

As I wrote this article it became more and more complex, trying to cover all situations. As we know, gender is not the same as sexuality so there are many different possible fertility situations to consider. I apologise if I have left any couples or combinations out. I have not touched on people's moral or religious stances on embryo freezing nor the legalities associated with using sperm donors. These all need to be investigated or thought about before commencing procedures.

I do hope, however, that this encourages a few people to think about their right and ability to have children so that they may have these conversations with their health care provider.

The information in this article does not represent the views of Polare or the Gender Centre. the article is intended only as advice. Any questions or concerns should be directed to your health care provider.

Maggie

Supplementary Note

Medicare provides a rebate for some IVF procedures at a rate of 75% of the scheduled fee for inpatient procedures and 85% of the scheduled fee for outpatient. To check what procedures attract a rebate and the scheduled fee for each procedure go to:

www.9.health.gov.au/mbs

and enter search terms such as 'assisted reproductive technology' or 'IVF'.

Polare Editor



\$50 OFF
FIRST VISIT

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
--	--	--



PERMANENCE
The permanent hair removal specialists

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.



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

**NSW
Seahorse Society**

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

Call on **0423.125.860** and our website is:

www.seahorsesoc.org

Email: crossdress@seahorsesoc.org

Membership enquiries, change of details etc. contact Membership Secretary,

PO Box 6179, West Gosford, NSW, 2250

“crossdress with dignity”

Recently a friend came to me who was having a problem with changing her name at Centrelink. Apparently the staff at Centrelink were unwilling to change my friend's Centrelink identity without her providing them with her reason for doing so.

This seemed unreasonable to me so I phoned Centrelink and, as is the way of the world these days, found myself chatting with an Information Consultant based in Geelong. We had a civil conversation and she verified the ground rules for changing one's name at Centrelink.

You are probably aware that in normal life you can use any name you like as long as you do so without intent to defraud, and provided the name is not blasphemous, seditious, libellous, obscene or unpronounceable (e.g. &%\$*!%).

It is easier for legal purposes (eg if you want to use the new name on legal documents like passports) if you do this through the Registry of Births Deaths and Marriages but it is legal simply to sign a Statutory Declaration in front of a JP and then show the Stat.Dec. to anyone who needs to record your new name.

Centrelink, however, provided the following guidelines:

Change of name.

A change of name should only be implemented IF the person has indicated that the name will now be used exclusively in dealings with the Department AND there is NO indication that the new name is intended to deceive the Department.

[They don't mean you have to keep one name just for your dealings with Centrelink and nobody else. They mean that you should only use one name in your dealings with Centrelink. The literacy failings of modern bureaucracy...]

If there is doubt that a change of name should be implemented, further evidence of the intention to use the new name should be sought. This may include a change of name from BDM, a newspaper advertisement or notification to such agencies as a bank, medical fund, employer or motor registry.

With certain exceptions a person may adopt any name they wish and not retain their birth name. Generally a person gives effect to a change of name by using it in all circumstances. There is no requirement for a change of name to be registered with a Registrar of Births, Deaths and Marriages, however this would be one method of demonstrating the intention to adopt a new name.

There was more, but I have given you the essence.

Katherine Cumings

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.

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 - 9569 2366.

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** 5.30pm-10.30pm seven days on (02) 8594 9596 1800 105 527
<http://www.glcsnsw.org.au/>

2010 - TWENTY10/GLBT YOUTH SUPPORT

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

PO Box 553, Newtown, NSW, 2042

Youth callers needing help:

Sydney local: (02) 8594 9555

Rural NSW : 1800.65.2010

All other callers:

(02) 8594 9550

Fax: (02) 8594 9559

Email: info@2010.org.au

Web page: www.twenty10.org.au

ACON - AIDS COUNCIL OF NSW

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

9 Commonwealth St, Surry Hills, NSW 2010

PO Box 350 Darlinghurst NSW 1300

Tel: (02) 9206.2000

Fax: (02) 9206.2069

tty: (02) 9283 2088

ACON - HUNTER

129 Maitland Road

PO Box 220

Islington 2296

Tel: (02) 4927 6808

Fax: (02) 4927 6485

hunter@acon.org.au

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

ACON - ILLAWARRA

47 Kenny Street, Wollongong

PO Box 1073, Wollongong, NSW, 2500

Tel: (02) 4226.1163

Fax: (02) 4226.9838

www.acon.org.au

0000 0 000000000 00000

Shop 3, 146 Gordon St

Port Macquarie NSW 2444

Tel: (02) 6584 1163

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

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

HIV AWARENESS AND

Directory Assistance

Issue Eighty-Four

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

GAY AND LESBIAN COUNSELLING SERVICE OF NSW (GLCS)

A volunteer-based community service providing anonymous and confidential telephone counselling, support, information and referral services for lesbians, gay men, bisexual and transgender persons (LGBT) and people in related communities. Counselling line open daily from 5.30pm - 10.30pm (02) 8594 9596 (Sydney Metro Area - cost of local call, high for mobiles) 1800 184 527 (free call for regional NSW caller only)
Admin enquiries: (02) 8594 9500 or admin@glcsnsw.org.au
website: www.glcsnsw.org.au

HIV AWARENESS AND SUPPORT

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

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)Sundays
PO Box 22, Kings Cross, NSW, 2011
Tel: (02) 9360.2766
Fax: (02) 9360.5154

LES GIRLS CROSS-DRESSERS 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

MCC Sydney is linked with MCC churches in Australia as part of an international fellowship of Christian churches with a social concern for any who feel excluded by established religious groups. MCC deplores all forms of 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 St, Petersham, 2049
Phone (02) 9569 5122
Fax: (02) 9569 5144
Worship times:
10.00 am and 6.30 pm
office@mccsydney.org.au
http://www.mccsydney.org.au/

MOUNT DRUITT SEXUAL HEALTH CLINIC

Provides free, confidential and respectful sexual health information, assessment, treatment and counselling.
Ph: (02) 9881 1206
Mon 9.00am-4.00pm
Wed 9.00am-1.00pm
Fri 9.00am-1.00pm

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 1, 162 Marsden (cnr. George St)
Parramatta 2150
Ph: (02) 9843 3124
Mon, Wed, Fri 9.00am-4.00pm
Tue 9.00am-1.00pm
Fri 9.00pm-1.00pm

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
103/5 Redfern Street, Redfern, NSW, 2016
(Redfern Community Health Centre, enter via Turner Street)
Tel: (02) 9395 0400
Fax: (02) 9393 0411

RPA SEXUAL HEALTH CLINIC 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

Polare page 37
July-September 2010

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

SYDNEY WEST HIV/HEP C PREVENTION SERVICE

Needle and syringe program
162 Marsden St, Parramatta, NSW 2150
Ph: (02) 9843 3229
Fax: (02) 9893 7103

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 bisexual, transgender folks and men who have sex with men
80 Benerembah Street, Griffith
PO Box 2485, Griffith, NSW 2680
Tel: (02) 6964.5524
Fax: (02) 6964.6052
glsg@stealth.com.au

TRANS MASH

For younger Trans people (25 and under). Newcastle area. Contact Judi Butler j.butler@acon.org.au

WOLLONGONG - TRAN

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

WOMENS & GIRLS DROP IN CENTRE

is a safe, friendly drop-in Centre in inner Sydney for women with or without children. Shower, relax, read the paper, get information, referral and advice.

Monday to Friday - 9.30 - 4.30pm
177 Albion Street, Surry Hills, NSW 2010
Tel: (02) 9360.5388

A.C.T.

AGENDER AGENDA is a non-profit group committed to providing support, education, information and relief to people living with any type 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

AIDS ACTION 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.

Westlund House,
16 Gordon Street, Acton., ACT, 2601
GPO Box 229, Canberra, ACT, 2601
Tel: (02) 6247 3443
Fax: (02) 6257 2855
E-mail: aacsowp@aidsaction.org.au

Directory Assistance

Northern Territory

NORTHERN TERRITORY AIDS & HEPATITIS COUNCIL

Incorporating Services and Support For HIV Positive and Hepatitis Positive people.

- Needle Syringe Program
- Sex Worker Outreach Project
- Peer Project GLBTI
- Community Education, Social & Emotional Support
- ATSI Project - Indigenous
- Gay Men & Sister Girls
- Community Education

Tel: (08) 8941 1711
Freecall: 1800 880 899
www.ntahc.org.au
info@ntahc.org.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 experience 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

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, Chermside 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

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

Provides a confidential service for trans workers 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: sqwivic@sqwisi.org.au

Level 1 Trust House
3070 Gold Coast Highway,
Surfers Paradise, Qld, 4217
PO Box 578, Surfers Paradise, Qld 4217

Tel: 1800 118 021
Fax: (07) 5531 6671
Email: sqwisigc@sqwisi.org.au
Level 3 Post Office Arcade
Flinders Street, Townsville, Qld, 4871
PO Box 2410, Townsville, Qld, 4810
Ph: 1800 118 021
Fax: (07) 4721 5188

Email: sqwisit@sqwisi.org.au

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 - SEXUAL HEALTH

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

FTM PHALLOPLASTY 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

GENDER AFFIRMATION AND LIBERATION

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/gaal1

PROSTITUTES COLLECTIVE OF VICTORIA

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

GPO Box 86, St Kilda, VIC, 3182

Tel: (03) 9513 8222

http://home.vicnet.net.au/~seahorse

seahorsevic@mbox.com.au

(TGV) TRANSGENDER VICTORIA

Transgender Victoria is dedicated to achieving justice and equity for people experiencing gender identity issues, their partner, families and friends. We provide support on a range of issues including education, health, accommodation and facilitating assistance with workplace issues for those identifying as transgender, transsexual or cross-dresser. PO Box 762, South Melbourne, VIC, 3205

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

transgendervictoria@yahoo.com.au

www.vicnet.net.au/~victrans

Western Australia

CHAMELEON SOCIETY

Provides support to crossdressers, their relatives and friends.

PO Box 367,

Victoria Park WA 6979

Tel: 0418 908839 (8pm-10pm)

Email: chameleonswa@email.com

www.chameleonswa.com

FREEDOM CENTRE

93 Brisbane Street, Northbridge, Perth, WA 6000

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 (93 Brisbane Street., Northbridge Perth 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

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.

TRANSCOMMUNITY WA

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 WESTERN AUSTRALIA (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

National

(ABN) AUSTRALIAN BISEXUAL NETWORK

ABN is the national network of bisexual women, men and partners and bi- and bi-friendly groups and services. ABN produces a national news magazine, houses a resource library and is a member of the International Lesbian and Gay Association (ILGA).
PO Box 490, Lutwyche QLD 4030
Tel: (07) 3857 2500
1800 653 223
ausbinet@rainbow.net.au
www.rainbow.net.au/~ausbinet
IRCL (oz.org network) A.B.N.

AIS SUPPORT GROUP (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

CHANGELING ASPECTS

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

TRUE COLOURS DIVERSITY

True Colours represents young people who experience transsexualism and a network of their parents, families throughout Australia. Whether you are a parent, a family member, a carer, a friend or a young person experiencing the diversity in sexual formation called transsexualism, you have come to a friendly place. TRUE Colours offers mutual support and advocacy for young people with transsexualism and their families. We also offer a parents/caregivers email discussion group.
Web: www.truecolours.org.au
Email: Mail@truecolours.org.au

International

AGENDER NEW ZEALAND

A caring national support organisation for Cross/Transgender people, their partners and family. For a detailed information pack, please write or call.
PO Box 27-560
Wellington New Zealand
Tel: (64) 0800 AGENDER
president@agender.org.nz
www.agender.org.nz

BEAUMONT SOCIETY

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

BEAUMONT TRUST

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

CROSS-TALK

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

FTM INTERNATIONAL

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

FTM NETWORK UK

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

GENDERBRIDGE Inc.

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

GENDER TRUST (THE)

A help group for those who consider themselves transsexual, gender dysphoric or trans-gendered. Provides trained counsellors, psychologists and psychotherapists and a 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) 4382-8791
Fax: (64) 4801-5690

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

Hi,

I just wanted to take a moment to introduce myself.

My name is Jo Ball and I am the new case worker at the Gender Centre. I work with the residential program and I provide case management to clients who are living in Gender Centre Housing. If you are looking to move into emergency housing with the Gender Centre I am the person to contact.

I began working at the Gender Centre in February 2010. Before working at the Gender Centre I worked in the disability sector for eight years. I am really excited to have changed tracks and be working for the transgender community and for people with gender issues.



This month (July) I am facilitating a new FTM support group. Our first meeting is on Friday July 2 and the group will continue every month on the first Friday of the month (unless notified otherwise), starting at 6.00pm at the Gender Centre. This is a great opportunity for FTMs to meet and discuss issues of particular interest.

I have now been part of two Gender Centre barbecues. I have enjoyed running these barbecues as it has meant I have been able to get to know a few more of you who are out there living in the community. It's been great to meet you and hear your stories.

I look forward to continuing working at the Gender Centre and meeting you again or for the first time at any of our upcoming events.

If you have any questions regarding the FTM group or emergency housing options please call me Wednesday to Friday between 9.30am and 4.30pm at the Gender Centre 9569 2366.

Current dates for the FTM meetings are:

13 August, 3 September, 1 October.

Mark them on your calendars!

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*

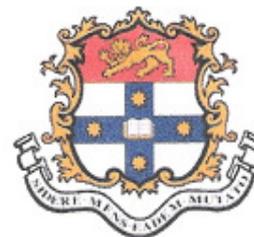
Bookings essential



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.

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 the 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.