

POLARE



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

**Edition 104
July-September 2015**

The Gender Centre & Aurora Foundation present:

transtopia 2015

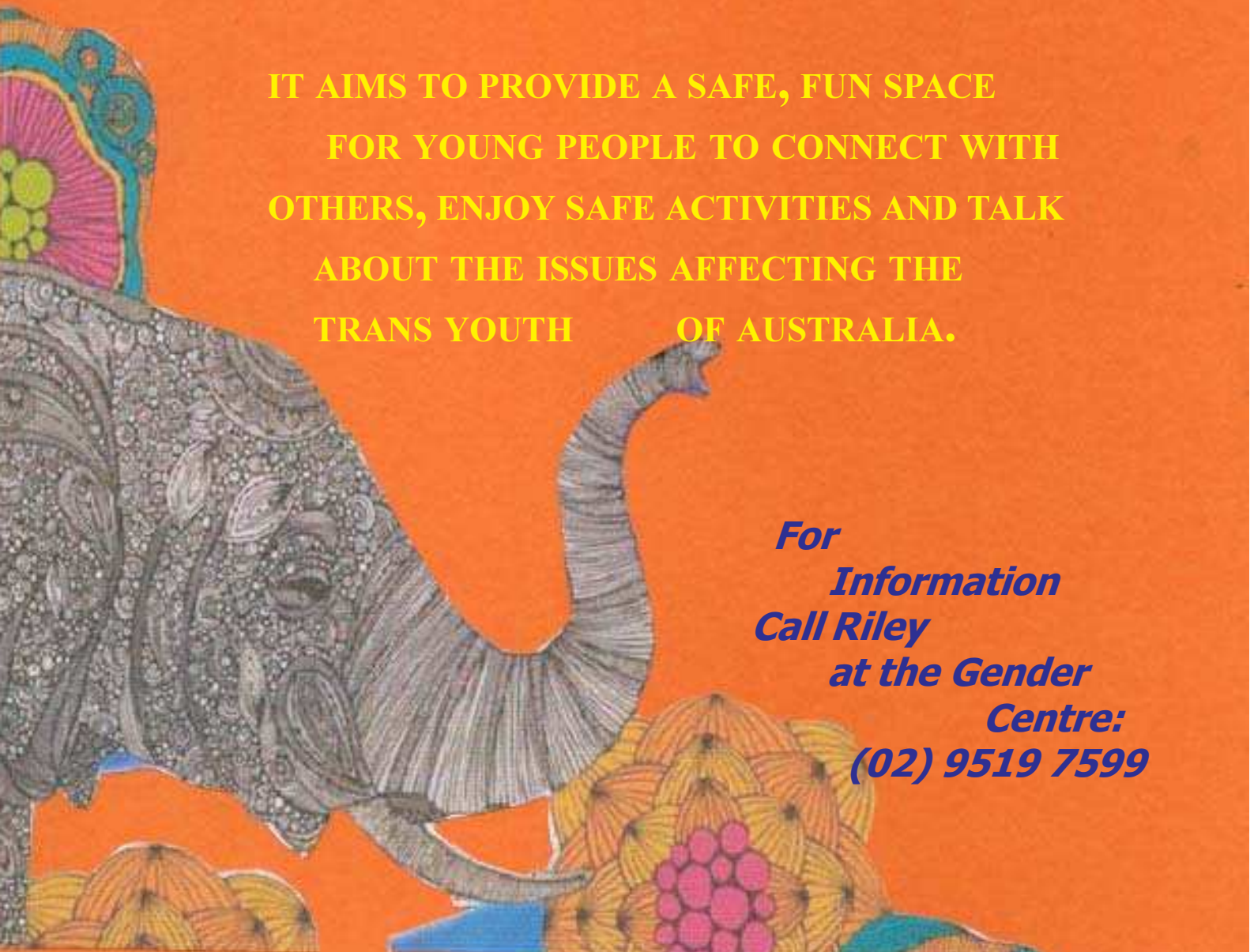
gender-questioning?

gender-queer?

'TRANSTOPIA' IS A MONTHLY GROUP TO BE HELD OVER TEN MONTHS IN 2015 FOR TRANSGENDER YOUTH BETWEEN THE AGES OF FOURTEEN AND NINETEEN...

IT AIMS TO PROVIDE A SAFE, FUN SPACE FOR YOUNG PEOPLE TO CONNECT WITH OTHERS, ENJOY SAFE ACTIVITIES AND TALK ABOUT THE ISSUES AFFECTING THE TRANS YOUTH OF AUSTRALIA.

***For
Information
Call Riley
at the Gender
Centre:
(02) 9519 7599***





the Gender Centre Service Magazine

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

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

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

We specifically aim to provide a high quality service which acknowledges

the Gender Centre

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



**41-43 Parramatta Road,
Annandale
NSW 2038
Mail to:
PO Box 266
Petersham
NSW 2049**



**Tel:(02) 9519 7599
Outside Met. Sydney
1800 069 115 (9-4.30, M-F)
Fax: (02) 9519 8200**

**Email:
reception@gendercentre.org.au**

**Website:
www.gendercentre.org.au
The Gender Centre is staffed
9am-4.30pm Monday to Friday**



Our Services

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

Residential Service

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

Cover: Melbourne-based Julie Peters, transactivist, writer and ABC executive, prepares to harvest a cow for future use in cardiac surgery. An ABC documentary along the lines of the Richard Dimbleby BBC classic *Spaghetti Harvest* is expected to follow.

Gay and Lesbian Counselling

Telephone - Counselling:

☐ General line daily 5.30pm to
9.30pm

Sydney Metro 8594 9596

Other areas of NSW 1800 184 527

☐ Lesbian line

Monday 5.30pm to 9.30pm

Sydney Metro 8594 9595

Other areas of NSW 1800 144 527

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

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

**For further information please
contact GLCS Administration
on:**

(02) 8594 9500

Or via the website:

Website: www.glcsnsw.org.au

Or by mail:

PO Box 823, Newtown, NSW, 2042



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WOMEN

EX-PRISONERS

Settle back into Life on the OUTSIDE

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you need:

- ◆ Meet face-to-face weekly
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- ◆ Develop life skills

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contact TARA at Women in Prison
Advocacy Network (WIPAN)

Ph: 02 8011 0693

Mobile: 0415 454 770

Email: mentoring@wipan.net.au

Website: www.wipan.net.au

Having a MENTOR has changed my life
... my FUTURE is BRIGHTER than ever!

July-September 2015

CONTRIBUTORS

katherine cummings, caroline layt, naomi eyles,
zoe belle gender centre, norrie, kate doak,
laura wright, iclc, anthony carlino

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Deadline

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

Editor: Katherine Cummings

THE FINE PRINT

Polare

resources@gendercentre.org.au

PO Box 266, Petersham
NSW 2049

Phone: (02) 9569 2366

Fax: (02) 9519 8200

Email: reception@gendercentre.org.au

Website: www.gendercentre.org.au

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Having spent the last few weeks working at home and being an impatient patient in various hospitals, I can assert that the Valley of the Shadow of Death has lost its charm. Ten years ago I traversed the same landscape (or similar, although this

time I was having a heart valve replaced with a piece of cow whereas last time a triple bypass was the centre of attention) and the morphine dreams are still as lurid and menacing as ever, but my real surprise was the physical weakness that accompanied my emergence from the ICU (Intensive Care Unit). I found, to my chagrin, that I was too weak to lift a single sheet of paper and that my grip was inadequate to prevent its floating to the ground even if I managed to hold it briefly.

But enough of me. One of these days soon I intend to write a piece on my experiences in the Valley and beyond, so there is no point in boring you with a preview.

Much has been going on in the wonderful world of transgender. Bruce Jenner has become Caitlyn and, more to the point, I have now seen the full-length version of Diane Sawyer's interview with Caitlyn and read the *Vanity Fair* piece that followed.

I received a few pieces of opinion on Caitlyn's transition and some will accompany this issue. I have already made my position clear. Caitlyn is a remarkable person because of her achievements as an athlete but her transition is unremarkable and would not have attracted the attention it has were it not for her previous characterisation as a celebrity. Because she is the individual she is she has had respect amounting to adulation from many in the media, and has been able to exploit the professional skills of many to create her new persona.

Like many 'celebrity' transgenders her only achievement is likely to be centred around herself. She will probably be a nine days wonder (maybe longer if the foreshadowed television series on her life takes place) but basically the

interest will be centred around her earlier achievements as an athlete and not as a person prepared to devote some proportion of her life to helping others. There are many who do not have *Vanity Fair* writers and editors and society photographers at their beck and call, but are equally desperate to become the people they are. On the other hand, as Norrie points out later in this issue, Caitlyn will have to suffer the attentions of the vile paparazzi, who will pursue her without pity or common sense.

I did not find Diane Sawyer's interview informative nor was it well constructed. To me it seemed like a piece put together by researchers and then mouthed by the presenter. Maybe I expect too much, but having been interviewed by journalists who had obviously researched their topic (Geraldine Doogue, Norman Swan *et alii*) and those who couldn't have cared less (Paula Yates, Ray Martin *et alii*), I think I have an ear for the informed and interested interviewer.

We have recently seen a strange sort of double act where the ABC showed a documentary on the making (sort of) of *Priscilla, Queen of the Desert*, fatuously labelled *Between a Frock and a Hard Place* followed by a Q&A on sex and gender diversity devoid of Tony Jones but monitored by Tom Ballard.

I have never been able to watch *Priscilla* all the way through so that I am not the best person to provide a critique on the documentary of its making. All I can say is that I wouldn't want any of the main characters in my life and that includes my life via the television or dvd screen.

The Q&A, however, featured some interesting and informative people and even the presence of Christian Democrat Fred Nile was useful, as other members of the panel were able to refute many of his sillier statements. His belief, for instance, that monogamous marriage has been the norm for 'thousands of years' was both wrong and irrelevant.

Polygamy and polyandry were the norm until relatively recently and slavery has been going on for even longer but that



Fred Nile



Dennis Altman

doesn't make it morally acceptable.

Also on the panel was Julie McCrossin, a lesbian Christian who speaks well but spent too much of her time assuring the world that her version of Christianity was more

accepting than Fred's. It needed to be said, but not at such length. Our politicians may find it necessary to say everything three times but once is enough for the average intelligence.

Dennis Altman, who has been a longtime campaigner for the rights of gay men, gave good value with his comments and opinions, and Katherine Hudson, co-founder of *Wear It Purple*, the movement formed to fight homophobic bullying, was also articulate and forceful.



Julia Doulman and friend Muttley

The other two members of the panel were Paul

Capsis and Julia Doulman. Paul Capsis is a drag queen, singer and performer, but was rather understated and unadorned on the evening and since I had never heard of him he tended to fly



Katherine Hudson

under my radar.

Julia Doulman is a friend of mine, so I must be cautious in my praise, but her charisma and good humour certainly captivated the audience and lightened the tone of the event as a whole.

At the end of the broadcast she paid me a generous tribute, drawing attention to my hospitalisation and near-death situation, which was unnecessary, but kind, and resulted in a remarkable number of cards and emails arriving

at my hospital and my home. I am glad Q&A was so widely watched. Julia's first contribution set the tone for her later responses. After Fred Nile had pontificated against homosexuality Julia thanked the Catholic Church for giving her the chance to cross-dress publicly early in life in the regalia of an altar boy.

I would like to draw attention to an appeal later in this issue for material suitable for a piece on Paula Hartigan, who died in February this year. I have tried to find people who knew Paula during her long service to the transgender movement in Australia but, apart from a short piece by Nicole Moore, I have been unable to find anyone prepared to provide the written version of a eulogy, or at the least an anecdotal account of the good-humoured and valuable contributions Paula made to the wellbeing of many of us over the years. If you have an anecdote, or several, that would help us provide the flavour of Paula and her dedication to our way of life, please contribute. I may receive multiple versions of the same episode, but that doesn't matter as they can be dovetailed together or used to supplement each other..

Dame Marie Bashir has recently consented to be the first Patron of the Gender Centre. This is a great honour from our former State Governor, the second longest-serving Governor of NSW ever, second only to Sir Roden Cutler. Dame Marie Bashir chose to step down rather than pass Sir Roden Cutler's record, an example of her respect for the achievement of others and a remarkable courtesy. Dame Marie's record as a general practitioner, and as a psychiatrist specialising in treatment of the young underscore her wish to help those who are disadvantaged and these qualities also provided a foundation for her efficient, compassionate and conscientious service as the Queen's representative in the State Government.

I am awaiting material from Dame Marie's office and hope to provide a fuller account of Dame Marie's career in the next issue of *Polare*. I believe the aspects of her life and career that are to be emphasised in any new and different application of her many talents should be her choice.

Katherine



HIGHEST RANKING TRANSGENDER SERVING OFFICER IN BRITISH ARMY



Hannah Winterbourne pre-transition

Hannah Winterbourne, a captain in the Royal Electrical and Mechanical Engineers, came out as transgender about eighteen months ago and is currently the highest ranking serving officer in the British army to do so.

She told the press that she struggled with her duties in Afghanistan, where she transitioned, but added that after the initial shock people realised that it didn't make any difference to her work.

Before her transition she shared her tent with seven men.



Hannah Winterbourne post-transition

LIMITATIONS TO RECOGNITION OF CHELSEA MANNING'S TRANSITION

Chelsea Manning, formerly Bradley Manning, currently serving thirty-five years in a military prison has been the subject of dispute over the use of personal pronouns.

Elaine Donnelly, President of the Center for Military Readiness has said that "Bradley Manning is still Bradley Manning" and added that a court order banning the military from referring to Manning as "he" is an example of judicial overreach.



Chelsea Manning

The Court of Criminal Appeals, however, has instructed the military to refer to Manning by the female named, "Chelsea" and to use the gender neutral "Private First Class Manning" or use the feminine pronoun.

Donnelly maintains the new rules pursue a political agenda, and adds that such homosexual (sic)-friendly guidelines are moving forward rapidly. Donnelly has consistently opposed the presence of GLBT in the armed services of the USA.

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TRANSGENDER SEX WORKERS SUBJECT TO INTENSE SOCIAL OSTRACISM IN CHINA

A new report, *My Life Is Too Dark To See The Light: a survey of the living conditions of transgender female sex workers in Beijing and Shanghai* maintains that transgender sex-workers in China suffer intense ostracism and economic marginalisation. The report is the result of a co-operative effort by Asia Catalyst, along with two NGOs, Beijing Zuoyou Information Centre and Shanghai CSW and MSM Centre

Although the Chinese government does not actively punish transgender people for their gender identity, the lack of anti-discrimination laws and lack of medical facilities for gender affirmation procedures means that many transgender people feel they are trapped in their birth-assigned genders and must exist at the lowest levels of society.

Some of the problems arise from traditional Confucian standards, that discourage changes to convention, and the fact that Chinese society esteems men more than women.

The report was based on interviews with 70 transgender sex workers, 35 from Beijing and 35 from Shanghai.

[Ed. note. The *Chinese Encyclopedia* claims there are 150,000 people waiting for gender reassignment in China.]

OREGON CAKE-MAKERS PROFIT HUGELY AS A RESULT OF RELIGIOUS BIAS

The couple in Oregon who refused to supply a wedding cake for a lesbian couple were fined \$135,000 for breaking the State's anti-discrimination laws but have since received \$461,500 raised on line on their behalf by religious fund-raising groups.

The name of the company was "Sweet Cakes by Melissa" and it went out of production in December 2013 but it is believed the owner of the bakery will continue to bake cakes from her home.

More News Items of Interest

AUSTRALIAN UNIVERSITIES COULD DO MORE FOR LGBTI STUDENTS

The Human Rights Commission has issued an assessment that suggests that Australian universities are not doing enough to include lesbian, gay, transgender, bisexual and intersex students.

Tim Wilson, the Human Rights Commissioner, said “This is the first time Australian universities have been assessed on their ant-discrimination policies, health and welfare support, staff training and other measures to ensure LGBTI inclusiveness.

“It is an important first step towards making Australian universities safer, more inclusive places for LGBTI people.

The Commission has issued a national guide to determine each university’s success in creating an environment of inclusiveness.”

The guide is the result of collaboration between the Gay and Lesbian Rights Lobby, the *Star Observer*, Transgender Victoria, Out for Australia and Organisation Intersex International Australia.

Justin Koonan, convenor of the NSW Gay and Lesbian Rights Lobby, said that there is still much progress to be made despite some institutions offering career advice, gender-neutral toilets and some financial support.

Koonan went on to say, “There are maybe eight or nine [universities] who are really going to significant trouble to include LGBTI students, however there are over forty universities in Australia and many have a long way to improve/

Only a third have mandatory training for existing staff and there is an imbalance between the attention given to lesbian, gay and bisexual students in comparison with that given for transgender and intersex students.

Koonan added that religiously affiliated universities tended to be least inclusive.



Justin Koonan

GREER PRODUCES ANOTHER ANTI-TRANS RANT

On Australia Day, 2015, Germaine Greer succeeded in shocking the Cambridge University Student Union by producing one of her signature diatribes against transgenders.



Germaine Greer

Greer said, *inter alia*, that she did not believe there was such a thing as *t r a n s p h o b i a* (although she believes in arachnophobia) and that sex

reassignment surgery was unethical. She went on to say that you could not be a woman “because you wanted to be” and that gender polarity is “a delusion, ... a form of body dysmorphia.”

She said that sex reassignment surgery was unethical because it removes healthy tissue and creates a lifelong dependence on medication. [It appears that Ms Greer is living in a rather selective version of the past].

Cambridge University’s LGBTI+ Campaign boycotted Greer’s talk and provided an alternative talk on trans feminism.

SELFRIDGES, LONDON, GOES GENDER NEUTRAL

Selfridges, a large London department store is doing away with its men’s and women’s clothing departments and providing three floors of gender-neutral shopping space.

The Agender Project, as the experiment is called, is intended to run for two months. As the publicity for the project points out, “Many people do not identify as male or female and instead give themselves labels like genderqueer, bigender, androgynous or trans*, while others eschew gender labels altogether.”

Selfridges Agender project is intended “to give people who fall outside the male/female binary the freedom to shop and dress in ways that may better reflect their thru identities - and it gives those who identify as male or female the opportunity to wear nonbinary clothing as well.

The Gender Centre Library

To borrow books you will need to become a member of the Library. You will need to supply personal details (phone number, address etc.) You can make an appointment to join and see the Library by phoning 9569 2366 on Monday, Wednesday or Friday (ask for Katherine).

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

Books may be borrowed for three weeks.

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



RPA SEXUAL HEALTH CLINIC

24 Marsden Street, Camperdown, NSW, 2050

PHONE: (02) 9515 1200

WHAT DOES THE SEXUAL HEALTH CLINIC DO?

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

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

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

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

SOME COMMONLY ASKED QUESTIONS

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

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

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

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

**Interpreters
available.**

More News Items Of Interest

A-G TO VET NSW HUMAN RIGHTS LAWS

Following the publication of the Human Rights Commission Report the NSW Attorney-General, Gabrielle Upton, has agreed to review its implications for NSW. This follows urging by Alex Greenwich, the Independent Member for Sydney.

“We will have justice that is fair and equal,” said Upton. Greenwich intends to introduce an anti-discrimination Bill to remove exemptions that allow private schools to discriminate against LGBTI students and teachers.

FIFTEEN-YEAR-OLD ALLOWED TO START STAGE 2

Jamie, who was born male but identified as female at the age of three has been allowed by the Family Court to make the decision about entering Stage 2 and accepting estrogen therapy.

Jamie started puberty-blocking therapy in 2011 after permission was granted by the Family Court.

OBAMA ADMINISTRATION FAVOURING USE OF TRANSGENDERS IN MILITARY

The Obama administration is showing support for transgenders to serve openly in the military, despite opposition from the Center for Military

President Obama faces opposition and may be forced use his presidential powers to alter the status of transgenders as he has in the past in other contexts if they are to be allowed to serve openly in the armed forces of the United States.

CATE MCGREGOR HOPES HER MEDIA ATTENTION WILL HELP OTHERS

In a speech given on the ABC, recently transitioned Group Captain Cate McGregor said, “Very few transwomen receive either the support or exposure I have. That offends some and for that I’m sorry.

“I know how fortunate I have been in having such influential supporters. I only hope media interest in me raises awareness that, in some way, improves the status of transpeople wherever they live and work.” □□□

Poets’ Corner

I am, will be.

*I’m on the edge of falling
Falling into the unknown
The field of no rights and
wrongs*

*I’m on the edge of flying
Flying in no direction
Feeling the air on my skin*

*I want to see you as you are
I want to feel you as you are
I want to liberate myself from
you*

I am going to make it

*I can see myself in beautiful
motion*

*I can see myself sheer brightness
all around I can see you
gorgeous soul I am here to
stay*

I am, will be.

Zaya Gonza Barroso

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

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

For Those Who Live On The
Central Coast of NSW

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

**Deepwater Practice,
Unit 2, 101 Blackwall Road,
Woy Woy.
Ph: 4344 7386**

Do You Believe You Are Intersexed?

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

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

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

**Except for serious emergencies,
please make an appointment
before coming to the Gender
Centre. We are glad to help you if
we can, but if someone else has
booked the time you may miss out.
Phone 9569 2366**



2015

FTM Australia is a membership-based network offering contact, support and information for men identified *female* at birth, their families, friends, healthcare providers and other professionals.

Network News E-Bulletin

FTM Australia publishes a free regular electronic bulletin - *Network News*. To subscribe :

[http://www.ftmaustralia.org/
publications/network-news-subscribe](http://www.ftmaustralia.org/publications/network-news-subscribe)

OzGuys Email Discussion List

Our national email discussion list is called OzGuys and it is open to anyone transitioning female-to-male, undergoing medical treatment and social transition in Australia or New Zealand.

For more information please visit::

<http://groups.yahoo.com/groups/ozguys/>
or contact the moderators on :
mail@ftmaustralia.org

Social Media

FTM Australia maintain an active social media presence. Our Facebook page is at [http://www.facebook.com/
ftmaustralia](http://www.facebook.com/ftmaustralia) and our Twitter is:
<http://twitter.com/FTMAustralia>

FTM Australia website

To find out more about female-to-male transition, or resources or to make contact, please visit our website at:
<http://www.ftmaustralia.org/>

The Beautiful Terror of Accepting Love by Anthony Carlino



Anthony Carlino

There was a time when I sat in confusion with my counsellor, grappling with the distress of having pushed those closest to me away.

There was no denying that I had actively kept the secrets of my heart from loved ones,

while paradoxically harbouring a desire to be seen and accepted for the very same secrets I kept within.

“Sometimes the things we want the most also happen to scare us the most.”

It was a sentence she spoke casually, perhaps unaware as to how profound an impact it would have. They were words that immediately resonated through me – I knew she had spoken a truth which was quite simply, a direct hit.

Over time, I came to understand our tendency towards hiding ourselves is an attempt to protect those very vulnerable and delicate parts of us which, more often than not, have been starved of love. Gender identity can also be hidden from others, it is something I have communicated to me regularly by clients of the counselling service.

If we use logic, it is both complex and paradoxically easy to understand why so many transgender people hold on to their truth tightly, scared, unsure, whilst secretly dreaming of a time where they are both accepted for who they are and able to live their truth.

Our gender identity is a part of our core identity, it plays a pivotal role in how we relate to ourselves, others and the world we exist within. Due to this, it can be very difficult for someone to thrive and succeed in other areas of life until they are living their life authentically. After being misgendered soon after birth, established erroneously based on their biological sex, the transgender infant will then be related to based on this mis-gendering. We live in a binary society (although I am grateful that is slowly changing) where people relate to one another differently based on a perceived gender.

This means for the transgender child the nurturance and support they receive as children, which forms the basis for confidence and self-esteem as adults, was tragically off-target – the gender being validated by care givers is the mask they feel forced to wear.

So the transgender person who is contemplating coming out will often experience such a possibility as terrifying – the mask they have worn for so long has become comfortable and it is reinforced by those around them who supposedly accept this very mask. What the loved ones do not know is that their transgender relative also wants to throw that very protective mask away so that they can move towards fulfilment with their life. It saddens me deeply hearing from clients who have never had a clear understanding of this dynamic, concluding that the extreme vulnerability and terror they experience at the thought of owning their truth must be because there is something inherently wrong with them.

There isn't anything wrong with them. There never was. Their emotional response of fear and terror is an inevitable consequence of not having their true gender recognised and loved during their developmental years. And because this part of them has never known love and support, it is not unusual for them to not know how to cope with love when it comes their way.

I call this experience of being overwhelmed by love “the beautiful terror” – beautiful because we know that we are being met profoundly and accepted for who we are, terrifying because our gender identity has predominantly experienced isolation, loneliness and a world which often tells us it is not ok to be transgender. Part of the work of many clients of the counselling service is learning to accept love into their life through developing self-love and eventually, trusting the love which comes their way. It is a privilege to be able to witness this journey and one which reminds me of one of my trainer's favourite lines:

“Our deepest yearning is to be profoundly met.”

Counselling at the GC is a free service and can be booked by contacting the Centre on 9519 7599.

This information is reprinted from a very useful handout created by the Zoe Belle Gender Centre in Melbourne.

This fact sheet compares psychological services available to Intersex, Trans and Gender Diverse (ITGD) people.

For Physical Transition in Australia

The table below compares mental health services for treatment with regard to physical transition in Australia.

Differences will apply depending on the State or Territory that you live in. For more information on regional differences, please visit:

www.ftmaustralia.org/transition/getting-started-australia.html

The following table compares the work of psychiatrists, psychologists and counsellors in terms of three areas:

Training: What training is required for these professionals to practise? Is registration with a formal body required?

Focus of service: Generally speaking, what are the differences in approach between the fields of psychiatry, psychology and counselling?

For physical transition: What should I know about seeing these practitioners for the purposes of physical transition?

For other purposes not related to a physical transition:

If you do not seek to medically transition, you may choose to see either a counsellor, psychologist or psychiatrist, depending on your needs.

For example:

If you need advice about depression, you could see a counsellor, psychologist or psychiatrist, as well as your GP if you need support in disclosing your gender identity to your family, work colleagues or others.

A good quality rapport with your GP is recommended, as he or she can assist you in making a decision as to what type of practitioner is most appropriate for your needs.

Psychiatrists

Training: Before being allowed to register as a psychiatrist a person must graduate from medical school as a doctor and then complete further medical training specialising in psychiatry -- that is, the study and treatment of mental disorders.

Focus: The focus of modern psychiatry is almost completely biologically motivated, and problems such as depression, anxiety and general mental disorders are perceived as biochemical imbalances and treated with medication.

Seeing a psychiatrist is much like seeing a doctor. Based on your symptoms, you will most likely be prescribed medication to eliminate these symptoms.

Some psychiatrists conduct therapy, although their original/core training is based on a medical or biological model of health.

For physical transition: You may need to seek out a psychiatrist who specialises in gender identity issues, as others may have little understanding of this specialist area.

The psychiatrist's role is to diagnose Gender Dysphoria, a disorder listed in the Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition (DSM V). In the Fourth Edition this was referred to as Gender Identity Disorder. In making this diagnosis a report is written for medical doctors involved so that hormones and/or surgery can be recommended or not. Generally the psychiatrist would like to see someone for approximately six sessions before they will give a diagnosis. This can, however, vary from person to person.

Psychologists

Training: Psychologists must have at least four years of university degree level study, plus either two years supervision, a Master's degree or a Doctorate (PhD or DPsyCh).

Restrictions apply to all who want to use the term 'psychologist' in any form in all States and Territories of Australia and all psychologists practising psychology must register with the Psychology Board of Australia (PBA)/ Australian Health Practitioners Regulation Agency (AHPRA).

Psychologists can work in academic settings (research and teaching) and clinical settings (working in therapeutic contexts). Only psychologists registered with the PBA to work in clinical settings are, however, allowed to use the title ‘psychologist’.

Focus: Rather than approaching problems from a biochemical perspective, psychologists are more likely to perceive them from a behavioural perspective and ask you about your present and past behaviour, your feelings, and core reason for your concerns.

Psychologists have a much deeper awareness of the behavioural causes of problems than psychiatrists do, thus making sessions less rigid and often based on a personalised approach that suits you.

Psychologists are not permitted to prescribe medication.

For physical transition: You may need to seek out a psychologist who specialises in this area.

Like psychiatrists, psychologists can give a diagnosis of Gender Dysphoria. They can then write up a report/letter to be sent to medical doctors so that treatment with hormones and/or surgery can begin. Some doctors and surgeons, however, prefer this letter to be written by a psychiatrist (in addition to a psychologist’s report).

With a referral from a GP or psychiatrist, Medicare rebates are available for up to twelve sessions per calendar year. This means that you only pay the gap fee for these sessions (the fee difference between what Medicare covers and what the psychologist charges - usually between \$20.00 and \$80.00).

Counsellors

Training: To practise informally as a counsellor one does not usually require any qualification.

To practise formally as a registered counsellor, a person typically has to complete two to three years of study and twelve months of supervised training.

The terms ‘counsellor’, ‘psychotherapist’ and ‘social worker’ are currently self-regulated, with several organisations campaigning for government regulation.

Focus: Rather than imposing a medical or behavioural model on clients, counsellors typically encourage their clients to direct the session.

Through reflecting, listening, and sometimes challenging the statements that the client makes, the counsellor is able to create an environment where the client is able to rebuild his or her own sense of trust and intuition.

This process allows the client to overcome the problems he or she is experiencing without relying on someone else. The responsibility remains in the client’s hands throughout the session.

For physical transition: It is advisable to see a counsellor who has experience in counselling ITGD people.

Seeing a counsellor may be more for support and advocacy than for the writing of reports and letters.

Counsellors cannot give diagnoses, but they are able to assist their clients (and close personal others) through a time that may be challenging.





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Subsidised Rates apply for anyone undergoing the Gender Reassignment

The first letter is from Caroline Layt, a remarkable M2F athlete, who has won numerous events in the Gay Games and has also played women's Rugby. Issue 103 of Polare included an article by Cassandra Guidice on the subject of transwomen in sport.

I was lucky to receive recently this letter from Caroline, who underlines the achievements of transwomen in sport through her own remarkable achievements. This is the not the first time Caroline has appeared in Polare. She featured on the cover of Issue 62 (March-April 2005), where Caroline was interviewed on the topic of her achievements in the Australian Masters Championships during which she won three silver and two bronze medals. She had earlier won medals of all classifications (gold, silver and bronze) at the Gay Games but in 2005 was concentrating on her rugby game, playing for the Parramatta team and later for Sydney.

Caroline has included supplementary material with her letter, including some of her Personal Bests and a reproduction of a table of Women's Indoor records held, in which Caroline's name appears in 4x200metre relay. Other names that appear in this table are those of Cathy Freeman and Sally Pearson.

These records would take up too much space to include here, but they will be held at the Gender Centre for anyone wishing to consult them, or carry out further research. Now read on:

I trust you are well and still going strong as *Polare* editor. It's been a while since I last saw you. Anyway, I just thought I'd drop you a line to say I'm publicly documenting a lot of

my experiences as an M2F transgender woman to a lot of my Facebook friends. The reaction has been overwhelmingly positive. This email is about the results of my gender testing (which were found to be in the female range) as well as putting my Personal Best times out there as both a male athlete pre-transition and female athlete post-transition.

I know you have written about both my positive Gay Games experiences and some of my rugby experiences, but I haven't sent you this information before.

I feel it is important for the Gender Centre to have, as it documents the fact that M to F transgender women don't have an unfair advantage as some people seem to suggest, although there is still much bigotry and bias against transgender sportspeople due to people's lack of education and understanding.

Over the next week or so I am also going to post about my rugby experiences, both positive and negative, (which I will also email to you) and if you would like to publish in *Polare* magazine, then I am happy for you to do so. I'll attach paperwork and some photos on another email to follow shortly.

While on the subject of competing as a Female track and field athlete whilst being transgender, I'd like to share my PB's both as a male athlete pre-transition and female athlete post-transition which were sent to Athletics Australia by the sports physician I saw.

I also took the paperwork (which is stored in a confidential file) along with my entry form to Athletics NSW the day before my first competition under the ANSW banner.

I placed 3rd in the 100m, recording 13.54 sec. (top four place getters: Gianna was first, Julie Brims 2nd, Janet 4th. Then I placed 4th in long



Caroline Layt (third from left) with some of her athletic colleagues

jump 4.02m behind the three above mentioned athletes. I tore my calf crossing the finishing line in the 100m so the 200m was off the table the following day!

Also the gender testing I undertook including a max vo2 test had my test at 35.5ml vo2 max per minute (this is a track and field measurement of maximum oxygen uptake). This had me well within the female range. Males store much more oxygen in their blood than females.

One of the sport scientists who tested me, was also a cyclist and his best reading was 89 vo2 max per minute. Apparently the guys testing me told me that my max vo2 levels were a little below, but weren't too far off Cathy Freeman's levels were when she won her gold medal at the Sydney Olympics. They told me my levels were very good for a 100m/200m sprinter, but they were definitely in the female range. I also had a physical examination from the sports physician and there were no problems there.



Caroline at St Joseph's College

I have never really encountered discrimination at any track event I have competed since re-emerging on the athletics track. Until now I have kept my cards close to my chest regarding my athletics competitions. I did hear some throwers were asking questions, but that is all I have ever heard! With the above information I hope people will still be open minded and supportive. I'm sure the vast majority will be, if my Facebook friends reactions are anything to go by.

My next article and story will be about my women's rugby career. I've written about half of the story already. There was initially much less acceptance once my trans status was known. It's a doozy of a story, full of reaction, explosiveness and controversy! I was even bashed up by seven of my teammates (I have forgiven some of them). They'd need a baseball bat to kill me, as I'm a survivor and I'm still here to tell the tale!!

Cheers, Caroline

Letters to the Editor Letter 2 [with responses from KC].

Hi Kate,

Thank you so much for your tireless work across the years with *Polare*. You are providing an important support and legacy for transgender communities.

Thank you for your thanks, Naomi.

Words are important, with the potential to belittle, invalidate or marginalise, or the potential to encourage, validate and include. Some words serve our cause better than others, and I am wondering if you might be willing to promote the use of these words in *Polare*?

I think that thoughtful use of language is important, but I disagree with some of your views and have made the case more than once

for flexibility in terminology and a willingness to assume goodwill rather than malice even when the usage differs from our own. I do not think I have the right to promote specific terms. I would be happy to take part in a group discussion of acceptable terms but I doubt whether the outcome would be authoritative.

Taking some quotes from the most recent *Polare* Edition 103, I'll include the **original wording**, then **equivalent wording** involving another marginalised group, then **suggested wording** to promote words that portray transgender people with just a little bit more dignity. See also the quote from the GLAAD transgender faq pasted at the bottom of my email.

1. Transgendered (past tense) implies that an accident made me that way, or that I became transgendered due to a medical treatment, either invalidating our identity as a mistake, or making our identity secondary to a medical intervention. Sadly, many medical people see our identity as secondary to treatment, only dignifying us with our chosen name and pronouns when affirmed by legal or medical processes. In contrast, many transpeople feel strongly that we were always transgender ... at no point did we become transgendered. e.g.

“Knowing that a person is **transgendered** tells me nothing about his or her sexuality.”

“Knowing that a person is psychiatrically **disordered** tells me nothing about his or her sexuality.”

“Knowing that a person has a **transgender** identity tells me nothing about his or her sexuality.”

The transgender/transgendered controversy has been in existence for a long time. I see nothing wrong with the use of ‘transgendered’ as an adjective, nor the use of ‘transgender’ as a noun. GLAAD may think it is more courteous to include the words that we usually leave out so that they would prefer ‘transgendered person’ but they would happily say ‘American’ rather than ‘American person’. To suggest that the use of the adjective ‘transgendered’ implies that something has been done to a person to make them transgendered is as logical as suggesting that the adjective blue-eyed involves some form of invasive procedure to create eye-colour. It is merely one of many adjectives that might be used to describe a specific person and to assume a pejorative context is to go well outside the bounds of logic.*

2. Transgenders (plural noun) may be used in some contexts to dehumanise. It is similar to, though less extreme than, the use of words like trannies, sodomites or homosexuals.

I use the word transgender almost every day and in no instance is it intended to dehumanise and my usage is certainly unrelated to any possible use of trannie or sodomite, neither of which I use. Trannie I find demeaning and sodomite is much too Biblical. Homosexual is a word I use, with respect, as a simple descriptor.

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The noun implies that our gender difference is our greatest defining characteristic, rather than acknowledging our abilities, career, passion or personhood as what defines us. e.g.:

“O’Connel feels it is a good sign that **transgenders** are standing for election, and being endorsed by the established parties.”

“O’Connel feels it is a good sign that **blacks** are standing for election, and being endorsed by the established parties.”

“O’Connel feels it is a good sign that **transgender politicians** are standing for election, and being endorsed by the established parties.”

O’Connel is saying that transgenders standing for election is a good sign, and emphasising this fact by using the term as a stand-alone. I stood for election as an Australian Democrat in the 1998 Federal election, as did two of my transwoman friends, and to the best of my knowledge we were all treated with respect and in each case we increased the Democrat vote in the electorates concerned. None of us concealed her trans status but I doubt if any of us referred to ourselves as ‘transgender politicians’.

OTOH, I feel that the word “transwoman” does seem quite respectful in its use as a noun, because it is a contraction of “transgender woman”. In my own journey, I am just now becoming strong enough to speak up.

I have no objection to ‘transman’, ‘transwoman’, or any similar variation. As noted above I think language should be flexible and umbrage should not be taken if usage varies from one’s own. It is more important to gauge the motivation for, and assess the validity of, the points being made than to cavil over usage, which is bound to change over time, but should not be given free rein.

I hope you will take my comments not as criticism, but as a potentially useful contribution to our cause.

They are criticism, and criticism is welcome.

Thank you, Naomi Eyles

* See below the Gospel according to Saint GLAAD <http://www.glaad.org/transgender/transfaq> “Transgender is an adjective and should never be used as a noun. For example, rather than saying “Max is a transgender,” say “Max is a transgender person.” And transgender never needs an “-ed” at the end.”



“I was filling out the form
and it said “Tick ONE box:
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The ACON Lesbian and Gay Anti-Violence Project can be contacted on (02) 9206 2116 or Freecall 1800 063 or avp@acon.org.au

QUEENSLAND GENDER CENTRE

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

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

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

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

Central Coast Transgender Support

The CCTS is a totally free and unfunded service to all with gender issues. It offers guidance to all who are contemplating commencement of the medical and psychological requirements that are involved in full MTF transition under the World Professional Association for Transgender Health Standards of Care (formerly known as the Harry Benjamin Standards of Care).

The Centre also provides access to high quality, subsidised and certified permanent hair removal and offers alternative direction and instruction for the control and management of problem hair or chronic hirsutism.

CCTGS operates Monday to Saturday 10am-10pm

Ph:0404 054 000

Email:smh101@exemail.com.au

LEGAL PROBLEMS?

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

The ICLC can advise in the following areas:

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

Dates for 2015 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
free service for people
with gender issues (ask for the
Outreach Worker)

Sharps containers, pill filters,
syringes (1ml, 2.5ml, 5ml), needles
(21g, 23g, 25g, 26g), condoms,
spoons, water, fit packs, swabs,
dams.

Or phone the Alcohol and Drug
Information 24 hr advice,
information and referral service,
Sydney (02) 9331 2111 Country
009 42 2599

**Change of Mailing
Details?**

- Different name?
- Different address?
- Different gender?
- Don't want *Polare* in the future?

My **OLD** details:

My **NEW** details:

Mail to: The Editor, *Polare*, PO Box 266,
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

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 them with regular volunteer visitors. 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

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against
violence



TAVP



Transgender Anti-Violence Project

Have you experienced an incident where you felt discriminated against, harassed, victimised or unsafe because of gender identity?

You are not alone! And it is NOT your fault.

By reporting transphobic incidents, we can support you and try to stop it happening to someone else.

If it is an emergency: call the police on 000. Otherwise, **contact the TAVP: ph: (02) 9569 2366, email: tavp@gendercentre.org.au online: www.tavp.org.au**

or the **Gender Centre on ph: (02) 9519 7599, email: reception@gendercentre.org.au**

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

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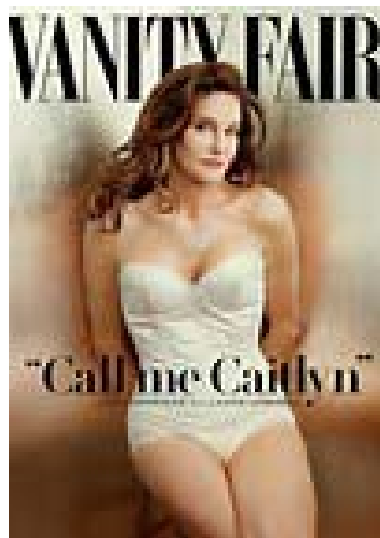
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Why Bruce Jenner's Transition Matters by Norrie

Bruce Jenner has been roundly ridiculed by trashy gossip media since the first hints appeared that this former macho champion and current patriarch of the reality TV Kardashian family might be undergoing a transition in gender presentation. Like many in the sex and gender-diverse community, and many other decent human beings, I was horrified to see a camera crew from *TMZ* monsterring Jenner to and from what turned out to be medical appointments for laryngeal surgery.

I was never as butch as Jenner, although we obviously have similar genetic backgrounds, and I too was once called Bruce. Perhaps this made it easier for me to see this person identifying as a woman despite his once having had a hairy chest. I had a hairy chest. I found it amusing, that I was so physically masculine while being so mentally female - until the joke wore thin and I took medical measures to change my gender presentation in my early twenties, just as Jenner is now doing. Better late than never, even in your sixties.

Why now, then? Shouldn't old people just be old, and stay as they are and not change, because only young people are allowed to do that? Who says you're only allowed to do things at a certain age? But what about the family? What about the wife? And the children?



It seems that Jenner has thought long and hard about not only transition, but its impact on the family, and discusses this in the interview with Diane Sawyer.

Fears about how this could affect the family may have held Jenner back for years, but the (famous reality

TV) family has turned out to be entirely supportive.

As Sawyer noted in that interview: "In a world in which so many families reject a transgender

parent or child, this family wants you to know there is another way."

Jenner acknowledges male privilege, and those who have paved the way for acceptance of gender and sex diversity, and hopes that by having a public transition social acceptance of diversity may be furthered.

Yes, Jenner is a reality TV star, and is getting paid for this too, but I'm sure Jenner could find less scrupulous ways to make money. And, the reason people are reality TV stars is because the audience are interested in them as characters and, in Jenner's case, because Jenner is intelligent and honest and deeply concerned about friends and family.

In the interview, Sawyer asks Jenner, "Are you a Republican?" upon which Jenner looked around at the display of accumulated symbols of wealth and said, "Well, yeah."

Sex and gender diversity is not just an issue for left wing sex-non-specific hippies with rainbow fauxhawks (like yours truly), but for all of society, and the one factor you can be sure of when it comes to people is diversity. No two alike. There's the norm, and there's the normal distribution curve, which includes not only the bulk of more or less average attributes in the middle, but also the weirder stuff on the thin bits of the curve. We're all part of what makes up normal.

Jenner's coming out is not my coming out, it is not the coming out of a black businessman, it is not the transition of an Asian nurse, it is the transition story of one privileged rich white media-savvy reality TV star. It doesn't have to be everyone's story for everyone to appreciate what it means to them. And it's got more people thinking and talking about gender and diversity and acceptance. That can only be good for us all, both as individuals, and as a society. □□□



Norrie

The Editor, *Polare*,

Within the last ten days, I experienced scrotal incision bilateral orchidectomy as a treatment for repeat incidences of orchitis over the past few years, for which I had been receiving antibiotics as treatment but was finding the infections were lasting longer and indicating an increasing resistance to those antibiotics.

At this point, I should explain that I am middle-aged and, prior to the orchidectomy, had hypogonadism (severe underdevelopment and under-function of the testes). Both testes were undescended (located towards the top of the pelvic bone).

I was, during my initial incidence of orchitis, treated by a urologist who wanted to save me any further suffering by performing orchidectomy at the time, but without a psychological report from a psychiatrist competent to assess my ability to consent to the surgery, was unable to proceed.

Less than fifteen months later, I had a second, apparently similar incidence of orchitis but still lacked a psychological report and was treated by urologists who were apparently not surgically inclined or trained. I was determined to avoid round three so sought out a compassionate psychiatrist and was assessed to be satisfactory to consent to an extraction.

Given the location of my testes and my hope for later neo-vaginal (SRS) surgery, along with my somewhat significantly under-sized scrotum, I always believed that the laparoscopic method of removal would be the most logical, least painful to recover from, quickest and with fewer potentially horrific after-effects.

I was initially referred to the urological surgeon at my local hospital, only to be turned away repeatedly by uncooperative administrative staff who insisted that the procedure was not performed there.

I sought political assistance and in the interim, bemoaned my frustrating situation to my endocrinologist who told me that he knew where it could be performed and kindly wrote me a referral. I sent my referral and psych report off to the place where I was assured by my endocrinologist the orchidectomy was performed and some weeks later received a letter with an appointment for a consultation with another urologist.

During the consultation, I was asked a few brief questions regarding my medical history and the doctor asked if he might examine me. While I was on the examination table, he asked me where the testes were as he could see virtually no scrotum and no obvious bulges. My testes

were approximately the size of pumpkin seeds and I did my best to help him locate them.

He proposed three possible methods for the procedure...

1: The scrotal incision (most usual method but for undescended testes, the most brutal and bruising)...

2: The laparoscopic (keyhole) incision nearer to the location of the testes (which leaves the whole area less traumatised but has minor risks if the surgeon is clumsy)...

3: A groin extraction (this method is usually reserved for patients with testicular cancer). I expressed an abhorrence of the scrotal incision method, especially as I have friends who have had extractions by this method and long-term pain. They had regular, descended testes prior to the surgery and if they were still experiencing horrific pain more than ten years after their extraction, there was no way I was interested in that method. I expressed a preference for the laparoscopic procedure.

I signed the consent form for surgery not realising that I had signed approval for the scrotal orchidectomy. In my discussion with the urologist, I believed I was giving implied consent for him to do the surgery but that the planned method was subject to further consideration. The consultation was rushed and I was not given adequate opportunity to read the consent form and see that his preferred method was included, not mine.

Over the next seven and a half months, I received multiple changes of surgery dates for one reason or another. In the time between my initial consultation with the urologist who was to perform my orchidectomy and the date that I had the surgery, I expressed on three occasions to the other medical practitioners that I saw that I was appalled by the urologist's intention to perform the procedure via scrotal incision and argued the logic of a laparoscopic procedure, to which the stock standard reply was "well I'm not a urologist but your reasoning seems sound to me, however it is a matter for you to discuss with the urologist". I was called by the hospital recently with a surprise earlier date for surgery and expressed my wishes to any medical staff that I could get to listen.

I made every effort with the anaesthetist, who was busy singing the praises of the surgeon, in order to reassure me that I was "in good hands", so that not much attention was being paid to what I was saying. Some time later, the anaesthetist came to see me and told me that the surgeon would be doing the procedure in accordance with my wishes. This set my mind at ease for the twenty minutes before the surgeon came by to see me and apologise for keeping me waiting (there had been an emergency) but he stated that he was still going ahead

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with the scrotal incision orchidectomy. I stated that I was seriously unhappy with that plan and explained why. The surgeon said to me that if I was not going to consent to the “planned” procedure, perhaps I should go home and reconsider whether I “wanted” the surgery at all. The orchitis was wearing my health down, this surgery had nothing to do with wanting to lose “the boys” for the purpose of being less masculine/more feminine. That was a side benefit but I had known about orchidectomy for nearly thirty years and seen some horrible mutilations from the scrotal incision procedure over that time.

I expressed deep distress and stated that if there were any long term negative impacts for me from his method, I would have more momentum to “check out” (suicide). It is not an indication of sanity to consent to be trapped in a life of ongoing suffering, it’s mindless masochism.

The surgeon then stated that I had now placed the medical team in a very difficult position because they felt that they could not perform the surgery under such conditions and said that it might be a good idea if I went away for a few months to consider my options and talk to somebody about what they “politely” referred to as my “issues”.

The surgeon was then called away but before leaving said that we had to make a decision that was going to make me happy. I cried with frustration and helplessness for nearly half an hour and without meaning to, probably caused unintended distress to patients awaiting other surgical procedures.

When the surgeon was called away, I located the consent form that I had signed several months earlier, thanks to a staff member who had abandoned my file on a side table and where the section regarding mitigations on the consent, I wrote in the words ‘no scrotal orchidectomy’ and returned it to the file.

The surgeon returned some time later and enquired as to how I was. Sombre “Ok!”

I continued to prosecute my wish for the surgery to be performed via keyhole surgery and the surgeon remained resistant and suggested a second examination. I consented and we went off to a side room and I lay on an examination table, hitched up my gown and the surgeon proceeded to re-examine me.

The surgeon stated that there was no good reason why I should have any anxieties regarding the planned procedure. And continued to stand firm on the planned scrotal incision orchidectomy before reminding me that they could do these other types of procedures... I explained my preference for either of the other two

methods due to a desperate desire to keep my very limited amount of scrotal skin in pristine condition for neo-vaginal surgery in the future. I was aware that in the event of such surgery, I would need to have the scar tissue from a scrotal orchidectomy cut away in order for them to proceed. It has never/will never make sense to me to create this situation of pre-trauma of the planned site of further surgery. I had become confused that the surgeon kept mentioning the alternatives but every time I stated a preference for either of these to the scrotal incision I was met with a cold stare, stony silence and defiance until the surgeon then stated “I can see we are getting nowhere”.

Hang on, I had just expressed a distinct preference for the laparoscopic procedure and this surgeon is saying we are getting nowhere? I realised that I was wasting my time discussing my preference, my needs from the surgery were not being respected and I was definitely not being treated as though I mattered, so in mental exhaustion and desperation to not be sent home with the ongoing risk of more agonising orchitis, I relented and said in exasperation “ok, let’s do it your way”. The surgeon expressed disbelief in my verdict and to get it over and done with I said “now that we’ve discussed it further, I’m ok with your plans”... In truth, I wasn’t but I was alone and feeling helpless and trapped in a no-win situation I just wanted to get out of. As I was being wheeled to surgery, I kept pleading in my mind to the universal powers that be that I wouldn’t wake up from the surgery. Sorry to be so depressing but this was my experience.

I awoke about an hour and a half later, surgically mutilated with sealing tape on my underseam that was leaking blood. I hit the bedhead emergency button and medical staff came running. Apparently I just needed to be mopped-up and have the sheets changed but this would have been unlikely to occur if the surgeon had respected my wish for keyhole surgery.

I was visited by the surgeon some time later but wasn’t lucid enough to really take in what was being said. I was still too depressed that I had been scrotally mutilated and cried myself to sleep. I awoke later to other medical people interrupting my recovery and wanting to admire the surgeon’s handy work. Apparently I was now an advertisement for the surgeon’s ego and had no rights of my own, even to privacy. The nurses were generally very kind and I cannot fault their care.

Since returning home from the procedure, I have been plagued with nausea, even a week beyond the surgery. I

have run out of prescription strength pain relief long before the pain has reached a manageable level, sitting without extreme pain is impossible, the pain is making it difficult to get to sleep or stay asleep, I have significant painful bruising and swelling around my chipolata and the pressure is impairing my ability to urinate... Many of these problems would not exist if the laparoscopic method had been employed. I feel mutilated and that my future surgery has been sabotaged by this choice of surgical method.

If anyone (other than the surgeon involved), who has read this has any further questions, wishes to make comments or has been through the same surgery and would like to compare experiences, please feel welcome to contact me at pnkthrbngmshrms@hotmail.com.



How Well Did You Know Paula? Do You Have Any Stories To Tell?



Paula Hartigan

Paula Hartigan was a key member of the Gender Centre staff for many years and died on February 21, 2015, yet it is very hard to find anyone who knew her continuously over that period, and is willing to write a comprehensive essay about Paula and her contribution to the transgender community in Australia.

In the first issue of *Polare* (September 1993, when the GC was just ten years old) Paula is listed on the staff page as the residential support worker for “our two

residential projects at Ashfield and Haberfield”. It was typical of Paula’s dry sense of humour that she went on to say: “Although the work doesn’t allow the time for contact with community based clients, believe me that any clients will be well assisted by our two community workers, Lea and Camille. Both are younger and prettier than I am (bitches) and are able to offer greatly expanded assistance from the previous system where residential care and community based client counselling were lumped together on a sometimes hit and miss method.”

There was certainly a time when Paula looked after the GC’s Outreach clients and her forays into the city to visit them and their places of work gave rise to some of the funnier stories she used to tell of “the early days”.

When I was compiling material for a report on violence against transgenders it was Paula who conducted me on a fascinating tour of William Street and its safe houses and three brothels that specialised in transgendered sex workers.

In January 2006 Paula moved into semi-retirement, working three days a fortnight but still enlivening our days with her experience and good humour. At least it left her more time for golf.

I would like to do Paula justice in the next issue of *Polare* and note her contribution to the progress made by transgenders, but I can only do that if those who knew her longer and better than I did, will contribute from their experience and provide material from their encounters with Paula. Anecdotes are welcome, however brief, and we will see if we can piece together an image to honour her memory. □□□

From Eric Idle’s *The Greedy Bastard Diary*:

“Why do gays want to get married, by the way? Are they tired of sex?”

Life as a Transgender Woman in Sydney by Kate Doak

A few months ago, a shiver went down my spine. It was a feeling that, as a young transgender woman, I never thought I'd experience again.

It was late last year. I could hear televisions, microwaves and furniture being smashed with sledgehammers and then thrown out a third floor window onto the cold, hard concrete below. Volunteers from a Salvation Army homeless refuge were cleaning out the units behind my home in Sydney's inner west and some of the most offensive words I've ever heard came pouring out of their mouths.

"Go and pop another hormone" screamed one burly young man. Another yelled "We've got a freak here with tits and a dick" as I tried to find out what was going on. Yet the scariest remark came from the ringleader- "I'm going to come back and burn this place to the ground with all of you tranny whores in it"- as I tried to call the police.

Now, that sort of experience is not indicative of what Sydney is like for transgender people generally. But the language and abuse dealt by the Salvos volunteers can give even a resilient person, like myself, a terrorising anxiety attack.

Needless to say, it's that sort of treatment that made me move to Sydney from rural New South Wales in the first place, just over two years ago.

Some people love nothing more than to imply that being a transgender woman and a lesbian is simply a lifestyle choice. But I can say with certainty that the only choice I've ever had occurred on the 3rd of March in 2013 in the small town of Inverell when some very close friends persuaded me not to take my own life.

Huddled tightly in a small ball and sobbing continuously for hours on end, I felt as if I was on a never-ending downward spiral. The thoughts, frustrations, sadness, anxiety, regrets and despair that I'd hidden away from myself for over 28 years came bubbling to the surface. I now realise I'd been brooding for months in a manner that was dangerous for both myself and everyone around me.

However, while I ultimately escaped from that waking nightmare with a greater appreciation

of my own humanity and mortality, a lot of people do not. And, with studies such as *From Blues To Rainbows* from La Trobe University showing that more than 84 per cent of young transpeople have contemplated suicide, I can't help but view each and every day as a gift.

While the internet may have made it easier for transgender youth like me to explore who we are and what we may become, I've found it can never be a substitute for case managers, educators and medical professionals who know how to offer the support, structure and time needed to heal. It's world class organisations such as the Gender Centre, Twenty10 and Safe Schools Coalition Australia that will ultimately save lives, just as some very compassionate people helped save mine.

While Sydney may have it's rough edges just like every other community, it's ultimately the best city I could ever wish to live in while completing my transition from living as a man to a woman. Whether it be the abundance of potential opportunities for me to work as a freelance journalist, the warmest of warm hugs I received during the Mardi Gras parade earlier this year or the fact that I'm finally able to be me in ways I'd once only dreamed of, it's evident that over the past two years Sydney has become my safe haven and my home.

In a recent statement, a Salvation Army spokesperson said the volunteers from their homeless service were "not officers or staff" and "their comments in no way represent the position or views of the Salvation Army". They also made a commitment to provide training to staff and volunteers around transgender and intersex issues. If they follow through on that promise, I will not hold the incident against them.

As a close friend of mine once said to me, "The world is full of unhappy people, so why hate someone for being happy?"

It's compassion like that which is not only vital to true understanding and acceptance but is also indicative of the caring nature at our great city's heart.

If you, or someone you know, needs help please contact Lifeline on 13 11 14 for 24 hour support, 7 days a week.

Women's Transgender Forum Held by Sydney Women's Homeless Alliance by Laura Wright

The Gender Centre was proud to be part of the planning committee for the Sydney Women's Homeless Alliance *Women's Transgender Forum* held on Thursday 28 May at the Teacher's Federation Conference Centre in Surry Hills. Sydney Women's Homeless Alliance is a Homelessness NSW project established to assist the community services cross agency sector collaboration and improve a woman's journey through the complex and sometimes segmented housing system.

The forum addressed access and equity issues for women who are transgender in terms of access to services which reinforce direct and indirect discrimination and place women in high risk situations. The aim of the forum was to educate and assist community services organisations to implement change. Experts in the field talked about the legal issues, and how policy and organisational change must occur in order to rectify inequities.

Ms Jamie Rullis, Social Worker, Team Leader at The Haymarket Centre and Chair of Sydney Women's Homeless Alliance, hosted the forum. To begin the day, a Welcome To Country was delivered by a representative of the Gadigal people of the Eora Nation. Anna Bligh, CEO of YWCA NSW, gave the opening address. Guest speakers shared their knowledge and experience throughout the day:

Terence Humphreys, Capacity Building Manager at Twenty10, provided a basic introduction to the diverse ways people express and identify around their gender, with a focus on transgender and gender diverse women. Terence helped demystify some of the commonly used language and identity labels, including non-Western identities, non-binary identities and expression, and the misinformation around gender diversity as a mental health issue.

Moo Baulch, CEO at Domestic Violence NSW, discussed transgender women's access to domestic violence services and some of the barriers to identifying and accessing support as identified through the NSW LGBTIQ Domestic Violence Interagency. Moo also explored best practice service delivery for specialist homelessness services and domestic violence services working with transgender women.

Peter Longfield, Principal Solicitor of the Inner City Legal Centre stated that gender diverse people may find themselves excluded from receiving housing services. This presentation compared the practice for granting exemptions under the Sex Discrimination Act 1984 (Cth) and Anti-Discrimination Act 1977 (NSW), and proposed solutions about how to make the exemptions process and human rights institutions more transparent, accountable and responsible.

Dr Y. Gavriel Ansara, (PhD in Psychology) provided a practical guide for becoming a welcoming and safe organisation for women of trans experience and feminine spectrum. This included how to identify cisgenderist practices such as misgendering (incorrectly gendering people), marginalising (treating people as less important or less included) and objectifying (treating people in ways that reduce them to body parts and physical characteristics) in service delivery.

A panel discussion moderated by Ms Jamie Rullis including themes around access and equity to services followed. The panel included: Elizabeth Ceissman – Senior Case Manager at the Gender Centre, Chantell Martin – Transgender Outreach Worker at SWOP, Katie Young – Program Manager at Women's and Girl's Emergency Centre, Rosalina Franey, and Bree Franey, representatives from Sisters and Brothers Northern Territory. All panel members shared their stories with dignity, respect and compassion.

Elizabeth Ceissman talked of discrimination against clients who were referred because of their gender diversity when they should have been referred to a mental health service. Chantell from SWOP shared her own story and talked about her role as Transgender Outreach Worker at SWOP. Katie from Women's and Girl's Emergency Centre discussed the work that WAGEC undertakes, and the steps they'll be taking to establish an inclusive service. Bree and Rosalina shared their journey as Sistergirls, and the need for further gender diversity services in the Northern Territory. Finally, before Ms Jamie Rullis closed the forum, Playback Theatre took stories from the audience and created entertaining theatre through improvisation, drama, music and movement. □□□

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 78 722 639 923



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
remains unchanged**

THERE IS A NEW PHONE NUMBER 9519 7599

Marriage: What is it? And Why?

Issue One Hundred and Four

by Katherine Cummings

This piece was originally written in 2008 and appeared in Issue 77 (October-December 2008) but it seems appropriate to repeat it now, in light of the imminence of some sort of resolution in our own national move to have the Marriage Act amended to allow for same sex marriage. The change will be of greatest benefit to the gay and lesbian segments of what is so often referred to as our “community”, but even for transgenders there are benefits that apply specifically to our particular needs.

The most obvious case is where neither of the members of an existing marriage wishes to dissolve the existing legal and social partnership.

At present the situation is confused in that the couple may stay together after one transitions but only if the transitioned partner continues to maintain his/her former gender role and does not pursue the provision of revised documentation (birth certificate etc.)

Several States currently have Bills on their agendas to eliminate the unnecessary cruelty of an enforced and dishonest divorce but none of these States has yet passed the Bills into law and a simpler solution would be the passage of a Same Sex Marriage Act, or, better yet, the minor amendments necessary to turn the existing Federal Act into a more realistic and less religion-driven piece of legislation.

We have recently seen Ireland accept same sex marriage by way of a national referendum, the United Kingdom achieve it through parliamentary legislation and the United States by way of a High Court decision that relied on the underlying implications of the United States Constitution.

There have thus been multiple roads to the same destination and it is high time our nation chose a road and tested the will of the people.

Parliament is not the plaything of politicians, it is the nearest approach we have to expressing the will of the people and the politicians who purport to represent that will should be using the current parliamentary winter recess to establish just what their constituents expect of them.

The Marriage Act, 1961, defines marriage as ‘the union of a man and a woman to the exclusion of all others, voluntarily entered into for life. ‘Man’ and ‘woman are not defined in this Act although almost every other term is ... judge, magistrate, authorised celebrant, minor, overseas country etc.

The fact that around half of these marriage contracts fail to go anywhere near being ‘for life’ and that there are legal mechanisms for dissolving marriages, both civilly (often very uncivilly) and religiously, suggests that the concept of marriage as a voluntary lifelong union is flawed and should be reexamined.

To start with, the concept of ‘man’ and ‘woman’ as definable terms is muddy, to say the least (transgenders know this better than anyone) as every definition has an exception.

There is no satisfactory rule which can be applied universally, in terms of anatomy at the macro or micro level, nor in terms of appendages, chromosomes or genes.

Nor can we humanely apply tests such as the capacity to have children since many people are incapable of procreation through accidents of birth, physical accidents or through old age, and these are hardly reasons for denying them the loving comfort and social pleasures of married life.

The real problem is created by our muddling along confusing social policy (i.e. laws and customs devised to make life easier and better for people) with religious dicta, which, in turn, are based on tribal notions of the need to outbreed the tribe next door.

With overpopulation being the biggest single problem humanity faces (where do you think global warming comes from?) it is amazing that we are clinging to an outmoded concept of marriage, and tinkering around the edges so that people can continue to be serial monogamists.

Nor is the concept of ‘one man, one woman’ the only model available to us and is a recent addition to our own Marriage Act. Throughout history patriarchal societies have allowed polygamy, almost always in favour of men having multiple

wives and even in modern times there are religious sects which allow, encourage or even mandate multiple spouses.

In some Micronesian cultures it was expected that a man would marry his brother's widows and adopt his deceased brother's children, thus guaranteeing a measure of social security in societies with marginal resources.

When Christianity reached these islands the practice was stamped out and many of the 'secondary' wives committed suicide out of a sense of shame.

Surely by now we have reached a point where people can self-define in terms of their own social arrangements. It is possible for consenting adults to adopt marital arrangements outside the narrow confines of the Marriage Act, but they find themselves punished by bureaucracy if they choose to do so.

This has been demonstrated in many petty ways through denial of recognition of long term same-sex relationships, through inheritance and superannuation regulations, hospital visiting access, adoption laws and many other failures to recognise the capacity of humans to love and to accept responsibility outside the restrictive norms imposed by those whose only authority rests on numbers and tradition.

The whole marriage question needs to be re-examined. What is wrong with same-sex marriage? What is wrong with polygamy? What is wrong with polyandry? If adults of sound mind decide this is the way they wish to live their lives, and whether or not they intend it to be 'for life' or for a fixed term, by what right does government decide to regulate these views? We know that polygamy and same-sex relationships can work. We have seen them work, time and time again. Those who do not believe in such things are operating on the basis of prejudice and stereotypes, the same stereotypes which

saw gays and lesbians for so long as contemptible, the same blinkered view that could not see transgenders at all.

And now we have moved forward a little and many gays and lesbians have been able to move into the light. Still not equal, but not as disadvantaged, ignored or persecuted as they once might have been. Transgenders, of course, are still denied many of their rights, rights to education, to housing, to employment, to health care... as well as the right to marry in their true gender role unless they are prepared to accept invasive surgery and revision of their official documentation. Perhaps our best strategy to achieve the right to marriage



lies not in perpetuating the 'one man, one woman' pattern and insisting on recognition of our innate genders, but in a larger reform of marriage which will allow adults to define their own social contracts. One-on-one (never mind the gender), bigamy, threesomes, polygamy; polyandry... what difference does it make as long as consenting adults agree to the terms and nobody is harmed.

But what about the offspring, the children of these unions? Polygamous marriage works in other societies and studies of children of gays and lesbians have demonstrated that they are not disadvantaged.

It is an illusion that we live in a Christian society. We don't, as shown by the latest Census, where nearly nineteen per cent of the population claimed to be atheists.

Our current rules are based on Judaeo-Christian ideas but we claim to be a multicultural society. Why don't we try **being** multicultural, for a change?

Legal Procedures for Transgender Children (from an ICLC handout)

BACKGROUND

In Australia it is usually a parent or guardian's responsibility to consent to medical treatment for children (i.e. persons under the age of eighteen). In certain cases, generally called 'special medical procedures', however, the Family Law Act gives the Family Court of Australia the power to make orders relating to the welfare of children. In these cases the Court "must regard the best interests of the child as the paramount consideration". Any proposed medical treatment of a child that is irreversible (as in the treatment for gender dysphoria) is considered a 'special medical procedure'.

Court involvement is required because:

- .. There is a significant risk of a wrong decision.
- .. The consequences of a wrong decision are particularly serious and
- .. Treatment is invasive, permanent and irreversible, and not for the purpose of curing a (physical) malfunction or disease.

TREATMENT

Children diagnosed with **gender identity disorder** may undergo treatment typically conducted in two phases:

Phase 1 involves hormone treatment to suppress puberty. This phase, sometimes called 'puberty blocking' is reversible.

Phase 2 involves hormone treatment to stimulate physical changes to bring about the characteristics of the affirmed gender, with estrogen or testosterone.

This treatment usually commences after the child turns sixteen and is not readily reversible. Depending on the kind of treatment and whether there is any disagreement about it, court involvement may be required.

Phase 1 treatment

When is court authorisation not required?

If the child, the child's parents and treating medical practitioners agree that the child should commence Phase 1, there is no requirement for the court to authorise treatment.

Treatment can commence when the child's medical team considers it appropriate.

When is court authorisation required?

If there is a disagreement between the parties about whether Phase 1 treatment should be provided or what form it should take, the court will make a determination.

Phase 2 treatment

Phase 2 treatment requires court involvement because it is only reversible with surgical intervention.

If the parties agree to commencement of Phase 2 the court must be satisfied that the child fully understands the consequences of commencing treatment and can give informed consent. This is called the 'Gillick' competency, based on a British judgement about the competency of a child under the age of sixteen to give consent to specific medical treatment. Whether a child is Gillick competent must be determined by the court and must address the proposed treatment and its effects and the child's capacity to make an informed decision.

When is court authorisation not required for Phase 2 treatment?

When a court determines that a child is Gillick competent and the various parties agree that the child should commence Phase 2.

When is court authorisation required?

When a court decides a child is not Gillick competent or there is a dispute between the parties regarding Phase 2 treatment or Gillick competency.

Under NSW legislation special medical treatment for children under the age of sixteen is also subject to certain restrictions and is defined as "any medical treatment that is intended, or is reasonably likely, to have the effect of rendering permanently infertile the person on whom it is carried out, unless it is intended to remediate a life-threatening condition or from which permanent infertility is an unwanted consequence.

Phase 2 treatment for gender identity disorder would most likely be considered a 'special medical treatment' as it is treatment that is reasonably likely to render a person permanently infertile.



Casa Valentina gets Amateur Run in Florida

Casa Valentina, the new play by Harvey Fierstein, that made its Broadway debut in April 2014, has now been performed by an amateur group in Coral Gables, Miami. The actors were praised for their presentations of the seven transvestites who spend their weekend at Casa Valentina, a resort set up by a transvestite and his wife for the benefit of cross-dressers who want the relative freedom to be themselves in an atmosphere where nobody needs to explain him/herself and people can help each other in a true spirit of camaraderie.

Dramatic tension is added by the presence of activist "Charlotte" (a not-inaccurate representation of Virginia Prince) who is prepared to use any means to gain her ambition to bring the cross-dressing "sorority" into the open.

It is a tribute to Fierstein's writing that the play should be taken up so quickly by the dramatic world at large.

Be Part of the Action!

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 call 9519 7599

House to Share

with one other in Sydney's beautiful Blue Mountains not far from Katoomba. Katoomba has a diverse community and is home for the Annual Transformal Event.

40's MTF transgender is looking for another transgender person to share my home. Own room (choice of two, can help with some bedroom furniture if required) in older style brick home. House is fully furnished with wood stove and electric cooking in kitchen. Older style bathroom but clean and tidy. Large block with big yards at quiet end of town. Close to trains and bus stop. Short walk to shops. Off street parking but not under cover.

Gas heating, broadband and WIFI installed with telephone landline. Looking for someone who wants to consider it home, where you can relax and be yourself. It would suit a transgender person of similar age to my own, but I will consider any application. The applicant must have a stable income, pension or Centrelink income are acceptable. Sorry, no couples or pets or short stays. Rent: \$165.00 per week, plus utilities and two weeks bond (negotiable).

Please contact

jess15332@gmail.com if you would like further information.

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:

aacswoop@aidsaction.org.au

NEW SOUTH WALES

NSW GENDER CENTRE

Counselling

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

ACONHEALTHLTD

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

Ph: (02) 9206 2000

Fax: (02) 9206 2069

ty: (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@glcsnsw.org.au
website: www.glcsnsw.org.au

HARM MINIMISATION PROGRAM

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

HIV AWARENESS AND HIV AWARENESS AND SUPPORT

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

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 Four

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

OPEN DOOR COMMUNITY OF CHRIST

The Open Door Community of Christ is a church for everyone! We meet every Sunday at 6.00pm. Based in Sydney's west, at Cranebrook, the Open Door has been serving the LGBTIQ community for the past fifteen years. The Western Sydney Transgendered Support Group and the Western Sydney Coming Out Group are sponsored by the Open Door. Bj's cafe is held on Wednesdays from 11.00am-1.00pm. The Youth Is Knocking youth group is held monthly with accredited facilitators.

Contact Pastor Sue Palmer
0411330212 or
pastorsue@theopendoor.org.au
for further information, or check the web page

www.theopendoor.org.au

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

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

SYDNEY BISEXUAL NETWORK

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

Pub social in Newtown on 3rd Sunday of every month followed by a meal. All welcome.
POB 281 Broadway NSW 2007
Tel: (02) 9565 4281 (info line)
sbn-admin@yahoo.com
<http://sbn.bi.org>

SYDNEY BISEXUAL PAGANS

Supporting, socialising and liberating bisexual pagans living in the Sydney region.

PO Box 121, Strawberry Hills NSW 2012

SYDNEY MEN'S NETWORK

Welcomes FTM men.

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

SYDNEY SEXUAL HEALTH CENTRE

Provides free, confidential health services, including 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

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

ausbnet@rainbow.net.au

www.rainbow.net.au/~ausbnet

ISIS SUPPORT GROUP (AUSTRALIA)

Support group for Intersex people and their families. We have representatives in all Australian States.

PO Box 1089

Altona Meadows, VIC, 3028

Tel: (03) 9315 8809

aissg@iprimus.com.au

www.vicnet.net.au/~aissg

AUSTRALIAN WOMAN NETWORK

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

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

CHANGELING ASPECTS

Organisation for Transsexual people, their partners and families. For information, please write or call.

email: knoble@iinet.net.au

www.changelingaspects.com

FTMAustralia

Resources and health information for all men (identified *female* at birth), their partners, family and service providers. Contact FTM Australia for more information.
PO Box 488, Glebe, NSW, 2037
www.ftmaustralia.org
mail@ftmaustralia.org

NATIONAL LGBTI HEALTH ALLIANCE

Office: (02) 8568 1110

Fax: (02) 8212 9013

PO Box 51, Newtown, NSW, 2042

www.lgbtihealth.org.au

TRUE COLOURS DIVERSITY

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

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

International

AGENDERNEWZEALAND

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

BEAUMONT SOCIETY

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

BEAUMONT TRUST

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

CROSS-TALK

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

FTM INTERNATIONAL

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

FTM NETWORK UK

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

GENDERBRIDGE Inc.

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

GENDER TRUST (THE)

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

INTERNATIONAL FOUNDATION FOR ANDROGYNOUS STUDIES (IFAS)

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

IFGE INTERNATIONAL FOUNDATION FOR GENDER EDUCATION

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

IKHLAS

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

ITANZ INTERSEXTRUST AOTEAROA OF NEW ZEALAND

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

PROSTITUTES COLLECTIVE OF AUCKLAND-NEW ZEALAND

PO Box 68 509,
Newton, Auckland,
New Zealand

PROSTITUTES COLLECTIVE OF CHRISTCHURCH-NEW ZEALAND

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

PROSTITUTES COLLECTIVE OF WELLINGTON-NEW ZEALAND

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

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

The Gender Centre has a number of special interest groups that meet, usually monthly, to further the interests of those concerned.

If you are M2F; F2M; Over 55; Queer; Youth Group (aged between 14 and 19); Young females (under thirty-five); or parents of a transgender child, then there is a group tailored for you.

NSW Seahorse Society



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

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

Call on 0423.125.860 and our website is:

www.seahorsesoc.org

Email: crossdress@seahorsesoc.org

“crossdress with dignity”

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

