

Polare



*Cyndi Lauper, LGBTI activist,
backstage at the Enmore Theatre 6.9.2013*

Report all
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against
transgenders
to the
Gender
Centre
9569 2366
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Your
confidence will
be respected.

[Transgender Anti-Violence
Project]

MAGAZINE OF THE NEW SOUTH WALES

GENDER CENTRE

Transgender Day of Remembrance is November 20

Edition 97
October-December 2013

promises & limitations

biomedical treatment and prevention in the real world

How do biomedical technologies shape our understanding of the treatment and prevention of blood-borne virus, illicit drug use, chronic illness and STIs?

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13th Social Research Conference on HIV, Viral Hepatitis and Related Diseases 20–21 February 2014

Never Stand Still

Faculty of Arts and Social Sciences

Centre for Social Research in Health

Closing dates

30 September 2013 ■ Abstract submission
20 December 2013 ■ Early bird registration
7 February 2014 ■ Final registration

hosted by

Centre for Social Research in Health
(formerly National Centre in HIV Social Research)
The University of New South Wales

Conference website: <http://hhard.arts.unsw.edu.au/>



the Gender Centre Service Magazine

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

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

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

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

the Gender Centre

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



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Petersham

NSW 2049

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Outside Met. Sydney 1800 069 115

(9-4.30, M-F)

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Email:

reception@gendercentre.org.au

Website:

www.gendercentre.org.au

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

Our Services

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

Residential Service

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

Cover: LGBTI activist and singer-songwriter, **Cindy Lauper**, was in Sydney for two concerts on 6 and 7 September 2013 as part of the thirty year celebration of the release of her first album, *She's So Unusual*. She was interested to hear about the Transgender Ant-Violence Project sponsored by the City of Sydney, the Inner City Legal Centre, the NSW Police and the Gender Centre and kindly offered to pose for a photo holding the TAVP poster. Her song *True Colors* is a heartfelt expression of her support for anyone who has known exclusion.

Gay and Lesbian Counselling

Telephone - Counselling:

☐ General line daily 5.30pm to
9.30pm

Sydney Metro 8594 9596

Other areas of NSW 1800 184 527

☐ Lesbian line

Monday 5.30pm to 9.30pm

Sydney Metro 8594 9595

Other areas of NSW 1800 144 527

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

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

**For further information please
contact GLCS Administration
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(02) 8594 9500

Or via the website:

Website: www.glcsnsw.org.au

Or by mail:

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Mobile: 0415 454 770

Email: mentoring@wipan.net.au

Website: www.wipan.net.au

Having a MENTOR has changed my life
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Editor: Katherine Cummings
THE FINE PRINT

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Polare is published by the Gender Centre, Inc. which is funded by Human Services - Community Services and the Sydney South West Area Health Service. **Polare** is funded by Sydney Local Health Service and provides a forum for discussion and debate on gender issues. Advertisers are advised that all advertising is their responsibility under the Trade Practices Act. Unsolicited contributions are welcome although no guarantee is made by the editor that they will be published, nor any discussion entered into. The right to edit material contributions without notice is reserved to the editor. Any submission that appears in *Polare* may be published on the Gender Centre's Website.

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Polare A magazine for people with gender issues. Opinions expressed do not necessarily reflect those of the Editor, Publisher, the Gender Centre, Inc, Human Services - Community Services or the Sydney South West Area Health. *Polare* is printed inhouse (text pages) and by WenChai Publications (cover)

DEADLINE

for submissions to the next edition of *Polare* is
the eighth of December 2013



There must be very few of us who have not considered suicide and even fewer who have not had a trans* friend for whom the struggle became too much and who killed themselves rather than go on.

When I was writing my report on violence against transgenders I included self-harm and my questionnaire, which was responded to by more than sixty of our community, showed that every respondent had had at least one friend who had committed suicide, and some had lost as many as ten. I, myself, have lost four close friends in this way.

There may be readers out there who have an opinion they would like to share, or experiences they would like to throw into the melting pot of public opinion concerning suicide.

I often think about suicide and try to work out why so many people think it is wrong to remove yourself voluntarily from an untenable situation.

Apart from the age-old superstition that “the Everlasting [has] fixed his canon ‘gainst self-slaughter” (Hamlet Act 1, Sc.2) I can see no rational argument against it. How about irrational arguments?

Ah, there’s the rub (Hamlet again, folks), maybe people object because they assume that to want to die means you are mentally ill and should be cured of your insanity, with or without your permission. Apparently some people think there are limits to our right to determine, as mature adults, our own futures or non-futures.

Why am I bringing this up now? Because a friend of mine wrote to a politician and threatened suicide, and the politician (or one of his staff) informed the police and the police turned up at my friend’s door, asking questions. I was there at the time so this is first-hand information, not hearsay.

Note that I do not blame the police in question. They were acting under orders from their superiors who were, in turn acting on information which apparently distressed the

politician,. or politician’s staff who received my friend’s letter. One of the police was a bit loud and forceful (my friend had mentioned that she doesn’t like the police so I think his feelings may have been hurt), but the other was very quiet and even friendly.

I asked why the police had responded to the information passed on to them and I was told that the police have a duty of care and would have to take my friend for mental assessment if they judged that my friend was likely to commit self-harm.

So we come back to the question as to whether there **is** a duty of care. After the police had decided my friend was as rational as most people and that she was not about to top herself on the spot, they decided to leave well alone and go.

I did some searching on the question of duty of care in cases such as this and found a unanimous High Court decision to the effect that there was not a duty of care under the common law.

The High Court case involved a would-be suicide who was found with his exhaust pipe hooked up to his car. The police who encountered him asked him what he was doing. He admitted he had been thinking of suicide, but that he had changed his mind. The police let him return home. A few days later he killed himself by the same method (carbon monoxide asphyxiation), and his widow sued the police for not having taken the man in to be tested for mental illness on the first occasion. The case climbed its way through the judicial system until it reached the High Court where there was a unanimous verdict that the police in this instance did not have a duty of care.

I was reminded of a saying I first heard when I was a child (a dinosaur was probably wandering by) to the effect that: “Thou shalt not kill, but need not strive, officiously to keep alive.”

Because I am not a lawyer and have only the vaguest understanding of the law and all its works, I referred the matter to the Inner City Legal Centre, who provided me a legal opinion with laudable alacrity.

According to the ICLC the police **do** have a duty of care under certain circumstances relating to the Mental Health Act 2007, Section 22.

This section states that if

(1) A police officer who ... in any place, finds a person who appears to be mentally ill or mentally disturbed may apprehend the person and take the person to a declared mental health facility if the officer believes on reasonable grounds that:

(a) the person is committing or has recently committed an offence or that the person has recently attempted to kill himself or herself or that it is probable that the person will attempt to kill himself or herself or any other person or attempt to cause serious physical harm to himself or herself or any other person, and

b) it would be beneficial to the person's welfare to be dealt with in accordance with this Act ...

2) A police officer may apprehend a person under this section without a warrant and may exercise any powers conferred by section 81 [see below] on a person who is authorised under this section to take a person to a mental health facility or another health facility.

Section 81, after a lot of preamble about who is authorised to move persons (or, as we would say, people) to or from mental health facilities concludes with a section authorising frisk searches or "ordinary" searches if the person is suspected of carrying anything dangerous to him/herself or to any other person, and adding that such a "thing" may be seized and detained [an odd use of the word "detain"]. An "ordinary" search is defined as a search of a person that may require the person to remove only his or her overcoat, coat or jacket or similar article of clothing and any gloves, shoes, socks or hat. One wonders why underwear and major items of clothing worn below the waist are exempted from an "ordinary" search? How correct can politics get?

Incidentally "mental illness" is defined as a condition that "seriously impairs, either temporarily or permanently, the mental functioning of a person and is characterised by the presence of one or more of the following symptoms:

- (a) delusions
- (b) hallucinations
- (c) serious disorder of thought form,
- (d) a severe disturbance of mood,

(e) sustained or repeated irrational behaviour indicating the presence of any one or more of the symptoms referred to in paragraphs (a)-(d)."

It seems to me that there is a lot of latitude given to those who are called on to attest to the presence or absence of these "symptoms". I am not such a person so my perceptions may not be relevant, but it seems to me that many of my friends are delusional and fail to exercise "ordered" thought forms, but I do not therefore suggest that they are mentally ill, but rather that they have accepted certain cultural traditions without thinking them through or attempting to compare them with similar cultural delusions in other cultures.

"Severe disturbance of mood"? How severe? I have known friends who were volatile, to say the least, and would occasionally wreak havoc on the physical world to underline their displeasure. In fact I had one friend whom I last saw being removed from his place of work by the Queensland Police while he systematically dismantled their police car from the inside. You will be glad to hear that although I have not seen him since, I have heard that he is living happily on one of the Greek Islands (Thera, to be precise), so apparently his symptoms did not require his being incarcerated indefinitely. At another university he also ran over a University security guard (after warning him to move). Mentally ill, or just quick-tempered?

And so we come back to the question: Does an intention to commit suicide mean that one is mentally ill? As a person who sees the common sense in allowing assisted suicide I can hardly take a stand against unassisted suicide. It comes back, in my view, to the rights **and responsibilities** of the individual. I have often expressed my view that people should take responsibility for their own lives, including gender affirmation, and if they think after the event that they have made a mistake, they should accept the fact that they made a bad decision and live with it, rather than blaming all around them for "allowing" them, or even "persuading" them to make such a terrible mistake. We have the right to re-order our lives in any way that does not contravene the law (and sometimes it is the law that should be re-ordered) but we also have a responsibility to live with the

consequences of our actions. This is called being an adult.

And now to something quite different. For the past two years or so I have been helping a playwright named Harvey Fierstein who is writing a play about American transvestites in the 1960s, many of whom would spend as much time as possible at a resort in the Catskills, a couple of hours drive from New York City. The resort was called the Chevalier d'Eon and later became Casa Susanna. I was lucky enough to be around at its height, when I was studying at the University of Toronto (some of us drove for a lot longer than two hours to get there). A few years ago a lot of photos taken at the resort turned up at a flea-market and were bought by two antique dealers who selected the best and published a book called *Casa Susanna*, which was a runaway success. Harvey Fierstein (who did the book for the musical *Cage Aux Folles*, and played the John Travolta role in the stage version of *Hairspray*) decided to write a play inspired by the book and sought me out to help him represent the resort as truthfully as possible. I found three other ex-dwellers of the resort still extant but none of them wanted to be involved and two of them emphasised this by dying, so it became a duopoly of Harvey and me. Harvey has worked through at least four versions of the play and I have done my best to bring each version in line with what I know of transvestites and particularly the American transvestites of that time (a number of whom, like me, turned out to be transgenders after all).

Harvey has recently collaborated with Cyndi Lauper on a musical called *Kinky Boots*, which has been outrageously successful and won six Tony awards. So when he knew that Cyndi was coming Down Under for a thirty-year celebration of her first album (*She's So Unusual*), he contacted her and I received an invitation to attend one of her Sydney concerts and go backstage to meet her. I was delighted by

this generosity from Harvey, from Cyndi, and from her management. Julia Doulman and I arrived at the theatre early, having allowed for Friday evening traffic which turned out to be virtually non-existent. We checked in to let our hosts know we were there and they invited us backstage immediately, rather than our having to wait for the agreed-upon time.

Everyone was as open and friendly as we could wish and Cyndi, who is a strong advocate for GLBTI, and a supporter of the True Colors Foundation, was only too happy to pose with our anti-violence poster. I talked with Cyndi for quite a while after the concert and she summed up her beliefs succinctly, "Everyone should have the right to be who they are."

The concert itself was great. Cyndi's four-octave range is not only extended, it is deadly accurate. She does not seek a note and hold it, she strikes it first go, and at full volume, and the effect is electric. She

interpolated her songs with anecdotes that I found fascinating, as they added the depth of her life experience to the emotion of her singing. Only the audience was below par, with rudely persistent shouts of "Don't talk! Sing!" I also found the behaviour of some of the audience distracting and disrespectful as they ran in and out to fetch beer and food. They also danced and raved in the aisles but I understand that is *de rigeur* nowadays, and indeed Cyndi encouraged it by gesturing for them to stand and dance.

I was glad to hear Cyndi sing "Girls Just Wanna Have Fun", "True Colors" and "Time After Time" first hand and will always admire her for her compassion and generosity on behalf of others.



Cyndi Lauper and Kate Cummings, backstage at the Enmore Theatre

Katherine



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!

The Gender Centre & Aurora Foundation present:

Transtopia 2013

gender-questioning?

gender-queer?

Transtopia is a monthly group to be held over ten months in 2013 for transgender youth between the ages of fourteen and nineteen...

It aims to provide a safe, fun space for young people to connect with others, enjoy safe activities and talk about the issues affecting the trans youth of Australia.

For information call Anthony at the Gender Centre (02) 9569 2366



The E-Male Project: An online exploration of the experiences of Australian female-to-male trans* people

What is the purpose of the study? The E-Male Project is an online study designed to explore the lived experiences of Australian female-to-male trans* people.

Who are we looking for? Australian female-to-male trans* individuals aged sixteen and older.

What will participants be asked to do? Participants will first be asked to take part in an anonymous survey online. Following this, participants will be asked to participate in a researcher-guided anonymous question/answer discussion blog. At no time will we ask you identifying information - you will remain anonymous - and no one who is not a participant in the study will be able to access the site.

Will I have to use my name? No. Participants will be required to choose a pseudonym of their choice that will identify them throughout the study. Participation will be *completely anonymous at all times*.

What will the discussion be about? The questions and discussions will focus on topics such as your sexual orientation, your experiences about disclosing your preferred gender identity, the transition process, your physical and mental health, experiences with healthcare services and other aspects of your life.

Why do we want to study the lives of Australian female-to-male transgender people? There are no previous studies that have focused *in depth* and *exclusively* on this part of the Australian population although sometimes they are invited to participate in studies as part of the LGBTI group or the general transgender population. We would like female-to-male trans* Australians to voice their experiences as a group in their own right without assuming commonalities.

Who is on the research team? Our research team includes Associate Professor Gail Hawkes, Dr Amy Lykins, Dr Tiffany Jones, Dr Tinashe Dune, Dr Mitra Rashidian and Ms Andrea del Pozo de Bolger. Many members of the E-Males research team have previously engaged in legal and educational advocacy. Associate Professor Gail Hawkes, Dr Tinashe Dune and Dr Tiffany Jones have been involved in the creation of a Massive Open Online Course (MOOC) within Eduone at UNE ("Sexuality-based prejudice and discrimination"). This course features significant materials on issues of sexuality, sexual orientation, gender identity, homophobia and prejudice as well as queer pride. The course can be assessed at www.eduone.net.au/module/sexually-based-prejudice-and-discrimination/. Dr Tiffany Jones has repeatedly used research to engage in ongoing parliamentary enquiries and advocacy for transgender, gender queer and intersex citizens with the aim of increasing anti-discrimination protections and provisions in national and state legislation, and education policies.

How do I participate? Please go to the following URL:

http://unebcss.us2.qualtrics.com/SE/?SID=SV_9SOLx5W9hqUPcuV (copy and paste in your browser) both for more information about the study and to participate if you are interested. For any questions about participation or the study in general, please contact Ms Bolger at adelpoze@myune.edu.au.

This study has been approved by the University of New England's Human Research Ethics Committee HE12-229 expiry date 29/01/2014.



“I was filling out the form
and it said ‘Tick ONE box:
male OR female!’”

Talk to someone
who gets it...



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DIVERSITY POSITIVE COUNSELLING

0448 006 961 | imanadari.com.au | imanadari@gmail.com
Broadway, Glebe

News Items of Interest

EUGENIA FALLENI TRIBUTE PROJECT INCORPORATED FORMED

Mark Tedeschi, the author of *Eugenia*, has now established the Eugenia Falleni Tribute Project Inc., whose purpose is to raise awareness of the isolation and prejudice suffered by Eugenia Falleni *aka* Harry Crawford, and to raise funds to erect a gravestone above his unmarked grave in Rookwood Cemetery.

A permanent website has been established at: eugeniafalleni.com.au and donations can be made through the website. If you wish to become involved in this project please contact Mark Hewitt on markhewie@gmail.com

A small committee has been established and more interested parties are being sought.

The Attempt to create an informational email list has been discontinued due to lack of interest and it is suggested that those who wish to be kept up-to-date with events should consult the Web-page and/or the Gender Centre Facebook page and/or the Gender Centre Twitter file.

They haven't called, they haven't written ...

The Editor welcomes contributions from our readers. Letters, articles, opinions and life experiences are all welcome.

The deadline for contributions for the next issue is 8th December.

AUSTRALIAN HAS FULL PHALLOPLASTY IN USA FOR \$80,000

Andy Guy, a thirty-three-year-old FTM has returned to Australia after having phalloplasty in the United States in June. The operation cost \$80,000 and involved taking skin, an artery, a vein and two nerves from Andy's forearm to create a penis and scrotum.



Anna Guy 2008

Mr Guy said that he "feels a lot more grounded and relaxed and a lot happier for no other reason than I'm able to exist as what I've always felt like."



Andy Guy 2013

He also voiced his annoyance that gender reassignment is treated as a gay rights issue when it is a health issue. He is working on a documentary called *It's Not About the Sex* that deals with his experience

PHOTO ID CARDS WILL NOT SHOW GENDER IN FUTURE

Following representations from the Gender Centre last year, we have received the following:

"Further to our correspondence last year, I am pleased to advise Roads and Maritime Services has stopped printing gender information on NSW Photo Cards. The personal information now printed on NSW Photo Cards is the same as NSW driver licences: that is the name, address and date of birth."

Sgd.: Charlie Kwu, Licensing Manager

If you have a photo ID that shows your gender you can take it to Roads and Maritime and have it replaced at no charge.

BELGIAN FTM DIES BY EUTHANASIA



Nathan Verholst

Nathan Verholst, an FTM who underwent affirmation surgery but then said he felt like "a monster" and was disgusted by his sex change, was granted the right to euthanasia (legal in Belgium) and died on Monday 30 September. Verholst said he was suffering "unbearable psychological suffering".

More News Items of Interest

EX-ARMY BILLIONAIRE COMES OUT AS TRANS

James Pritzker, a retired lieutenant-colonel in the US army, and heir to the Hyatt Hotel fortune, has come out as transgendered. Pritzker, who is 63, says that from now on she will be known as Jennifer Natalya Pritzker.

Pritzker served in the army on active duty for eleven years and then continued in the US National Guard for a further sixteen years. He is a philanthropist, and founded the Pritzker Military Library in Chicago and has also funded restoration of historic buildings around Chicago, Pritzker was said earlier this year to have a personal fortune of US\$1.5 billion.

Pritzker issued the statement:

“As of August 16, 2013, J.N. Pritzker will undergo an official legal name change, and will now be known as Jennifer Natalya Pritzker. This change will reflect the beliefs of her true identity that she has held privately and will now share publicly. Pritzker now identifies herself as a woman for all business and personal undertakings.”

A spokesperson refused to answer questions about Pritzker’s sexuality or any planned therapy.

Pritzker’s charitable organisation, the Tawani Foundation announced a “launch grant” of US\$1.35 million in July to the Palm Centre, an organisation

studying transgender in the US military.

MALAYSIAN POLITICIAN APPOINTS TRANSGENDER POLITICAL SECRETARY

Assemblyman Te Yee Cheu has appointed Hezreen Shaik Daud, who is a woman with a transgender history, to help with the gathering of data intended to lessen the stigma associated with transgender. Hezreen, who speaks Malaysian, English, Mandarin and Hokkien,

has experienced difficulty in obtaining employment because her potential employers feared she might not fit into a male milieu. She notes that, even when they are qualified, transgenders often find it hard to obtain employment.



Hazreen Shaik Daud

Transgender is not illegal in Malaysia, *per se*, although transgenders who are Muslim can be punished by sharia religious courts, and if people who are deemed to be of the same sex have sex with one another they can be jailed.

Transgenders in Malaysia are seeking equality in areas such as accessibility to health care, equal opportunity in employment and equal treatment in public institutions such as schools and hospitals.

Estimates have placed the numbers of transgenders in Malaysia as being between 10,000 and 50,000.

GERMANY FIRST COUNTRY TO RECOGNISE “UNDETERMINED” SEX

Germany has passed a law to allow babies born after 1 November 2013 to be registered as having “undetermined” sex. Transgenders have been recognised in Germany for some time but intersex babies have always been forced to register as either male

or female.

The decision to allow the new classification is based on recognition that it is a human right for a person’s experienced and “lived” gender to be recognised as such.

Although lawyers reject the concept that this means the formation of a third sex, some believe that anyone registered with “undetermined” sex will need to be recognised as having their own separate *de facto* status in legal matters.



Jennifer Pritzker

Speaking Personally by Marika

I've just returned from a wonderful month in Bali, Indonesia. I'm rested, tanned and surprisingly sanguine considering that, two days before my return home, I was the target of a bag-snatch which cost me my i-Pad, my mobile phone, three credit cards, my prescription glasses, keys to the villa, some cash and a variety of personal items.

It happened on a dark road one evening while I was returning to the villa with my friend Joanne. A motorcyclist approached me from the front at speed, dazzling me with his headlights and, in a flash, my bag was gone. For a split second I just stood, frozen with incredulity, before howling with despair in Joanne's arms as the gravity of my situation dawned



Marika

The following morning, the day before our return flight, I was, with Joanne's help, able to cancel the credit cards at a branch of the Commonwealth Bank and to report the incident to the Indonesian police which is quite a story in itself. Suffice it to say that it provided a fascinating insight into the workings of Indonesian bureaucracy, shades of a Graham Greene novel. Fortunately all of the major items were insured and, cross fingers, the insurance people have, so far, responded to my claims without hesitation.

The worst aspect of the whole saga is, however, not so much the loss of the physical items, but rather the memories that were stored on the I-Pad as photographs and the journal I had fastidiously updated every night before sleeping. Rather than capturing images of the beach, temples, rice-paddies etc., although there

were some of those, I focussed my attention on the beautiful and gentle Balinese people themselves. I photographed taxi-drivers, waiters and waitresses, policemen, labourers, laundresses, my language-school teachers, dancers and musicians etc. and, especially, a Balinese friend who took me, on her motorbike, to the places where the Balinese themselves go, well away from the bustle of of Seminyak.

She introduced me to her family, all of whom were happy to be recorded, even to the extent of allowing me to take photographs of Ratna at prayer in the family temple.... All now gone.

So how is it, you might ask, that despite having lost my

treasured images, I feel it impossible to harbour any anger or sense of recrimination towards the perpetrators? My high regard for the Balinese people has not been dented.

How could one harbour negative thoughts towards a people who, every morning, place small offerings adorned with flowers to their gods at the entrances to their homes and their places of work? A people whose spiritual culture is expressed in dance, music and art? A people who always seem to be smiling? In fact, I favour the notion that the thief, or thieves, could well have been one or two of the many poor migrant labourers who have come to the island from Java in search of work in the burgeoning building industry. Either way, an inescapable reality is the huge difference in wealth and living standards between us, pampered, often self-indulgent

foreigners, and the people who serve us in shops, restaurants, bars, spas, taxis and beauty parlours.

When Ratna took me to her home, I was quite shocked to see that it was little more than a small, single-room shed where she and her disabled mother wash, cook and sleep on the floor. Little wonder then that, occasionally, a desperate someone could regard a careless westerner as fair game. My only hope is that, in my case, my loss has been a boon for someone in genuine need.

All very interesting as travelogue, you might be thinking, but how does this story even remotely relate to gender issues? Well I happen to think that, in my case at least, it does, and in a very pertinent way. It's all about loss and subsequent grieving, often the worst aspects of transition for those of us having to surrender relationships, wealth, status and sometimes even self-image.

It's about times when it may seem as though nothing will ever fill an awful void left in our lives. As I said at the beginning of this article, my immediate response to the Bali event was a stunned realisation that all of my writings, my photographs, my artwork samples and a whole range of applications had been lost forever, including some sensitive personal information.

Upon my return home, however, when I related the experience to friends, more than one expressed surprise at how untroubled I seemed to be about the whole drama. It surprised me too ...

When I think about it though, I can only conclude that my reaction has largely been

founded on the equally traumatic losses associated with my final transition only three years ago now. There were awful relationship, social, and property losses. At the time, I felt sure that the dismal memory of it all would cloud my future forever. I couldn't have been more wrong. Between then and now, my life has changed in such wonderfully unexpected ways I could never have anticipated. Of course, the things that happened, happened, and that fact will always remain, but they are now behind a door that has been permanently shut and bolted.

I've entered my new life through a different door, strengthened with the realisation that everything passes. That's how life is. It's something we do, and not something that just happens to us. I seem to remember someone once saying 'Life is a verb, not a noun'. I do believe that to be true.

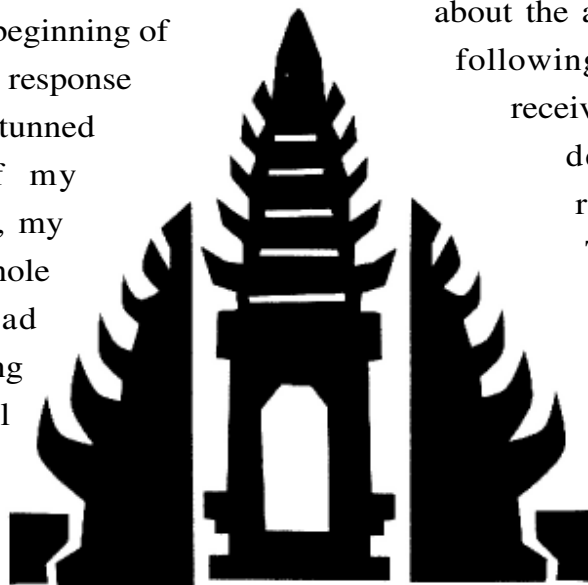
At this juncture I think it might be a good idea by way of a reminder, to again say something about the aim of this column. I do so following a fairly vitriolic email I received from an individual who describes herself as representing 'experienced Trans women'.

I quote verbatim:

"I believe you need to know your(sic) not a school teacher nor do you have pupils so stop treating people, places & things as if you are, it's

a joke like your recent articles on subjects you know nothing about in your column but a great laugh to read."

I was compelled to explain that she clearly hadn't quite grasped the point. Yes, the column



Issue Ninety-Seven

is written by someone who transitioned only three years ago. Not an ‘experienced trans-woman’ of her self-proclaimed status, but someone reflecting upon her difficulties and learning experiences as she navigates her adjustment back into the wider community. Hence the title ‘Speaking Personally’.

The whole point, and the reason I was asked to do it, is to simply and honestly share, in a light-hearted vein, my experiences as a contemporary woman finding her place in the world.

I concluded by suggesting that it might be better to share future observations relating to this column, or any other *Polare* feature for that matter, by way of a letter to the Editor.

On this extraordinary election day, I find myself reflecting on the equally extraordinary events leading up to it. In common with many people I know, I’ve found much of the rhetoric from all sides of the political spectrum to be puerile and irritating at best and, at worst, insulting to the intelligence of much of the electorate. However, what has been particularly gratifying was the degree to which all sides (well almost all) now seem to be agreed that there should be no impediment to the legalisation of same-sex unions, including marriage, and that discussion of moves in that direction should be a priority for the next parliament. Particularly encouraging and noteworthy were positive comments by the Prime Minister and the leader of the opposition, both committed Christians. We’ll see...

Finally, isn’t it great to see the end of winter weather so early this year? I’m just loving the early opportunity to don my summer clothes, including those purchased in Bali, often at ridiculously low cost. There’s something spiritually and, dare I say, sensually satisfying and liberating about the airy space between one’s

skin and light, natural textiles. I also love the fact that wearing vibrant summer colours seems to lift my spirits.

The down side, however, is that my apartment is at the top of a building with an iron roof under which there is no insulation. Consequently, on sunny days, the apartment temperature during the afternoon is five degrees warmer than the outside temperature. On days when it reaches the mid- to high-thirties I have to escape. Luckily I can count on the hospitality of my dear friend Joanne on these occasions. Love,

Marika

PLEASE BOOK IN ADVANCE

Unless your situation involves a serious emergency, please remember to make an appointment before arriving at the Gender Centre.

The GC is understaffed and although we sympathise with your needs we are often fully committed and the time taken by you is often time taken from someone else.


COMMENT, PLEASE

I had intended to ask for comment on the question of suicide and whether the “duty of care” exercised by people who report suicidal behaviour to the police is reasonable, but ran out of space in my Editorial.

If you have a view (either way) I would be grateful for a letter, or an essay, on the topic.

As I understand the law (and, frankly, I don’t), suicide is not a crime but the intention to do so is. How can the intention to commit a crime be a crime when the crime itself is not a crime?

Katherine Cummings



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is a used binder service that provides used
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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
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quality of life.**

**The Pay-It-Forward program accepts donated
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**The service is based on honesty and should not
be accessed by those who are just looking to
save money.**

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can email: binderprogram@ftmaustralia.org



FTM Australia

2013

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

Newsletter

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

OzGuys Discussion List

Our e-mail discussion list is called OzGuys.

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

Goals of the discussion list include:

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

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

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

Even More News Items Of Interest

.BRADLEY MANNING JAILED FOR THIRTY-FIVE YEARS AND WANTS TO BE KNOWN AS CHELSEA

Chelsea Manning, 25, (formerly known as Bradley Manning and who leaked 700,000 classified files to WikiLeaks), has been sentenced to thirty-five years in Fort Leavenworth Disciplinary Barracks, although an appeal is still to be heard.



Bradley Manning

Manning has a long history of homosexual behaviour and gender identity problems and was bullied for years as a result.

David Moulton, a Navy Reserve psychiatrist testified during the trial that Manning suffered from gender dysphoria, as well as narcissism and obsessive-compulsive disorder.

Manning says she now wants to go by the name Chelsea and be recognised as a woman. Chelsea hopes that she will be able to have hormone therapy while in jail, although she has



Chelsea Manning

no current intention of having gender affirmation surgery.

There is currently no accommodation for female prisoners at Fort Leavenworth. Manning's lawyer, David Coombs, says he expects Manning to be pardoned by President Obama and that if Manning does not receive a pardon he will take legal

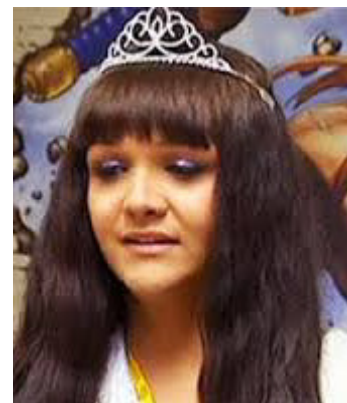
action to ensure that Manning receives appropriate hormone therapy.

Manning did not want her sexual identity problems to be made public but they were revealed publicly after her arrest in 2010. She had, however, sent a picture of herself, dressed as a woman, to a superior officer.

CASSIDY CAMPBELL, HOMECOMING QUEEN FACES INTERNET TRANSPHOBIA

Cassidy Campbell, transgender Homecoming Queen at Marina High School in Huntington Beach, California was the recipient of attacks by hate-inspired, transphobic bigots who felt that she had no right to the role.

She responded, "Sometimes I wonder, is it even worth it - if I should just go back to being miserable, and just be a boy and hate myself and hate my life just so everyone can just shut up and leave me alone. [...] I am just so hated, just so judged. And I've had to deal with this my whole life, so I should know better by now, but I just wished for one day, for one day I could just be happy and have everyone be happy for me, and it's never going to happen ... I just don't understand it.



Cassidy Campbell

Cassidy, will set an example to, and be a role model for, transgender teens worldwide despite having to endure attacks from bigots and transphobes.

California is putting forward a new law to protect transgender students but this is already being attacked by conservatives spreading misinformation about what they call "gender confusion".

GENDER DISCRIMINATION REMOVED FROM MEDICARE



Tanya Plibersek

Tanya Plibersek, Minister for Health in the Labor Government announced in August that gender discrimination would be removed from Medicare schedules, which means that transgender and intersex people will not need to defend the right to have appropriate medical treatment.

						June 24 Wom- en's Group						
1.30pm		Feb 4, 25 Women's Group	Mar 25 Women's Group	Apr 29 Women's Group	May 27 Women's Group	June 24 Women's Group	July 29 Women's Group	Aug 26 Women's Group	Sep 30 Women's Group	Oct 28 Women's Group	Nov 25 Women's Group	
1.30pm	Jan 10 Over 55s	Feb 14 Over 55s	Mar 14 Over 55s	Apr 11 Over 55s	May 9 Over 55s	June 13 Over 55s	July 11 Over 55s	Aug 8 Over 55s	Sep 12 Over 55s	Oct 10 Over 55s	Nov 14 Over 55s	TBA
5.00pm		Feb 20 Youth Group	Mar 20 Youth Group	Apr 17 Youth Group	May 15 Youth Group	June 19 Youth Group	July 17 Youth Group	Aug 21 Youth Group	Sep 18 Youth Group	Oct 16 Youth Group	Nov 20 Youth Group	
6.00pm	Jan 4 FTM Connect	Feb 1 FTM Connect	Mar 1 FTM Connect	Apr 5 FTM Connect	May 3 FTM Connect	June 7 FTM Connect	Jul 5 FTM Connect	Aug 2 FTM Connect	Sep 6 FTM Connect	Oct 4 FTM Connect	Nov 1 FTM Connect	Dec 6 FTM Connect
6.00pm	Jan 14 Parents' Group	Feb 11 Parents' Group					July 8 Parents' Group			Oct 14 Parents' Group	Nov 11 Parents' Group	Dec 9 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 454 965

It is a sad task to try and put into words a tribute to a lost friend. Her life was so much more than words can express. I don't know how many readers of *Polare* knew Lesley personally, perhaps only a few, but she played a huge role over the years with and for the Gender centre and our community and I hope I can convey that here. I will start with a little background.

I first met Lesley over twenty years ago when I made my first tentative steps towards transition at a Seahorse meeting. Lesley was President of Seahorse at the time and we soon became firm friends.

In those days her day job involved installing dishwashers and I marvelled at her ability to deliver these machines single handed, often up several flights of stairs in unit blocks. Perhaps this was not so surprising when she revealed that for much of her life she had been a First Mate in the merchant navy and was used to hard work. It was apparently the custom in those years for the First Mate to wear white overalls, I think the crew in general wore grey, so Lesley's breaking of tradition by donning pink overalls was a great testament to her individuality and probably her preferred gender identity. In any event her stories of her exotic travels were a delight to hear.

We would often meet as a group at Lesley's place after a Seahorse meeting and discuss the uncertain future facing us during and after gender transition. Her flat was beautifully decorated with hanging silk material, soft lighting and a scattering of bean bags and cushions spread at random across her lounge floor. Simple, yet reassuring and inviting in a soft and feminine way.

Lesley was a proud Scot, most Scottish people I have met are, and she would often take subtle swipes at the English. I remember asking for her thoughts on the Football (soccer) World Cup one year and her reply that she didn't mind who won as long as the English lost. (A shot at my English heritage.) Not that I minded for Lesley had a great ability to speak her mind in good spirit and without causing offence. More often than not her comments would be delivered

with such mischievous humour that a good laugh was the likely result. People may not always have agreed with Lesley's views but it was impossible not to respect them and her conviction.

Somewhere back in the early nineties Lesley and I appeared on the Midday Show with Kerri-Anne Kennerley with the aim of promoting a greater community understanding of people with gender issues. I don't know how successful we

were but I do know that for me the Midday Show marked the beginning of a long working relationship with Lesley. I never knew her not to be involved with some committee or other and always with the aim of bringing about better conditions for members of the transgender community.

Following her serving on the committee of Seahorse she soon joined the Management Committee at the Gender Centre. This was after the period known as the Tranny Wars of 1996 and probably outside the memory of most *Polare* readers now, but they were volatile times and strong leadership was required both within the Centre and on its Board.

It was in the wake of these turbulent times that Lesley was elected to the Management Committee and immediately took on the role of President. From that time she served on the GC committee as either president or vice-president for almost sixteen years, from the late nineties right up to her death this year.

In tandem with her GC role she served for many years on the board of the Inner City Legal Centre, only relinquishing that position when her



Lesley Findlay

deteriorating health made it impossible for her to continue. She was also involved in many small sub-committees during those years. She would travel with me regularly all the way to John Hunter Hospital in Newcastle when we were working with a committee there, to ensure transgender people needing medical care or hospitalisation would be treated with due care and respect. Her input was invaluable and her company on the long drive to and fro was most welcome.

What was amazing about Lesley was that all this involvement and commitment was voluntary yet she never wavered once, not even when her health issues became increasingly debilitating. That, in many ways I think, sums up Lesley's character. She gave her time and her energy selflessly. In all the time I knew her and most poignantly in her later years, when she was clearly enduring major health issues, I never knew her to complain. Not ever. Indeed, she would always embrace any situation with a positive demeanour and a great sense of humour. The way Lesley conducted herself in life was, and always will be, inspirational to me and I am sure to many who knew her.

She often spoke with fond affection of her friend MJ and MJ's little dog that Lesley would from time to time doggy-sit. I believe that the friendship she and MJ shared did much to prolong Lesley's life and all our thanks should go to MJ for keeping Lesley here with us for that little bit longer.

And a final word to Lesley. Even though you were so obviously in a state of ill health I naively thought you would somehow always be here. You were my rock when times got tough. You were a woman of impeccable values and principles. You were a truly grand lady in every sense and your passing represents a huge loss to the transgender community.

I will miss you dear friend and I will carry your spirit always.

Rest in Peace, Lesley

Elizabeth

Transgender Day of Remembrance 2013

This year's Transgender Day of Remembrance will be held in the Waratah Room at Parliament House, Macquarie Street on Friday, 22 November, with a starting time of 12 noon for 12.30.



There will be short speeches by the guests of honour and those attending will be asked to contribute their own memories of transgenders who have died as a result of violence.

Light refreshments will be served.

This year we would like to have an observance on the actual TDOR day, which is 20 November. This will be in the evening, in consideration of those who cannot come to a day function, but time and place have not yet been set.

Please watch our Website, Facebook and Twitter for further information.

The ACON Lesbian and Gay Anti-Violence Project can be contacted on (02) 9206 2116 or Freecall 1800 063 or avp@acon.org.au

QUEENSLAND GENDER CENTRE

The Queensland Gender Centre is run solely by a transsexual in Brisbane, Queensland, Australia with the aim of assisting those in need of accommodation and assistance. It is open to all those who identify as transsexuals and who are mentally stable and drug and alcohol free.

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

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

If you want more information or are interested in assisting with the project, please telephone, write or email the Queensland Gender Centre. PO Box 386, Chermside South, QLD, 4032. Tel:(07) 3357 6361

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 World Professional Association for Transgender Health Standards of Care (formerly known as 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
Ph:0404 054 000
Email:smh101@exemail.com.au*

LEGAL PROBLEMS?

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

The ICLC can advise in the following areas:

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

Dates for 2013 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

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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PARENTS OF TRANSGENDER
CHILDREN

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

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

A light supper will be available.

Contact Liz or Anthony on 9569 2366



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

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

Call on 0490 138 804

and our **website** is: www.seahorsesoc.org

Email: crossdress@seahorsesoc.org

Membership enquiries, change of details etc. contact

Membership Secretary,

PO Box 6179, West Gosford, NSW, 2250

“crossdress with dignity”

The Intersex View of Norrie's Case

Issue Ninety-Seven

by Gina Wilson, Past President of Organisation Intersex International (OII)

This is an analysis of the NSW Court of Appeal judgement on the matter of Norrie v the NSW Registrar of Birth, Deaths and Marriages, in relation to intersex people.

Background: It is necessary to clarify at the outset that intersex is not the same thing as a non-binary identity, as is implied in many news reports. Intersex is primarily a matter of the body and of innate atypical physical sex characteristics. Some of us have identities that reflect our embodiment; many others have male or female identities. This is recognised in the government's *New guidelines on the recognition of sex and gender* which state that, "People who are intersex may identify their gender as male, female or X."



Gina Wilson

This acknowledgement was crucial to our support for the new guidelines. An X passport or identity is a choice for some of us, and should never be regarded as mandatory or inherent in our embodiment.

X passports have been with us for over a decade. Alex MacFarlane, the first recipient, was able to argue the case for an X passport on the basis of Alex's Victorian birth certificate, which did not specify a binary sex.

The issues at the heart of the Norrie case are, therefore, not new to us. They are also not priority issues, even though they generate significant interest (and concern about the creation of a third sex). Our priorities lie with the far more fundamental issues of bodily autonomy and integrity, and protection from discrimination.

The findings of the Court are less expansive than many may have thought. We believe they have no bearing on intersex people, and especially no relevance to intersex infants, children and adolescents. OII strongly opposes the view that assigning intersex children to experimental social categories would benefit them, and we are concerned by the use of intersex children's rights as a basis for arguments in respect of the rights of a non-intersex adult.

It is somewhat naive to assume that action on adult, transgender or gender diverse annotations on birth certificates will impact on the registration and treatment of intersex infants.

It is abhorrent that when the opportunity exists to act on concern for intersex children's rights the opportunity is not taken. Such an opportunity exists in the Senate enquiry into involuntary and coerced sterilisation, but the lack of such action on a fundamental intersex issue by any but a handful of intersex and intersex-inclusive LGBTI organisations, and no human rights bodies, is a matter for deep regret.

Scope and definitions

The finding is narrow and limited to transgender people who, in seeking to resolve ambiguities in respect of their "sex identity", have undergone gender affirmation surgery in order to resolve that ambiguity.

The question the Court of Appeal sent back to the Administrative Appeals Tribunal for resolution is: if a person undergoes gender affirmation surgery to resolve ambiguity in their "sex identity" and the surgery fails to achieve this, then what category, other than male or female, should that person be assigned to?

In handing down his judgement Justice Beazley noted *in obiter* that, *I should make one final observation. On the argument of the appeal, Norrie's Senior Counsel used the language of "intersex" to describe Norrie's sexual identity. There are two problems with this. First, Norrie did not make an application to the Registrar that her sex be registered as "intersex". Secondly, from the understanding of the term "intersex" I have gleaned from the material, it would seem that Norrie is not an intersex person, although Professor Greenberg's work indicates there is some fluidity around the language relating to these matters. Norrie will need to take care in specifying the "sex" that she contends should be registered.*

Also Sackville detailed how “transsexual” has a distinct, and narrower, meaning:

...Norrie appears not to be an intersex person. But the existence of intersexuality is a matter to be taken into account.

*...Intersexuality is not the same as transsexuality (sometimes known as gender dysphoria syndrome and so described by the High Court in *AB v Western Australia* [2011] HCA 42). In this sense, the term “transsexuality” includes pre-operative, post-operative and non-operative transsexuals.*

The judgement throughout makes it clear that the laws being examined are laws with provisions for transgendered people albeit, as Sackville comments, taking “the existence of intersexuality” into account.

How intersex people in NSW can change birth certificate details

There are no laws extant in NSW that make meaningful provisions for intersex people. Intersex people are, however, able to change details on a birth certificate on the basis of an “administrative correction”. Such corrections are permitted under specific circumstances under the *Births Deaths and Marriages Act*.

These provisions have been used by intersex people to correct entries when there has been a mistaken or no assignment at the time of birth. Norrie’s argument was not based on such provisions, rather, the evidence was that Norrie was physically unambiguously male at the time of birth and that, over time, an ambiguity in Norrie’s identity became apparent. “She identified that ambiguity to be that although she was born with male reproductive organs, she identified as having a non-specific gender identity” (Beazley).

To understand this matter it is important to know what the Court of Appeal can and cannot do. The Court can only make findings in matters of law; it cannot make findings in matters of fact.

In sending the matter back to the Administrative Appeals Tribunal (AAT) it has not found that Norrie is, in fact, a person of a third sex or of indeterminate sex. It has found that the Tribunal can order the Registrar of Births, Deaths and

Marriages to specify a sex other than male or female on a Gender Recognition Certificate.

It has done so in a situation where people have undertaken sex affirmation surgery, and that surgery has failed to reach an objective of satisfactorily male or satisfactorily female in the minds of the people undertaking the surgery to resolve ambiguity in their sex identity.

That the matter is an issue for transgender people who have undergone sex affirmation surgery was made clear by the Court many times, relying particularly on the Births Deaths and Marriages Registration Act 1995 [sections 17-28]. The Act states that a person who is eighteen or older, is an Australian citizen or permanent resident, who has lived for at least a year in NSW, who has undergone gender affirmation procedures, is unmarried and whose birth is not registered under the Act or a corresponding law may apply to the Registrar for registration of the person’s sex in the Register...

The *Anti-Discrimination Act* says, *inter alia*:

38A. Interpretation

A reference ... to a person being transgender or a transgender person, whether or not the person is a recognised transgender person:

- (a) who identifies as a member of the opposite sex by living, or seeking to live, as a member of the opposite sex, or*
- (b) who has identified as a member of the opposite sex by living as a member of the opposite sex, or*
- (c) who, being of indeterminate sex, identifies as a member of a particular sex by living as a member of that sex, and includes a reference to the person being thought of as a transgender person, whether the person is, or was, in fact a transgender person.”*

Part (c) is sometimes thought to include intersex people. The Court of Appeal noted, however, that this part of the *Anti-Discrimination Act* was a protection against “discrimination on transgender grounds” and goes on to note that:

The definition is a clear indication that the word “sex” when used in legislation intended to facilitate a change in sex by a person whose sexual identity is uncertain, is not necessarily to be understood in a binary sense.

Issue Ninety-Seven

This places the issue as being one of identity and not of intersex status. In this regard, the judgement coincides with the Commonwealth government's new guidelines on the recognition of sex and gender, which similarly distinguish between "indeterminate sex" and "intersex" as follows:

Indeterminate

A person of indeterminate sex or gender is someone whose biological sex cannot be unambiguously determined or someone who identifies as neither male nor female.

Intersex

An intersex person may have the biological attributes of both sexes or lack some of the biological attributes considered necessary to be defined as one or the other sex. Intersex is always congenital and can originate from genetic, chromosomal or hormonal variations. Environmental influences such as endocrine disruptors can also play a role in some intersex differences.

Conflating sex and gender

The Court of Appeal judgement's use of the words "sex identity" is confusing given the efforts in the past to separate biological sex from one's lived sex role, the former being used to describe anatomies, the latter being gender roles.

The terms are not clarified in this judgement. Gender identity is referred to ten times, gender more than seventy times, with a reliance on the following provision:

For the purpose of this Statute, it is understood that the term 'gender' refers to the two sexes, male and female, within the context of society. The term 'gender' does not indicate any meaning different from the above.

This makes no distinction between sex and gender, and is consistent with most Australian law.

For the Court of Appeal, the situation would be especially delicate given apparent contradictions in NSW law in this matter. Birth certificates and recognition certificates indicate a person's sex. If such documents were to indicate one's gender in the sense of lived sex role then that part of a

birth certificate or recognition certificate could not be completed until an individual was able to assert what that role might be. That is to say, no gender assignment is possible at the time of birth because there is no way to ascertain gender by physical inspection of a newborn.

Although the Court of Appeal was dealing with interpretations of the transgender provisions of the *Births Deaths and Marriages Act* and the *Anti-Discrimination Act*, the issue is the sex marker not the gender marker, and what an appropriate sex marker might be, although Norrie and the Court were clearly talking about gender identity.

The Court seems to resolve the issue by supposing sex and gender to be the same thing and the appellation on the cardinal documents, where the marker is "sex" as being identical to that marker being seen as "gender".

The words "sex identity" are used in the judgement in a way that seems to mean "gender identity".

For example in Section 195: *In the second ground of appeal, Norrie contended that the Tribunal erred in its construction of s 32DA in holding that s 32DA could only be satisfied if an applicant had undergone a surgical procedure for the purpose of being more definitively regarded as either "male" or "female", but not for the purpose of correcting the ambiguity between physical characteristics and a person's sex identity.*

The lack of clarity between sex and gender in Australian law and in cases such as this one is especially poignant for intersex people, given that many of our issues and our lack of rights are contingent on our biological sex, irrespective of our gender identities or sexual orientations.

The complete lack of consultation with intersex people or organisations during the course of this judgement, together with our lack of representation, ran the very significant risk of causing collateral damage.

Where gender identity appropriates intersex, as appears to be the case in this matter, critical issues such as the involuntary sterilisation of intersex people, lack of appropriate medical and government services, non-consensual,

appearance-related genital surgeries, lack of anti-discrimination protection, and uncertain status in areas such as marriage and superannuation entitlements are rendered invisible.

Sex-affirmation procedures and a non-binary registration

Though the Court found (Section 200) that:

...it follows from what I have said that I consider that the word “sex” in Pt 5A of the Act does not bear a binary meaning of “male” or “female” and that a person is entitled to have an entry in the Register of a sex other than either of those two identifiers ... that entitlement is not unconstrained. The constraints are:

Sections [169-170]

169 On Norrie’s argument, the first purpose was, as specified in para (a), “for assisting a person to be considered to be a member of the opposite sex”. Norrie accepted that the language of “opposite sex” in para (a) indicated that the purpose was to achieve the status of either male or female. In contrast, para (b) provides that a sex affirmation procedure may be carried out to “correct or eliminate ambiguities relating to the sex of the person”. Norrie submitted that the reference to “ambiguities relating to the sex of a person” indicated that the legislature recognised that a person may not be unambiguously “male” or “female” and that the purpose of para (b) was to ensure that a person may undergo a surgical procedure to correct or eliminate any ambiguity as to the person’s sex.

In section 170 Norrie submitted that that had occurred in this case, in that she had had surgery to correct or eliminate the ambiguities relating to her sex, but that the surgery had failed in that the ambiguity remained. Norrie also submitted that para (b) recognised that an individual may not conform to conventional attitudes that one is either a male or a female.

If one accepts this argument, that section will still require two things.

Section 188. *Either a person will have undergone a surgical procedure involving the alteration of a person’s reproductive organs, carried out for the purpose of assisting a person to be considered to be a member of the opposite sex, or the person will have undergone a surgical procedure involving the alteration of a person’s reproductive organs to correct or eliminate ambiguities relating to the sex of the person. A*



Norrie

person who satisfies this legislative precondition of having undergone surgery is entitled to apply for the registration of the person’s “sex”.

Section 188. *If a person satisfies each of the preconditions, including the precondition in para (c) of having undergone a sex affirmation procedure, the person “may apply to the Registrar ... for the registration of the person’s sex in the Register”. The word “sex” in that phrase is unqualified. In particular, there is no reference to registration of*

the “opposite sex” from the sex the person was prior to the surgery or to the registration of a sex according to the person’s post-surgery anatomical features. The section facilitates the registration of a person’s sex, whatever that may be. It is apparent, therefore, that where the Legislature intended for the word “sex” to be qualified, it used language that reflected that intention. Accordingly I am of the opinion that there are sufficient indications in the language used by Parliament that when the word “sex” was not so qualified the Legislature did not intend that it bore a binary meaning such as is reflected in the use of the phrase “opposite sex”.

See also Sackville [Sections 257-258] which shows that, while there is a recognition that an intersex person may wish to obtain a correct designation, they are obliged to undergo “affirmation” surgery.

257. *...the better interpretation of ... the Act, when construed in its legislative context, is that it empowers the Registrar, at least in some circumstances, to register a change of sex of a person from male or female to a category that is*

neither male nor female. An example could be a person who is registered in New South Wales at birth as a male or female (or is so registered in the person's place of origin), but who subsequently ascertains that the correct medical classification of the person's physiological characteristics is intersex. If such a person wishes to invoke the Act, it is necessary for the person to undergo a sex affirmation procedure, since that is a statutory precondition.

Given these constraints the Court of Appeal found:

Section 201. The Administrative Appeals Tribunal Act, s 120, provides that the Court may make such order as it thinks appropriate having regard to its determination. As there has been no determination by the Tribunal of the factual issue, I am of the opinion that this Court should order that Norrie's application should be remitted to the Tribunal for determination in accordance with law. This will mean that the legislation should be applied on the basis that it is not confined to registration of sex as only male or female.

Though this might be thought to be creating a third sex, it may not. It simply creates a registration category that is neither male nor female but in the end is not descriptive of anatomical sex as the Court noted in Section 203.

203. The question for the Tribunal will be whether there is evidence to support an entry in the register of Norrie's sex as "non-specific". "Non-specific" has a dictionary meaning of "not specific; not restricted in extent, effect; something lacking in specificity, definiteness or precision": [Oxford English Dictionary]. Norrie's identification with being neither male nor female may well appropriately be described in terms of this definition. Whether that is the identification of "sex" within the meaning of the Act is another and more vexing question.

And finally [Section 205]:

205. Whether the Tribunal, or whatever material it has, will be satisfied that a person's sex might be registered as "non specific", will also be a matter for its determination, having regard to the case then advanced before the Tribunal. As I have concluded that the word "sex" in the Act

is not confined to "male" or "female", it is likely that other appropriate identifications such as "intersex", "androgynous", or "transgender", being words that appear to be recognised designations of sexual identity, may be registered, subject to the applicant satisfying the precondition of having undergone sex affirmation surgery. It will be for the Tribunal to determine whether a person's sex may be so registered. Likewise, in this case, it will be for the Tribunal to determine whether, within the terms of the Act, a sex described as "non specific", that is, a sex that is not precise or definite, may be registered. The Tribunal's determination will depend upon the terms of the application made and the evidence before it in support of the application. For the reasons given, therefore, the third ground of appeal, that it was not open to the Registrar, as a matter of law, to register Norrie's sex as "non specific", should be upheld.

Sackville noted in Section 279:

279. Since the Appeal Panel erred in law and the error was decisive to the outcome of the appeal to it, the matter should be remitted for determination according to law. That will require the Appeal Panel to reconsider the appeal on the basis that ... the Act ... permits the Registrar, in an appropriate case, to register a change of sex from male or female to a sex that is neither male nor female.

The Appeal Panel may be disposed, if there are no insuperable procedural obstacles to doing so, to accord Norrie an opportunity to adduce further evidence bearing on the factual issues that now arise. This may be the appropriate course since both the Tribunal and Appeal Panel considered that they were resolving a preliminary legal issue and not the merits of the application. But the question of whether further evidence should be permitted is a matter for the Appeal Panel or the Tribunal, depending on what course the proceedings now take.

So Sackville indicated factual evidence as to one's physical anatomy evidence other than a simple declaration that a person sees him or herself as "sex non-specific" must be put to the Tribunal. One would suppose this to be factual records that, as was noted throughout the trial,

were sorely lacking. Norrie, for instance, produced no factual documentation to indicate an intersex anatomy despite claiming to be intersex during the course of these proceedings.

Conclusions

It is the view of OII Australia that the judgement in no way resolves the issues around male and female assignments. In many ways, a third sex category can be seen as a way of purifying the existing two sexes by allowing people who are anatomically “impure” to be assigned otherwise.

So long as there is no legislative bar from doing so, it might be construed that intersex persons, having been subjected to non-consensual genital surgeries and who reject their assignment might, indeed, be so assigned whether they want to be or not. However ideal those who are not intersex might find such an outcome, intersex organisations strongly resist any such action.

Though the issue of unintended consequences was put to the Court by the Crown solicitor, little weight seems to have been given to it. For instance, if an assignment other than male or female is given, Norrie will no longer be able to marry in Australia. Similar issues apply in other legislation.

In many ways, this puts the cart before the horse. Rather than fixing legislation so that it is, by and large, sex-independent before playing around with sex categories, a sex category is being contemplated that has no legal standing beyond the Births, Deaths and Marriages Act.

In terms of the risk of collateral damage much depends on the decision of the Tribunal and the new designation(s) it creates.

OII Australia has long held the position that rather than creating a third sex category when the current two-sex system disadvantages half of our population and any further category will only further marginalise and stigmatise those assigned to it, all adults should have the right to not specify their sex. The need to specify one’s anatomical sex should only ever be voluntary, and only where a legitimate reason to do so exists.

Ultimately, we can think of no good reason for sex to be on birth certificates at all.

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SOME COMMONLY ASKED QUESTIONS

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

Do I need a referral from a doctor? *No, simply call 9515 1200 for an appointment.*

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Still available: *Finding the Real Me: True Tales of Sex & Gender
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Transgender Anti-Violence Project (TAVP)

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

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

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

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

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

What can I report?

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



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

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

To make a report, call the Transgender Anti-Violence Project on 9569 2366

or 1800 069 115 or report online at www.tavp.org.au

Do You Believe You Are Intersexed?

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

OII Australia [Organisation Intersexe Internationale]

at PO Box 1553, Auburn, NSW, 1835 or at:

oiaustralia@bigpond.com

or visit our website at www.oiaustralia.com

Transitioning in the Workplace by Liz Ceissman

When I started at the Gender Centre nearly seven years ago, I saw many people who were seeking help because they were unemployed, having left their jobs due to their transition. Over these seven years however I have seen a huge shift in behaviour of those transitioning while employed. Rather than giving up work, more and more now bravely put themselves forward and ask their employers for support in transitioning in the workplace and keeping their jobs.

The law states that you must not be discriminated against because you are transgender. You have the same rights as everyone else in the workforce.

When you are transitioning in the workforce, however, there are some important things to remember and some simple steps to take that can increase the chances of your transition in the workplace being less stressful and having a great outcome.

The first is:

Have a plan.

I mean by this, know **how** you would like to transition and **when** you would like to do so.

This means having a plan for when you would like to start working in your true gender. It is not advisable to “mix it up” and come to work as one gender one day and another gender on other days. This only creates confusion for many in your workplace. Nor is it a good idea to go part of the way (wearing jewellery or makeup while still presenting as male, for instance) as this will also cause confusion and resistance.

The best step is to decide when you will come to work as your true gender and then start working with your employer on how you will achieve this goal.

Legally changing your name is an important part of this process, as your employer needs to change many records and documents about your employment. So having your legal change of name finalised is a helpful step. Another thing to remember is that once you change your name you need to change all of your important records. This includes your tax file number, your

superannuation account(s), any academic records or documents, banking details and your personal records with Centrelink or other regulatory authorities.

The next thing to remember is that you will not transition alone in your workplace. Everyone around you will be in a state of change. Your colleagues will be learning your new name and the appropriate pronouns and titles to use. So expect them to make mistakes. Work out what you think is a fair and reasonable timeframe for people to practice and get it right. Some people may be a bit more challenged by the changes than others.

This does not mean they have an excuse to abuse or vilify you, but at the same time you need to remember that not every one adapts to change quickly. That is why it is important to think about the time it will take people to practise and get your change of name correct.

You will also need to make your own judgement in individual cases as to whether a person has made an honest mistake based on long acquaintance with your former *persona*, or whether they are being deliberately resistant to your change.

The next thing to remember is that acceptance and respect are not the same thing. In any workplace there may be people whose life experiences are ones which others will struggle to accept or understand. Your employer cannot mandate that all employees be accepting of all the diversities in the workplace.

They can and should, however, demand that all employees are **respectful** of all the diverse people in any given workplace. So do not expect that everyone in your workplace will accept you as a transgender person, (it would be great if they did). But you can expect to be treated with dignity and respect the same as any other person in your place of work.

One of the most interesting questions or comments I hear when I work with organisations supporting an employee transitioning in the workplace is from other employees. The most common theme I hear is “will she/he still do the same work as before?”. “I am really not fussed about my colleague’s

transition. As long as he/she still does his/her work, I am happy to work with her/ him". From these types of comments I get the sense that most people's workmates really are accepting or at least not too disturbed by their colleague's transition.

Their only expectation is that you will continue to work in the same way you did in the past.

The other issue I hear regularly is, however, of greater concern. Many employees ask "how do I treat him/ her when he/she returns to work?"

You will often find some of your colleagues are unsure of what to say to you and may appear to be ignoring you. This may be because they are frightened of giving offence or getting into trouble or creating embarrassment, if they say the wrong thing.

Do not mistake someone else's fear as discrimination or transphobia. Some of the best success stories I have seen and heard from people who have transitioned in the workplace have been ones where the transgender person openly helps people to understand who they are. This may include simple things like saying to the "boys" on a Friday afternoon, "have fun tonight at the pub. I know that I can't join you, but hey, I understand you guys need time away from us girls".

The woman who said this had been out every Friday night with the boys for ten years prior to her transition. By letting the men know she knew she could not join in, she made the men in her workplace more comfortable around her and also set the stage for the ladies in the workplace to invite her to join the women's group.

Lastly, one other thing you can do when transitioning in your workplace that will make the process run more smoothly is to be open about your expected work performance. Have

an open and frank discussion with your employer about your work performance so you know just where you stand in relation to the standards of work you are expected to maintain.

This practice is of benefit for two reasons.

First, it means you have a clear framework and basis from which you can measure workplace attitude. You know what is expected of you and what is reasonable. That way if your employer challenges your work performance after your transition you will be able to consider whether this is due to your not meeting expected standards or if it is, sadly, discrimination on the part of your employer.



"... they may be ... frightened of giving offence or getting into trouble or creating embarrassment, if they say the wrong thing."

The second reason for doing this is so that you and the employer have a formal process for discussing any current work issues and resolving them before your transition process commences.

This clears the air and provides you with a sense

of how you are travelling within the organisation and it provides you with a base line to measure changes in your workplace and determine if they are fair and within reasonable limits or if they are the result of workplace harassment and unfair treatment.

These are just a few tips to consider if you plan to transition in your place of employment. If you would like to chat a little more about some of the processes for transitioning in the workplace, you can always just call the Gender Centre and we can chat in more detail. ☐☐☐

Liz Ceissman is Senior Case Manager at the NSW Gender Centre. Her email address is casemanagement@gendercentre.org.au

After deciding to take on hep C treatment, the next question is when to do it. The time between making the decision and commencing treatment can be used to plan and prepare so that you can get the best outcome. Because treatment is not usually urgent, you have the relative luxury of choosing a good time to start.

Thinking about treatment

Everyone experiences and tolerates side effects differently; no one should expect the worst or be scared off by horror stories, but you need to know what to expect. People who best know what treatment is like, and what you could do to help prepare, are those who have been through it. Calls to the Hepatitis Helpline are answered by people who can provide information about all aspects of hep C. They have the latest information at their fingertips, and can send out free resources. They can also possibly put you in contact with other people who have gone through the same experience.

There are also online forums, such as hepcaustralasia.org and hepcaustralia.com.au where you can quickly and easily register for free, and join in discussions, ask questions of other forum users, or just read previous posts. This is a good way to share experiences in a nonjudgemental and non-confrontational way.

After gathering information, it's a good time to speak with your GP or clinician so that he or she can answer any questions and deal with your concerns. The FAQs on www.hep.org.au are a good place to start for information gathering.

Timing is everything

Hep C treatment can go on for a up to a year, and side effects can continue beyond this. It's impossible to set aside a year when it's guaranteed nothing major will happen in your life, but you can choose a time with no planned changes.

Dallo started treatment in 2005, and recommends that people look at the short to medium-term future before considering it.

"If people have plans for the near future, perhaps a trip overseas, or a wedding, or whatever, they may not be able to handle it during treatment and for many months afterwards," says Dallo.

"People need to have a genuine treatment window, and be helped to recognise or create one."

Having a stable, comfortable place to live and a support network is a good base. You may also

Hep C treatment can be tough, but perhaps not as hard as some people may believe. Cure rates have improved over the last ten years and so has the way it is managed - these days there is more support and pre-treatment preparation.

need time off work for appointments, so some flexibility in employment is helpful. You don't have to tell your employer or colleagues that you have hep C or are having treatment, but you could consider it if you

think it will help them understand what you are going through.

Plan how you might explain time off work; "I'm having treatment for liver disease," enables you to indicate something is wrong without being specific and fully disclosing your hep C. Dr Max Hopwood's report, *3D Project: Diagnosis, disclosure, discrimination and living with hepatitis C*, is a good source for more information on disclosure.

Julia is working full-time while undertaking treatment. "The big issues for me were working full-time and trying to sort out days off to coincide with injection days," she says. "People should plan ahead to not use up all their leave days." Altering work hours where possible can make things easier. Sue Mason, Hepatitis C Nurse Consultant at Royal Prince Alfred Hospital, encourages people to look at their current situation and find ways to work with it, rather than trying to avoid stress altogether. "Stress is often part of normal life," she says. "People should ask themselves 'Where's the flexibility in what I have now?'"

Alcohol

A recent research project¹ as part of the Australian Chronic Hepatitis C Observational

Study (ACHOS) set out to find the reasons that hep C treatment is deferred. It reported that issues around consumption of alcohol and other drugs were the greatest factors affecting commencement of treatment. This highlights the need for additional support in these areas; the study discusses strategies such as making support for drug and alcohol issues a part of the assessment for hep C treatment.

Dr Richard Hallinan, Staff Specialist, Addiction Medicine, South Western Sydney Local Health Network, and The Byrne Surgery Redfern, believes that cutting out alcohol is the most important thing people with hep C can do, whether or not they are undertaking treatment.

“It’s a really positive step, and that’s how I discuss it with people,” says Dr Hallinan. “It shouldn’t be seen as a negative, ‘you mustn’t do this’, but as something really good for you and your liver.”

Alcohol directly affects the liver, and can complicate hep C infection by hastening liver scarring. Alcohol can make it harder to stick with treatment, and some side effects of treatment are made worse by alcohol, so people drinking alcohol do less well on treatment. For these reasons it is important to be completely open with your health professionals about your lifestyle, so that they can ensure you have appropriate support. If your GP thinks you need extra help to reduce your alcohol intake, they can refer you to a drug and alcohol specialist. There are anti-craving medications and psychological therapies which can be helpful. Dr Hallinan says that he has patients whose abstinence from alcohol has greatly improved their general health before, during and after treatment, even if they did not clear hep C. “If people aren’t able to start treatment at the moment for whatever reason, we work on helping them to stop drinking. I see it as a form of treatment in itself,” says Dr Hallinan.

He also points out that drinking is not an absolute barrier to receiving treatment; people should discuss their individual case with their GP or specialist.

Preparing to avoid side effects

There are strategies to minimise treatment side effects; the more you know about this before

starting treatment, the better. “I think you cannot overstate the importance of reducing the impact of side effects by being prepared for, and dealing with, side effects that can be minimised or eliminated,” says Dallo.

This means being aware of the reactions you may experience, such as appetite loss, rashes and insomnia, and having some strategies in place to deal with them; the sooner they are minimised, the easier it will be to continue treatment. Depression and mental health problems can arise during treatment, especially for people with a history of these. Ideally, health professionals will work together to deal with this in preparation for treatment, and prescribe antidepressants, mood stabilisers or other medication if needed.

It helps to be physically fit before beginning treatment, as the course can be demanding; this includes losing excess weight, eating a healthy diet and quitting smoking. Many people are less active during treatment, and it can take time after finishing to regain fitness. It is also useful to set aside time for relaxation and pursuing other interests, so that treatment doesn’t become all consuming.

“You have to stay focussed and not let treatment consume your thoughts,” says Julia. “It’s easy for it to take over your life so that everything revolves around hep C and treatment.”

Personal support

If you live with other people, they may also need to know what’s involved in treatment, if only so they can cope with potential mood swings. It can be especially hard for partners to deal with depression or outbursts directed at them, and it’s helpful for them to be able to recognise early signs of depression so that they can be dealt with.

Sue Mason helps prepare patients as much as possible by discussing what they may experience. “It’s good to do this with a support person or partner so they are clued in as well,” says Sue.

Recognising what others can do to help during this time is important; partners and housemates may be willing to do extra chores such as cleaning and shopping. While it is important for

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friends and partners to support someone going through treatment, it may also be good for them to have some outside support for themselves.

Professional support

It is important to have a realistic idea of your chances of clearing hep C before starting treatment. Factors which influence this include your genotype, your age, the length of time you have had hep C and your current lifestyle.

Dr Hallinan mentions that, with new more effective treatments emerging, it may be better for some people, especially those with genotype 1, to defer treatment. A fibroscan, a type of ultrasound to detect liver scarring, can help guide this decision; your GP can refer you to a specialist centre for this simple and painless test.

Another major issue is knowing who to contact when you need help during treatment; sorting this out in advance saves time and energy in the long run. Julia says “Although everyone was really helpful when I did get in contact with them, I found it difficult to contact my specialist outside the monthly appointment, and I wasn’t sure if I could contact the nurse at the clinic as I wasn’t directly under her care.”

You should also think about support after treatment has finished; you will no longer have

regular contact with the treatment team but may still experience side effects and other problems.

The *Hepatitis Helpline* may be able to help you find a good GP who can help with after-treatment care. Health professionals should be willing to discuss these issues at length. Even if you don’t clear your hep C after six months or a year of treatment and had the long break from alcohol that goes with it, will give your liver a rest, protect it and even reverse some amount of damage.

For more information and advice about alcohol, phone the Alcohol and Drug Information Service on 9361 8000 or 1800 422 599 (outside Sydney).

• Adrian Rigg is a freelance health writer who regularly contributes to *Hep Review* magazine: adrian.j.rigg@gmail.com

¹Gidding HF, Law MG, Amin J, Macdonald GA, Sasadeusz JJ, Jones TL, Strasser SI, George J, Dore, GJ. Predictors of deferral of treatment for hepatitis C infection in Australian clinics. *Med J Aust* 2011;194:398-402.

The 3D Project: <http://tinyurl.com/3kn74tv>

Reprinted from *Hep Review* Edition 74, September 2011, p.20

Imperial Hotel Fundraiser Raises \$650.00 for the Gender Centre

Penny Clifford, Events and Marketing Manager at the Imperial Hotel, organised a fundraising event, TransTastic, for the Gender Centre on 21 June .

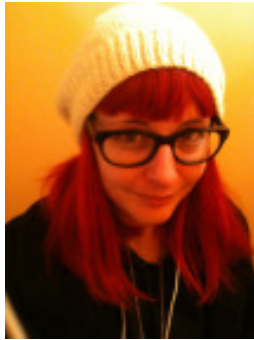
This resulted in the presentation of an oversized cheque for \$650.00 to the Centre. The cheque was accepted with gratitude by Phinn Borg, Manager of the NSW Gender Centre.



Phinn Borg accepts the cheque from Penny Clifford

Michelle's Outreach Column

Hello again, it's Michelle from the Gender Centre's Outreach Project here. I just wanted to tell you about some other services we provide on outreach – designed to reach some of the most isolated members of the trans* community.



Michelle

As the Outreach Officer, part of my role is also bringing the Gender Centre's services to people that can't get to us. This may be because they are in gaol, are hospitalised, or are homebound due to physical or mental illness. These people are often particularly isolated, and as such, need our support immensely.

This is where I come in... I offer a range of services to people in these situations. From simple social support – like coming 'round for a cuppa and a chat, to more intensive case management (e.g. helping with the transition from gaol to civilian life). We can also offer a range of other things depending on the person's needs – from transport, to assistance seeking employment, to advocacy, and material (or financial) aid in the form of brokerage from other brokerage services, to name just a few.

If you or someone you know is in this situation, I really encourage you to contact us to have a chat about how we can offer you support. It's important that you know that you're not alone – the Gender Centre is here to help in any way we can.

If you want to contact me you can email me at outreacheducation@gendercentre.org.au or call (02) 9569 2366 (though keep in mind I am only in the office on Mondays and Fridays).

Michelle

For Those Who Live On The Central Coast of NSW

The DeepWater Practice in Woy Woy, run by Melissa Turner, has agreed to bulk-bill clients who come with a GP referral and who mention that they are also clients of the Gender Centre.

The DeepWater Practice has a number of Psychologists and Psychotherapists on staff, including Kathy Paterson, who specialises in adolescents.

The normal cost for a session without referral and Gender Centre connection is \$85.00 so there is a significant saving involved.

Deepwater Practice,
Unit 2, 101 Blackwall Road,
Woy Woy.

Ph: 4344 7386

The Hidden Addiction by Anthony Carlino



Anthony Carlino

associated with feelings of shame despite its being a fundamental aspect of the human experience.

Symptoms of sex addiction include:

- Frequently engaging in more sex and with more partners than intended.
- Persistently craving sex and, despite wanting to cut down being unsuccessful in attempting to do so.
- Pursuing sex to the detriment of other activities or continually engaging in excessive sexual practices despite a desire to stop.
- Neglecting obligations such as employment, education or family in pursuit of sex.
- Continually engaging in sexual behaviour despite negative consequences, such as broken relationships or potential health risks (such as unsafe sex).
- Escalating intensity or frequency of sexual activity to achieve the desired effect, such as more frequent visits to prostitutes or more sex partners.

One of the misconceptions around sex addiction is that it somehow has less impact or is not as serious as other addictions. This could not be further from the truth.

The impact of these behaviours can be nothing short of devastating. Whether it be a family breakdown due to someone being unfaithful, or a positive test result for HIV, compulsive sexual behaviour can be devastating for the individual and for their loved ones on a relational and

One of our society's less frequently discussed topics, yet one that nevertheless afflicts an increasing number of people, is sex addiction. That this topic is not discussed often is indicative of a society where sexuality is often

health level. Those dealing with this behavioural pattern often get a sense of euphoria and validation from their sexual encounters that goes beyond that of most people.

More specifically, sexual behaviour is used to pursue pleasure as a means of avoiding unwanted feelings or in order to ignore outside life stresses in a way similar to a drug user's use of drugs in order to cope with life. Their sense of self is derived from their sexuality.

No single reason is thought to cause sexual addiction, but there are thought to be biological, psychological, and social influences that contribute to the development of these disorders.

For example, the intoxication or hit of pleasure associated with sexual addiction is thought to be the result of changes in certain areas and chemicals in the brain that are elicited by the compulsion.



Also, some research shows that eighty to ninety per cent of sex addicts have experienced trauma as children.

The irony of sexual addiction is that for a behaviour linked to physical intimacy, those who live with this way of life are, in fact, terrified of true emotional intimacy, and utilise sexual behaviour as a replacement for healthy intimate relationships.

Here at the Gender Centre, clients are welcome to bring this topic to counselling and receive support in overcoming what can be a really crippling affliction, for the person with the addiction, and those close to them.

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!



Directory Assistance

A.C.T.

AGENDERAGENDA

works with the sex and gender diverse community. This includes transsexuals, transgender people, intersex people, cross-dressers and other non-gender conforming people. We acknowledge the important role that partners, family members and allies play and these people are specifically welcomed as part of our community.

PO Box 4010, Ainslie, ACT, 2602
Ph: (02) 6162 1924
Fax: (02) 6247 0597
E m a i l :
support@genderrights.org.au
Website: www.genderrights.org.au

AIDSACTION COUNCIL OF ACT

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

SWOP ACT (SEX WORKER OUTREACH PROJECT)

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

NEW SOUTH WALES

NSW GENDER CENTRE

Counselling

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

Outreach service

Available to clients in the inner city area on Tuesday nights from 6.00pm to 2.00 a.m. and on Thursdays from 10am - 5.30pm by appointment only. Monday and Wednesday afternoons and Friday 10am - 5.30pm. Also available to clients confined at home, in hospital or gaol - by appointment only. For an appointment contact Outreach Worker - 9569 2366.

Social and support service

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

Resource development service

Produces a range of print resources on HIV/AIDS, medical and other information relevant to people with gender issues and their service providers. We provide printed information including a quarterly magazine *Polare* and a regularly updated website at: www.gendercentre.org.au. For more information contact the Information Worker on Monday or Wednesday 9569 2366

Drug and alcohol service

Provides education, support and referral to a broad range of services - By appointment only. For an

appointment contact the Outreach or Social and Support Worker 9569 2366

Residential service

Provides semi-supported share accommodation for up to eleven residents who are sixteen years of age or over. Residents can stay for up to twelve months and are supported as they move towards independent living. A weekly fee is charged to cover household expenses.

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

For partners, families and friends

Support, education and referral to a wide range of specialist counselling, health, legal, welfare and other community services are available for partners, families and friends of people with gender issues. For more information contact the Social and Support Worker 9569 2366.

For service providers, employers and others

Advice, support and workshops are also available to employers, service providers, students and other people interested in gender issues. For more information contact the Manager, Gender Centre, 7 Bent Street or PO Box 266, Petersham NSW 2049
Tel: (02) 9569.2366
Fax: (02) 9569.1176
manager@gendercentre.org.au
<http://www.gendercentre.org.au>

2010 - TWENTY10/GLBT YOUTHSUPPORT

Twenty10 provides support to young transgender, lesbian, gay and bisexual people who are having trouble at home or are homeless. We provide accommodation, support, counselling, case management and social support as well as information and referrals for young GLBT people and their families. We run community education programs throughout NSW.

PO Box 553 Newtown, NSW, 2042
Youth callers needing help:
Sydney local: (02) 8594 9555
Rural NSW: 1800 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 about HIV/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-MID-NORTH COAST

Shop 3, 146 Gordon St
Port Macquarie NSW 2444
Tel: (02) 6584 0943
Fax: (02) 6583 3810
mnc@acon.org.au
POB 1329, Port Macquarie, 2444

ACON - NORTHERN RIVERS

27 Uralba Street
Lismore NSW 2480
PO Box 6063
South Lismore NSW 2480
Tel: (02) 6622.1555
or 1 800 633 637
Fax: (02) 6622 1520
northernrivers@acon.org.au

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

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
www.bgf.org.au
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 non-

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

(CSN) COMMUNITY SUPPORT NETWORK

Transport and practical home based care for PLWHA. Volunteers welcome. Training provided.
Sydney Mon-Fri 8.00am-6.00pm
9 Commonwealth St, Surry Hills
Tel: (02) 9206.2031
Fax: (02) 9206.2092
csn@acon.org.au

PO Box 350 Darlinghurst NSW 1300

Western Sydney and Blue Mountains

Mon-Fri 9.00am-5.00pm
Tel: 9204 2400
Fax: 9891 2088
csn-westsyd@acon.org.au

6 Darcy Rd, Wentworthville, 2145
PO Box 284, Westmead, 2145

Hunter

Mon-Fri 9.00am-5.00pm
Tel: 4927 6808\Fax 4927 6485
hunter@acon.org.au
129 Maitland Road, Islington, 2296
PO Box 220, Islington, 2296

MacKillop Centre - Hunter

Training and development opportunities for PLWHA
Tel: 4968 8788

Illawarra

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

Mid North Coast

Outreach project: by appointment
Tel: 6584.0943
Fax: 6583.3810
4 Hayward Street, Port Macquarie, 2444
POB 1329, Port Macquarie, 2444

FTMAustralia

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

GAY AND LESBIAN COUNSELLING SERVICE OF NSW (GLCS)

A volunteer-based community service providing anonymous and confidential telephone counselling, support, information and referral services for lesbians, gay men, bisexual and transgender persons (LGBT) and people in related communities.
Counselling line open daily from 5.30pm-10.30pm daily (02) 8594 9596 (Sydney Metro Area - cost

of local call, higher for mobiles)
1800 184 527 (free call for regional NSW callers only)
Admin enquiries: (02) 8594 9500
or admin@glsnsw.org.au
website: www.glsnsw.org.au

HIV AWARENESS AND HIV AWARENESS AND SUPPORT

For HIV positive IDUs and their friends. Meets on Wednesdays. Contact Sandra or Tony at NAAA.
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 1966

INTERSECTION

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

KIRKETON ROAD CENTRE

Needle exchange and other services
Clinic Hours:
Mon, Tue, Thu, Fri, 10am - 6pm
Wed 12 noon-6pm
Weekends and public holidays, 10am - 1.45pm (NSP & methadone only)
Outreach Bus - Every Night
100 Darlinghurst Road
(Entrance above the Kings Cross Fire Station Victoria Street
PO Box 22, Kings Cross, NSW, 1340
Tel: (02) 9360.2766
Fax: (02) 9360.5154

LES GIRLS CROSS-DRESSERS GROUP

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

(MCC) METROPOLITAN

MCC Sydney is linked with MCC churches in Australia as part of an international fellowship of Christian churches with a social concern for any who feel excluded by established religious groups. MCC deplores all forms of discrimination and oppression and seeks to share God's unconditional love and acceptance of all people, regardless of sexual orientation, race or gender.
96 Crystal St, Petersham, 2049
Phone (02) 9569 5122
Fax: (02) 9569 5144
Worship times:
10.00 am and 6.30 pm
office@mccsydney.org
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

NEWCASTLE SWOP

SWOP at Newcastle has a Mobile Sexual Health Team
4927 6808

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.

Directory Assistance

Issue Ninety-Seven

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

RPA SEXUAL HEALTH

CLINIC provides a free and
confidential range of health,
counselling and support services. Ph:
9515 1200

SAGE FOUNDATION

(Sex and Gender Education Foundation)

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

SEAHORSE SOCIETY OF NSW

The Seahorse Society is a
non-profit self-help group funded
by members' contributions. Open
to all crossdressers, their relatives
and friends. We offer discretion,
private monthly social meetings,
outings, contact with other
crossdressers, a telephone infor-
mation service, postal library
service and a newsletter.
PO Box 2193 Boronia
Park, NSW, 2111 or Ph:
0423 125

(SWOP) SEX WORKERS OUTREACH

TRANSGENDER SUPPORT PROJECT

Provides confidential services for
people working in the NSW sex
industry.
Lv14, 414 Elizabeth St, Surry Hills,
NSW, 2010
PO Box 1354
Strawberry Hills NSW 2012
Tel: (02) 9206 2159
Fax: (02) 9206 2133
Toll free 1800 622 902
info@swop@acon.org.au
www.swop.org.au

SYDNEY BISEXUAL NETWORK

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

SYDNEY MEN'S NETWORK

Welcomes FTM men.
PO Box 2064, Boronia Park, 2111
Tel: 9879.4979 (Paul Whyte)
paulwhyte@gelworks.com.au
Tel: (02) 9565.4281 (info line)
sbn-admin@yahoogroups.com
http://sbn.bi.org

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

SYDNEY BISEXUAL

PAGANS

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

SYDNEY SEXUAL HEALTH CENTRE

Provides free, confidential health
services, including sexual func-
tion, counselling and testing and
treatment of STDs, including HIV.
Level 3, Nightingale Wing,
Sydney Hospital, Macquarie
Street, Sydney, NSW, 2000
Ph: (02)9382 7440 or freecall
from outside Sydney 1800 451
624.
(8.30am-5.00pm)
Fax: (02) 9832 7475
sshc@sasahs.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

WOLLONGONG TRAN

Transgender Resource and Advo-
cacy 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 AND GIRLS DROP IN CENTRE

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

National

(ABN) AUSTRALIAN BISEXUAL NETWORK

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

AISS SUPPORT GROUP (AUSTRALIA)

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

AUSTRALIAN WOMAN NETWORK

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

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

CHANGELING ASPECTS

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

NATIONAL LGBTI HEALTH ALLIANCE

Office: (02) 8568 1110
Fax: (02) 8212 9013
PO Box 51, Newtown, NSW, 2042
www.lgbtihealth.org.au

TRUE COLOURS DIVERSITY

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

Web: www.truecolours.org.au
Email: Mail@truecolours.org.au

International

AGENDERNEWZEALAND

A caring national support organisation for Cross/Transgender people, their partners and families. For a detailed information pack, please contact:
Email: president@agender.org.nz
www.agender.org.nz

BEAUMONT SOCIETY

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

BEAUMONT TRUST

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

CROSS-TALK

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

FTM INTERNATIONAL

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

FTM NETWORK UK

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

GENDERBRIDGE Inc.

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

GENDER TRUST (THE)

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

INTERNATIONAL FOUNDATION FOR ANDROGYNOUS STUDIES (IFAS)

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

IFGE INTERNATIONAL FOUNDATION FOR GENDER EDUCATION

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

IKHLAS

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

ITANZ INTERSEXTRUST AOTEAROA OF NEW ZEALAND

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

PROSTITUTES COLLECTIVE OF AUCKLAND-NEW ZEALAND

PO Box 68 509,
Newton, Auckland,
New Zealand

PROSTITUTES COLLECTIVE OF CHRISTCHURCH-NEW ZEALAND

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

PROSTITUTES COLLECTIVE OF WELLINGTON-NEW ZEALAND

Provides a confidential service for trannies working in the sex industry.
PO Box 11/412, Manner St Wellington New Zealand
Tel: (64) 4382-8791
Fax: (64) 4801-5690

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

First National Trans Mental Health Study

We are looking for people to take part in an anonymous Internet study of mental health and well-being



WHO: All trans people, however they live or describe themselves, aged 18 years or older. We use the term *trans* in an inclusive way, and would like to hear from people who use (or used) words like transsexual, transgender, sistergirl, androgynous, or genderqueer to describe themselves.

WHAT: The purpose of this research is to obtain a snapshot of the mental health of trans people living in Australia. The study is completely anonymous, and involves taking a questionnaire online.

WHERE: You can take the questionnaire, or find out more about the project, at the study website: www.transoz.org

WHEN: You can take part in the study from 1 August until 31 December 2013.

BENEFITS & RISKS: There are no direct medical benefits or significant risks for participating in this study. However, your participation is likely to help us find out more about how to improve health services for trans people.

CONTACT: If you have any questions about the study, you can contact the principal investigator:
Dr Zoë Hyde
zoe.hyde@curtin.edu.au

FUNDING: This research is being funded by a grant from beyondblue. A team of researchers from Curtin University are conducting the study.

To take part in the study, or for more information, go to:

www.transoz.org



The Permanent Solution...

in Permanent Hair Removal

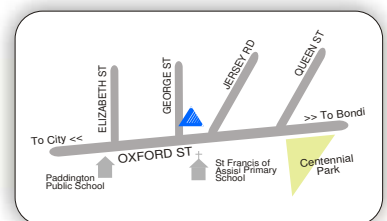
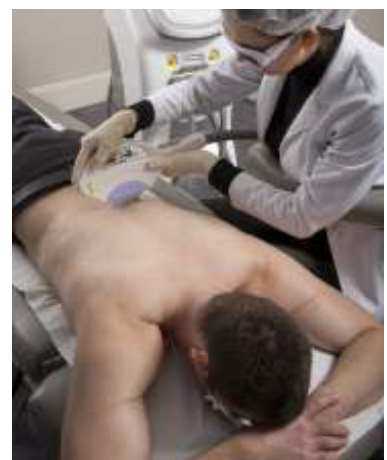
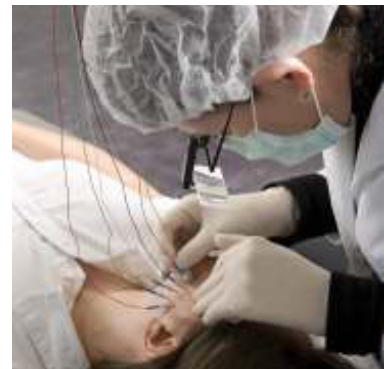
For those who are embarking on the transition from male to female, the permanent removal of hair is vital. However, with so many clinics and procedures to choose from, it's crucial that your chosen solution is reliable, safe and permanent.

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!

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