## Polare



Edition 92
July-August 2012

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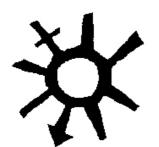
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Website:

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



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The cover of this issue comes from *Be Who You Are* by Jennifer Carr. Designed to be read by, or to, young children, it fills a gap in the available literature on transgender, and should make it possible for teachers, parents and friends of young transgendered children to provide more understanding. This book should be in all public and school libraries. It is reviewed in this issue and there is an article by the illustrator, Ben Rumback.

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#### **DEADLINE**

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

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THE FINE PRINT

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#### Editorial - Katherine Cummings



An interesting three months with some light, some dark, some good news and some sad news.

To start with the good news ... about a year ago I mentioned that Photo IDs, the cards issued by the RTA (which is now called the Department

of Roads and Maritime Services) for people who need to identify themselves but have no driver licence, carried the assigned gender of the person in large type under his or her name, creating problems for those living in their affirmed, rather than their assigned, gender roles.

I raised the matter with the Anti-Discrimination Board, who wrote a letter to the RTA, and I wrote independently from the Gender Centre. A few weeks ago I decided to raise the matter again. To my pleasure (and surprise, I must admit) I had a positive response from the Department of Roads and Maritime Services, stating that it is now possible for those who carry a Photo ID to change the gender shown on the card by submitting a letter from a medical practitioner asserting that one is transgendered and living in one's affirmed gender. I understand it is also possible for those who are Intersex to have their affirmed gender on the card. There is no charge to make the change.

I pushed my luck by pointing out that although the driver licence does not show gender on the card, the licence holder's assigned gender is still maintained on the core files of the roads authority.

I was told that it is now possible to change the record on the "hidden" files by producing a revised birth certificate, passport, medical letter or similar document at your local RMS office.

I have no idea whether our submissions were in any way responsible for the changes, or whether they have come about because the general climate of acceptance is mellowing. What I am sure of is that unless the change is publicised there will be lots of people who will remain unaware of the winds of change blowing in our favour. The last email I had from Roads and Maritme services, by the way, was a statement that the gender marker is going to be removed from the Photo ID altogether, but that this change will take about a year. The mills of God ...

The Dark Side consisted mainly of a blog drawn to my attention by a friend (Mark Twain said "It takes two people to hurt you. An enemy to say something unkind about you and a friend to tell you about it."). The blog accused me, among other things, of being homophobic, transphobic, queerphobic and ageist, as well as being out of touch with "the community", using wrong terminology and lacking journalistic ethics. No evidence was put forward for any of these assertions other than the ubiquitous "everyone knows that...".

I was also told how unfair it is that I do not allow people to have access to the columns of *Polare* so that their views can be heard. This is untrue. There are few editions of *Polare* in which I do not ask for articles or letters and although I do not guarantee that everything submitteded will be printed, I do maintain that if I reject something it is unlikely to be because the writer disagrees with my views.

I am not homophobic, nor anything-elsephobic. I neither fear nor have an aversion to any of the classes mentioned above, although I have only a vague idea of what "queer" denotes, as it seems to me to be too vague a term to be useful in social debate and suffers (as Caroline Gage pointed out in *Polare 91*), from negative baggage associated with the word in its conventional meaning.

The blogger also said that I wanted people to think Trans\* Menace Australia were fierce radicals and that if I had done my homework I would know that Trans\* Menace Australia had been going since 1995. I am aware that the name "Transsexual Menace" (the American organisation, not "Trans\* Menace Australia"), was coined as a tongue-in-cheek piece of self-deprecation. I had said to a friend on her way to demonstrate at the trial of Brandon Teena's murderers in 1993, (not 1995), that I thought it was a strategic error to adopt a name with threatening connotations. As I said in the

Polare page 6 July-September 2012 editorial in *Polare 91*, "menace" has its own meaning and it's not a friendly one. Why antagonise people whom you are presumably hoping to convert to an understanding of transgender and related conditions?

The accusation was made that I use the wrong gender terms (and who is the arbiter of right and wrong?). I was told that the blogger in question's "community" has revised the AP list of terms and that I should be aware of this fact. I am not aware of this fact and have been unable to find the revised list in order to discover whether I agree or disagree with the revisions. Maybe someone reading this can point me at a copy, or email it to me?

In my editorial I deprecated the use of violence (specifically the "glitter-bombing" of Germaine Greer at a book signing). I was told by the blogger that this violence was justified and that it was time Germaine got an eyeful of what she has created and that her non-response spoke a million words.

This is confused thinking. Germaine has not been creating glitter-bombs, and since the whole situation was based on an ambush I am not surprised that she was not ready with a rejoinder. I imagine she has alienated many groups and it would take her some time to decide who her attackers were and why they had singled her out for attack. By which time they were gone. Very brave.

Nor is my aggressive blogger right when she says:

"No fight or struggle was ever won by wallflowers and fundy do gooders alone. It takes courage, persistence and unpaid dedication to challenge the status quo but I feel after reading you [sic] tripe in Polare for years that's lost on you."

I have no idea what a 'fundy do gooder' is, but I suggest that most advances in social rights have resulted from reasoned argument and reformed legislation. Examples are the abolition of slavery and the reform of child labour laws, both brought about by socially enlightened politicians who kept on making their arguments in the face of conservatism, greed and profiteering. Nor was the

welfare state advanced by the extremists who resorted to violence. It was reformers who spent their time talking at public meetings, or writing pamphlets for general distribution, that gradually turned around the ship of state, despite its massive inertia. Similarly it was political reformers like John Stuart Mill who advocated votes for women long before the excesses of Emmeline Pamkhurst and her followers.

I further suggest that the staff of the Gender Centre generally display the courage and persistence you advocate, even if it is not unpaid (why should it be more effective if unpaid?) and they are far from being wallflowers when it comes to expending thought, time and energy in improving the situation for transgenders and related groups.

I might also draw your attention to organisations such as Press For Change in the United Kingdom who set out to improve the lot of transgendered people in the UK and did this by liaising with politicians and providing information and suggestions for legislative reform, not by glitter bombing or throwing custard pies. Eventually the Gender Recognition Bill was drafted and passed, permitting revision of birth certificates and full legal recognition of transgenders in their affirmed genders.

The legislation was not perfect and anomalies are still being sorted out, but it shows that a lot can be achieved by reason, reform and hard work rather than by marching in the streets and chanting repetitive slogans.

Incidentally, the storming of the Bastille, however iconic it has become as a symbol of revolutionary achievement, was a futile waste of lives. About 100 people died in the attack, but when the Governor surrendered the fortress he and the Bastille's guards, mostly "invalides" (soldiers wounded elsewhere and unfit for combat), were murdered by the mob. There were only seven prisoners in the

Bastille at the time and none was of political importance. The real object of the attack was to seize stocks of gunpowder and ammunition for the weapons already taken from other arsenals. Incidentally, the Marquis de Sade, a notorious sexual predator, who has given his name to sadism, was transferred from the Bastille to a prison for the criminally insane just ten days before the storming or he might have been among those freed by the mob.

Enough, however, of my railing against empty rhetoric and unsubstantiated accusations. I admit I have been putting off the sad news that needs to be shared and mourned.

In the second week of June we lost two of our most selfless and memorable supporters. The first was Frank Walker who, as Minister for Youth and Community Services supplied the first funding to establish Tiresias House, a refuge that morphed into the Gender Centre as we now know it. Walker died on June 12. A short essay by Roberta Perkins, who shares the credit for creating the Gender Centre, appears in this issue.

The second loss to our community was Professor Alfred Steinbeck who died on the same day.

After a long and distinguished career in academe, culminating in his tenure as one of the Foundation Professors at the University of NSW Medical School, he retired from teaching and entered private practice as a specialist in endocrinology. During his time in this role he mentored more than a thousand transgender clients and was always at the forefront of new developments in the field. He was a staunch supporter of his patients both within and without his consulting rooms and willingly gave evidence as an expert witness if they fell foul of the law.

Steinbeck retired from his practice two years ago, and is greatly missed by those (including me) who were his patients. He treated everyone with kindness, respect and good humour, but was quick to bring sanity and common sense into any discussion that strayed over the borders into cloud cuckoo land. A fine man, much loved and much missed. He retired from regular practice at the age of 90 and died from medical complications at the age of 92. Because of his long tenure at UNSW he is said to have trained 30% of the doctors now practising in NSW.

On a happier note I would like to mention the "theme" of this issue, which places an emphasis on sub-teen transgenders. For a long time children at the childcare centre or primary school stage of learning have been largely ignored when they expressed the belief that they belonged in the "other" gender from the one to which they had been assigned at birth. Recently there has been a growing recognition of the need to listen to children expressing these beliefs, and on the same day (26 May, 2012) the Daily Telegraph and the Sydney Morning Herald ran stories on sub-teen transgenders and Intersex children and a few days later the New York Magazine ran a substantial essay on the same topic.

For a long time there has been a gap in the literature written **for**, rather than **about**, these children, books to be read by them and to them, books along the lines of *Heather Has Two Mommies* which asserts the normality of the situation of lesbian couples with children.

There is now a relatively new book (published in 2010) that fills the gap. Jennifer Carr's *Be Who You Are* is reviewed in this issue and there is a short essay by the illustrator, Ben Rumback. The cover illustration for this issue is also taken from *Be Who You Are*.

Katherine



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#### **Issue Ninety-Two** Be Who You Are by Jennifer Carr, reviewed by Katherine Cummings

have been talking for over twenty years to college and university classes, conferences, working parties, and anyone else who will stand still long enough, on various topics concerning the good ship Transgender and all who sail in her.

Two of my constant themes have been the need to make better provision for the very young and

aged for the in our community. Leaving aside the aged for the moment, let us look at the needs of the very young.

The key to reform is education and I believe that we need to put in place information programs, both formal and informal, to teach people about transgender. These programs should start in pre-school or kindergarten and continue up through every level of education to postgraduate. At the pre-school and kindergarten level it is vital that parents (and

teachers) be educated as well. Educating a child who then carries information home only to find it contradicted by parental prejudice and misunderstanding will accomplish little.

One of the points I have made time and time again has been that we need a simple, well-written and persuasive book suitable for the pre-school child and the beginning reader, sympathetically illustrated and readily available. I made the parallel with Heather Has Two Mommies; All Families Are Different; Do I Have A Daddy?; One Dad, Two Dads, Brown Dad, Blue Dads, to demonstrate that books are already available for children with same-sex parents, with inter-racial parents, with single parents and so on.

The need I have always wanted someone to satisfy was the one for a book about transgender children, written realistically but with both compassion and passion. For me, that book is Be Who You Are.

Written and published by Jennifer Carr in 2010, and illustrated by Ben Rumback, the book tells the story of Nick who, "as far back as [he] could remember" had seen himself as a girl. Nick tells his parents he is a girl and they tell him to "Be who you are."

His teachers and peer group at school are not as accepting. A teacher scolds Nick for drawing himself as a girl. Teachers object to Nick lining up with the girls and he is not allowed to use the girls' washroom.

> At home, however, his parents and his young brother exhibit familial love to an enviable degree. He is taken to a doctor who has had experience of children like Nick. Nick is allowed to wear the dresses he loves, and to go on family outings wearing them.

When Nick makes his decision that he wants to live full-time as a girl, his parents "listened, gave him a big hug and said

they would help".

Nick asks if he is the only person to feel as he does, and his parents seek a self-help group made up of families like theirs, and Nick finds new friends who understand.

Care is taken, too, to ensure that Nick's brother, Will, is not left out of the great adventure, and is helped to understand the way "brothers and sisters love and support one another".

Nick changes her name to Hope and goes through the stage of being accidentally (and sometimes on purpose) called by the wrong name or gender pronoun but her family remain supportive and her brother protects her when he can.

The story ends on a high note, "Hope's story never ends. Each day brings new joys and new challenges. Each day brings the chance for all of us to be who we are, to accept others for who they are and to make the world a more loving place for everyone."

Jennifer Carr has written a remarkably moving and idealised version of Nick's transition to

Polare page 10 **July-September 2012**  Hope. It is exactly the way things *should* be and so seldom are, but there will never be significant and widespread improvement until we are prepared, like Nick's parents in the book, and Jennifer Carr in real life, to recognise what needs to be done, and have the courage, conviction and compassion to be part of a movement for reform.

Carr has a daughter who knew from the age of four that she was in the wrong body (as, indeed,

did most of us who have been through the transgender mill). Jennifer supported her child and always encouraged her to "be who you are", and her daughter transitioned shortly before her sixth birthday. She found very little support from the LGBT self-help groups, who did not include sub-teen children in their communities, so she turned to PFLAG (Parents, Families and Friends of Lesbians and Gays), who encouraged her to create a play-group for gender non-conforming children.

Carr carried on her fight for recognition of the needs of transchildren until the local public school system agreed to recognise the rights of gender non-conforming children of elementary school age.

She understands that this will be an ongoing mission to "advocate for these children and their families to create a more just and loving world".

The book is made more accessible and interesting for children by the charming and sensitive illustrations by Ben Rumback (they made a difference for me, too). Ben is an LGBT ally, a child educator and a gifted artist and illustrator. His depiction of Nick's transformation into Hope is flawless and I hope we see his illustrations in any future titles in the series Carr intends to write. You can find more about Ben and his work by visiting his artblog at www.benrumback.com.

To quote from the Illustrator Biography included in *Be Who You Are*, "...Ben's style [is] a mix of creative collaboration and courageous exploration. His images imply movement and

sincerity so that [they are] a perfect complement to the text".

There are other books that deal with gender nonconforming children but the only ones I have seen dwell more on the outer signs of nonconformity ... the urge to dress up rather than to live completely in the other gender role. Nick goes through his Halloween Princess phase, but goes so far beyond this stage that one can only believe the change is real and forever, and is not

so much a change as an affirmation of truth. There is more mileage in tee-shirts, shorts and sneakers than there will ever be in tinsel and sequins.

Be Who You Are should be in every home collection that recognises gender non-conformity or has been touched by it, and it should certainly be in every public library Children's Collection and in every primary school library in the country.

I look forward with great interest to the next work (or collaboration) by Carr and Rumback.

One gap I see in the available literature (unless I have overlooked something) is for a sub-teen children's book on Intersex.

KC

Be Who You Are by Jennifer Carr, illustrated by Ben Rumback. Author House, Bloomington, Indiana 40pp. col.

ISBN 978-1-4520-8725-2

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#### The Veil of Narcissism in Families Part 2

recent article I wrote for *Polare* dealt with how adults who grow up in Narcissistic families often find themselves living with a lack of satisfaction and depression they find difficult to explain. To recap, such individuals often have these experiences growing up:

- ♦ Received negative messages about themselves covertly or overtly
- ♦ What other people think of the family and ensuring it is positive becomes a priority
- ♦ A lack of or unclear boundaries
- ♦ Learn to meet their parents emotional needs rather than their own (parents emotionally unavailable)

I have decided to revisit this topic due to a rather large number of positive responses to the first article. By far the most informative work I have read on this area is *The Narcissistic Family: Diagnosis and Treatment* by S. Donaldson-Pressman and R.M. Pressman.

Although written for therapists, the book is written in language that is accessible to those without formal training and I highly recommend it to anyone with an interest in this topic.

Of particular interest is how the authors describe adults who grew up in such families often having problems with trust and maintaining long term relationships. They describe how the process of learning *not* to trust begins with learning *not* to feel in childhood and translates into not trusting as an adult:

"I am in pain. There is no one out there to really take care of me. Whenever I allow myself to have feelings, I get hurt. I don't want to feel. I won't feel. I have no feelings. If I cant feel, there's no me, but I can watch and adapt. I can lose me, and be who I have to be to survive. Then I can have a relationship. I have a relationship, but I can't trust her (she might hurt me), and I cant trust myself (there is no me). So I cant let her get too close; she might find out theres no me. To protect myself, then, even though I desperately want it, I cant have an intimate and sharing relationship. So I sabotage my relationship. I lose my relationship. I am in pain. [And the cycle repeats.]" (p.111).

**Anthony Carlino** 

by Anthony Carlino Some readers might ask why someone would continue not to trust others when it clearly defeats the aim of having an intimate and in turn healthy relationship. The answer is paradoxical. This pattern of relating through distrust is an adaptation —the very behaviour hurting their personal relationships

was also a valuable coping mechanism learned as a child in response to parents who could not truly meet their emotional needs. In other words, it helped that person to survive their childhood. Giving up a mechanism that helped keep you alive is not just difficult, it can be terrifying and thus the pattern is continued into adulthood even when no longer in the circumstances that required it.

Children from these families come to therapy as adults often completely dumbfounded as to the cause of their lack of self-esteem and history of failed long-term relationships. If the cause of their problems cannot be easily found, a common conclusion is to believe they have something inherently wrong with themselves.

This is a core belief supported by their experience as children, where their true emotions were not welcome, so they had to hide who they were. It is easy to see that when one is carrying this core belief it is going to be extremely difficult to move through life with a secure sense of oneself (identity) and to believe we can be truly loved for who we are.

The absence of a supporting and nurturing relationship for this individual has inflicted very real wounds to the soul. And for your therapist, it may well be the role they need to fill for these wounds to heal. From my own experience, the healing takes place in the relationship between therapist and client. More specifically, a therapist needs to show the following:

♦ A consistent flow of support and acknowledgment of who the person is and what they feel

- ♦ Approaching the client as "a pilgrim, not a missionary" so that clients supported to make their own mistakes without fear, greatly increasing the chances they will learn from them by accessing their own inner wisdom (rather than receiving advice from an "expert").
- ♦ Role-model their own imperfections and acknowledge them as part of being human rather than a source of shame
- ♦ Maintain healthy and professional boundaries while also showing support and validation.

♦ Meet the person's insecurity and selfdoubt with empathy and a consistent belief they can learn to nurture self-love within themselves.

The good news for people with this experience is that, in time, these wounds can be overcome and they can develop a true sense of identity and their own self-worth.

If you agree that the most important relationship we ever have is that with ourselves, then one can see that working on these issues is a journey worth undertaking.

### FRANK WALKER: A FRIEND IN NEED, A FRIEND INDEED by Roberta Perkins

Ostracised groups - such as transgenders - in an ignorant and/or punitive society, need a champion, especially one with political prowess to act in their defence and provide them with enforceable social and legal rights. For transgenders the champion was Frank Walker. I first became aware of Frank when he was the state Attorney-general in the Neville Wran Labor (ALP) Government of New South Wales.

At the time I was involved in the Victimless Crimes Debate as a member of a Macquarie University advocacy group in favour of repealing all laws in which there were no victims. Since I had contact with a number of transgender streetwalkers I was particularly interested in removing the prostitution laws from the statutes, particularly the 'soliciting' law, which criminalised street sex workers, and the 'consorting' law that was used to arrest sex workers in brothels.

After interviewing a number of sex workers and brothel managers, I wrote a submission explaining their viewpoints and sent it to Parliament House.

As Attorney- general, Frank Walker would have been the first to read this submission and express his opinion to his parliamentary colleagues. To my surprise, these laws, along with some other 'victimless crimes' laws, were officially removed from the law code in April 1979.

Frank Walker, who died on the 12th June 2012 at the age of 69, entered politics when he won the seat of Georges River for the ALP in the New South Wales State election of 1970.

Six years later NSW Premier Neville Wran appointed Frank Attorney-general, a position he held until 1983 when he accepted three ministries, Youth and Community Services, Aboriginal Affairs and Housing. He held these portfolios until he lost the seat of Georges River in the State election of 1988, when the Liberal Party took over the State government.

Frank re-entered politics in 1990 when he won the Federal seat of Robertson in a national election. However, his period in Federal politics ended in 1993 when he was ejected from the ALP Left following his involvement in the Mabo land rights case<sup>2</sup>.

Frank had many enemies on the Right of politics, none more so than the police in response to his repeal of the Summary Offences Act in 1979, after he received evidence of corruption in law enforcement. Walker also had his share of tragedy when he lost his two sons to suicide due to mental illness.

As a result, he took up the rights of the mentally ill, which led to his presidency of the NSW Schizophrenia Fellowship and to his vice-presidency of the Mental Health Review Tribunal of NSW.

In April 1983 I received a phone call from Frank Walker's office inviting me to make an appointment with him as Minister of Youth and Community Services. Two years earlier I had formed the Australian Transsexual Association to address the social needs of transgenders, so I expected our meeting would deal with an issue involving them. He opened our meeting by

stating that he had read my book The 'Drag Queen' Scene<sup>3</sup> and expressed a concern over comments by interviewees in the book who, to use his words, "said they had nowhere to lay their heads down of a night."

At that time male and female refuges refused to take in transgenders in need of a bed, except for Women's Place, but this was usually filled with homeless girls.

Frank offered me a seeding grant of \$20,000 to establish a refuge specifically for transgenders in need of accommodation. With the help of Walker's Housing Ministry I opened an appropriate establishment in Petersham which I called 'Tiresias House', named after the prophet in Greek mythology (who changed sex twice - once each way) in recognition of the fact that it accepted both m-f and f-m transgenders<sup>4</sup>.

Frank's was sympathetic to transgenders because of the negative response they received from society in general and he felt he was in a position to help. He was reported to have made this comment: "(transgenders) are one of the most misunderstood, oppressed and ill-treated groups in society." He decided to show his feelings publicly by officially opening Tiresias House. So, on 13th December 1983 the quiet streets of Petersham witnessed a cavalcade of government cars parked outside "that place of funny people". After delivering his formal speech to staff and residents, Frank then handed me, as coordinator, a cheque for \$52,314 to continue the financial support of the refuge.

Tiresias was the first government-funded refuge or centre for transgenders, not only in Australia, but also across the world<sup>7</sup>.

Throughout the three years of my tenure as the initial coordinator of Tiresias House upon Frank's initiative the Housing Department offered me several houses. I accepted four, so



Frank Walker with three of the first residents of Tiresias House (later renamed the Gender Centre) Sydney Morning Herald 14/12/1983

that by the end of my term we had a service that offered prospective clientele accommodation ranging from overnight stays and short term accommodation to longer terms. What began as an office serving a few transgenders continues to the present day at the Gender Centre

with multiple locations. Thirty years of catering to the social, legal and personal needs of transgenders has created a service that remains unique world-wide.

Through his initial funding of accommodation centres, Frank Walker deserves the credit for the current success of this great achievement in supporting a group of people who have been largely ignored by a mostly insensitive society across the globe.

More came out of Frank's initial funding of Tiresias than simply catering to accommodation needs. Among other developments concerning transgenders are the issues focussing on those incarcerated in gaol. I spent much time during my tenure as coordinator of Tiresias visiting inmates at Long Bay and held discussions with the Governor over the treatment of transgender prisoners, who were often raped and beaten even if they were in the prison's protection unit. This led to the Governor establishing a special protection unit for transgenders only. Our meetings also concerned the possibility of Tiresias becoming a half-way house for

transgenders after the term of their sentence had expired. The Governor pursued this prospect with the authority of the Department of Corrective Services. The Department was impressed with the idea and made Tiresias an official halfway house. I should add, however, that the idea of a halfway house for transgender ex-prisoners had been in the planning stage well before the Department made its decision.<sup>8</sup>

My involvement in servicing the needs of transgenders preceded the founding of Tiresias House. For instance, some years prior to 1983 I ran a counselling service at the Wayside Chapel of the Cross (Kings Cross) specifically for transgenders. There were other individuals also involved in a concern for transgender issues. However, it is largely thanks to Frank Walker's supportive attitude and his positive policy reforms that the transgender community today is treated with more respect by the wider community. Apart from providing funding for accommodation he was also involved in creating the legal means whereby transgenders can change their gender identification on official documentation after gender-reassignment9

Following Frank's advice, within two years the laws across Australia were altered, enabling those who have experienced gender affirmation surgery to legally change their gender status.<sup>10</sup>

It is for the reasons outlined in this article that Frank Walker should be regarded as a great friend of the transgender community and a proven champion in times of need. Definitely, a friend indeed.

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#### A.I Electrology

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#### Issue Ninety-Two Illustrating Be Who You Are

y artistic career (maybe artistic endeavour would be more accurate) began when I was five years old and won a 'Draw Mom' contest at a department store in a small town in Kansas, where I did the majority of my growing up. That was the first time I understood that an artist could be paid for doing what they love. My reward was a gift

certificate, which I promptly traded in for a Batman Nintendo game. This is a very telling introduction. A good portion of the money I make from my art still goes on video games and comic books.

The *Be Who You Are* project is, to date, the largest illustration job I have undertaken. I have created murals, which are technically bigger, but the book took a lot more thought, planning and post-production. The children's literary world is a well-known hard nut to crack, and I know personally that getting your book or portfolio into the right hands can often seem impossible.

Jen and I ended up meeting after a happenstance series of events put her in conversation with a close fried of mine, and the subject just happened to be about her hunt for an illustrator. A few e-mails later, we met for coffee, and I did my best to seem seasoned and professional.

Hearing Jen's real-life story, and reading the final version of the manuscript (relived through the characters of Hope, Will and Dr. Bee) affected me deeply, as I imagine it strikes anyone of a certain political disposition, and an inclination toward empathy. It's a harrowing proposition, calling for a great deal of bravery and faith in your family and friends, to act in support of a child questioning what is arguably the most defining characteristic of self.

I was immediately taken with the project, and excited at the prospect of my first published work being of such an *avant-garde*, helpful and important subject matter.

The first hurdle to overcome was the weight of gender on our identity. As the youngest of three

by Ben Rumback

boys, I had very little insight into even the slightest variety of gender. Because we were raised in a small town in Kansas, sexuality came in one flavour, when it came at all and gender identity was a given. I was exposed to the ever growing presence of the LGBT community through movies and books, but in such a hetero, traditional environment, these ideas were almost

never presented to me on an even keel, but in very choppy, often hostile or satirical waters.

It wasn't until late high school that the concept of being an ally was a thing in my world. College, I guess, would be the first place I ever really saw things straight (no pun intended) and understood sexuality as a spectrum instead of a two-toned thing consisting of two boxes, check one, pink or blue.

These days I am happy to count among my nearest and dearest, a broad array of life-styles and love-styles, and I think

gratefully of the ways they have allowed me to broaden my understanding of the world and the wonderful variety of people in it.

Along came this book, then, presenting an idea that I hadn't devoted any thought to, even in my self-congratulating 'new-mind.' Transgender and gender identity were clear concepts to me, but the idea of carrying such a burden before adulthood, before teenage, heck, before third grade, had never crossed my mind. After meeting Jen and having read a few times through the copy she left me, I was thinking a lot about these children, who have no media written or crafted just for them.

There weren't any helpful books on the subject, and that, as much as any desire for work or to get my name out there, got me involved in, and devoted to, the project. When I am not working as an illustrator, I teach preschool and give art lessons to kids the same age as Hope, the main character in the book. This gave me an advantage when it came time to get inside the characters, the parents and the kids, and convey



**Ben Rumback** 

Polare page 16 July-September 2012 visually the characters' varying moments of despair, lonleiness, family, triumph.

Character design starts in a very raw place. We are refined, not defined, by our clothes, haircuts, and all of the other oh-so-important parts of our surface identity. The process of developing Hope began with the face. I had to get it to a place that didn't instinctively read girl or boy. And while the look of the book would be stylised, I didn't want to go too far into the cartoon-zone. I started with a series of nine heads and shoulders, youthful and bald, in varying degrees of rotation. Next, I took some root emotions from the working copy of the text, and marked each head with one of four labels: neutral, happy, sad or worried. Looking at it now, after working so much feeling into the faces in the finished book, it seems like a pretty short list.

When I had finished the chart for Hope, I did a smaller set for each of the characters that surround her in the story. For her mother, dad and little brother, I took an idyllic approach - they were beautiful, healthy parents and a loving brother, who would go forward in this very idyllic story, to help and protect Hope, a person who doesn't quite fit into her suroundings.

Layout and planning of the book went fairly

smoothly. The brunt of my efforts were spent on trying to not show the same set of people facing the audience in a limited variety of poses. This is something nonartist-types may never think of, specifically in kids' books and comic books. We are given a limited supply characters and settings, and have to mix up the staging to keep it



interesting. If we neglect this, you end up with ten or twenty very similar pictures with the facial features changing ever so slightly. It doesn't do much for me.

Another thing I worked at was keeping the movement of the characters at the same pace as

the writing. These characters were going places, be it to the park, library or the office of the great Dr. Bee (the character I most enjoyed drawing, because of her hair and fashion sense). There are three major postures for the characters in this book, particularly Hope. Shoulders forward, shoulders back, or prone. The only time we find

Hope lying down is on page three of the book, where she, ( s t i 1 1 identified as Nick), being lovingly carried off to bed by her parents. When Hope feeling oppressed or



**Nick meets Dr Bee** 

less confident, her shoulders slump forward in a defensive, defeated pose, matching the downturned eyes and frown of the mouth. In the twenty-four illustrations featuring Hope, she is shown in this pose only three times.

These things happen consciously and subconsciously, and I often don't realise I am doing them until they become a trend within the body of work. After the realisation hits, I keep them going, and sometimes go back through and give them a little more resonance.

When I flip through my copy of *Be Who You Are*, I feel a great wash of pride, with some overtones of disbelief. The process wasn't without its bumps and, at times, the project seemed altogether too large and daunting. But, it turned out a series of paintings that Jen thought matched her words beautifully, and I have no doubt that it has already helped many people get a better understanding of what they, their son or daughter, nephew, grand-daughter or sibling is feeling.

Anyone dealing with that sort of struggle needs a hand, especially the very young. Jen and other advocates hold their hands out to them. I am happy knowing that her hands, at least, have a few smears of my paint on them.

Polare page 17 July-September 2012 Dear Katherine,

My name is Lisa, I am a mum of two – Lillian, nineteen years, and Ruben, sixteen years. Ruben transitioned from FTM last year, about halfway through year ten at high school. I had concerns about Ruben's gender identity since he was around three years old. I had questioned him about it and tried to keep the conversation open in case something wasn't right for him, but I don't think he quite understood it and I don't think I was clear enough with my questions at that early stage. By the time Ruben came to me and told me he was a boy, he had done a lot of research and had a pretty clear understanding of what was right for him.

Initially, I had some difficulty with the thought of Ruben transitioning at school, and had tried to talk him out of it - thinking that the school yard is a hard place to be different. I had always encouraged my children to have the courage to be themselves, and that's all Ruben was doing.

He had waited long enough, he was ready – I just had to catch up. We had a party for Ruben, similar to a birthday party, to celebrate his transition and help friends and family understand this was a joyous thing, and what the correct pronouns etc were.

Before and during the first few months of Ruben's transition, all of my concerns seemed to be based on fear. Fear of what Ruben would have to go through. Fear of how the world would treat him. Fear that I could not fix everything in his life.

Fear can be paralysing and I shed a lot of tears, because of these fears. After many visits to the Gender Centre, talking with Liz and other people so generous to give up some of their free time to explain their stories of transition – I came to terms with most of my fears.

The people I spoke with helped me to put things in perspective and I feel a lot less hysterical these days. I am very proud of both of my children and feel they have depth, kindness, compassion, a good sense of self, and a good sense of humour – which are some great qualities to help you through life.

As a parent, I am having to let go and realise I can't protect my children from the world, I just

**Letters to the Editor** 

hope I have and will continue to prepare them as best I can for it.

Most days are great, but some days I feel the whole world has an opinion and thinks it's ok to step forward and let me know it, uninvited.

Some days bullies and bigots wear me down and I don't like the world very much. But I think all parents go through this for one reason or another – no one likes to see their kids hurt, or feel that the world treats them badly. I hope to be able to help other parents become less hysterical and to educate, in small ways, as many people as I can on the issues of gender. I think every little bit counts and the more education we have out in the public, the more understanding people will be.

- Lisa Cuda

#### **OVER 55's GROUP**

A Mature Person's Group

Dates: Thurs. 12th July. Topic: Living in the wider community as a transgender person. Led

by Isabel

Thurs. 9th August. Topic: **Mentoring.** Led by Marika

Thurs.13th September. Topic: **Post-trans relationships.** Led by Joanne All meetings 1.30pm - 3.30pm

This Group to provides an opportunity for the sharing of experiences and talking about our future goals as individuals.

We need your involvement if the Group is to progress and change. Your support is vital.

#### 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 1.30 to 3.30 pm.

Suggestions for guest speakers for future meetings will be welcomed.

Katherine Cummings, Convenor

Polare page 18 July-September 2012

### Speaking Personally by Marika

Then I was asked recently if I'd like to contribute an occasional article to *Polare* my first reaction was one of surprise, followed by an inclination to decline politely.

After all, having seen in earlier issues the many erudite contributions from psychologists, counsellors, readers, editors etc., I could not

imagine what I could possibly add to such a range of qualified contributors.

After some agonising and reflection, however, it struck me that maybe this was exactly the point. Maybe what has been missing is something more personal. Sure, there have been many personal accounts transgender experience, including my own, but these have, by and large, either been histories or accounts of problems with the bureaucracy.

What I will try is something more down-to-earth, a from-

the-heart sharing of the day-to-day highs and lows of my life as a lesbian woman with a transgender background, and the lessons I've learned along the way.

Although I do appreciate the positive progress towards societal acceptance that has been achieved thanks to the tireless efforts of those willing to carry on the fight, I will not deal with gender politics. If, occasionally, I use a phrase or term that doesn't measure up to your sensibilities of political correctness, I smilingly apologise in advance for my ignorance.

So ... to get to it, and because this is to be the first of a series in both *Polare* and *Out On the Coast\**, I thought I'd start with something about the trials and tribulations I've experienced, and continue to encounter, in my quest for a meaningful, loving and ultimately sexual relationship with another human being.

\*(A magazine for GLBTI people published on the Central Coast of NSW. Ed.)

I realise, of course, that this is a quest so universal that you could well be excused an immediate reaction of "big deal!" or, more likely, "big yawn!". Especially if you're a 'straight' hetero person unblemished by the ravages of age.

In my case, however, we're talking about an openly lesbian woman "d'un certain age" toting

considerable baggage.

I suspect this is something many of you may also be struggling with, to a greater or lesser degree.

Don't get me wrong. I'm not a lonely person. I have many friends, gay, straight and transgendered and I don't think that I'm wrong in my conviction that, by and large, they love me as much as I love them.

This comes about mainly from my

determination not to find myself socially isolated when I relocated to the Central Coast in early 2011 about six months after surgery. It didn't take me long to realise that my openness about my gender and sexuality is a two-edged sword that has, more than once, "bitten me on the bum"...

My first and most painful experience of rejection happened as the result of careless language on my part. I met a lovely lady not long after my arrival on the coast.

We had much in common at all levels and it wasn't long before we were breaking away from our circle of friends to spend more time alone together.

The shit hit the fan, however, when I carelesly used the word 'relationship'. I was told, in no uncertain terms that this was out of order and that she could *never ever* contemplate a *lesbian* relationship. "We're just girlfriends!" she



Polare page 19 July-September 2012 angrily sobbed as she walked away. I was numbed by a combination of embarassment and anger at my own naivety.

First lesson: An intimate friendship, in other words, "friends with benefits", has boundaries that need to be understood by both parties.

It was at this point that I should have accepted, once and for all, the reality of my prospects of ever achieving a meaningful intimate bond with another woman. But then ... rationality is not something that comes easily when you're high on hormones and going through a *faux* puberty.....

After a suitable period of mourning (a day or so) I picked myself up, dusted myself down, and threw myself once more into a headlong pursuit of that someone special who's out there somewhere, waiting for me to appear.

Friends had suggested Internet dating and I was, by this stage, willing to try anything. The first of the sites I registered with is one that is mainly aimed at those seeking hetero relationships but does provide options for alternatives such as "men seeking men", "couples seeking couples" etc.

Membership is cheap. My profile presented me as "female seeking other females" accompanied by a head-shot of me at my most feminine and enigmatic. I did agonise over whether I should allude to my gender issue and decided not to. I completed the required list of my interests, habits, likes and dislikes and waited for the avalanche of approaches that I felt would soon follow. Meanwhile I trawled the site in search of prospects.

It soon became clear that many of the women were either from overseas seeking to get into Australia or they were local but really not what I'm looking for, to put it kindly. The avalanche of responses to my profile didn't happen except for a couple wanting a threesome and a guy pictured in a dirty blue singlet and a 'full sleeve' of tattoos. After only a couple of weeks I gave that site the flick in favour of one I'd seen advertised in LOTL (*Lesbians On The Loose*), the free lesbian publication. The site, *pinksofa.com*, is in a different league altogether, tightly controlled, administered and organised.

I was immediately impressed by the large numbers of girls registered and the comfortable feel of an opportunity for online chat etc. I strongly suggest that if online lesbian dating is what you're considering, this is the place to be. A little more expensive but well worth it. Check it out.

Anyway, I subscribed, entered my profile and it wasn't long before I was exchanging 'smiles' and messages with a variety of new online friends, all of whom came across as genuine and civilised.

Little did I realise that I was setting myself up for another bite on the bum.

After several message exchanges with a person whose profile as a professional woman close to my age seemed to indicate we were ideally matched, we agreed that we should meet at a cafe on neutral ground.

When the time arrived she was running late and phoned to tell me she was on the way. Alarm bells rang at the sound of her voice. It didn't match the image I had of her as the refined feminine person portrayed in her profile picture and her personal description. When she entered the cafe I failed to recognise her. Because of her masculine clothes, cropped hair and manly gait I didn't rise to acknowledge her. She did, however, recognise me but it was immediately quite obvious that she, too, was not impressed.

We sat down, ordered coffee and then, following an awkward silence while we glared at each other the conversation went something like this:

"Are you pre-op or post-op?"

"Post-op," I said.

"Well, you should have said so in your profile. You lied about who you are!"

"No, I didn't. Everything in my profile is accurate. I'm female in mind and body, as most can tell at a glance, which, I'm afraid, could not be said of you, and, furthermore, if honesty is the issue here you don't look at all like your picture. I don't think it's you."

"Well it is, but it was taken some time ago and ... anyway ... it doesn't alter the fact that you

lied and I've a good mind to report you to the site administrators."

"I wish you luck but I think you'll find there is no rule that says members are obliged to include their medical histories with their profiles. There may well, however, be something about deliberately including profile photographs bearing absolutely no resemblance to the person they're supposed to represent!"

There was another awkward silence before she suddenly stood up, picked up her bag, muttered something about being uncomfortable, turned ... and left ...

Second lesson: Internet dating presents great opportunities to find that person of your dreams, but it can be fraught with devastating pitfalls for those of us with baggage we're unlikely ever to be able to shed. To tell or not to tell is a difficult choice at times and we each have to face the dilemma according to our own convictions.

Postscript: My search will continue and I will stick to my principle of not exposing my gender history on my site profile. What I should do, I now believe, is to mention it during a message exchanged shortly before arranging a meeting, to give the other party the option of backing out. I'll keep you posted.

Finally, on an entirely different note, I feel compelled to share something rather special with you.

I recently experienced something quite moving, beautiful and especially encouraging.

The occasion was the funeral of a dear friend's ninety-one year old mother. Although I was never privileged to meet the lady, I felt honoured to be allowed to attend in support of my friend Jessica, one of the lady's ten children.

Upon arrival at the chapel I was delighted to find that so many of our mutual transgender friends had also turned up in support and we were all graciously received and engaged by Jessica's family and friends. Jessica herself was resplendent in an all-white suit, as is the Chinese custom. She was clearly in control of proceedings, including the personal reception of each guest, the necessary introductions and

the delivery of the eulogy which she delivered with confidence and style.

What particularly moved me however, was the obviously high degree of admiration and respect she was shown by everyone present. All of whom were clearly well aware of Jessica's gender background and had been for a long time. In conversation with several of her siblings and friends it became clear that this was an extraordinary family. I really would like to believe that this was a glimpse of a not too distant future where this level of acceptance will be the norm rather than the exception.

#### 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?

**AIM** This research explores 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. They will also have the opportunity of sharing their ideas on how institutional settings and organisational environments might usefully be modified to improve the care experience.

**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, BScPsych, Grad. Dip. Mental Health Nursing

Tel: (02) 6563 1789 Mob: 0431 833 634

Email: trish.kench@internode.on.net

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### 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.

### \$500 To Be Given Away!!!

The Sex and Gender Diversity (SGD) Human Rights and Dignity Conference held in Sydney in December 2011 has \$500.00 to give to a disabled person from one of the SGD groups.

To enter, send your name and eligibility and contact details to Tracie O'Keefe at:

info@tracieokeefe.com

The draw will be at the end of October.

### Sex and Gender Education (SAGE) Needs You!

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

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

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

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

and sign up to our low-volume mailing list For more information visit our website www.sageaustralia.org

SAGE - campaigning for your rights!

### 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

#### Daughters of the Doctor by Kari McKern

There were several hundred at least, and while few carried weapons, his knives were always sharp.

Climbing aboard silver craft, they flew toward their sun and turned towards his star. Having said goodbye to friends and foes, they began a journey far. They did not fear the pain and hurt that had grown so large so fast but tendered hope about where their future lay, for they no longer feared the past.

And when they finally came to Suvarna, each looked at its damp rich earth and felt the kindness of the people and ways strange to those of their place of birth. And so the girls took leave of their sky ships and, gladly led by angels, took a shuttle craft, Chon Buri bound.

Danny drove, because trust was new, the road was dark and the way before untraveled.

And round the Doctor's table all the strange girls sat and told the truths and fables of who they were and of karma hard and fate cruel and then asked him "rid my hurt by way of easier rides and second starts, let these wrongs of gender, unjustly blighted, be righted. I'll pay well your talent rare for level spirit and great care."

This man was wise and did as bid, cut carefully and healed them well, and made them new as best he knew.

So when they departed, bound for city life, old cares and new lives, they remembered his way, hard learned and crafted well, and used his art

best by his example, as implied. "Be strong and caring, relaxed and wise, and most of all, my girl, more mindful than in your prior guise."

The circle closed, the Dharma done, a father's love at long last won, now marked by the purple aura they retained, his loving daughters they remained.

Kari Freyr McKern (In honour of Dr Suporn Watanyusakul) Chon Buri, Thailand 18/11/11.





#### NEEDLE EXCHANGE



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

#### Pay-It-Forward Binder Program

is a used binder serice that provides used donated binders to:

\*\*\* guys in the Australian and New Zealand region who need a chest binder and are 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 binders, which are cleaned, sized and passed on to those in need.

The service is based on honesty and should not be accessed by those who are just looking to save money.

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

**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 <a href="http://groups.yahoo.com/group/ozguys/">http://groups.yahoo.com/group/ozguys/</a>

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

#### **News Items Of Interest**

#### APRIL ASHLEY HONOURED IN **QUEEN'S BIRTHDAY LIST**

April Ashley was the first British transgender woman to be outed by the press after having gender reassignment surgery in Casablanca in 1960. Before the operation she had been working as a female impersonator in the Carousel Theatre in Paris.



**April Ashley** 

After returning to England she worked as a fashion model for Vogue, had a bit part in the Bob Hope/Bing Crosby fim "The Road to Hoing Kong" and in 1963 married Arthur Corbett who latter became the 3rd Baron Rowallan.

Ashley became a *cause celebre* in1970 when Corbett had the marriage annulled on the grounds that Ashley had been born male.

After the annulment Ashley continued to be a prominent member of London high society although after a heart attack she retired for some years to the Welsh town of Hay-on-Wye. After the passing of the *Gender Recognition Act* in 2004 Ashley was legally recognised as female and has remarried.

Over the years she has worked for the transgender community and her biography, *April Ashley's Oddysey*, by Duncan Fallowell was very popular when in came out in 1982. In 2006 Ashley released her autobiography, *First Lady*.

She was awarded an MBE in the Queen's Birthday Honours in 2012 "for services to transgender equality".

#### TWO DISTINGUISHED SUPPORTERS LOST TO THE TRANSGENDER COMMUNITY ON JUNE 12, 2012

Professor Alfred Steinbeck and Frank Walker both died on June 12 after having contributed to the well-being and social progress of the transgender community. Frank Walker, in his capacity as Minister for Youth and Community Services, provided the 1986 foundation funds for Tiresias House, which later became the NSW Gender Centre.

A tribute by Roberta Perkins appears in this issue.

Professor Steinbeck worked as a specialist endocrinologist after retiring from



Frank Walker

academic life, and he was admired and loved by a multitude of transgenders, many of whom he helped with his professional skills, and advised and supported with his openhearted goodwill, his wisdom, and his willingness to

testify in court cases on behalf of transgenders who ran foul of the law.

He worked untiringly, well into his nineties.

A brief tribute to this remarkable man appears in the editorial pages.

Professor A.W. Steinbeck

### FIRST NATIONAL LGBTI HEALTH ALLIANCE MEETING DEEMED A SUCCESS

On June 18 and 19 representatives from several sectors of the sex and gender diverse community met in Sydney to identify priorities.

Diverse sex and gender working group convenor, Peter Hyndal, claimed the meeting was historic.

"For the first time in Australia, transgender, intersex and other people of diverse sex and gender ... gathered to discuss a program for change."

The group developed an action plan for key areas, including the law and social services.

Polare page 25 July-September 2012

### MYRRIE EQUALITY







Humans have married in all cultures and eras throughout history. The types of marriages varied however:

Arranged; Beena; Celestial; Child; Spirit; Common-law; Covenant; Endogamous; Exogamous; Fernale husband; Fleet; Flash; Forced; Ghost; Group; Handfasting; Heqin; Hollywood; Human-animal; Inter; Jumping the broom; Lavender; Levirate; Love; Mixed-orientation; Mop; Morganatic; Multiple; fixed-term; Open; Plaçage; Posthumous; Same-sex; Serial monogamy; Sexless; Shim-pua; Sister exchange. . . In general however there is always a civil part to marriage, and often a religious aspect as well.

(A Vegas wedding by "Elvis")

In general however, marriage is a civil union between two people.

It says here that the party of the first part is marrying the party of the second part. I think this calls for a party!

Politicians in Australia often seem to think they can serve by leading the population the same way you lead a pack of dogs - by command.



A previous PM felt obliged to clarify things, for our benefit.

You can have one from column B only! That is the one and only true way of ordering food.

No, you can't have two from column A, or two from column B! What do you think this is, a democracy?!

But Australians are not dogs. If we think something's wrong or stupid, we let people know about it.



It's not "just" about gays and lesbians gaining the right to marry. Marriage affects all groups and should be a basic adult right across all genders and sexualities (at least in western culture). Any two consenting adults should be able to marry, regardless of sex, sexuality or gender.

Instead though, what we tend to get is: "More controversy on same-sex marriage with the latest report from the U.S.A. ..."



Those opposed to reform tend to focus on the same-sex factor, and use fear mongering



Some gay and lesbian folk even assume that they alone "own" the issue.



Last year in New York State same-sex marriage was added to the marriage act. But the same day the act was passed, another one that would have given NY trans people basic rights



Not only do the trans folk in New York deserve those basic rights, but it brings up an issue of which sex or gender a trans person is by law.

EQUAL PROTECTIONS FOR TRANSCENDER NEWYORKERS

So what if you can marry, if you can't do so in the gender you identify with, or that gender gets disputed in the courts?

How about the right for couples to stay married after





Unless trans (and intersex) people have some input into the process, any marriage reform will just focus on adding one extra option. Once that change is made it will be harder to make others.



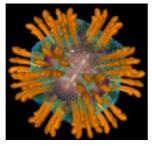
#### **Health Information**

#### EMERGING TREATMENTS FOR HEPATITIS C

Treatment of chronic hepatitis C has improved recently, particularly since the advent of pegylated interferon and ribavirin combination therapy.

Between 50-80% of patients achieve a sustained virological response after 24 or 48 weeks therapy, with the response and duration

of treatment depending on the genotype of the hep C virus. Treatment numbers, however, remain low, partly due to side effects and partly to the length of therapy involved.



hep C virus

The development of new

therapeutic agents such as protease and polymerase inhibitors provides hope that treatment responses will be improved over shorter treatment durations. This is particularly important for people who have genotype 1 infection. Studies have shown several important features:

 $\sqrt{}$  these individual oral therapy agents will be used with pegylated interferon and ribavarin in combination

 $\sqrt{\phantom{a}}$  triple therapy may increase the side effects

 $\sqrt{}$  early hep C virus resistance is an important issue, particularly for protease inhibitors

 $\sqrt{}$  treatment responses whould be improved by at least 20-30% and with the potential to shorten the duration of treatment.

#### Telaprevir and boceprevir

Two agents, teleprevir and boceprevir (protease inhibitors) have finished enrolment into large-scale international trials. The studies were able to single out people who have the harder-to-treat genotype 1, with and without previous t mareatment. Results from these trials show considerable benefit.

Invariably the drug companies will lodge applications for Australian approval and the first protease inhibitors will probably be licensed in Australia by 2012 with potential access through Medicare (if demonstrated to be cost-effective) in late 2012 or 2013.

#### TREATMENT AFTER EXPOSURE TO HIV

Exposure to HIV can result from a number of causes but in every case it is an action that lets infected body fluids (like blood or semen) into a second person's bloodstream. This can result from vaginal or anal sex with an infected person or sharing of needles, or the transfer of HIV-positive blood into an open sore (or a person's eyes).

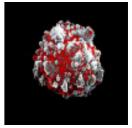
Ignoring safe sex is a high risk procedure. Condoms provide a measure of protection but sometimes condoms break during penetration. Oral sex is less dangerous but if a person has a mouth ulcer or broken skin there can be risk.

Treatment (PEP for Post-Exposure Prophylaxis) must be prescribed by a doctor and uses the same drugs given to people known to be HIV positive. It should be emphasised that action should be taken quickly after you think you may have been infected.

It must be noted that PEP is neither a vaccine nor a cure. It works by preventing the reproduction of the initially infected cells but it does not remove the necessity for observing safe sex practices.

The course of PEP runs for four weeks and may prevent HIV infection but it is not yet fully

proven, although studies on health care workers suffering from needle-stick injuries and then went onto the PEP course have shown them to be 80% less likely to be infected than those who did not take the course.



**HIV** virus

PEP has also been used successfully on babies born to HIV-positive women. The long-term safety of using the PEP drugs is, however, unknown.

What is known is that they can cause sideeffects such as nausea, headaches and fatigue. These side effects can be monitored and treated by your doctor.

Polare page 28 July-September 2012

#### Is Polare Good For You? by Katherine Cummings

Following the recent reader survey on what is right and wrong with *Polare* the broader question has arisen as to whether the existence of a regularly published magazine combining information and entertainment, as well as advertisements relevant to the gender community, is of therapeutic value.

The general consensus seems to be that the magazine (and the information sheets, the website and other forms of information provision) are of significant importance to our community, as many of us suffer from isolation, depression, shyness, and the need for reliable information, as well as entertainment, instruction and social support.

#### **Isolation**

Ami Kaplan, in her piece on basic issues in transgender mental health (p.34) makes the point that loneliness and depression are often key factors in growing up trans\* and anything that can ease these feelings of isolation and provide avenues for socialisation with others, as well as providing useful information for progress through life, can only be of great value.

Many of the Gender Centre's clientele live in rural and regional areas, without the advantages of being able to meet with others in the community on a regular basis. The magazine and website act as a form of information provision and communication network for those in isolated areas.

#### **Depression**

Geographical isolation is not the only cause for depression. It is possible to feel that one is an "outsider" even if one lives in the heart of the city. Some people do not know the Gender Centre exists, or are too shy to approach the Centre for help. The existence of *Polare* in clinics and at pickup points around Sydney helps to make people aware of the Centre's existence and services.

#### **Shyness**

A client of the Gender Centre, asked to comment on the value of *Polare*, said she came across *Polare* before she visited the Gender Centre for the first time and this provided a form of introduction to the Gender Centre and its

workers that made accessing the Centre "much less scary". She knew more about the structure of the Centre and the staff working in it than she would ever have found out without these publications and the Internet social networks.

#### **Information**

The magazine and information sheets also provide transgenders with facts they can use in negotiating with their friends, families, employers and organisations, providing credible and verifiable views of gender issues that may be in contrast to the views based on prejudice and ignorance that their contacts have been previously exposed to.

In all honesty it should be recognised that some of our information is anecdotal and there is controversy even within our community, particularly in areas of terminology. But healthy debate is better than total ignorance and areas of disagreement will be sorted out in the fulness of time.

#### Social support

Polare provides a calendar of social and support events and invites all who can to join the various discussion and support groups that meet at the Gender Centre. These groups provide for monthly meetings of parents of transgenders, children of transgendered parents, over-50s, and other special interest groups within the community. They provide friendly support and information exchange and sometimes lead to members of these groups writing for the magazine or taking leading roles in social and support activities.

#### Instruction

There are various forms of instruction and information to be found in the pages of Polare. There is information about new developments such as changes in the law, news items of interest and concern and information about courses and events to be held for the benfit of our clients, both through the Gender Centre and more formally through institutions such as TAFE.

All in all, it seems that *Polare* contributes significantly to the well-being of our target clientele.

### 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

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

Hepatitis testing and vaccination

Post-exposure Prophylaxis (PEP) for HIV

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

#### **Issue Ninety-Two**

#### My Journey To Thailand by Joanne

or much of my life I was aware of characteristics and traits inconsistent with my birth gender. This became noticeable during adolescence and later, around the age of forty, became incompatible with my male persona. These characteristics led to concern among those nearest and dearest to me.

It wasn't, however, until I was fifty-three, long after having completed university, and years in various managerial positions with multi-national companies, that my conservative lifelong traditional values were shattered following the breakdown of my marriage.

I found myself free to discover myself and immerse myself in a series of personal growth courses with a focus on self-awareness. I

also openly explored cross-dressing whenever I could.

I discovered the Seahorse Society which opened my eyes to the transgender world. After four and a half years, I had developed a commitment to living more completely in my true gender. I embarked on a seven-hundred-hour course of electrolysis. Fortunately for me, the electrolysis practitioner was a transgendered woman and became an important source of information for me at that critical time of my life. She helped me to understand that, if I were to be completely happy, I would have to make some very difficult decisions. In August 2010, I commenced hormone treatment and consulted a psychiatrist.

In February 2010, after a period spent researching my possible options with regard to surgery, I made contact with a Dr Suporn who, by all accounts, was considered to be among the top Thai surgeons. Unfortunately his age limit for affirmation surgery was sixty-four which ruled me out. I also considered Dr Chettawut. Eventually I settled on Dr Sanguan Kunaporn, from Phuket, who also enjoys a high reputation, especially in terms of a technique that involves a two-stage process which enhances internal healing.

In May 2011, having booked the surgery for late August, I was advised by a woman friend with a transgender background that it would be highly desirable to have a support person with me in Thailand after leaving the hospital.

At this time the surgeon recommended a second psychiatric report which delayed the surgery

> date to late October 2011. I made an appointment with the passport office and took letters from the surgeon and my GP in support of my application for a twelve-month limited validity passport showing my correct gender and name. I was then in a position to book direct flights to/from Phuket with Jetstar for myself and my support person. Accommodation arrangements were left open until I left the hospital.



**Joanne** 

The surgical technique used by Dr Kunaporn requires a fourteen-day hospital stay. Admission was at 10am the day prior to surgery, with chest x-ray and other tests. I moved into my room at lunch time and there were afternoon visits from Dr Kunaporn, the anaesthetist and a clinical psychologist to give final approval for surgery under Thai law.

That evening I went through various preparations for the surgery. After a relaxed sleep I was wheeled into the operating theatre, the senior theatre sister said "everything will be OK". My response was "I know". When I awoke eight hours later, following five and a half hours of surgery, I was back in my room and drowsy, with no pain.

There was no pain at any time following the surgery. The surgery I had had involved saving the scrotal tissue for the second-stage lining operation, using the head of the penis and frenulum with nerve and blood supply intact to create a sensitive clitoris. The urethra was redirected to the correct position and a vaginal canal was created. Labia minora and labia majora structures were also created. I was able to walk (with attachments) on the second day after surgery.

Three days later, it was back to theatre to have the vaginal packing replaced under anaesthetic.

#### **Issue Ninety-Two**

Then six days after the initial operation, back to the theatre again, under anaesthetic to have the scrotal tissue placed in the vaginal cavity as lining. Then it was four days lying on my back with no movement, eating only soup to avoid bowel movements. This was to allow the liningto adhere and to assist the healing process.

On day twelve, after the initial operation, the vaginal packing was removed in my room and the surgeon was able to teach me something about my new female anatomy. Then he performed my first vaginal dilation, demonstrating that I had five and a half inches of internal depth. On day fourten I was discharged from hospital to the hotel next door where I had stayed for one night prior to admission to the hospital.

The hospital was the Phuket International Hospital, a large private hospital catering for international clients and wealthy locals. This hospital was equal to the best Australian private hospitals in every respect. The surgical ward was on the 5th floor and each rooms had a bathroom. All rooms had a refrigerator, safe and television, as well as tea/coffee making facilities. All senior staff spoke English well. All staff on the surgical ward were highly professional and very friendly. The food menu had good choices of Thai and Western food.

The surgeon recommended that I should plan to stay in Phuket for two further weeks after leaving the hospital in case of complications. All transportation was provided on a complimentary basis, on arrival, departure, transfer to resort accommodation and to return to the hospital for outpatient appointments. I went to Thailand with a sixty day visa to allow for the possibility of complications. My support person arrived at the hotel the day after I left the hospital and she found accommodation for us for two weeks in a two bedroom apartment. This was a difficult project for her, as the floods in Bangkok had resulted in lots of wealthy people coming to Phuket and taking up all the apartment accommodation. The gods were with us as my friend finally found two fully furnished spacious studio apartments next to a large swimming pool on the ground level of a timeshare resort. Each studio apartment cost only \$27 per night for thirteen nights.

There was an outpatient appointment each week with the surgeon in the operating theatre, where stitches were removed, external tissue was trimmed and an internal speculum examination was carried out. During this time the task of dilating three times a day was quite time-consuming.

My friend and I visited number of major supermarkets to provide for breakfasts and lunches. Each evening we walked or took a taxi to a Thai restaurant for dinner. Our resort was located about a thirty-minute walk from the main shopping area and Patong Beach. Outings included shopping for clothing and souvenirs at markets and shopping centres. Also there were several walks to and along the beach in the final week when I had more energy, plus a facial in a beauty parlour, the icing on the cake.

This was my first international trip on a female passport and everything was very routine at Sydney airport, Phuket airport and on the flights.

There were a few setbacks. On leaving the hospital I was wearing thick pads throughout the time in Thailand and on the flight home. The long walks with pads in the last week in Thailand created irritation in the area around the urethra and this caused loss of skin and rawness. There was even some blood spotting from this area on the flight home. A woman friend who collected me from the airport and my beauty therapist whom I saw the next day both advised me to cease using pads and use thin and long panty liners instead. I also saw my GP who advised me to spray the urethral area after urination with a pharmacy saline solution. Salt water baths were recommended after every dilation. The skin healed during the three months following surgery.

Another major setback related to my overzealous use of a vibrator. The surgeon had recommended I buy myself one for Christmas, two months after the surgery. So in January I was having a lot of fun and doing some internal localised damage in the deep part of the vagina. My GP recommended an anti- inflammatory drug but it did not fix the problem.

Later, at the end of February, the GP suggested a longer course of anti-inflammatory medication

and referred me to a gynaecologist. At the time of that consultation at the end of March everything was OK internally and he observed that the surgeon had done an outstanding job.

So what does life hold for me now? Ongoing dilation is easy and is now only daily at twenty-seven weeks post op. This follows an initial ten weeks of dilating three times a day, then fourteen weeks dilating twice a day. Dilation will become less frequent at about twelve months post-op. Due to more than aix months of healing, there is now no problem using the vibrator or dildos. Also I now am ready for

the "rite of passage" experience of having sex with a heterosexual man. My position is that I am open to intimate relationships with either a woman or a man.

I am now back to pursuing my broad range of interests and activities that have been ongoing since I retired 5 years ago. My life is now very settled and happy.

Postscript The package cost for the Surgery and hospital stay was US\$11,000 and the cost of airfares and accommodation for myself and my friend plus my costs for two weeks food and activities in Phuket were US\$4,000.

#### 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
- n Verbal abuse and threats
- n Sexual assualts
- n Stalking
- n Domestic violence
- n Family violence

When making a report to the TAVP you will be asigned 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

#### **OUEENSLAND 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.

Apr 2 Parents' Group

#### **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

### Gender Centre Events, Workshops and Group Meetings April-Dec 2012

		May 2, 9, 16,23, 30 Yoga							
			Jun 19. hep C What does it mean for you?						
1.30pm	Apr 30 Women's Group	May 28 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		May 14 Parents' Group	June 11 Parents' Group	Jul 9 Parents' Group	Aug 13 Parents' Group	Sep 10 Parents' Group	Oct 8 Parents' Group		

#### The Carmen Rupe Memorial Trust

The Carmen Rupe Memorial Trust (CRMT) is inviting transpeople with a passion for making a difference to join their Advisory Committee.

The CRMT is being established as a registered charity to further Carmen's interest in GLBTI education and social justice through philanthropy and community service. We are looking for talented, motivated people happy to work in a positive team environment to build an organisation capable of achieving great things in Carmen's memory.

The Advisory Committee will provide the Trustees with input on policy and strategy, will lead or coordinate projects initiated by the Trust, and will ensure the CRMT's decision-making processes are informed by the wider community through ongoing consultation. They are especially interested in hearing from members of the transgendered community, the wider GLBTI community and the Maori and Pacific Islander communities.

Former Gender Centre Counsellor, Elizabeth Riley, one of CRMT's foundation trustees, says:

"We're setting out to build a charitable organisation that will educate and empower transgendered people to take greater control of their own lives while helping others, ultimately to educate and engage the wider society in support of all gender-diverse individuals.

For further information please contact Kelly on 0452 4545 965

by Ami B. Kaplan

This piece contains a short outline of mental health issues that arise for transgendered individuals, particularly those affecting one's emotional and psychological state.

#### Gender Dysphoria

This is a fundamental unease and dissatisfaction with the biological sex one is born with which results in anxiety, depression, restlessness, and other symptoms. The dysphoria often acts as a catalyst to change one's body and gender expression (how one presents to the world) to be more in keeping with what is felt to be one's gender identity (the gender that one feels oneself to be).

#### Problems associated with growing up with gender dysphoria

The main problem of growing up with gender dysphoria, aside from the dysphoria itself is the social predicament. Essentially everyone expects the individual to be and act like a boy/ girl, whereas inside he/she feels she/he is a girl/ boy.

#### Early Childhood

Children get cues early on from parents about appropriate behaviour, and internalise them. For example MTF (male to female) transsexuals have reported getting the message from parents that it wasn't ok for them to play dolls with their sisters or neighbours, and that they were expected to do "boy" things "like rough and tumble play".

Children of this age start to get the idea that there is a part of themselves that must remain hidden.

#### **Puberty**

This is a particularly hard stage, since the body begins to change and adapt gender specific features (breasts, changes in genitals, menses, etc.).

Transgendered individuals have reported "I was disgusted by (hair, breasts, etc)". transgendered individuals are aware of their issue by this age, but lack the means and agency to effect any change.

This has been changing in recent years where some transgendered youth are more "out", have supportive families and are able to access services.

In some cases medication is available to delay until the puberty individual is old enough to decide whether or not to transition. This has the benefit of essentially avoiding the trauma of experiencing the physical effects of puberty in the unwanted gender.



Ami B. Kaplan

#### **Early Adulthood**

With emotional and financial independence some people feel free to begin to address transgendered issues at this age and look into transitioning. However, some are not as free to do so, due to family and other obligations, or due to lack of information and access to services.

#### Later Adulthood

Some transgendered individuals put off transitioning until later in life when they feel able to do so. This can be satisfying, but can also have the disadvantage of producing a less convincing outcome. In addition there can be regret about having lived so long in an unwanted gender.

Friends and family may have a harder time understanding what is happening since they knew the person for so long in their natal gender. In all stages there can be isolation, hiding and secrets, which can lead to depression and anxiety. Transgender adults are much more likely to have suicidal thoughts, with 50% of adults reporting some suicidal ideation.

There are two paths that people sometimes take early on: either they try to hide their inner feeling of being the wrong sex and pass for what looks like a boy or girl, or they are incapable of hiding and present as either a tom-boyish girl or a feminine boy.

Either path is fraught with problems for one's emotional development. The second scenario "of presenting as gender non-conforming is known to elicit harsh responses from society. This is true for non-transgendered people as well and many gay men and women experience this.

#### Deciding what to do.

This is a big part of the transgendered individual's experience. Making decisions about transitioning, what level to transition to, or whether to attempt any transition at all are complicated decisions and require time and support.

There are fears of how one will be accepted by family (parents, partners, children, grandparents and others), friends, colleges, fellow students, church groups, etc.

There can be anxiety about passing or how convincing one will be to others as a man or woman (i.e. whether or not one will be "read" as transgendered).

There can also be the wish to not completely transition, but assume an identity as "gender queer" or "third sex". All are perfectly acceptable options.

Usually one doesn't start at the point of deciding to partially transition, so this requires some form of transitioning as well.

At the point of decision making, many things are unknown and it can be very stressful. It can also be exciting and joyful to be able to act and move towards a more authentic self.

#### **Transitioning**

For those transgendered individuals who decide to transition (to present and live in the other sex outwardly), these emotional/psychological issues may come up:

- ♦ Fears about finding a partner
- ♦ Impact on family relationships with parents, children, partners and other relatives
- ♦ Impact of relationships at work and with friends.
- ♦ Fears about violence and prejudice when one is read as transgendered.
- ♦ Feelings about having to experience surgeries, hormones, (and for MTF transsexuals) facial hair removal and voice changes.

♦ Frustration of having to change or explain legal documents (drivers licence, passport, titles to property, diplomas, degrees, memberships etc)

#### Post transition issues

Some issues that may arise include:

- ♦ Disappointment that transitioning didn't solve all problems.
- ♦ Level of satisfaction with appearance
- Level of satisfaction with any surgeries
- ♦ Emotional issues that were not addressed before.

#### Decision not to transition.

Not everyone is able or wants to transition. This is a perfectly valid choice for people to make. However these individuals must learn to cope with the tension that the gender dysphoria produces.

Sometimes this can be helped by having times when one can cross-dress, interact with others who are aware of one's status, talk about the issue, and take low-levels of hormones that don't affect the body outwardly.

#### Other mental health issues not related to being transgendered.

Just because someone is transgendered doesn't mean they don't have other issues in their lives.

It can be hard for some people to let themselves seek treatment for other issues when the gender dysphoria is so prominent a concern.

The good news: It's important not to lose sight of the satisfaction one can have by acknowledging and (if possible) changing what can be changed and moving towards one's authentic self.

Find out about psychotherapy when dealing with gender variance in yourself or someone close to you.

Ami B. Kaplan is a licensed psychotherapist practising in New York. She specialises, among other areas, in people who have gender issues. This piece is reprinted with Ms Kaplan's kind permission.

### Sex, Gender & Sexuality Clinic

#### Director: Dr Tracie O'Keefe DCH, ND



Doctor of Clinical Hypnotherapy Psychotherapist Counsellor

PACFA ASSERT ASOCHA

Sex Therapist

**July-September 2012** 

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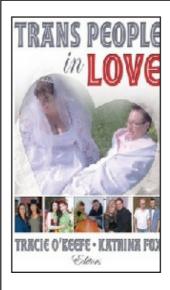
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02 9571 4333

www.tracieokeefe.com

www.healtheducationcentre.com



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- Christine Burns, VP of Press for Change, UK

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"Do not neglect this book."

- Professor A.W. Steinbeck

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

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

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

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

# PROUDLY PRESENTS DRUMS OF THE ISLANDS BALL Saturday 18th August 2012 at 7.00pm A cultural and musical experience Featuring: \*Peter Paki & his Maori Dancers\* Fabulous Diva \*Davida Coombes\* Pre-dinner cocktail party plus 3 course dinner all for \$130pp plus much more. Being held at the Mercure Hotel Sydney Airport For more information phone the Society on: 0423125 860 or visit: www.seahorsesoc.org

Cha	nge of Mailing Details?	My OLD details:		
	Different Name?			
	Different Address?	My New details:		
	Different gender?			
	Don't want Polare any more?	Mail to: The Editor, Polare, PO Box 266, Petersham, 204		
Pola	re page 38			

#### 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 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. You 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 September 2012

#### **Directory Assistance**

**Note:** As foreshadowed in *Polare 90*, the Directory Assistance section has been reduced in order to free up space for other material. The directory information has changed only in minor details and at long intervals and *Polare* is no longer sent interstate in significant numbers Interstate entries have, therefore, been removed and only New South Wales, Interstate and International entries have been retained. The full Directory is still available on the Gender Centre website at www.gendercentre.org.au.

#### **New South Wales Gender Centre**

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

#### 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.

#### 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

(02) 9569.2366 Te1· (02) 9569.1176 Fax: manager@gendercentre.org.au http://www.gendercentre.org.au

**NOTE** 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 or 1800 105 527 www.glcsnsw.org.au

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#### **Directory Assistance**

#### 2010 - TWENTY10/GLBT YOUTH SUPPORT

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 652 010

All other callers:

(02) 8594 9550 Fax: (02) 8594 9559 Email: infor@2010.org.au www.twenty10.org.au

#### **ACONHEALTHLTD**

Information and education abourHIV/AIDS, caring, support for living living with HIV/AIDS. 41 Elizabeth St, Surry Hills, NSW 2011 or POBox 350 Darlinghurst, NSW 1300

Ph: (02) 9206 2000 Fax: (02) 9206 2069 tty: (02) 9283 2088

#### **ACON-HUNTER**

129 Maitland Road or PO Box 220, Islington, 2296 Ph: (02) 4927 6808 Fax: (02) 4927 6845 hunter!acon.org.au www.acon.org.au

#### **ACON-ILLAWARRA**

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

Ph: (02) 4226 1163 Fax: (02) 4226 9839 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

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 TRANSVESTITES)

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

PO Box 502, Glebe NSW 2037

#### BOBBY GOLDSMITH FOUNDATION (BGF)

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

Ph: (02) 9283 8666 free call 1800 651 011 w w w . b g f . o r g . a u 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. Provides support and understanding for families and friends in a noncounselling atmosphere.

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

#### (CSN) COMMUNITY SUPPORT NETWORK

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

Sydney Mon-Fri 8.00am-6.00pm 9 Commonwealth St, Surry Hills Tel: (02) 9206.2031 Fax: (02) 9206.2092

csn@acon.org.au

PO Box 350 Darlinghurst NSW 1300

#### Western Sydney and Blue Mountains

Mon-Fri 9.00am-5.00pm Tel: 9204 2400 Fax: 9891 2088 csn-westsyd@acon.org.au 6 Darcy Rd, Wentworthville, 2145 PO Box 284, Westmead, 2145 **Hunter** 

Mon-Fri 9.00am-5.00pm Tel: 4927 6808\Fax 4927 6485 hunter@acon.org.au 129 Maitland Road, Islington, 2296

#### PO Box 220, Islington, 2296 MacKillop Centre - Hunter

Training and development opportunities for PLWHA

Tel: 4968 8788

#### Illawarra

Mon-Fri 9.00am-5.00pm
Tel: 4226 1163:Fax: 4226 9838
illawarra@acon.org.au
47 Kenny St, Wollongong, 2500
POB 1073, Wollongong, 2500
Mid North Coast

Outreach project: by appointment Tel: 6584.0943 Fax: 6583.3810

4 Hayward Street, Port Macquarie, 2444

#### POB 1329, Port Macquarie, 2444

#### **FTMAustralia**

Resources and health information for all men (identified female at birth), their partners, families and service providers. For information contact FTMAustralia, PO Box 488, Glebe, NSW, 2037. www.ftmaustralia.org mail@ftmaustralia.org

#### GAYAND 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, highe for mobiles) 1800 184 527 (free call for regional NSW callers only) Admin enquiries: (02) 8594 9500 or admin@glcsnsw.org.au website: www.glcsnsw.org.au

#### HIVAWARENESS AND HIV AWARENESS AND SUP-PORT

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

#### **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 1996

#### INTERSECTION

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

Christine Bird (02) 9525.3790

#### **Directory Assistance**

#### KIRKETONROADCENTRE

Needle exchange and other services Clinic Hours:

Monday to Friday, 10am - 6pm Saturday to Sunday, 2pm - 6pm Outreach Bus - Every Night 100 Darlinghurst Road (Entrance above the Kings Cross Fire Station Victoria Street, Sundays

345 Crown Street, Surry Hills, 2010 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. Bimonthly 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 secial concern for any who feel excluded by established religious groups. MCC deplores all forms of discrimination and oppression and seeks to share God' 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 lastWednesday 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

#### PARRAMATTA SEXUAL HEALTH CLINIC

provides free, confidential and respectful sexual health information, assessment, treatment and counselling.

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

#### PLWHA (PEOPLE LIVING WITH HIV/AIDS)

PO Box 831, Darlinghurst, NSW, 2010

Ph: (02) 9361 6011 Fax: (02) 9360 3504 www.plwha.org.au Katoomba PO Box 187, Katoomba, NSW, 2780 Ph: (02) 4782 2119 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. Ph: (02) 9206 2000 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

#### 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 2193 Boronia Park,NSW, 2111 or Ph: 0423 125

#### SOUTH COAST of NSW

from Ulladulla to the VIC Border. We are a group of like-minded people trying to establish a social and support group. Jen Somers, Sexual Health Counsellor, Narooma Community Health Centre, Marine Drive

Narooma, NSW 2546 Tel: (02) 4476.1372 Mob: 0407 214 526 Fax: (02) 4476 1731

jenni.somers@sahs.nsw.gov.au

#### (SWOP) SEX WORKERS OUTREACH TRANSGENDER SUPPORT PROJECT

Provides confidential services for people working in the NSW sex industry.

69 Abercrombie Street Chippendale NSW PO Box 1354

Strawberry Hills NSW 2012 Tel: (02) 9319 4866 Fax: (02) 9310 4262

infoswop@acon.org.au www.swop.org.au

#### SYDNEY BISEXUAL NETWORK

Provides an opportunity for bisexual and bisexual-friendly people to get together in comfortable, safe and friendly spaces.

Pub social in Newtown on 3rd Sunday of every month followed by a meal. All welcome. PO Box 281 Broadway NSW 2007

Tel: (02) 9565.4281 (info line) sbn-admin@yahoogroups.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 - information, advice and referral - safer sex packs and more! - for bisexual, transgender folks and men who have sex with men80 Benerembah Street, GriffithPO 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 i.butler@acon.org.au

#### WOLLONGONG TRAN

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

#### WOMENS & GIRLS DROP IN CENTRE

is a safe, friendly drop-in Centre in inner Sydney for women with or without children. Shower, relax, read the paper, get information, referral and advice. Monday to Friday - 9.30 -4.30pm177 Albion Street, Surry Hills, NSW 2010 Tel: (02) 9360.5388

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#### **Directory Assistance**

#### **National**

#### (ABN) AUSTRALIAN BISEXUAL NETWORK

National network of bisexual women and men, partners and biand bi-friendly groups. ABN produces a national magazine, houses a resource library and is a member of the International Lesbian and Gay Association (II.GA).

PO Box 490, Lutwyche QLD 4030 Tel: (07) 3857 2500

1800 653 223

ausbinet@rainbow.net.au www.rainbow.net.au/~ausbinet

### AIS SUPPORT GROUP (AUSTRALIA) Support group for Intersex people and

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

#### AUSTRALIAN WOMAN NETWORK

Australian WOMAN Network is primarily a lobby and health support group for people who experience the condition of transsexualism, their families, friends and supporters. There are email discussion lists for members as well as a bulletin board for both public and member-only access.

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

#### CHANGELINGASPECTS

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.trucolours.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, NewZealand

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 WCIN 3XX
England
www.beaumontsociety.org.uk/

#### **BEAUMONT TRUST**

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

http://www3.mistral.co.uk/gentrust/bt.htm

#### CROSS-TALK

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

#### **FTMINTERNATIONAL**

A group for female to male transgender people. Provides a quarterly newsletter - FTM.

160 14th St
San Francisco, CA, 94103
http://www.ftmi.org/
info@ftmi.org

#### **FTMNETWORKUK**

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

#### GENDERBRIDGE Inc.

Support and Social Society for people with gender identity issues, their families, partners and professionals involved in care, treatment and counselling.

PO Box 68236, Newton, 1145, New Zealand

Phone: (64) (09) 0800 TGHELP (0800.84.4357) (24 hrs) www.genderbridge.org info@genderbridge.org

#### **GENDER TRUST (THE)**

A help group for those who consider themselves transsexual, gender dysphoric or transgendered. Provides trained counsellors, psychologists and psychotherapists and a there is a referral procedure to a choice of other therapists.

The Gender Trust
PO Box 3192, Brighton
BN1 3WR, ENGLAND
http://www3.mistral.co.uk/
gentrust/home.htm
gentrust@mistral.co.uk

#### INTERNATIONAL FOUNDATION FOR ANDROGYNOUS STUDIES (IFAS)

Support, information, advocacy and social events. An incorporated body established to advance the health, well-being, basic rights, social equality and self-determination of persons of any age or cultural background who are transgender, transsexual, transvestite or intersex, or who are otherwise physically or psychologically androgynous as well as gay, lesbian and bisexual people.

PO Box 1066 Nedlands, WA, 6909, Australia Mobile ph: 0427 853 083 http://www.ecel.uwa.edu.au/gse/ staffweb/fhaynes IFAS\_Homepage.html www.IFAS.org.au

#### IFGE INTERNATIONAL FOUNDATION FOR GENDER EDUCATION

Educational and service organisation designed to serve as an effective communications medium, outreach device, and networking facility for the entire TV/TS Community and those affected by the Community. Publisher of materials relevant to the TV/TS theme. Produces TV/TS journal -Tapestry.

PO Box 229, Waltham, MA 02354 0230 U.S.A.

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

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.

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.

#### Multi Probe Electrolysis is suitable for:

**All** areas of the body All skin types and skin colours All hair types and hair colours Consultation Valued at \$60 30 Minute Treatment Valued at \$75 Melfol Aftercare cream Valued at \$30

#### **Comments from satisfied clients**

My skin feels so soft now; I am not embarrassed to be kissed anymore; I just feel so free; I Level 3 thought I would have to live with this hair, now I 428 George St, Sydney 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

#### City

Dymocks Building, 9221 8595

#### **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 givimg you back your money - NO **QUESTIONS ASKED!** 

#### Drummoyne

170 Victoria Road, Drummoyne 9719 1391



www.permanence.com.au

#### **PERMANENCE**

The permanent hair removal specialists Polare page 43 **July-September 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



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









