

Polare 102



Blue Diamond Society [LGBTI], Nepal (p.8)

Magazine of the NSW Gender
Centre January - March 2015

For Those Who Live On The
Central Coast of NSW

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2015

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the Gender Centre Service Magazine

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

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

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

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NSW 2049



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Fax: (02) 9519 8200**

Email:

reception@gendercentre.org.au

Website:

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**The Gender Centre is staffed
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Cover: The Blue Diamond Society (LGBTIQ support) celebrate one of their special days on the inland waterways of Kathmandu, Nepal. (Courtesy Edwina Keelan)

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January-March 2015

No. 102

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Deadline

for submissions to the next edition of *Polare* is
the eighth of March 2015

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THE FINE PRINT

Polare

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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.

and provides a forum for discussion and
debate on gender issues.

Advertisers are advised that all advertising
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Unsolicited contributions are welcome
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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 in-house at the Gender Centre

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I have now lived in Australia, for the best part of seventy years (after we take out a year in Canada, three in Kiribati, two in Fiji, five in the USA and three or four in Scotland) and it seems to me that the Australian character has changed markedly during that time.

Perhaps this is a truism. Perhaps all cultures change as social conditions change, and world events such as economic downturns, world wars, epidemics and technological advances affect our various ways of life.

When I was growing up in Australia, from my teens to my young adulthood, the qualities I most admired as being 'typically Australian' were independence, resilience and a willingness to 'make do' or improvise in the face of adversity as well as an innate reserve which took the form of not showing emotion, and underplaying praise, neither offering it effusively nor expecting it from others.

These qualities that I found so admirable have now been discarded in favour of excessive congratulations for minor achievements and an insistence on social participation in tragedies that would have been, in earlier times, considered properly limited to those with a close relationship to the victims of misfortune.

At one time, a cricketer might expect a cry of "Well held!", or "Bowled!" but the whole team would not swarm in to pat and pet a successful bowler or fielder, and the response to a goal on the Soccer field would not have involved mobbing the successful goal-scorer, and the conversion of what should be a team of athletic adults into a pyramid of fools jumping and climbing on each other in a manner which must be extremely uncomfortable for the person at the bottom of the heap (the one being congratulated) as well as being potentially physically dangerous.

We also see the intrusion of people who should be bystanders and sympathisers but who now feel the need to be participants in the drama that

follows almost any form of social misfortune. We see the placing of flowers, candles, cards and teddy bears at the place where a person died in a traffic accident or some other misfortune has taken place and this phenomenon of makeshift shrines has become more and more pronounced, with most of the donations provided by people who had no connection with the victim or victims other than belonging to the same society in its broadest terms.

Why? Is it the advent of the internet and the resultant social networks that impel people to stay constantly in touch with everyone they know, sharing pointless experiences and passing on *objets trouvés* as well as accumulating thousands of phantom 'friends' to be part of their network?

Do people think there is some virtue in being able to write their messages in 140 characters or fewer and being followed by thousands who revel in this Reader's Digest form of communication? And what dark deranged digital moron was it who decided to compare everyone in the world with my Facebook friends (yes, I have fourteen Facebook friends) so that Facebook can offer me friendships with people who know people who know me? Or might know me.

The social network phenomenon seems largely designed to stop people from talking to each other while still feeling 'connected'. You must have noticed groups of people ostensibly 'out together' with each totally absorbed in the little screen that connects them with the digital universe, rather than their immediate friends, who are a whisper away.

The professional media also have much to answer for, as many of them seek to milk emotional reactions from everything they can, whether it be a 'reality' show which could hardly be less realistic if it tried, or events which may be newsworthy but have their significance blown out of all proportion.

Recently a player died during a cricket match. Disregard the logic that suggests that if one plays a game where a hard object is hurled at one's head intermittently at speeds exceeding 100kph from a distance of nineteen metres or so, sooner or later there will be a serious injury.

It was still a tragedy; for the player and his dreams, for his family and friends and fans. But it was not a **national** tragedy and the way the media played it up with camera close-ups of weeping colleagues and suggestions for State funerals cheapened the whole process of mourning.

It is worth noting that in the weeks immediately preceding the cricket tragedy, two women jockeys died during horse races. Are the lives of women who ride horses competitively somehow worth less than those of men who play cricket? Neither woman rated more than a paragraph or two in the newspapers, and a brief mention on the broadcast news. No suggestions of State funerals, no thought that there might be an ongoing recognition of their tragic deaths, no sculpted bronze talisman to render their images unforgettable. One can only see the media as being largely responsible for the imbalance placed on one event over another.

And what, you may be wondering, does this have to do with the wonderful world of trans*?

I think it has a lot to do with us and with our potential for achieving our goals in life. At one time it was harder to find one's way safely and sanely through the obstacles and past the gatekeepers who were often intent on enforcing their own ignorant attitudes by suppressing any attempts to question and subvert The Way Things Are And Have Always Been.

But we **did** find our way, relying on a dogged conviction that we knew our inner workings better than the trick cyclists ever could, sharing our hard-won successes with others of our ilk, and resisting the madder excesses of the medical and legal professions and the generalised contempt of the general public. In other words we were prepared to live for a long time in a society of one, living within our minds and being prepared to stand up for ourselves, whatever the odds.

We had to discover for ourselves who and what we were and what the current legal, social and medical attitudes were. These often varied according to which State, or even which community, we were living in. Medicare seemed to invent its policy on a case by case basis (I'm talking of the 1980s here) and there was little

knowledge of trans* at the GP level of health service, which was where most of us needed to start.


So what impelled us to keep going? I suggest it was the knowledge that we could achieve things for ourselves if we persisted in our aims and argued the toss against every fallible argument raised against us. We did not always look for organised support although, inevitably, self-help groups and eventually funded assistance came about through the efforts of the real trail blazers of our community, such as Roberta Perkins, Aidy Griffin, Elizabeth Riley, Paula Hartigan, Bill Robertson, Craig Skinner and many others.

The intrusion of the media and the opportunity to interact with it through talkback radio and various forms of social networking have admittedly made it easier for us to make contacts and obtain information but has simultaneously exposed us to anonymous bigotry, attempts at intimidation and bullying, and the widespread dissemination of misinformation. Lies told on the internet are almost impossible to eradicate as they multiply with malice and *schadenfreude* like a malignant virus. As Mark Twain said, "A lie will go halfway round the world while Truth is getting its boots on."

Of course there are serious and conscientious journalists who uphold the best ethical principles of their profession but there are many others who are motivated by the need to exaggerate and to record "facts" selectively. What much of this boils down to is that the popular media and social networks disseminate gossip and perpetuate untruths and half-truths that make life for the transgendered even more difficult than it already is. If only the media and social networks were more responsible there would be less damage done by careless and untruthful transmission of false beliefs and unjustified prejudices and if we were more reluctant to use social networks uncritically maybe we could achieve more for the wider community.

Maybe we should go back to being more self-reliant and outgoing, without relying on the crutch of so-called social networks.

Or is it too late?

Katherine 

by *Edwina Keelan*

When I visited Nepal I was really overwhelmed at the sight of Kathmandu and the mountains of Pokhara. I also took a one-hour mountain flight, viewing the amazing mountain peaks from the air.

Among the simpler enjoyments of my journey were the local cuisine, where my favourite turned out to be Buff Momo (dumplings). I will enjoy confusing people in Sydney by demanding Buff Momo (unless I find a Nepalese restaurant).

The most uplifting experience of my journey, however, was my visit to the branches of the Blue Diamond Society (BDS) in Kathmandu and Pokhara. The BDS is the first LGTBI organisation in Nepal and they provide education, support, advice and counselling for Nepali LGTBI (there are two counsellors at the Society). BDS also maintain a library for LGBTI users.

The first person to greet me at the BDS was Neelan who is one of two counsellors at the Kathmandu branch. Neelan explained that the BDS has been created to show respect and a sense of value for every sexual and gender minority, all of whom have their own hopes and opportunities to fulfil.

The vision of the BDS is for gender and sexual minorities to live in a world of equal rights, freedom and dignity with unlimited opportunities for social advancement. The BDS enrolls forty to fifty new members monthly and to work as a volunteer at the Society you need a paper signed by your School Principal or Director. No fees are charged for membership so that all services are free and supplied by volunteers.

The Society supplies condoms and lube but these are controlled as supplies are limited. Products such as condoms and lube need to be imported and are supplied through a separate branch. The BDS runs an STI-STD-HIV Programme with tests organised externally by

Caring Support. Caring Support also supply counselling for those living with HIV/AIDS. Caring Support has made itself responsible for caring for GLTBI clients because Nepali hospitals are not always caring and sympathetic towards LGTBI or those who need to be tested for HIV/AIDS. Nepal also has endocrinologists who specialise in the needs of transgender clients.

The Blue Diamond Society is funded from a number of sources including UNICEF, the World Bank, Save the Children, Diva Project, Sahara Nepal and significant private donations. One such private donor was Elton John, who sponsored the Blue Diamond Society and supported the Care and Support Program. There is, however, no ongoing funding and no regular support from the Nepalese government.

During my visit to the Society I was looked after some of the time by Bobby, a Nepali transwoman who is the receptionist for the Society.

Neelan tells me bullying is rife in Nepali schools. Nepal does not have policies to prevent bullying and discrimination

being practised against LGTBI students, partly because same-sex relationships are criminalised in Nepal.

Neelan tells me that currently a transgendered person cannot be issued with a citizenship card, and without the card you can't be issued with a passport, so that transgenders in Nepal who have transitioned can't travel.

The BDS publish an annual bulletin, well produced and full of information about the Society and its work.

I met Bobby, a peer-educator who identifies as transgender and introduced me to two social work students from the university, Zulekaa and Shrit, who were making a video about the challenges of being transgender. I happily agreed to help. I also met Asmita who was previously an intern at BDS. It was suggested that when I



Edwina Keelan

visit the branch of BDS in Kathmandu I should include a radio interview in my agenda.

Next I visited the Pokhara branch of the BDS and there I met some stunning transgenders some of whom spoke little English. This was a pity as I would have liked to have heard their stories.

Fupu, the Programme Officer at BDS Pokhara tells me the organisation has to work in two ways:

1. Working towards HIV prevention.
2. Working for the improvement of human rights.

BDS Pokhara can supply condoms but do not have an extensive range of sizes or flavours. They publish a monthly newsletter, and also look after gays who come to them.

According to Fupu, Nepalese find it hard to come out to their families. Recently he wrote, "Why is coming out so difficult for transgenders and gays? Mainly because of the false, negative stereotype commonly understood to be typical of gays and tg's. Tg's and gays often feel isolated and strange when they first become aware of their own sexuality. They may also fear being rejected by friends and religious institutions if they come out gay or transition as tg. Homosexuals are frequently the targets of discrimination and violence and this creates



A BDS celebration of gender diversity

obstacles to their development as free and happy people.

In November, 2014, the Kathmandu Post reported that "in a survey conducted jointly by the Blue Diamond Society, UNDP and the Williams Institute of the University of California, Los Angeles, sixty per cent of the approximately 1,200 respondents from gender and sexual minorities said they have faced abuse and discrimination in at least one setting.

"According to the assessment entitled *Surveying Nepal's Sexual and Gender Minorities: an inclusive approach* twenty-three per cent of the respondents reported being denied service in health care settings.

An equal number of respondents said they have been physically abused by police personnel either on the street or at police stations. Verbal harassment was described as the most usual form of abuse the community faced, with forty-two per cent saying it was common in stores, forty per cent in public transportation and sixteen per cent in schools.

The Williams Institute report says that those who did not identify as third gender and acted in gender-conforming roles were less likely to be discriminated against. In clinics and hospitals, those who openly identify as members of the LGBTI community speak of being dismissed, with their complaints going unheard.

The Society still, however, manages to achieve a lot, in educating their own community and the general public and in the celebration of LGBTI principles.



Blue Diamond Society transgender members in traditional Nepalese costume greet a Norwegian prince

One of the days for celebration is Condom Day, which aims to spread the word and educate the LGBTI community about safe sex.

BDS, known by the name of Nauho Bihani in Pokhara, hold LGBTI National Games. Gajutra holds a pride Festival.

To encourage self-respect and provide an outlet for skills that can earn gender diverse people a living cottage industries have been set up and training is provided at the BDS in Pokhara. They have held same sex marriage ceremonies and have celebrated a Women's Day Festival with a transgender beauty contest and dramatic events, as well as celebrating Nepal's native culture in costume and dance.

Fupu tells me that on the International Day of Homophobia they celebrate by wailing in the street, but there are many in the crowd who are homophobic and demonstrate against the gender diverse.

Fupu aske me if there is any organisation that can help donate funds for their HIV prevention programme and help BDS to deliver training programmes

At the conclusion of my visit I watched filmed versions of traditional Nepalese dances, featuring trans performers. My visit to Nepal made me realise we all have the same challenges and struggles and all human beings deserve respect, dignity and understanding.

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SOME COMMONLY ASKED QUESTIONS

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

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

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

Interpreters
available.

Sexuality and Long-Term Care: Understanding & Supporting the Needs of Older Adults (2012) Doll, Gayle Appel. Maryland, USA: Health Professions Press.

At last, a book that attempts to come to terms with an understanding of the sexuality of aged people in the context of long-term care. When I was a young nurse working in Aged Care, sexuality was hidden and forbidden. Or so it seemed; it certainly wasn't spoken about. Indeed, nurses were given no information about responding to expressions of sexuality by their care recipients.

Few of us wish to be in long-term aged care, nevertheless it will be unavoidable for some. We want our caregivers to be informed about all of our human experience; we don't want to have to do the work of educating them. This is particularly true for transgender people, who have often had to educate health service providers, or even make the difficult choice of avoiding them altogether.

Sexuality is a basic human need that, in general, doesn't disappear with age. Sexuality is closely linked to our need for intimacy & connection. Caregivers must see sexuality as more than biology or behaviour, to be able to respect its expression, states the author.

The author is Assistant Professor and Director of the Centre on Aging (sic) at Kansas State University, so that the context is North American. Even so, this book has relevance for us. An important difference is that in Australia in 2012, the Commonwealth Department of Health and Ageing (since renamed Department of Social Services) launched the *National LGBTI Ageing and Aged Care Strategy*. This strategy is being implemented in acknowledgement of the life difficulties experienced by older LGBTI people, including criminalisation, disenfranchisement and loss of family, to name just a few.

The book's theme deals largely with care staff, advocates and administrators. Each chapter includes discussion topics and activities to encourage and challenge thinking. It gives real-life scenarios. While many of the scenarios could be applicable to people of all sexualities and gender identities, one chapter gives attention

to LGBT residents and their differing experiences. Sadly, it does not include intersex people. While this book can be used as an excellent teaching resource, it is written to provoke thought and discussion among all levels of staff, and I believe it should be essential reading for all involved in the long-term care of LGBTI and all older people.



Laurel Walter

Lesbian, Gay Bisexual and Trans Ageing: Biographical Approaches for Inclusive Care & Support (2012) Ward, Richard, Rivers Ian and Sutherland Mike (eds) UK: Jessica Kingsley Publishers.

This UK publication arose from a series of seminars entitled 'LGBTI Lives: the Biographies and Life Course of Sexual/Gender Dissidents.' Ultimately the concern of the book is to consider how an understanding of a life lived might facilitate more effective ways of working with and supporting older LGBTI people. Unfortunately, this book does not mention intersex people and only one chapter is trans-specific. The author of this chapter (Louis Bailey, 'Trans Ageing') puts forward some best practice principles for caregivers, which include training, gendering according to identity, trans-sensitive delivery, forward planning, and recognition of networks, which differ from traditional support networks, i.e. family.

The author notes the diversity of transgender experience. Those who transitioned early in life have quite different needs and experiences from those who transitioned later in life. Males-to-females and females-to-males have different experiences. While the many discriminations experienced by LGB people are similar to those of trans people, loss of family connections occurs at a much higher rate for trans people, as do experiences of violence & harassment. Other losses may include loss of job and income or savings. Homelessness is not an uncommon experience. Institutional responses to trans-

gender people are frequently a violation of their self-hood. These include a failure to recognize gender identity and marital status and derogatory language.

Though UK research shows that the number of people seeking medical care for gender dysphoria is increasing at the rate of 15% a year, knowledge about trans ageing is lacking and trans people continue to be stigmatised and to feel the dual discriminations of ageing and transphobia.

There is still inadequate knowledge about the effects of long-term hormone supplements and anti-androgens, though evidence suggests there are greater health risks.* Consequently there is a need for closer medical monitoring.

While there is little knowledge about trans ageing there is an understanding of the many factors that impinge upon trans ageing, and important questions are asked. For example, what is the impact of a second puberty?

Trans people frequently express fear about aged care services, particularly if they have not fully transitioned. It is vital to the care and dignity of older transgender people that publications such as these be read by service and care providers.

Australia has no trans-specific, or even LGB-specific care providers. However many aged


care providers in NSW have sought information and training from the Gender Centre and from ACON. Some are in the process of preparing for accreditation for the Rainbow Tick. This is a rigorous accreditation process, whereby the service has to satisfy specific requirements and show that they are LGBTI- friendly & inclusive.

If you are a transgender or gender questioning person wanting assistance to negotiate aged care for yourself or another, contact me (Laurel Walters) at the Gender Centre on 95692366 or email: over55support@gendercentre.org.au.

I borrowed both these books from Alzheimer's Australia's excellent Library at North Ryde. They have books, DVDs and resources about many aspects of ageing, not just about Alzheimer's. You need to be a member to join; the fee varies, starting at only \$15 for a person with dementia or their carer. There is more information at : <https://nsw.fightdementia.org.au/> ; or phone: 9888 4218.

LW


*Ed note. A recent study (see *Polare 101 p.17*) suggests there may be less reason to fear adverse consequences from long-term hormone use than has been suggested in the past.



stand tall
against
violence

TAVP

Transgender Anti-Violence Project



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ANTI-VIOLENCE PROJECT

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<http://csrh.arts.unsw.edu.au/education-training/postgraduate-research/>

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Note: Applications for APA scholarships (for domestic students) **close 17 October 2014** for first semester 2015 admissions. A second round then opens for second semester. UNSW International Research Candidate Scholarships are listed here:

<http://research.unsw.edu.au/postgraduate-research-scholarships>

(*Formerly the National Centre in HIV Social Research)

[adapted from Wikipedia]

Testosterone is, as most of the readers of this magazine should know, a hormone from the androgen group and is found in mammals, reptiles, birds and other vertebrates. In mammals it is mainly secreted in the testicles of males and the ovaries of females, although small amounts are created in the adrenal glands. It is an anabolic steroid, a term often applied to synthetic substances related to testosterone. These are more properly called anabolic-androgenic-steroids. They promote the growth of skeletal muscle as well as the development of male sexual characteristics in both males and females.

In men, testosterone helps to develop the testis and prostate, increases muscle, bone mass and the growth of body hair and prevents osteoporosis.

Males secrete about twenty times as much testosterone as females but much of this is absorbed in the metabolic consumption of testosterone so that resting levels are only about seven or eight times as much as in females.

Some of the more mysterious aspects of testosterone and its results occur before birth. These pre-natal androgen effects occur during two stages of pregnancy, the first being between four and six weeks of the gestation period.

i. In the male there is general virilisation (midline fusion, the development of the phallic urethra, scrotal thinning and rugation [wrinkling] and phallic enlargement).

ii. Development of prostate and seminal sacs.

During the second trimester of pregnancy, androgen levels are associated with gender formation (the masculinisation or feminisation of the fetus).

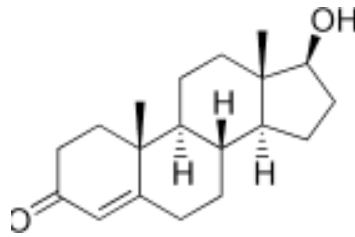
The least understood feature of testosterone in infancy occurs, however, during the first weeks of life for male infants, post-parturition. At this time testosterone levels rise, remaining as high as pubertal ranges for a few months but by the age of four to six months have fallen back to the barely detectable levels typical of pre-pubertal childhood. It has been postulated that this rise in testosterone in the first months is responsible

for brain masculinisation, since no other effects have been detected in other parts of the body.

At this stage it has been noted that the male brain is masculinised by the aromatisation of testosterone into estrogen, which crosses the blood-brain barrier and enters the male brain, whereas female fetuses have alpha-fetoprotein, which binds the estrogen so that female brains are not affected in the same way.

Could the presence of estrogen entering the male brain at this stage sometimes fail to have its masculinising effect so that the brain, which was female at birth, fails to develop as male? If so, why?

We have long heard about the ‘inappropriate hormonal wash’ during pregnancy as a possible reason for a fetus becoming transgendered. Perhaps this post-pregnancy hormonal cross-over in the early months of life as an independent entity might afford some insights into the aetiology of transgender.





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So..., here we are. Made it through another year without too much personal damage other than the irritations of relentless ageing and the realisation that one's faith in humanity is increasingly challenged by a world that seems to be hell-bent on self-destruction. I'd like to be able to persuade myself not to worry about it all by adopting the 'she'll be right' attitude I once found to be such an endearing trait of so many Australians.

But I find it impossible not to be saddened by a government that's in denial of global warming in the face of overwhelming evidence provided by science while pandering to the increasingly ego-centric "Aussie!, Aussie!, Aussie!" chant of vocal jingoism. There seems to be too little thought given to the increasing damage done, not only to our eco-systems, but also the spiritual damage to rising generations increasingly seduced by video-violence, pornography, alcohol and drugs.

The point of this gloomy preamble? Well, as I write this, January 26th, Australia Day, is only weeks away. It's always been a day that has held a special significance for me, way beyond any other days of commemoration or celebration.

You see, it was on Australia Day, 1977, that my young family and I stepped onto the tarmac at Hobart airport, after a gruelling thirty-seven hours from Heathrow, to be welcomed by a deputation of State government officials and, believe it or not, a brass band and children's choir.

Exactly a year later, on a gloriously sunny Australia Day, 1978, we were proudly accepted as Australian citizens at a ceremony in Hobart's St Davids park. I say proudly because we were proud and grateful to be surrounded by so many warm-hearted and generous new friends who had gone to great lengths to make us feel at home.

It seemed almost unimaginable that, until only a year earlier, we'd lived in the bleak industrial

heartland of England. It took us a while to shake some of our English reserve and to fully appreciate what seemed to us to be an almost anarchic disregard of the social conventions we'd always taken for granted and to understand the harmless spirit behind the occasional 'larrikin' attempt to cut through what they would have seen as our 'pommie' pretensions.

In fact, once we'd got used to it, it re-enforced in our minds the image of the the 'typical' bronzed Aussie 'bushies' we'd seen in movies like *The Summer of the Seventeenth Doll* and *Sunday, Bloody Sunday* or the loud-mouthed, hard drinking Aussie suburbanites in 'Don's Party'. We loved it all and soon

knew that we'd never wish to live anywhere else. We'd become a part of what for many years had seemed an impossible dream.

What changed? Many things. In the thirty-five years since those heady times, I raised a family, taught for twenty years, established a successful reputation as a visual artist for ten, travelled extensively, and went through a painful and expensive divorce which finally cost me my home and a beautifully equipped studio.

I went back to university for a while and had gender-reassignment surgery which took a large chunk of the one-fifth of the proceeds I'd received from the property settlement. I now live in a one-bedroom flat by the railway on the NSW Central Coast, hoping to find a publisher for some of my writing in the hope of raising some cash...

So it's not so much a question about what has changed about Australia, but rather more about the way I'm **now** seeing it. As a child I was raised in a family with a very dominant 'Alpha' father, a timid mother and an alpha brother. I was always at boys' schools until, aged fifteen, I enlisted in military service for fourteen years.

It's hardly surprising, therefore, that despite my creeping awareness of gender-dysphoria, I had developed an attitude of seeing and weighing things from a strictly male standpoint. I was, for



Marika

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a long time in awe of the Australian ethos of competitive skill, especially in what I like to call 'grunt sports' such as Rugby League and Australian Rules. For a long time, I was prepared to ignore the martial language invariable used to describe victory over opponents. Similarly, I saw Australian pride in this country's history of active involvement in wars not directly of its own making as being entirely deserving of admiration. In fact, when invited to be the standard bearer for the Hobart RAF Association in an annual Anzac Parade, I happily agreed, seeing it as an honour.

This came about without any thought as to why none of those who'd actually distinguished themselves heroically during WW2 were prepared to volunteer. Ironically, it was that very march that helped me suddenly see things differently. I was appalled to see so many children, not just the military cadets representing their schools but also some very young boys, proudly parading in re-cycled and re-fitted military uniforms.

When I expressed my disquiet, it was explained to me that the uniforms and medals were mostly those of grandfathers who'd died in combat or who'd survived but had perished since. Afterwards, when I made a point of researching the birth of the Anzac ethos at Gallipoli, I was bemused to discover that, what I'd understood to have been a great victory worthy of such triumphalism, had, in fact, been a 'tactical withdrawal'...

It was around that time that I was becoming increasingly desperate to find an explanation for depressing feelings of inadequacy when in the company of social groups predominantly made up of males. I much preferred the company and conversation of women.

It was access to the internet, during the eighties and nineties, that gradually helped me to understand, after extensive research, that what I needed was professional help to deal with my spiritually and socially crippling 'gender dysphoria', a journey the details of which I've recounted in earlier columns.

The point is that, whereas I once saw the world from a masculine standpoint, something in my psyche had profoundly shifted. I know this to

be a fact although I'd prefer others to venture possible explanations as to how and why. Hormones? Perhaps. Social(female), conditioning? Maybe. Put simply, I now see things through an entirely different, more discriminating lens. It's a focus on the subtle nuances *behind* things that now occupies much of my thinking.

So... back to Australia Day and my reasons for, more than ever, seeing it as the most significant of Australian annual commemorations. To me, it's an expression of all that is good about this country and, despite some of the sentiments expressed above, I do still love the open-hearted character of most of my fellow citizens.

It's a day to embrace new arrivals, for families and friends to gather at the beach or around back-yard barbecues, friendly games of cricket and frisbee in the park, being entertained by musicians, poets, jugglers, singers, fashion parades.

It's the height of Summer and everyone is dressed in the minimal and colourful informality of sun-hats, thongs, shorts and bathers. I've always found it to be an extraordinarily uplifting day, whether celebrated in the city or the bush. Unlike other countries, we celebrate our national day in a spirit of benign togetherness. There's none of the jingoistic military chest-beating some of our neighbours seem to be so fond of ... and I think it's that difference, above all else, that, to my mind, so beautifully reflects the 'Aussie' spirit...

Long may it continue.

I wish you all a Happy New Year and a wonderful Australia Day.

Love,

Marika

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

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

Media Release from CRMT

The Carmen Rupe Memorial Trust (CRMT) will partner with Amnesty International during the 2015 Sydney Mardi Gras Festival to promote the importance of bodily autonomy as a human rights issue and campaign for changes to NSW Gender identity laws



This campaign will leverage the global success of Amnesty International's "My Body My Rights" campaign (more here <http://bit.ly/1w3dwCG>) and the other global Write For Rights Campaign Amnesty have been running on behalf of Norwegian Trans* woman John Jeanette Solstad Remø (more here <http://bit.ly/1vD5VMk>) to make the argument for similar legislation to that passed in the ACT earlier this year (more here <http://bit.ly/1jrN9Uq>) to be enacted in NSW.

Whilst it's still in the early stages of development, Amnesty International and the CRMT are already laying the groundwork for a media campaign to raise the profile of bodily autonomy as a human rights issue with a series of events during the SGLMG Festival that will help increase awareness and build momentum for change.

As part of this campaign, Amnesty and the CRMT will enter a float and marching group in the 2015 SGLMG Parade. This will involve building a "beacon for bodily autonomy" as the centre piece of a float and marching group that will hopefully convey the "My Body My Rights" message in the same colourfully creative fashion that saw the CRMT win a Mardi Gras Award for "Best Show Stopping Float" for the "My Polynesian Love" production in the 2013 Mardi Gras Parade.

Anyone interested in being part of the construction team and/or marching group should contact the CRMT via kmg@carmenrupe.org or call Kelly on 0452 454 965

Given the Norwegian Government's recent positive response to Amnesty's 2014 Write for Rights campaign on behalf of John Jeanette Solstad Remø, Team CRMT believe this alliance with one of the world's pre-eminent human rights organisation will probably prove similarly effective Down Under. Norwegian Government Minister Vidar Helgesen recently responded to Amnesty's campaign by announcing his government will change their present practice of demanding irreversible sterilisation as a requirement for changing legal gender. The ACT Government took similar action here in Australia earlier in 2014.

Caitlin Hall, Chair of SGLMG's Trans & Gender Diverse (TGD) Working Group says:

"We're incredibly excited about the potential for this year's TGD SGLMG Festival program successfully to engage both the LGBTIQ Community and wider society in the conversation about the importance of bodily autonomy as a human rights issue.

"We've just confirmed that American actress, musician, author and Trans* activist Calpernia Addams (<http://www.calpernia.com/>) will be our special guest for the

[Cont. p.18]



Gender Trailblazers event at the Seymour Centre on 21 February and are currently laying the groundwork for a number of other events across the Festival that will help further the national conversation about Trans* Rights and the wonderfully multifaceted nature of the Trans* and Gender Diverse experience”.

Greens MLC Mehreen Faruqi, whose party has already committed to working with Sydney MP Alex Greenwich to help support this push for important legislative and social change, says:

Calpernia Addams

“Everyone has the right to autonomy over his or her own body, and recognition of that in our laws. When pursuing law reform for transgender equality, this notion must be integral to our work.

After initiating debate on transgender reform in NSW Parliament this year, I will be continuing to raise these issues in 2015 and stand up to end discrimination.

With more and more people demanding equality it’s my strong belief that we will soon have a more just society for Trans* and other gender diverse people.”

If you’re interested in finding out more about this campaign or wish to volunteer some time and/or resources to it, please contact the Carmen Rupe Memorial Trust via kmg@carmenrupe.org or call Kelly Glanney on 0452 454 965

For further information about the work of Sydney Gay and Lesbian Mardi Gras Festival Program go to www.mardigras.org.au/ or check out the SGLMG TGD Working Group’s Face book page at www.facebook.com/groups/SMG4TIQ/

Don't put up with it — Don't let them get away with it

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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

**The Gender Centre is a
Needle Exchange and
operates Monday to
Friday from
9.00am to
4.30pm.**



A confidential
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with gender issues (ask for the
Outreach Worker)
Sharps containers, pill filters,
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Petersham, NSW, 2049

GC Library Appeal

If you have books you no longer need and
feel they would be of interest to the
Gender Centre clientele, we would be
very glad to receive them, process them,
and place them in the Gender Centre
Library for Gender Centre users to read,
for entertainment or information.



Contact Katherine on 9569 2366 (Mon,
Wed or Friday) or just drop them in
marked to my attention. Thanks!

Katherine Cummings

UTERUS TRANSPLANTS IN TWO YEARS

In *Polare 101* a story ran (p.25) on the successful transplant of a uterus in a Swedish woman, who gave birth to a healthy baby. The woman in question had had the uterus of a sixty-one-year-old friend transplanted.



Dr Ash Hanafy

An Australian doctor, Ash Hanafy, is now predicting that uterus transplants could become available in Australia in 2016. Hanafy is hoping to receive ethical approval to bring the surgery to two Australian hospitals in 2016 and said the age of the uterus to be transplanted is irrelevant as long as it functions.

Dr Hanafy was part of the the team of doctors in Sweden who helped to carry out uterus transplants in nine women. Of three babies born in December 2014 and January 2015, two grew in wombs donated by their grandmothers.

UK REVISES PROVISIONS FOR GENDER RECOGNITION CERTIFICATE

The gender recognition provisions of the Marriage (Same Sex Couples) Act came into force in England and Wales on December 10, 2014.

The changes include the decision that trans people are no longer required to end their marriages before receiving their new birth certificates and the legal protections provided by a Gender Recognition Certificate (GRC).

The new laws, however, include the “spousal veto” which has created some resistance from trans activists.

The veto gives a spouse the right to block the issuing of a GRC, forcing the transgendered partner to seek a divorce in order to have his/her gender officially recognised. The spouse is under no legal obligation to grant a divorce and this could mean the indefinite blocking of the GRC and its legal protections. The spousal veto does not apply in Scotland, nor in the island of Jersey.

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TRANSGENDER WOMAN POWERFUL EXECUTIVE FOR HP

Siobhan Ellis is an enterprise services expert employed by Hewlett Packard and a transgendered woman. She transitioned in 2004 and says, “It’s not a choice. A would-be transsexual has just three options: kill yourself, go insane, or change.”

Siobhan comes from Cornwall and at one time aspired to be an astronaut but found after completing her technology exams at the British equivalent of TAFE that the only job open to her was as a cleaner. She persevered and moved up through the ranks of IT technology, proving her worth to a number of major companies before she was recruited by HP in 2008

She is a Lambretta enthusiast and runs a charity club that involves people riding Lambrettas “stupid” distances to raise money for cancer research.

Her dream is to ride a Lambretta from Australia to London.

TORONTO TO HAVE PERMANENT MEMORIAL TO MURDERED TRANSWOMEN

Toronto, Ontario, is to have a permanent memorial to transwomen who have been murdered, replacing a temporary memorial that was washed away by council staff who mistook it for graffiti.

The trans* symbol will be incorporated into the design although activist Christin Milloy admits there are many, even in the LGB community, who will not recognise the symbol. She says she intends to “give voice to the voiceless



and to ensure visibility to those who are living outside of the puvievrigh now.”



Christina Milloy

The only permanent memorial to transgenders in Britain is a memorial sculpture in Sackville Gardens, Manchester.

VLADIMIR PUTIN BANS EGREGIOUS PEOPLE FROM DRIVING

Vladimir Putin and Dmitry Medvedev, who take turns at being President and Prime Minister of Russia have decided that transgender and transvestism are hazardous health conditions



Putin, the Emperor has new clothes

and people classified in these areas should not be allowed to drive on Russian roads. Also banned are amputees, people suffering from “personality and behavioural disorders” and people with “disorders of sexual preference” (gays and

lesbians among others).

Gambling addicts and kleptomaniacs can also be denied the privilege of driving on Russian roads.

Alcoholism, or even a strong liking for alcohol, does not seem to come under the banned list.

There is no explanation of the way in which sexuality might affect driving skill, nor how the laws might be enforced.

The Association of Russian Lawyers for Human Rights is protesting the new laws. The account of these moves that came to this magazine’s attention mentioned the need to make exception in the case of “modern prophetic (sic) limbs”.

Unless this is an attempt to return Russia to atheism by banning all supernatural phenomena we can only assume the passage should have referred to “prosthetic” limbs.

The list of disorders used for these legal changes is derived from the World Health Organisation’s list of personality and behavioural disorders.

It has been suggested that the move may simply be designed to ensure that people do not think they have the right to go anywhere they please in reverse gear.

PENNSYLVANIA ANNOUNCES TRANSWOMAN AS NEXT PHYSICIAN GENERAL

Pennsylvania’s Governor-Elect Tom Wolf has announced that Pennsylvania’s newest Physician General is transwoman Dr. Rachel Levine.

Dr. Levine is currently Professor of Pediatrics and Psychiatry at the Penn State Milton S. Hershey Medical Center and is an expert on Adolescent Medicine and Eating Disorders.

As Physician General, Levine will be an adviser to the Governor and the Secretary of the Department of Health on both medical and public health related subjects.

“Dr. Rachel Levine is well-respected in the fields of pediatrics, psychiatry, and behavioral health, where she has practiced for close to three decades. She has been a leading voice in efforts to treat teens with medical and psychological problems, as well as adults and children with eating disorders.” Governor-elect Tom Wolf said in a press release.

At Milton Hershey Medical Center, Dr. Levine specialises in adolescent medicine, adolescent eating disorders, adolescent depression, adolescent somatic disorders, and adolescent family planning/GYN/STD, reports [LGBTQ Nation](#).

Dr. Levine has a doctor of medicine degree from Tulane University School of Medicine. She did a residency in pediatrics and a fellowship in adolescent medicine at Mount Sinai Medical Center in New York. She also has an undergraduate degree from Harvard College.



Dr Rachel Levine

Levine worked closely with the Penn State Office of Diversity, where she mentored gay, lesbian, bisexual, and transgender students as well as faculty and staff. She says her decision to transition was “life-changing”. □□□

Community Visitors Scheme Funded

ACON is pleased to announce that it has been successful in receiving funding for the Community Visitors Scheme (CVS) from the Federal Department of Social Services.

The ACON Community Visitors Scheme will match volunteers to older people from sexuality and gender diverse backgrounds who are experiencing social isolation. Recipients of this new ACON service will need to be in receipt of a Commonwealth-subsidised Home Care Package and will be visited in their own homes by our CVS Volunteer at no charge to them or to the Home Care Package providers.

What is the CVS?: The aim of the ACON CVS is to foster the development of companionship and friendship for individual recipients, by linking him or her with a regular volunteer visitor. Additionally, the development of the friendship assists in linking the recipient with her or his local community. ACON CVS Volunteers will be sensitive to the particular needs of older LGBTI people.

During 2014/15, the ACON CVS service will be rolled out throughout much of metropolitan Sydney and will also extend to parts of the Nepean, Illawarra, Central Coast and Hunter regions.

More info: If you know of someone who could benefit from establishing friendships or would like to discuss the possibility of becoming an ACON CVS Volunteer with the service, please call:

Contact: Adrian Eisler

Tel: (02) 9206 2028

Email: communityvisitor@acon.org.au

by Brynn Tannehill

Note: Some trans and gender non-conforming people want gender affirmation surgeries and have them, some want to and are not able to and others feel they are not necessary.

It is important to recognise that whether or not someone has surgery, their gender is still whatever they have self-identified. Surgery is not a necessary 'sign' that they are really trans or of that gender. Recently I attended training on lobbying for transgender issues.

One of the big "no-no's" was talking about medical treatment for transgender people. The reason is pretty simple. Some people have a visceral negative reaction to the idea of genital surgery. BT

The problem is that lack of understanding about gender affirmation surgery for transgender people is the biggest impediment to the provision of care.

1. It's not life or death.

For some people, the lack of affirmation surgery negatively affects sexual function, self-esteem, body image, socioeconomic adjustment, family life, relationships, psychological status and general life satisfaction.

This is supported by numerous studies that also consistently show that access to surgery reduces suicidality by a factor of three to six ... i.e. between 67% and 84% (Murad, 2010; de Cupere, 2006; Kuiper, 1988; Gorton, 2011; Clements-Nolle, 2006).

Eighty per cent of transgender people contemplate suicide and 41% attempt it. Lack of access to care is, in fact, likely to kill many transgender people. If there a type of cancer that was killing 41% of the people who developed it, and it was possible to reduce the mortality rate by similar percentages, there wouldn't be any argument about applying the treatment.

A condition doesn't have to be medically necessary, though. A herniated disk won't kill you, but it will wreck your quality of life. Similarly this is why major medical, psychological, psychiatric and therapist organisation support the medical necessity of gender affirmation surgery.

2. These people need therapy, not surgery.

For decades professionals tried to change people's gender identities, in much the same way they tried to change sexual orientation, with drugs, therapy, electroshock therapy, aversion therapy, lobotomy, institutionalisation.

They don't work. This is why some States in the USA (California and New Jersey, for instance) have banned reparative therapy that tries to change a person's sexual orientation or gender identity.



Brynn Tannehill

Those bans are holding up in court because the over-whelming scientific consensus is that you can't change a person's gender identity and you can't just make their dysphoria go away with drugs or talk therapy. If you could, then that would be the preferred treatment, not expensive surgery.

Support for the necessity of surgery is based on scientifically based medical research, professional medical organisations and widely and generally accepted medical and surgical practices and standards, and is supported by prevailing peer-reviewed medical literature.

The opposition to the notion of necessity comes mainly from religious zealots who aren't qualified to be making medical comments, let alone decisions.

3. It's cosmetic.

Every major medical, psychiatric and therapist organisation agrees gender affirmation surgery is *not* cosmetic. The AMA (US) states in its Resolution 122:

An established body of medical research demonstrates the effectiveness and medical necessity of mental health care, hormone therapy, and sex reassignment surgery as forms of therapeutic treatment for many people diagnosed with gender identity dysphoria (GID).

Health experts in GID, including the World Professional Association for Transgender Health (WPATH), have rejected the myth that such treatments are 'cosmetic' or 'experimental' and have recognised that these treatments can provide safe and effective treatment for a serious health condition.

Indeed gender affirmation surgery improves functionality in socioeconomic status, family life, sexuality and mental health. The irony surrounding the first three myths on this list is that they are generally perpetuated by people who would be outraged if bureaucrats were making medical decisions for them

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instead of their doctors. These same people, however, are perfectly fine with the public making health care decisions for transgender people instead of actual doctors, psychiatrists and psychologists.

4. Transgender people are just wimps because they can't handle the mental strain.

Existing between genders is stressful. Imagine for yourself what it would be like to wake one morning in 'the wrong body'.

Most people can't imagine this but Chloe Sevigny, who played a transgender assassin on *Hit and Miss*, found wearing a prosthetic penis unbearable. "I cried every day when they put it on," she said in an interview. This, for a prosthetic that she knew wasn't real and would come off when the day's work was over.

When lesbian journalist Norah Vincent tried to live as a man as a social experiment, it took less than a year before the strain caused her to have herself voluntarily committed.

When straight, healthy, people try and pull off what transgender people do on a daily basis (live in the other gender), the strain is enough to make them suicidal, too.

4. It's not like being born with one arm.

Neurologically it is actually quite similar. There is significant evidence that transgender people are hardwired with their brains expecting one set of physical characteristics, but physically they have the other. Neuroscientists have found similar phenomena in people with phantom limb sensations.

This is potentially the reason why gender affirmation surgery has been successful where other treatments have failed.

It is far easier to align the body with the mind than the other way round when body image is so deeply hardwired.

5. Suicidality has nothing to do with your physical body.

If something was physically wrong with your genitals, how desperate would you be to have the problem attended to? How would you feel if it couldn't be fixed? Do you think you'd be depressed feeling like a freak every time you looked in a mirror, took a shower, and so on.

It is very difficult for transgender people to have romantic relationships because most cis people's sexuality isn't

made to handle mismatched primary and secondary sex characteristics.

The incongruence between the brain's internal body map and the physical body is also very distressing (as noted earlier).

6. Treat the depression, not the gender dysphoria.

This similar to the idea that the best way to treat chronic back pain is with Vicodin, rather than a surgical procedure that would address the underlying problem.

7. Medicare pays for this.

Not entirely. Medicare operates on the basis of a list of numbered procedures and one can only claim on procedures in the list.

In addition, Medicare pays 80% of the standard rate for a procedure but most doctors, and particularly specialists, charge a lot more than the standard fee, so that 80% of the standard fee may be a much smaller percentage of the amount charged.

In addition, Medicare will only pay out (taking MTF as an example) for those procedures listed in the masculine side of the list of procedures (eg penectomy) and the procedures on the female side (eg creation of the neovagina) need to be claimed after a new birth certificate or document of identity has been issued.

8. 'It's mutilation of healthy tissue.'

Given Ramachandran's findings, gender affirmation surgery is much more accurately described as reconstructive surgery.

The overwhelming body of evidence showing an improved quality of life (including sexual function) for people who have had GCS also supports reconstructive surgery as accurate.

9. 'I'm actually a feline trapped in a human's body. Can I get can surgery to make me a cat?'

Also known as the "I think I'm funny, but I'm not" answer. Generally used by guys who watch *South Park*. When people use this argument, they assume that transgender people are mentally ill (they're not), assume it's a delusion that can be cured (wrong), and ignores one key fact:

People can naturally be mentally hardwired to identify as male or female. Sometimes the wiring and the equipment don't synch up during development. We have 40-plus years of neuroscience research basically telling us gender identity and body image are written early on in development, and sometimes

they don't match. **People, however, do not naturally identify as a cat or other non-human animal.**

10. 'I don't like the term Gender Affirmation Surgery'

The other two most common medical terms used are Sex Reassignment Surgery (SRS) and Gender Reassignment Surgery (GRS). **Given the growing evidence that gender dysphoria stems from an incongruence between the brain's internal body map and the physical body, Gender Affirmation Surgery is probably the most technically accurate of the three.**

11. 'They should pay for it themselves.'

Many do, but perhaps nothing encapsulates privilege quite like this one. **Who has \$25,000 lying around, a supportive supervisor, and/or an employer who will respect the provisions of the Anti-Discrimination Act? Transgender people face massive discrimination in the workplace, suffer twice the national average unemployment rate, and live in**

extreme poverty four times more often than the general public (despite being twice as likely to hold advanced degrees). For many transgender people, this isn't even an option.

12. 'It doesn't change your DNA,'

This is irrelevant. There are lots of intersex people whose identities vary from their chromosomes. The relevant part of the discussion is whether gender affirmation surgery is medically necessary (it is, in the opinion of everyone who matters) and if it significantly improves quality of life (it does).

13. 'Gay people should distance themselves from people like this before they lose some of the progress and acceptance they have received over the last twenty years.'

Just like lesbians distancing themselves from gay men in the 1980s because avoiding the stigma of HIV/AIDS would have been expedient. **And every bit as unconscionable.** □□□

Specialist for Western Sydney by Liz Ceissman

The Gender Centre has been working during 2014 with Wentworth Community Housing with the aim of offering a joint service that allows transgender people in the lower Blue Mountains, Wentworth and Richmond/Nepean areas to access specialised support to address homelessness.

A specialist worker from the Gender Centre will be based within Wentworth Community Housing two days a week to deliver front-line support and information to transgender and gender-questioning people experiencing or at risk of homelessness.

And Rosie Says "Hullo!" by Rosie Westland

I'd like to say hello and introduce myself. I am the new Greater Western Sydney Caseworker for the Gender Centre. I have a firm base of living and working in the Greater Western Sydney region for most of my life and career.

My background prior to this has been in education, where my expertise was working with transgender and gender questioning people in schools.

My main focus in this role is to address homelessness and its associated service needs, including early intervention, those at risk of

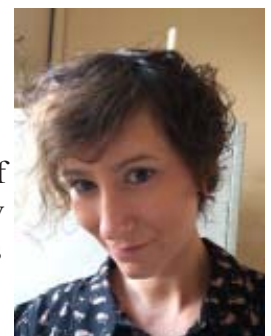
If you live in the Nepean/Richmond or lower Blue Mountains area you can access this support by contacting the Gender Centre directly on 9569 2366 or Wentworth Community Housing on 4777 8000. This project aims at delivering support to people closer to their homes, thus preventing the need to relocate in order to receive help.

The Gender Centre and Wentworth Community Housing have a strong hope and belief that this new initiative will further strengthen understanding, acceptance and inclusion in these localities.

homelessness, sustaining safe housing, and crisis housing support.

I will be working out of Wentworth Community Housing offices on two days a week and I look forward to meeting some of you in person.

Please don't hesitate to contact me via email at gwscaseworker@gendercentre.org.au or by phone on 9519 7599



Rosie

A GLLO Who Is Definitely Not In The Dark

A bit about me:

My name is Senior Constable Veronica STEPHENS. I've been employed by the NSW Police since May 2007 and have been acting in the capacity as a Gay and Lesbian (Bisexual, Transgender, Intersex, Queer/Questioning/+) Liaison Officer since October last year (2014).

On leaving the Police Academy in 2007, I worked at City Central Local Area Command (LAC) (now Sydney City) for just over five years in general duties, the intelligence office and a proactive unit before transferring to Brisbane Water LAC.

At Brisbane Water LAC I have spent most of my time in general duties working out of Gosford Police Station. I've almost completed my three year tenure and on completing my tenure, my plans are to move my little family further north and settle on the north coast.

How did I become a GLLO?:

I never really wanted to be a GLLO in the NSW Police. I had always been very out and open that I identify as a lesbian and didn't want to be seen as beating the drum of my own agenda. I also always thought the imaginary 'someone else' would always do it. In my personal life however I attended demonstrations of issues I felt strongly about and did a bit of volunteering for Mardi Gras.

My bias against acting in the GLLO role changed during 'Wear it Purple' day in 2014 when I saw a comment on the Brisbane Water LAC Facebook page. It certainly wasn't complimentary, and the point of the comment was, "Where is the GLLO on the Central Coast?" After reading this comment, and others like it, I decided to stop waiting for someone else, and realised I was that 'someone else.' While preparing to attend the course for the role, I did some calling around of local community groups for LGBTQI+ young people and realised the extent of the gap for a GLLO in my local area.

Since completing the course, I have made contact with a number of LGBTQI+ community groups in the Brisbane Water LAC (including Gosford, Terrigal, Woy Woy LGAs) to make myself available if needed and be a link between the community and the police.

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January-March 2015

by Senior Constable Veronica Stephens

What is my role as a GLLO?:

My role as a GLLO is to act as a conduit between the LGBTQI+ community and the police. To liaise with members of the LGBTQI+ community and external LGBTQI+ stakeholders and address any issues raised from a law enforcement and/or crime prevention point of view and refer LGBTQI+ people to other services within the police including Domestic Violence Liaison Officers or Youth Liaison Officers.

It is also my role to provide education to officers when I become aware of a knowledge gap in relation to LGBTQI+ issues, to provide support to officers internally when dealing with LGBTQI+ issues and to participate in LGBTQI+ events throughout the year.

My liaison role extends past community meetings and victims, to persons in custody. The needs of every person in custody are different, and Transgendered and Intersex people, in particular, may have needs that have not been addressed by a Custody Manager before. If a person is in police custody, a GLLO can be called in to help in identifying a support person to attend the station or for other needs the individual may feel more comfortable disclosing to a GLLO than to other members of the police.

Should members of LGBTQI+ community always ask for a GLLO?:

There is no need to ask for a GLLO simply because the issue is LGBTQI+ related. All police of NSW are expected to be professional and respectful to all members of the community. The LGBTQI+ community should also be aware the GLLO cannot take the reports of every LGBTQI+ member or our workload would be enormous!

If, however, a person reporting a matter feels the officer they are speaking with is not familiar with terms they are using or issues they are raising, that would be an excellent time to ask for a GLLO to participate in the statement/report-making/interview. Ultimately, if the person reporting would feel more comfortable

with a GLLO, they should ask for one, but a GLLO will not be available twenty-four hours a day, seven days a week.

Historically LGBTQI+ people avoided dealing with police, how is the GLLO approaching this?:

I have only been in my role for a very short time but I think I have made headway in creating working relationships with LGBTQI+ community service providers. At this stage, it has only been these contacts that have felt comfortable enough to share community issues with me because the people involved did not want to speak to the police directly.

I am working to build trust between the LGBTQI+ community and police by being proactive in my role. I have done this by inviting members of the Transgender community to a morning tea at the station for Transgender Day of Remembrance, by attending GenQ (for LGBTQI+ youth on the Central Coast) meetings, and by keeping regular contact with transgender support group leaders, NSW Health staff at Gosford and Sydney service providers like Twenty10.

I am being as visible as I can be in my role, but if there is something else anyone in the community believes I could assist in, please don't hesitate to contact me about it.

Ph: 4323 5599

Email: step1ver@police.nsw.gov.au

What is planned for the GLLO role in 2015?:

Apart from my contact with community groups, I have committed to attending Fair Day at the end of February in my capacity as a GLLO and I'll be marching in the Mardi Gras parade with the NSW Police. It is a big year for the NSW Police as it is the 25th anniversary of GLLOs and the 100 year anniversary of women in policing.

Other events include May 17th (International Day Against Homophobia and Transphobia), Wear it Purple Day on the last Friday of August, TDOR in November and I'll try to drum up support for International Lesbian Day on the 8th of October.

Suggestions for other observances and functions the police might usefully take part in are welcomed.



GLLO Transgender Day of Remembrance, 2014, Gosford Police Station. L to R: Heather Jolly (NSW Health and GenQ Wyong), local group member, Sen. Sgt. Veronica Stephens, Ange Trovato (Twenty10), two local group members, Marika, Katherine Cummings. Horizontal in front, local group member.

Ask
UnitingCare
about how
we can help
LGBTI people
live at home
for longer

UnitingCare Ageing have a number of Home Care Packages available specifically for the benefit of the LGBTI Community.

If you are over 65 years of age, identify as LGBT and have low to high care needs, then one of these government subsidised packages could provide you with cost effective care in your own home that will help you to live independently.

For information or assistance call 1800 486 484 or visit us at unitingcareageing.org.au

ABN 78 722 539 923



NOTE!!

**THE GENDER CENTRE HAS MOVED!
THE BENT STREET PREMISES WERE VACATED ON
FRIDAY 17 OCTOBER 2014 AND
THE GC RE-OPENED ON WEDNESDAY 22 OCTOBER
2014 AT THE NEW PREMISES, 41-43 PARRAMATTA
ROAD, ANNANDALE.**

**A populist landmark is the McDonalds on the corner
of Bridge Road and Parramatta Road. The Gender
Centre is on the other side of the road from
McDonalds and about 150 metres uphill from the
corner (i.e. moving away from the City).**

NOTE:

THE MAILING ADDRESS:

**PO BOX 266, PETERSHAM 2049 AND PHONE NUMBER: 9569
2366**

REMAIN UNCHANGED

THERE IS A NEW FAX NUMBER 9519 8200

The Other Side of Pain

Finally I'm learning
To just be me
Nothing more
Nothing less

My whole life
So many expectations
Of the way I should
Live
Look
Play
Act

Marginalised by the
Marginalised

Unscrupulous
Coves and rogues
Feathering their nests
At my expense

I've kept the night
Fires stoked
Been the catalyst of love

I mean no harm
And certainly
Don't expect
Others to follow
My lead

So where's the problem
What don't you understand?

Watching *Time Team*
A Saxon burial unearthed
Feminine finery
Adorns a male skeleton
Confusion reigns



John Gardiner

But why?
So simple!
The spirit of a woman
In the body of a man
Loved and acknowledged

And we call ourselves civilised...

The other side of pain
Wants the undiscovered
Country

A sniff of sandalwood
A phrase or three of Philip Glass
Waves sighing on the shore
And me
An ever
Dying
Spark

John Gardiner

From a new book of poems on the
fluidity of gender

**Gardiner, John, *Sweet and Sour;*
*poems of gender fluid life,***

e-book copies of the full publication can be
obtained (free) from John Gardiner by emailing
him at:

j.gardiner@sydney.edu.au

Community Trends, Doubts and Regrets: The Need For More Research and Better Teaching by Kathy Noble

One of the biggest problems for transgenders is the lack of knowledge within the medical profession. There is little instruction about trans* in institutions of higher learning and therefore there is a general lack of knowledgeable support. There are exceptions, but these are few and far between.

Consequently there are many trans* people who disregard challenges to their desire to transition from one gender to the other and who resort to self medication and evading the standard routines of assessment.

In addition, if they do not like the response they receive from the assessment process, they may move on to another 'gatekeeper'. If they still do not receive the answer they want, they may go overseas and there are rumours that one can buy the necessary letters of authorisation in some third-world countries and avoid gatekeepers altogether.

Vreework, a group in the Netherlands, published a paper called "Nothing but Fear" in which they said:

"The current health care model for trans people is often defended as protecting the patients against regrets. A physician wants to be sure the patient they see is serious, and not acting on impulse. The worry is understandable but the solution is wrong. Much of the concern expressed by physicians have regarding transpeople who ignore the current standards of care result from their own fear and ignorance. Fear that they will lose income as potential patients ignore the 'standard rules of transition' and fear that their power will be diluted as their authority to set the rules is defied. Ignorance or disregard or their obligation to make all aspects of the procedure clear to their patients and keep themselves up to date as social, legal and medical aspects of trans* are modified.*

"There is also the fear of people taking decisions will they later regret and for which they will

hold the doctor responsible with resultant disciplinary or legal action. That is traumatic for the physician, when they have done their best to deliver a good job following an explicit request. There is often incomprehension, too, because they do not understand transpeople and have not been taught about trans despite their studies of psychology, psychiatry or medicine. And if something is taught, it is often out of date although in 2014 thinking progressed slightly with the introduction of the DSM5 and a new nomenclature for trans* issues.*



Kathy Noble

"A trans patient does not need more or different protection than a non-trans* patient. If a doctor cares for the mental health of a patient because he or she appears to be unstable, it is the mental stability*

that is the problem, not whether the patient may, or may not, be Trans. The question should be: If I have a patient with appendicitis, or cancer, should I also require a psychologist's certificate about their well-being? The fact that something has a culturally bias is not enough reason to ask for greater intervention and regulation.*

"Also, everyone has a right to regret. It is quite possible for a Trans person who comes out to be unsure of themselves. Transpeople are often left to rationalise this lack of confidence by their physicians, for themselves, for fear of prosecution if they were to help the 'wrong' trans person. This fear in the physician also stems from ignorance. The vital requirement is that of informed consent. With or without a psychologist, if the patient doesn't understand what is involved, that is where the physician's involvement should end. It should also be borne in mind that other invasive treatments also require the involvement of a medical psychologist but not all patients that undergo treatment with conditions involving high stress*

levels (e.g. cancer) will be forced to consult a psychologist.

“When society becomes more understanding of transpeople, the suffering will decline enormously as it is the outside world that creates most of the stress and social disadvantage and transpeople inevitably receive the message that it is bad to behave as they do, or to feel as they do. This message must be resisted if transpeople are to be treated as equals in society. “

I believe this leads to consideration of other phenomena, namely doubts and regrets. I believe there is a vast difference between them. I believe that to doubt/question a position is good, as investigation and research confirms the doubt as serious, or removes it and in doing so creates peace of mind. On the other hand regrets indicate that something was not explained fully before undertaking a change of sex and lifestyle or that unforeseen events occurred that altered the balance of advantage and disadvantage for the transitioned transperson. Sometimes the balance is tipped so far in the negative direction that many transpeople take drastic action, up to and including suicide. Some, as will be explored later, backtrack on their life's journey, or attempt to do so.

For many it would be advantageous if they slowed down in their headlong dash towards full transition. They should ask questions and consider the answers relating to having a full change of sex. One example is a consideration of the regime of drugs and hormones that are involved.

Little research being done into the long term usage of hormones, in fact the pharmaceutical companies themselves are at a loss as to what will happen if we use them for the rest of our lives.

I have been told that these drugs and hormones were never intended for the use that transpeople put them to, yet transpeople accept without demur what they are told by the medical profession, which is usually only the good

news. There is anecdotal evidence that some transpeople are suffering from the effect of long term usage of drugs and hormones, but very little is reported concerning these problems. This may be because many transpeople believe that to cease taking them will result in the loss of secondary sex characteristics and begin a reversion to one's natal sex. This undocumented fear can overrule clear thinking, and transpeople should be agitating for more research in this area and the publication of evidence one way or the other.

[*Ed note. But see the article on p.17 of Polare 101 which cites a recent study claiming that damage and side-effects from long-term use of hormones may not be as serious as many feared.*]

The lack of informed consent may also lead to a growing number of transpeople who regret having entered or completed the process of gender affirmation...

Like most trans-people I know, I have questioned whether irreversible surgery to become female was right for me. I find it helpful to record my doubts in writing, so that I can read them at later stages and use them as background evidence for the validity of my decision and to decide if I have in the long term achieved the correct outcome. I have done this after five and after ten years post-affirmation surgery and have on both occasions concluded that for me, it was the correct decision. (This phenomenon has also been reported by Anne Vitale in the USA).

Although I have suffered from no serious regrets after my transition, I have, like many transpeople, confronted many problems but on balance there is no doubt that the decision to transition and have affirmation surgery were right for me. Incidentally, many of the problems I *have* had have originated in the trans* community.

I must admit to becoming less tolerant of the general lack of understanding as to what will ensue after affirmation surgery, which is often due to the total lack of research on the part of the transperson concerned. Important questions are not asked, too much faith is placed in the gatekeepers who, almost invariably, are not trans* and can have very little understanding of

what that means to the person concerned. This situation should be leading us to place more emphasis on the need for informed consent. The lack of informed consent may also lead to a growing number of transpeople who regret having entered or completed the process of gender affirmation, due to their not following the guidelines set out for their benefit, well-being and information.

There are a number of well-documented cases of regret and/or de-transition. Two of these are mentioned in the *Women's Weekly* of January 2014 in an article written about Cate McGregor. They concern Alan/Helen Finch in Australia and Mike Penner/Christine Daniels in the USA.



Helen (Alan) Finch

It should be noted, however, that Finch is a serial liar, having lied his way into the Monash sex re-assignment program. Then, having de-transitioned, he produced at least

two versions of his experience which not only contradict his original 1959 story in *Woman's Day* but also contradict each other.

Mike Penner, as far as I can find out, did not leave a definitive statement of his reasons for detransitioning nor for his suicide, so that it is speculative to suggest it was caused by regret at having transitioned *per se*. It seems more likely that the pressure of publicity and gossip overwhelmed him and he felt he could not go on being treated as a "man in a dress". He was



**Mike Penner/
Christine Daniels**

overwhelmed by adulation from trans-genders who were looking for the endorsement provided by his celebrity status on the one hand and the self-serving manipulation and veiled criticism by the media and former friends on the other.



Samantha/Charles Kane

Charles Kane seems to be simply irresponsible, transitioning because it suited his current whim, and then detransitioning in order to preserve a relationship with a woman he fancied.

Studies over the past forty years have come up with a remarkably uniform percentage (87%) of transpeople who are happy with the outcome, so that only 13% at most can be labelled as regretters, and the reasons for this regret can be varied, ranging from a misunderstanding of what life would be like as a member of the other sex to misjudgement of the ways in which they would be treated by their families, friends and society in general. The satisfaction rate for gender transition is, in fact, remarkably high compared with other voluntary surgical procedures. Indeed, Michael Diamond, of the University of Hawaii, recently came out with a study asserting a 95% satisfaction rate which is well above the satisfaction rates recorded in earlier studies.

□□□

Can you write? Would you like to write something for *Polare*? We are looking for writing that expresses some of the viewpoints we seldom see, like the views of younger gender diverse people.

Email : resources@gendercentre.org.au or

Suicide by Danielle [Loosebricks]

Leelah Alcorn's suicide and her haunting suicide note (see p.38) have made headlines everywhere. It is finally too hard for the cis-hetero mainstream to ignore a trans death.

Make no mistake about it, her death is tragic. The fact that trans people die because they're trans is awful and heartbreaking. Many are saying we shouldn't make Leelah's suicide (or her note) the subject of national conversation, because it's triggering, can lead to copycats, or ignores the trauma induced by being forced to kill someone (like the driver, let's hope he gets through this). They're also largely trying to derail the conversation with concern trolling.

That a trans person needs to commit suicide in order to be heard has horrifying implications. So does not talking about how we can prevent it from happening again.

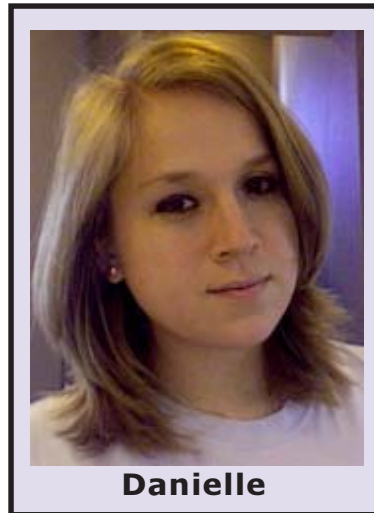
It is easy to point out that parental support/encouragement could have or would have changed the outcome, because the outcome could not have been worse. Data from the National Transgender Discrimination Survey (NTDS) and the Family Acceptance Project shows trans and LGBT individuals who live in supportive households tend to have more positive outcomes than those who don't. Data also suggests there's a high correlation between how religious a family is and how likely that family is to disown their LGBT child.

Some think the parents should be blamed, even prosecuted, for sending Leelah to Christian based reparative therapy and using religion as justification to keep her from transitioning. Her parents did not help her much beyond the basic necessities they're legally required to provide (food, shelter, etc).

Reparative/conversion therapy is obviously wrong, but unfortunately the law doesn't think so in most States of the USA. So maybe her parents' religion will help them grow from the involvement they had in her death. Or maybe

their God will punish them for not loving her unconditionally. Either way, focusing on them and their religious justification for intolerance seems to miss the point.

Parents are given wide latitude in how they raise their kids, including medical care, and that's the case regardless of religion.



Danielle

· What is the appropriate age or circumstance to give minors agency over their bodies?

· Where/when should the state intervene on a child's behalf?

· What is the best way to end reparative/conversion therapy?

· How should parents react to an LGBT child coming out to them?

· How should the church react?

· How can we make the entire spectrum of gender expression and identity less taboo?

These are questions worth discussing. Accusing parents of murder (or manslaughter) because they did not properly treat a condition that may have subsequently contributed to someone's suicide... I don't know. Just because I don't want that to become the narrative doesn't mean I am empathising with bigots or misplacing my sympathies, it just means there are other things to talk about too.

Suicide is complicated. It is sad that Leelah wasn't able to talk to someone to get the help she desperately needed. Support could have saved her life. Hopefully the ensuing discussion can help save others, because 41% of trans people reported attempting suicide in the NTDS. For reference, that's ten to twenty times the attempt rate for the overall population (2-4%, depending on the source). In the NTDS, 45% of trans youth reported attempting suicide - which is more than five times the overall attempt rate for youth (8%).

While 51% of respondents who experienced family rejection attempted suicide, another 32% of respondents who did have family acceptance also attempted suicide. Family support clearly

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helps, but it's not always enough on its own. There are many factors correlated with suicide among trans people in the NTDS, including:

- Experiencing physical assault - 61%
- Experiencing sexual assault - 64%
- Experiencing discrimination in the workplace - 51%
- Lack of acceptance in school environment - 51% (59%-79% if it's from teachers)
- Not visually conforming or 'passing' (being seen by others as your true gender) - 44%
- Being generally out - 44%

Trans suicide has been a problem that the mainstream has not really discussed until more recently. This is why it's disappointing that people (especially cis people) focus on attacking religion and its impact on parenting. While those things can play a part - they also ignore other aspects of the trans experience that put pressure on our youth.

Transition is medically necessary. Unfortunately, access to care is still limited and often difficult to use when/where it is available. Many of us believe like Leelah (reddit username: nostalgiaprincess) that we're not as pretty/passable as we could have been *if* we transitioned earlier. It is exceptionally painful to go through male puberty as a trans woman and see your body change in ways you don't want it to, especially when some of those changes are irreversible. When you're a young trans woman, one more year of male puberty seems like being sentenced to a lifetime of hell. It is the ultimate fear of missing out, especially when you can see beautiful young trans girls increasingly becoming success stories in the media. If you know that transition is right for you, you should be allowed to access it, regardless of your age, regardless of what a therapist thinks. This is the premise for informed consent, and I fully support it. It is not the end of the world if you start late - but you shouldn't be forced to wait.

Hormones, surgery, romantic partners, starting young, passing, privilege - these things don't

change the fact that we are trans. However, they become much more vital after we're told that if you pass, then you can avoid some or even a lot of the bad stuff that comes with being trans.

It seems Leelah believed she would never be beautiful, and that as a result, she would be lonely and unlovable. Transition was trading one set of problems for another. Leelah (nostalgiaprincess) wrote:

"What makes it "worth it"? What's the point of living through problems just to face new problems."

Leelah's suicide note said it didn't get better for her, it got worse. Like many trans people before her, she looked at the entirety of transition and was overwhelmed. Maybe this is why people have taken to saying "it doesn't get better, it just gets different." When I googled that phrase, I was surprised to find it's an expression used in grief/loss counseling to deal with death.

Maybe that's fitting though. Sometimes it feels as though the trans community mourns trans status in the way one would mourn death. After all, if you're trans and you don't kill yourself, someone else will, right? In another post on reddit Leelah said that one in twelve transpeople are murdered.

I have to point out that 1:12 is inaccurate. If 1:3,000 or so people are trans, that would be ~8,300 trans murders per year (22+ per day) in the United States. That's not the case. But to be clear, any violence is wrong regardless of how often it occurs. Trans people, especially trans women of color, are disproportionately impacted by violence and discrimination compared to both the general population and the broader LGBT population.

The point isn't that Leelah was exaggerating - it's that Leelah (and many of us just like her) view being trans as an inescapable punishment.

Being trans isn't easy, but it isn't a death sentence either. Her parents could've told her that. They should've worked tirelessly to dispel these thoughts. They didn't. Then again, her parents, like most cis people, don't really understand the trans community.

Many passable trans women "go stealth" because it is easier and safer if you blend in with society. This seems logical because you can't

be discriminated against for being trans if people don't know you're trans. However, humans are bad at predicting future happiness. When we say things like "*if only* I was passable, post-op, hadn't been robbed of my female childhood, more attractive, etc; *then* life would be so much better" - we don't know that for sure. We are miswanting. It only fuels the kind of internalised transphobia that Julia Serano and Laverne Cox write about, that just about every trans woman feels at some point. *If only* we were more feminine - wouldn't our lives be great? But even stealth and passing come with their own versions of hell. If you rely on passing you often spend your time worrying about what will happen if/when your trans status becomes known. Maybe you even worry that if your status is disclosed to a lover, you'll end up as one of the names on the annual Trans Day of Remembrance. Your murderer, if brought to court, will get off after using the gay panic defense.



Leelah Alcorn

Many trans people (myself included) argue that stealth helps perpetuate the condition that trans people find themselves in because it tacitly condones it. The response is usually, "We are women, not *trans* women; transition is something we do, not who we are" as if these two things must be mutually exclusive. Stealth is a personal choice and people who choose it shouldn't be judged. The idea that trans people *should* disclose their trans status robs them of agency. But how can trans people make distinctions between 'trans woman' and 'woman' that aren't also inherently transphobic? What message does this send? Keep in mind that not everyone can pass. Not everyone can be stealth. Not everyone can access surgery. What happens to them? Tough shit? Live the rest of your lives as visibly trans women? It's not quite the same if you're only treated as a woman on paper.

Experiencing transphobia from anyone, especially your parents, is devastating. However, many experience it from/within the trans

community. Trans women insult other trans women by deliberately misgendering them. Post-op transsexuals argue pre-ops "aren't real women." Non-ops call trans vaginas mutilated genitals. We complain that older/manlier/uglier transitioners make us look like "freaks in dresses." We suggest that maybe they stick to using the men's room, or at least a gender neutral one. That they're not trying hard enough with their presentation. That they're spending their money on the wrong things when they get sexual reassignment surgery instead of facial feminization surgery. We argue who should (and shouldn't) be included under the labels "trans" and "transgender."

It's one thing to hear "God hates you" from all the cis people you know, it's another to hear "you're not one of us" or "you're not good enough" from people in the trans community. This doesn't mean trans people oppress ourselves, because we don't. This doesn't mean the internalized transphobia within the the trans community is more toxic than the external transphobia forced upon us by the heterocispatriarchy, because it isn't. This doesn't mean we should shift or absolve blame in the case of Leelah Alcorn or any trans suicide, because we shouldn't. If we want trans lives to matter, trans people need to change the narrative. That means we need to start living more out and openly. We have to show, not tell, that being trans is ok regardless of whether or not you're beautiful, pass, have surgery, or meet any other arbitrary requirement. We don't have to make it all sunshine and rainbows, but if we want to fix society, it's not enough to just call out everyone else on their bullshit transphobia. We have to call it out among the LGBT community and the trans community too. That's being a Real Live Trans Adult. □□□

This piece has been reprinted with light editing from the blog of a transwoman named Danielle, who uses the sobriquet "loosebricks". Danielle kindly gave her permission and has other outlets, including Twitter, Facebook and You Tube, all of which are well worth investigating. She is, in short, brilliant, and we thank her sincerely. To find more go to www.lifeisgoodmakeitbetter.com

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Leelah Alcorn's Suicide Note

If you are reading this, it means that I have committed suicide and obviously failed to delete this post from my queue.

Please don't be sad, it's for the better. The life I would've lived isn't worth living in... because I'm transgender. I could go into detail explaining why I feel that way, but this note is probably going to be lengthy enough as it is. To put it simply, I feel like a girl trapped in a boy's body, and I've felt that way ever since I was four. I never knew there was a word for that feeling, nor was it possible for a boy to become a girl, so I never told anyone and I just continued to do traditionally 'boyish' things to try to fit in.

When I was fourteen, I learned what transgender meant and cried of happiness. After ten years of confusion I finally understood who I was. I immediately told my mom, and she reacted extremely negatively, telling me that it was a phase, that I would never truly be a girl, that God doesn't make mistakes, that I am wrong. If you are reading this, parents, please don't tell this to your kids. Even if you are Christian or are against transgender people, don't ever say that to someone, especially your kid. That won't do anything but make them hate themself. That's exactly what it did to me.

My mom started taking me to a therapist, but would only take me to christian therapists, (who were all very biased) so I never actually got the therapy I needed to cure me of my depression. I only got more Christians telling me that I was selfish and wrong and that I should look to God for help.

When I was sixteen I realized that my parents would never come around, and that I would have to wait until I was eighteen to start any sort of transitioning treatment, which absolutely broke my heart. The longer you wait, the harder it is to transition. I felt hopeless, that I was just going to look like a man in drag for the rest of my life. On my sixteenth birthday, when I didn't receive consent from my parents to start transitioning, I cried myself to sleep.

I formed a sort of a 'fuck you' attitude towards my parents and came out as gay at school, thinking that maybe if I eased into coming out as trans it would be less of a shock. Although the reaction from my friends was positive, my parents were pissed. They felt like I was attacking their image, and that I was an embarrassment to them. They wanted me to be their perfect little straight Christian boy, and that's obviously not what I wanted.

So they took me out of public school, took away my laptop and phone, and forbid me of getting on any sort of social media, completely isolating me from my friends.

This was probably the part of my life when I was the most depressed, and I'm surprised I didn't kill myself. I was completely alone for five months. No friends, no support, no love. Just my parent's disappointment and the cruelty of loneliness.

At the end of the school year, my parents finally came around and gave me my phone and let me back on social media. I was excited, I finally had my friends back. They were extremely excited to see me and talk to me, but only at first. Eventually they realized they didn't actually give a shit about me, and I felt even lonelier than I did before. The only friends I thought I had only liked me because they saw me five times a week.

After a summer of having almost no friends plus the weight of having to think about college, save money for moving out, keep my grades up, go to church each week and feel like shit because everyone there is against everything I live for, I have decided I've had enough. I'm never going to transition successfully, even when I move out. I'm never going to be happy with the way I look or sound. I'm never going to have enough friends to satisfy me. I'm never going to have enough love to satisfy me. I'm never going to find a man who loves me. I'm never going to be happy.

Either I live the rest of my life as a lonely man who wishes he were a woman or I live my life as a lonelier woman who hates herself. There's no winning. There's no way out. I'm sad enough already, I don't need my life to get any worse. People say 'it gets better' but that isn't true in my case. It gets worse. Each day I get worse.

That's the gist of it, that's why I feel like killing myself. Sorry if that's not a good enough reason for you, it's good enough for me. As for my will, I want 100% of the things that I legally own to be sold and the money (plus my money in the bank) to be given to trans civil rights movements and support groups, I don't give a shit which one. The only way I will rest in peace is if one day transgender people aren't treated the way I was, they're treated like humans, with valid feelings and human rights. Gender needs to be taught about in schools, the earlier the better. My death needs to mean something. My death needs to be counted in the number of transgender people who commit suicide this year. I want someone to look at that number and say 'that's fucked up' and fix it. Fix society. Please. Goodbye,

(Leelah) Josh Alcorn

[Leelah walked into traffic early in January and a truck ended her unhappy life.]

A.C.T.

AGENDER AGENDA

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
Email: 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:
aacsowp@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 - 4.30pm.

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 - 4.30pm. 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

010 - TWENTY10

(incorporating the Gay and lesbian Counselling Service of NSW)

A community-based, non-profit support organisation for people of diverse sexes, sexualities and genders, their families and communities across NSW, providing telephone counselling (all ages), support groups, community education and a range of specialised support services for young people (12-26 years old). For support call 1800 184 527 (QLife, daily, 5.30pm-10.30pm) or (02) 8594 9555 (Sydney) or 1800 65 2010 (regional NSW), Twenty 10, 10.00am-5.00pm Mon-Fri.

Admin enquiries (02) 8594 9550
Email: info@twenty10.org.au
Website: www.twenty10.org.au

ACONHEALTH LTD

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

Contact, support and information for all men (identified *female* at birth), their families, partners, and service providers. Contact FTMAustralia for more information:
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@glesnsw.org.au
website: www.glesnsw.org.au

HIV AWARENESS AND HIV AWARENESS AND SUPPORT

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

INNERCITY 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
PO Box 22, Kings Cross, NSW, 1340
Tel: (02) 9360.2766
Fax: (02) 9360.5154

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

Clinic 180
180 Victoria Street, Potts Point, 2011
Tel: (02) 9357 1299
Fax: (02) 9380 2382

Clinic 180 open

Monday to Saturday

1.30pm-9.00pm
Needle syringe program
Condoms

Monday to Friday

1.30pm-9.00pm
Sexual health screening
HIV screening
Hepatitis C testing, hepatitis B testing and vaccination
First aid and wound care
Counselling and social welfare assistance
Drug and alcohol assessment and referral

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/

Directory Assistance

Issue One Hundred and Two

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

PARRAMATTASEXUAL HEALTHCLINIC

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

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

PLWHA(PEOPLE LIVING WITH HIV/AIDS)

PO Box 831, Darlinghurst, NSW, 2010

Ph: (02) 9361 6011
Fax: (02) 9360 3504
www.plwha.org.au

Katoomba

PO Box 187,
Katoomba, NSW, 2780
Ph: (02) 4782 2119

www.hermes.net.au/plwha/
plwha@hermes.net.au

POSITIVE WOMEN

Can offer one-on-one support for HIV positive transgender women. Contact Women and AIDS Project Officer or Women's HIV Support officer at ACON.

Ph: (02) 9206 2000
www.acon.org.au/education/womens/campaigns.htm

REPIDU

Resource and Education Program for Injecting Drug Users
Mon - Fri, 9am - 5pm Sat & Sun, 1 - 5 Deliveries Tue, Fri 6 - 9
103/5 Redfern Street, Redfern, NSW, 2016

(Redfern Community Health Centre, enter via Turner Street)
Tel: (02) 9395 0400
Fax: (02) 9393 0411

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 information 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.

Lvl 4, 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 bisexual 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@yahoo.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 liberating 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 function, 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@saahs.nsw.gov.au

SYDNEY WEST HIV/HEP C PREVENTION SERVICE

Needle and syringe program
162 Marsden St, Parramatta, NSW 2150

Ph: (02) 9843 3229
Fax: (02) 9893 7103

TOWN & COUNTRY CENTRE

Drop In Centre - Weekly Coffee Nights - 24 hour ph line - regular social activities - youth services - information, advice and referral - safer sex packs and more! - for bisexual, transgender folks and men who have sex with men
80 Benerambah Street, Griffith PO Box 2485, Griffith, NSW 2680
Tel: (02) 6964.5524
Fax: (02) 6964.6052
glsg@stealth.com.au

WOLLONGONG TRAN

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

WOMENS 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

WOMENS AND GIRLS EMERGENCY CENTRE

174 Redfern Street, Redfern
Tel: (02) 9319 4088

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

AISSUPPORT 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

Issue One Hundred and Two

Feel the Love

Leichhardt 2015

GENERATIONS OF ANNANDALE, BALMAIN,
BIRCHGROVE, LEICHHARDT, LILYFIELD, ROZELLE

Celebrate Mardi Gras 2015
**'Showcasing local
performers'**

Leichhardt Council
LGBTQI Action Group
3rd annual Mardi Gras Reception

7pm - 9pm
Wednesday 25 February 2015

Celebratory refreshments

Location: Leichhardt Council
Administration Building, Wetherill Street, Leichhardt

RSVP by 20 February
www.feeltheloveleichhardt.eventbrite.com.au

Web: www.lmc.nsw.gov.au/MardiGras



Join us to raise the Rainbow Flag, 8am at Balmain Town Hall, Friday 20 February.

The Permanent Solution...

in Permanent Hair Removal

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

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

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

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

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

