

Polare



**"My Trans Journey" stories
from Transtopia**

***Finding Nevo* by Nevo Zisin, reviewed by
Candy Jacques**

**Violence, Harassment and
Bullying**

Cross-dressing - the Last Resort

**Fertility for Trans and Gender
Diverse People**

Everyday Transgender Health Care

and much more...

MAGAZINE OF THE NSW GENDER CENTRE

ISSUE 112 JULY - OCTOBER 2017

The Gender Centre presents:

transtopia 2017

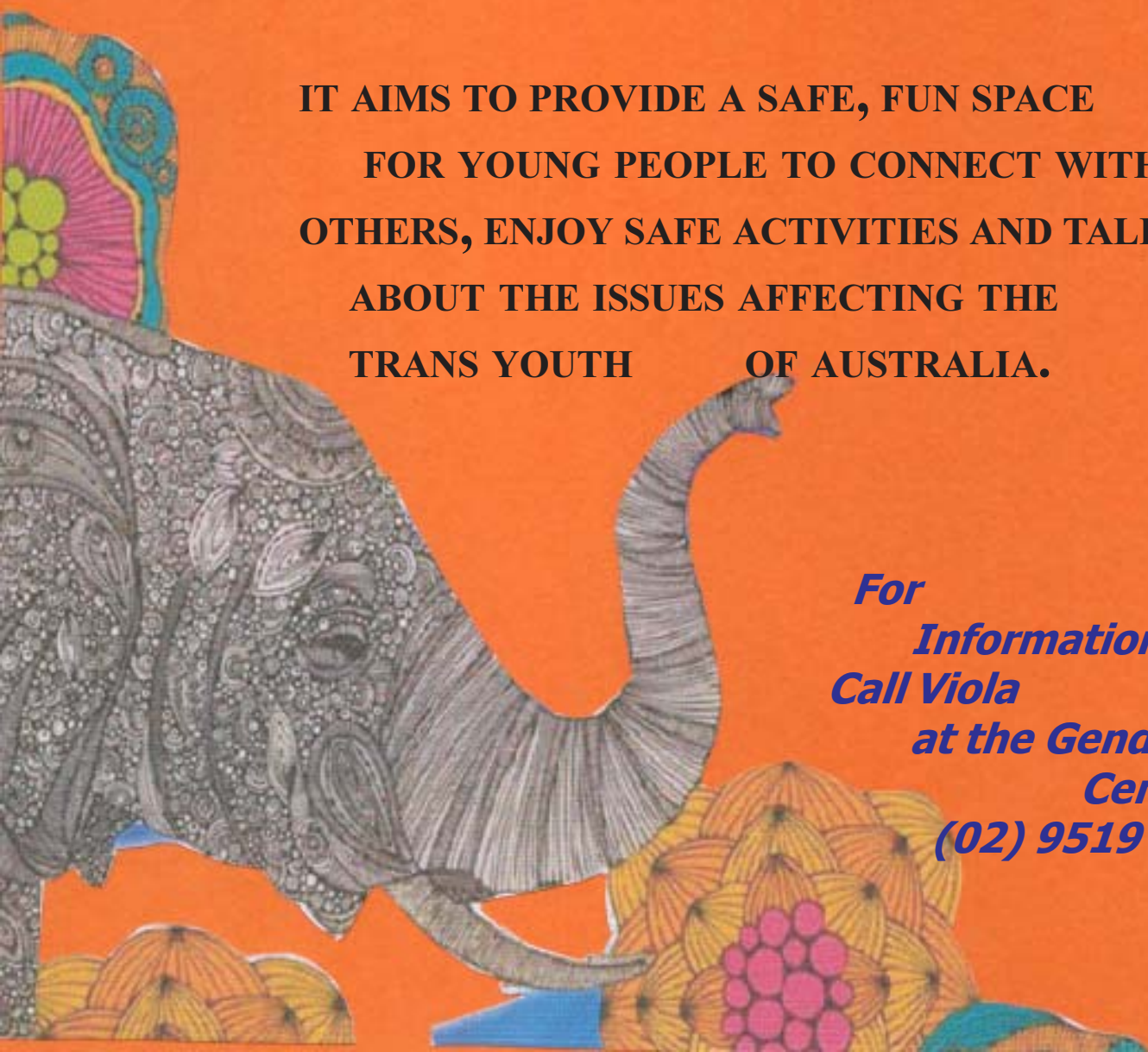
gender-questioning?

gender-queer?

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the Gender Centre

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www.gendercentre.org.au

**The Gender Centre is staffed
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For all enquiries relating to the residential service, please contact us.

Cathy Wilcox is well known in Australia and internationally as a brilliant cartoonist and her cartoon on the front cover, originally published in the *Sydney Morning Herald*, is reproduced on the cover of *Polare* with Ms Wilcox's kind permission.

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DEADLINE

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

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Feel free to stop me if you've heard this one, or at least skip down to the end of the italics..

It was the first day for using the new wheely bins and as the garbage truck rolled down the street the

driver noticed that only one house had failed to leave its shiny new bin by the pavement.

Having time in hand, and being a good natured sort of chap, he stopped the van and ran over to the front door. He knew the occupant was old and probably hadn't understood the new arrangement for garbage collection.

The old man came to the door and the garbage man asked, "Where's ya bin?"

"I bin in Queensland," said the old man.

"No, I mean, where's ya wheely bin," said the garbage man.

"Well, I weally bin in jail, but I tell people I bin in Queensland..."

I haven't bin in jail, but I have bin in hospital and I apologise for the time it has taken to put me (and *Polare*) together.

There was an opinion held by my medicos that I was anaemic so they dripped nearly three litres of someone else's blood into me ("Make sure it's Scottish." I said, "and make doubly sure it's not Campbell.")

There may have been a slight misunderstanding as I think at one point they tried to hook me up to three litres of Scotch. I may be wrong, although there is no doubt I was somewhat unsteady on my feet for a while.

What I would like to explore in this issue is whether things (you know, "things in general") are getting better or getting worse.

My own opinion is that at the macro level things are getting better while at the micro level there are far too many people who are not bothering to think, but are following the latest catch phrases, fashions and attitudes in a sheeplike and rather dim way and allowing

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themselves to be bullied by morons who do not understand the difference between social media and literary bullying.

At the macro level there is far more awareness of gender diversity and the non-prescriptive nature of the binary system. When I started talking to classes and groups about gender diversity a quarter of a century ago I would usually start by asking how many people in the audience knew a transgender person 'close up and personal'. I would be lucky if there were half a dozen in a hundred.

Nowadays if I ask the same question I am likely to find that up to half of those present know a transgender person and are prepared to admit it. Quite often there is a handful of transgender people in the audience itself and equally often they are already known to their colleagues or classmates, and are receiving respect from them and being treated with dignity.

On the micro level there is far too much reliance on, and indulgence in, so-called social networks that play fast and loose with the language and there is also a growing misuse of figures of speech that are all too often misunderstood and merely parroted because they sound smart. In short the English language is going to hell in a handbasket due partly to poor educational standards and partly to an unwillingness to think things through.

Let me give you a simple example. The phrase 'back to back' is now commonly used in place of the word 'consecutive'. This might not matter if 'back to back' did not have another, and clearly understood, meaning. The most foolish example I have heard to date was when I was informed by some commentator that "the men's and women's tennis finals will be played back to back..."

Similarly people have adopted the metaphor of the 'two-edged sword' as a substitute for explaining that a certain course of action may have a negative as well as a positive outcome.

Why has the two-edged sword fallen into such bad company? The Romans conquered most of their known world using the *gladius* which was a two-edged sword. The Middle Ages

relied on the broadsword, which was a longer and heavier version of a two-edged sword, and it wasn't until the Renaissance, and later, that swords were made that relied on the use of the point in preference to the edge. These included the rapier, the sabre and the cutlass, all of which had cutting edges as well as a thrusting point.

The point is that there is no way you could damage yourself more while brandishing a two-edged sword than you could if you were holding what is technically called a 'backsword' (one that has only one edge). You could no more hit yourself with the back edge of your blade than you could with the sharp front edge.

Sometimes new phrases are invented simply for the sake (I suspect) of being different and thereby attracting attention.

The effectiveness of this stratagem is often obviated by the rapid adoption of the new version by numerous people who like the sound of the new phrase and, like sheep everywhere, want to be one of the flock.

Talking of wanting to be one of the flock, incidentally, brings to mind the word 'egregious', which literally means "standing out from the flock", so that if one were to consider a specific animal to be different from the rest of the herd, then that animal would be egregious. The current desire of the majority to want to remain in the flock has given rise to the negative connotations of 'egregious'.

The Macquarie Dictionary gives as its first meaning for **egregious**, "remarkably or extraordinarily bad" and only as its second meaning "distinguished or eminent", a meaning which the Macquarie lexicographers sink further into obscurity by labelling it as *Obs.*, or obsolete.

If one feels that current terminology has passed its use-by date then naturally one would like to find a substitute, or if one has an emotional or reasoned aversion to a given usage then, again, it may be time for a neologism.

Surely it is not asking too much for us to add a few substitutes for words we no longer wish

to employ ('he' and 'she' for instance). The difficulty is having the new word adopted generally rather than being one of many such revisions, and becoming lost in the process. The other trap (in my opinion) is using a word which already exists, often in a totally different context.

In an essay I wrote on terminology a few years ago I said, "Some find the feminine form demeaning or degrading for some reason and want to create mosaic monsters like 'shim'...", which is a good example of a word that already has another meaning [**shim** a thin strip of metal, wood, or the like, for filling in, as for bringing one part in line with another].

Another, and even more tendentious word that has been adopted by some people wishing to avoid 'he' and 'she' is the plural form, 'they'. This form of change has a predecessor or role model in the second person singular ('thee' or 'thou') which has been replaced in most cases by the plural form 'you', a process which has been under way since the fourteenth century so that the earlier form now survives only in bad poetry, greeting cards and religious texts.

People often use 'they' for singular cases if they do not know the gender of the person concerned ("someone is coming up the hill, I wonder who they are") or if they are dealing with a mixed-gender group but dealing with them as individuals ("each student will bring their own lunch")

This avoids the clumsy, use of 'he/she' or 'his and her', but, on the other hand, the clumsy form is more informative and accurate.

When I was setting Candy Jacques' review of *Finding Nevo* for this issue I realised that the author, Nevo Zisin, had adopted 'they' as a self-identifier, thus avoiding commitment to either of the binary gender designations. I did an edit to avoid this usage of 'they' because my tiny mind always thinks of 'they' as referring to more than one, but Candy made it clear that she thought I should respect Nevo's usage, not least because it was clearly such a personal matter for Nevo.

I think Candy was right and I was wrong ... (you won't see **that** in print very often).

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Accordingly I have restored the review to its original format, although I would be happier if there were some way to rule on the appropriateness of a given revision, and some way to minimise the attachment of new meanings to existing words.

You are probably aware that France has an Academy that decides on whether a given usage is to be admitted to the French language or not. Other European countries also adopted this system with varying success (Spain and Italy, for instance), but Britain never went so far as to allow prescriptive grammarians to decide what was, and what was not, English, although numerous powerful writers, including Jonathan Swift, did their best to make it happen. On the other hand, equally prestigious scholars such as Samuel Johnson did their best to make sure it didn't.

There have been some attempts to provide authoritative guidelines for the media to follow when dealing with LGBTIQ topics. One of these is the GLAAD (Gay and Lesbian Alliance Against Defamation) Media Reference Guide, 10th edition.

Unfortunately the GLAAD Guide is not impeccable, adopting arbitrary rules against usages such as 'transgendered'. GLAAD prefers the word 'transgender' to be used only as an adjective, on the grounds that this brings it into line with lesbian, gay, bisexual and queer.

They say, "You would not say that Elton John is 'gayed' or Ellene de Generis is 'lesbianed,' therefore you would not say Chaz Bono is 'transgendered.'" The statement is flawed on several counts. First, there is no reason why 'transgender' should be brought into line with 'lesbian' and 'gay', since transgender refers to gender identity and gay and lesbian are sexualities. Second, the words 'gay' and 'lesbian' are used as both nouns and adjectives so why should not the same flexibility be

accorded to 'transgender'? Third, we **do** use the '-ed' suffix for characteristics of humans, as in 'blue-eyed', 'sun-tanned', 'emaciated', 'aged' etc., so why should we avoid the use of 'transgendered'?

In 2005 I reprinted a piece by an American management and philosophy student, Cezary Podkul, who had been involved in a debate on the subject of gender neutral pronouns, which he deplored because they reduce the amount of information available from the gendered form. As he says, "I like gender specificity; I like to know whether an author is talking about a man or a woman when I read a novel."

I have written to ask Mr Podkul, who is no longer a student but is now a prestigious journalist working for the *Wall Street Journal*, for permission to reprint his article, which still has some interesting and defensible points to make.

If he responds in time you may find the article (*He said, ze said. Is there any place in English for gender neutral pronouns?*) in this

issue. If not, not.

Anyway, you get the point. Don't accept what you are told without first thinking about it. Don't follow the leader because it's easier than standing apart from the flock.

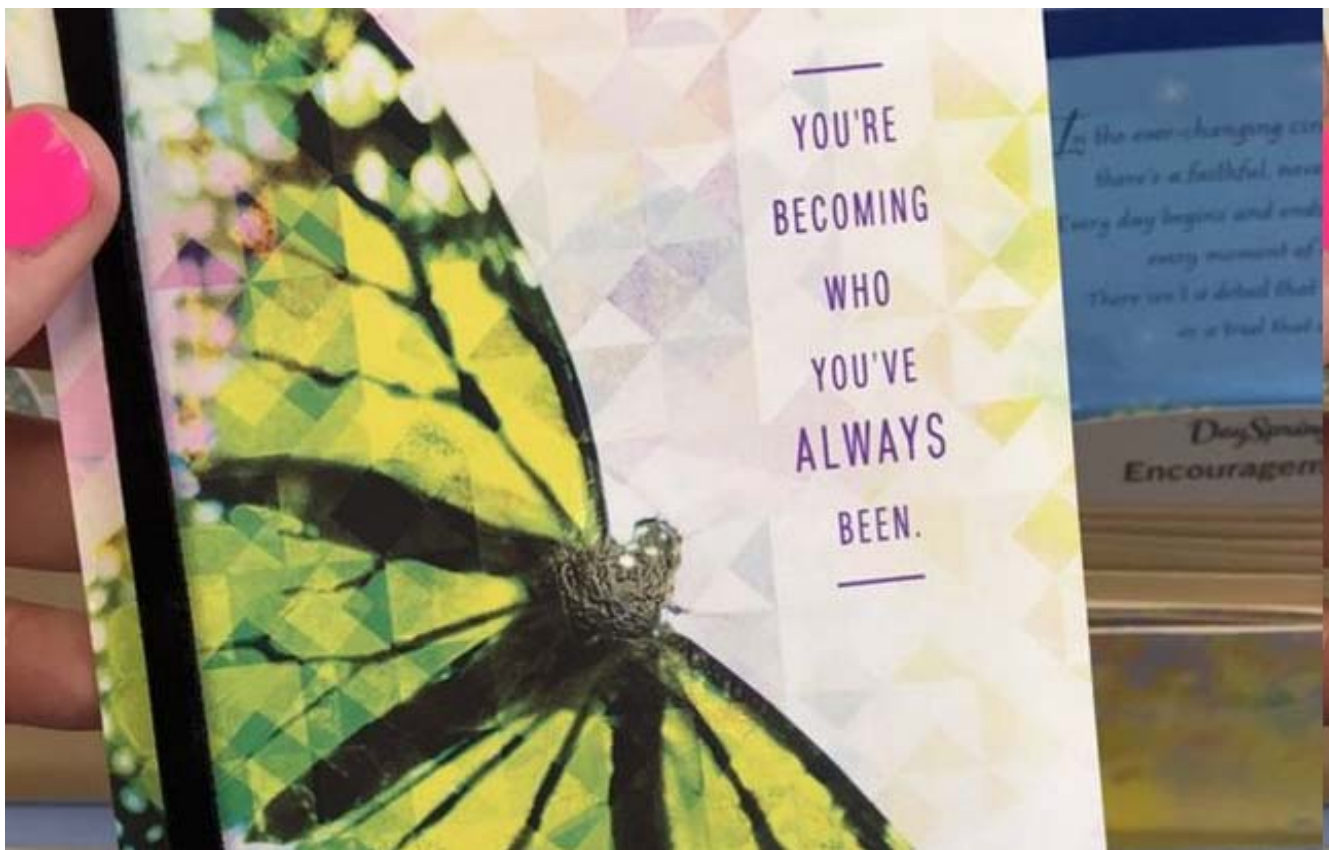
Don't accept something as true just because your parents told you. They probably believe whatever it is because **their** parents told them. Be critical. Be independent. And that includes the advice I am giving you here. Don't believe me uncritically. Think about it.



... egregious sheep ...

Katherine





Hallmark now have cards for those who are going through transgender transition. Thank you, Hallmark!

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.

on 9519 7599

He said, ze said. Is there any place in English for gender-neutral pronouns? by Cezary Podkul

It is official: I am a sexist pig.

A few weeks ago I attended a debate tournament at NYU, during which I managed to offend a female student from Wellesley College by referring to her as “she”. The topic of the debate was whether or not we should replace all gender-specific pronouns in the English language with gender-neutral pronouns. This way, rather than saying “his” or “her”, you’d simply say “hir”, and rather than saying “he” or “she” you’d say “ze”.

Since I was arguing against this strange system, I kept adhering to the good ol’ time-tested he/she scheme. Near the end of the debate round, my opponent complained that I was dehumanising her by referring to her as “she” since “she” connotes all those negative things we men think about women. I’m all for gender equity and the constant adaptation of our language to new realities and social attitudes, but the gender-neutral pronoun movement has simply overshot the mark of equity and landed squarely in the realm of the absurd.

First, let’s give credit where it’s due: To function well, our language ought to be as good a mirror of reality as possible. In that case, having only two gender-specific pronouns, “he” and “she” may not be optimal since there are people who do not consider themselves either male or female.

Thus we may be unfairly boxing individuals with diverse gender identities into gender roles and the specific connotations that come with them, all of which indicates that our language needs to adapt to the realities of transgender persons if it is to adapt to the realities of transgender persons and if it is to function well and equitably.

Given this legitimate concern, the most logical solution would be to create a new pronoun to reflect the identity of those individuals and grant them independence from male/female gender roles and stereotypes. That way, if you feel you don’t belong in the he/his or she/her

column, you can still belong to the ze/hir column, where ze and hir represent your specific group rather than all individuals regardless of gender identity.

But the gender-neutral pronoun movement bypassed this logical route, which would have been easy to implement and sell to the public, in favour of eradicating all gender reference from our pronouns. Because, they say, our pronouns shouldn’t exclude anyone and, more importantly, gender-specific pronouns reinforce the negative connotations imposed on women by our male-dominated society.

Somehow, though, I fail to believe that when we menfolk hear the “she”, we automatically imagine the barefoot woman in the kitchen cooking dinner

while pregnant and exclaim, “that’s the way it should be, woman!” I think our society has progressed enough so that this is no longer the case for a majority of people. If anything this example underscores the fact that gender-specific words can carry a lot of baggage with them - although I did not believe my opponent from Wellesley when she argued that referring to a woman as “she” was as harmful as referring to a black person using the n-word. Not quite that much baggage, I think.

But all words carry connotations with them, that’s just the way our language functions. So unless the gender neutral folks show me a way to magically rid words of connotations, our only solution will be - if we want to have a gender-neutral language - to revamp our whole vocabulary. No more gender-specific names. No more words like “man” and “woman”. No more “male” and “female” bathrooms, either. No more “Mr” and “Ms”; perhaps we’d all be granted honorary doctorates (probably in gender studies).

But even if we did take all the steps necessary to castrate our language, I’m not sure we’d be happy with the end result. I like gender specificity; I like to know whether an author is talking about a man or a woman when I read a novel. I like to know whether I should write



Cezary Podkul

Ms or Mr on my useless cover letters.

Clearly this is all absurd. As George Orwell once stated, "If thought corrupts language, language can also corrupt thought," so either way our connotations and prejudices will remain. However, we can try to change public perceptions about certain groups and thus promote equity without destroying our language. In the end, I think this is the best solution; rather than performing superfluous surgery on our language and branding millions of people as sexists, let's instead fight

sexism at the root; our minds. But if rearranging our pronouns should ever prove necessary, the all-inclusive "ze/hir" scheme is clearly not the answer. □□□

This piece was written by Cezary Podkul in 2005 and was printed in Polare 62 with the permission of the author who was a student at Wharton and the College from Chicago, Illinois at the time. Mr Podkul is now a Senior Reporter on the Wall Street Journal and has again given permission for his essay on gender-neutral pronouns to be printed in Polare.

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.

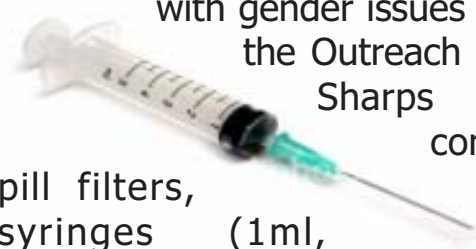
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The Gender Centre is a Needle Exchange and operates Monday to Friday from 9.00am to 4.30pm.

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



Transgender Day of Remembrance
20 November 2017
Harmony Park, Surry Hills
5.30 pm to 7.45 pm
Keynote speakers:
Rachael Wallbank, Moo Baulch
Light refreshments will be served.
The Day of Remembrance Observance will be followed by a walk to Taylor Square and a candle-light vigil

Issue One Hundred and Twelve “My Trans Journey”: stories

The Gender Centre hosts a number of special Interest and Support Groups which meet once a month. One of these is called Transtopia, and is designed for trans teens between the ages of fourteen and nineteen. At a recent meeting, Viola, who organises the programs for this group, encouraged those attending to write short pieces about their trans journeys, their past experiences and future hopes. Here are some of the resultant writings. The writer's ages and preferred pronouns are included, and in some cases names have been supplied. KC

Rebecca, 17, she/her

Last week, a tiny pin prick of light appeared in my life and it has been steadily growing ever since. Despite my less than preferable accommodation I am growing. But rather than talk about my rather depressing past I am going to talk about my plans for the future.

First I am going to get a part-time job and re-enroll for high school to try and go for the HSC. Hopefully I'll be able to finance laser hair removal and maybe a few other things. The one thing that is certain is that my confidence will rise for the first time in forever!

Connor, 15, he/him

Growing up I always “acted” more like a boy, I was constantly told I should have been born a boy. By age seven I started crying myself to sleep because I knew I wasn't a girl. I finally got the courage to tell a close friend when I was nine. Since then I have told more and more people about who I really am. Now I finally get to be who I am, my name is Connor and I am transgender.

Anonymous, 14, he/him

When I was around ten or eleven I made my best friend's family call me a boy, I was always with the boys. When I got into high school I found out about what being

transgender was – that was me. I started hating myself more and more and I tried to kill myself at least seven times. A little space and friends helped but nothing else. I am now doing my best to recover from five years of self-harm!



Viola

Anonymous, 16, he/him

The first thing I did was cut my hair without my parents' permission then I opened up to friends about being trans. I started working out and came out to my parents as a gay guy. Mum forced me to be female around her for months, refused to buy me “male” clothes and made me grow my hair out. Dad took a few months to adjust to my pronouns and name.

Mum finally started to accept me after three years from when I initially came out to her and dad. I am on my way to legal and medical transition. I am still depressed and hella dysphoric. I moved schools and enrolled as a male, hooray! I am now with an accepting boyfriend who is supporting me throughout my transition.

Rory, 15, he/him

When I was a kid I really didn't consider gender that much but as I aged I had been called a “tom-boy” several times and I felt offended. As I aged there were more incidents so I tried harder to be a “girl” so that people would think I was normal and people would like me. When I was thirteen I kind of drifted in and out of femininity while still attempting to be the girl society told me to be.

I bought skirts but felt uncomfortable wearing them out so I didn't. I always had social anxiety when I went out as I never felt I looked right or was wearing the right clothing. I tried to wear the skirt at my new school where I was introduced as a girl and under my dead name. But I gave up eventually and wore the girls' pants and the unisex shorts.

I later found the school's LGBT group where an older student had just started his transition as a trans guy and he would talk about trans issues and his experiences.

The LGBT group was a really good and friendly environment and I came out as a pansexual girl. At the time I had recently broken up with my boyfriend as my anxiety, mood issues and sexual and gender confusion had become too much for me to handle and I was having lots of breakdowns.

I was also learning that most girls didn't relate to my trans male friends' experiences but I really did, especially to the experience of feeling disconnected to my chest/ breasts.

On top of these confusing shared experiences I had realized I was not attracted to girls as a lesbian at all. I was attracted to men but not in a straight way, I just couldn't be with a guy as a girl.

This was obvious as I felt really uncomfortable with my ex-boyfriend. I came out as a trans guy early 2016 before my fifteenth birthday and became Rory at school. The grade gradually accepted me, and my friends accepted me and learned to use my pronouns.

I got to a gender therapist and slowly I turned into the person I now identify as. I honestly didn't relate to who I used to be. I feel like an actual person now where before I just felt like I was pretending because of the anxiety.

I found home in the LGBT community and another family amongst the transgender group that I currently attend (Transtopia).

It has been officially one year and one month since I came out and I feel so much happier with myself.

My dad is really accepting and I feel so much happier at home and within myself although transitioning is really slow but I know one day I'll be who I want to be and I'll never look back.

I may still not have figured out my sexuality and I may get called a "lady" every other day but all the people that matter to me know that I am a guy and respect me.

I wouldn't want to not have this confusing, troubling experience either because I feel like I know myself a lot better now and I am 100% more comfortable in my clothes and when dating people. Hopefully I can continue my trans journey and love my life even more as I go.

Anonymous, 19, he/him

In hindsight, it can be easy to point to childhood experiences and relate them to being trans; as a child I often went for the clothes that made me look the least feminine and I was lucky enough to have the option of wearing shorts and a cap as my PE uniform.

Sometimes people would ask me if I was a girl or a boy and I couldn't explain why that made me so happy. When I was ten I found myself reading a "Yahoo answers question" that was something like "I feel like a lesbian trapped in a man's body". I don't remember any of the answers but I remember relating to it very strongly – but the other way around. I thought that I felt like a "gay man trapped in a woman's body".

I was somehow able to forget about that for a few more years, probably because I was pushed into the life of a student at a Catholic girls school which came with a very specific set of rules.

It was a few more years before I consciously realized that I was male. Surprisingly, I don't

Issue One Hundred and Twelve

remember what directly led to that discovery but I spent a year or two thinking about it before I told anyone. I spent that time trying out wearing more masculine clothes and binding by winding a belt around my chest and wearing a few layers of t-shirts.

Once I was even able to come out to a friend. It was a very difficult time because I doubted that I would ever be able to come out to my parents and transition medically and legally.

While I didn't plan to come out to my parents until I moved out of home, I ended up spontaneously coming out to my mum one day, she didn't ask any questions and told my dad, but neither of them would talk to me about it for several months.

I was finally able to get my mum to get on board with my transition by convincing her to go to the Gender Centre parents' group, where she got to hear stories about other children's struggles.

That probably made her take me more seriously and she started supporting my physical transition. While it was very difficult to transition while I was still at school, I started testosterone with a month left of school, then took the following year as a gap year.

I used the year to transition more; I changed most of my documents to have my name and gender updated and I was also able to have top surgery and a hysterectomy. This year I was able to start at university presenting 100% male.

Nobody knows that I am not a cisgender guy, which is so refreshing. I don't have the anxiety of constantly having to worry about how people see me. Their perceptions are based solely on who I am, rather than stereotypes and prejudices based on me being transgender. ☐☐☐

House to Share

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 Transformat 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.

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.

MARGARET COURT SLAMS SAME-SEX MARRIAGE, LESBIANS AND TRANSGENDER CHILDREN

Margaret Court, who was once the world's greatest female tennis player is now, at seventy-four, a Pastor in the Margaret Court Ministries, a Pentecostal Christian Ministry which she founded. Court's early upbringing was in the Roman Catholic Church but she became associated with Pentecostalism in the 1970s.



Margaret Court

"I mean, tennis is full of lesbians because even when I was playing there was only a couple there, but those couple that led took young ones into parties and things," the all-time grand slam singles title leader said on Vision Christian Radio. "And you know, what you get at the top is often what you'll get right through that sport."

Court's most inflammatory comments were about transgender children. "You can think, 'Oh, I'm a boy', and it will affect your emotions and feelings and everything else. That's all the devil. "That's what Hitler did and that's what communism did, got the minds of the children. There's a whole plot in our nation and in the nations of the world to get the minds of the children."

ALESHIA BREVARD, IMPERSONATOR, HOLLYWOOD STAR AND PIONEER TRANSGENDER DIES AT 79

Aleshia Brevard (1937-2017) started her career at the famous female impersonator club Finocchio's, in San Francisco, having abandoned a college course in order to follow her dream. Using the stage name Lee Shaw she was known for her impressions of Marilyn Monroe. She started hormone treatment with Harry Benjamin in San Francisco in 1958 and later moved back to Los Angeles for gender affirmation surgery. Alfred Brevard Crenshaw became Aleshai Brevard Crenshaw which was later shortened to Aleshia Brevard. She won a

number of minor parts in television and played opposite Don Knotts in *The Love God*.

Aleshia returned to her studies, taking a masters degree in theatre arts at Middle Tennessee State University. She also married four times, although her husbands did not know of her transgender past.



Aleshia Brevard

In 2001 she wrote *The Woman I Was Not Meant To Be*. Later she wrote a sequel, *The Woman I Was Meant To Be*. She was also featured in the award-winning documentary, *Screaming Queens*, which was made by Susan Stryker and dealt with the riot at Compton's Cafeteria (the West Coast equivalent of the Stonewall riot in New York).

FULL FAMILY COURT HEARS APPEAL TO CONSIDER COURT'S SUPERVISORY POWER

The full Family Court approved stage-two treatment of an FTM transgender man named (for legal purposes) Kelvin in February 2017. Stage one can be approved by a transgender person, her or his parent or guardian and medical adviser.

Stage two, involving cross-gender hormones, requires approval from the Family Court if the transgender is under eighteen.

Kelvin's father has appealed the need for the Family Court to be involved and the Court has agreed to hear argument on the matter.

If the appeal succeeds the situation will presumably become a matter for the individual, her or his legal guardian and their medical adviser/s. This change in procedure is supported by George Brandis, the federal Attorney-General.

At present it can take up to three years and cost \$30,000 to go through the procedures of the Family Court. □□□

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 Wednesday, Thursday 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!

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

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

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

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



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

**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

Dates for Special Interest and Support Groups 2017

<p>Transtopia 14-19 yrs 5pm-7pm</p> <p>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 October 10 Tue November 14 Tue December 12</p>	<p>FTM Connect 6.30pm-8.00pm</p> <p>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 October 9 Mon November 13 Mon December 11</p>
<p>Seniors' 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 October 27 Fri November 24</p>	<p>Fri October 20 Fri November 17</p>	<p>Thur October 25 Thur November 29</p>	

Finding Nevo is the autobiography of the twenty years that Nevo Zisin has been alive. They are young, passionate and full of life-experiences worth sharing; and therefore very much worth reading!

The book walks its reader through the significant moments in the life of Nevo, as they grapple with sexuality and gender. A courageous individual, they announced diverse sexuality at the age of fifteen, followed this two years later with the social media announcement of transitioning to male; and by the age of nineteen ultimately found comfort in the identity of ‘non-binary’.

There are some key moments that Nevo describes in delicate, genuine vulnerability that those who are somewhat gender-colourful may find useful in a practical sense. In particular, on the eve of surgery, Nevo writes an intimate and honest letter to their soon-to-be-removed breasts.

As a specialist gender-therapist who has supported many a top-surgery, I have also seen the very real experience of loss after the receipt of a much-desired flat chest. This experience of loss is not in any way indicative of a mistake, or a sign that individuals will regret their decision; just that there is a connection to a body part that one has carried around for twenty-plus years, whether they love it, or not.

The letter written by Nevo is akin to a journal entry. It is personal, truthful, and healing. This expression of emotions is something that I

would encourage all folks who are face-to-face with imminent surgery to explore.

Nevo writes a lot about privilege – not just the “male” kind, but also that of white, Western-born folk. Those of you who frequent my additions to *Polare* will recognise my interest in the experience of

privilege from the perspective of one who changes their gender-presentation in society. This young human sums up what a lot of my clients share with me, and hints at the opportunities available to those who experience a new privilege. Following a discourse on women, sexuality and choice, Nevo writes;



Candy Jacques
Gender Centre
Counsellor

“The applause I received afterwards was embarrassing. As a woman feminist, I was laughed at, ridiculed and not taken seriously. But in a room filled with people who read me as a man, seeing a man stick up for women’s rights and women’s issues was commended. I had never before been positively regarded for being a feminist and I was acutely aware the only thing that had changed was people’s reading of my gender. This proved to me that people respect men more than women, even in issues of gender.”

Nevo explores the new sense of camaraderie; *“I was suddenly referred to as ‘bro’, ‘mate’ and ‘dude’ – these words made me feel accepted into some sort of covenant”* as well as the double standards; *“I felt listened to, compared to being trivialized when I was presenting as a woman. People laughed at my jokes more and I was allowed more space to speak”*. More unsettling experiences of masculinity included; *“...when walking home at night I felt safer, and I realised that when I was walking behind women, it was possible I had come to be perceived as a threat myself”*. These are all areas of the imbalance in our current society that gender diverse folk will be exposed to, in one form or another.

By the end of the memoir, the reader has been on a journey with Nevo, and has met many different aspects of their developing personality.

At this point, Nevo offers yet another piece of therapeutic brilliance, writing the story of an imagined party where all their unique identities



Nevo at twelve



Nevo at nineteen

meet. The story describes the challenges of preparing for such a meeting, what to wear, how to present, and involves everyone from a six year-old self, a self at nine, thirteen, sixteen and so on.

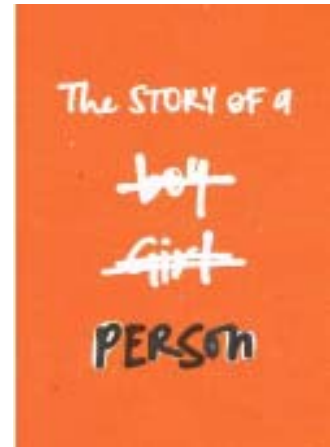
The way Nevo delves into the complexity of such a situation, and shares not only the imagined awkwardness, but a compassion not often seen in someone so young, is exquisite. For Nevo, describing the meeting of their many contrasting identities in this fashion is their way of bringing together a past they describe as “fractured”.

Nevo, like many other gender diverse individuals, has changed in some very dramatic

ways, but they acknowledge their past, and talk with compassion about the parts of themselves that will never be around again. There is a sense of bitter-sweet reminiscence, and importantly, integration.

I recommend this book, not only to the non-binary community; nor just trans-male, trans-female, gender-fluid, a-gender or all-gendered humans, but to society as a whole.

This is a book that will give cis-gendered individuals an insight into the challenges that come with a life that is gender-variant, and will hopefully benefit the friends, family members and colleagues of our gender-diverse community. □□□



Do You Believe You Are Intersexed?

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

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 have booked the time.

Considering Surgery in Thailand?

- Sex Reassignment Surgery
- Face Feminisation Surgery
- Breast Augmentation
- Voice Feminisation
- Tummy Tuck
- Liposuction
- Fat Transfer
- World Renowned Surgeons

Contact Sarah on 02 8012 8772

or

E-mail

Sales@nasmedicaltravel.com

www.nasmedicaltravel.com

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 27 October

Friday 3 November

Friday 17 November

Friday 1 December

Friday 15 December

James Lyons



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/>

FEMINIZATION ORIENTATIONS & MINI-CONGRESSES Perth, Sydney & Melbourne, Australia



Dr. Daniel Simon & Dr. Luis Capitán
Co-founders of FACIALTEAM - SPAIN / BRAZIL
The Art & Science of Facial Gender Confirmation Surgery
Renewing approaches in FFS



Dr. Hyung-Tae Kim
of Yeson Voice Center - KOREA
New conceptual approach for voice feminization:
Vocal Folds Shortening and Retrodisplacement of
Anterior Commissure (VFSRAC)



Dr. Marci Bowers
of MF Transgender Surgery - U.S.A.
Contemporary GRS options for the Transgender Female

Schedule

- Nov 14 - Orientations in Perth (Only FACIALTEAM)
- Nov 16 - Orientations & mini-congress in Melbourne at Jasper Hotel
- Nov 18 - Orientations & mini-congress in Sydney at ACON
- Nov 19 - Orientations in Sydney at ACON

Location information

Jasper Hotel 489, Elizabeth Street, Melbourne, Victoria 3000
Acon 414 Elizabeth Street, Surry Hills, NSW 2010

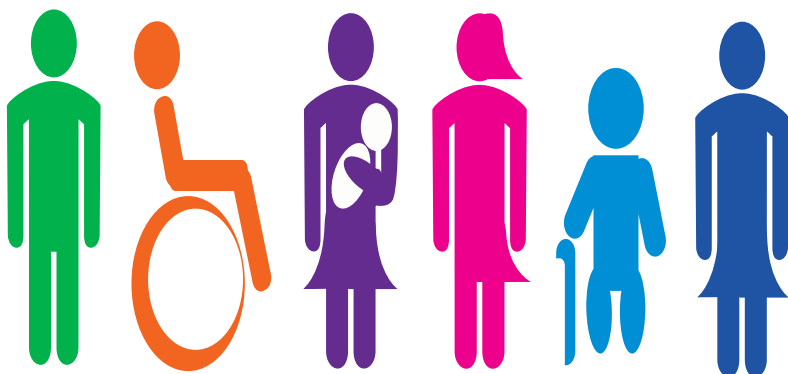
Register

+34 952 898 842
orientations@facialteam.eu



STOP discrimination

KNOW YOUR RIGHTS



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

1800 670 812

email:

adbcontact@justice.nsw.gov.au

www.antidiscrimination.justice.nsw.gov.au

If you are being bullied or know or see someone being bullied, it is important that you read this fact sheet to find out how to be a supportive bystander. If you are being bullied and need help please [contact a support service](#).

A bystander is someone who sees or knows about bullying or other forms of violence that is happening to someone else.

Bystanders can be either part of the bullying problem or an important part of the solution to stop bullying.

Bystanders can act in different ways when they see or know about bullying:

1. Some bystanders take the side of the bully by laughing at the victim, encouraging the bully or by passing on text messages or messages on social media sites like Facebook and YouTube
2. Some bystanders will give silent approval or encourage the bully by looking on
3. Some bystanders may watch or know about the bullying but don't do anything. They may not know what to do or are scared. This group of bystanders knows that bullying is not ok.
4. Some bystanders will be supportive and take safe action to stop the bully, find help or support the victim

Supportive bystanders

Just as we have human rights we also have responsibilities to respect and protect the rights of others. A supportive bystander will take action to protect the rights of others.

A supportive bystander will use words and/or actions that can help someone who is being bullied.

If bystanders are confident to take safe and effective action to support victims then there is a greater possibility that bullying can stop and the person who is bullied can recover.

People respect those that stand up for others who are bullied but being a supportive

bystander can be tough. Sometimes it is not easy to work out how to help safely because bullying happens in different ways and places such as online, at work or school.

There is no one size fits all approach to being a supportive bystander. For supportive bystanders to take safe and effective action here are some suggestions:

Make it clear to your friends that you won't be involved in bullying behaviour

Never stand by and watch or encourage bullying behaviour

Do not harass, tease or spread gossip about others, this includes on social networking sites like Facebook

Never forward on or respond to messages or photos that may be offensive or upsetting

Support the person who is being bullied to ask for help e.g. go with them to a place they can get help or provide them with information about where to go for help

Report it to someone in authority or someone you trust e.g. at school to a teacher, or a school counsellor; at work to a manager; if the bullying is serious, report it to the police; if the bullying occurs on *Facebook*, report it to *Facebook*.

Get Help

If you have been bullied or witnessed others been bullied and need help contact:

Kids Help Line (1800 55 1800) is a free and confidential, telephone counseling service for five to twenty-five-year-olds in Australia. <http://www.kidshelp.com.au/>

Lifeline (131 114) is a free and confidential service run by trained telephone counsellors. <http://www.lifeline.org.au>

The Australian Human Rights Commission (1300 656 419) has a complaint handling service that may investigate complaints of discrimination, harassment and bullying http://www.humanrights.gov.au/complaints_information/index.html

Other useful resources

Download the Cyber-safety Help Button, a free Australian Government initiative, designed to keep children and families safe online.

<http://www.dcbde.gov.au/helpbutton>

To find out about cyberbullying and how to get help you can also go to the Australian Communications and Media Authority (ACMA) Cybersmart Program

<http://www.cybersmart.gov.au/report.aspx>

National Centre Against Bullying

<http://www.ncab.org.au>

The Australian Human Rights Commission has information on cyber racism and actions that can be taken to report cyber racism.

http://www.humanrights.gov.au/racial_discrimination/publications/cyberracism_factsheet.html

Think U Know conducts internet safety programs and provides advice for teachers, parents and carers.

<http://www.thinkuknow.org.au/site/>

Bullying No Way provides support and information for school communities.

<http://www.bullyingnoway.com.au/>

This fact sheet was developed by the Australian Human Rights Commission in partnership with ReachOut.com, and is reprinted with kind permission.



Sticks and Stones -- a Reminiscence

I spent some of my formative years growing up in Australia during World War 2. Possibly because of our awareness that almost every nation in the world was at war, and massacres, atrocities and cruelty were part of our everyday news, there was a tendency for children (mostly boys) to form gangs and fight each other, for no reason other than because that was the purpose of the gang. One might be confronted by a group of boys who would ask, “Are you Foo, or Anti-Foo?”. I never found out who, or what, Foo was, but the wrong answer was a passport to being beaten up by total strangers.

Some parents objected but some seemed to put strange limits on what was acceptable and what wasn't as far as violence was concerned. A punch was okay between fairly evenly matched children, but kicking was frowned on and throwing stones was usually forbidden (but still happened).

Nobody would have dreamed of using a weapon like a knife in those days, although almost everybody carried a pocket knife.

Inevitably it was the bigger and more brutish boys who became leaders of the gangs and power tended to corrupt them even more than their dim minds had already done.

I had been brought up on a diet of Victorian literature where bullies abounded but always received their come-uppance at the hands of a brave and sturdy youth who stood up to them, sometimes after coaching by benevolent adults (see *Tom Brown's Schooldays*, *Stalky and Co.*, and *How Green Was My Valley*). I tried it once and was knocked unconscious by a bully who had not read the right books.

And in the background there were always parents, guardians and busybodies who would chant the mantra, “Sticks and stones may break your bones but names will never hurt you.” But nowadays we have social networking and as a result we have many people being hurt by names and other words imposed on them maliciously and without any kind of logic. At the risk of seeming like the adults I have just been decrying I would like to say that social networking is toothless and if you are hurt by bullying of this nature it is time to think hard about the reality of verbal (or written, or keyboarded) abuse. Don't accept it. Analyse it. Tear it to shreds. Rejoin. If that doesn't work, ignore. KC

Harvey Fierstein's *Casa Valentina*, reviewed by Katherine Cummings

Harvey Fierstein, award-winning playwright and actor, has written a play about transvestites who frequented a resort in the Catskills (like the one in the movie *Dirty Dancing*) in the '50s and '60s. Based on a specific weekend (Halloween 1962), the play concerns itself with a number of cross-dressers of different types, and records their reactions to each other and to Charlotte, a character based closely on the real-life Virginia Prince, who sets about organising a national sorority to give cross-dressers a voice and respectability, and insists that if the organisation is to succeed it must have nothing to do with 'homosexuals'.

The cast of the play consists of seven men and two women, and the men are all cross-dressed most of the time.

Fierstein's genius is to present the different characters so that many of us will recognise the different types of cross-dressers and can even make a good guess at their futures.

George/Valentina, after whom the resort is named, is a clone for Susanna Valenti, who ran the real resort with her wigmaker wife, Marie. In the play Valentina's wife, Rita, is an accommodating hostess who welcomes newcomers to the resort and helps them with their hairstyling. The early part of the play revolves around a newby who calls himself Miranda and is somewhat overwhelmed, first by the freedom to be at last the person she knows herself to be and later by the enthusiasm of the other guests, who combine to remedy her amateurish attempts to feminise herself.



Casa Valentina, the floor show

Enter Charlotte, the activist from California, who is seeking to bring cross-dressing out into the open, at the expense of the homosexual culture that exists alongside the cross-dressers.



She is intelligent, **Harvey Fierstein** forceful and persuasive, but some of the clientele find her tactics too extreme, and two of them make impassioned speeches in defence of gays and the long-standing co-operation between the groups. There are no declared gays among the people assembled but, as one of them puts it, the gays are probably having a much better time wherever they are, rather than driving for hours to hang out in the Catskills.

There are very funny segments in the play, notably the conversion of Miranda from ugly duckling to gorgeous swan and the floor show provided by the guests which resurrects the Andrews Sisters via some slapstick miming.

There are also some dark, dark segments, when one of the characters is shown to have a weakness for cross-dressed young men, and the young man in question is shaken out of his belief that he can be happily married and happily cross-dressed.

At the end of the play the gathering has dispersed yet there are still difficult questions to be answered. Will Valentina choose to live full-time in her female role? Will Rita allow this or is the marriage over? Will Miranda go through a purge and try to reform only to find that the urge to be her female self is too strong to be ignored and will she start the whole cycle again?

Harvey Fierstein is a living national treasure, a comic genius and a four-time Tony winner, having written the book for the musical version of *Cage Aux Folles*, *Kinky Boots* and *Newsies*. His first major success was *Torch Song Trilogy*, which is about to be revived on Broadway thirty years after its debut. *Casa Valentina* is not the best work he has written, but is well worth seeing if the opportunity occurs. □□□

Dr Bronwyn Devine interviewed by Jac Tomlins

Dr Bronwyn Devine is the Medical Director of Monash IVF Mosman and she was interviewed by Jac Tomlins of Rainbow Families for the Early Years Booklet issued by Rainbow Families. The interview is reproduced here by kind permission of Dr Devine, Jac Tomlins and Rainbow Families.

In recent years, there has been greater social acceptance of gender diversity, but there is still a significant gap in the provision of services for trans and gender-diverse people. Dr Bronwyn Devine explains the medical options for trans and gender-diverse people wanting to have children, and explores some of the personal issues involved in that journey.

Jac: Can you tell us about your work with trans and gender-diverse people?

Bronwyn: In 2012 I attended the inaugural Australian Transgender, Gender-Diverse and Sistergirl conference in Cairns. There were a lot of lectures on medical and surgical approaches to transitioning but very little information about starting a family or fertility preservation.

All that time I was working in Canberra and starting to see a few trans men for general health checks and pap smears and I was approached by an interstate couple looking to extend their family. They had already had one child using donor sperm, conceived with intrauterine insemination (IUI), and were hoping to do in vitro fertilisation (IVF) this time around. It was one of the most rewarding experiences of my professional life, caring for the couple and helping them have their second baby. I knew this was an area I wanted to work in and, since then, I have seen a number of gender-diverse couples, single people and teens all looking to have children or discuss fertility preservation.

The World Professional Association for Transgender Health (WPATH) states that:



Jac Tomlins

Many transgender, transsexual and gender nonconforming people will want to have children. Because feminising/masculinising hormone therapy limits fertility ... it is desirable for patients to make decisions concerning fertility before starting hormone therapy or

undergoing surgery to remove/alter their reproductive organs. Cases are known of people who received hormone therapy and genital surgery and later regretted their inability to parent genetically related children.



Dr Bronwyn Devine

I now lecture quite extensively to other health professionals in the fertility space about options for gender-diverse people, and I'm passionate about improving their access to Assisted Reproductive Treatment services.

J: Can trans and gender-diverse people still have their own biological children?

B: Whether you identify as trans, genderfluid or non-binary, you still have the option of having children of your own, if that is what you want.

Many trans people will be able to preserve their fertility before undergoing medical and/or surgical procedures to assist their affirmation.

There are, however, a number of options available if you didn't have the chance to arrange freezing of eggs or sperm prior to starting puberty blockers, hormones or undergoing surgery.

Having children may raise all sorts of issues for you and it's important to talk through the emotional and psychological aspects of trying to conceive, or of carrying a baby. A well-informed and supportive medical team can make a huge difference in this and it's worth taking the time to seek out health professionals with expertise in this area.

J: What are the options for trans men?

B: If you still have a uterus and ovaries:

It is possible to produce healthy eggs after you have started testosterone, even if you have been on it for a number of years. All ovaries run out of eggs eventually (menopause), but taking testosterone doesn't seem to affect this process in any negative way. You have to take a break from the testosterone for a period of time to stimulate the ovaries to produce eggs.

When testosterone levels drop, people can sometimes feel anxious, tired or out of sorts, and you may also experience a reduced libido. This can all be quite

Issue One Hundred and Twelve

challenging for some people and you need to talk it through with your specialist.

If you are having eggs collected, you'll need to have injections which increase your oestrogen. After the eggs are collected you get an increase in progesterone - the hormone responsible for pre-menstrual tension (PMT) - so you may feel tired, irritable and moody.

Two weeks after egg collection, you will probably have a period which can also be very challenging.

If you are not intending to carry the baby you can resume testosterone quite soon after the egg collection.

Once you have eggs they can be frozen or used to create an embryo with a male partner's or donor's sperm. Testosterone does not act as a contraceptive and a number of trans men have conceived spontaneously.

You would need to come off testosterone prior to conception and then you could try to conceive naturally, or you could use IUI or IVF using a partner's or donor's sperm. Again, there are important psychological issues you'd need to address if you took this path.

If you no longer have a uterus and ovaries:

If you have frozen eggs or embryos you may be able to have a child that is genetically related to you with the help of either a surrogate or a partner. If your partner has a uterus, is in good health, and happy to go through a pregnancy, she could carry the baby. If not you would need to find a surrogate to carry the baby for you.

If you didn't freeze eggs or embryos you would need to look at options for using a donor egg and a donor's or a partner's sperm. If your partner has healthy ovaries, eggs may be obtained from her and fertilised using donor sperm. Your partner's surrogate could then carry the baby.

J: What are the options for trans women?

B: Trans women have the option of freezing sperm or testicular tissue but this is usually only successful if it's done prior to starting hormones. If you have cryopreserved sperm you have the option of creating an embryo with a partner's or donor's egg, using IUI or IVF, and a partner or surrogate may carry the pregnancy.

Sperm cryopreservation is simple and reliable but some trans women may find it difficult to masturbate to produce a semen sample. Surgical sperm extraction can be an option in this situation but the quality of the sperm sample may be poor. Some trans women find the concept of stored male gametes an unwelcome reminder of a gender-incongruent past.

If you do not have cryopreserved sperm and you have a partner who has a uterus and is able to carry a pregnancy, you can create an embryo using a donor egg or your partner's egg, and donor sperm, and that embryo can be carried by your partner. Alternatively, if your partner has healthy eggs and wishes to be pregnant, she may wish to have an IUI cycle using donor sperm.

J: Do you have any general advice for trans and gender-diverse people who may be thinking about having a family?

B: I think it's really important to have a well-informed and supportive medical team. Yes, there are certainly challenges involved, but there are a number of options, and being trans or gender-diverse doesn't mean you have to give up the dream of being a parent. I have many lovely stories of delightful and complex ways pregnancy has been achieved and families created.

J: Thank you, Dr Devine.



**A Chance to
EMBRACE
Parenthood**

Contact: www.rainbowfertility.com.au

In my last article (*Polare 111*), I spoke of the possible procedures available for the transformation of face and neck. In this issue, I will look at the possibilities for the chest, torso, arms and legs. As I mentioned in the last article, we will continue to talk about non-genital aspects of gender reassignment procedures.

Breasts

In the case of MTF transformation, breast surgery is a modification of routine breast augmentation surgery. In rare cases a two-stage surgery with use of a tissue expander is indicated, but with the advent of newer generations of form-stable silicone gels, this has become less and less necessary.

There are more intricacies involved in FTM chest surgery. Skin reduction invariably results in incision lines.



Minimising the incisions while reducing the size of the areola and removing the breast tissue and skin is the challenge, and there are several ways of achieving excellent results without

compromising aesthetics. Some incision lines, however, are inevitable.

Abdomen

Excellent results can be achieved by liposculpture. It can be used to create a six-pack, define a waistline, reduce the size of the mons mound, or simply reshape the abdominal wall.

Rib resection, although still practiced to create a smaller waistline, is a high-risk procedure, which has now been mostly replaced by liposuction. Rib resection carries the risk of lung puncture and/or abdominal organ injury.

Arms

Biceps or triceps implants can be inserted to achieve mostly a more masculine look. Liposculpture can also reshape the arms, especially the excess adiposity around the upper

arms. Skin reduction in the form of armlift is rarely necessary.

Muscle reduction, practised both in arms and legs, is less often practised in the arms due to lack of space and the proximity of major nerves and blood vessels. There are several methods of muscle reduction.

Legs

Calf implants are the most common leg procedure. They can be done to enhance both a masculine or a feminine look. It is a useful operation but one needs to be aware that the procedure can also involve significant downtime as walking is limited for one to two weeks.

Muscle reduction is far more commonly practiced on the calves than on the arms. It is however still an invasive procedure and carries risks of damage to important nerves and vessels in the area.

Non-surgical procedures

We should not overlook Botox and all its variations, and the methods in which it can be used. There is far more that can be done with it than just removing wrinkles from the face. Muscle relaxant injections can be used to give a more feminine shoulder by reducing the size of the trapezium muscle, or to make a more rounded face by reducing the size of the jaw, or even used to shrink the calf muscle.

Filler, both temporary and semi-permanent, can be used to reshape the cheek bones and the jaw angles.

Skin rejuvenation, while advisable for everyone, is a particularly useful tool in changing the appearance of the face, and when used in combination with other methods, can make the results much more prominent. It can best be done by chemical or laser resurfacing techniques. □□□



Dr Amjadi

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.
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- Sex worker health checks.
- Men's and women's sexual health check-ups.
- Advice on contraception.
- Pregnancy testing and counselling.
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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!

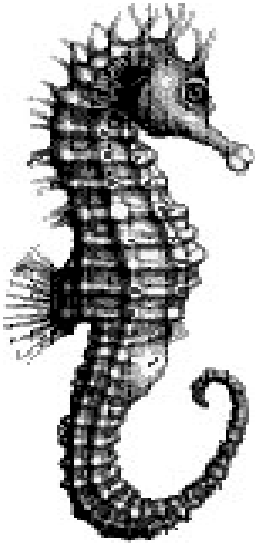
Can you write? Would you like to write something for *Polare*?

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

The NSW Seahorse Society



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

THE SEAHORSE SOCIETY OF NSW INC
PO BOX 2193 BORONIA PARK, NSW 2111
Call on 0423 125 860 and our **website** is:
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Email: *crossdress@seahorsesoc.org*

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When I began to study research into transgender health in 2014, it was clear that in a time span over fifty years, most work has been devoted to medical and surgical gender affirming services. This is not, however, the whole story. Transgender people appear to have an ambivalent attitude to the health professions. In one Australian survey of transgender people in 2009, 73% of respondents reported they had received cross-sexed hormone therapy, and 39% had accessed gender affirming surgery¹ and as a group, Australian transgender people are significant users of healthcare.

On the other hand, in accessing everyday healthcare some transgender people appear to encounter culturally inappropriate responses by health professionals and institutions showing a lack knowledge of their health needs as transgender people. These seem to mirror the attitudes and responses found in the wider community. Transgender people as a group, experience significant health deficits compared to the wider Australian population. In 2016, a global systematic review of the research literature found that general healthcare was the least researched area in transgender health². In this article, I want to explore briefly some of these everyday healthcare issues. This is not just an academic exercise. I am a transgender person who has used different health services during transition and in my daily life. My research will explore in depth, the experiences of transgender and gender non-conforming people in accessing health care and any barriers they may face.

Transgender people comprise a small, diverse population who challenge the widely-held beliefs of the reproductively-centric basis of gender identity³. My experience in filling out forms to attend a new healthcare provider, however, reminds me that I've often been asked to nominate what *gender* I am, but given a menu of tick-boxes for "male", "female" or "other". They ask for my gender, *woman*, by giving options asking for my sex, *female*. This is not trivial word play. The word "gender" is often regarded as a synonym for "sex", and many people, including researchers, display this confusion. This is because people who are

not transgendered – who are *cisgendered* – do not experience any conflict between their birth assigned sex and gender identity - their innate feelings as women or men as their gender identity aligns with their birth-assigned sex.



Jessica Williams

Many people, including some health professionals do not understand how, if we are born with a particular anatomy, we can experience the feelings and present as someone of the "opposite" gender. Some believe that transgendered people are delusional. Although the American Psychiatric Association stresses that gender non-conformity is not a mental illness⁴, the medical pathologising of a person's transgendered *identity* is believed to be the origin of the stigma that socially marginalises transgendered individuals as "disordered". A growing research literature identifies stigma, discrimination and disadvantage as the main causes of the serious health disparities experienced by transgendered people⁵.

Australian research reveals that transgender and gender non-conforming people experience significant health deficits, are exposed to high levels of enacted social and institutional stigma and discrimination and may have trouble negotiating safe and responsive healthcare. I cite two important studies. A 2007 survey of 253 Australian and New Zealand transgendered people found that for many of the participants, accessing healthcare presented the best and the worst experiences⁶. Positive interactions with professionals in which their gender was unquestioningly accepted were a legitimating experience.

Many, however, found prejudice, ridicule, contempt and denial of service. Symptoms of depression were reported by 32% of the sample and 37% reported thoughts of suicide. Reported levels of enacted stigma were high – 84% including verbal abuse, social exclusion, threats of violence and 19% had been physically attacked. Many in this sample reported that health practitioners needed to be more

knowledgeable about the diversity of gender identities, and the terminology transgender people use to describe their identities.

In 2014, two psychologists from Western Sydney University surveyed 243 transgender people seeking to identify the predictors of depression: 59% of participants reported experiencing symptoms of depression, 44% had attempted suicide at least once, and 70% had been subjected at least once to gender related victimisation or violence⁷.

Significantly, 25% of that sample experienced victimisation in healthcare. The ethnic profiles of participants in the two studies were different: In the 2007 study, 95% were Anglo-Caucasian. In the 2014 study, 60% nominated Oceanic heritage. The prevalence of depression, suicidal thoughts and stigma found in these studies is well in excess of the estimated prevalence in the wider Australian population⁸. The significance of these findings is based on the consistency between them with two very different samples of the transgender population separated by a seven-year time frame. This is supported by other research indicating that transgender people are disproportionately targets of harassment and victimisation compared with sexuality diverse people in Australia^{7,9} and USA¹¹.

Australian and overseas surveys indicate that transgender people may avoid or delay seeking health care because of the expectation that they may encounter negative responses to them^{7,9,10}. The reported under-utilisation of healthcare services by transgender and gender non-conforming people almost certainly results from cisgenderism (the assumption that everybody is non-transgendered) and heteronormative attitudes of physicians and nurses^{11,12}.

My research does not depict transgender people as dysfunctional, less successful, or less happy than other people, but does point to the ways in which transgender people experience stigma in public spaces and institutions. It is reasonable to hypothesise that stigma, invisibility and victimisation have a significant impact on the health burden of transgender people. Research rarely profiles transgender people as partnered

or married, as parents or grandparents. There are no Australian studies looking at the experiences of cisgendered partners of transgender people when they transition. There are significant differences in the way transgender people are treated in society and in healthcare compared with gays, lesbians and bisexuals.

I often read research papers with a title referring to some aspect of LGBT health, but where the sample includes few, if any, transgender people. Sometimes the measuring scales (typically questionnaires) used in research for depression or anxiety for example, were originally developed and standardised on samples of gay men, but the study conclusions were extrapolated to trans-gendered people as if LGBT people are a homogeneous group.

Not enough research is devoted to the experiences of transmen. An interesting 2011 study examined the differences and attitudes of two small groups of Californian transmen. One group transitioned between 1969 and 1987 and the second between 2000 and 2006¹³. The researchers found significant differences between the two groups.

This study serves as a reminder that although the impetus for gender variance remained constant across generations, critical elements in their preferences for specific interventions such as hormone therapy and surgery, the preferred terms used by them in describing their gender identity and styles of sexual expression differed between the earlier and later transitioners.

These changes occurred over a span of twenty years within a single culture. This is significant because not only should health professionals be aware that “transgender” is an umbrella term incorporating a group of people identifying differently in a binary-nonbinary spectrum, but that transwomen and transmen have different needs and self-identifications that evolve and change over time.

Young transgender people may have different needs and use different words to describe themselves than older transitioners. Two other groups are also neglected: The experiences of indigenous transgender people are beginning

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to attract attention, but currently the needs of culturally and linguistically diverse transgender people are rarely investigated.

My current research seeks to explore the lived experience of transgender people in accessing healthcare and the barriers they may encounter in doing this. I will be using the qualitative methodology of descriptive phenomenology and interviewing a small sample of transgender and gender non-conforming people about their experiences to identify major themes and issues.

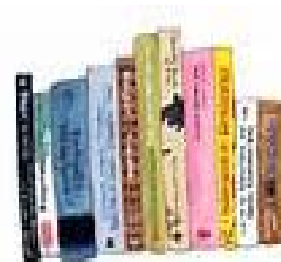
Jessica Williams is a Registered Nurse, a candidate for the Master of Research degree at Western Sydney University, a member of the World Professional Association of Transgender Health, the ANZ Professional Association of Transgender Health, and a member of the National LGBTI Health Alliance.

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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!

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

Available to clients in the inner city area on Tuesday nights from 6.00pm-2.00 a.m. and on Thursdays 10.00am-5.30pm by appointment only. Monday and Wednesday afternoons and Friday: 10.00am-4.30pm. Also available to clients confined at home, in hospital or gaol - by appointment only. For an appointment contact Outreach Worker - 9519 7599.

Sex workers:

Safe sex aids, education and support.

Outreach service: Wednesday nights 5.00pm-12.00 midnight

Social and support service

Provides social and support groups and outings, workshops, forums and drop-ins. For more information contact the Social and Support Worker. 9519 7599

Resource development service

Produces a range of print resources on HIV/AIDS, medical and other information relevant to people with gender issues and their service providers, including a quarterly magazine *Polare* and a regularly updated website at: www.gendercentre.org.au . For more information contact the Information Worker Wed-Fri 9519 7599

Drug and alcohol service

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

Residential service

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

Assessments for residency are by appointment only and can be arranged by contacting the

Counsellor, Outreach Worker or 9519 7599.

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 Road, 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 - See Twenty10

ACON HEALTH LTD

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

ACON-HUNTER

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

ACON-MID-NORTH COAST

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

ACON-NORTHERN RIVERS

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

AFAO (AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS)

National AIDS lobby and safe sex promotion organisation. PO Box 51 Newtown 2042 Tel: (02) 9557 9399 Fax: (02) 9557 9867

ALBION STREET CENTRE

HIV testing, clinical management, counselling and support, treatment and trials for HIV/AIDS.

Tel: (02) 9332.1090

Fax: (02) 9332.4219

ANKALI

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Fax: (02) 9332.4219

BOBBY GOLDSMITH FOUNDATION (BGF)

Provides direct financial assistance, financial counselling, employment support and supported housing to people in NSW disadvantaged as a result of HIV/AIDS

Ph: (02) 9283 8666 free call 1800 651 011 www.bgf.org.au

Mon-Fri 9.00am-5.00pm

Tel: 4226 1163 Fax: 4226 9838

illawarra@acon.org.au

47 Kenny St, Wollongong, 2500

POB 1073, Wollongong, 2500

Mid North Coast

Outreach project: by appointment

Tel: 6584.0943

Fax: 6583.3810

4 Hayward Street, Port Macquarie, 2444

POB 1329, Port Macquarie, 2444

BREASTSCREEN

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CENTRAL TABLELANDS TRANSGENDER INFORMATION SERVICE

Provides information and directions for anyone seeking medical or psychological assistance in changing gender. Provides information on gender friendly services available in the Bathurst, NSW Area. Provides support and understanding for families and friends in a non-counselling atmosphere.

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

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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
Tel: 4927 6808\Fax 4927 6485
hunter@acon.org.au
129 Maitland Road, Islington, 2296
PO Box 220, Islington, 2296

MacKillop Centre - Hunter

Training and development opportunities for PLWHA
Tel: 4968 8788

Illawarra

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 SER- VICE OF NSW (GLCS)

A volunteer-based community service providing anonymous and

confidential telephone counselling, support, information and referral services for lesbians, gay men, bisexual and transgender persons (LGBT) and people in related communities.

Counselling line open daily from 5.30pm-10.30pm daily (02) 8594 9596 (Sydney Metro Area - cost of local call, higher for mobiles)
1800 184 527 (free call for regional NSW callers only)
Admin enquiries: (02) 8594 9500 or admin@glcsnsw.org.au
website: www.glcsnsw.org.au

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Tel: (02) 9395 0400
Fax: (02) 9393 0411

HIV AWARENESS AND HIV AWARENESS AND SUPPORT

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Toll Free: 1800.644.413

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Sexual Health Clinic is staffed by doctors, sexual health nurses, a clinical psychologist and an administration officer.

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(closed 12.15pm-1.00pm for lunch)
Men's Clinic Thursday evenings 5.00pm-8.00pm
Appointments preferred (02) 4320 2114

Ground Floor 69 Holden St, Gosford 2250

Tel:(02) 4320 2114

Fax: (02)4320 2020

INNER CITY LEGAL CENTRE

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

KIRKETONROADCENTRE

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Wed 12 noon-6pm
Weekends and public holidays, 10am - 1.45pm (NSP & methodone only)
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(Entrance above the Kings Cross Fire Station Victoria Street

Clinic 180

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

Clinic 180 open

Monday to Saturday

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

LES GIRLS CROSS- DRESSERS GROUP

An independent peer support group for transgender people. Free tuition, job assistance, friendship and socials, general information. Bi-monthly meetings.

Coordinator,
PO Box 504 Burwood NSW 2134

(MCC)METROPOLITAN CHURCH

MCC Sydney is linked with MCCchurches in Australia as part of an international fellowship of Christian churches with a social concern for any who feel excluded by established religious groups. MCC deplores all forms of discrimination and oppression and seeks to share God's unconditional love and acceptance of all people, regardless of sexual orientation, race or gender.

96 Crystal St, Petersham, 2049
Phone (02) 9569 5122

Fax: (02) 9569 5144

Worship times:

10.00 am and 6.30 pm

office@mccsydney.org

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

MOUNT DRUITT

SEXUALHEALTH CLINIC

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

Tel: (02) 9881 1206

Mon 9.00am-4.00pm

Wed 9.00am-1.00pm

Fri 9.00am-1.00pm

NEWCASTLE SWOP

SWOP at Newcastle has a Mobile Sexual Health Team
4927 6808

NORTHAIDS

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

Tel: (02) 9982 2310

OPEN DOOR COMMUNITY OF CHRIST

The Open Door Community of Christ is a church for everyone! We meet every Sunday at 6.00pm. Based in Sydney's west, at Cranebrook, the Open Door has been serving the LGBTIQ community for the past fifteen years. The Western Sydney Transgendered Support Group and the Western Sydney Coming Out Group are sponsored by the Open Door. Bj's cafe is held on Wednesdays from 11.00am-1.00pm. The Youth Is Knocking youth group is held monthly with accredited facilitators. Contact Pastor Sue Palmer 0411330212 or pastorsue@theopendoor.org.au for further information, or check the web page www.theopendoor.org.au

PARRAMATTA SEXUAL HEALTH CLINIC

provides free, confidential and respectful sexual health information, assessment, treatment and counselling. Level 1, 162 Marsden (cnr.orge St) Parramatta, 2150 Ph: (02) 9843 3124 Mon, Wed, Fri, 9.00am-4.00pm Tue 9.00am-1.00pm Fri 9.00am-4.00pm

PLWHA (PEOPLE LIVING WITH HIV/AIDS)

PO Box 831, Darlinghurst, NSW, 2010 Ph: (02) 9361 6011 Fax: (02) 9360 3504 www.plwha.org.au 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 third 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 men80 Benerambah Street, GriffithPO Box 2485, Griffith, NSW 2680 Tel: (02) 6964.5524 Fax: (02) 6964.6052 gls@stealth.com.au

TWENTY10 INCORPORATING GLCS NSW

Twenty10 incorporating GLCS is a Sydney-based organisation supporting people of diverse genders, sexualities and intersex variations (LGBTIQA+) across New South Wales. We provide a broad range of specialised services for young people 12-25 including housing, mental health, counselling and social support. For adults, we provide social support and for people of all ages we offer telephone support and wechat as the NSW provider for the national QLife project. We also offer inclusivity training and consulting for organisations and service providers across most sectors. Intake and support: (02) 8594 9555 Rural support: 1800 652 010 Admin: (02) 8594 9550 Email: info@twenty10.org.au Website: twenty10.org.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

AIS 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

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

QLIFE

QLife is Australia's first nationally oriented counselling and referral service for people who are lesbian, gay, bisexual, trans, and/or intersex (LGBTI). QLife provides nationwide early intervention, peer supported telephone and web-based services to people of all ages across the full spectrum of people's bodies, genders, relationships, sexualities and lived experiences.

Open 3.00pm to midnight every day of the year. Call 1800 184 527 or visit qlife.org.au for web chat.

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 WCIN 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://www.mistral.co.uk/gentrust/bt.htm>

CROSS-TALK

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

FTMINTERNATIONAL

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

GENDERTRUST (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 GENDEREDUCATION

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 - *Tapstry*.

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

Trans Sydney Pride are proud to present the second Transgender Day of Remembrance Candlelight Vigil on Monday 20 November 17 at 7-30 pm in Taylor Square, Darlinghurst.

The Sydney Transgender Day of Remembrance Candlelight Vigil serves several purposes. It raises public awareness of hate crimes against transgender people, we publicly mourn and honour the lives of our siblings who might otherwise be forgotten. Through the vigil, we express love and respect for our people in the face of national indifference and hatred. The Vigil reminds non-transgender people that we are their sons, daughters, parents, friends and lovers. The Vigil gives our allies a chance to step forward and stand with us.

It will be a beautiful evening that honours the resilience of our community, whilst commemorating those who have suffered as a result of transphobia. A gathering of our community, of family, friends, and allies in solidarity and respect.

We will gather in Taylor Square as the light of the day begins to fade, we will reflect on the days significance and hear from our community leaders. Joining us in voice will be the Sydney Gay and Lesbian Choir and everyone will be welcome to light a candle in love.

Peta Friend, the founder of TSP, has said:

“Trans Sydney Pride remembers and honours our Trans and Gender Non-Conforming family who are no longer with us, by honouring them at The Candlelight Vigil it reminds us of the acceptance and privileges we have today and pushes us forward in the fight for equality.”

Trans Sydney Pride (TSP) is a social and support group for binary trans men and women and non-binary, gender queer trans people in Sydney. Established in Sept 2015, TSP has grown to its 700 members. TSP exists as a closed support group on Facebook, organises monthly social outings and produces public events to build on trans visibility and education. You are invited to find the Trans Sydney Pride page on Facebook and request to join.



Transgender Pride Candlelight Vigil, Taylor Square, 2016

Transgender Day of Remembrance 2017

Come together to commemorate those who have suffered violence as a result of transphobia.

Monday 20th
November
6pm – 7:30pm

Harmony Park,
Surry Hills

Next to Sydney Police Centre
5-10 minute walk from Museum Station

Keynote Speakers

Followed by a procession to Taylor Square for the candlelight vigil, hosted by Trans Sydney Pride

All welcome to this free event
Light refreshments provided

THE GENDER
CENTRE
INC

Hosted by The Gender Centre Inc.

Supported by City of Sydney, NSW Police Force,
Inner City Legal Centre, Trans Sydney Pride