

Polare

MAGAZINE OF THE NSW GENDER CENTRE

Cosmetic surgery
for transgender
people

Coming out
at work
(or not)

Do trans-
gender
people have
the
right to a
preferred
toilet?

Workplace
discrimination

Transgender
surgery in
Thailand

Shame!

Transgender
children (and
parents)
on the march
[Mardi Gras
revisited]

Personal lubricants



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OR PERSONAL EXPRESSION

ISSUE 111 APRIL-JUNE 2017

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

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

Cover: Toilets, bathrooms, restrooms ... call them what you will, they are rearing their heads again as one of the discredited bastions of transphobia.

Gay and Lesbian Counselling

Telephone Counselling:

☐ General line daily 5.30pm to
9.30pm

Sydney Metro 8594 9596

Other areas of NSW 1800 184 527

☐ Lesbian line

Monday 5.30pm to 9.30pm

Sydney Metro 8594 9595

Other areas of NSW 1800 144 527

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

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

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

(02) 8594 9500

Or via the website:

Website: www.glcsnsw.org.au

Or by mail:

PO Box 823, Newtown, NSW, 2042



**Leaving PRISON is TOUGH... I
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Settle back into Life on the OUTSIDE

The WIPAN mentoring program
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- ◆ Have a positive role model
- ◆ Develop life skills

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Advocacy Network (WIPAN)

Ph: 02 8011 0693

Mobile: 0415 454 770

Email: mentoring@wipan.net.au

Website: www.wipan.net.au

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

No. 111

CONTRIBUTORS

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DEADLINE

for submissions to the next edition of *Polare* is the eighth of June 2017

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Transgender people often harbour some resentment against those who have mistreated them in the period of their transition, or before transition, when they were hiding their transgender status, and, of course, those who are hostile after

they have transitioned and are trying to create a new life.

I do not fault people who hold such grudges. My own transition and subsequent life have been painful from time to time but I have had a dream run compared to many of my friends and I am aware that the people who cause suffering are often doing so because they have also suffered as a result of the transgender phenomenon having impinged on their lives. But grudges do not improve one's lot in the long run and it may be best to seek out one's tormentors and talk the situation out with them logically.

Many of us, maybe even most of us, spend years reaching the point where we decide that transition is inevitable and we must take that road or be forever unhappy. Or maybe dead.

And if we do reach the conclusion that transition is preferable to misery or self-destruction, a new set of choices presents itself. Do we try to transition openly, and maintain our existing employment, family relationships and qualifications? Or do we give up the relationships we have held dear, the careers we have built and the qualifications we have attained and start a new life somewhere else?

Do we set out to reproduce our own history by taking again all the educational and professional qualifications we already hold, and then add new ones? Or do we start a new life in every sense, with a new profession or trade and a completely new set of friends and colleagues?

As with most aspects of transgender experience there is no "one true way".

Some people try to transition with as little

change to their lives as possible. This involves informing many categories of people that one is transgendered, and being prepared to explain what this means, and, even more importantly, what it does **not** mean. Often the most difficult of these explanatory sessions are those that involve one's parents, one's spouse and one's children as well as other members of one's extended family (cousins, aunts, uncles, grandparents and so on). If you are lucky, and your family is close-knit, you may find that they support you without hesitation. If you are unlucky and they reject you, at least they will have heard the truth from your lips and can never maintain that they were not given the opportunity to understand.

My own feeling is that you tell as many people as possible as quickly as possible, to reduce the amount of gossip and resultant misunderstanding and distortion of the truth.

If you tell your family when they are all gathered together they may feel freer to ask questions that are important to them, knowing that the rest of the family are there to support them and that the questions they wish to raise will probably be of importance to everyone present.

When I made up my mind to transition (rather than commit suicide) I told my wife and then gathered the family and told them, as simply as I could, how I had felt all my life that I was in the wrong gender role and that I intended to live as a woman. Their reaction was confused, but not hostile.

My youngest child did not really understand (how could she? I didn't understand it myself) and the others seemed to be accepting. One burst into tears but they were tears of relief as she had imagined the growing tension in the house resulted from my having followed the example of many of our suburban neighbours and started an illicit love affair. "Is that all it is?" she sobbed.

It seemed best to inform my co-workers at Sydney College of the Arts, where I had been Head Librarian for ten years, that I was transitioning, and, ideally, inform them all simultaneously.

If you wish to continue in your workplace after

transition it is sensible to prepare your managers first (possibly using the support of your human resources personnel, who should, ideally, have had some training in dealing with transgender) and suggest to them that they hold a general staff meeting so that everyone can be informed simultaneously, and harmful, misleading gossip can be denied the chance to spread.

It is also possible to use an outside organisation such as the Gender Centre to inform the administrative staff and/or the whole staff, of the rights of transgender staff as well as the rights of the employer and colleagues. This has the further advantage of suggesting to the staff as a whole that the administration of the organisation is empathetic and is treating the situation respectfully. Incidentally it sometimes happens that the successful transition of one staff member encourages others who have been hesitating to commit to transition themselves. When I transitioned at Sydney College of the Arts two more transgenders came out of hiding, one being a staff member and the other a student.

In my case I had been Head Librarian for eight years. I started by consulting the College Counsellor and found (rather to my surprise) that there was a written policy covering the treatment of transgendered staff and students that had been adopted by tertiary education bodies in NSW. Basically it stated that if people declared that they were transgender and that their intention was to live in the affirmed, rather than assigned, gender role for the rest of their lives, they should be treated as belonging to that gender including the use of toilets appropriate to their 'new' gender. Yes, even in 1986 there was a strange obsession with the taboos associated with the use of gender-specific toilets.

After receiving reassurance from the Counsellor I visited the Principal of the College and informed him of my intention to transition. He was astounded, as I had been running a very successful stealth campaign and was generally thought to be 'square' to the nth degree. He asked for twenty-four hours to think about my revelation and to talk

with the Counsellor. Next day he phoned me to say he would support me in my transition and offered to write to all members of staff to give them the news. I thanked him but said I would rather send out my own letter. I did so (a copy appears at the end of this editorial) and also sent emails to all my closest colleagues from the other colleges in NSW and to the librarians I knew in the universities.

All in all, my transition strategy brought mixed results. After some attempts to normalise our lives some of my family found our new relationship unacceptable and I lost the love of my wife and two of my children. The other child, my sister and my mother, however, made the effort to know the new person in their lives and we remained close and loving.

At work the only person who spoke badly about me (behind my back) was my Deputy who made snide comments about how I had not come out as female until I had reached the top position and similar foolish distortions of my motivation. Most of my colleagues embraced me (literally and figuratively) and one of the first social outings I enjoyed after transition was a picnic on Mrs Macquarie's Chair set up by my library friends from several institutions.

Arriving early at work one morning I heard the janitorial and workshop staff discussing me and the theme of their discourse could be summed up as, "John was an okay person and probably Katherine will be, too." I stepped out of earshot and re-entered more noisily so that they could move on to a new topic of conversation without any of us being embarrassed.

So much for open transition. Some people prefer to start a new life, avoiding the need for revelation, explanation and argument. Perhaps the classic example is that of Lynn Conway.

Lynn, like many of us, suffered from gender dysphoria as a child but at the time access to gender affirmation therapy was difficult. She did well in mathematics and science at high school and entered the Massachusetts Institute of Technology (MIT) in 1955. She left MIT

Issue One Hundred and Eleven

after her attempt to transition in 1957-8 failed. Some years later she resumed her education at Columbia University and earned degrees in electronic engineering in 1962 and 1963. She joined IBM but was fired in 1968 when she revealed her wish to transition.

At this point she decided to “go stealth” and took a new name and identity. She started her career over again and worked on computer design, co-authoring a book that would become a world standard text on microchip design.

Her colleagues at this time were full of praise and admiration for her achievements in the design field and she became Professor of Electrical Engineering and Computer Science at the University of Michigan.

In 1998 she retired from active teaching and research. She then found that her early life story might be revealed through investigations associated with a 2001 publication. She began coming out to her friends and professional colleagues, via her website.

Publications, including *Scientific American* and the *Los Angeles Times* featured her story and she became an activist for the rights of transgender people, using her research skills and outstanding reputation in the science world to demolish the theories of Bailey, Blanchard and Lawrence, who maintain that trans women are motivated by feminine homosexuality or by autogynephilia (love of oneself in female mode).

The most remarkable achievement, however, of this extremely gifted woman was her determination to live the life she wanted (needed) to live, despite the obstacles placed in her way by the narrow mindedness of the time. To start a new life and and a new career in academia and to achieve at such a high level

is a tribute to her determination, her clear-sightedness and her courage.

Lynn Conway is an amazing woman, who knew when to revise her life to suit her innate gender, and when to come out to the world when she could do the most good for others.

One of the most frequently asked questions is, “How many transgender people are there?” and Lynn has applied herself to this question with a typically individual approach that estimates the total number of transgender people in a typical population, using her mathematical and statistical skills.

A scientific paper followed, co-authored by Lynn

Conway and Professor Femke Oslager of Ghent University and this was later updated by Lynn and Sam Winter, of Hong Kong University. She established a base figure of approximately 1 in 500 people in the various populations she and her colleagues studies as having transgender tendencies. This is not to say, of course, that every person who is gender dysphoric will transition. There are many reasons for not transitioning, some personal, some financial, some medical.

And who knows how many, like Lynn, have chosen to start a new life, and taken the stealth road to achieve their heart’s desire?



Lynn Conway

Katherine



For Those Who Live on the Central Coast of NSW.

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

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

MY COMING OUT LETTER TO SYDNEY COLLEGE OF THE ARTS

**Memo to all staff
From John Cummings, Head, Information Resources Centre
Date: November 24, 1986
Subject: Gender reassignment**

Dear

Because I detest gossip and the usually inaccurate transmission of information via 'the grapevine', I have asked the Principal for permission to release this memo to all members of staff at the College. I would have liked to write to each of you individually, rather than in this somewhat mechanical way, but this is clearly impracticable, and I must ask each of you to believe that I regret the impossibility of contacting each of you personally. Many of you are my friends, some are acquaintances and colleagues, and some I have never met, yet I wish to address you all as simultaneously as possible.

I intend to seek gender reassignment (often referred to as sex-change) and live the rest of my life as a woman. Under the very sensible regulations which apply to this decision in Australia I must live and work as a woman full-time for a year before applying for gender reassignment surgery. I intend to commence this probationary year on December 1.

It is not my intention to embarrass nor upset my friends and colleagues in the College, although I am realistic enough to know that I will not be readily accepted by everyone. I ask merely that you recognise the fact that this decision has been reached after years of unhappiness, and in the full knowledge that I am hurting people close to me whom I love, and giving up much that I value. I ask for your tolerance, and, if you can supply it, a continuation of your friendship.

I intend to change my name to Katherine Cummings, but will continue to answer to my former name without resentment or embarrassment. I know this is going to be hard for my friends to adjust to, even with the best will, and I do recognise the fact that to some people I

will seem to be carrying out an act which is morally wrong. But this is a road I must take, whatever the cost and whatever the consequences.

I shall continue to carry out my duties in the IRC as before and hope that you will find no difference in your dealings with me in my new persona. With luck this will all be a nine days wonder and eventually perceptions of the person I intend to become will overlay memories of the person I was, and life will go on.

I am prepared to talk with anyone who wants to know more about my situation, and would rather do this than have misconceptions exist due to lack of knowledge of transgenderism. Please feel free to contact me if you feel this will help our relationship in the future. Communication seldom does any harm, and often does a great deal of good in the promotion of understanding.

I intend to take some leave, commencing on December 1, in order to start putting my new life in order, but until then I shall make myself as accessible as possible.

Sincerely,

Note: If you like the idea of using a 'coming-out' letter, there are various models to be found on the Internet. Google "Coming out letters" and you will find a wide variety of letters you can adapt to your personal circumstances.

I was told only today that statistically there are three critical events in many people's transition that lead to domestic violence. The first of these is "coming out"!

The others are the use of the first medical procedures related to transition and the first presentation of the transgender in their true gender role, often marked by the adoption of clothing usually associated with that gender role.

But the first, as noted, is "coming out", which simply reinforces my view that one's "coming out" should be planned as carefully as possible and every sensible course of action taken to forestall or prevent violence from those who think you should be living your life according to their wishes. □□□

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

QUEENSLAND GENDER CENTRE

The Queensland Gender Centre is run 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

Luxe Clinic

As the Plastic and Cosmetic Surgeons at Luxe Clinic, we pride ourselves in providing a tailor-made surgical service to the transgender community.

Please visit our website for more information about our surgeons and our services.

[Please mention this ad. in Polare to receive 100% refund of your consultation fee as a credit back to your account when you book for any surgical procedure.]



www.luxeclinic.com

1300 LUXE CLINIC (589 325)

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 2017 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. 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...**

**The Editor would like to receive
more contributions from our
readers. Letters, articles, opinions
and life experiences are all
welcome.**

FREE!
**HOME TUTORING IN READING AND
WRITING FOR ADULTS
(nights preferred)**
**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 children (any age)
who are transgender or gender diverse.

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

A light supper will be available.

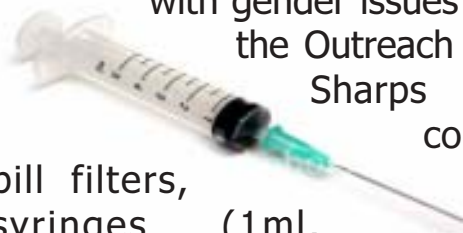
Contact Liz on 9569 2366

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

A confidential free service for people
with gender issues (ask for
the Outreach Worker).

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

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



Issue One Hundred and Eleven **Workplace Discrimination and Harassment** [Australian Human Rights Commission document]

What is unlawful discrimination?

Under Federal and State legislation, unlawful discrimination occurs when someone, or a group of people, is treated less favourably than another person or group because of their race, colour, national or ethnic origin; sex, pregnancy or marital status; age; disability; religion; sexual preference, trade union activity; or some other characteristic specified under anti-discrimination or human rights legislation.

Workplace discrimination can occur in:

- ◆ recruiting and selecting staff
- ◆ terms, conditions and benefits offered as part of employment
- ◆ who receives training and what sort of training is offered
- ◆ who is considered and selected for transfer, promotion, retrenchment or dismissal.

What is unlawful harassment?

Under Federal and State Legislation, unlawful harassment occurs when someone is made to feel intimidated, insulted or humiliated because of their race, colour, national or ethnic origin; sex; disability; sexual preference or some other characteristic specified under anti-discrimination or human rights legislation. It can also happen if someone is working in a 'hostile' - or intimidating - environment.

Harassment can include behaviour such as:

- ◆ telling insulting jokes about particular racial groups
- ◆ sending explicit or sexually suggestive emails
- ◆ displaying offensive or pornographic posters or screen savers
- ◆ making derogatory comments or taunts about someone's race or religion

- ◆ asking intrusive questions about someone's personal life, including their sex life.
- ◆ discrimination and harassment can also be based on age, disability, race or sex.

The nature of harassment/discrimination

Harassing behaviour can range from serious to less serious levels. One-off incidents, however, can still constitute harassment. Also, where continued, such behaviour can undermine the standard of conduct within a work area, which may erode the well being of the individual or group targeted and lead to lower overall staff performance.

The absence of complaints is not necessarily an indication that no harassment or discrimination is occurring. The person subjected to harassing or discriminating behaviour does not always complain. This is not necessarily because the act is trivial, but because the person may lack the confidence to speak up on their own behalf or feel too intimidated or embarrassed to complain.

Hostile working environment

Employers also need to be aware of their responsibilities to ensure that the working environment or workplace culture is not sexually or racially 'hostile'. Examples of a potentially hostile working environment are where pornographic materials are displayed and where crude conversation, innuendo or offensive jokes are part of the accepted culture. A person has the right to complain about the effects of a sexually or racially hostile working environment, even if the conduct in question was not specifically targeted at them.

What harassment/discrimination is not

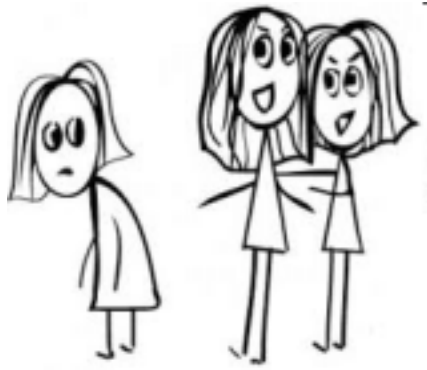
Workplace harassment or discrimination must not be confused with legitimate comment and advice (Including negative comment or feedback) from managers and supervisors on the work performance or work-related behaviour of an individual or group. The



process of providing feedback to staff during a formal performance appraisal, or counselling staff regarding their work performance will not always be free of stress. Managers should manage these processes with sensitivity, but they should not avoid their responsibility to provide full and frank feedback to staff.

What is workplace bullying?

One definition of workplace bullying is “the repeated less favourable treatment of a person by another or others in the workplace, which



may be considered unreasonable and inappropriate work practice. It includes behaviour that intimidates, offends, degrades or humiliates a

worker”.

Bullies usually utilise power attributed to their status, skills or position in the workplace, and both men and women can be the targets and/or the perpetrators.

Workplace bullying can occur between a worker and a manager or supervisor, or between co-workers.

Bullying behaviour can range from very obvious verbal or physical assault to very subtle psychological abuse. This behaviour may include:

- ◆ physical or verbal abuse
- ◆ yelling, screaming or offensive language
- ◆ excluding or isolating employees
- ◆ psychological harassment
- ◆ intimidation
- ◆ assigning meaningless tasks unrelated to the job
- ◆ giving employees impossible jobs
- ◆ deliberately changing work rosters to inconvenience particular employees
- ◆ undermining work performance by deliberately withholding information vital for effective performance. ☐☐☐

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.

Shame is intensely painful. It often stems from a belief that we are somehow flawed; we are not acceptable, and are therefore unworthy of being loved or feeling connected. Somehow, we feel that something we have done, or the way we are, makes us unworthy of being accepted. Shame is considered one of the 'social emotions'. These experiences fall into the category of complex emotions as they are closely related to one's development of a social conscience – the ability to perceive, envisage and act with relation to others' mental states ¹.

The experience of shame can be imagined to run on a continuum, ranging from a mild level of embarrassment, to humiliation and finally mortification. Given the social nature of shame, this emotion is of particular relevance to a gender diverse population.

Stigma and family or social rejection, are highly connected with the experience of shame, and these social issues ought to be seen as leading causes of distress in gender diverse individuals. When I work with individuals experiencing a sense of shame around their authentic gender, the issue is, more often than not, a fear of the perceived or imagined response that others will have to their gender experience.

It is rarely true that gender diverse individuals genuinely experience shame about themselves without this having come from a social or institutionally-imposed belief system.

"If we can share our story with someone who responds with empathy and under-standing, shame can't survive."

Brené Brown

"At their most extreme, shame experiences are among the most intensely negative and debilitating, even life-threatening, feelings that we can have" ²

This can be understood when we acknowledge that extreme shame – as in that felt when one's authentic gender is not in accordance with what society considers to be one's 'birth gender' – cuts into an individual's basic self-worth and coping capacity. Importantly, when shame has everything to do with one's being as opposed to some-thing that they're doing, this emotion becomes a constant background feeling about which, nothing can be done. It can feel entirely internal and can even seem as if it is the fault of the individual. Understandably this leads to extreme vul-nerability and self-destructiveness. Here, the feeling of shame can be confused with guilt. Often we hear the terms guilt and shame being used interchangeably, but they are not the same thing, and there is not always a connection between the two. Gordon Wheeler explains shame to be a social issue, driven entirely by the imagined response of family or peers, whereas guilt can arise wholly from an internalised moral code.

Guilt can indeed be adaptive and helpful. It involves holding a mirror up to ourselves when we have done something that fails to meet our own values and therefore causes psychological discomfort. This can result in a healthy change of behaviour or perhaps making amends.

Gender diverse folk experience shame, imagining a negative reaction from family, friends and society in general; but can turn this feeling into guilt, as the problem is seen to be within them, to be about who they are, rather than being blamed on those being unsupportive, unempathic and downright judgemental about something that really ought not to concern them.

"I felt ashamed."

"But of what? Psyche, they hadn't stripped you naked or anything?"

"No, no, Maia. Ashamed of looking like a mortal — of being a mortal."

"But how could you help that?"

"Don't you think the things people are most ashamed of are things they can't help?"

C.S. Lewis, *Till We Have Faces*



Candy Jacques
Gender Centre
Counsellor

by Candy Jacques

Here, individuals are stuck in a paradox. If one feels shameful about 'who' they are – being transgender per se – but experiences this as guilt, they can feel as though they need to change something, to be different, or to make amends.

But we know this is not possible! There is no 'cure' for being transgender, because there is nothing wrong with it. There is no way to change the way a trans individual feels any more than there is a way to make a cis-gendered person feel trans.

In this way, shame is neither helpful nor productive. It is far more likely to lead to self-destructive or hurtful actions than to result in a solution or 'cure'.

This behaviour can be driven by a deep fear of disconnection, and can be extremely dangerous.

So what can we do?

It is important to recognise when you feel shame. Think about what the experience is like for you. There is no single way that shame is experienced, it is subjective and even creative.

Notice the feelings and thoughts that arise as a result of your experience, and then see if you can identify the fear that it is connected to.

Figuring out where the shame originates from, i.e. your family's cultural identity; or your father's childhood belief system, can be very empowering. This 'locating' of the origin of shame can help you to distance yourself from owning the problem. You are not the problem; the shame is external to you.

In addition, if we understand that shame stems from a feeling of being flawed, unlovable or unacceptable, we can actively seek to disprove this theory, and break down the shame. Find and build a support network of people who love, accept and have similar experiences to you.

The Gender Centre runs monthly support groups at the Annandale premises for Young Women, Gender Queer Folk, Tran-masculine individuals, youth and more. See our website for information, times and dates: : <https://gendercentre.org.au/events>

Importantly, you are never alone. If you feel you would like to talk about an experience of shame, or other challenges regarding gender, mental health and wellbeing, please contact the Gender Centre and request an appointment with either myself or another counsellor at the Gender Centre - 02 9519 7599.

You are worthy of acceptance and love.



References

1. Longhofer, J.L. (2013). Shame in the Clinical Process with LGBTQ Clients. *Clinical Social Work*, 41, 297-301.
2. Wheeler, G. (1997). Self and Shame: A Gestalt Approach. *Gestalt Review*, 1(3), 221-244.

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 see the Library on Monday, Wednesday or Friday by phoning 9519-7599 (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!

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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



Reminder: Hormones can be taken in a variety of ways, with varying advantages and disadvantages. The simplest method is to ingest them orally, usually in pill form. This is simple but has the disadvantage that everything has to go by way of your liver and kidneys and may not only lose some of their usefulness in the filtering process but may also create long-term damage. Injections are simple but some people don't like to self-inject, or even be injected by someone else. It is also possible to apply hormones in the form of a patch or ointment and these are easy to self-administer, but patches are sometimes hard to keep in place. Finally there is the use of implants which must be inserted by a medical practitioner but need only be renewed after some months. See the ad. for Stenlake Compounding Chemists on the Inside Front Cover.

‘lube’) by Katherine Cummings

While on a brief overseas visit recently I was frustrated by the lack of directional co-operation from my four-wheel travel case, and decided to lubricate the casters. As I had not thought to pack a can of WD-40, which in any event would have been confiscated by the airline officials, I visited the local Kiwi supermarket and asked which aisle housed the WD-40.

The salesperson I approached for this information claimed to have no knowledge of WD-40 and when I explained it was a lubricant she blushing led me to the KY section of the Health and Beauty section.

Luckily we were quite close to the hardware shelves and I was able to find the WD-40 and retrieve a can, explaining to the woman that it was my luggage that needed lubrication, rather than my person.

Which led me to think about personal lubricants and that it might be useful to some of you to understand the differences between different forms of personal ‘lube’.

Starting with the basics, why are lubes necessary? For some lucky people they are not, but for many women and a few men (both cis- and trans-), supplementation of the natural lubricating emissions can make sex easier and more pleasurable. Some versions of male to female sex affirmation do not provide much in the way of lubrication (penile inversion, for instance) while others, such as the use of the ascending colon to provide the neo-vaginal lining, are naturally self-lubricating.

Lubricants can thus be used in various forms of intercourse, to reduce friction between penis and vagina, and with sex toys to reduce friction or make penetration easier.

There are three major classes of personal lubricant and each has advantages and disadvantages.

Water-based lubricants

Water-based lubricants are the most widely used form of lube. Because they are absorbed into the skin they tend to dry out and may need to be reapplied more often than other forms, but this is a minor disadvantage. They will obviously be incompatible with sex acts

performed in water. Some of the newer water-based lubes contain Carrageen which inhibits *human papillomavirus* and may also inhibit the transfer of HIV.

Oil-based lubricants

These may be petroleum-based (e.g. petroleum jelly) and are best used by those preferring not to use condoms, since the oil-based lubricants cause loss of elasticity in latex which may lead to breakage of the fabric of the condom.

Silicone-based lubricants

Silicone-based lubricants are not absorbed by human skin or membranes and therefore last longer than water-based lubricants. They feel different and many people find them more pleasurable.

They should not be used with sex toys made of silicone and the lubricant may dissolve the surface of the sex toy, making it feel sticky. The damage caused can also encourage bacteria to breed in the abrasions.

Sexologist Emily Morse is quoted as having said “[silicone-based lubricants] are longer-lasting and require fewer reapplications ... plus, they are often hypoallergenic, making them ideal for people with sensitive skin or allergies.”

Vaginal lubricants

Vaginal lubricants reduce pain caused by dryness and friction during intercourse and may be water-based, oil-based (including vegetable oils such as canola oil, olive oil etc.) or may be mineral oils.

Peripheral concerns

A side-issue when lubricants are used is the consideration of staining and the need to clean up. In this area, water-based are clear favourites, being easy to clean up, and usually being non-staining.

Oil-based lubes, on the other hand, can damage latex condoms, will stain bedclothes and should be supplemented with an IUD (intrauterine device) or contraceptive pills. It is wise to keep towels and wet wash cloths handy if there is a likelihood of spillage. □□□

Dates for Special Interest and Support Groups 2017

<p>Transtopia 14-19 yrs 5pm-7pm</p> <p>Tue May 30 Tue June 27 Tue July 25 Tue August 29 Tue September 26 Tue October 31 Tue November 28 Tue December 19</p>	<p>Young Women's Group 18-35 yrs 5.30pm-7.30pm</p> <p>Tue May 9 Tue June 13 Tue July 11 Tue August 8 Tue September 12 Tue October 10 Tue November 14 Tue December 12</p>	<p>FTM Connect 6.30pm-8.00pm</p> <p>Fri June 2 Fri July 7 Fri August 4 Fri September 1 Fri October 6 Fri November 3 Fri December 1</p>	<p>Parent's Support Group - Sydney 6.30pm-8.30pm (doors open 6.00pm)</p> <p>Mon May 8 Mon June 5 (1 week early) Mon July 10 Mon August 14 Mon September 11 Mon October 9 Mon November 13 Mon December 11</p>
<p>Women's Group 1.30pm - 3.30pm</p>	<p>Over 55 Support Group 1.30pm - 3.30pm</p>	<p>Queer Agenda Group 5.30pm- 7.30 pm</p>	<p>Welcome Group (asylum seekers and refugees) 6.00-7.30pm</p>
<p>Fri April 28 Fri May 26 Fri June 30 Fri July 28 Fri August 25 Fri September 29 Fri October 27 Fri November 24</p>	<p>Thur May 11 Thur June 8 Thur July 13 Thur August 10 Thur September 14 Thur October 12 Thur November 9 Thur December 14</p>	<p>Fri April 28 Fri May 26 Fri June 30 Fri July 28 Fri August 25 Fri September 29 Fri October 27 Fri November 24</p>	<p>Thur May 31 Thur June 28 Thur July 26 Thur August 30 Thur September 27 Thur October 25 Thur November 29</p>

This year families, young people and allies marched in the Mardi Gras in support of transgender families. Parents held banners with slogans such as “I love my transgender son”. A grandparent proudly held a sign that said “I love my transgender granddaughter”. But what other messages were there that the spectators needed to hear about these wonderful families?

A group of young people was asked to write about what they would like the world to hear as parents, friends and allies marched on a wet Saturday evening. Below are some of the messages they wrote. These touching words may help people realise that young trans people are diverse, yet connected and consist of groups of courageous young people who want a positive, safe and equitable future:

1. *I would like everyone to know the struggles, tension and pain transgender people experience for being born into a society that forces over seven billion people to fit a handful of personalities. The general public don't know us enough to know our*



gender. We march to show our courage, our pride and our determination to achieve a brighter future. But people do not seem to see us because we are TRANSPARENT.

2. *Transgender*

children are not “just going through a phase”, and even if we are, this is no reason to disrespect our identities. We are people too. Not all of us have the same journey, so respect the one we are on. We are as valid and as worthwhile as anyone else. We are not mentally ill and even if you don't understand us, this is not an excuse to hate us.

3. *Please stop killing us through inaction, indifference, hatred and discrimination. We are people too. And our challenges are not just about us. They are in response to your reactions that hurt, hate and exclude us. Please use our correct pronouns and speak to us as the people we truly are, not to your assumptions based only on our bodies.*

I hope that, in reading these words, people can hear the voices of the young people and imagine them proudly telling the world this is their future and it can be bright if their words are heard and acted on.

Psychological Support Services (PSS) for the Transgender Gender Questioning and Gender Diverse Community

Healing and Growth Psychological support groups will be commencing on Saturday, 4 February 2017 so book your place now.

Psychological Support Services are provided as part of the Central and East Sydney Primary Health Network (CESPHN) Mental Health Flexible funding pool. This initiative is funded by the Commonwealth of Australia, Department of Health (DOH). The PSS services provided by the Gender Centre are short term face-to-face psychological group support services providing up to eight group sessions in a twelve-month period and a final follow-up session one-on-one with one of the Counsellors facilitating the groups. This service is seen to be beneficial for clients who may benefit from short term treatment, and are unable to access other available psychological services; all sessions will be run on Saturdays and all sessions are facilitated by professional counsellors: **Anthony Carlino** (Sydney Transgender and Diversity Counselling Service), **Candy Jacques** and **Nicola Williams** (the Gender Centre Inc.), and are FREE with a referral from your GP.

There will be three groups running throughout the year. They are:

- Group 1 Trans Youth 15 to 25
- Group 2 Trans Men
- Group 3 Trans Women

Contact the Counsellor at the Gender Centre for more information and to book your place.

Nutritional Consultations Through the Gender Centre

James Lyons is offering FREE nutritional consultations through the Gender Centre for trans and gender diverse clients who could benefit from nutritional support. James qualified with a Bachelor of Health Science in Nutritional Medicine from the Southern School of Natural Therapies in Melbourne and now practices evidence-based nutrition in Sydney. He is committed to advancing the field of nutrition to better address the needs of marginalised people of all kinds, and is passionate about educating fellow healthcare practitioners on cultural competency in treating trans and gender diverse clients.

Nutritional medicine is a perfect complement to medical model transitioning. It can support the body during HRT, promote desired changes, reduce side effects of medications, improve healing times and outcomes of surgeries, as well as strengthen the immune system, the nervous system, and general well-being.

Appointments: Initial appointment: 1 hour Follow-up appointments: 30 min – 45 mins

Contact the Centre on 9519-7599 to book an appointment



A.I. Electrology.
A.A.B.Th. CIESCO. ITEC (France)
211 Wyee Rd Wyee 2259. Tel: (02) 43572221.
Email: aie101@exemail.com.au
<http://www.aielectrology.com.au>

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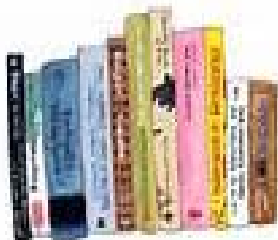
Midmark M9 Autoclave Sterilisation used in this salon.

Salon Bookings taken from
10.00 AM until 7.00 PM Mon to Thurs .

Subsidised Rates apply for anyone undergoing the Gender Reassignment

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!



2017

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/>

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.

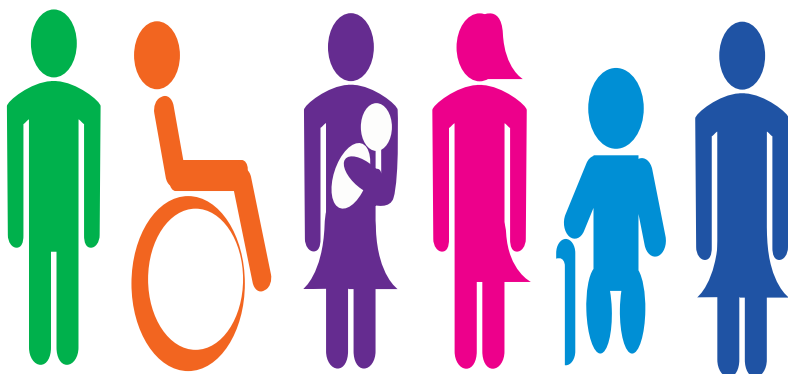
If you report transphobic incidents to us, we can support you and try to stop it happening to someone else.

If it is an emergency: call the police on 000. Otherwise, contact the TAVP: ph: (02) 9519 7599, email: tavp@gendercentre.org.au online: www.tavp.org.au

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

STOP discrimination

KNOW YOUR RIGHTS



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

1800 670 812

email:

www.antidiscrimination.justice.nsw.gov.au adbcontact@justice.nsw.gov.au

I commenced work at the Gender Centre in January 2017, employed as the Outreach Education Officer, part-time. It is a delight to be back working in an open-minded environment among like-minded GLBTQI folk.

I have a diverse background in health covering almost three decades. I commenced my nursing career in 1989 in Psychiatry, followed by HIV/AIDS and Sexual Health, which I specialised in. I changed career paths in 2011, and earned my Post-Graduate qualifications in counselling. More recently I spent my internship at a residential rehabilitation facility, after which I was employed as a counsellor/group therapist.

On Wednesday evenings I do outreach education with predominately transgender sex workers. My colleague and I visit parlours and meet with private workers to give safe-sex advice and provide workers with safe-sex aids. We also educate on STDs (sexually transmitted diseases) and BBVs ((blood born viruses). We generally provide support and advocacy for sex workers and liaise with various organisations such as the NSW Police and Sexual Health clinics.

If you are a sex worker and would like to tap into our outreach service on a Wednesday evening, feel free to contact me via reception at the Gender Centre on a Thursday or Friday during office hours.

This year I began facilitating the **Queer Agenda Group**, which is held at the Gender Centre on the last Friday of each month, from 5.30-7.30 pm. No need to book in for our groups at the Gender Centre, just show up at the allotted time. The first two process groups have been well attended by a diverse range of individuals who identify as Non-Binary or Gender Diverse.

The group is a platform for members to share their unique stories in a safe, non-judgemental space. The Queer Agenda Group also provides

an opportunity to challenge societal gender norms and discuss the hardships and joys of living as a gender Non-Conforming person.

Last month, half way through the meeting I introduced a creative task for the group members. After a brief lesson or refresher on Haiku poetry (a three line poem (composed quickly), consisting of line one being five syllables, line two, seven syllables, and line three, five syllables. My only agenda for this exercise was for group participants to have some fun, maybe gain insight into feelings and to enjoy the rhythm of Haiku. It was interesting listening to varied interpretations of each person's Haiku poem as they were read out to the group.

Here are a few of the Haiku poems written by the Queer Agenda Group, all of which pack a punch with so few words. It can be helpful to clap out the

syllables as you read each Haiku poem.

A-M S



Ann-Maree Sweeney

*Long ago I left
Who I shall not be.
Behind the masks discarded
Return to sender
Address the unknowable
Forward in a dress.
Not knowing myself
Maybe different at times
Looking for the calm.
Hunter camouflage
Corporeal embalment
She's not going back.
Approach what you fear
For in the face of tension
Answers become clear.
I do struggle with
Communication often
It can be so hard*

Nutritional Services at the Gender Centre with James Lyons

I'm a nutritionist and I specialise in trans health, HIV/AIDS and Hep C support. Specialties aside, I work with all aspects of health for all types of people, from allergies to broken bones, weight management to mood and memory.



I can help with general health concerns, improving food security with cheap and easy recipes, pre- and post-operative care, maximising HRT benefits and reducing side effects, and lots more. I provide a non-judgemental space to talk about food and health.

I'll be at the Gender Centre every second Friday, so the upcoming dates will be:

Friday 5 May

Friday 19 May

Friday 2 June

Friday 16 June

Friday 30 June

Friday 14 July

James Lyons



Considering Surgery in Thailand?

- Sex Reassignment Surgery
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E-mail

Sales@nasmedicaltravel.com

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

OII Australia
at **PO Box 46, Newtown,**
NSW, 2042

or at:

info@oii.org.au

or visit our website at

www.oii.org.au

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 someone else may booked the time

RPA SEXUAL HEALTH CLINIC
16 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.

Be Part of the Action!

Can you write? Would you like to write something for *Polare*?

We are looking for writing that expresses some of the viewpoints we seldom see, like the views of younger gender-diverse people.

Email

***resources@gendercentre.org.au* or call 9519 7599**

Why I Swear By Transgender Surgery in Thailand by Viola

Issue One Hundred and Eleven

I never thought the day would come but I can proudly say I have finally completed my surgical transition, or the “big three” as I like to call it; gender reassignment surgery, facial feminisation and breast augmentation.

First I would like to say I do not condone surgery as a “must have” in the wild ride that we call transition. It has, however, been my experience that surgery was what really completed *my* transition. Funnily enough it was *not* the Gender Reassignment Surgery that made me feel like the best version of myself but rather it was the Breast Augmentation and most definitely the Facial Feminisation.

You might find it hard to believe but I think if I had my go on the circus ride all over again I might not even have the Gender Reassignment Surgery as it was the other two surgeries that made me feel truly female. But I digress; my real reason for writing this is to share my experience of transgender Surgery in Thailand.

In late 2013, soon after starting on hormone replacement therapy (HRT) I started Googling surgeons who performed Gender Reassignment Surgery; I always had Thailand in mind because I knew of the massive population of “ladyboys”... who, ironically, do not typically go for gender reassignment surgery (GRS) as the presence of male genitalia is very much part of their livelihood if they are sex-working (and more power to them!).

While searching I kept coming across the name ‘Suporn’. It was everywhere! The Thai surgeon most recommended for his Gender Reassignment Surgery, based on results and reasonable price.

So, being the spontaneous person that I am, (shoot first, then ask questions), I decided he was the man for the job. I found his website and sent my expression of interest email to his secretary.

Less than a week later I had a very long email response from Sophie of the Suporn Clinic explaining what was involved in booking for the surgery. Sophie and I corresponded several times over the next few weeks and once I had figured out how I would pay for the surgery I eagerly booked in.

November 4th 2014 was the date we had chosen for my surgery and I had about nine months until then to sort out the money and the letter from my psychologist to approve my GRS.

I will also note that for gender reassignment in Thailand you are only required to have been on HRT for one year.

The interesting/reassuring, but incredibly annoying, thing about Dr Suporn is that he is so sought after that sometimes his waiting list can be over a year long, I was lucky to not have to wait too long this time or the next for my other surgeries with him, but it can be a problem. I feel I could write a book on my time in Thailand but I will try to keep it short so I can discuss both my trips, and perhaps I can submit a “recount” article if the lovely Katherine will allow it in a future edition of *Polare*.

So in November 2014 I went to Thailand and had my Gender Reassignment Surgery and I went back in July 2016 and had my Facial Feminisation Surgery and Breast Augmentation. Both medical trips I had my surgeries with Suporn, even though he was not the “go to guy” with facial and breast surgery. I was so impressed with the standard of care and the results with my first surgery that there was no question that I would return to him for my last two surgeries.

The experience was pretty similar on both occasions so I will briefly give you a rundown of the process...

Arriving at Bangkok airport is exciting and intimidating but I had no issues with the guards in regards to my passport saying female and me not “looking as female” as I felt I would after my facial surgery. You are met by one of the nurses from the clinic and driven the hour-long drive to the small working town that the clinic, hospital and hotel are in.

All hotel bookings are taken care of by the clinic secretary beforehand and all you have to do is check in. The rooms are quite nice for the price and the aircon is heaven sent as it is *always* hot in Thailand. The next morning you have the chance to meet a lot of trans women staying at the hotel who are also awaiting their nominated surgeries or recovering from them. You are taken to the local private hospital by one of the clinic nurses where you have your bloods taken, scans etc., that the surgeon will need.

The following day I met Dr. Suporn at the clinic for our consultation, he is a very lovely man who is very down to business and, as I learned, you have very brief conversations with him. He explained the process of the surgery and after ten minutes I was walking back to the hotel, which is only around the corner from the clinic.

A few days later I was admitted to hospital, in a private room, and was very excited/terrified that my surgery would be the following morning. For my GRS I had to meet a psych who asked some very simple questions just to confirm my readiness to have GRS and for both

Issue One Hundred and Eleven

I was taken to the local private hospital by one of the clinic nurses where I had my bloods, scans etc., taken.

The following day I met Dr. Suporn at the clinic for our consultation. He is a lovely man, very down to business and conversations with him are brief. He explained the process of the surgery and after ten minutes I was walking back to the hotel, which is only around the corner from the clinic.

A few days later I was admitted to hospital, in a private room, and was very excited/terrified that my surgery would be the following morning. For my GRS I had to meet a psych who asked some very simple questions just to confirm my readiness to have GRS and for both my surgeries I met the anaesthetist who asked a few questions also.

The next day I was taken down to the operating theatre. The first time I was incredibly nervous but I was much calmer the second time.

This was helped by the lovely staff who tended to me in the theatre and the very lovely older lady who held my hand and had me laughing as she helped me count back from ten while I was being put under.

Many hours later I woke, and was in significant pain for the first time after my GRS. Waking up from facial and breast surgery, however, I felt a lot calmer and was in less pain. For GRS you rest in hospital for ten days but for facial and breast only five to seven days.

Once I was well enough I was transported back to my hotel to recover for the next few weeks where I relaxed with room service and movies on my laptop. I think the level of care was outstanding during the entire trip but particularly while I was recovering in the hotel as I was visited daily by a nurse from the clinic to check my blood pressure and the healing process.

Dr Suporn saw me once a week during this time to check stitches, sensation, etc. On the third week he gave me the all clear and it was time to travel home to Australia so that my recovery could continue in the comfort of my family and friends.

I hear a lot of people stigmatise overseas surgeons as being below-par and I even remember my mum who works in Australian hospitals telling me that the surgeons she worked with were horrified when she told them I was travelling overseas for surgery. What you need to remember is that these Thai surgeons spend five days a week doing the same surgeries and the wait list speaks for itself, versus an Australian surgeon that may only perform the surgery once a week, and, let's not forget, **it's a holiday to Thailand!**

I hope this helps my fellow transgender women who may be considering the big leap of surgical transition, whatever you decide.

□□□



Suporn Clinic, Bangkok

Should Trans People be Permitted to Use Their Preferred Toilets by Paul Gregoire

Issue One Hundred and Eleven

In the wake of Donald Trump's election victory last November, a wave of hate crimes spread across the US. Those who bore the brunt of the attacks were minority groups such as Muslims, Latin Americans, black people and members of the LGBTIQ community.

As this transpired, concerns were raised as to what Trump's victory would mean for transgender people. There was the widely reported case of a trans woman's truck being set alight by Trump supporters. Some trans people were even talking about 'detransitioning' to protect themselves.

In his first month in office, Trump delivered on a number of campaign promises targeting Muslims, Mexicans, undocumented immigrants and Native Americans.

When he finally turned his attention toward the transgender community, the new President of the most powerful country in the world decided to attack already vulnerable trans children.

Landmark direction revoked

In February, Trump sent out a letter officially revoking a federal guideline issued by the Obama administration last May, which directed public schools to allow transgender students to have access to bathrooms and locker rooms matching their gender identity.

The document, which was sent out by the Departments of Education and Justice, also contains extensive guidelines on how to ensure trans students are treated fairly. Although not legally binding, the letter made clear that if schools didn't follow through on the recommendations, they'd risk losing funding.

In making the official guidance, the Obama administration cited Title IX of the Education Amendments of 1972, which prohibits sex discrimination in schools. It was argued that discriminating against transgender people based on their gender identity is a form of sexual discrimination.

This interpretation of Title IX had broad significance, as it meant the Obama administration was recognising that Federal civil rights laws include trans people. Under most US state and federal laws transgender

people are not explicitly protected from discrimination.

The trouble in North Carolina

Obama's official guideline came in response to the controversial North Carolina HB2 law,

known as the Bathroom Bill. Passed in March last year, the law provides that in government buildings individuals can only use bathrooms and changing facilities that correspond to the gender on their birth certificates.

Currently, there are moves underway to repeal the North Carolina law, which effectively removes anti-discrimination protections for LGBTIQ people.

The implications of Trump's decision

The Obama administration's guideline had already been put on hold by a Federal judge, after twenty states had challenged it in the Federal Court.

Trump's decision to revoke the guideline was another of his campaign promises. It signalled that his administration has a much narrower interpretation of federal civil rights laws, and this interpretation is one that doesn't include transgender people. During his election campaign, Trump described the guideline as a misinterpretation of federal law. Revoking the decree on trans students' rights is seen to be protecting States' rights, and was done "in order to further and more completely consider the legal issues involved."

The Supreme Court case

Further consideration of the legal issues surrounding transgender students using public bathrooms will take place during the forthcoming US Supreme Court case, *GG versus Gloucester County School Board*.

Commencing on March 28, this case is the reason why the Trump administration decided to repeal Obama's guideline now, according to White House spokesperson Sean Spicer. The case was filed on behalf of Gavin Grimm, a



Paul Gregoire

transgender male student at Gloucester High School. His legal team is arguing that the school's bathroom policy segregating transgender students violates Title IX and is unconstitutional under the Fourteenth Amendment.

A district court initially dismissed Gavin's claim under Title IX. In August last year, however, the US Court of Appeals for the Fourth Circuit overturned the lower court's decision. But now the School Board is appealing that court's decision in the Supreme Court.

Discriminating against transgender people based on their gender identity has already been ruled as a violation of federal law by several federal courts of appeal.

Trans youth are already at risk

The Obama administration's guidance was the result of years of campaigning by transgender advocates, and provided protections for young marginalised members of the community.

Trump's move opens the door for increased discrimination against trans youth both institutionally and in the private realm.

Given that this decision basically reinforces the idea that transgender people are not deserving of legal protections, it is likely to increase the chance of transphobic hate crimes being carried out. Trans youth are already at a greater risk of suicide and hate-related violence than their peer groups.

A trans rights activist weighs in

I talked with an Australian transgender rights activist and author. Back in the 1980s, she was meeting with advisors to politicians, arguing for increased rights for trans people.

These included the right for married people to be allowed to change the gender on their birth certificates. She believes it's too early to tell how far the Trump administration might go. But on the subject of trans people being allowed

to use the toilet that matches their gender identity, she believes the rules will eventually fall by the wayside.

As an example, she posed the question, "Are girls going to welcome female to male transgender people appearing in their washrooms and change rooms, with their gymnasium muscles, beards and male-pattern baldness?"

Katherine also said she finds it "equally unlikely that boys are going to react well to having people who are living in the female role turning up in their toilets." She added the situation is going to lead to various issues that are "going to have to be dealt with."

Transgender rights in Australia

It seems doubtful that Australia will be heavily influenced by developments in the US. The United States has in the past made its charity for some nations dependent on their refusing to allow abortions, and that sort of pressure can't be brought to bear in Australia."

As for how transgender rights are going in

Australia, the activist we consulted thinks "they're improving gradually." She pointed out that a Victorian bill allowing trans people to more easily change the gender on their birth certificates passed through the lower house last year, but failed in the upper house.

Progress in South Australia

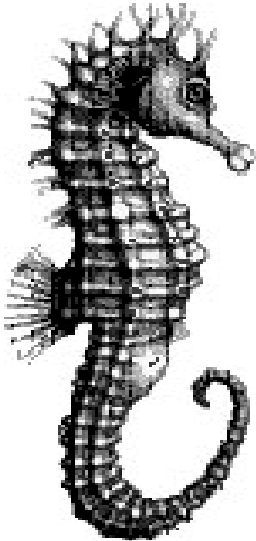
Earlier this month in South Australia, the Department of Education introduced a new

policy for transgender and intersex students. The policy, which has been implemented in the State's public schools, allows students to use the toilets of the gender with which they identify.

It also ensures that trans students can use their preferred name and pronoun, choose the school uniform that is appropriate for them, share the sleeping quarters on school camps that corresponds with their gender identity and play sports in their identified gender.



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

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Dr Amjadi is a Plastic & Cosmetic Surgeon based in Sydney with a special interest in gender reassignment surgery. For further details email him on info@luxeclinic.com or visit his website at www.luxeclinic.com

With the increase in public awareness and the gradual decline of the stigma associated with transgender, access to medical care for the transgender community is on the rise. As gender identity moves from the realm of 'mental disorder' into the spectrum of norm, the provision of care becomes more routine, both for the medical profession as well as those seeking change.

The desire to demonstrate physically characteristics one is intuitively and internally aware of is particularly strong in matters of gender where physical appearance has for millennia been directly linked to perceptions of gender roles. Perceptions that have been around since antiquity are not easy to change within one or two generations. They are as strong in the broader society as they are in the mind of the transforming individual.

The role of therapy broadly falls within three categories: psychological, medical, and surgical. While psychological and subsequently medical therapy, often in the forms of hormonal replacement, are reasonably well known and easy to access, surgical therapies have remained more elusive.

The reasons for this paucity of care are many. In many cases the surgery does not attract a Medicare rebate. In addition, many surgeons unduly fear that surgical procedures will be a source of litigation should the patient 'change his or her mind' and wish to revert to her or his previous state.

Furthermore, there are not many plastic surgeons who have knowledge or experience in such procedures. Those who do, are often limited to a single aspect of surgical care. Awareness of the great range of procedures available is not widespread, for surgeons and the transgender community. On the other hand, in my experience, the perception of

irreversibility of the procedures is never a barrier to seeking care by those requiring it.

In the following series, I will try to summarise my experiences in surgical care of the transgender community. Broadly, surgical care can be divided into procedures related to the face and neck, chest and trunk, limbs, and genitalia.

In this article surgeries addressing the face and neck are discussed. Please note that any surgical intervention makes assumptions about what is masculine or feminine in our society. Your personal opinion may differ from what is written here as a generic description. It is important that you discuss your personal views with your surgeon if you chose to go ahead with any of these procedures.

Facial Surgeries

Although there are major differences in the outcomes that MTF and FTM transgenders seek to achieve, the overlying theme and the area that needs to be addressed is generally similar. The areas in the face that are usually treated are:

Hairline

Changing the position of the hairline can be done most effectively and permanently by a surgical procedure. Most people feel that a high brow is more feminine. Changing the height of the forehead is done through a long surgical incision that spans all the way across the front of the scalp, and is hidden within the hair. This can be used to move the hairline further forward, or further back, giving the appearance of a longer or shorter forehead. Often strong sutures are used to anchor the scalp to the covering layer of the skull bone. These sutures can be felt for months after the procedure if you rub your hand on the scalp near the surgical incision. The incision heals as a thin line, and is well hidden within your hair. The same incision can be used to change the shape of the forehead.

Forehead shape

Generally speaking, a more sloping forehead is considered to be more feminine, whereas a prominent ridge just over the eyebrows is a masculine sign. Reducing bony prominences

can be done by removing the top layer of the bone of the forehead. To do this safely, your surgeon should organise a CT scan of the bones of your face. There are cavities within the facial bones, called sinuses. One such cavity exists in the forehead, and if an inexperienced surgeon breaks the wall of the sinus during the procedure this can result in devastating consequences.

Adding material to the forehead is always done by implanting a foreign material over the bone. These days 3-D printed custom made implants can be made based on your CT scan. These implants can dramatically change your profile and the slope of your forehead.

There are a few nerves that run through the forehead to give sensation to the scalp, all the way back to the level of your ears. Any surgical incision on the scalp that goes all the way across your forehead, will cut through these nerves. This means that your scalp will be numb, and although this improves over the following two to three years, you are likely to have some permanent residual numbness at the top of your scalp.

Eyebrow

You can feel the bony rim at the upper edge of your eye socket. Generally, the male eye brow sits at the level of this rim, in a straight line. The female eye brow sits just above this rim, and follows an arc with the highest point being just above the pupil of the eye. A browlift procedure can be done either in combination with any forehead procedure mentioned above, or on its own. A browlift changes the position of the brow, but you are still likely to need brow shaping beauty techniques to get your final desired shape.

Cheeks

The fat deposits in the cheek can dramatically change the shape of the face. A fuller cheek blunts the sharpness of the cheekbones and makes the face more rounded, whereas more sunken cheeks make the cheek bones more prominent and make the eyes appear larger. Removing cheek fat is one of the more common procedures done in Asian cosmetic facial surgery.

This procedure is done through small incisions that are made inside the mouth. There are no skin incisions and therefore no scarring. It is a simple and quick procedure that can have a dramatic effect on the overall shape of the face.

Cheek bones

Cheek bones can be augmented by implants to make them more prominent. As high cheek bones are considered attractive in both genders, this is an equally attractive procedure both for MTF and FTM, and is often carried out at the same time as reducing the cheek fat. It is done through an incision inside the mouth, which leaves no scarring on the skin. An experienced surgeon can provide you with a reasonably accurate model of what your face will look like, using simple photographic software. It is a simple procedure, which requires a general anaesthetic but is often carried out as day-surgery.

Nose

Even though your nose is only one part of the face, there are many parts of the nose that can be changed to make a significant change to one's appearance. The width of the nose between the eyes, the width of the nose at the nostrils, the diameter of the nostrils, the angle of the nose from the forehead, the smoothness or curve of the nose in profile, the angle of the nose to the lip, the length of the nose from top to bottom, the projection of the nose from the face, the width of the tip of the nose and the shape of the tip of the nose. Improving breathing can also be addressed through nose surgery. It is important that you speak to a plastic surgeon who understands the aesthetics of the whole face rather than just the nose, and is not solely focused on the functions inside the air passage which have no effect on the look of the nose.

Lips

The curvature, thickness, and colour of the lips can be changed, by temporary measures such as filler injections, semi-permanent procedures such as fat grafting, or permanent solutions such as surgery or cosmetic tattoos.

Creating thick luscious lips from the thin lines that are typical of a male lip usually can only be done through surgery. Rotating the red lining

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of the mouth to the outside creates a fuller lip. No matter what method is used, it is most important to preserve the natural curvature of the upper lip, to avoid the appearance of a 'fake' lip that lacks contour.

Teeth and gums

The size of the teeth can be made larger or smaller, by the use of veneers or small adjustments to the natural enamel crown of the front teeth. The same can be done to address teeth that are too short.

A gummy smile is usually more difficult to correct, and often requires a combination of orthodontic treatment and jaw bone surgery to harmonise the proportions of the face and reduce the amount of upper gum line that is visible when smiling.

Chin

The shape and size of the chin can be changed in any direction. It can be made more prominent, pushed back, made narrower, or made wider. These changes can be done by changing the shape of the bone, or by using implants. The surgery is usually done through incisions inside the mouth with no resulting skin scars.

Chin surgery is often carried out at the same time as other facial surgery, such as a facelift, jaw bone surgery, or liposuction to a double chin and thick neck.

Jaw angle

Both the definition of the angle of the lower jaw as well as the width of the lower jaw can be changed. In some people a prominent jaw is due to overactive muscles of the face, in some cases it is because of prominent bones, or it may result from both factors. Surgical changes to the angle of the jaw can make a striking difference to the overall appearance of the face.

By making the face more rounded it appears feminine, or by creating a well-defined sharp jaw angle a more masculine look is achieved. The shape and position of the upper jaw can also be changed. In order to create a more balanced look, or to address a gummy smile, the middle of the face can be moved forward or back.

Jawbone surgery is usually done entirely by incisions inside the mouth with no visible skin scarring. Jawbone surgeries are more involved than those we have discussed so far. They often require one or two nights stay in hospital, and two to three weeks off work. Jawbone surgery that is aimed at moving the entire upper or lower jaw forward or backwards involves the use of orthodontic braces for months before and after surgery.

Ears

Most people associate plastic surgery of the ears with bat ears. In reality there is a great variety of minor but very effective procedures available to enhance the appearance of ears. Dangling ear lobes can be reduced, large ear holes can be removed, and ear lobes can be made smooth and youthful through simple procedures that are often done under local anaesthesia in the doctor's rooms.

Neck

Although most neck surgery is aimed at neck lifts, or removing wrinkles and creating a more youthful look, there are other procedures available to create a specific desired look. The most common of these is correction of a double chin. This is usually done through liposuction only. If this is the only procedure that is required, it can be safely done in the surgeon's procedure rooms without the need for hospital admissions and general anaesthetics.

Adam's apple

The so-called Adam's apple is a ring of cartilage that protects the windpipe as it passes down the neck. Reduction should not be considered a straightforward procedure. In the wrong hands, it can lead to permanent voice change, or even loss of voice. The procedure is done under a general anaesthetics, through a small skin incision. Intimate knowledge of neck anatomy is mandatory to ensure just the right amount of protruding cartilage is removed without perforating the windpipe or altering the voice. The results however, are very significant to the overall transformation.

In the next segment, I will go through some details of the procedures available for the chest and torso. □□□

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:
aacswoop@aidsaction.org.au

NEW SOUTH WALES

NSW GENDER CENTRE

Counselling

Provides counselling to residents and clients living in the community. For more information or an appointment contact the Counsellor on 9519 7599 between 10am - 4.30pm.

Outreach service

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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

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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)

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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 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

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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

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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.

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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
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hunter@acon.org.au

129 Maitland Road, Islington, 2296
PO Box 220, Islington, 2296

Mackillop Centre - Hunter

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Tel: 4968 8788

Illawarra

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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)
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Ground Floor 69 Holden St, Gosford 2250

Tel:(02) 4320 2114
Fax: (02)4320 2020

INNER CITY LEGAL CENTRE

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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

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Tel: (02) 9360.2766
Fax: (02) 9360.5154

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Fax: (02) 9380 2382

Clinic 180 open

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Monday to Friday

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LES GIRLS CROSS-DRESSERS GROUP

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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.

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http://www.mccsydney.org.au/

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

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Wed 9.00am-1.00pm
Fri 9.00am-1.00pm

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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@thependoor.org.au
for further information, or check the web page

www.thependoor.org.au

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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
PO Box 187,
Katoomba, NSW, 2780
Ph: (02) 4782 2119
www.hermes.net.au/plwha/
plwha@hermes.net.au

POSITIVE WOMEN

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

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

RPA SEXUAL HEALTH

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

SAGE FOUNDATION

(Sex and Gender Education Foundation)

A voluntary lobbying organisation made up of gender variant people to lobby the government to ensure equal treatment in all respects of life. SAGE is non-profit. All welcome.

Ph: 0421 479 285
Email:
SAGE_Foundation@yahoo.com

SEAHORSE SOCIETY OF NSW

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

(SWOP) SEX WORKERS OUTREACH TRANSGENDER SUPPORT PROJECT

Provides confidential services for people working in the NSW sex industry. Lvl 4, 414 Elizabeth St, Surry Hills, NSW, 2010

PO Box 1354
Strawberry Hills NSW 2012
Tel: (02) 9206 2159
Fax: (02) 9206 2133
Toll free 1800 622 902
infoswop@acon.org.au
www.swop.org.au

SYDNEY BISEXUAL NETWORK

Provides an opportunity for bisexual and bisexual-friendly people to get together in comfortable, safe and friendly spaces. Pub social in Newtown on 3d Sunday of every month followed by a meal. All welcome

Tel: (02) 9565 4281 (info line)
sbn-admin@yahoo.com
<http://sbn.bi.org>

SYDNEY BISEXUAL PAGANS

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

PO Box 121, Strawberry Hills
NSW 2012

SYDNEY MEN'S NET- WORK

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

SYDNEY SEXUAL HEALTH CENTRE

Provides free, confidential health services, including sexual function, counselling and testing and treatment of STDs, including HIV.

Level 3, Nightingale Wing, Sydney Hospital, Macquarie Street, Sydney, NSW, 2000

Ph: (02)9382 7440 or freecall from outside Sydney 1800 451 624.
(8.30am-5.00pm)
Fax: (02) 9832 7475
sshc@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

WOMENS AND GIRLS EMERGENCY CENTRE

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

National

(ABN) AUSTRALIAN BISEXUAL NETWORK

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

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

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

AISS SUPPORT GROUP (AUSTRALIA)

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

PO Box 1089
Altona Meadows, VIC, 3028
Tel: (03) 9315 8809
aissg@iprimus.com.au
www.vicnet.net.au/~aissg

AUSTRALIAN WOMAN NETWORK

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

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

CHANGELING ASPECTS

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

email:knoble@iinet.net.au
www.changelingaspects.com

FTMAustralia

Resources and health information for all men (identified *female* at birth), their partners, family and service providers. Contact FTM Australia for more information.

PO Box 488, Glebe, NSW, 2037
www.ftmaustralia.org
mail@ftmaustralia.org

NATIONAL LGBTI HEALTH ALLIANCE

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

TRUE COLOURS DIVERSITY

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

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

International

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
www.agender.org.nz

BEAUMONT SOCIETY

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

BEAUMONT TRUST

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

CROSS-TALK

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

FTM INTERNATIONAL

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

FTM NETWORK UK

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

GENDERBRIDGE Inc.

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

GENDER TRUST (THE)

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

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

INTERNATIONAL FOUNDATION FOR ANDROGYNOUS STUDIES (IFAS)

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

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

IFGE INTERNATIONAL FOUNDATION FOR GENDER EDUCATION

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

PO Box 229, Waltham, MA 02254-0229 U.S.A.
<http://www.ifge.org/info@ifge.org>

IKHLAS

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

ITANZ INTERSEX TRUST AOTEAROA OF NEW ZEALAND

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

PROSTITUTES COLLECTIVE OF AUCKLAND - NEW ZEALAND

PO Box 68 509,
Newton, Auckland,
New Zealand

PROSTITUTES COLLECTIVE OF CHRISTCHURCH-NEW ZEALAND

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



Welcome Group

Support for asylum seekers and past or present refugees



* A support group for transgender and gender neutral people seeking asylum|and past or present refugees who are settling into the Australian community. The group provides a safe place to communicate, gain hope and a sense of belonging from people who have experienced a common journey. Tea, coffee and snacks provided.

Last Thursday of every month, 6.00 to 7.30 p.m.
Commences April 27th 2017.

Location: 41-43 Parramatta Road, Annandale, NSW, 2038.

For enquiries, please contact the Gender Centre Inc. on (02) 9519 7599.



**GENDER
CENTRE
INC**
SERVICES FOR THE
TRANSGENDER AND
GENDER DIVERSE COMMUNITY

The Permanent Solution...

in Permanent Hair Removal

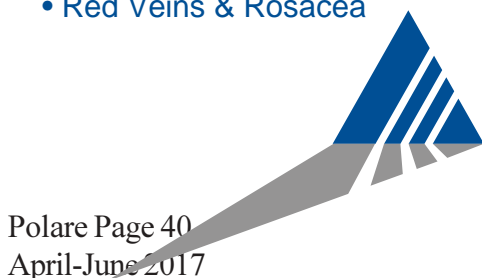
For those who are embarking on the transition from male to female, the permanent removal of hair is vital. However, with so many clinics and procedures to choose from, it's crucial that your chosen solution is reliable, safe and permanent.

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

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

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

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



advanced
ELECTROLYSIS CENTRE

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

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