

Polare

MAGAZINE OF THE NSW GENDER CENTRE

Edition 91
April-June 2012



Phoebe Hart

The Gender Centre & Aurora Foundation present:

transtopia

20 | 2

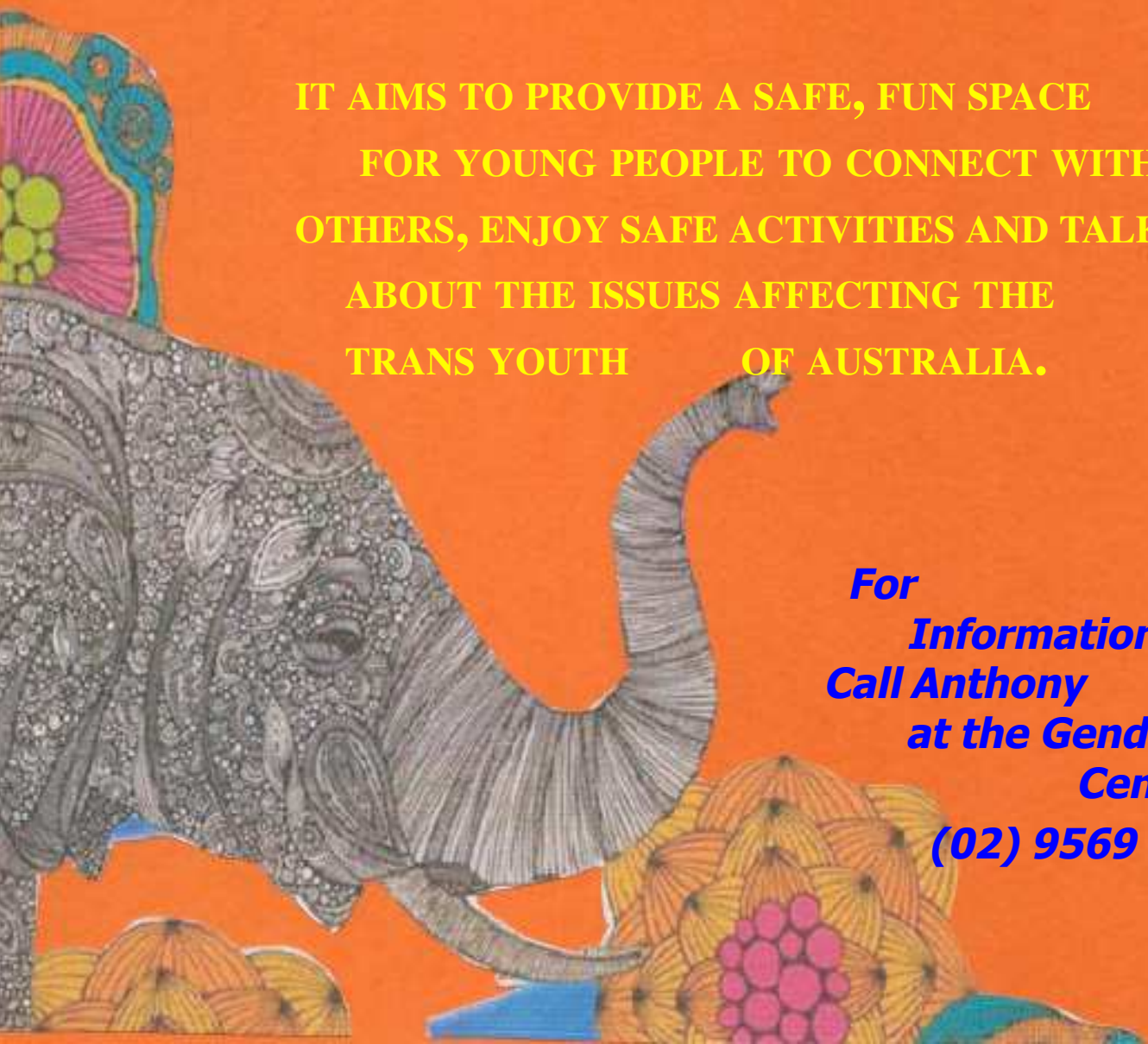
gender-questioning?

gender-queer?

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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

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NSW 2049

Tel: (02) 9569 2366

Outside Met. Sydney 1800 069 115

(9-5, M-F)

Fax: (02) 9569 1176

Email:

reception@gendercentre.org.au

Website:

www.gendercentre.org.au

**The Gender Centre is staffed
9am-4.30pm Monday to Friday**

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: Phoebe Hart, whose award-winning documentary "Orchids", on the topic of AIS intersex, was recently screened on the ABC. This is Phoebe's own story, as she and one of her sisters are AIS (Androgen Insensitivity Syndrome) and another sister carries the AIS gene.. "Orchids" is available as a dvd and is a well-made and fascinating documentary. It can be purchased directly from Phoebe via the Internet.

Gay and Lesbian Counselling

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☐ Lesbian line

Monday 5.30pm to 9.30pm

Sydney Metro 8594 9595

Other areas of NSW 1800 144 527

GLCS also offers face- to-face support groups including:

- Talking it out - Men's Discussion Group
- Women's Coming Out Group
- SMART Recovery Program
- And other groups to be announced soon.

For further information please
contact GLCS Administration
on:

(02) 8594 9500

Or via the website:

Website: www.glcsnsw.org.au

Or by mail:

PO Box 823, Newtown, NSW, 2042

The Cover of Polare 90

The cover image of Carmen Rupe on *Polare 90* should have been credited to Fiona Clark of Tikorangi, New Zealand, who took the photo in 1975. We apologise for the omission and thank Fiona for informing us of the background story to the image.

Clark informs us the photo was taken at the first Miss New Zealand Drag Ball in 1975 and was then included in a major photographic survey called **The Active Eye** that toured New Zealand in 1975, causing an "escalating moral outcry" because it included two of Clark's images of transpeople. Because of public outcry the exhibition was not allowed to open in the Auckland Art Gallery and Clark's two images were removed from the exhibition at many of the venues where it opened. Eventually they went missing.

Clark replaced them in her later exhibition, **Go Girl**, shown in Sydney in 2006, which traced the controversy, the refusals to exhibit, and the media and public prejudices involved. **Go Girl** also included a larger group of images from the early 1970s, focusing on the gay, lesbian and transgender communities in New Zealand at that time, contrasting them with modern New Zealand to demonstrate the significant change in attitudes over thirty years.

Fiona Clark is one of New Zealand's most accomplished photographers and **Go Girl** also demonstrated that photography had developed into a serious and recognised art form.

The photo of Carmen on the cover of *Polare 91* was one of her favourites and was used as her 1976 Christmas card. She was still using it as a correspondence card in 2010, as she enclosed it with some newspaper cuttings about the French 1950s transgender, Coccinelle, which she sent me as a follow-up to a conversation we had about the French nightclub performer and pioneer tg.

Katherine Cummings

April-June 2012

No. **91**

CONTRIBUTORS

evie belle, phinn borg, zoe brain, anthony carlino, liz ceissman, katherine cummings, carolyn gage, phoebe hart, jon hayes, max hopwood, morgan, barbara paterson, laura seabrook

REGULAR

- 6** Manager's Report by Phinn Borg
7 Editorial by Katherine Cummings
17 The Counsellor's Column by Anthony
Carlino
33 News Items of Interest
36 Gender Centre Events, Workshops and
Activities February-September 2012
41-46 Directory Assistance

Editor: Katherine Cummings

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

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FEATURES

- 9** Calling All Transgender Parents by Liz Ceissman
10 My Intersex Adventure by Phoebe Hart
14 Dear Fifteen-Year-Old Me by Zoe Brain
18 A Second Second Life by Laura Seabrook
21 The ATO Bends on Transgender Expenses... But Only If
You Say You're Ill by Evie Belle
25 Of Leaky Umbrellas and False Inclusives by Carolyn Gage
28 Intersexions by Morgan
30 OII Submission to National Human Rights Plan
36 Letter to the Editor from Jon Hayes re Estradiol Implants
37 Harm Reduction and Chronic Disease Self-Management by
Dr Max Hopwood and Dr Barbara Paterson

SERVICES & NOTICES

- 4** Gay and Lesbian Counselling
13 89.3 FM 2GLF Community Radio (GLBTI)/ Women in
Prison Advocacy Network
15 Mental Health Nursing Care Project
16 SAGE (Sex and Gender Education)
20 NSW Seahorse Society
22 Barbecues and other events
23 12th Annual Social Research Conference on HIV, Hep C
and Related Diseases
24 Needle Exchange/Pay-It-Forward Binder Program/
FTM Australia
32 RPA Sexual Health Clinic/Central Coast Transgender
Support Group
34 Transgender Anti-Violence Project/ ADB
35 Queensland Gender Centre/ Inner City Legal Centre

DEADLINE

for submissions to the next
edition of *Polare* is the
eighth of June 2012

The Manager's Report

Some weeks ago, the Gender Centre was contacted by Sujay Kentlyn, the Health Policy Officer of the National LGBTI Health Alliance, which has quarters in Newtown, a hearty stone's throw from the house in Bent Street, Petersham, where the Gender Centre staff and administrative services are located.

Sujay visited the Centre and talked with the staff, to inform herself of the areas we cover and how we do it. Over a casual morning tea with staff (iced buns supplied by Sujay) we talked about the Centre and the Alliance, to our mutual benefit.

The National LGBTI Health Alliance is a coalition of organisations and individuals across Australia who work to improve the health and wellbeing of lesbian, gay, bisexual, transgender, intersex and other sexuality, sex and gender diverse people.

Members of the National LGBTI Health Alliance work in areas of social justice as well as physical and mental health, so that one of their current concerns is the establishment of equal marriage rights.

They are also concerned about Social Security measures, including pension and allowance payments for many people living in same-sex relationships, who had previously been treated as single individuals by Centrelink.. To quote from their website:

"It has long been accepted that the same-sex law reforms would bring some gains and some losses; new rights and new responsibilities. However it is simply unjust that people who were not able to access any of the financial benefits and entitlements available to other couples (e.g. tax concessions), are now suddenly faced with most of the negative consequences of reform. This is particularly concerning in relation to elderly people, people with disability and those experiencing chronic illness, groups who are most vulnerable and disadvantaged."

**Polare page 6
April-June 2012**

The Alliance is working with its members and with other community and health organisations to lobby the Government to give older same-sex couples receiving pensions extra time and resources to adjust to the new legislation.

The Alliance has made a significant contribution to the DoHA (Department of Health and Ageing) LGBTI Working Group. Incidentally, Sujay recently contacted the Gender Centre on the topic of ageing transgenders and their health concerns, and asked for any information about health problems of ageing trans* people in Australia. Sujay is aware of the *Tranznation*

Report, which is of only peripheral interest to trans*, and we will be passing on various articles and talks written for *Polare* or as information handouts. We can pass on your information or Sujay can be contacted directly by phone (8568 1126) or by email at sujay.kentlyn@lgbtihealth.org.au.

It may be superfluous to state at this point that the NSW Gender Centre has joined the Alliance and looks forward to a long and fruitful association, and more iced-bun morning teas.

Phinn



National LGBTI Health Alliance logo

You're Fired!



Transgender woman Jenna Talackova, an entrant in Donald Trump's Miss Universe Canada competition, has been ejected from the contest because she is not a "natural-born female". One assumes she is natural born, and legally, socially and in every meaningful way, she is now female. Trump's distasteful discrimination follows similarly undesirable precedents in the bigotry-ridden world of beauty contests. KC

Jenna Talackova

STOP PRESS! The Miss Universe organisation has done a U-turn. Jenna is in! [4.4.12]



Following my policy of trying to give various segments of our community emphasis in *Polare* I have included several pieces in this issue that are concerned with Intersex. Our cover subject, Phoebe Hart, is AIS and recently had her

autobiographical, award-winning documentary, "Orchids, my intersex adventure", screened on the ABC. Hart is a professional photographer and movie maker and has used her skills compellingly to tell her story, which is also the story of her sisters and parents.

She is to be admired and congratulated. "Orchids..." is available as a dvd, purchasable from info@hartflicker.com.

There are also pieces in this issue by other Intersex people, including Morgan who wrote a paper for the Conference in Melbourne ("After Homosexuality") that celebrated the fortieth anniversary of the publication of Dennis Altman's seminal book *Homosexual: Oppression and Liberation* and there is an abridged version of the OII submission to the National Human Rights Plan on p.28.

We seldom agree with another person's views although we invariably agree with our own views, expressed by someone else.

Recently I represented the Gender Centre at a GLBTI forum initiated by the Marrickville Council and held in the Petersham Town Hall. There was a panel of speakers representing different portions of the Alphabet Soup we call our own, and after the formalities of being welcomed by a representative from the Marrickville Council, the speakers each gave his or her opening remarks, with emphasis on the most urgent problems she or he saw as needing attention.

The first speaker was Simone Curry and I was interested to note that one of her most pressing concerns was the problem of ageing lesbians. Where are they to go and who is to look after them? Is it better to have them all in the same place so that there is less culture shock on the

rest of society, or is that a ghetto mentality and should we be, even if the task is daunting and the road is long, educating the rest of society to understand and accept those of us who do not conform in one way or another?

I found myself in agreement with Simone that the latter is the preferable course, and that the Mountain should, in these cases, be persuaded to come to Mahomet. Society is bigger than we are, but by applying reason, by being open and informative, and by refusing to descend to the levels of aggression too often seen in those who do not understand and have no interest in learning, we will prevail in the fulness of time.

Which leads me to another point. I am sure that many lesbians have written for *Polare* in the past (after all, transgenders can be of any sexuality, and many remain, or become, attracted to women after transition m2f) but in this issue I have included a piece by an out lesbian who has never been anything else. I was impressed by her writing style and in agreement (see above, about agreeing with one's own views expressed by someone else) with her views on the unnecessary use of umbrellas where they are superfluous and inclusive terms where they are misleading. Carolyn Gage writes of "Leaky Umbrellas and False Inclusives" (p.23) and I find myself in general (if not total) agreement with what she says.

One of the points she makes, and one I have dealt with in the past, is the use of self-identifying terms that have negative or even threatening connotations.

She rejects the use of "Queer", suggesting that the negative baggage carried by the word (and she provides many synonyms from her Thesaurus to make her point) is a self-defeating stratagem. We understand (Carolyn and I) that people like the idea of "reclaiming" words but this reclamation is as symbolic as walking with like-minded friends on a darkened street under the impression that this will "reclaim the night".

I will go further and say that I believe the adoption of aggressive self-descriptors such as "transsexual menace", "queer avengers", and "still fierce" are poor stratagems for winning the hearts and minds of the populace. They are redolent of 'bikie' and 'colour' gangs rather than

Issue Ninety-One

discussion groups and if I were to meet strangers with “Transsexual Menace” emblazoned in scarlet on their black t-shirts, I would be more likely to cross the road than attempt to enter into a dialogue based on reason.

I have mentioned this to people who have adopted the “Transsexual Menace” label and been told it is all “tongue-in-cheek” and good-humoured self-parody ... but how is this to be conveyed to the public in time for them not to be seeking shelter or arming themselves in self-defence? “Menace” has a specific meaning and we ignore the meanings of words at our peril and to the detriment of our cause.

There is another side to the use of terms with negative connotations, and this side rests firmly with the forces of evil. The use of terms such as “tranny” and “gender-bender” are usually insults and sneers intended to denigrate transgenders and hold them up to ridicule. I know that some transpeople use the term “tranny” within their own circles and this is their right, even if I find “tranny” as deplorable and insulting as “homo” or “dyke”, but this does not excuse the use of these terms by “outsiders”.

An eleven-year-old transgirl in Britain, with the support of her mother, has taken the media to task and raised a petition of more than 2,000 signatures, asking that the media refrain from using these terms. This is a laudable initiative but the public comments, following publication of this plea, have been deplorable. Ignorant, vicious and lacking the capacity to put themselves in another’s place, they deride the girl and her mother, accusing them of being fools, of trying to make money from the situation etc. In doing so they may be exercising the right of free speech but generally missing the point that freedom of speech may be a legal and even a human, right, but the way in which that freedom is used should not be hate-driven and totally lacking in humanity. With every freedom comes responsibility.

Which leads me to comment on another form of flawed strategy, put into practice recently by self-styled “Queer Avengers” in New Zealand. Germaine Greer, for whom I hold no brief and whom I will attack in print as often as possible,

was “glitter-bombed” at a book signing. This is about as ethical as Japan’s attack on the USA at Pearl Harbor in 1941, or their equally unethical attack on the Russians at Port Arthur in 1905. An ambush when there is no formal (note the word “formal”) state of hostilities in existence is the tactic of a sneak and a bully. I do not admire Rupert Murdoch, but hitting him in the face with a custard pie was also pointless and reprehensible.

Violence is violence, no matter by whom it is practised, and if we believe that violence is bad, we should not make exceptions to this rule in order to condone our own behaviour. Even threatening gestures are seen legally as forms of violence. Our best weapons are words, framed in reason and expressed with courtesy. Engage people in conversation, challenge them to a debate, or write rejoinders to their arguments. Publish if you can. Editors are often on the lookout for interesting and controversial topics for publication. Do not assault your enemies from ambush, without giving them a chance to defend themselves. If you wish to engage with them on a physical level, challenge them to a formal duel with custard pies or glitter, and abide by the outcome. Better the Field of Cloth of Gold than the Killing Fields at Lake Trasimene even if the latter **was** part of a formally declared war. Or that’s what I think.

Many of us are responsible in significant measure for our ongoing medical self-management...the repetitive, day-to-day self-administration of oral medication, injections, avoidance of harmful substances, keeping to a diet and generally being sensible. The article by Max Hopwood and Barbara Paterson on p.35 explores harm reduction within the framework of self-management of chronic health conditions such as hep C and HIV.

And on p.16, to challenge your minds and stretch your concept of self there is a fascinating article by Laura Seabrook on the computer program called “Second Life”. Many of those reading this are experiencing, or moving towards, a second life in real life. Laura offers us a second second life in virtual reality. Enjoy!

Katherine



Calling All Transgender Parents by Liz Ceissman, Senior Case Manager

Being a parent has many challenges. Being transgender and a parent poses its own unique challenges. There is a significant amount of literature on the Internet that helps parents as they look after their children and support them to understand the unique and diverse family in which they live.

Unfortunately much of this literature is from overseas and really does not raise some of the cultural issues of families that are part of the Australian way of life.

I often hear many transgender parents say they live in fear of authorities finding out about their family life and are fearful that their child(ren) will be taken from them by child protection agencies.

Being transgender and a parent is no reason for any agency to determine that any child in that family is at risk of harm or injury. It is an

important issue for many parents and one which they struggle with.

To that end the Gender Centre is looking to develop a small resource/handbook of information that can provide some simple answers to the questions that parents may face. We do, however, need the support of parents from within the transgender community.

In order to develop a resource to help parents we need to know what the issues are for you, what you want information about and also what your experience and successes have been in being a parent.



I invite transgender parents to contact us to give us the benefit of their knowledge, insight and needs so that we can create resources to help you and others in the future. When you call, ask to speak to Liz or Tara if you want to contribute or even if you just want to ask a question. ☐☐☐

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My name is Phoebe and I have CAIS or Complete Androgen Insensitivity Syndrome.

This means I have atypical reproductive organs as a result of my body being insensitive to androgens (male hormones including testosterone). Hence, I look and feel very feminine but I have male chromosomes and, prior to surgery at age seventeen, I had undescended testes. AIS is a form of 'intersex' (or 'hermaphroditism' for the old school among us) and has a frequency of about one in every 25,000 live male births of the population, but the incidence of intersex globally is a matter of much conjecture.

Some scientists have suggested we could be as high as one or two in every 200.

On Sunday 29 January 2012, my award winning autobiographical film "Orchids: My Intersex Adventure" screened on ABC1. Before then, the film had been touring the world in film festivals.

Getting the film to this point has been quite a journey. It's my story, and it looks at my family and our lives with intersex. Why did I do it? A big part was about gaining acceptance for people with intersex (myself included!). It's also about busting wide the shame, stigma and secrecy (commonly known as the three S's in the intersex community) I experienced growing up.

I was a big baby. I weighed over nine pounds and, apparently, I had a big head. Mum still teases me and calls me "boofhead", but as her first child it must have been quite an ordeal for her.

As a toddler I had a hernia. During the operation to fix the hernia, the surgeon noticed that my gonads were partially descended and although he noticed it, he didn't twig. He simply moved my "ovaries" to where they were meant to be.

Polare page 10

April-June 2012

It was not until several years later, when my youngest sister underwent the same procedure that they realised something was amiss. At that time I was karyotype tested and found, along with my baby sis, to be XY. The diagnosis: Testicular Feminising Syndrome. I remember the day that I was tested - I remember that my Grandma bought me a stuffed toy, a leopard, as a special reward. I loved it and still have it today. Of course, I never knew why I was at the hospital, or why they had made me sleepy. That wasn't until much later.

When I was a kid, I showed both typical male and female behaviours. I loved my toys and frequently engaged in role-playing fantasies, but I was equally comfortable climbing trees, picking fights with the boys at school and being loud and abrasive.

I think I told my Mum if I had the choice I would have wanted to be a boy, but today I'm not sure whether this is because I perceived boys had some special advantage over girls. It's a man's world, and I think I wanted to belong to the elite group. I remember I did not want to be a Mummy nor have my own kids either. I don't know if these were my ideas or suggestions implanted by doctors and parents, designed to soften the eventual blow.

Time passed. I abandoned my childhood pals and joined a gang of girls obsessed with their changing bodies and boys, boys, boys. I was eager to share these experiences, but was cursed as a late bloomer. I

watched enviously as the others grew breasts, became more shapely, got the attention of the boys - I was in hell. I read in my pre-teen manuals the about the changes I should expect, and was despairing that they hadn't happen to me yet. Each time one of my friends came to school and in a low whisper announced that they had their first period I felt crushed. Was I going to be the last? That was all I could seem to think about. I asked my Mum why I didn't have my periods yet.

"You won't have periods. You won't have babies."



I can't remember exactly how I felt. Mum followed up her announcement with platitudes about how lucky I was not to have the messy nuisance of periods and that I could have babies by adoption if I wanted to later on in life.

Actually it all seemed to make sense. It seemed to fit. I was happy to know something - anything. Now, at least I had something that I could tell my friends - they were beginning to wonder. However my Mum warned me about telling anyone anything about it. My parents had kept this secret to themselves. Mum and Dad hadn't told anyone. This was something that shouldn't be discussed with others - they wouldn't understand. So I should keep it a secret too. Our little secret.

I became a teenager and so began a terrible period of my life. My gang of girls was experimenting sexually. I wanted to experiment too but I was very, very confused.

During a disastrous tampon-inserting fiesta with my girlfriends I discovered my vaginal canal was very short. I freaked out. I realised that I couldn't have sex, that I couldn't allow myself to get close to another person. It was another thing to differentiate me from everyone else. And I still didn't understand why. Why was I so different? Why was my body different? Why wasn't I like the others?

At age fourteen I was spiralling. I was deeply depressed. I lost all interest in school. Often I spent the entire day in the school toilet block. I fell out with all of my friends. I cried myself to sleep most nights.

I wasn't talking to Mum at all. At the end of Grade 9, Mum was packing me off to my grandparents for the Christmas holidays when I started a huge fight with my her. I screamed my lungs out at mum - it must have been what I needed. We both broke down crying and hugged each other. For some reason, I started to feel better.



My senior years at high school were great. I developed my own awareness of my sense of humour and unique qualities. I was actually better at many things than my peers. I loved hearing, "wow, you're so creative" and other such compliments. It filled a void. It gave me a sense of worth and purpose that I think everyone needs and just made everything different. With my self-confidence buoyed, I developed meaningful relationships with friends and family.

At the end of high school, after all the exams and parties, Mum thought it was time to let me know everything (notice I say Mum all the time - I think Dad must have been totally out of his depth). When Mum drove me down to the beach I had no idea what she was about to tell me. I could see she was tense and was about to unburden herself. I was deeply curious but also afraid. She started off by reminding me that I couldn't have children, blah blah, yeah I know all that. Then she started to tell me why. I was amazed. It all became clear. It was such a relief just to know why. To give it a name. But I was angry: why did she wait for so long? Didn't she know I was in pain all these years? Mum said she wanted to wait until I had done high school Biology so that I would really understand. I could have laughed. In my opinion, it was so clear that anyone could understand. But I forgave Mum immediately because I could see that it was painful for her too.

My self-esteem plummeted and soon I was depressed again... It's hard to write about this period because basically it felt like I was only just surviving.

Issue Ninety-One

I also found out that I'm not alone. My baby sis has AIS too!

Mum also talked to me about surgery to remove my testes . The operation was scheduled for just before the start of my first year at university. So I said OK, and the next thing I knew I was on the slab, up for an orchidectomy and vaginoplasty. I got the orchidectomy but they decided not to do the vaginoplasty at the eleventh hour. They thought I might have enough length for manual dilation.

So there I was, seventeen, a first year university student on hormone replacement therapy, dilating, living by myself in the big city away from my small town family and friends.

The follow up visits to the Brisbane Children's Hospital were an ordeal. I felt like an object or some kind of medical curiosity for Interns to ogle. For some reason they changed my hormonal dose - apparently to fuse the bones and cap my growth and height. Before I knew it I'd eaten one too many cream buns and had put on 10kg.

People started referring to me as "fat". My self-esteem plummeted and soon I was depressed again. Except this time I really was very, very alone. It's hard to write about this period because basically it felt like I was only just surviving.

So how did I survive? I really don't know. I forgot about the doctors and just took my daily dose of estrogen. I stopped damaging my body and started to live with respect for myself. I also found I could have intimate relationships and my partners weren't scared off by my unusual body at all!

I began production of the documentary "Orchids" in about 2004 and I was never sure where it would end up. Mostly, the concerns I had circled around my

own anxieties: the abject fear of 'coming out' and exposing myself and my 'significant others'. Perhaps the only thing that got me through was the idea my film may help other people with intersex conditions avoid the pain I experienced. I also believe the experience of telling my story has been cathartic; the camera has become a softening filter for my own difficult experiences growing up as a person with an intersex condition. It is my hope that "Orchids: My Intersex Adventure", in some small way, has altered our status in history and society so that others, in time, will understand and respect us .

A DVD of the documentary "Orchids: My Intersex Adventure" can be ordered from www.orchids-themovie.com or by emailing info@hartflicker.com for an order form.



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Having a MENTOR has changed my life ... my
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Issue Ninety-One Dear Fifteen-Year-Old Me by Zoe Brain

Dear fifteen year old me,

I can do nothing for you, the fifteen year old girl that I was, silently sobbing in your bedroom. Back when you are, in 1973, I know your parents wouldn't understand. I know from here in 2012 (though you don't, and perhaps that's for the best) that if you let your secret out, the standard treatment in your time is electroshock therapy, sometimes even lobotomy, cutting out pieces of your brain, so best keep quiet.

I can do nothing for you. But I can do something for all the girls like you that exist in my time. Knowing me, knowing you, the girl I was, I think that will make you smile amidst your tears. It's how I soothe the hurt that you're feeling, easing the path of others.

And you know what? It will take a long time I'm afraid, but you'll live happily ever after too, as they will. We have a better understanding now. We have something called the Internet, linking all the computers in the world - and every home has at least one now - to share information.

The surgery is far better, the knowledge of hormones more extensive. We can't give girls like you the ability to have babies, not yet, but that's coming too. Too late for you - for us - but perhaps not too late for them.

It's no easier for other girls at fifteen than it is for you, back in 1973, stuck with a male body that feels so terribly, fundamentally WRONG. But there is hope for them, as there doesn't appear to be for you, when you are. Well, after living for so many years, hoping even when there is no hope, you get to win anyway, to be yourself. You will learn what the word "happiness" means. It will be better than you can imagine, better than your wildest dreams. Against all the odds, you get to live happily ever after.

You have many years of hell in front of you. Far too many. But you get out anyway.

Today, in 2012, girls like you don't have to endure nearly so long. If they can endure, just for another thousand days, there will be help available for them. No child should have to endure what you are destined to endure, but you get through it. No child should have to endure even 1000 days of it, nor 1000 seconds for that matter. They do have to though, at the moment. It's changing, getting better, and I think in my - in our - lifetime, we'll see an end to it. The issue will be recognised earlier, and social acceptance of the obvious treatment will become unremarkable. That day is not here yet, which is why we, you and I, have to help them.

You and I just have to show the girls of 2012 who are your age, that there is hope. That it does get better, and by the time

they're 25, their lives will be not much different from other girls their age.

That's not some impossible dream, not just a possibility, it's an inevitability, if they just hang on. Meanwhile, they must lay the foundations of their future life, do well at school, be ready to make a fantastic success of life, and not fall into the traps of drug abuse or throwing away a life that at the moment seems worthless. We must show them that they must plan ahead, for the better times to come for them.

They may end up marrying boys, and having a family together. Or marrying girls for that matter - we've come a long way in understanding sexuality since 1973, and same-sex partnerships, while unusual, aren't regarded as unthinkable as they are when you are.

Dear fifteen-year-old me, feeling so isolated and alone, back in 1973 you don't know that there are many like you. Boys and girls, born with the wrong-sexed bodies. Yes, there are boys too, born with female anatomy, and it's just as horrid for them as it is for girls born with male anatomy. Now in 2012, we do know though, and are doing something about it. There's still plenty of bullying (and worse than bullying) in schools, and not just from other kids. That's



Zoe Brain

getting better though too. The trouble is, that's little consolation for all the fifteen year old boys and girls subject to it today in 2012, so we have to show them that others have made it, and they can too. That it gets better, and not in ten or twenty years, but in just a few. That they should be busy preparing for that day.

I hope I've made you smile, dear fifteen year old me. You get to be quite a woman, you know? You use the pain you're feeling now as an energy, to help others just like you, transmuting it into compassion.

Writing letters like this one.

Love, and Hugs,

Zoe

p.s. I know you picked the name "Zoe" five years ago, and that you've never told anyone else. You won't for some time, but it fits you. If you recall your Ancient Greek, it means "Life".

This piece is excerpted with permission from the blog (aebbrain.blogspot.com) of Zoe Brain, who wrote it in response to an initiative from Claire James, whose web address is <http://sites.google.com/site/dear15yearoldme/home>. Claire's project is designed to provide advice from those who have been fifteen and transgendered to the new generation of fifteen-year-olds in the hope that the young ones will be comforted and take heart, knowing there is every chance for a brighter life ahead. KC

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

Originally published in 1992, this award-winning autobiography has been updated to December 2007 and includes a lot of added material from the earlier years. 428pp., (32pp in colour). A\$40.00 +\$10.00 post. Order from:

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



CORRECTION!

The story, "Carmen Rupe, Transgender Icon, Rest In Peace", in *Polare 90*, referred to Carmen's funeral as having taken place at the Te Waru Rapu Church in Redfern. The correct name for the church is Te Waru Tapu. We apologise for the error.

Mental health nursing care

With people of diverse sexuality and/or gender

RESEARCH PROJECT

What do you think?

As a mental health nurse, what is your role in caring with people of diverse sexuality and/or gender (S/G) ?

S/G diverse people often experience marginalised social status and poor social support. They also experience higher than average rates of mental health problems such as anxiety and depression, up to and including suicidality.

Are S/G diverse people disadvantaged in mental health services – for example, because they are minorities, or because care providers do not feel knowledgeable about their issues?

This research is exploring the role of the mental health nurse in caring with S/G diverse people. Nurses who participate in the research will have the opportunity to reflect on and gain alternative perspectives to develop their practice of caring with S/G diverse people. Participants will also have the opportunity to share their ideas on how institutional settings and organisational environments might usefully be modified to improve the care experience.

AIM

YOU are invited to

participate, whatever your own sexuality and/or gender.

This project has ethics approval from the University of Canberra Human Research Ethics Committee

If you would like to participate, please contact me via the details below!

Trish Kench RN
BN, Bsc Psych (Hons), PG Dip Mental Health Nursing, MA
Health Nursing, MA
PhD Candidate
Disciplines of Nursing & Midwifery
Faculty of Health
University of Canberra
T (02) 6258 8992
M: 0431 833 634
E: trish.kench@canberra.edu.au

www.canberra.edu.au
Postal Address:
University of Canberra ACT
2601 Australia
Location:
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tered Provider Number
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**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:

oii australia@bigpond.com or visit our website at www.oii australia.com

The Women's Group meets for discussion and mutual support, and the sharing of experiences and opinions.

The meetings are normally held on the last Monday of each month at the Gender Centre from 3.00pm to 4.00 pm. The next meeting will be held on 30 January, starting at 3.00pm.

Suggestions for guest speakers for future meetings will be welcomed.


Katherine Cummings, Convenor

**Are You Young and Transgendered ?
Do You Write Creatively?
Interestingly?**

Do You Want To Have Your Say?
We Want You To Have Your Say!

The Gender Centre Administration would like to see more material for *Polare* coming from the under twenty-five segment of our community. We are aware that the problems and experiences of transgenders who transition early are different from those of transgenders who transition late. We would like to have these differences defined so that we can campaign to improve the legal, social and therapeutic conditions of those who transition early. Such people may have encountered many disadvantages of early transition. They may lack financial security, established reputation and social acceptance. We would like to hear your suggested strategies to help in such situations.

You are encouraged to contribute material for the April-June issue of *Polare*. Please send your contribution to: The Editor, *Polare*, PO Box 266, Petersham, NSW, 2049
by 8 March 2012



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**Sex and Gender Education
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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!

Happiness And The Search For Meaning by Anthony Carlino

It has always struck me the number of people who communicate their hope both inside and outside of therapy to be "happy". To many, this ideal sounds reasonable and straightforward yet when one scratches the surface it is quickly realised that for some, happiness is sought after not just as an experience but as a constant state of being.

When you think about it, the idea of being constantly happy is both unrealistic and unattainable. This does not just apply to happiness - any emotional experience whether it be feeling proud, immune to the opinions of others about us, sadness, joy etc., etc. are all temporary experiences. Emotions are physical experiences we have and attach labels to, and like all experiences, they pass and are individually finite.

I read an article some years ago where a psychiatrist was asked to how one can reach happiness. His response was to assert that at any given moment, we are both consciously and unconsciously experiencing any number of emotions - some stronger than others and more noticeable, others a lot more subtle. So happiness, like all emotions, is not a destination to be reached but an experience that comes into our awareness and felt sense and, when it is time, passes.

This raises an interesting question. If happiness is an experience that will pass, what experiences in life are most likely to give me that happiness? One thing that is known is that humans are happiest when they are working towards something of meaning to them. We create a "meaningful world" for ourselves in to help us exist in a way that feels fulfilling. For some the foundation of meaning is religion or spirituality, for others it is money, career, family and relationships or any of the other infinite possibilities. Regardless of the framework we all create meaning for ourselves in order to be able to tolerate our existence and perhaps have the experience of joy and happiness more often. The use of the word tolerate may seem odd, but less so when one considers the following:

".....anxiety we have about who we are and what we're doing on this planet, what it means to have our name and our face; we keep running to the mirror to look at that face — we don't

*really know who that person is. And we don't like the face, usually, mostly. We look in the mirror, we say, "That's not my stupid face, besides it's getting old." So we run back and we take a pill or we take a drink, or we read a book, or we make love, or we call our mother long-distance, or something. We don't know what we're doing here, what it means to be named John Smith, to be born on Elm Street. These are sources of great anxiety for us, whether we admit it or not."*¹



Anthony Carlino

The above words speak an uncomfortable truth about the experience of being human. We cannot always be happy and content - as indicated by Laura Perls, the famous Gestalt Therapist, who noted that for as much as we can be aware of ourselves and the fact that we are individually unique and matter to the world, we are also aware that we are mortal and one day will perish. Our belief systems are often engineered to ignore this fact to allow us to get on with our day-to-day lives and yet it is ever-present. This is the existential dilemma that all humans experience consciously or not and because of it, the experience of the less pleasant emotions such as anxiety will form part of our experience. How can they not exist with such a dilemma?

What we can do however, is look towards having a more frequent experience of happiness and greater meaning in our experience of the world. Once the therapy we engage in with a trusted counsellor moves beyond the more immediate problems and the wounds to the soul from past experiences and trauma, it is not uncommon for such existential and spiritual questions to form part of the next step of self-awareness in therapy. It is both an exciting and humbling process and one becomes aware of both how magnificent we can be as an individual, and how one day our time will come when the world we know will no longer have the gift of our presence.

¹Becker, E. *Growing up rugged: Fritz Perls and Gestalt theory*

Undergoing gender transition can be described as “creating a second life” for oneself. There is no standard way of doing it, and there are always problems, surprises and delights along the way.

But what if you could practice or rehearse some of your transition, in an environment where your real life identity is anonymous, where you could have almost any shape or set of clothes,



Friends chat in the BAB North Sim

and where you could meet others with similar problems or experiences? Well there is such an environment, and it’s called *Second Life (SL)*.

This is one of numerous virtual worlds available at the moment, with thousands (if not millions) of participants accessing them via the Internet. But just what is a virtual world, and how can a virtual world help one in the “actual” (real?) world?

Virtual worlds have been around in one form or another since the middle of the 1980s. The earliest virtual worlds were “massively multiplayer online games (MMOGs)” (if you watch the TV show *Good Game* you’ll have seen reviews of some of these), where large number of players accessed the same networked environment and could interact with each other and that environment to play the game.

This is different from a simple chat room in that (on the whole) the environment is graphical in nature, is a representation of a world of some kind (not always 3D), and exists whether you’re logged in or not. The last is really important because, like the actual world, it gives a sense of continuity and narrative.

Virtual worlds are, however, not all games (like *World of Warcraft* and *Onverse*). Some (like *IMVU* and *vSide*, and *Kaneva*) are sophisticated 3D chat rooms, where you can customise your avatar (a representation of yourself) and your own spaces, participate in chat rooms that are actual rooms, dance and do other things like buy, make and sell clothes, furniture and rooms. The noticeable thing about these virtual worlds is that they are often a series of connected “rooms” - 3D spaces in which your avatar can move about and interact with both the environment and the

other users. But ultimately while these spaces can sometimes be quite large - *Twinity* has recreated the streets of the CBDs of places like Berlin and Singapore - the overall shape and content of those spaces is mostly set by the organisation that runs the virtual world.

And then there are environments like *Second Life* or *Active Worlds*. While the group that runs the world will create a certain amount of content, on the whole the majority of that (including the land) is created by the users themselves. Such worlds tend to be contiguous - instead of swapping from one room to another by selecting a link, you can walk (or fly) there! Such worlds might still have disconnected areas (in *Second Life* they’re called SIMs, and a SIM not adjacent to another SIM is an “island”) but often your avatar can “teleport” to these places. The reason I mention this is that the range of movement available within a 3D environment affects just

how immersive that environment feels. The more immersive an environment is, the more a user or player will come to identify with their avatar, and the more “real” it will seem.

.And there lies the difference between the MMOGs, 3D Chat rooms, and Open Worlds. Each can be immersive in its own way, but the options, customisation and possibilities vary enormously. An MMOG may be extremely immersive, with many ways to upgrade or customise your character, but the vast bulk of those options and customisations are likely to be supplied by the commercial venture that runs the game.

With 3D Chat Rooms there is likely to be much more user-created content and customisation, and with Open Worlds it’ll be the vast majority of stuff found.

There are different commercial models for virtual worlds as well. A game might have a free option but on the whole it will limit what your character can do, or only last for a certain period. 3D Chat Rooms and Open Worlds often have free and paid options for users.

While you can enter these worlds on a free account, a paid one will open up opportunities like access to restricted content, the ability to own (and maybe rent out) land, and extended support.

In worlds where users can create their own content there is also a virtual economy where users via their avatars can buy and sell items for in-world currency. That currency is usually bought using real money, and in some worlds that can go both ways, so that in-world currency can be traded back out for real money. Some people actually make a living in SL by creating and selling content!

The only real hitch is technical. With SL (and other virtual worlds) you have to have the hardware capable of running the viewers reasonably well using a broadband connection (anything slower and animations look more like a slideshow). There are viewers for PC, Mac and Linux. There are also text-based viewers that can be used to communicate in-world without the need for 3D rendering.

All of which is nice, but what has this to do with Gender Transition or being trans? Well like the internet as a whole, a virtual world like SL provides a play area where one can play, where risks can be taken with minimal consequences, and social connections can be made and maintained. Second Life in particular is noted for its large user base, customisation and content. It isn’t the largest Virtual World around, but it has a large number of groups and organisations in it that focus on a huge variety of interests and issues. Businesses and support groups have branches there! One such focus is LGBT issues in general and a variety of transgender issues in particular.



Virtual International Transgender Hate Crimes and Suicide Memorial

There are a number of transgender groups in SL. You can search for them online via <http://www.buscopio.net/secondlifesearch.html> or in-world. There are groups for she-males,

transgender women and men, a group that maintains an in-world Day of Remembrance Memorial, trans social groups and clubs, trans fanciers (an awful lot of cybersex is alleged to happen in-world) and much more. There is even an LGBT group with its own Pride Parade! Like real life equivalents, such groups are only as good as those that run and participate in them.

Now of course it's possible to use chat rooms anywhere on the net, you don't have to go into a virtual world just to do that. However, having a very customisable avatar to represent yourself does make a difference, because it also give an opportunity to play around with body image. The more immersive the environment, the more likely you are to identify with your avatar.

Can't "dress" in real life? You can in SL and changing gender in SL is one option of many possible changes you can make to your avatar's appearance. You can make your avatar look the way you do now, or how you'd like to be. And that doesn't stop at only what's possible in real life - avatars can be robots, aliens, demons or vampires, furries (humanoid furry animals), or almost anything else. That means you can "try on" looks in clothes and bodies easily and quickly - something unlikely in real life.

There's also plenty of role playing if you want it. As each user is anonymous who's to say what and who you are in real life? Most folk in-world don't care and there are plenty of themed locations in which you can play out fantasies and ideas.

A good percentage of these are sexual (heaps of B&D and "Gorean" Sims) but by definition it's all consensual. But sex play is just a portion of what can be done. There are therapists and counsellors that work through Second Life for clients who can't easily access them in real life. The legitimate ones will refer you to their websites where you can check out their credentials.

Second Life also hooks into real world events. Every 20th November there is a commemorative event at the International Transgender Hate Crimes and Suicide Memorial, and once again if you can't get to a local event, at least get to one in Second Life. Lectures, forums and support meetings also happen in Second Life (as do concerts, dances and other social events). In other words it's another net-based resource that you can plug into and use, one to which you can contribute and from which you can benefit.

NSW 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.

THE SEAHORSE SOCIETY OF NSW INC
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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"

The ATO Bends on Transgender Expenses, But Only If You Say You're Ill

by Evie Belle, with introductory comments by Katherine Cummings

Evie Belle, a transgendered woman, has received a private ruling from the Australian Taxation Office which allows her to claim a tax deduction for medical expenses such as hair removal; the cost of a wig and its maintenance; breast augmentation and facial feminisation.

The first important factor is the necessity for referrals from doctors and/or specialists.

The second is that you would probably need to agree to being classified as having a mental illness. There is a long-standing disagreement among transgenders as to whether the stigma of being classified as 'ill' outweighs the financial advantage of being able to draw on health funds for assistance, or claim deductions from the ATO for medical expenses. In my own case I obtained a five-year back-paid deduction for electrolysis simply by arguing the case for five years (without medical referrals) until they decided to pay me to go away.

Evie's ruling was "private" which means it cannot be used as a precedent for a general rule but it is hard to understand how the ATO, having granted a deduction in one case could refuse applications for deductions based on similar medical referrals.

Evie has been kind enough to allow me to quote her correspondence with the ATO, to give an idea of the kind of documentation the ATO might require in order to allow claims.

Evie's enclosure runs:

"I refer to your (the ATO's) letter ... which was sent to me in response to my earlier application for a private ruling regarding the following matter:

Are the costs of hair removal, purchase and maintenance of a medicinal wig, gender feminisation surgery and breast augmentation considered to be medical expenses for the purposes of claiming a medical tax offset?



The answer provided in your letter was "No."

Based on the reasons for your decision outlined in your letter, I believe the ATO has erred in the interpretation of the legislation. Accordingly, I seek a reconsideration of your earlier ruling on the basis of the following:

ATO 1. The cost of laser hair removal and the purchase and maintenance of your wig are not in respect of an illness or an operation...

I have been formally diagnosed by both a clinical psychologist and consulting psychiatrist as having a chronic mental illness. Their independent diagnoses have recommended specific treatments to restore psychological function. These recommended treatments involve the purchase of medical appliances and to commence specific behavioural, medical and surgical interventions (by qualified medical practitioners). The costs of these appliances are not funded by the public health system and must therefore be funded by myself as the sufferer of such illness.

ATO 2. and [wigs] are not medical or surgical devices.

The wig has been prescribed as a necessary treatment for my illness. The wig is custom made-to-measure with a special construction for continuous day-to-day wear in order to relieve both current and potential mental incapacities. Without such a medical appliance I would suffer extreme embarrassment and psychological stress, which is no different from a sufferer from alopecia which, as I understand from your ruling, are sufficient grounds to claim a tax offset.

ATO 3. [Hair removal] is not undertaken to cure or manage a medical condition

My formal diagnosis endorses hair removal as an essential treatment for my chronic mental illness in order to relieve both psychological and psychiatric impairments. I initially presented to my psychiatrist with acute

psychological and psychiatric symptoms and the hair removal was a designated and a recommended treatment by a registered medical practitioner in order to treat these impairments. Hair removal is necessary to remove the impairing pathological male features (refer to comments below).

ATO 4. [Gender feminisation surgery and breast augmentation] are considered cosmetic operations as they effect a superficial alteration while keeping the basis unchanged.

The gender surgery proposed is part of the treatment for my chronic mental illness in order to remove the impairing pathological male features so that I am able to present in my affirmed and acknowledged female role. The surgery is intended to demasculinise my appearance, which is neither a process of feminisation nor beautification.

Furthermore, the procedure cannot be construed as “keeping the basis unchanged” as the intent of the surgery is to enable the basis of my gender identity to be altered fundamentally and permanently. This is neither superficial nor cosmetic as your ruling suggests.

In summary, the treatments for my chronic mental illness are required to improve psychological function. Given that the costs of these treatments are not covered under the public health system, I am obliged to fund them from my own resources. For this reason I seek to have these costs recognised as a medical expense for claiming a tax offset.

Naturally, all statements contained herein can be supported by documentary evidence from a registered medical practitioner.

.....
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.

.....

**The Lesbian and Gay
Anti-Violence Project can
be contacted on (02)
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Aude Chalon

**is gathering life stories especially among
Sistagirls. If anyone can help, please
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aud_mmsh@hotmail.com

**Barbecues and
other events
2012**



**Xmas Barbecue, Dec. 8, noon -
4.00pm**

***Joseph Sargeant Community Centre
60 Prospect St, Erskineville***

***Watch the Gender Centre
Website, Twitter and Facebook
for details***

12th Social Research Conference on HIV, Hepatitis C and Related Diseases

12-13 April 2012

Silence & Articulation

What can and can't be said about HIV, hepatitis C, drug use and sexual practices?

What is emphasised and what is muted?

What is seen as acceptable and unacceptable?

What do such silences and articulations achieve and why?

Keynote speakers:

John Della Bosca, Former NSW Special Minister of State, 199-2006, National Campaign Director, National Disability Insurance Scheme

Professor Jane Usher, Director, Psyhealth: Gender, Culture and Health Research Unit, School of Psychology, University of Western Sydney

Associate Professor Alison Ritter, Director, Drug Policy Modelling Program, Faculty of Medicine, University of NSW.

John Godwin, HIV, law and development Consultant Member, Legal Working Group, Ministerial Advisory Committee on Blood-borne Viruses and STIs

Abstracts can be submitted for oral presentations only. There will be no poster presentations or workshops. Please contact the conference organisers if you wish to propose a conference symposium. All abstracts are to be submitted online. Please see the conference website: <http://nchsrconference2012.arts.unsw.edu.au> for specific instructions on abstract submission.

Fees: Early-bird (before 13 Feb. 2012): \$350.00 / Student: \$275.00 / Day pass: \$225 / Full fee: \$425

Information: Conference Organising Committee, NCHSR, Faculty of Arts and Social Sciences, University of NSW, NSW, 2052. **Email:** nchsr@unsw.edu.au.

Tel.: +61 (0)2 9385 6776 **Website:** <http://nchsrconference2012.arts.unsw.edu.au>


Venue: Kensington Campus, University of NSW, Sydney, Australia.



**National Centre in
HIV Social Research**



**GROUP OF EIGHT
MEMBER**




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Pay-It-Forward Binder Program

is a used binder service that provides used
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*** guys in the Australian and New Zealand
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struggling financially or cannot obtain a binder
through regular channels e.g.: Centrelink
recipients, students, individuals who do not
have an income, or do not have the support of
their families to access binders.

The aim is to alleviate some of the dysphoria
experienced by FTMs and to improve their
quality of life.

The Pay-It-Forward program accepts donated
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The service is based on honesty and should not
be accessed by those who are just looking to
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Our website is:
<http://binderprogram.ftmaustralia.org> or you
can email: binderprogram@ftmaustralia.org



2012

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](http://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

Of Leaky Umbrellas and False Inclusives

Issue Ninety-One

by Carolyn Gage

A quotation for the day:

“Queer has become so inclusive that it doesn’t allow the space for lesbians to exist.”

The quotation is by Susan Hawthorne—activist, publisher, poet, aerialist. Her blog is a revelation. If you don’t know her, you should. And her book of poems *The Butterfly Effect* can catch you up on six semesters of women’s history... and her book of poems titled *Bird*, about living with epilepsy, is... well... you just have to read it. Not to mention *Earth’s Breath*, about what it’s like, before, during and after a cyclone.

Anyway... I’m on Day Four of the 5-Day blog-off with Deb Randall of Venus Theatre, and it’s about Day Seven of rain here in Maine... So I picked a subject that always gets me riled. False inclusives—which is to say, leaky umbrella terms.

I am old enough to remember when “men” and “man” were used to mean “men and women.” Which is like telling people, “Well, now, when I say ‘dog’ you know what I really mean is ‘dog and cat.’” No self-respecting cat would fall for that for a nano-second. They would know that it was a political ploy intended to privilege the interests of dogs, erase the traditional animosity between the two species, and, basically, make the cats suck it up.

Sadly, women, and especially lesbians are not cats. We have fallen and continue to fall for it. Imagine a gay man being told, “Okay, so from now on, the term ‘lesbian’ is going to be the term used to refer to both gay males and lesbians.” No self-respecting gay man would fall for that for a nano-second. They would know that it’s a political ploy to privilege the interest of lesbians, erase the ... well, you get the picture.

My generation of feminists fought very hard not be called “men” or “man.”

The New York Times, if I’m remembering rightly, was one of the last hold-outs. It took them until 1986 to stop using Mrs or Miss, and

go with Ms. Because in speaking of any woman, anywhere, in any context, it is always supremely important to understand her heterosexual marital status.... because.....???

Anyway... trying to stay focused here. Our suffrage sisters could tell us all about false inclusives. How Thomas Jefferson (enslaver

and impregnator of an enslaved captive) added the words “all men are created equal” to the Declaration of Independence, and how women were assured that this meant us, also... oh, except for when it didn’t... like, for instance, when it came to being able to vote.

What I’m trying to say is that words matter. Toni Cade Bambara, whose work the entire world should know, and whose book *The Salt Eaters* should supplant *Moby Dick*... ANYWAY... Toni used to say how she took “acts of language”

seriously. We all should. Seriously.

Men are not women. Gays are not lesbians. And... okay, “queer.” What about “queer?” Well... I am not queer. I am not odd or unusual.

To cite another awesome African American goddess, Florynce Kennedy, “I never stopped to wonder why I’m not like other people. The mystery to me is why more people aren’t like me.” Yeah. What she said. Now, Florynce did not identify as lesbian... so she’s not talking about that. But she is talking about how supremely natural it is to be wild, social-justice-loving, inventive, outside-the-box, feral, decolonised, and liberated. Women’s natural state.

(*Color Me Flo*, her autobiography, is a great read.)

“Queer” might work for someone who experienced their same-sex attraction as a burden, or an affliction, or a disability... something they were born with and have to learn to live with. “Queer” might fit for someone who views it as a quirky, deviant lifestyle.

My lesbianism feels like a homecoming to me.



Carolyn Gage

It feels like a beachhead from which women, all women, can effectively fight for our truths, our lives, and for the planet.

In a world where women are still forced to offer up our sexuality and our emotional resources to men, where we are still killed, incarcerated, or faced with the slow-motion violence of poverty for choosing to put women first in our lives, there is nothing queer, odd, strange, unusual, funny, peculiar, curious, bizarre, weird, uncanny, freakish, unnatural; unconventional, unorthodox, unexpected, unfamiliar, abnormal, anomalous, atypical, out of the ordinary, incongruous, irregular; puzzling, baffling, or unaccountable about choosing women.

There is something tremendously courageous, with a deep core of integrity about it. Considering how everyone's first object of attachment is a female, it can hardly be deviant to be attracted to women.

It's more like making a beeline back home.

I recently had lunch with three young gay men in their twenties. The issue came up about why

they didn't use the word "lesbian." All three made faces. It was a spontaneous reaction. They had a **visceral** response to a word that referred only to women.

I had the unmistakable impression the faces indicated their distaste for women's bodies, that they were all associating the word with

“Lesbians have no more control over the times and places where “gay” will include us than earlier generations of women could control when and where “man” and “men” would include us.”

women's genitals... which, indeed, one of them told me he was. Ah... the infamous "ick" factor.

Okay... but is that any reason why lesbians should abandon the word... just because gay men feel more comfortable with a word that privileges them and protects them from actually confronting the fact that lesbians are in different bodies?

Look, let's be honest: The reticence about using the word "lesbian" is always and ever at heart rooted in misogyny. No, really. You are not going to convince me otherwise. Judith Halberstam in a recent article in *Bitch Magazine* says that, to her, "lesbian" has associations "which are always sort of dowdy and unsexy."

WTF??? *The Bitch* author helps us out by explaining how "lesbian" has connotations like

Melbourne Gender Blender

On the first Saturday of every month from 9.00pm to 4.00am there will be an event for the Sex and Gender Diverse Community of Melbourne and their friends. The aim is to provide a safe and comfortable space for the SGD community in a enjoyable and inviting atmosphere. There will be Performances throughout the evening as well as DJs and dancing. Door prizes and raffles, with proceeds to go to a different community organisation each month or to an individual in need of funding to help with costs for health insurance or surgery.

The events will take place at the Glass House Hotel, 51 Gipps Street, Collingwood, close to Collinwood Station and trams. Plenty of taxis about .. we encourage people to drink responsibly and not to drink and drive See our website www.genderblender.net or email info@genderbledner.net or phone 0406 777 501

“lumberjacks,” (that’s “loggers,” *Bitch*), granola-eaters, porn stars, cat-owners and goddess worshippers.

WT-double-F??? Make up your mind.

So now Trish Bendix of AfterEllen.com chimes in with how “lesbian” has “almost become a dirty word” because of its association with feminism.

Jeez. The squeamish faces of the young gay men are starting to look not so bad. At least their aversion was to anatomy, not human rights... although, yes, of course, duh, there is a direct connection between their wrinkled noses and my 77 cents to the male dollar.

Look, here’s the thing: Lesbians have no more control over the times and places where “gay” will include us than earlier generations of women could control when and where “men” and “man” would include us.

Allowing ourselves to be given an identity whose primary referent is male may seem to offer some degree of protection and privilege, but it’s a chimera.

Our safest and strongest strategy is to remain visible to ourselves, and, sisters, “gay” is not going to do that. Now we see us, now we don’t.

Oh... and that “label” thing that was so trendy in the 1990’s (“I don’t like labels...”) I am talking about an identity, here. You know. **identity**... as in a tribe, a heritage, a legacy, a history, a culture. A **lesbian** one.

If you are confusing that with a label, then you are doing *exactly* what our enemies would like us to do... (See my “In the Beginning” blog.)

So, now let’s all say “lesbian.” Slowly. Thinking of Sappho. Thinking of women’s bodies. Thinking of all those times and places and ways that our gay brothers don’t get our issues or, worse, actually undermine them.

Let’s say it again and, this time, look in a mirror. Think about feminism, which is defined as the advocacy of our rights to be considered equal to men. A goal many consider too unambitious...but nonetheless a starting place.

LES-BI-AN.

It’s what we are . Get over it. □

“Of Leaky Umbrellas and False Inclusives” is reproduced with permission from the blog called “Nobody Knows I’m A Lesbian” by Carolyn Gage (<http://carolyngage.weebly.com>). It has been lightly edited.

Community Contacts Cancelled

The Gender Centre regrets that following misuse of the service Community Contacts will no longer be provided. Growing reports of predatory actions by some ‘contacts’ forced us to take this action.

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

PARENTS OF TRANSGENDER CHILDREN

The Gender Centre will be hosting an information and support group for parents who have children (any age) who are transgender or gender diverse).

Meetings will be held on the second Monday of each month from 6.00pm to 8.00pm. A clinical psychologist will co-facilitate these meetings.

A light supper will be available.

**Contact Liz or Anthony on
9569 2366**

MORGAN, a board member of OII Australia, wrote and presented this paper at the “After Homosexual” conference in Melbourne on 4 February 2012. The conference marked the fortieth anniversary of Dennis Altman’s book *Homosexual: Oppression and Liberation*.

Introduction

I’m speaking today as a member of OII Australia, a local intersex activist organisation that’s aligned with the LGBTI movement because of our common experience of homophobia, and misogyny. There is no settled view on the inclusion of the ‘I’ in GLBTI.

Firstly, though, what is intersex?

Intersex is where a person’s biological sex is not clearly male or female; a person might have characteristics of both or neither. It’s always congenital. Someone can find out or be discovered to be intersex at birth, puberty, when trying to conceive a child, or serendipitously.

It’s not an identity: it’s not in our heads, although some of us will opt out of the gender binary. It’s typically carved into our bodies.

Medicalisation

Medicalisation goes back centuries, and for much of that time there was no clear differentiation between LGB, T and I.

Mogul, Ritchie and Whitlock state:

Siobhan Somerville in *Queering the Color Line* reports “as late as 1921, medical journals contained articles declaring that a physical examination of [female homosexuals] will in practically every instance disclose an abnormally prominent clitoris” and that this is “particularly so in colored women”.

A key change happened in the 1950s, when New Zealand doctor John Money declared that sex equals nurture, not nature, and that the “brain is an object for behavioural engineering”. His (now discredited) work led to standard medical protocols that still result in cosmetic genital surgery on infants and children with intersex variations.

Even now, in Australia, these are performed to prevent social and familial discomfort, despite medical research that shows poor satisfaction with surgery.

Polare page 28

April-June 2012

The trauma associated with these surgeries led to the establishment of an intersex movement, initially through a magazine advert and later online. The immediate priority of the movement, led by the Intersex Society of North America, was to engage with the medical profession, and this led in 2006 to a “consensus statement” that changed the terminology associated with intersex. It introduced the term “Disorders of Sex Development” or DSD.

The aim was to create a non-pejorative, value-neutral term to replace “intersex” and “hermaphrodite”. In a very literal sense it was homophobic: it aimed to eliminate a parental and social fear of homosexuality and queerness in an attempt to improve patient outcomes.

It failed.

Current rationales for infant genital surgery

Dr Dix Poppas, working at Cornell University, describes his current “rationale for early reconstruction” on infant genitals as including, “... minimizing family concern and distress, and mitigating the risks of stigmatization and gender-identity confusion...”

“Prenatal treatment to prevent homosexuality and masculinisation in CAH women

CAH, Congenital Adrenal Hyperplasia, is a manageable salt wasting condition that requires lifelong treatment. In women, it’s also associated with higher levels of prenatal testosterone, and a degree of physical and mental “masculinisation”.

In 1999, Columbia University psychologist Heino Meyer-Bahlburg published a paper entitled What Causes Low Rates of Child Bearing in CAH?:

CAH women as a group have a lower interest than controls in getting married and performing the traditional child-care/house-wife role. As children, they show an unusually low interest in engaging in... maternal play, motherhood...

Meyer-Bahlburg proposes that “treatment with prenatal dexamethasone might cause these girls’ behaviour to be closer to heterosexual norms”.

In an analysis that clearly shows the homophobic nature of these concerns, Alice Dreger tells how Meyer-Bahlburg and Dr Maria

New of Mount Sinai School of Medicine in NY published research in 2008 stating:

“Most women were heterosexual, but the rates of bisexual and homosexual orientation were increased above controls... and correlated with the degree of prenatal androgenization.”

Dreger describes, in 2010, Maria New and fellow pediatric endocrinologist Saroj Nimkarn (Weill Cornell Medical College) to be defining “low interest in babies and men - and even interest in what they consider to be men’s occupations and games - as “abnormal,” and potentially preventable with prenatal dex”.

Dexamethasone is a class C steroid that, in tests on sheep, has been shown to result in reduced mental capacity. It’s also linked to low birth weight, a greater incidence of cleft palate and other issues.

Dr Maria New began clinical trials on pregnant human mothers in 2010 to reduce masculinisation effects on CAH girls.



Dexamethasone has no impact on the salt wasting associated with CAH.

Terminations

Genetic screening is now available for CAH and XXY, via amniocentesis. OII Australia is currently examining the effects of this in Australia, and preliminary research shows a drop in number of live births with these intersex variations.

Conclusions

The shift to DSD failed to change the system. It’s failed to change medical protocols.

It has also come close to destroying the intersex movement. We’ve had to start again almost from scratch.

It is almost impossible for us to engage with the medical profession directly.

In many ways, the experience of intersex people shows what happens when a group of “disordered” people are found to be “born this way”.

Being trans- remains a disorder, although no treatable biological cause has been established.

Being gay or lesbian is no longer a disorder to doctors in most countries, even though this remains contentious in some major political and religious institutions.

The big weakness in the early intersex movement was a failure to organise around the causes of this medical treatment - homophobia, misogyny. We have to focus on the human rights and ethical case for liberation.

Intersex people are aligned with the “LGBTI” movement because of the nature of our oppression.

We seek the right to be ourselves as we are, in the context of infant and adolescent surgery, adult relationship and medical issues.

Even “straight” intersex people and their partners have to question and address issues with their sexual orientation and gender identity.

We’ve been here all along, and we need to be included - especially in campaigns around health and social services practices and policies, employment protection, and other frameworks for our LGBTI communities.

Notes

1. OII Australia does not support the establishment of a third gender category, but does seek the ability for all adults to opt out of the gender binary and use neutral sex or gender markers on legal documents. For more on the 2003 and 2011 ‘X’ passport reforms see here.
2. Intersex is about an experience of the body, not identity. Nor is intersex synonymous with androgyny. Any person, intersex or otherwise, may feel more comfortable with a non-binary identity such as intergender, or genderqueer.
3. There are many more intersex variations than those mentioned in this presentation.
4. We reject pathologising language, such as “disorders”. Intersex variations are a natural part of the human condition.
5. With thanks to Gina Wilson, chairperson of OII Australia, Hida Vilorio, chair of OII, and Gavriel Ansara for help during the researching of this paper. This article includes some minor changes post-delivery at the conference.



**Gina Wilson, President,
OII Australia**

OII Australia has made a submission to the Attorney General's Department's consultation on the National Human Rights Action Plan.

The submission has key recommendations in the following areas:

Intersex is not a gender identity

OII Australia believes that definitions of sex should never assume that everyone conforms to a binary consisting of male and female. It is critically important that the definition of sex is broad enough to acknowledge and include intersex variations in human biology.

OII Australia proposes that the sexes could be defined as female, male or unspecified. Alternatively, OII Australia proposes that sex be defined as "sex characteristics" which are typically, but not always, male or female.

Changing legal documentation on sex or gender

It is crucial that any nationally consistent approach to legally changing gender does not remove the right of intersex people to an administrative correction of the details on their birth certificate.

It is crucial that intersex people are not forced into a situation where they must surgically or hormonally modify their body to conform to the expectations of male or female gender.

A nationally consistent approach to changing gender must continue to facilitate the administrative correction of birth certificates for intersex people.

Gender notation in passports

OII Australia is not in favour of the creation of a third sex category but does welcome a situation where people can choose not to specify their sex.

OII Australia believes that adults should be able to choose to have 'x' listed on their passports or other legal documentation, as is implied in the Baseline Study statement. OII Australia believes that this should be possible without any

requirement for supporting medical documentation.

Collection of data on gender

OII Australia believes that a nationally consistent framework for sex and gender information must not:

□ Expose people to discriminatory treatment in access to healthcare, insurance, employment and services, especially if access to an 'x' sex marker is standardised across government and government-issue documents.

□ Require intersex people to obtain an 'x', or 'm' or 'f', gender marker to access appropriate healthcare.

OII Australia welcomes this review of how and why the federal Government collects and uses sex and gender information, and hopes to be able to participate in the consultation process.

Relationship recognition

OII Australia would prefer that the collection and recording of data on relationships did not have an impact on the ability of partners in a relationship to manage their joint legal affairs.

OII Australia would welcome a review of how and why the Federal Government collects relationship information. It would then be possible to develop national guidelines to ensure that such information is collected consistently across government and only collected where there is a legitimate purpose for doing so.

OII Australia would welcome a nationally consistent framework for the recognition of all supportive adult relationships.

Physical autonomy and access to appropriate healthcare

Concerns about legal approaches to changes of gender, and medical approval for the issuing of a passport with an 'x' identifier touch on some fundamental issues about the right of intersex people to live with autonomy over our own bodies, and free, fully informed and prior consent to any surgical or hormonal procedure.

Current procedures in need of revision:

- * Enabling of cosmetic genital surgery on infants on the basis that they are in the “best interests of the child”, despite a legal framework that is supposed to prevent this.
- * Intersex people who take testosterone blockers, such as Androcur, might find themselves on a list of potential sex offenders, as use otherwise is regarded as “off label”.
- * Intersex people who take testosterone, a hormone that is generally prescribed over a full adult lifetime, are subject to constraints on their freedom of movement due to State and Federal prescribing and access restrictions. These are human rights issues that are not currently referred to in the National Human Rights Action Plan, but which should be included.

View the complete OII Australia submission as a PDF

<http://oiaustralia.com/16849/submission-national-human-rights/>

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Director: Dr Tracie O’Keefe DCH, ND



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“A rich and varied array of informative and provocative stories of relationships.”
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“Do not neglect this book.”
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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

RPA SEXUAL HEALTH CLINIC

**25 Lucas Street, Camperdown,
NSW, 2050**

WHAT DOES THE SEXUAL HEALTH CLINIC DO?

- Testing, treatment and counselling for sexually transmissible infections, including HIV
- Gay men's sexual health check-ups
- Sex worker health checks
- Men's and women's sexual health check-ups
- Advice on contraception
- Pregnancy testing and counselling
- Free condoms and lubricant
- Needle and syringe program and sexual health check-ups for people who inject drugs
- Hepatitis testing and vaccination
- Post-exposure Prophylaxis (PEP) for HIV

WHAT HAPPENS WHEN YOU VISIT THE CLINIC FOR THE FIRST TIME?

You will be asked to fill out a registration form.

The information you give us will remain confidential and will be put in a numbered file. Keep this number and quote it for any test results and when making future appointments.

A nurse will determine whether you need to see a doctor or nurse for a medical issue or a counsellor to discuss information on sexual health, safer sex or relationship issues.

SOME COMMONLY ASKED QUESTIONS

Do I need an appointment? *Yes, appointment is preferable.*

Do I need a Medicare card? *No, you don't need a Medicare card.*

Do I need to pay? *No, all services are free.*

Do I need a referral from a doctor? *No, simply call 9515 3131 for an appointment.*

(Interpreters available)

The 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.

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



Books may be borrowed for three weeks.

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

Central Coast Transgender Support

The CCTS is a totally free and unfunded service to all with gender issues. It offers guidance to all who are contemplating commencement of the medical and psychological requirements that are involved in full MTF 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.

***CCTGS operates Monday to
Saturday 10am-10pm***

0404 054 000

Email:smh101@exemail.com.au

OBAMA'S NANNY WAS A TRANSGENDER WOMAN

When Barack Obama was growing up in Indonesia, for two years his nanny was a transgender woman named Evie. Evie met Obama's mother, Ann Dunham, at a party when she (Dunham) was married to Lolo Soetoro, Obama's stepfather.

Evie is now trying to fit into society as a man, having suffered constant attacks and threats of physical harm while living as a woman.

The White House has not commented.

STUDY SHOWS SUPPORT GROWING IN USA FOR TRANSGENDER RIGHTS

A study carried out in November 2011 by the Public Religion Research Institute shows growing support from the general public for transgender rights. Commentators have said that support has grown in formerly conservative areas because of growing awareness of GBLTIQ issues in the media. The *National Catholic Reporter* has noted that support for transgender rights is particularly high among American Catholics.

In addition the PRRI study showed that nearly 75% of Americans polled had a good understanding of the meaning of "transgender". About 11% reported that they had a family member or close friend who identified as transgender.

MAN LIVES AS WOMAN FOR THIRTEEN YEARS

A homeless man accused of identity theft has been living as a woman and using a stolen identity to obtain medical treatment.

Perla Serrano is 51 and was arrested when a policeman noticed she was



Perla Serrano

wearing a medical bracelet with a name different from the one she had given him. Enquiries were made and it was found that Serrano had charged a total of \$100,000 in medical expenses in four different hospitals.

GREER GLITTERBOMBED IN NEW ZEALAND

Germaine Greer has been glitterbombed at a book signing in New Zealand, by a group calling themselves the Queer Avengers.



Greer glitterbombed

The Queer Avengers took exception to Greer's "transphobic feminism" and showered her with glitter.

Greer has for many years been an enemy to transgenders, in print and in action. In 1999 she wrote that "Governments that consist of very

few women have hurried to recognise as women men who believe they are women and have had themselves castrated to prove it, because they see women not as another sex but as a non sex". She also tried to have Rachael Padman, a distinguished [tg] astrophysicist, removed from the staff of women-only Newnham College, Cambridge

MACY'S CLERK FIRED AFTER CONFRONTATION WITH TG WOMAN

A clerk who prevented a transgender woman from using the women's change rooms at Macy's in San Antonio, TX was fired after maintaining that she "could not allow a male to change in a females' fitting room, because of her religious beliefs."

BAILLIEU GOVERNMENT PROVIDES \$4.5M FOR ZOE BELLE

The Victorian Government has provided a package of \$4.5m to the Zoe Belle Gender Centre in Melbourne, including non-recurrent funding of \$146,000 over four years for suicide prevention.

ZBGC is currently an online resource for Victoria's sex and gender diverse community. Phone calls and email messages are received at ZBGC and responded to as quickly as possible. Tom Cho, speaking for ZBGC, said that over a third of respondents met the criteria for major depression.

Cho says that ZBGC is a "virtual gender centre". He also said that the State funding is not intended to provide physical space for the centre. They do, however, intend to appoint a paid project officer to provide information and training to same-sex and gender questioning youth programs and will also work with mainstream health providers.

Transgender Anti-Violence Project (TAVP)

The mission of the Transgender Anti-Violence Project is to provide education, support, referrals and advocacy in relation to violence and oppression based on gender identity.

The Project addresses all forms of violence that impact on the transgender, gender diverse and gender-questioning community, including (but not limited to) domestic violence, sexual violence, anti-transgender harassment and hate crimes.

Transphobic crimes affect many gender-diverse people in Australia each year.

The Transgender Anti-Violence Project provides a range of free, confidential services and has already helped a number of people who have experienced incidents that include verbal abuse, physical attacks, bullying, harassment and discrimination.

The TAVP needs to know about your experiences to be able to help you personally and to document the event in order to stop it from happening to others.

What can I report?

You can report anything to the TAVP. Some examples follow:



- Physical assaults
- Verbal abuse and threats
- Sexual assaults
- Stalking
- Domestic violence
- Family violence

When making a report to the TAVP you will be assigned a support worker, to assess the nature and level of support you may require. The Project will then provide you with ongoing assistance and referral services, including support when reporting to police, counselling, legal support, court support and medical support and follow-up support.

To make a report, call the Transgender Anti-Violence Project on 9569 2366 or 1800 069 115 or report online at www.tavp.org.au

Don't put up with it — Don't let them get away with it
STOP DISCRIMINATION
Contact the Anti-Discrimination Board of NSW

Get free confidential advice

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Visit our website at: www.lawlink.nsw.gov.au/adb
to download a complaint form.
Email complaintsadb@agd.nsw.gov.au

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. Contact details on the Directory pages.

PLEASE READ THIS!

If you are moving, or changing your email address, please tell us.

Undeliverable copies 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 2012 have not been set but sessions will be held monthly. To make an appointment please contact a Gender Centre Staff member on 9569 2366 or email reception@gendercentre.org.au. Bookings are essential

1.00pm	Apr 4, 11, 18, 25 Yoga	May 2, 9, 16,23, 30 Yoga	Contact Liz early for yoga as there are limited places.						
1.00pm			Jun 19. hep C What does it mean for you?						
1.30pm	Apr 30 Women's Group	May 28 Women's Group	Jun 25 Women's Group	July 30 Women's Group	Aug 27 Women's Group	Sep 24 Women's Group	Oct 29 Women's Group	Nov 26 Women's Group	
1.30pm	Apr 12 Over 55 Group	May 10 Over 55 Group	Jun 14 Over 55 Group	Jul 12 Over 55 Group	Aug 9 Over 55 Group	Sep 13 Over 55 Group	Oct 11 Over 55 Group	Nov 8 Over 55 Group	13 Dec Over 55 Group
5.00pm	Apr 24 Youth Group	May 30 Youth Group	Jun 27 Youth Group	Jul 25 Youth Group	Aug 29 Youth Group	Sep 26 Youth Group	Oct 31 Youth Group	Nov 28 Youth Group	Dec 19 Youth Group
6.00pm	Apr 6 FTM Connect		Jun 1 FTM Connect	Jul 6 FTM Connect	Aug 3 FTM Connect	Sep 7 FTM Connect	Oct 6 FTM Connect	Nov 2 FTM Connect	Dec 7 FTM Connect
6.00pm	Apr 2 Parents' Group	May 14 Parents' Group	Jun 11 Parents' Group	Jul 9 Parents' Group	Aug 13 Parents' Group	Sep 10 Parents' Group	Oct 8 Parents' Group		

Letter to the Editor from Jon Hayes re Estradiol Implants

Dear Katherine,

Things are progressing with the hormone implants. Green Pharmacy in Adelaide are already producing oestradiol implants. I have obtained 50 x 100-mg pellets from them and we are currently working through a back log of patients waiting for the pellets. Unfortunately these pellets have been more expensive than the previous Organon pellets. Green Pharmacy is retailing them for \$190 each and I have been supplying them to patients at cost price. They are also now starting to make the 50-mg oestradiol pellets. Green Pharmacy have no plans to produce testosterone pellets.

I have been liaising with Richard Stenlake who is a compounding chemist in Bondi Junction. He has just started making the oestradiol pellets and I saw an example today which looked good. The pellets are currently going through sterilisation testing and Richard thinks that pellets will be available for purchase by the end of April. Richard Stenlake has calculated the cost at around \$130 for the 100-mg oestradiol pellet. Richard Stenlake is also planning to make testosterone pellets and we have also discussed the possibility of progesterone implants which are already available through

overseas compounding chemists (eg College Pharmacy in Colorado Springs). We are also toying with the idea of reducing the pellet diameter so that the implant procedure can be performed using a smaller incision with less scarring and without the need for a suture. However as these pellets will have more surface area, they will be more rapidly absorbed, producing higher blood levels but shorter lifespans.

These developments are very exciting and it would appear that something positive has come from the disappointing decision by MSD to cease the manufacture of hormone implants. I will keep you informed of further developments.

Cheers,

Jon Hayes.

PLEASE NOTE:

The email address for the Editor, Resources and *Polare* is:

resources@gendercentre.org.au

N.B. Please put the word "Polare" somewhere in the subject line.

by Max Hopwood and Barbara Paterson

Introduction

During the past twenty years, there has been a surge of interest among healthcare funders, practitioners and researchers in the prevention of disease-related complications in chronic illness. Such complications are widely acknowledged to cause considerable disruption to people with chronic disease and to place excessive demands on the healthcare system.

The focus of most preventive efforts in this regard has been to teach, support and motivate people to become effective self-managers of their disease by their participation in self-management interventions. Despite a plethora of self-management interventions in recent years, research particularly in the USA and the UK, has documented low recruitment yields, high rates of attrition and a relatively low level of participation in self-management interventions.

There is general acknowledgement that some people are harder to attract to self-management interventions than others, particularly people of low socioeconomic status and marginalised populations.

Researchers have demonstrated that those most likely to attend self-management interventions are well-resourced in terms of finances, education, and support. The participation of only highly select populations in self-management interventions has resulted in a field of knowledge that does not represent those most at risk for disease-related complications, such as the poor, the elderly and marginalised populations. Some research shows that when the requirements outweigh the perceived benefits of the intervention, people who are enrolled in an intervention are likely to drop out or not to participate in the intervention. Many questions remain about the appeal and relevance of such interventions in the real world



Dr Max Hopwood

of people with chronic illness who are at risk for disease-related complications.

In considering this issue, I was invited by a Canadian colleague Professor Barbara Paterson to co-author a book-chapter on harm reduction as a framework for the management of chronic illness. We recently published a synthesis of international research about self-management interventions within the field of type 2 diabetes (Paterson &

Hopwood, 2010).

In this chapter, we propose that the failure of many self-management interventions to address the needs of those most at risk for disease-related complications accounts in part for the fairly homogenous population that has been attracted to the interventions, and this is why attrition tends to be high.

Furthermore, we suggest that the participation of high risk populations may be enhanced if such programs are developed and implemented according to the principles of harm reduction.

Definitions - Harm reduction in chronic illness

While it is important to note that definitions of harm reduction are contested, disagreement largely reflects the dynamic nature of this public health phenomenon as it continues to evolve. Historically, harm reduction policies, programmes and interventions have been associated with the field of illicit drug use, particularly injecting drug use and the prevention of HIV and other blood borne viruses.

As harm reduction principles become adapted and incorporated into the lives of people experiencing chronic illness further variation of this definition will be required. In relation to chronic illness, harm reduction is concerned with preventing disease-related complications associated with risk behaviours, such as ignoring the dietary guidelines of chronic

¹This article is an abridged version of a recent presentation by Max Hopwood to staff at the Menzies Centre for Health Policy at the University of Sydney.

disease management. In our published chapter, we refer to 'harm' in chronic illness as the disease-related complications that are known to be linked to risk behaviors.

Lenton and Single (1998) have proposed a socio-political definition of harm reduction. Consistent with this definition are principles used to guide harm reduction interventions for people living with chronic illness. The essence of harm reduction according to this definition is the recognition that intervention must start from the clients' needs and personal goals and that all change that reduces the harms associated with risky behaviour is regarded as valuable.

This means that even small incremental positive changes toward health goals are seen as steps in the right direction. Applying this definition to a broader context of chronic illness, we consider any intervention to be consistent with the aims of harm reduction if it (1) has as a primary goal the reduction of harm rather than compliance to the prescribed regime; (2) allows for inclusion of strategies for those people who continue unhealthy or risky practices; and (3) is likely to produce an overall reduction in harm for an individual.

Harm reduction's values and principles are centred on pragmatism wherein the central aim is to control the consequences and reduce the harms of specific behaviours, not eliminate the behaviours. It is about applying humanistic values of respect and dignity to therapeutic relationships, and through a collaborative and iterative health professional-patient negotiation, prioritizing the needs and diverse perspectives of individuals.

Advocacy, cultural diversity and harm reduction

The philosophy of harm reduction recognises that it is incumbent on service providers and the

State to create a safe environment in which people can be protected from illness.

Because structural factors contribute to increasing health risks for all, we argue that advocacy remains an important part of harm reduction and that health professionals need to be engaged with advocacy and activism.

Empirical evidence demonstrates that legislation and social and economic systems often create barriers to choosing healthy practice, for example in the relationship between the fast-food industry, advertising and childhood obesity rates.

One vital area for harm reduction advocacy in chronic disease management regards the flawed assumptions, expectations and premise of individual responsibility for health, the dominant paradigm of the new health policy.

Harm reduction acknowledges that not all people are effective self-regulating and self-caring entities.

Nor is everyone in an economic and social position to prioritise his or her personal health over and above all other considerations.

Harm reduction is a philosophy largely borne of social and economic marginalisation and a significant strength of the paradigm is that it acknowledges a wide diversity of people, their beliefs and values within its framework.

Given the context of global economic and social change and the individualising of health responsibility over the past forty years, harm reduction is an appropriate ethical framework in which health professionals and individuals can work together to address some of the more problematic assumptions and expectations of individualised health responsibility and the prevailing approaches to, and beliefs about, 'desirable' aspects of self-management in chronic illness.



Dr Barbara Paterson

There are strong parallels between illicit drug dependence and chronic illness, in the sense that people in either circumstance are from diverse backgrounds and are dealing with entrenched habits which can be damaging to health and difficult to change. Harm reduction policies, programmes and interventions can be tailored to the needs and diverse perspectives of people living with chronic illness.

Harm reduction and best-practice medicine

Two Australian physicians, Bradleigh Hayhow and Michael Lowe, writing in the *Medical Journal of Australia* in 2006 reported that strategies which are already common in clinical practice should be explicitly acknowledged as harm reduction strategies as this would allow physicians an alternative to the 'best-practice' paradigm when treating people for whom best practice is not a practical approach. The authors argue that despite experiencing chronic ill health, many people are unable or unwilling to change unhealthy lifestyles and practices and may continue to smoke, drink, over-eat or use illicit drugs.

While health professionals are trained to promote lifestyle change in patients with lifestyle diseases or those whose illnesses are affected by poor lifestyle choices, best-practice may indeed be the application of harm reduction strategies in some instances. They emphasise that this should not be understood as failure of best-practice medicine. Rather, it is about accepting that some people will continue to make unhealthy lifestyle choices for reasons that may only be rational to them, even when suffering the consequences of earlier poor choices.

Harm reduction views such behaviour amorally; proponents attempt to recognise and remove personal judgements about individual behaviour and instead focus on ameliorating the negative consequences of unhealthy practice.

Harm reductionists believe that health policy should be built upon practice and science rather than ideologies and dogmatism. While health professionals commonly promote and insist on lifestyle change to manage patients' chronic health problems, research evidence which outlines the benefits of lifestyle change in

chronic illness comes mainly from randomised controlled trials of patients who are compliant with treatment.

In cases where patients are not compliant there is little evidence for what might be considered best-practice. Best-practice is not compromised by the introduction of harm reduction interventions if following a GP's recommendations for lifestyle change a patient continues to engage in unhealthy behaviours.

One common objection to incorporating harm reduction principles into the self-management of chronic disease is that harm reduction condones and promotes unhealthy lifestyles because it addresses the consequences of unhealthy behaviour, rather than the behaviour. Like Hayhow and Lowe, in response we highlight how harm reduction is a value-neutral humanitarian approach to health that seeks to reduce people's suffering; it is an ethical approach to managing habits which come to be regarded as inevitable in some patients. In such contexts, harm reduction can be implemented on an individual patient basis, such that interventions are not misunderstood as a tacit approval of unhealthy behaviours, or a promotion of such behaviours.

A second objection states that physicians who accept harm reduction neglect their professional obligation to deliver evidence-based best-practice. While best-practice for many people experiencing chronic illness is lifestyle change, we argue that lifestyle change has a high rate of failure.

The integration of harm reduction approaches in chronic illness is not an argument for disbanding best-practice with patients who are amenable to making lifestyle changes to improve health outcomes. Instead it is a response which acknowledges patients' divergent values around health and that patients have a legitimate human right to actively choose the therapeutic responses which suit their circumstances and lifestyle preferences.

A final criticism of applying harm reduction interventions to chronic illness regards the utilisation of pharmacotherapy in circumstances where lifestyle change would be at least as effective.

We argue that drugs are a means to enhance good health outcomes and that there should be no hesitation in using pharmacotherapy if patients, after being encouraged to adopt best-practice lifestyle change continue engaging in risky health practices. If pharmacotherapy is not deployed when its benefits are indicated, then insistent promotion of lifestyle change becomes totally irrelevant.

Conclusion

In this article, and in our chapter, we have proposed that there is much to be gained from drawing on harm reduction principles to inform plans to increase the participation and retention of people with chronic illness in self-management interventions. We acknowledge that not all people with chronic illness are able, or motivated, to engage in effective self-management.



They may hold goals for living with the disease that do not include self-management, and these goals may be achieved by a grassroots, individualised and flexible approach congruent with harm reduction theory.

The focus of the intervention then will shift from the person's compliance, to a collaborative alliance, in which health professional and patient/client work together toward shared goals that 'feel right' for both parties. Such an approach is likely to attract a larger and more diverse clientele than is currently the profile of participants in self-management interventions. We propose that in the future management of chronic illness, harm reduction policy, programmes and interventions can become valuable contributions to healthcare best-practice. □

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Dr Max Hopwood is a Research Fellow in the Hepatitis C Program at the National Centre in HIV Social Research, the University of New South Wales.

Professor Barbara Paterson is a Tier 1 Canada Research Chair in Chronic Illness at the University of New Brunswick, Fredericton, and the Director of the Chronic Illness Research Institute (CIRI).

Have Your Say About Equal Marriage!

The House Standing Committee on Social Policy and Legal Affairs of the Federal Parliament has set up an Inquiry into the Marriage Equality Amendment Bill 2012 and the Marriage Amendment Bill 2012. The Committee will examine the Marriage Bills, in particular the legal and technical aspects, and provide a report to Parliament summarising the issues. The Bills will then be debated in the House of Representatives. The Committee encourages all interested parties to express their views on the two Marriage Bills which can be found by Googling *Marriage Equality Amendment Bill 2012* and the *Marriage Amendment Bill 2012*. The Bills are similar, apart from one of them allowing marriage celebrants the right to refuse to marry same-sex couples.

There is an anonymous online survey set up by the Committee and you are encouraged to take part. The Survey can be accessed by cutting and pasting, or keyboarding: <http://www.surveymk.com/s/spla-marriage> into your browser, or you can email splamarriagebills@aph.gov.au or write to: Social Policy and Legal Affairs Committee, House of Representatives, PO Box 6021, Parliament House, Canberra, ACT, 2600

The closing date for responses is 20 April 2012. A public hearing will be held in Sydney on Thursday 12 April. The Committee hopes the report will be tabled on Monday 18 June.

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 Information 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 9569 2366

Residential service

Provides semi-supported share accommodation for up to eleven residents who are sixteen years of age or over. Residents can stay for up to twelve months and are supported as they move towards independent living. 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 Manager, Gender Centre, 7 Bent Street or PO Box 266, Petersham NSW 2049

Tel: (02) 9569.2366
Fax: (02) 9569.1176

manager@gendercentre.org.au
<http://www.gendercentre.org.au>
For after hours counselling contact **Lifeline** on 131 114 or **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 YOUTHSUPPORT

Twenty10 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 as well as information and referrals for young GLBT people and their families. We run 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 HEALTH LTD

Information and education about HIV/AIDS, caring, support for people living with HIV/AIDS. 414 Elizabeth St, Surry Hills, NSW 2010 or PO Box 350 Darlinghurst NSW 1300

Tel: (02) 9206.2000
Fax: (02) 9206.2069
tty: (02) 9283 2088

ACON-HUNTER

129 Maitland Road or PO Box 220, Islington 2296
Tel: (02) 4927 6808
Fax: (02) 4927 6485
hunter@acon.org.au
<http://www.acon.org.au>

ACON-ILLAWARRA

47 Kenny Street, Wollongong PO Box 1073, Wollongong, NSW, 2500
Tel: (02) 4226.1163
Fax: (02) 4226.9838
www.acon.org.au

ACON -MID-NORTH COAST

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

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 TRANSGESTITES)

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 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

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 daily (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@gclcsnw.org.au
website: www.gclcsnw.org.au

HOLDEN STREET CLINIC

Sexual Health Clinic is staffed by doctors, sexual health nurses, a clinical psychologist and an administration officer.
Mon, Tue, Wed. 9.00am-5.00pm (closed 12.15pm-1.00pm for lunch)
Men's Clinic Thursday evenings 5.00pm-8.00pm
Appointments preferred (02) 4320 2114
Ground Floor 69 Holden St, Gosford 2250
Tel:(02) 4320 2114
Fax: (02)4320 2020

INNER CITY LEGAL CENTRE

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

INTERSECTION

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 deplors 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
http://www.mccsydney.org.au/

MOUNT DRUITT SEXUAL HEALTH CLINIC

Provides free, confidential and respectful sexual health information, assessment, treatment and counselling.
Tel: (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

Directory Assistance

NUAA - NSW USERS 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, 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 Street, Surry Hills, 2010
PO Box 278, Darlinghurst, NSW, 1800

Tollfree: 1800 644 413

Fax: (02) 8354 7350

admin@nuaa.org.au

Tel: (02) 8354 7300

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

RPASEXUALHEALTHCLINIC

provides a free and confidential range of health, counselling and support services. Ph: 9515 3131
[See ad. p.30]

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@yahoogroups.com

SEAHORSE SOCIETY OF NSW

The Seahorse Society is a non-profit self-help group funded by members' contributions. Open to all crossdressers, their relatives and friends. We offer discretion, private monthly social meetings, outings, contact with other crossdressers, a telephone information service, postal library service and a newsletter.
PO Box 168, Westgate, NSW 2048 or
Tel: 0423 125 860
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

Directory Assistance

Issue Ninety-One

Tel: (02) 9565.4281 (info line)
sbn-admin@yahoo.com
http://sbn.bi.org

SYDNEY BISEXUAL PAGANS

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

SYDNEY MEN'S NETWORK

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

SYDNEY SEXUAL HEALTH CENTRE

Provides free, confidential health services, including sexuality, sexual function, counselling and testing and treatment of STDs including HIV.

Level 3, Nightingale Wing,
Sydney Hospital, Macquarie St,
Sydney, NSW, 2000.
Tel: (02) 9382 7440 or freecall from
outside Sydney 1800 451 624
(8.30am-5.00pm) Fax: (02) 9832
7475
sshc@sesahs.nsw.gov.au

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 - informa-
tion, 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, re-
lax, read the paper, get informa-
tion, referral and advice.
Monday to Friday - 9.30 -
4.30pm 177 Albion Street, Surry
Hills, NSW 2010
Tel: (02) 9360.5388

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
Email: polar@homemail.com.au

AIDSACTION COUNCIL OF ACT

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

PLWHA (PEOPLE LIVING WITH HIV/AIDS)

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

SWOP ACT (SEX WORKER OUTREACH PROJECT)

Provides services for people
working in the sex industry in the
ACT.
Westlund House,
16 Gordon Street, Acton.,
ACT, 2601
GPO Box 229, Canberra, ACT,
2601
Tel: (02) 6247 3443
Fax: (02) 6257 2855
E-mail:
aacswop@aidsaction.org.au

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 Comm-
unity Education, Social &
Emotional Support
- Community Education

Tel: (08) 8944 7777
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

psychologist. Referral to speech
pathology, endocrinologists,
psychiatrists, surgeons available.
Consultations free, by
appointment.
2019 Gold Coast Highway
PO Bopx 44, Miami, Qld, 4220
Ph: (07) 5576 9033
fax: (07) 5576 9030

QUEENSLAND GENDER CENTRE

Transsexual semi-supported
accommodation available to those
who identify as Transgender and
who are drug and alcohol free.
Accommodation available for six or
twelve months.
PO Box 386, 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

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

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

Andrejic Arcade, Suite 32.

55 Lake Street,
PO Box 6041, Cairns, Qld, 4870
Tel: (07) 4031 3522
Fax: (07) 4031 0996
Email: sqwisic@sqwisi.org.au
Level 1 Trust House
3070 Gold Coast Highway,
Surfers Paradise, Qld, 4217
PO Box 578, Surfers Paradise, Qld
4217
Tel: 1800 118 021
Fax: (07) 5531 6671
Email: sqwisic@sqwisi.org.au
Level 3 Post Office Arcade
Flinders Street, Townsville, Qld,
4871
PO Box 2410, Townsville, Qld,
4810
Ph: 1800 118 021
Fax: (07) 4721 5188
Email: sqwisit@sqwisi.org.au

TRANSBRIDGE

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

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

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

0406 916 788

email: transbridge@mail.com

(SATS) SOUTH AUSTRALIAN TRANSEXUAL 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

GENDERAFFIRMATION AND LIBERATION

is a caring self-help group for transexed 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>

FREEDOMCENTRE

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

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

GPO Box 86, St Kilda, VIC, 3182

Tel: (03) 9513 8222

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

seahorsevic@mbox.com.au

(TGV) TRANSGENDER VICTORIA

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

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

transgendervictoria@yahoo.com.au

www.vicnet.net.au/~victrans

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 Fax (03)6231 1400

Launceston, 45 Canning St, Launceston

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

www.workingitout.org.au

Email: exec@workingitout.org.au

Victoria

CHAMELEONSOCIETY OF VICTORIA Inc.

While the group does not meet on a regular basis it is there to provide support and information to those requiring assistance with all matters. PO Box 79

Altona, VIC.3018

Telephone message bank service (03) 9517 9416

email:

chameleonvicgirls@hotmail.com

robr@vicnet.net.au

FTMPHALLOPLASTY CONTACT

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

Michael Mitchell. Tel: 0405 102 142

Tel: (03) 5975 8916 messagebank

pathwaysau@yahoo.com.au

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, Marlestone 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

Freeccall: 1800 888 559

SHINE -SEXUALHEALTH

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

17 Phillips Street, Kensington,

SA. 5068 Tel: (08) 8431 5177

Fax: (08) 8364 2389

PYCIS

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)

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.

AISS 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 families. For a detailed information pack, please write or call:

PO Box 27-560,
Wellington, New Zealand

Tel: (64) 0800 AGENDER
Email: 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/genrust/bt.htm>

CROSS-TALK

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

FTM INTERNATIONAL

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

FTM NETWORK UK

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

GENDERBRIDGE Inc.

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

GENDER TRUST (THE)

A help group for those who consider themselves transsexual, gender dysphoric or transgendered. Provides trained counsellors, psychologists and psychotherapists and 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/genrust/home.htm>
genrust@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](http://www.IFAS.org.au)
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

Are You Embarrassed by Ugly and Unwanted Facial or Body Hair?

You are not alone, and there is a permanent solution. Everywhere people are raving about the results of this amazing method!

It is medically and scientifically proven safe to permanently remove your unwanted hair so that it NEVER grows back. This process (called Multi Probe Electrolysis) has 130 years of tried, tested and proven safe and effective guaranteed permanent hair loss results.

Multi Probe Electrolysis is suitable for:

- All** areas of the body
- All** skin types and skin colours
- All** hair types and hair colours

Comments from satisfied clients

My skin feels so soft now; I am not embarrassed to be kissed anymore; I just feel so free; I thought I would have to live with this hair, now I know I don't - thank you; I can talk to people and look at them again; 12 years and nothing has grown back - you changed my life; I have so much more confidence; I wish I knew about Permanence a long time ago

Our Guarantee

Our treatment has transformed the appearance of thousands of people. We are so confident in our results we put our 100% money back Guarantee behind our work! If in the unlikely event you are not truly satisfied with your treatment, then we insist on giving you back your money - NO QUESTIONS ASKED!

So phone Sydney's most sought after Hair Removal Specialists for Results **NOW**. Say goodbye to your ugly unwanted hair forever and let us focus on achieving what you want, and this we do every day. The first 27 people to call and mention this ad will receive our special introductory offer - **you pay only \$99 for \$165 of Value - a saving of \$66.**

Consultation Valued at \$60
30 Minute Treatment Valued at \$75
Melfol Aftercare cream Valued at \$30

City

*Dymocks Building,
Level 3
428 George St, Sydney*
9221 8595

Drummoyne

*170 Victoria Road,
Drummoyne*
9719 1391



www.permanence.com.au

PERMANENCE

The permanent hair removal specialists

Polare page 47
April-June 2012

The Permanent Solution...

in Permanent Hair Removal

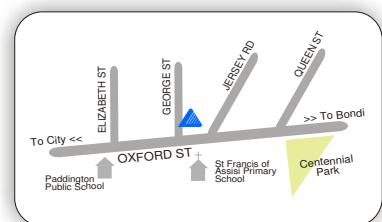
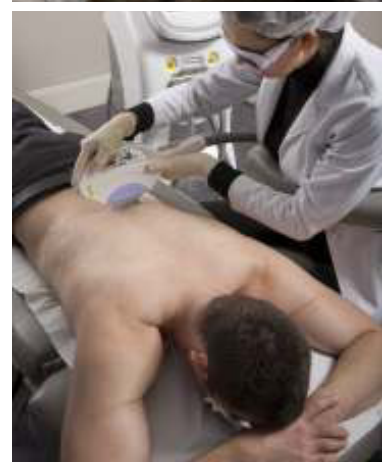
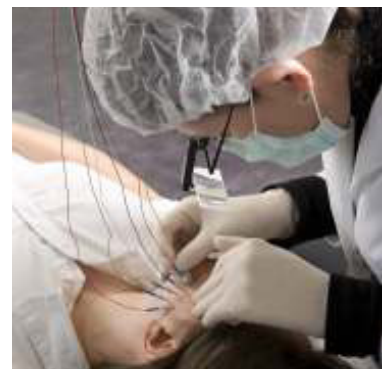
For those who are embarking on the transition from male to female, the permanent removal of hair is vital. However, with so many clinics and procedures to choose from, it's crucial that your chosen solution is reliable, safe and permanent.

At Advanced Electrolysis Centre, we have been specialising in permanent hair removal since 1996, continually improving the methods and the technologies that deliver the best results. You'll be in the hands of our experienced and qualified specialists, where you'll receive the ultimate level of personal care and attention. We also offer on-site parking for our 3hr clients subject to availability.

Galvanic electrolysis is a scientifically proven technique that is effective no matter what type of hair you have, and no matter what colour skin. It works perfectly, even if you have blonde or grey hair. However if you have dark hair this can be treated by laser or IPL, or in many cases a combination to achieve a true permanent result.

So, whether you are in need of some general information, or you have already decided on a method that best suits your needs, come in for a chat and get expert advice on how to effectively be free of your unwanted hair FOREVER!

- Multi probe galvanic 16, 32 and 64 (Dual operator) follicle treatment
- Guaranteed Permanent Results
- Skin Rejuvenation
- Pigmentation Reduction
- Red Veins & Rosacea



Phone: (02) **9362 1992**
9 George Street (just off Oxford St),
Paddington
aecsdney.com.au