

# Polare

ISSUE 108

MAGAZINE OF THE NSW GENDER CENTRE

**FEATURING:**

*Transgender*

IS NOT A  
DISORDER

LOOKING FORWARD  
*looking back*

NON  
BINARY  
GENDER

*and more...*

THE  
EXPLOITS  
OF  
PAULA  
HARTIGAN

**JULY-SEPTEMBER 2016**

The Gender Centre presents:

# *transtopia 2016*

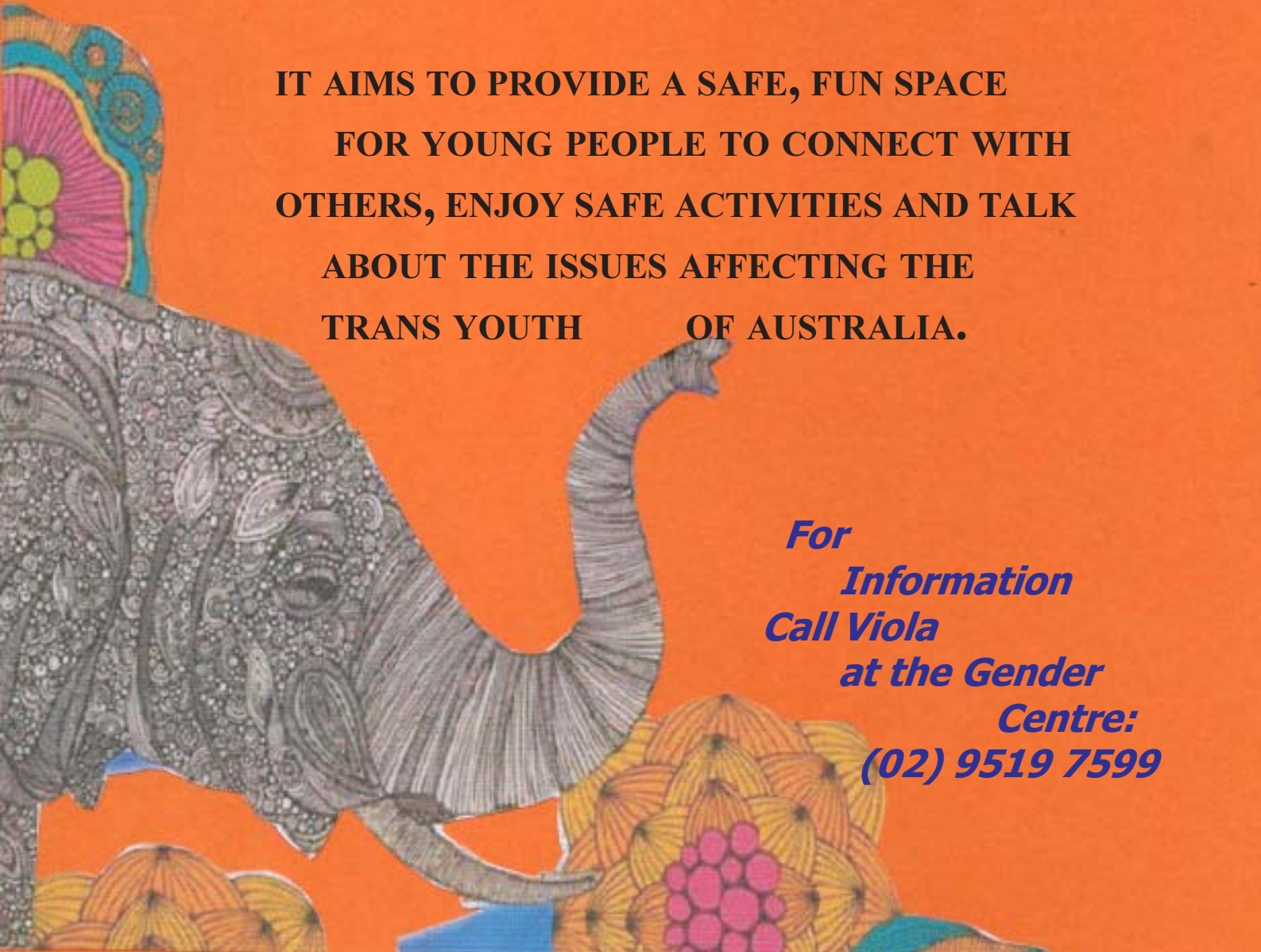
gender-questioning?

gender-queer?

**‘TRANSTOPIA’ IS A MONTHLY GROUP TO BE HELD OVER TEN MONTHS IN 2016 FOR TRANSGENDER YOUTH BETWEEN THE AGES OF FOURTEEN AND NINETEEN...**

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***For  
Information  
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Centre:  
(02) 9519 7599***





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

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

We offer a wide range of services to gender diverse people, their partners, families and organisations, as well as service providers.

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

## the Gender Centre

the place to go for confidential, free services for gender diverse people

**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.

**Front Cover:** Paula Hartigan worked for the Gender Centre from the 1980s until she died in 2015. There should have been more specific information about the various functions she undertook for the Centre but many of these have been lost over time. She spent many years looking after Maori, indigenous and Cook Islander clients of the Centre, as Outreach and Accommodation worker. Her self-assurance and good humour were an inspiration for clients and staff alike. There is a memoir by one of her co-workers in this issue.

## Gay and Lesbian Counselling

### Telephone Counselling:

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Other areas of NSW 1800 184 527

☐ Lesbian line

Monday 5.30pm to 9.30pm

Sydney Metro 8594 9595

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on:**

(02) 8594 9500

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

# No. 108

## CONTRIBUTORS

katherine cummings, damien riggs, bugsie,  
hansard, rusty nannup

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## DEADLINE

for submissions to the next edition of *Polare* is  
the eighth of September 2016

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*THE FINE PRINT*

*Polare*

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Unsolicited contributions are welcome although no guarantee is made by the editor that they will be published, nor any discussion entered into. The right to edit contributions without notice is reserved to the editor. Any submission that appears in *Polare* may be published on the Gender Centre's Website unless agreed otherwise.

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G'Day,

First the mandatory apology for lateness. My health has been poor recently and the workload rich so that *Polare* has had to take a back seat from time to time.

But here we are again. Because some prom-

ised and half-promised items have failed to materialise you are getting a higher proportion of me this time, and who is brave enough to say that is a bad thing? All of you? Really? [Sob].

This issue contains a few items that might have been (and may still be) available as information handouts, and it contains a book review of an American fantasy novel called *Mockingbird*, which is one of those wish-fulfilment writings where the protagonist is rich, beautiful and transgender.

I thought it slightly more relevant at the present time when we are suffering at second-hand from the strange mixture of pageantry and pomp that Americans call an election. Why, oh why, can't they see that most of their problems would be solved by adopting preferential, compulsory voting?

There is a poem by Bugsie in this issue, which is welcome as we have not heard from him for some time, and there is my personal response to the ongoing problems of transgenders and toilets (not bathrooms ... they're not bathrooms. They are toilets. Get it right.)

Incidentally, as far as the law goes, there is nothing to stop us from using any toilet we find appropriate to our needs. We do not suffer the madness of some American States that insist that people use public toilets and change rooms that match the gender on their birth certificates.

What we *might* encounter is the misguided actions of those who believe they know what the law wants and are prepared to act on that belief. These are the same people who make scenes on public transport if anyone who is

not a 'real' Australian dares to share a ride with them.

Many of our problems arise from our unwillingness to discard taboo words, phrases and images that have been adopted in the past because we were too delicate-minded to use the real terms.

If only we could bring ourselves to look at the foolishness of our decision to allocate some words to the category 'obscene' and some functions of the body, or parts of it, to 'unmentionable', the sooner we could talk freely and honestly about anything that interests us, and the sooner we could stop making up slang words or childish circumlocutions in order to avoid calling a spade a spade, and then rationally discussing its function, purpose and construction.

I'm sorry this editorial has to be truncated. I really wanted to do Paula justice (and don't think I have) and I was just halfway on to one of my pet hobby-horses. Ah, well. Maybe next time.

*Katherine*



## A Tip For Transvestites

Although most cross-dressers would prefer to have their eyebrows plucked or waxed into an attractive arch, there are some who cannot afford the luxury of being so thoroughly *femme*, because they have other places to be (or perhaps another person to be) where such cosmetic care might lead to problems. Here is a compromise that many of us have used in the past, with satisfactory results. First, pluck out the most aggressively masculine eyebrows that cannot be tamed, then rub the brows with soap which has been damped until it is soft. The eyebrows can then be pinched together into a reasonably slim, feminine arch, and coloured appropriately with an eyebrow pencil, no matter what their colour in 'real' life.

KC

## as told by Rusty Nannup to Katherine Cummings

*In Issue 104, just on a year ago, not long after Paula Hartigan died, I asked if anyone had any stories they would like to tell of her, or any tributes they would like to pay. Paul had worked for the Gender Centre for many years, maybe even from its inception, although nobody seemed to have exact records of her service. I wanted to devote a reasonable amount of space to Paula and her contribution to the Centre, and also felt she deserved to be featured on the cover.*

*The only response I received was from Rusty Nannup, who also served the Gender Centre for many years and knew Paula from the late 1980s, when they were both clients of the Centre, with Paula living in the Wattle Street house and Rusty in Morgan Street. Many of you will recall Rusty from the years when she was the first face most people saw, or the first voice they heard, when they visited the Centre or called on the phone.*

*I finally gave up on hearing from anyone else and sat down with Rusty to hear her version of the Life and Times of Paula. From my point of view, working with Paula from 2001, I will say that she was always funny and dedicated, despite ill-health and some ill-fortune and that she wrote for the first issue of Polare in 1993. Now read on:*

As noted above, Paula and Rusty first met in the late 1980s, when both were involved with the Gender Centre.

One of the more vivid memories apparently involved a “massive” party that included a young tow-truck driver who was employed by several of girls for his macho favours, and Big Red (as Paula was sometimes known) was also involved. There were also rumours around Big Red’s past, that she had been a bookie and/or a detective on the Central Coast.

Paula and Rusty’s close acquaintance became less close in the early ‘90s, when Rusty became more independent, working in the City at weekends. Paula was at this time doing outreach work and looking after transgender street workers. On at least one occasion a friend and Paula took Rusty to the hospital at

Little Bay, and on another occasion to a transgender funeral.

Rusty says that at this time Paula was particularly respected by the Maoris, Cook Islanders and indigenous transgenders in Sydney society. Rusty also re-tells the story (as one who was there) about the occasion when Paula was looking after some transgender working girls when a man started chatting them up. Some of the girls managed to persuade the man that Paula was a senior nun, looking after their welfare. He approached Paula, who quickly worked out what had been said and assumed the role of a nun looking after her flock, much to the embarrassment of the amorous young man.

In those days there was a coffee shop (P.J.’s) that welcomed transgender girls and there was a safe house opposite Woolloomooloo Police Station. There was some co-operation with the police and Paula was responsible for much of the goodwill that existed from time to time between the working girls and the authorities.

Paula was active in organising and supervising an excursion that turned into a Conference for Indigenous Trans Sista-Girls, where problems associated with sex work, remoteness and language barriers were dealt with.

When transgender working girls were murdered, which was more frequent than it is now, Paula was always involved in the arrangements for funerals and for notifying families wherever possible. There was a time when the GC was in financial trouble and Rusty heard that Paula had quietly donated her savings to keep the Centre functioning.

Later she added the residential aspects of Gender Centre work to her outreach but by 2012 her health was failing and she cut her time back to three days a fortnight. In 2015 Paula died. She will be much missed by many of us who knew her, for her dedication and her willingness to take on duties that only Big Red (alsoknown as Mama San) could have coped with.

Rest in Peace, Paula.



**B**inding and packing are procedures used by female-to-male (FTM) trans people to give the appearance of a male body.

### **Binding**

The purpose of binding is to flatten breast tissue in order to create a more masculine chest profile. Various materials can be used and range from no binding at all to the use of multiple items to disguise the feminine form by both flattening the body and adding clothing that will break up the feminine appearance of the body.

Some of the older methods, such as wrapping the upper body with duct tape or Ace bandages are still used, but these can be uncomfortable, painful or even cause lasting damage, so that most trans men now use custom-designed binders. It is wise to keep to the size as specified by the manufacturer. Choosing a smaller size can be injurious and will almost certainly be painful.

It is inadvisable to leave a binder on for long periods, particularly if you are new to the process. It is better to leave the binder on for only a few hours, and if possible remove it at night, to avoid skin irritation and sweatiness.

To avoid skin damage, rashes etc., it is wise to use a non-irritant body powder before applying the binder.

If you feel you cannot afford a new binder, be aware that there are organisations that accept used binders, clean them and sell them at a lower price, or even donate them to FTMs who would be financially disadvantaged without this help

As an alternative to binding, or as temporary relief from binding, it is possible to use layered clothing to conceal the breasts. A form-fitting undershirt or a sports bra can be used as a basic layer, followed by a shirt, or more than one, although in hot weather these can be onerous. Try and use natural fabrics such as cotton that breathe. Multiple sports bras can also be used and preferably these should be bras that contain Lycra.

Some athletic clothing manufacturers make "compression" garments for cyclists etc, and

## **Binding and Packing**

these are usually made from Spandex or Lycra. These garments are designed to help muscle recovery and can be used as a substitute for binders, but only for those with minimal breast-growth.

Various companies supply chest-binders and compression shirts and can be found using an Internet search.

### **Packing**

Packing refers to the use of padding or a phallic object under a person's clothing to give the impression that there are male genitals present. The object itself is often referred to as a **packer** and may consist of soft materials or may be custom-designed to include a simulated scrotum, testicles and penis.

The use of packers not only suggests male genitalia but also ensures that male clothing hangs properly and does not seem to be 'empty'.

**Soft packing** refers to the use of a packer that cannot be used for sexual intercourse. Home-made packers are often made from other garments (socks, for instance) or from condoms filled with a gel or liquid. Commercial packers are more realistic and may be made from soft materials to simulate a flaccid penis. Some can even be used to enable an FTM to urinate while standing. These have a receptacle under the urethra, and a tube from the reservoir to the tip of the 'penis' thus allowing the wearer to urinate through the packer.

### **Hard Packing**

This refers to the use of a dildo or other device that simulates an erect penis and can be used for intercourse. There are also dual-use devices intended for both hard and soft packing but in general these are not recommended.

Dildos can be made from a number of substances but silicone is most favoured, as it is easy to clean and can be sterilised in boiling water.

Non-silicone devices can be preferred for more realistic colouration and 'skin feel'. Chemicals called phthalates used in the manufacture of non-silicone dildoes may be harmful to humans but this has not been satisfactorily investigated.

KC



## *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 9519 7599 (Wed, Thur or Friday) or just drop them in marked to her attention. Thanks!

## **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](mailto:resources@gendercentre.org.au)  
or call 9519 7599**



## 2016

**FTM Australia** is a peer-based national Australian network offering contact, support and information for men identified female at birth. We have provided quality reliable information since 2001.

### **OzGuys**

Register with the FTM Australia website to access this online community based Q and A group where you can ask questions, find answers and make contact with others.

### **Health and Service Providers (HSP) list**

Find helpful medical service providers like GPs, endocrinologists, surgeons and others to support you in your transition journey by registering with the FTM Australia website.

### **Torque**

Subscribe to our electronic bulletin - Torque .  
<http://www.ftmaustralia.org/publications/network-news-subscribe>

Australian social, medical and legal information for men transitioning female-to-male.  
<http://www.ftmaustralia.org/>

The justification for defining non-binary or queer gender rests on an assumption that gender is primarily binary (masculine or feminine). This is an example of the common confusion between sex and gender, which leads to the assumption that, because there are only two sexes, any divergence from the binary standard requires explanation and justification. It should also be noted that although there are two primary genders, these can often be seen as the extreme ends of a spectrum, varying from extremely masculine at one end of the scale to extremely feminine at the other, with the centre of the spectrum being taken up by androgyny.

Sex is not, however, a true binary. If it were it would be possible to divide all cases into two categories and require one of each category to be involved in the process of procreation.

There are numerous cases of parthenogenesis in nature (birth that involves only one parent) [See: *Parthenogenesis in Wikipedia*] and there are also cases where creatures change sex in order to cope with a situation where there are too many of one sex and not enough of the other [See: *Sex Changes in Nature in Wikipedia*].

In addition there are cases of living entities that reproduce by other means such as subdivision. And in some cases, including human, there are *chimera* that contain elements of both sexes, usually as a result of fraternal twins combining before birth to form a single entity. There are also *mosaics* where both sexes are represented. The term 'sex change' in humans is largely misapplied, since a female-to-male who has undergone genital reassignment is no longer able to bear children or fertilise a female and a male-to-female who has undergone genital reassignment is no longer able to fertilise a female, nor bear children.

There have been cases of female-to-males who have retained their female genital and child-bearing parts and have given birth after reassignment (Thomas Beatty, in the United States, has done so at least twice, and two female-to-males in Western Australia have won the right in the High Court to retain their female genitalia, uteri and child-bearing anatomy).

These cases, however, do not invalidate the general situation that human child-bearing after sex change is not normally an option. This situation may be expected to change in the future, as successful transplants of penises and uteri have been carried out in recent times, although, to date, these have only involved transplanting uteri into genetic females and penises into genetic males.

When we consider sex we must also take into account sexuality. For the purposes of this paper we will consider only humans although many of the statements will apply to other species, particularly in higher animals. It should be noted that homosexual behavior occurs in many species of animals. [See *Homosexual Behavior in Animals in Wikipedia*].

The concept of gender depends to a considerable extent on language. When people assert the existence of a previously unnamed gender, it becomes necessary to create pronouns to differentiate the new gender from other genders. Some prefer to eliminate the need for male and female singular pronouns by using the plural 'they', e.g. "each student will hand in their exercise today", rather than "each student will hand in his or her exercise today". Courtesy suggests that we should use the terms and associated pronouns that people prefer, although this can become difficult if there are too many different terms to remember and too many individuals in a group insisting on different usages they have chosen for themselves. The passage of time often eliminates some of these terms and consolidates others.

Take the case of the term *neutrois* which is one of the gender identity terms that falls under the genderqueer and non-binary umbrellas. *Neutrois* can also be defined as:

- Neutral-gender
- Null-gender
- Neither male nor female
- Genderless
- Agender

*Androgynous* people can also fall into this category if they identify as neither male nor

female. Note, however, that the essay on *neutrois* also draws attention to a nuance difference between genderqueer and non-binary.

*Genderqueer*, *non-binary* and *gender-expansive* are all used as umbrella terms for any gender identities that are not exclusively masculine or feminine. These people may identify as one or more of the following:

- Having two or more genders (being bi-gender, tri-gender or pan-gender)
- Having no gender (being agender, non-gendered, genderless, genderfree or neutrois)
- Being third gender or other-gendered, which includes those who will not name their gender
- Having overlapping or indefinite gender
- Having alternating or fluid gender that varies from gender to gender over time.

Pronouns used to differentiate non-binary gendered people from those using ‘he’, ‘she’ and ‘it’ include:

One, ze, sie, co, ey, and the use of ‘they’, ‘their’ and ‘them’ as singular forms.

Some non-binary people prefer alternation of ‘he’ and ‘she’ and some prefer to use their own names in place of gendered pronouns.

When it comes to formal address, some non-binary people prefer titles such as Mx instead of Mr, Mrs or Ms.

Established terms may come in for intermittent resistance. Carolyn Gage, in her blog “*Nobody Knows I’m A Lesbian*” said, “Men are not women. Gays are not lesbians. And I am not queer. I am not odd or unusual.” The problem here is that the meanings of some terms change and the change is gradual, so that more than one usage can be in force at any one time. This is why terms need to be defined before they are applied.

Legal recognition: When it comes to legal recognition of non-binary status Australia allows the use of ‘X’ for general usage in passports and other documents of identity, and allows its use by people of indeterminate, unspecified or intersex gender.

Britain has legislation pending in 2016 which is intended to provide “*Legal Recognition For People Who Do Not Associate With A Particular Gender*” and the United States has seen a strong response against binary gender from the National Transgender Discrimination Survey.

It appears that non-binary usage is bound to be accepted into general usage but there will be a degree of confusion and resistance before the essential terms are accepted and settle into the language. We must bear in mind that the study of gender in this context is extremely recent, and that the English language is a huge engine of communication, difficult to move, but, once set on a new path, almost impossible to stop.

□□□

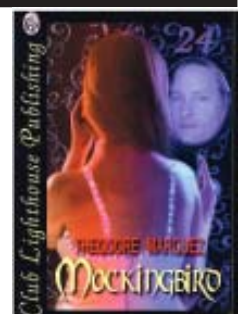
*Mockingbird* by Theodore Marquez, reviewed by Katherine Cummings

*Mockingbird* is a novel that deals with an American transgender woman, Vanessa, who takes on the identity of her twin sister, after the sister and both parents die in a plane crash. Even her Attorney-General husband, Martin, is unaware of her secret. Martin is running for a Senate seat and there are hints that one day he might try for the Oval Office.

Vanessa’s problems commence with a summons from her surgeon in Stockholm who informs her that he is dying and suggests a replacement. Why she needed a doctor on the other side of the world is one of the details that tend to confuse the plot, but her search for a replacement impels her to visit San Francisco (in

disguise) where she makes valuable and interesting friends.

Figures from the past complicate the situation ... her sister’s lesbian lover turns up, as does a nanny from her childhood. The first would like to renew the lesbian relationship while the nanny is a potential threat from having known the twins closely in their early days. The book is an amusing series of adventures and misadventures and is excellent light reading for the transgender who would vicariously enjoy having half Vanessa’s wealth, beauty and political ambition. □□□



## DUTCH DRESS DRAWS ATTENTION TO HOMOPHOBIC NATIONS

Transgender model Valentijn de Hingh has modelled a dress created by designer Matthijs van Bergensi and artist Oeri van Woezik in which the skirt features the flags of seventy-two countries that still see homosexuality as a crime.

The dress was modelled in front of the Rembrandt painting, *The Night Watch*, in the Rijksmuseum in Amsterdam. Photographs were taken by Pieter Henket after the flags, which had been displayed in the opening walk of Euro Pride in Amsterdam, were gathered by the LGBT group COC and the dress was created for de Hingh to model.

It was pointed out that not only did the seventy-two nations in question still consider being gay a crime, but in twelve of these countries the penalty for being gay is death. The concept is to replace with rainbow flags the flags of any nation that reverses its homophobic and transphobic laws, with the hope that eventually the dress will be a mosaic of rainbow flags with no trace of the homophobic and transphobic predecessors.

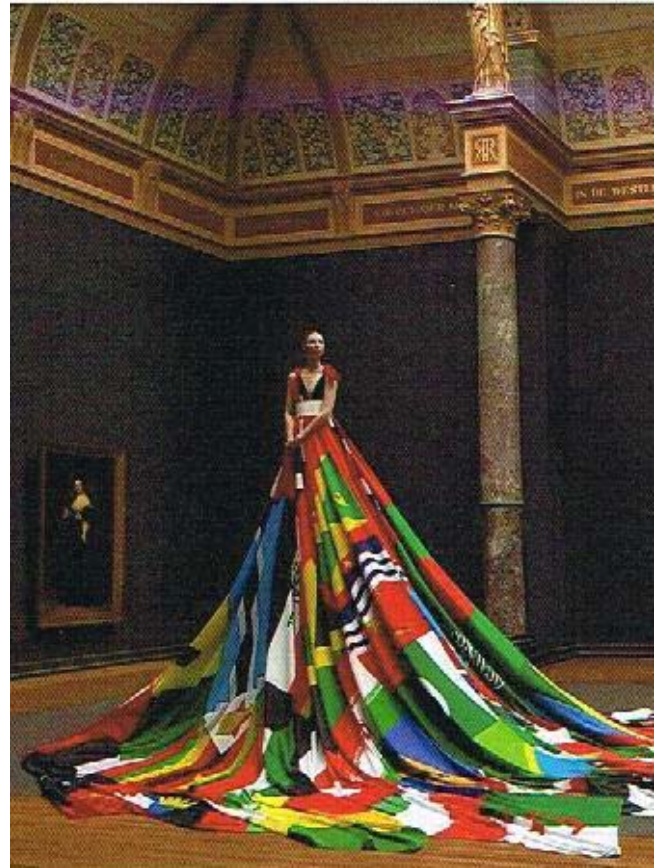
## FAMILY COURT APPROVES DOUBLE MASTECTOMY FOR FIFTEEN-YEAR-OLD FTM

The Family Court has approved a double mastectomy for an FTM who has been living as a male since the age of four. The child is now fifteen and will be taking cross-gender hormones in the near future. As there have been no puberty blockers the FTM has well-developed breasts, which could be an embarrassment after male secondary sex characteristics, such as facial hair, become obvious.

The court was told that the FTM's situation was unique, and his large bust was causing both physical and psychological discomfort.

A psychologist said that the child's mental health would probably improve after mastectomy as his anxiety, depression and attempts at self-harm were linked to gender dysphoria.

tijndehingh • 5 days ago



**Valentijn de Hingh in a dress made from the flags of 72 countries that still treat same-sex love as a crime.**

## CARMEN SWITCHED ON IN WELLINGTON

Carmen Rupe, a much-loved figure on both sides of the Tasman, has been honoured by the City of Wellington by the installation of themed pedestrian lights.

The green crossing lights show a young, slim silhouette of Carmen beckoning pedestrians to cross.

The Mayor of Wellington, Celia Wade-Brown, noted that social habits have changed since the area was renowned for its moral danger and tourists flocked there to experience the excitement of a little harmless sin.

She also drew attention to the fact that strict policing in the past formed a more realistic danger to the gays and transgenders who lived and worked in that part of the city.

The dedicated lights have, at least temporarily, taken the place of a projected statue of Carmen

although this plan may be revived in the future. Carmen was active in the area and ran a number of institutions locally.

The Mayor whimsically suggested that it might have been more accurate to have dedicated the red lights to Carmen, rather than the green.

Other speakers were Rainbow Labour's MP, Grant Robertson, Carmen's friend Dana de Milo and an actor, Borni Te Tukiwaho, who played the part of Carmen in the TV program *How to Murder Your Wife*.

## **JEREMY CLARKSON COMES OUT AGAINST GENDER-NEUTRAL TOILETS IN THE UK PARLIAMENT**

Jeremy Clarkson, well known for his reasoned and gentle views, has stated publicly that

creating gender-neutral toilets in Parliament would make as much sense as installing urinals for Klingons.



**Jeremy Clarkson**

He said, "There are no transgender MPs that I'm aware of. So why use taxpayers' money to provide a facility that isn't necessary." He went on to mock transgender women for being infertile, saying "It's all very well fighting for a man's right to have babies, but where's the foetus going to gestate? In a box?" Clarkson is known for his homophobic views and has been nominated for Stonewall's Bigot of the Year.

## **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.**

The World Health Organisation (WHO) has announced it may no longer classify being transgender as a disorder in the revised version of its International Classification of Diseases, due for release in 2018.

The ICD is a diagnostic tool used across much of the world to diagnose health issues, including mental illness.

A study published this week in the medical journal *Lancet* has lent support to this move. Echoing previous research, the study found poor mental health among transgender people is primarily the product of social stigma and violence. This counters the view that being transgender is itself pathological.

### History of diagnostic criteria

Historically, it has been assumed that the sex we are assigned at birth also determines our gender. Primarily on the basis of visual inspection of genitalia, people are considered male if they have a penis and female if they have a vagina. Consequently, people are expected to define themselves as such.

For transgender people, these assumptive classifications are incorrect. Yet the belief that sex determines gender has remained, despite evidence to the contrary.

This is evident in the treatment of transgender people as disordered, as in the case of the ICD. This designation is a product of social values and norms, not of any evidence that transgender people are inherently disordered.

Calls to remove transgender from the ICD reflect growing recognition of the rights of transgender people. In 2013 this was recognised in changes to the American Psychiatric Association's fifth edition of the *Diagnostic and Statistical Manual* (DSM).

The previous edition of the DSM included the diagnosis of gender identity disorder, which treated transgender as a disorder. The DSM5 classifies transgender under the diagnosis of gender dysphoria. The ICD's proposed revised

terms include gender incongruence or gender discordance.

Those involved in introducing new terminology to the DSM suggested the focus on dysphoria reflects the impact of social norms on transgender people, rather than being indicative of a disorder. As such, the diagnosis is limited to the time in which the person is experiencing distress about their gender.

### Arguments for and against

The DSM5 (and likely the ICD) retain mention of transgender people due to the apparent necessity of a diagnosis when accessing services covered by medical insurance or public health funds. Insurers, it is suggested, are unlikely to pay if there is not a diagnosed issue requiring treatment.

But the Standards of Care of the World Professional Association for Transgender Health (WPATH) recognise that some transgender people do not experience significant distress and should not need to do so in order to access services.

Transgender people have long opposed diagnoses being applied to their lives, even if these are required to warrant access to services. Many have argued that these pathologise transgender people's lives, allow for gatekeeping of access to services and place unnecessary barriers to accessing them.

In terms of pathologisation, it has been argued that retaining diagnostic categories, even if not framed in terms of a disorder, may be used negatively by those opposing rights of transgender people.

In terms of gatekeeping, focusing on a particular description of what counts as transgender may encourage some to present a scripted account of their experiences in order to justify support. This could mean actual mental health issues requiring attention are overlooked or minimised. In terms of barriers, services for transgender people are relatively limited in most countries – certainly so in Australia.

“Calls to remove transgender from the ICD reflect growing recognition of the rights of transgender people”

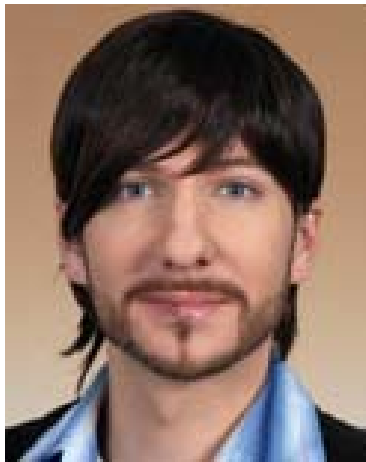
Requiring a diagnosis means that before accessing specialist services such as endocrinologists or surgeons, transgender people must first attend appointments with mental health professionals.

Given the demand for mental health professionals, wait times can be long. Research suggests that people can be particularly vulnerable during the period between first disclosure of being transgender and accessing services. Long wait times extend this period unnecessarily.

### Alternative approaches

Some transgender people may certainly experience mental health concerns, as may any person. GP referral to a mental health professional currently provides a clear pathway to services.

Transgender people who do not require support for mental health, but who wish to access support for hormones or surgery, could be referred directly to specialists rather than via a mental health professional assessment. This would require upskilling GPs so that they are able to provide appropriate referral and initial support. Some transgender people may, of course, wish to access support from a mental health professional, but this would be at their discretion, not as a requirement for a diagnosis.



**Dr Damien Riggs, Assoc. Professor at Flinders U.**

When a person is pregnant, the pregnancy is not a diagnosis but a confirmation of fact, and services are provided accordingly. While the ICD includes a code for professionals who supervise a pregnancy, this is not *per se* a diagnosis.

A person who has received no care throughout their pregnancy can still walk into a hospital when in labour and receive services covered by health insurers or public funds.

Similarly, and as an informed consent model would advocate, transgender people are well versed in the facts of their lives and should be able to present for specialist services with a GP referral.

This would not prohibit transgender people also accessing mental health services. Treating mental health assessment (when needed) as separate from referrals for specialist services would help reduce gatekeeping and wait times.



Changes to the ICD would be welcomed, as is research that continues to demonstrate the impact of social stigma. Transgender people have long made these points, and we must acknowledge their rights to self-determination, and timely access to services. □□□

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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](http://unitingcareageing.org.au)

**POPE SAYS GAYS DESERVE APOLOGY**

Pope Francis has suggested that the Catholic Church should apologise to gay people for the way they have been treated.

On his way back to Rome from Armenia he was asked if he agreed with Cardinal Reinhard Marx that the Church should apologise.

Francis responded “We Christians have to apologise for so many things, not just for the treatment of gay people. And we have to ask for forgiveness, not just apologise.”

“The question is, if a person has that condition, has good will, and looks for God, who are we to judge?”



**Pope Francis**

The Pope’s remarks were criticised by some members of the Catholic Church.

*[Ed.Note: Don’t forget the ‘T’ in LGBT, Francis. One of the grounds for prosecuting Joan of Arc and burning her at the stake was her dreadful sin of cross-dressing.]*

**CHELSEA**

**MANNING ATTEMPTS SUICIDE**

Chelsea Manning, currently serving a thirty-five year sentence for leaking US Army documents to Julian Assange, attempted to commit suicide on 5th July 2016. Her attempt failed and she is currently facing ‘administrative’ charges related to the suicide attempt.

■ The charges are that she resisted the force cell move team (she was unconscious when the team arrived so the charge is questionable),

■ She had prohibited items (the ones she used to try and take her own life), and

■ Threatening conduct (in attempting to commit suicide).

If Chelsea is convicted on these charges she may be placed in solitary confinement for the rest of her prison term (another 30 years), she

my be placed in “maximum security” and it will be almost ten years before she can be classified as “minimum security”.



**Chelsea Manning**

Various petitions are being raised in the United States and elsewhere which will plead with the United States Government to drop the charges and provide her with adequate health care.

**ABS CENSUS WILL ALLOW MORE FLEXIBILITY IN GENDER TAGS**

The 2016 census, which is the first to allow on-line entries, will also break new ground by allowing gender to be listed as male, female or other.

Activist Jez Pez suggests that transgenders should use the paper version of the census form, as it is doubtful that the on-line version will allow for other than binary gender. Pez also says that in addition to gender there should be a question relating to sex assigned at birth, so that those who have been reassigned from assigned sex to innate gender will be able to make that point.



**Jez Pez**

It is a recognised fact that there are not nearly enough statistical files on transgenders and the census would be an invaluable source for information if an effort were to be made to gather some of the vital information needed by researchers in this field.

**US LOOKS TO ISRAEL FOR EXAMPLES OF TRANSGENDER SOLDIERS**

The United States is looking to the Israeli armed forces for models on treatment of transgenders in the military. Israel has allowed women and transgenders to take their place in frontline combat for some time. Men serve for three years, women for two and the Army now boasts a Gender Affairs Department.



## Looking Forward, Looking Back

I'm nowhere near done yet  
Can't get rid of me that easily;  
these days I'm nearly regular  
(but not wanna-be)

Short, smart-arse guy  
Standing up for rights  
Work, home, road, street,  
'fighting the good fight'

I have nothing to hide...  
I am me  
Not shouting from the rooftops,  
In others' faces - familiarity

Thanks to all  
Who went before  
thanks to all  
who've gone before

Without you  
there would be no me  
Without you  
there will be no me

I we me you  
Separated  
Connected  
Both are true

Learning for everyone  
Learning for me  
Learning about you  
Learning about 'we'

Unless they start it,  
Then I say: Hey, you  
"Bring it on-  
to me I **will** stay true"

Bugsy 10/6/16

## Nicolsons Electrolysis

Electrolysis is still the only permanent solution for unwanted hair

Nicolsons Electrolysis provides the latest and best in electrolysis technology, and many years of experience with transgender individuals to give you the fastest results

Over 20 years' specialist experience  
Registered Nurse (non practising)  
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**PLATINUM**  
27 MHz

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for the 21<sup>st</sup> Century*



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Centre for Social Research in Health

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We welcome applications for research into the social and cultural aspects of HIV, sexual health, sexual practices, viral hepatitis and drug use but also encourage proposals in related areas of education, health and wellbeing, and from a diversity of social and behavioural science perspectives.

Students form an integral part of our diverse community of talented supervisors and researchers, and develop close relationships with community organisations, health and education service providers and policy makers, to inform the quality of their research and strengthen the impact and relevance of their research findings.

Note: Applications for APA scholarships (for domestic students) close on 13 October 2016 for Semester 1, 2017 admissions. A second round then opens for second semester. UNSW International Research Candidate Scholarships are listed at: [research.unsw.edu.au/postgraduate-research-scholarships](http://research.unsw.edu.au/postgraduate-research-scholarships)

Find out more by visiting:  
[csrh.arts.unsw.edu.au/education-training/postgraduate-research/](http://csrh.arts.unsw.edu.au/education-training/postgraduate-research/)



## Dates for Special Interest and Support Groups 2016

<b>Transtopia</b> 14-19 yrs 5pm-7pm  <del>Tue 26/4</del> <del>Tue 24/5</del> <del>Tue 28/6</del> <del>Tue 26/7</del> <del>Tue 23/8</del> Tue 27/9 Tue 25/10 Tue 29/11	<b>Young Women's Group</b> 18-35 yrs 5.30pm-7.30pm  <del>Tue 10/5</del> <del>Tue 14/6</del> <del>Tue 12/7</del> <del>Tue 9/8</del> Tue 13/9 Tue 11/10 Tue 8/11	<b>FTM Connect</b> 6.30pm-8.00pm  <del>Fri 1/4</del> <del>Fri 6/5</del> <del>Fri 3/6</del> <del>Fri 1/7</del> <del>Fri 5/8</del> <del>Fri 2/9</del> Fri 7/10 Fri 4/11 Fri 2/12	<b>Parent's Support Group - Sydney</b> 6.30pm-8.30pm (doors open 6.00pm)  <del>Mon 11/4</del> <del>Mon 9/5</del> <del>Mon 6/6</del> <del>Mon 11/7</del> <del>Mon 8/8</del> Mon 12/9 Mon 10/10 Mon 14/11 Mon 8/12
<b>Women's Group</b> 1.30pm-3.30pm  <del>Fri 29/4</del> <del>Fri 27/5</del> <del>Fri 24/6</del> <del>Fri 29/7</del> <del>Fri 26/8</del> Fri 30/9 Fri 28/10 Fri 24/11	<b>Over 55 Support Group</b> 1.30pm-3.30pm  <del>Thu 14/4</del> <del>Thu 12/5</del> <del>Thu 9/6</del> <del>Thu 14/7</del> <del>Thu 11/8</del> Thu 8/9 Thu 13/10 Thu 10/11 Thu 8/12	<b>Queer Agenda Group</b> 5.30pm-7.30pm  <del>Mon 4/4</del> <del>Mon 2/5</del> <del>Mon 6/6</del> <del>Mon 4/7</del> <del>Mon 1/8</del> Mon 5/9 Tue 4/10 (public holiday Mon) Mon 7/11 Mon 5/12	

**Please Note:** New groups are being formed in Wollongong and Dubbo for parents of transgender children. Dates have not yet been set. For details please see the website: [www.gendercentre.org.au](http://www.gendercentre.org.au) or call the Centre on 9519 7599 (1800 069 115 outside metropolitan Sydney (9am-530pm M-F)).

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

### **QUEENSLAND GENDER CENTRE**

The Queensland Gender Centre is run 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](mailto: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 2016 have not been set but sessions will be held monthly. To make an appointment please contact a Gender Centre Staff member on 9519 7599 or email [reception@gendercentre.org.au](mailto:reception@gendercentre.org.au). Bookings are essential.**

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

## **Gender Centre Interest Groups**

If you are M2F;  
F2M; Over 55;  
Queer; Youth  
Group (aged  
between 14 and  
19); Young Female  
(under thirty-five);  
or Parents of a  
Transgender Child,  
then there is a  
group at the  
Gender Centre  
tailored for you.  
Groups usually  
meet once a  
month.  
Call the Gender  
Centre for details.

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

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**Call Margot 9335 2536  
or Mim 9335 2350  
@ Petersham TAFE**

### ***PARENTS OF TRANSGENDER CHILDREN***

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

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.**

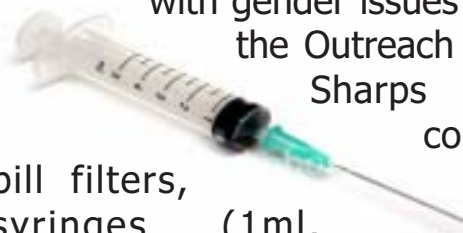
Contact Liz on 9519 7599

### **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



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## Free training for mental health workers in the Inner West

Do you work in the mental health sector or are you involved in community programs focused on wellbeing and inclusion?

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Learn how to harness the power of great stories to improve people's well-being

We will be running training sessions in February, March & April 2016. Places are limited, so please contact us to ensure you are part of this dynamic opportunity!

Develop new skills in engagement and capacity building in your organisation

Shared Reading NSW offers an innovative, inclusive and engaging program that improves the lives of people living with mental health issues.

Use literature to inspire and connect with people with our practical training sessions

Share in the positive effects reading has on everyone



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IN RECOVERY**  
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one story at a time

To get involved contact us:  
[info@sharedreadingnsw.com](mailto:info@sharedreadingnsw.com)

stand tall  
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.*

If you report transphobic incidents to us, 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) 9519 7599, email: [tavp@gendercentre.org.au](mailto:tavp@gendercentre.org.au) online: [www.tavp.org.au](http://www.tavp.org.au)**

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

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

**STOP DISCRIMINATION**

**Contact the Anti-Discrimination Board of NSW**

**Get free confidential advice**

Phone (02) 9268 5544 or 1800 670 812 for people outside Sydney.

If you need an interpreter call 131 450 first. TTY 9268 5522.

Email [adbcontact@agd.nsw.gov.au](mailto:adbcontact@agd.nsw.gov.au)

**Make a complaint**

Visit our website at: [www.lawlink.nsw.gov.au/adb](http://www.lawlink.nsw.gov.au/adb)  
to download a complaint form.

Email [complaintsadb@agd.nsw.gov.au](mailto:complaintsadb@agd.nsw.gov.au)

*T*oo often we feel that our needs are being ignored, or overweighted by other social demands, no less crucial than ours, but more easily understood, like the needs of the homeless, or the treatment of asylum-seeking children. It is therefore worth noting that even if progress in the area of gender diversity is slow, it is not at a standstill. The following lightly edited extracts from the NSW Parliamentary Hansard (Proceedings of the Parliament) demonstrate that we are not forgotten and that if we consider the progress that has been made over the past fifty years, in areas of legislation, medical and social advances and the broadening understanding of the field to include acceptance of the special needs of the young and the ageing, there is increased hope for the future, in which gender diversity will be as unremarkable as gender difference is today. The following extract comes from the November 2015 Hansard, and was recorded shortly before the observation of the Transgender Day of Remembrance.

KC

## LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX LAW REFORM

Mr ALEX GREENWICH (Sydney) [7.53 p.m.]: Although New South Wales has come a long way towards lesbian, gay, bisexual, transgender and intersex [LGBTI] equality through a multipartisan approach to law reform, discrimination in a number of fields remains lawful, which sanctions community discrimination and has personal impacts. Tonight I speak of the urgent need for specific reforms for the transgender, transsexual and intersex communities. A growing body of evidence shows significantly higher rates of mental health problems among transgender and transsexual people, including anxiety, depression, substance abuse and self-harm.

The recent Curtin University's "First Australian National Trans Mental Health Study—A mixed-methods study of mental health and associated factors in transgender and transsexual (trans) people" found that fifty-seven per cent of participants had been diagnosed with depression at some point in their lives, which is four times the rate of the general population. One in five participants reported suicidal ideation or self-harm on at least one day in the two weeks prior.



**Alex Greenwich**

## Your Tax Dollars At Work

While there are fewer studies into mental health that identify intersex status, international studies and anecdotal evidence point to high rates of poor mental health, suicide and self-harm. Stigma, discrimination, isolation and exclusion all contribute to poorer mental health outcomes in these communities.

The Human Rights Commission report on sexual orientation, gender identity and intersex [SOGII] rights identified extensive reforms needed to remove State-sanctioned discrimination of trans and intersex communities. The report recommended removing barriers to trans people by updating the sex or gender marker on State documentation. This is a serious problem because having incorrect and inconsistent documentation forces trans people to repeatedly explain the deeply personal situation of their transition, subjecting them to judgement, discrimination and stigma.

A trans person cannot update the sex on his or her birth certificate if they are married, which forces many to choose between divorcing a loving and supportive spouse and having the correct sex on their birth certificate. That choice is untenable and unfair. The support and stability of a loving spouse during a transition is vital and many couples do not want to divorce.

Last year I co-sponsored a bill with Dr Mehreen Faruqi to remove forced trans divorce provisions—I hope to achieve support for that bill in the future. Trans people cannot update the sex on their birth certificate without undergoing expensive and often unnecessary surgery.

Surgery is not always appropriate and is not the most common form of sex affirmation treatment—many prefer hormonal treatment. Federal agencies do not have this requirement; instead, they allow a person to change her or his sex on his or her passport with a statutory declaration from a medical practitioner. It is time these requirements were harmonised in State legislation.

Following a discussion paper process, I drafted legislation to enable trans people to update their birth certificates with supporting



medical documentation, and I have secured co-sponsors from across the Parliament. I am working closely with the Attorney General's office. It is my understanding that the Attorney General is considering this bill carefully and that further consultation will be conducted. The SOGII report recommends an end to cosmetic surgery to normalise genitals of infants born with atypical sex characteristics. The surgery is not life-saving and can have lifelong impacts such as pain, scarring, loss of sexual sensation and sterilisation, as well as problems if the child's later identity differs from her or his surgically assigned sex. Adults can be dissatisfied with surgery later in life. I have asked the Minister for Health to introduce a model of informed consent, and I hope the NSW Chief Paediatrician will consider this.

The NSW Registry of Births, Deaths and Marriages recognises only male and female despite a number of trans and intersex people who have part of both male and female sex characteristics and do not identify with either. Last year the High Court ruled in favour of a person named Norrie, stating that the law should recognise that sex is not binary. I note that Births, Deaths and Marriages is working with trans and intersex communities to ensure that people who do not identify as wholly male or female have a valid option to register their sex. Any third option must not be mandatory but available to adults to choose.

Provisions in the Anti-Discrimination Act also allow for private educational authorities to discriminate against transgender students and teachers. Essentially students can be denied entry into a school or expelled solely on their trans status, and teachers can be fired or not hired because they are trans. I have drafted legislation to remove these provisions and—depending on the outcome of the Attorney General's review of the Anti-Discrimination Act—I will introduce that legislation in the New Year. Reforms for the trans and intersex communities have been slow, and many feel that the law treats them as second-class citizens. I call on the House to further progress LGBTI equality, prioritising trans and intersex communities.

Ms GABRIELLE UPTON (Vaucluse—Attorney General) [7.58 p.m.]: I thank the member for Sydney for bringing this matter of public importance to the attention of the House. I am happy to join the member for Sydney in his comments this evening. There is no stronger advocate for lesbian, gay, bisexual, transgender and intersex [LGBTI] rights in the NSW Parliament than the member for Sydney. I congratulate him on his efforts to ensure that gay, lesbian, bisexual, intersex and trans citizens are treated equally and fairly. As I have said before, the diversity of the New South Wales community makes us stronger.



**Ms Gabrielle Upton  
MP, A-G**

As Attorney General I strongly support the principle that justice should be blind and the New South Wales Government is committed to ensuring that everyone in New South Wales is treated fairly and equally under the law. It should go without saying that this includes members of the LGBTI community. As the member for Sydney has asked the House to note, significant progress has been made on reforms affecting LGBTI people in New South Wales. In 2014 this House righted past wrongs in passing legislation to allow historical homosexual offences between consenting males to be extinguished. In 2014 the Government also adopted the Crimes Amendment (Provocation) Bill 2014, which abolished the "homosexual advance" partial defence to the charge of murder.

Following the release of the Human Rights Commission's report on sexual orientation, gender identity and intersex rights in June this year, I acknowledged the challenges faced by LGBTI people in New South Wales, in Australia and, indeed, across the world. At that time I welcomed the fact that the Human Rights Commission's report put a clear focus on these challenges. I find it very worrying that

## Issue One Hundred and Eight

Australia and, indeed, across the world. At that time I welcomed the fact that the Human Rights Commission's report put a clear focus on these challenges. I find it very worrying that many in the LGBTI community continue to experience the things the member for Sydney has spoken about this evening—bullying, harassment, intimidation, even violence, based on their sexual orientation, gender identity or intersex status—and the impact this may have on their physical and mental health.

I have met with the New South Wales Parliamentary Friendship Group of LGBTI and with Tim Wilson, the Human Rights Commissioner, who gave me a comprehensive briefing on the sexual orientation, gender identity and intersex [SOGII] report. It is clear from those discussions that trans and intersex communities in this State are facing a number of issues. The New South Wales Government is currently considering the most appropriate ways to ensure that intersex people are protected from discrimination. It is fitting that we are discussing this matter of public importance today because Friday 20 November is the Transgender Day of Remembrance. This day, which is observed in many places around the world, was set aside to remember people who have been killed because of hate-motivated crime against transgender people.

More work needs to be done at a State and Federal level. I can assure the member for Sydney that this Government is committed to building on the work that has already been done in this Parliament towards positive reforms for this community.

I was greatly encouraged in June this year when this House adopted a motion noting the importance of members of Parliament being free to express their own view and those of their electorates on the issue of marriage equality. The Anti-Discrimination Act 1977 prohibits harassment, discrimination and vilification on the grounds of homosexuality and transgender but not intersex status.

Laws in New South Wales are generally non-discriminatory in relation to lesbian, gay, bisexual and transgender people, but intersex

people are currently not covered. The New South Wales Department of Justice is considering the best way to address this issue, in line with the changes that have been made to Federal laws. On 7 May 2014 the Premier said in this House that "members of the lesbian gay, bisexual, transgender and intersex community continue to have the Government as a great supporter". I reiterate the Government's commitment to that community.

In the New Year I intend to address the concerns affecting the LGBTI community that the member for Sydney has raised. He has done this in a spirit of generosity and intelligence. The LGBTI community is entitled to blind and fair justice and should not be subject to anomalies which make that impossible. As a strong advocate for his electorate and the LGBTI community, the member for Sydney should be commended for bringing these matters of public importance before the House for discussion and again raising these important issues. I commend my statement to the House.

Ms JO HAYLEN (Summer Hill) [8.03 p.m.]: Along with the Attorney General, I thank the member for Sydney for raising the important issues facing transgender and intersex Australians, and I wholeheartedly support the call for further reform. From decriminalisation in the 1980s through to equalising the age of consent and introducing same-sex adoption, New South Wales has delivered reforms that affirm and acknowledge the fundamental rights of lesbian, gay, bisexual, transgender and intersex [LGBTI] people and impact their lives in significant, profoundly personal ways.



**Jo Haylen (Lab.)**

We have come a long way, but there is more work to be done.

Whether it is attacks on programs that acknowledge same-sex attracted and gender

diverse kids in our schools or banning documentaries about same-sex parenting or the fact that our country still refuses to allow all Australians to marry, the reality is that the LGBTI community continues to face discrimination and intolerance.

We must do more to protect and further the rights of transgender and intersex Australians, including removing the requirement for sex reassignment surgery before the gender marker can be changed on birth certificates. We must also remove the insidious provision that married transgender people divorce their partner before being allowed to change their gender marker.

These measures may seem insignificant to those of us who take access to identification for granted, but they will be vital for the many trans people who are unable to hold identification that accurately reflects their gender identity. It is also important for us to understand that some fellow citizens do not wish to be identified as one gender or the other, and we must work to accommodate that. I welcome the Attorney General's comments this evening that she and the Government will work towards ensuring that we make accommodation for transgender, intersex and gender-diverse citizens in New South Wales when it comes to identity paperwork. It is often the smallest of reforms that have the greatest impact on how we live our lives and the kind of community we live in. We know the next step is to achieve marriage equality and the best way to do that is through the Parliament.

Ms JENNY LEONG (Newtown) [8.06 p.m.], by leave: I join the member for Summer Hill and the Attorney General in thanking the member for Sydney for bringing this matter of public importance to the House. I specifically acknowledge the importance of talking about reforms to laws affecting the trans and intersex communities. The LGBTI acronym is often used when talking about gender-diverse communities, and it is important to acknowledge that any law

reform should recognise the specific and distinct needs of trans and intersex communities. One critical thing to remember in law reform is the impact these laws have on people's lives.

That should be at the heart of any reforms. I have heard many heartbreaking stories from members of the trans and intersex communities. I have been told about the impact of laws on their lives and the community response to issues of discrimination in the form of transphobia and homophobia. People, especially young people, have faced trauma and distress as a result of existing laws.



**Jenny Leong (Greens)**

I acknowledge that this matter is being discussed in the lead-up to the Transgender Day of Remembrance. I was honoured to participate in this event organised by the Gender Centre at the Newtown Neighbourhood Centre last year, and I look forward to joining organisers to remember those who have passed away and those who have suffered as a result of

discrimination and hostility because they are trans. The Greens support a number of law reforms, including the end to surgical requirement and forced divorce. We hope to see reform of those requirements in the coming year. We believe there is a need to reform the Anti-Discrimination Act and to implement the 2013 Senate committee recommendations on intersex people.

It is important to recognise that these reforms will have a real impact on people's lives. Marriage equality should recognise that in certain circumstances the New South Wales Act requires people to be unmarried before they can change their sex. This puts many in the untenable situation of having to divorce their partner. The Greens Senator Janet Rice found herself in that situation with her long-term partner, which makes it an issue close to our party's heart. Members can read Senator Rice's amazing story in a recent *Sydney Morning Herald* article. I encourage law reform in this area, and look forward to some changes in 2016.

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Mr ALEX GREENWICH (Sydney) [8.09 p.m.], in reply: I thank the Attorney General, the member for Summer Hill and the member for Newtown for their positive contributions, and their respect of and commitment to trans and intersex communities and law reform. I acknowledge the presence of the Speaker in the Chamber and also thank the member for Coogee, who is a strong advocate for the lesbian, gay, bisexual, transgender and intersex [LGBTI] communities. It is my commitment that 2016 will be a year of law reform for the trans and intersex communities.

It is important that we remove the obstacles that prevent trans people from correctly reflecting their sex or gender on their birth certificate. It is important that anti-discrimination legislation does not allow private institutions to discriminate against people based on the fact that they are trans, as is currently the case.

I am pleased that this debate has occurred just before the Transgender Day of Remembrance. As the Attorney General said, it is sad that we need to have such a day because of ongoing violence and stigma against trans and intersex people and the high rates of suicide in these communities. More importantly, we need to remove the legislation creating the stigma. While we have come a long way on LGBTI reforms, progress has been particularly slow for the trans and intersex communities.

I am passionate about this reform, and I need to apologise that I have not given this issue sufficient priority—but that will change in 2016. Many trans people do not have the basic right to a correct birth certificate, and that needs to change. This is recognised as a human rights issue by the Human Rights Commission, the World Health Organization and Amnesty International.

I thank my friend and the Human Rights Commissioner, Tim Wilson, for the work he has done in this space. Amnesty International points out that the barriers to obtaining a correct birth certificate

"stigmatise and restrict the ability of transgender people to obtain legal and social recognition of their identity". The reality is that many trans people transition without surgery but current laws prevent State documentation from reflecting this transition. As a result, our State registers are incorrect. Where trans people have had surgery, they cannot update their birth certificates if they are married: The law forces them to divorce or to live with incorrect documentation. Many married people support each other when one spouse transitions and the law should protect such relationships while respecting the need for people to have correct documentation.



**N o r r i e ' s  
passport**

The Norrie case shows how strict rules for registration exclude people who do not identify as either male or female. Some people, be they transsexual or intersex, have male and female characteristics. I am pleased that the High Court recognised that. I welcome the work being undertaken by the NSW Registry of Births, Deaths and Marriages and hope it will provide options for those people. I hope that soon our births, deaths and marriages register will be able to reflect the reality of all people in the transsexual and intersex communities, rather than set unrealistic and exclusive criteria.

Forced cosmetic surgery to normalise the genitals of infants born with atypical sex characteristics is also a human rights issue. Such surgery can be delayed until a person is old enough to understand the implications

of it. Informed consent is supported by the Australian Human Rights Commission, the World Health Organisation, the Australian



**Tim Wilson**

Senate Standing Committee on Community Affairs and the Council of Europe. If the Government is not going to ban the practice, it must start assessing international research and conduct its own research into adults who have experienced cosmetic surgery as infants.

Speaking with the parents group at the Gender Centre recently showed me how important it is to address these issues. They are parents of people who are transitioning their gender at a certain point in life, either as teenagers or as adults. These parents told me that it is really important that children have access to puberty blockers early in life and access to hormones later in their teens. I would like to see us move towards implementing that. They also told me how important it is for a person to be able to change her or his birth certificate. When someone has gone through the process of identifying to themselves that they are a different gender from the one they were born with—for example, that they were male but now are truly female—it has a real impact when a government document denies that and reflects the incorrect gender.

One can understand the importance of law reform when one talks to parents. The time I have spent speaking to members of the parents group at the Gender Centre has shown me that this issue needs to be addressed as a priority. I look forward to working with my colleagues across the Parliament to progress law reforms in 2016. They include, in this House, the Attorney General, the member for Coogee, the member for Newtown and the member for Summer Hill. In the Upper House there are a number of supporters, including the President, the Hon. Don Harwin, the Hon. Trevor Khan and the Hon. Penny Sharpe. I thank all members for their contribution to this discussion. I look forward to future reforms to extend all the protections of the law to transsexual and intersex communities.

*This extract from Hansard outlines some of the areas our legislators are currently working on, and provides names and faces of some of the politicians and public servants who can be approached in case of need.*



## Considering Surgery in Thailand?

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- Face Feminisation Surgery
- Breast Augmentation
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**E-mail**

**Sales@nasmedicaltravel.com**

**www.nasmedicaltravel.com**

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**

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

**Except in the case of 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.**

# The Transgender Toilet Questionnaire, answered by Katherine Cummings

*Some time ago we received a questionnaire from one of Australia's universities, asking for opinions on how the ongoing problems confronting transgender people who wish to use public toilets might be resolved. Separate? Combined? Unisex? Segregated? I thought it might be of interest to many of our readers who might not have seen the original questionnaire, and am providing my responses. If anyone would like to comment, feel free. Now read on:*

## **Before answering the questions, some general statements need to be made:**

1. *Let us avoid the use of Americanisms such as 'restroom' and 'bathroom' when we are talking about toilets.*

2. *Let us also recognise the fact that we live in a society where functions involving human waste (urination and defecation) are part of a larger social taboo related to genitalia and sexual procedures.*

*Because of this taboo public toilets in our culture (or sub-culture) tend to be separated by gender. This is less marked in other sub-cultures.*

*An example would be the French pissoirs where a man can urinate behind a shoulder-level screen while still chatting with a woman (or anyone) standing outside. In other cultures all toilets are unisex although some make males and females enter by different entrances.*

*In our culture there are numbers of people who would be uncomfortable with all toilets being unisex and there is no reason why this discomfort should not be accommodated, just as we create separate change rooms for males and females.*

*Virtually all private homes contain unisex, one-person, toilets and if a decision were made to have unisex public toilets it is possible that this decision might be accommodated by*

*providing toilets containing cubicles, as women's toilets now do, and providing a separate area for urinals, which could be a separate room or simply a screen providing privacy for men using the urinals.*

*It should be noted that if the cubicle system is adopted, the cubicles should have walls high enough to stop men from climbing on the toilets and looking over the partitions, or taking photographs.*

*If a building is being newly constructed and is of sufficient size there is no reason why a unisex toilet should not be included although most transgender people would prefer to use the toilet appropriate to their innate gender. People would use unisex toilets if they were not confident enough to use the toilet appropriate to their gender, or if it was simply in a more convenient location or the single-sex toilets were overcrowded. When the Men's Union at my university opened its doors to women, one of the major toilets was converted to unisex and was used impartially by both genders.*

*It may be advisable to ensure that cubicles in a unisex toilet are large enough for people to adjust their clothing before emerging into the 'common' area. The cubicles should also be large enough to accommodate tampon disposal bins without*

*overcrowding the space. This is a fault often found in existing women's toilets.*

**Now on to the questionnaire:**

## **Question 1. Which of the following arrangements is best:**

**a. Three toilets i.e. Every establishment should have a male, female and unisex toilet.**

As noted above, this solution is fine for establishments large enough to justify the cost of multiple toilets. If this were the case often



**French pissoir permitting continued conversation**

enough it would encourage people to expect unisex toilets just as we now take for granted that most places will have toilets accessible to people in wheelchairs.

Some establishments would not be able to provide multiple toilets and standards would need to be established to decide which should be compelled to have unisex toilets and which need not do so. A parallel is the NSW OH&S standard that imposes the need for a resting room (i.e. a room with a bed and/or comfortable chairs) when staff numbers exceed 200.

**b. One toilet i.e. All restrooms to be unisex.**

To create a rule that made it compulsory for all public toilets to be unisex would create a significant backlash and a lot of resistance in those who might otherwise have become used to the situation if it were initiated as an add-on to existing arrangements. Although the idea is logical it would take time for social taboos to be overcome and it might be necessary to have a significant 'sunset clause' or even make it a rule applicable only to new buildings.

**c. Two toilets i.e. Stick to what we have now and just change the views and opinions of those who judge.**

I presume this means there is a need to educate those who judge the rights of others to use specific toilets. This would be desirable but would take a long time, and would require a revision of education procedures starting at the pre-school level and including parents in the educational target group.

The breaking of the association between taboos associated with genitalia and defecation/urination body-parts would not be an easy campaign to mount and would be very expensive, particularly as it is also associated with the gender and sex rules of several major religions.

**Question 2.**

**If there were three toilets, would you, as a transgender person, feel comfortable going**

**into the Unisex Toilet as people would be able to see you entering and exiting the toilet. Why or why not?**

I am a transgender woman and I would feel perfectly comfortable going into a unisex toilet. I don't care who would see me. Why should I? I don't look particularly feminine much of the time, e.g. I don't wear makeup very often and I tend to wear unisex clothing (t-shirts, jeans and flat shoes) most of the time, but I am legally female and prepared to call on the law, if need be, to assert my rights.

If there were three toilets I would tend to go to the Women's or the Unisex, depending on which was more convenient.

**Question 3.**

**Would you prefer all public toilets to be unisex? Yes or no?**

Yes, **provided** there was a sunset clause allowing existing toilets to stay as they are and provided thought was given to designing unisex toilets so that they were acceptable to the majority of users.

**Question 4.**

**If men and women were to share toilets, there are of course a lot of issues surrounding that, mainly danger towards women.**

**Sex offenders and pedophiles having access to women and children.**

**Lack of privacy between men and women.**

**Do you have any solutions to these problems?**

I don't think these are problems. If a pedophile or sex offender wishes to attack a victim in a toilet he or she will not be encouraged by the fact that the toilet is unisex any more than they are currently deterred by the fact that a toilet may be segregated.

There are documented cases of men entering women's toilets for sexual predation (and cases of men entering men's toilets for the same reasons. There are also documented



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cases of pedophiles following children into toilets).

There are, however, **no** documented cases of men pretending to be women, nor of transgender women, going into women's toilets in order to carry out sexual attacks.

There **are** documented cases of trans women going into women's toilets and being physically attacked by women but this form of mindless aggression is likely to persist until unisex toilets are accepted by the general public and transgender people are accepted as an example of social diversity rather than a threat.

Lack of privacy is also a non-issue. There is as much privacy in a toilet cubicle as there is in a one-person stand-alone toilet. As long as there is room in the cubicle for a person to adjust his or her clothing before emerging, there is no real problem. Again, it is more of a taboo problem than anything else and modern society should have grown out of taboos long since.

### Question 5

**Do you have any other comments to make regarding this issue?**

Only that I think that in a games-theory matrix it would be of low priority, since it is a minor problem with a very complex and expensive solution.

□□□

### **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 46, Newtown, NSW,  
2042**

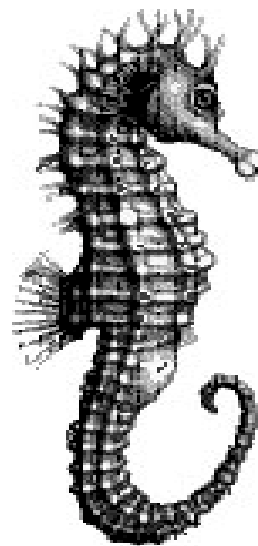
or at:

**info@oii.org.au**

**or visit our website at  
www.oii.org.au**

# The 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”**



## 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: \$145.00 per week, plus utilities and two weeks bond (negotiable).

Please contact:

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

## 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

## *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 9519 7599 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!*

A passport can be issued to sex and gender diverse applicants that will, identify them as M (male), F (female) or X (indeterminate/intersex/unspecified).

If you are applying for a passport in a sex different from that recorded on your birth certificate or your previous Australian passport, you will need to complete a [full passport application form](#). You will also need to provide original documents as evidence of your identity, citizenship and preferred sex.

If you are also changing your name, you will need to present a change-of-name certificate issued by an [Australian Registry of Births, Deaths and Marriages \(RBDM\)](#) or a legalised foreign equivalent.

## Documentation required as evidence of your preferred sex

Surgery is not a prerequisite for a passport to be issued in your preferred sex.

You can provide one of the following documents to support your passport application:

- a gender recognition certificate issued by the Gender Reassignment Board, or
- a revised birth certificate issued by an RBDM, or
- a recognised details certificate, which records your new sex and current name, issued by an RBDM.

Alternatively, or if you are transitioning to another sex, you can obtain a statement from a registered medical practitioner or psychologist that you have had or are receiving appropriate clinical treatment for gender transition.

The nature of the treatment does not have to be specified. This advice should be provided



on the [Declaration: sex/gender of passport applicant \(B14\) form](#).

If you wish to have your sex recorded in your passport as X, we need confirmation from a registered medical practitioner or psychologist that you are of indeterminate sex or are intersex.

This advice should be provided on the [Declaration: sex/gender of passport applicant \(B14\) form](#)

## Replacement passport for sex and gender diverse applicants

If you hold a passport with at least two years validity remaining, and you wish to change the sex and/or the name in your passport, you may apply for a replacement passport in your new sex and/or name to be issued free of charge.

A replacement passport is a reprint of your current passport with your updated details and a new photo.

It will have the same expiry date as your current passport.

You must complete a [full passport application form](#) and provide original documents to [prove your identity, citizenship](#) and change of sex and/or name (see above for details). □□□

### 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

#### AIDS ACTION 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. Havelock House, 85 Northbourne Ave, Turner, ACT 2612  
PO Box 5245, Braddon, ACT 2601

Tel: (02) 6257 2855  
Email: contact@aidsaction.org.au

#### SWOP ACT (SEX WORKER OUTREACH PROJECT)

Provides services for people working in the sex industry in the ACT.

Westlund House,  
16 Gordon Street, Acton,,  
ACT, 2601  
GPO Box 229, Canberra, ACT,  
2601  
Tel: (02) 6247 3443  
Fax: (02) 6257 2855  
E-mail:  
aacsowp@aidsaction.org.au

### NEW SOUTH WALES

#### NSW GENDER CENTRE

##### Counselling

Provides counselling to residents and clients living in the community. For more information or an appointment contact the Counsellor on 9519 7599 between 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 - 9519 7599.

##### 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. 9519 7599

##### 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, including a quarterly magazine *Polare* and a regularly updated website at: www.gendercentre.org.au .

For more information contact the Information Worker Wed-Fri 9519 7599

##### Drug and alcohol service

Provides education, support and referral to a broad range of services - By appointment only. For an appointment contact the Outreach Worker 9519 7599

##### 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 95197599.

##### 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, 41-43 Parramatta Rd, Annandale or PO Box 266, Petersham NSW 2049  
Tel: (02) 9569.2366  
Fax: (02) 9569.1176  
manager@gendercentre.org.au  
http://www.gendercentre.org.au

#### 2010 - TWENTY10 (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

#### ACON HEALTH LTD

Information and education about HIV/AIDS, caring, support for living living with HIV/AIDS. 41 Elizabeth St, Surry Hills, NSW 2011 or POBox 350 Darlinghurst, NSW 1300  
Ph: (02) 9206 2000  
Fax: (02) 9206 2069  
tty: (02) 9283 2088

#### ACON-HUNTER

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

#### ACON-MID-NORTH COAST

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

#### ACON - NORTHERN RIVERS

27 Uralba Street  
Lismore NSW 2480  
PO Box 6063  
South Lismore NSW 2480  
Tel: (02) 6622 1555

## 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

## INNER CITY LEGAL CENTRE

Available to discuss any legal matter that concerns you.  
Ph: (02) 9332 1966

## INTERSECTION

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

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 & methodone 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 CHURCH

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

## MOUNT DRUITT SEXUAL HEALTH CLINIC

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

Tel: (02) 9881 1206  
Mon 9.00am-4.00pm  
Wed 9.00am-1.00pm  
Fri 9.00am-1.00pm

## NEWCASTLE SWOP

SWOP at Newcastle has a Mobile Sexual Health Team  
4927 6808

## NORTHAIDS

A community based organisation providing step down and respite care for PLWHA on the Northern Beaches.

Tel: (02) 9982 2310

## 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](mailto:pastorsue@theopendoor.org.au)  
for further information, or check the web page

[www.theopendoor.org.au](http://www.theopendoor.org.au)

## PARRAMATTA SEXUAL HEALTH CLINIC

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

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

## PLWHA (PEOPLE LIV- ING WITH HIV/AIDS)

PO Box 831, Darlinghurst, NSW, 2010  
Ph: (02) 9361 6011  
Fax: (02) 9360 3504  
[www.plwha.org.au](http://www.plwha.org.au)  
PO Box 187,  
Katoomba, NSW, 2780  
Ph: (02) 4782 2119  
[www.hermes.net.au/plwha/](http://www.hermes.net.au/plwha/)  
[plwha@hermes.net.au](mailto: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](http://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](mailto: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](mailto:infoswop@acon.org.au)  
[www.swop.org.au](http://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 3d Sunday of every month followed by a meal. All welcome

Tel: (02) 9565 4281 (info line)  
[sbn-admin@yahoo.com](mailto: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 NET- WORK

Welcomes FTM men.  
PO Box 2064, Boronia Park, 2111  
Tel: 9879.4979 (Paul Whyte)  
[paulwhyte@gelworks.com.au](mailto: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@sasahs.nsw.gov.au](mailto:sshc@sasahs.nsw.gov.au)

## SYDNEY WEST HIV/HEP C PREVENTION SERVICE

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

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

## TOWN & COUNTRY CENTRE

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

## WOMENS AND GIRLS EMERGENCY CENTRE

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

## National

## (ABN) AUSTRALIAN BISEXUAL NETWORK

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

PO Box 490, Lutwyche QLD 4030  
Tel: (07) 3857 2500  
1800 653 223

[ausbinet@rainbow.net.au](mailto:ausbinet@rainbow.net.au)  
[www.rainbow.net.au/~ausbinet](http://www.rainbow.net.au/~ausbinet)

## AISS SUPPORT GROUP (AUSTRALIA)

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

PO Box 1089  
Altona Meadows, VIC, 3028  
Tel: (03) 9315 8809  
[aissg@iprimus.com.au](mailto:aissg@iprimus.com.au)  
[www.vicnet.net.au/~aissg](http://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](http://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](mailto:email:knoble@iinet.net.au)  
[www.changelingaspects.com](http://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](http://www.ftmaustralia.org)  
[mail@ftmaustralia.org](mailto: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](http://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](http://www.truecolours.org.au)  
Email: [Mail@truecolours.org.au](mailto:Mail@truecolours.org.au)

## International

### AGENDER NEW ZEALAND

A caring national support organisation for Cross/Transgender people, their partners and families. For a detailed information pack, please contact:  
Email: [president@agender.org.nz](mailto:president@agender.org.nz)  
[www.agender.org.nz](http://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/](http://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](http://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](http://www.genderbridge.org)  
[info@genderbridge.org](mailto: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.html>  
[gentrust@mistral.co.uk](mailto: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 and gay, lesbian and bisexual people.

PO Box 1066  
Nedlands, WA, 6909, Australia  
Mobile ph: 0427 853 083  
<http://www.ece1.uwa.edu.au/gse/staffweb/fhaynes>  
[IFAS\\_Homepage.html](http://www.IFAS.org.au)  
[www.IFAS.org.au](http://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](mailto:info@ifge.org)

### IKHLAS

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

### ITANZ INTERSEX TRUST

### AOTEAROA OF NEW ZEALAND

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

### PROSTITUTES COLLECTIVE OF AUCKLAND - NEW ZEALAND

PO Box 68 509,  
Newton, Auckland,  
New Zealand

### PROSTITUTES COLLECTIVE OF CHRISTCHURCH-NEW ZEALAND

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

### PROSTITUTES COLLECTIVE OF WELLINGTON - NEW ZEALAND

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

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



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love  
Self Care

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MOVE

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RIGHT!

SKIN CARE

CLEAN  
TEETH

DO NOT  
USE  
THREATENING  
OR ABUSIVE  
LANGUAGE

ARE YOU O.K.?

WRITE CARDS

BE YOU!

# The Permanent Solution...

in Permanent Hair Removal

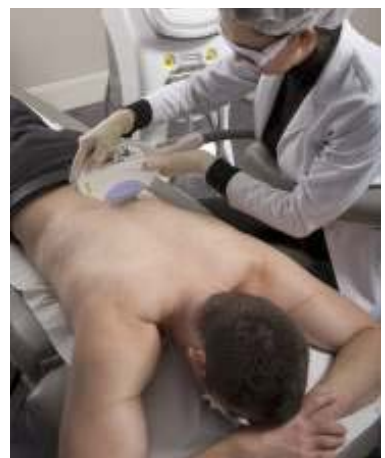
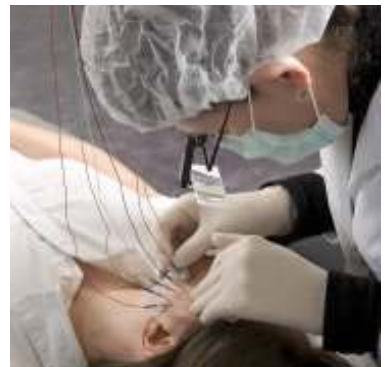
**F**or those who are embarking on the transition from male to female, the permanent removal of hair is vital. However, with so many clinics and procedures to choose from, it's crucial that your chosen solution is reliable, safe and permanent.

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



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ELECTROLYSIS CENTRE

Phone: (02) 9362 1992  
9 George Street (just off Oxford St),  
Paddington  
[aecsytdney.com.au](http://aecsytdney.com.au)

