

Polare

t150

What is it ?

See p.28

and back

cover

MAGAZINE OF THE NSW GENDER
CENTRE

ISSUE 115 MAY - JULY 2018

The Gender Centre presents:

transtopia 2018

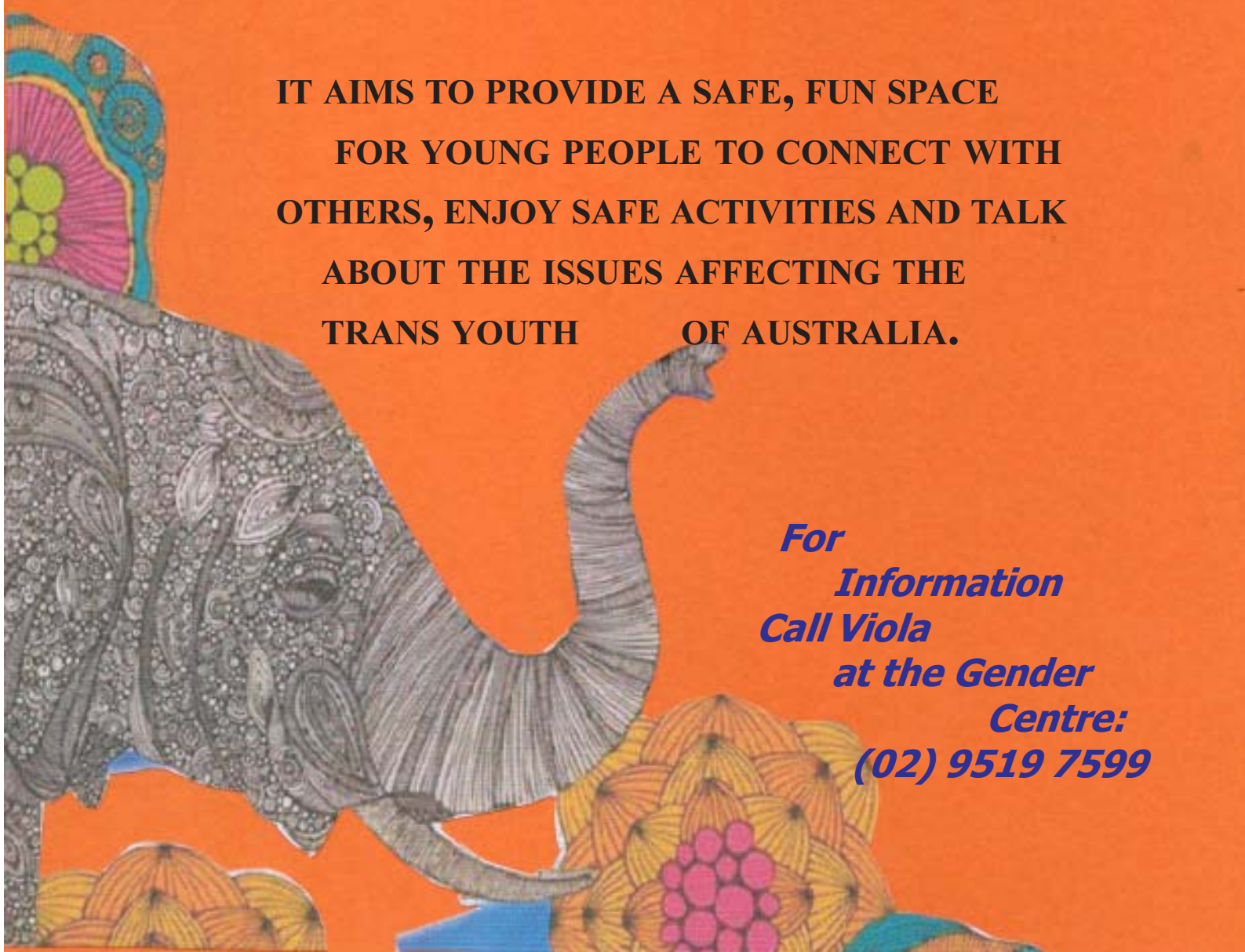
gender-questioning?

gender-queer?

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NSW 2038

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Petersham

NSW 2049

Tel:(02) 9519 7599

**Outside Met. Sydney
1800 069 115 (9-4.30, M-F)**

Fax: (02) 9519 8200

Email:

reception@gendercentre.org.au

Website:

www.gendercentre.org.au

**The Gender Centre is staffed
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Our Services

- Support and education
- Social and support groups
- Drug and alcohol counselling
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May - July 2018

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DEADLINE

for submissions to the next edition of *Polare* is the eighth of April 2018

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

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Polare is for people with gender issues. Opinions expressed do not necessarily reflect those of the Editor, the Gender Centre, Inc, Human Services - Community Services or the Sydney South West Area Health.

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Editorial



Clothing is one of the more obvious gender markers and clearly of great importance to various kinds of transpeople, or, to be more specific, transvestites and transgender people.

Now, however, a new element has been added to the social obstacle course that thrives on making life difficult for others. A teenage girl in the United States chose to wear a cheongsam to her high school Prom and was criticised by the cultural appropriation police after the event for her “cultural appropriation”.

Note that she was not mocking Chinese culture, nor claiming that she herself was



Cheongsam

Chinese, yet the critical storm that erupted has now spread world-wide, causing a lot of unnecessary distress.

I believe the girl may have been paying an unintentional compliment to Chinese culture by choosing a

style of dress which was feminine without, like many dresses worn by teenage girls at such functions, emphasising breast development and cleavage. The cheongsam is high necked and may have a closed collar. It often has a short skirt although it can be full-length and may have slits in the skirt to facilitate walking.

While writing this editorial I have been informed that some of the rage was caused by the girl in question and some of her friends adopting a ‘Chinese’ pose with palms pressed together. This may have been thoughtless but I doubt if this is what impelled her to buy the dress, and the thoughtless moment was presumably meant for the group alone. Some of the blame must go to the inane social networks that allow anyone to tell the world what they have been doing at the speed of light.

Incidentally, I find from my peripheral reading that cheongsam originally meant clothing worn by either sex and that the clothing worn by women was distinguished from clothing worn by men by the use of the term ‘keipo’.

Both terms are from the Manchu period and it was during this period that Manchu fashions (including cheongsam clothing for both sexes and hair in a pigtail or queue style for men) were made compulsory, on pain of death.

A similar case I came across is the plight of a half-Italian, half-Chinese girl in the United States who was abused by another girl for cultural appropriation when she wore a cheongsam, because “she looked Latino, not Chinese”. Are cruel people always stupid? Probably not. But some certainly are.

Of course there are instances of mock cultural appropriation which are intended to denigrate the subject and this goes beyond deplorable to unforgivable.

Among these are the use of makeup (e.g. “black-face”) or fake accents or even physical deformity as an excuse for falsely attributing characteristics to

an ethnic or social group in a way that was (and sometimes still is) insulting, inhumane, ill-informed and self-serving. Jerry Lewis, for instance, built many of his comedy routines on behaviour that suggested he was a dribbling idiot.

Other examples are found in a subset of the drag queen community (if community is the right word), who adopt grotesque parodies of femininity for reasons that I have never understood.

The end result is confronting and the vocal patter employed by stand-up comics in this group usually appeals to the lowest common denominator in their audiences as it frequently consists of sexual innuendo, abuse and implied misogyny. Their general approach when performing is to shock and intimidate and may well give rise to its own branch of coulrophobia [fear of clowns].

In general, however, there is no cultural copyright in clothing with, perhaps, the exception of religious vestments, *haute couture* items and some uniforms, the improper use of which may be a misdemeanour if not a crime. Again, this depends to some extent on the motivation which leads to the adoption of the clothing. Use of some garments on stage or at a fancy dress party or carnival may be acceptable where usage for criminal or racist purposes, would not.

Consider this: If the American girl wearing a cheongsam is guilty of cultural misappropriation, are Chinese politicians, who seem to have universally adopted the western suit and tie, similarly guilty?

As a Scot, it annoys me to see people blithely wearing tartans of all stripes (joke) despite their having no connection with the clans or septs these tartans represent. I know that Charles II was a merry monarch and left a lot of offspring that were born on the wrong side of the blanket, but I doubt if even he could be the progenitor of all the contemporary wearers of the Royal Stuart tartan, and the number of girls' schools that seem to think they have been enrolled in the Black Watch regiment passes belief. I will not, however, be indulging in mindless social network tantrums on this score any day soon.

How many have worn a safari suit without ever having been on the Dark Continent? How many wear sarongs without having visited Southeast Asia or the Pacific islands? How many wear berets without having connections to those European countries that claim it as their own?

[Full disclosure note: As an undergraduate I frequently wore a garment whose label proclaimed it to be a '*beret Basque impermeable*'.]

Even as a gender marker clothing is becoming less distinctive. Women have adopted pant suits and other trousered outfits with enthusiasm, and reckless *fashionistas* have tried to put skirts on men from time to time with a remarkable lack of success.

If we look back not very far in terms of cultural longevity we see men wearing silks and satins, conspicuous jewellery, makeup, corsets, high heels and wigs. Nonetheless it was during these times of extravagant male self-

decoration that the Chevalier d'Eon and the Abbe de Choisy flourished, both of whom clearly preferred to be seen as women rather than as men despite the unisex attitude towards clothing, cosmetics and ornamentation. If we go back a little further we find women thoroughly covered while men flaunted their legs up to thigh level.

What point am I making? Simply that clothing will continue to vary from place to place and time to time and it is short-sighted and misguided to think that people will not borrow from the cultural forms established by other cultural groups.

It may be more rational to applaud the melding of different cultures and the consequent understanding that may bring groups together rather than seeing each group defend its cultural heritage in order to remain 'different'. Surely it is better for us to accept the changes that bring us together.

Field-Marshal Goering is quoted as having said, "When anyone mentions culture I reach for my gun."

I prefer to think that when cultural topics are raised we should reach for our humanity and strive to encourage the human use of human creativity. This involves sharing, and a general acceptance that there is only one human race so that racism should simply not exist. We continue, sadly, to be plagued by ethnicism.

Our achievements as a race, remarkable as they are, have only been attained through co-operation, specialisation and a determination to ignore trivial and often imaginary slights in order to reach the goals we

have set ourselves for the cultural and social betterment of all.

I have heard it said that pessimists are people who are afraid there won't be enough trouble to go around. I think they are worrying needlessly. There will always be plenty of trouble. It is up to all of us to find a way around the big problems and to ignore the trivial ones. *De minimis non curat lex*. The law does not consider trifles and neither should we.

When anyone advocates for more and/or bigger, faster, more deadly guns, or displays prejudice, discrimination or a disregard for human rights, I reach for my culture. I wish everyone did.

Katherine



Cheongsam photograph attribution

<http://cc.nphoto.net/view/2008/12507>

NEWS ITEM OF INTEREST

ENGLISH TRANSMAN GIVES BIRTH BUT WANTS TO BE FATHER

An English transman, having given birth to a child, wants to be registered as the father of his child on the birth certificate. He has been informed by a birth registrar that the law requires those who give birth to be registered as mothers. The transman is taking legal action to as he believes that if he is forced to register as the child's mother his right to respect for his private and family life will be breached.

A legal decision is expected in September. □□□



2018

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

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www.ftmaustralia.org/publications/network-news-subscribe

Australian social, medical and legal information for men transitioning female-to-male.

www.ftmaustralia.org/

stand tall
against
violence



Transgender Anti-Violence Project



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

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

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

***If it is an emergency: call the police on
000. Otherwise, contact the TAVP:***

**ph: (02) 9519 7599, email:
tavp@gendercentre.org.au**

online:www.tavp.org.au

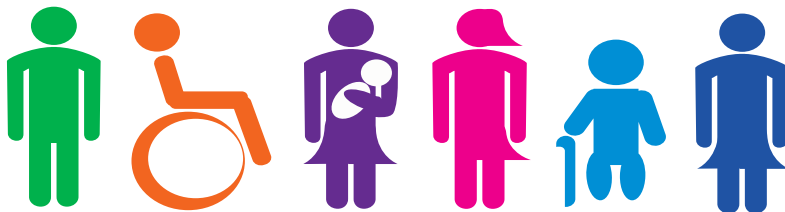
or the Gender Centre on

ph: (02) 9519 7599,

email: reception@gendercentre.org.au

STOP discrimination

KNOW YOUR RIGHTS



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

1800 670 812

email:
adbcontact@justice.nsw.gov.au

www.antidiscrimination.justice.nsw.gov.au

Gender Centre Interest Groups

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

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

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

FREE!
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WRITING FOR ADULTS
(nights preferred)**
**Call Margot 9335 2536
or Mim 9335 2350
@ Petersham TAFE**

PARENTS OF TRANSGENDER CHILDREN

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

Meetings will be held on the second Monday of each month from 6.00pm to 8.00pm.

A light supper will be available.

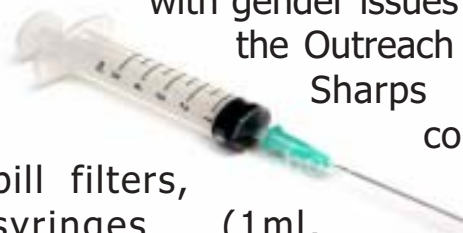
Contact Liz on 9519 7599

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

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

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

Or phone the Alcohol and Drug
Information 24 hr advice,
information and referral service,
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Country 009 42 2599



Too Much Emotion. Not Enough Intellect: *Still Point*

Turning reviewed by Katherine Cummings



Heather Mitchell
as Cate McGregor

When my autobiography was first published in 1992 I was surprised by the number of people who wrote to me to say that I was, in fact, telling their stories.

One in particular I recall starting her letter with “How dare you write my life story and pretend

it is yours!” I am glad to say she was writing with her tongue in her cheek and became, and remains, a close friend.

Many of the essential elements in *Still Point Turning: the Catherine McGregor story* follow the standard pattern and will strike a chord of recognition with many transgendered people: the early knowledge that one is different and living in the wrong body, the need to hide this fact from one’s family, one’s peer group in childhood and later from one’s colleagues in one’s chosen profession; the belief, or hope, that by finding the love of one’s life the need for the inner person who has cried out for recognition will be eliminated; the acceptance of responsibility for the gender role one has been allocated and often the over-achievement of goals that turn out to be irrelevant in the long run; the eventual

acceptance of the fact that the alternative to gender reassignment (or as the play calls it, ‘gender affirmation’) is often suicide.

Some of the events and elements in the play are certainly atypical. Cate McGregor spent many years as a serving officer in the Australian army, seeing active service and rising to the rank of Lieutenant-Colonel. She left the army at one point but rejoined and when she finally left the army, transferred briefly to the RAAF as a Group Captain before returning to civilian life as a cricket commentator and a writer/broadcaster.

If I had not known these facts before seeing the play I doubt whether the play would have laid out Cate’s life in a recognisable way. The production is interesting and inventive, presenting the story in a single Act without pauses, and creating what would conventionally be scene changes by the use of mobile scrims on a circular rail, illuminated surtitles to supply dates and places and a pair of hospital beds that convert into many other things.

It also jumps back and forth in time so that a certain mental agility as well as acuity is required to understand fully the framework on which Cate’s career has been formed.

It would not be going too far to say that much of the play is choreographed, as the cast often form into lines, or phalanxes or disciplined groups in a positively (I use the word in all senses) balletic manner in order to emphasise a situation (such as army discipline and

fitness) or perform like a Greek chorus which has broken ranks and has no interest in providing apostrophe and antistrophe, but reinforces the views of Cate as she find her way through the transgender minefield of problems and paradoxes.

Cate's passion for cricket is emphasised, from her father's insistence that she learn to play to her current concentration on playing, commenting and maintaining her friendship with players of the game. She pays tribute to Rahul Dravid who was one of the first people who knew Catherine as Catherine, and whose compassion and unswerving friendship clearly meant a great deal to her at the time of her transition.

Another distinguished friend of Cate's, Tony Abbott, complete with, or half-naked in, his signature red budgie-smugglers, appeared for a few seconds but did nothing but pull one of the scrims into position. This reinforces my view that a foreknowledge of Cate and her difficult journey is an advantage for those attending the play.

I had not known that Cate was left-handed until I saw the *Still Point Turning*, but since every symbolic cricket stroke was played left-handedly on stage I assume she must be. I hasten to add that in real life I find her neither sinister nor maladroit but intelligent, articulate and literate, although sometimes misguided.

The play was written and directed by Priscilla Jackman based on a series of interviews with Cate that bring out her mania for cricket and her view

that she is not a 'woman' but a 'transwoman'. I have heard Cate make this statement on television programs and find it an odd attitude for a person who has taken 'all reasonable steps' to attain her lifelong goal.

After all, women come in many subsets. There are tall women and short women, Catholic women and Muslim women, business women and academic women and now there are trans women. These are all women, despite any minor differences or distinctions.

Just as women from other subsets are unlikely to say "I'm not a woman, I'm a tall woman" there is surely no need to say, unless the context of the conversation demands it, "I am a trans woman." To be a woman is enough.

The ensemble cast (each man, and woman, in his/her time played several parts) were excellent, although the acoustics in the theatre were not perfect and some of the lines were lost, especially when the ensemble was speaking in unison.

My main adverse criticisms relate to what I found to be excessive emotion and unnecessary use of the 'f' words (let us be precise, not precious, I refer to 'fuck' and 'fucking').

It may be an armed services thing (although not exclusively so) as I encountered a similar use of expletives-as-catharsis when I served for some years in the Naval Reserve.

Of course there *are* many people who scream and cry and swear and chew the carpet but I find these habits counter-productive and since the play

is designed, I presume, to educate and inform as well as to entertain, I could have done with more exposition and less shouting.

It is to Cate's credit that she has made no attempt to sugar-coat some of the problems she encountered on her life journey, such as alcoholism and drugs, abuse from troglodytes when her transition became public, and, of course, the loss of the love of her life and the uncertainty that she could continue her career. Traumas, crises and heartaches, that's what transgender lives are made of. The strong push through, some don't ever make it, and the suicide rate is horrendous.



Cate McGregor as Cate McGregor

I was not aware that a printed program was available for *Still Point Turning* so that I can only mention some of the cast, all of whom were energetically impeccable. They included Ashley Lyons, Chantelle Jamieson, Andrew Guy and Nicholas Brown. I extend my sincere apologies to those

whose names I could not find. Heather Mitchell played the post-transition Catherine wonderfully well, and even looked somewhat like her although, thanks to the poor acoustics, I missed some of her lines. Theatre in the round (well almost) has the advantage of bringing the audience closer to the action, but for deafish people like me it helps to be able to partially lip-read and when an actor's back is turned some of the dialogue fades away or garbles.

I doubt that this issue of *Polare* will be out in time to help sell tickets for the play, unless the season is extended. The theatre was well filled the night

I went so with enough word-of-mouth publicity it may go beyond May 26, the current finishing date. I hope so. □ □ □

***Still Point Turning* was playing at Theatre 1, Wharf Theatre, Walsh Bay.**

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

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, from 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 and the upcoming dates will be:

29 June, 13 July, 27 July, 10 August, 24 August, 7 September, 21 September, 5 October, 19 October, 2 November, 16 November, 30 November, 14 December.

James Lyons

RPA SEXUAL HEALTH CLINIC

16 Marsden Street, Camperdown, NSW, 2050

Phone: (02) 9515 1200

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

My **OLD** details:

My **NEW** details:

**Mail to The Editor, Polare,
PO Box 266, Petersham,
NSW , 2049**

Central Coast Transgender Support

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

.CCTGS operates Monday to Saturday 10am-10pm

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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.]



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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 Sessions will be held monthly, if requested. 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

www.glcsw.org.au



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Diversity in the Defence Forces

by Katherine Cummings

Issue One Hundred and Fifteen

According to the *Guardian*, gender dysphoria has cost the Australian Defence Force a million dollars over the past five years.

The figure emerged following a question from Pauline Hanson's One Nation's Pauline Hanson in October 2017, asking why the ADF has spent this amount on treating twenty-seven members of the armed forces for gender dysphoria.

These details had been published in the *Australian* in a report which included a demand from a right-wing member of the Coalition for an end to 'social engineering' in the army, and also included another right-winger stating that the armed forces should stop paying for 'sex changes'.

This report is a follow-up to a news item in the *Australian Morning Mail* (CONSERVATIVE-INDEPENDENT-PATRIOTIC) that in 2015 the armed forces had spent \$648,000 over thirty months for sex (sic) changes and fifteen breast enhancements (that presumably means thirty breasts were enhanced, or someone is going to seem even more unbalanced than transgender people are generally assumed to be).

The amount was said not to include pharmaceuticals (which would, presumably, mean that hormone therapy was an added cost).

Oddly enough, electrolysis was not mentioned, possibly because it is still considered to be cosmetic rather than therapeutic. MTF transgender people know that electrolysis is one of the most expensive and time-consuming elements of gender affirmation,

usually taking years and costing several thousand dollars.

Of the thirteen cases of gender dysphoria ten were MTF and three were FTM. Fifteen breast enhancements were carried out but given the figures provided, at least five of these cases were cisgender women (women do have breast enhancements, too, you know). It is also possible that the defence forces count "top surgery" for an FTM as being a form of breast enhancement. Who knows?

Looking at the three arms of the ADF, the RAAF led the gender dysphoria stakes with six receiving gender identity treatment and eight requiring breast enhancements.

The Army came next with six needing gender identity treatment and eight asking for breast enhancements.

The Navy is said to have had two gender dysphoria cases and three requests for breast enhancement.

[Note that the total for breast enhancements now comes to nineteen, in contrast with the figure claimed earlier of fifteen. Is it just me, or are there other people who can't count?]

These figures cannot be meaningfully compared, of course, without knowing the total number of individuals in each arm of the ADF and how these figures compare to the general population.

The 2015 article pointed out, quite correctly, that serving members of the armed forces are entitled to free medical services as part of their employment contracts.

The Defence Minister, Marise Payne has reinforced this view in her reply to Pauline Hanson's question, stating that "gender dysphoria is treated like all other health conditions and it would be invidious to discriminate between conditions."

She also pointed out that "ADF regulations mandate **comprehensive** healthcare for all defence members."

Comprehensive means comprehensive. Anyone in the armed services who is diagnosed with a medical problem relating to gender dysphoria, or indeed any problem that can be solved using medical skills, is entitled to treatment and should be



Donald J. Trump

covered for treatment under the terms of their employment contracts.

When Donald Trump was campaigning for election he stated that he would protect the rights of transgendered people in the armed forces.

He went so far as to say that he was "the transgenders' best friend". Not long after he was elected however he performed an amazing back-flip in defiance of his advisers and his senior military by stating that transgender people would not be allowed to serve in the armed forces in any capacity. He based this

decision on his belief that the medical costs for transgendered servicemen and women would be exorbitant.

He continued to maintain this position even after it was pointed out that the medical cost relating to military transgender personnel was less than the cost of Viagra to military personnel in general.

He also ignored the experience of other nations such as Canada, Britain, Australia and New Zealand, all of whom have found it possible to integrate transgender men and women into their armed forces despite having to cope, in some instances, with resistance from politicians, conservative military personnel and even the general public.

The most recent edict from Trump is that under certain circumstances, transgender personnel in the armed forces would be allowed to take part but only in their gender of birth!

It seems that the top-ranking military in the United States are ignoring Trump's edicts and allowing matters to pursue their existing course.

It is gratifying that the politicians in our own Parliament who have responsibility in these areas appear similarly defiant when confronted by the uninformed views of politicians and the right-wing media on matters where the facts are readily available and consonant with recognition of the rights of transgender men and women to serve in the armed forces and receive the appropriate privileges that anyone in the armed forces is entitled to receive.

□□□

A Blast From The Past

by Lynn Alcorn

Editorial Note: Lynn Alcorn is a member of a list serve for elder transgenders. She had her gender affirmation surgery in 1974, fourteen years before I had mine and she is thirteen birth years younger than I am so she was effectively twenty-seven years ahead me. If I remember correctly this is about the time Carlotta blazed the trail for Australian transgender women. Society was not really ready for people like me in 1988 so I think that Lynn's experience may be of interest to the readers of Polare. Lynn is also an artist and I have included an image of one of her abstract paintings. Now read on as Lynn writes:

You all are SOOOO lucky now!

My SRS was Sept 23, 1974 ... I was twenty-six years old (see the attached photo taken at twenty-five) a year before my surgery. I was a hot little baby dyke.

So my birth age is seventy now, and my gender corrected age is forty-four.

I'm not the oldest gal here on ElderTG by a long shot, but I think I've had my hoo-hoo (vagina) the longest (and possibly enjoyed it the most ... (wink-wink, say no more).



Lynn Alcorn

The only endocrinologist I ever saw was Dr Harry Benjamin himself in '72 (look him up on Wikipedia), and the only reason the Stanford surgeons (led by Dr Donald Laub Sr.) and shrinks (led by Dr Norman Fisk) sent me to Dr Benjamin was that they couldn't decide whether to even let me in their damn program or not ... even though I was living full time as a woman. I transitioned in a full time union retail clerk job in San Francisco. The main reason I've always been very pro-union is that the union forced my store management to allow me to transition on the job which was unheard of in the early '70s. Stanford asked for Dr Benjamin's opinion because they had *never* had anybody enter their program who was an out lesbian.

Yes, I did experiment later on with guys for a few months cause I just had to find out (1) if the sex was any better and (2) why 90% of the population was hetero. The results of my own little taste test was that I still liked girls/women/females/femmes/butches/etc all of them, so much more. The sex is better and most women don't think they're God's gift to the world as all the male members of my small survey sample did.

The Stanford surgeons saw one of their primary goals for their

surgeries as being the production of hetero-sexual women (we referred to them as “Stepford wives”).

And then along came *me* in late '72 and Sandy in '73 (Allucquère Rosanne ‘Sandy’ Stone, look her up on Wikipedia, too) joining the program, we gave those good old doctors a couple of whacks up side their heads (heeheehaa !)

Gender counselling? Not back then. The word on the streets was to bullshit all the surgeons and shrinks with just what they want to hear or you're kicked out of the program (which is what almost happened to Sandy and me, we rocked the boat a little too much).

We refused to lie and with Dr Benjamin's help we were victorious in opening the doctors' eyes to the fact that not all women are heterosexual, a few of us are actually radical lesbian feminists (or I was in my 20s).

But we did both have our surgeries held back by at least a year.

So Dr Benjamin, bless his heart, wrote a rather blunt letter to the Stanford crew for me, saying they should quit being so blind and get me in the program.

But what really shook up Dr Laub was my Mom. After he had made me wait twice as long as normal for my surgery date my Mom came on the scene. She was like a force of nature; sadly she's passed on.

Anyway, the Stanford crew had never seen a Mom (much less an angry Mom demanding her little

girl get her surgery!) and they were so impressed I had a surgery date very soon after she visited Dr Laub.

Speaking of endocrinology, back then, half the hormones the girls in the program were taking were stuff including DES they scored on the streets.

Ed. Note: DES (diethylstilboestrol) was a synthetic hormone of the estrogen family, given to pregnant women between 1940 and 1971 in the belief that it would reduce complications in pregnancy. In 1971 it was shown to cause a rare form of vaginal cancer in daughters born after their mothers had been on DES. It was removed from use in 1971.

I was on a prescription for DES for almost four years ... it wasn't just available on the streets, the stupid doctors prescribed it for me ... good thing I couldn't give birth to a daughter.

Since Mother's and Father's Days are coming up soon ... I would like to pay mine a tribute.

Back then Stanford Medical Center was so afraid of being sued that the actual experimental surgeries took place at a community hospital nearby (but performed by the University's Reconstructive Surgery team) and our hospital rooms were in the basement right next to the Prison Ward (such nice accommodations).

My mom and dad were the first parents:

(1) to actually bring their daughter in for surgery,

(2) who brought post-surgery flowers to their daughter and brought chocolates to the nurses (!),

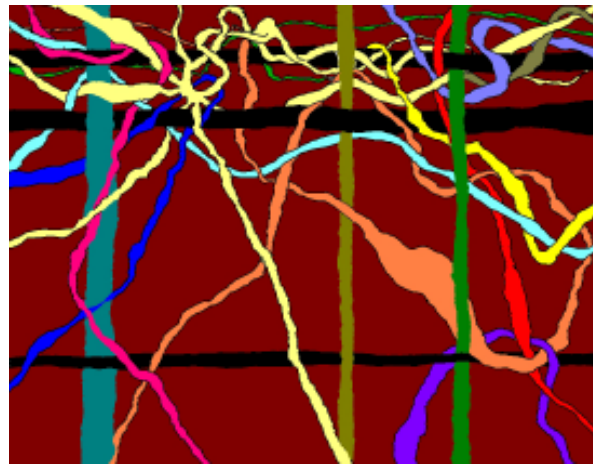
(3) who actually paid for their daughter's surgery (though it was much less expensive back then but the hospital stays were much longer), and

(4) who took me back to my home in Santa Cruz and took care of me for weeks (until I could walk enough).

My mom and dad were so special and I can't begin to tell you how much I still miss them. They both passed on in the mid-90s. **Note:** They adopted me when I was about a week old. SRS back then was still considered experimental.

So even though I tried to prepare myself mentally and emotionally, by visiting a few girls just ahead of me in the program, it was still shocking to wake up after my surgery with both my knees in casts (no legs were broken in the making of this vagina) and a wooden brace keeping these knee casts separated by about eighteen inches [forty-five cm]. My vaginal cavity was filled with a new type of inflatable stent and then my labia were sewn shut to hold in the said stent.

By the way, a normal hospital stay for a Stanford SRS was eight to twelve days (I got out after nine days).



One of Lynn's paintings

Oh, back to those sewn together labia, well, about day six or seven they wheeled me into a small surgery to pop out those stitches ... heeheehee ! Yeah, right, snip-snip-snip ... I

don't think so ! One of the doctors later told me that with the first snip I let out the loadest scream he had ever heard ... and almost instantly they gave me an intravenous Valium drip.

I was still aware of the pain in my body, down there ... but I was "out-of-body" ... my consciousness was floating about ten feet [about 3 metres] above my body ... as soon as that Valium hit I wasn't screaming any more.

A couple days later they took my catheter out (God, was I glad to get that out so I could start learning how to pee the right way; how to angle my pee into a toilet bowl).

OK, I've rambled on enough. Any questions about transitioning in the Dark Ages just ask Katherine

And to all of you rookies, hang in there, life does get better as you find your path.

Love, Lynn ☐☐☐

OHMYGOD the taxpayer's money!!!...

by Bridget Clinch

I'm going to dot point this, lest it turn in to a thesis. The reason I am writing this is to try and kill once and for all, the outrage surrounding me and others getting treatment deemed medically necessary as part of the conditions of serving within the ADF at the time. It really also should make people ask, why isn't this covered by Medicare in Australia, and why was it even a big deal back in 2009/2010?

□ First up, commercial media exists to make money, not tell you the truth without bias or prejudice, the closest we have to that is the ABC and SBS. You must treat commercial media as a product, not an information source.

□ The opposition to transgender people being legitimate is based on not understanding biology, neurobiology and psychology. Science doesn't care what you believe. Vaccines save lives and don't cause autism, same as people aren't all exclusively attracted to the opposite sex, and not everyone's biology all matches up the right way, there are heaps of things formed at different stages in utero and most but not all of the time they all fall on one side or the other, but occasionally some are in the middle or on the other side than the rest. Not rocket science.

□ There is an organisation called the World Professional Association for Transgender Health (WPATH) <http://www.wpath.org/> They've been around for decades, they spell out the recommended treatment for trans people. There are all sorts of guidelines

and other organisations like the US Endocrine Society have guidelines to do with hormone therapies.

□ The International Olympic Committee allows transwomen to compete at the Olympics, because again, their scientists and medical boffins know what they are on about. They have guidelines and the Australian Sports Commission has a good resource site here:

https://www.clearinghouseforsport.gov.au/knowledge_base/sport_participation/sport_integrity/sexuality_and_gender_perspectives_on_sports_ethics

I also wrote about this issue on my other page:

<https://www.facebook.com/notes/captain-bridget/trans-women-in-sport/458450557692431>

□ The most similar countries to ours, the UK and Canada, both cover gender reassignment surgery under their public health systems. The USA has even began to follow with many of their health insurance schemes now covering it.

□ The most similar militaries to ours, being Commonwealth ones, again UK, Canadian and even NZ, all support their trans members through transitioning. The UK and Canadian militaries have both deployed members pre and post transitioning. A point I used when convincing the ADF that they were behind the 8 Ball on this issue.

Lastly, and this is a simple economics point taking into account the fact that transgender people are actually just another group of people within society, is that for the military or a country, it makes sense to treat trans people and help them get on with their lives.

1. From a societal standpoint, transgender people who want to medically transition and can't for whatever reason become a huge mental health burden and have a statistically increased suicide risk, which, quite apart from the human tragedy, if you want to look at pure economics, spreads the mental health impact to family and friends.

2. The military, in addition to the societal argument, spends a lot of money training its people. To train a soldier or an officer costs hundreds of thousands of dollars. If they get a tumor, destroy a joint playing sport or training, whatever, it gets fixed and everything is done to make them be able to deploy.

That's the focus. The treatment for a trans person is no different, the see some specialists, they take some meds, get a little corrective surgery and then boom, that same person is less depressed, and instantly able to be themselves, but with more capacity than they had before because their internal demons are slain.



Bridget Clinch

3. The ADF throwing away any individual for any trivial reason is throwing away millions of dollars if they've been in for any amount of time. I know that many courses or training things that I have done, in a day or a few days, I've blown up more

dollars getting me and my people qualified and competent to deploy on operations than the ADF spent on my medical treatment.

4. When I was discharged in 2013, the ADF couldn't just go and get someone

who had been in the system since they left high school in 1997. It isn't the corporate sector. I was a unique individual, an Infantry officer and former soldier, trained in Adventurous Training techniques to improve individual and team resilience, with my own set of interpersonal skills and experiences over that time. Thousands applied to go to RMC in 1999, they took around sixty of us. □□□

This piece was originally written for Facebook by Bridget Clinch in April 2016. In light of recent events, mentioned in the previous article it was felt that Bridget's views were still timely and relevant and deserved another airing. KC

Transwomen are Not MSM: New t150 Service Highlights the Importance of Transgender Health

by Eloise Brook

In April 2018 the Albion Centre, in partnership with the Gender Centre, launched a clinical service called t150 in inner city Sydney. The new clinic provides a walk-in service aimed specifically at the most vulnerable members of the transgender community in Sydney, namely those with HIV, STDs and blood-borne diseases (see the back cover for details).

Most importantly it will also attempt what no other sexual health service has attempted: to obtain a targeted overview of the sexual health landscape in the Sydney gender diverse and transgender community.

This might seem to be of little consequence in overall HIV prevention, but it is not.

At the heart of HIV health is the importance of monitoring and recording infection rates, distinguishing at-risk populations, adjusting health campaigns and targeting vulnerable communities.

This is not just because it makes sense in the struggle to reduce HIV infection rates, but also because health organisations' funding is usually tied to statistics which determine how much money is allocated by government services to target and treat an established number of clients.

This has been the way that governments and health organisations have traditionally dealt with HIV treatment and prevention in NSW. It may not continue to be the best way.

It's worth considering the past. Australia's response to the HIV crisis of the 80s and early 90s was incredibly successful; a model for best practice that went on to be employed around the world. With Sydney as its focal point the Australian MSM (men who have sex with men), and their allies, were able to rally, not only their community but also, miraculously, both sides of politics -- a feat of bipartisan accord that we can only marvel at forty years later.

What was most extraordinary about the response to the AIDS epidemic of the 80s and 90s was that politicians listened to the experts and advocates from within the community who understood what was happening.

Since the terrible times of the 80s and 90s, HIV health provision through organisations such as the AIDS Council of NSW (ACON) has continued to be at the leading edge of some of the best MSM HIV prevention campaigns in the world.

Over time, however, other HIV vulnerable communities have emerged. In the past, political bipartisan support helped overcome a national crisis. Now the political landscape is much more challenging.

Trans people are, however, increasingly vulnerable and less likely to access services that don't take account of their identity and needs. The research is specific on this. Transwomen are the most vulnerable members of our community.

The HIV rate among transpeople worldwide is thought to be around 5% and this is supported by a study based on the clients of the Taylor Square Clinic in 2011 which showed that transwomen had a seroprevalence of 4.5% (24.9 times more likely to be living with HIV than the general population).

A 2013 study by Baral, SD *et alii*¹, found that transwomen do not benefit from programming and services that are designed for MSM or offered through clinics that primarily serve MSM². Other studies agree³. Nor do transwomen feel comfortable accessing programs and services designed for men. As ACON points out, it is crucial that a response to transwomen be different from the response to MSM⁴.

In terms of campaigns targeting the vulnerable trans community, trans health services like the Gender Centre do their best, but dealing with the challenge of HIV among transpeople without adequate data continues to be challenging.

New services such as t150 at Albion Street and existing services such as RPA (Royal Prince Alfred) Sexual Health are vital first steps. These services do not leave transwomen feeling marginalised, disrespected and disregarded (which are common experiences of transwomen in MSM clinics)⁵.

Messaging and information around drugs like PrEP need to be delivered via trans-specific networks to overcome the unfortunate stigma that transwomen all too often experience

in existing clinics, from being both transgender and HIV positive. The treatment they receive in these clinics often discourages them from continuing their visits.

Specialist knowledge and experience are important. To target HIV successfully in the trans community requires respect for gender non-conforming and transgender people's identities.

This is why the Albion and Gender Centres' t150 approach is such a breath of fresh air and an opportunity to capture the critical health data of the transgender community. □□□

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What You Need To Know About Electrolysis

by Katherine Spiric

The following information is written with the intention of helping to guide people who may be looking to begin their electrolysis journey.

Electrolysis

Electrolysis is still the only permanent way to remove hair. It was invented by Charles E. Michel M.D., an ophthalmologist, in the year 1875 to remove ingrown eyelashes. It became more popular as an aesthetic treatment from the 1930's onwards.

Electrolysis is a very simple process whereby a fine needle is inserted into the hair follicle, electric current is applied and the hair follicle is damaged sufficiently enough so as to ensure it cannot produce another hair. The process is straightforward, but it also needs precision and an experienced hand if you want fast and effective results.

Ways to search for an electrologist

A popular way to start looking for an electrologist is through chat forums and websites. You will likely come across some good referrals.

You may also perform searches on the internet, looking for electrologists close to you, or ask a health professional such as a GP or a specialist.

Whichever way you choose to search, it would be wise to still sort through these suggestions and make sure the electrologist is the right one for you. Completing a course of electrolysis often takes many months and many hours, and it is often a very personal journey.

Tips on how to find the right electrologist for you

When searching for the right electrologist for you, it is wise to telephone or email the ones you find

appealing, and have a list of questions to ask each of them. Examples of questions may be:

How long have you been practising electrolysis?

Where did you train?

My area of concern is, do you have experience treating someone like me and this area?

Do you follow Skin Penetration Guidelines?

Do you provide consultations? Is there a cost for a consultation?

Of course, it is a good idea to ask how much an electrologist may charge per hour. However, as each operator will vary in technique and speed, and each method varies in speed of actual hair removal, it is hard to discern what this will tally up to in total cost for you by the end of the treatments.

Another question to put to the electrologist may be whether they have a lot of experience treating the area, and whether they have an average estimate of hours the area takes to complete. You may also ask if they have any former clients who are willing to discuss their experience with you.

You may then wish to book in with a few electrologists of your choice and have consultations with each. Some electrologists are happy to provide a short trial for free, others may charge. Either way, it's a very good idea to go and meet the operator, see if you feel comfortable with them and whether they understand your needs. With a short trial you may also have the chance to find out what a treatment feels like and how your skin reacts afterwards.

Before you go for a consultation

Prepare by writing a list of questions you wish to ask beforehand.

You will need to grow the hair out so the electrologist can assess how much growth is there at the time. If you have been shaving the area, you may only need to grow the hair two to three millimetres in length. If you have been waxing or having laser hair reduction a good time to visit the electrologist for an assessment is usually the timing of your next waxing or laser appointment.

Which method is best?

If you go and search for facts on electrolysis you will very often come across discussions and arguments for and against the three different methods of electrolysis. In fact, the most common question people ask me these days is “which method is best?”. There are plenty of opinionated and sometimes outdated articles around, which only lead to more confusion. The internet has revolutionised the way we can research and reach out to people. It is far easier to gain access to information these days on just about any subject. Unfortunately, along with this abundance of information we may come across misinformation and personal opinions disguised as facts. For this reason, it is still very important to make sure you do your research thoroughly

Each of the three methods of electrolysis works. Each method, when performed correctly, will achieve permanent hair removal. Indeed, all three methods of electrolysis are recognised by the FDA as permanent hair removal methods.

In brief, the methods are as follows:

Thermolysis

Thermolysis (also referred to as high-frequency) is a single needle method utilising alternating current (AC)

alone. Heat is produced within the hair follicle and causes sufficient destruction to disable the hair from growing again.

Multi Needle Galvanic (MNG)

Galvanic electrolysis is produced by direct current (DC). When the electric current enters the hair follicle a simple chemical reaction takes place. The current causes the salt and water to change into sodium hydroxide (lye), hydrogen gas and chlorine gas. The current is therefore reliant on moisture being present in the follicle, and is extremely caustic in its effects on the follicle. Galvanic current requires a longer time in the hair follicle and therefore a multi-needle system improves time-efficiency with this method.

Blend

A single needle method combining both alternating current (AC) and direct current (DC). The heat from the thermolysis action increases the breakdown of tissue in the follicle and heats the lye to make it more caustic. The two currents can be adjusted to work together to provide very effective and comfortable permanent hair removal.

To sum it up, all methods of electrolysis are completely permanent. The skill of the operator and her or his familiarity and experience with the electrolysis machine and chosen method is what matters much more.

Keep your safety in mind

Currently electrolysis is not regulated in Australia. The only standards an electrologist must abide by are the Skin Penetration Guidelines as set by each State government. NSW Skin Penetration Guidelines outline such

requirements as the necessity to use once-only disposable needles, sterilise any other reusable instruments and for the electrologist to wear disposable gloves.

So how do you know if your electrologist is abiding by the law? You can observe whether the clinic is clean. Is the work trolley and machine clean and in good condition? Does the electrologist wash his or her hands before the treatment? Does he or she wear disposable gloves? Is the bedding clean? Does she or he use disposable bed coverings for each client?

It's a good idea to ask to see the needle in the untampered packaging before beginning the treatment, and to ask to see the needle being discarded at the end of the treatment. Other re-usable instruments such as tweezers should come straight out of an autoclave pouch (an autoclave is a steam steriliser). Do not be afraid to ask if the guidelines are being followed, most electrologists would be very happy to show you their sterilisation process and sterilised packaging. The steps they take to ensure your wellbeing is safeguarded

When to be wary

Do be wary of clinics making wild claims. Electrolysis is a slow process, owing to the need for all of the hair growth cycles to come through. It very commonly takes twelve to eighteen months of regular visits, sometimes up to two years. If an operator or a clinic claims they can complete the treatment in less time, if they predict significantly fewer hours than any other operator using a similar method, be cautious. If a clinic asks you to pre-pay for bulk sessions that may also signal cause for concern. If

an electrologist claims to have the *only* permanent method of electrolysis this would also be cause for concern. If someone claims that one method of electrolysis is more or less likely to cause scarring than another method, this is cause for concern; it is not the method or the machine which scars a client, it is the electrologist who may scar the client.

What to expect during an electrolysis treatment

During a treatment you should not feel the insertion, nor should you feel pulling or plucking of the hair. The only thing you should feel during an electrolysis treatment is the current being applied. With Thermolysis and Blend techniques this is a short, sometimes sharp sensation. With Multi-Needle Galvanic, the sensation may vary throughout the whole timed cycle of sixteen needles. One or two hairs may be felt significantly more than others and the sensation may move from one needle to another.

It is important that your electrologist talks to you and works with you to make the treatment as comfortable as possible.

What to expect after an electrolysis treatment

It is normal to experience redness and bumpiness, localised swelling and for the skin to feel warm or hot immediately after treatment. These after-effects should disappear within a few hours after treatment. If you have had an extensive treatment your skin may not recover completely for a few days afterwards. Some people will find they have scabbing on top of the hair follicles which take a few days to heal up and disappear, some may find their skin is still a little bumpy for a few

days afterwards. Most skin reactions should completely disappear after one week.

It is very important to make sure you follow the aftercare routine your electrologist recommends. This is usually very simple. Most electrologists recommend keeping your skin clean by not touching it and not applying products such as sunscreen and makeup afterwards. You may find cooling the skin with an icepack immediately after a treatment helps reduce the skin reaction considerably. Applying aloe vera gel can also soothe the skin immediately after.

How to get the best out of your electrolysis treatments

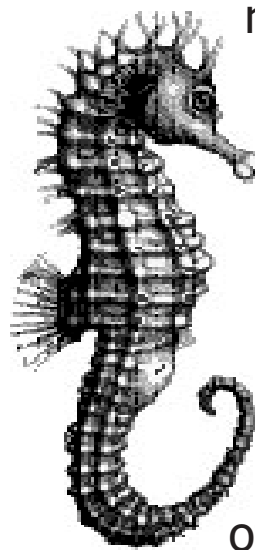
Make a plan- Talk with your electrologist and make a treatment plan that is sensible and fits around your lifestyle. Often regular weekly or fortnightly appointments are best. The plan should also take into consideration your budget and any other concerns such as when it is easiest for you to grow the hair out and manage the immediate after-effects of a treatment. Always stay within your budget. There is no point maxing out your credit card and reaching a point where you need to halt the treatments before they are completed.

Look after your skin. Keep hydrated with regular water consumption, lower your caffeine intake, drink alcohol in moderation, eat a well-balanced diet. These good habits will show in your skin and help you to recover faster from your electrolysis sessions. ☐☐☐

Katherine Spiric is a specialist electrologist based in Sydney. She is also a Registered Nurse (non-practising).

The NSW Seahorse Society

is a self help group based in Sydney open to all crossdressers, their



relatives and friends. We offer discretion, private monthly social meetings, social outings, contact with other

crossdressers, a telephone information service, postal library service and a monthly newsletter.

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

Call on 0423 125 860 and our website is:

www.seahorsesoc.org

Email:

crossdress@seahorsesoc.org

“crossdress with dignity”

Directory

A.C.T.

A GENDER 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 North-bourne 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

Resourcedevelopment 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 8200
manager@gendercentre.org.au
www.genercentre.org.au

2010 - See Twenty10

ACONHEALTHLTD

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

ACON-HUNTER

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

ACON-MID-NORTH COAST

Shop 3, 146 Gordon St
Port Macquarie NSW 2444
Tel: (02) 6584 0943

Fax: (02) 6583 3810
mnc@acon.org.au

ACON-NORTHERN RIVERS

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

**AFAO (AUSTRALIAN
FEDERATION OF AIDS
ORGANISATIONS)**

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

ALBION STREET CENTRE

HIV testing, clinical management,
counselling and support, treatment
and trials for HIV/AIDS.
Tel: (02) 9332.1090
Fax: (02) 9332.4219

ANKALI

Volunteer project offering emotional
support for People Living with HIV/
AIDS, their partners, friends and car-
ers. One on one grief and bereave-
ment service.

Tel: (02)9332.1090
Fax: (02) 9332.4219

**BOBBY GOLDSMITH FOUNDATION
(BGF)**

Provides direct financial assistance,
financial counselling, employment
support and supported housing to
people in NSW disadvantaged as a
result of HIV/AIDS
Ph: (02) 9283 8666
free call 1800 651 011
www.bgf.org.au
bgf@bgf.org.au
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

Phone 132050

**CELLBLOCK YOUTH HEALTH
SERVICE**

Provides free, safe and confidential
support, counselling and health services
for young people aged 12 to 24. We
offer support, information and someone
to talk to about your relationships, family
problems, school, sex, mental and
physical health, accommodation and
money, drugs and alcohol, and more...
No referral or Medicare card needed. All
services are free!

Open Mon-Fri 9 am - 5 pm
Closed wed 9 am - 11.30 am
288 Abercrombie Street, Redfern, NSW,
2008
Tel: 9562 5640
Email: youthblock@sswahs.nsw.gov.au

**CENTRAL TABLELANDS
TRANSGENDER
INFORMATION SERVICE**

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

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

**(CSN) COMMUNITY SUPPORT
NETWORK**

Transport and practical home based
care for PLWHA. Volunteers
welcome. Training provided.
Sydney Mon-Fri 8.00am-6.00pm
9 Commonwealth St, Surry Hills
Tel: (02) 9206.2031
Fax: (02) 9206.2092
csn@acon.org.au
PO Box 350 Darlinghurst NSW 1300

**Western Sydney and Blue
Mountains**

Mon-Fri 9.00am-5.00pm
Tel: 9204 2400
Fax: 9891 2088
csn-westsyd@acon.org.au
6 Darcy Rd, Wentworthville, 2145
PO Box 284, Westmead, 2145

Hunter

Mon-Fri 9.00am-5.00pm
Tel: 4927 6808\Fax 4927 6485
hunter@acon.org.au
129 Maitland Road, Islington, 2296
PO Box 220, Islington, 2296

Mackillop Centre - Hunter

Training and development opportunities

for PLWHA
Tel: 4968 8788

FTMAustralia

Contact, support and information
for all men (identified *female* at
birth), their families, partners, and
service providers. Contact
FTMAustralia for more information:
PO Box 488, Glebe, NSW, 2037.
www.ftmaustralia.org
mail@ftmaustralia.org

**GAY AND LESBIAN COUNSELLING
SERVICE OF NSW (GLCS)**

A volunteer-based community service
providing anonymous and confidential
telephone counselling, support,
information and referral services for
lesbians, gay men, bisexual and
transgender persons (LGBT) and
people in related communities.
Counselling line open daily from
5.30pm to 10pm daily (02) 8594 9596
(Sydney Metro - cost of local call,
higher for mobiles). 1800 184 527
(free call for regional NSW callers
only). Admin enquiries: (02) 8594
9500 or admin@glcnsw.org.au
Website: www.glcnsw.org.au

HOLDEN STREET CLINIC

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

Mon, Tue, Wed. 9.00am-5.00pm
(closed 12.15pm-1.00pm for lunch)
Men's Clinic Thursday evenings
5.00pm-8.00pm
Appointments preferred (02) 4320
2114

Ground Floor 69 Holden St, Gosford
2250

Tel:(02) 4320 2114

Fax: (02)4320 2020

INNER CITY LEGAL CENTRE

Available to discuss any legal
matter that concerns you.

Ph: (02) 9332 1966

INTERSECTION

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

Christine Bird (02) 9525.3790
PO Box 22, Kings Cross, NSW, 1340

Tel: (02) 9360.2766

Fax: (02) 9360.5154

Directory

KIRKETON ROAD CENTRE

Needle exchange and other services

Clinic Hours:

Mon, Tue, Thu, Fri, 10am - 6pm

Wed 12 noon-6pm

Weekends and public holidays, 10am

- 1.45pm (NSP & methadone only)

Outreach Bus - Every Night

100 Darlinghurst Road

(Entrance above the Kings Cross Fire Station Victoria Street

Clinic 180

180 Victoria Street, Potts Point, 2011

Tel: (02) 9357 1299

Fax: (02) 9380 2382

Clinic 180 open

Monday to Saturday

1.30pm-9.00pm

Needle syringe program

Condoms

Monday to Friday

1.30pm-9.00pm

Sexual health screening HIV screening hepatitis C testing, hepatitis B testing and vaccination

First aid and wound care

Counselling and social welfare assistance

Drug and alcohol assessment and referral

LES GIRLS CROSS-DRESSERS GROUP

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

Coordinator,

PO Box 504 Burwood NSW 2134

(MCC) METROPOLITAN CHURCH

MCC Sydney is linked with

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

96 Crystal St, Petersham, 2049

Phone (02) 9569 5122

Fax: (02) 9569 5144

Worship times:

10.00 am and 6.30 pm

office@mccsydney.org

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

MOUNT DRUITT SEXUAL HEALTH CLINIC

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

Tel: (02) 9881 1206

Mon 9.00am-4.00pm

Wed 9.00am-1.00pm

Fri 9.00am-1.00pm

NEWCASTLE SWOP

SWOP at Newcastle has a Mobile Sexual Health Team
4927 6808

NORTHAIDS

A community based organisation providing step down and respite care for PLWHA on the Northern Beaches.
Tel: (02) 9982 2310

OPEN DOOR COMMUNITY OF CHRIST

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

Contact Pastor Sue Palmer

0411330212 or

pastorsue@theopendoor.org.au

for further information, or check the web page

www.theopendoor.org.au

PARRAMATTA SEXUAL HEALTH CLINIC

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

Level 1, 162 Marsden (cnr. George 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

**(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

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: 9601 6404

SYDNEY MEN'S NETWORK

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

**SYDNEY SEXUAL HEALTH
CENTRE**

Provides free, confidential health services, including sexual function, counselling and testing and treatment of STDs, including HIV.
Level 3, Nightingale Wing, Sydney Hospital, Macquarie Street, Sydney, NSW, 2000
Ph: (02)9382 7440 or freecall from outside Sydney 1800 451 624.
(8.30am-5.00pm)
Fax: (02) 9832 7475
sshc@sasahs.nsw.gov.au

**SYDNEY WEST HIV/HEP C
PREVENTION SERVICE**

Needle and syringe program
162 Marsden St, Parramatta, NSW 2150
Ph: (02) 9843 3229
Fax: (02) 9893 7103

TOWN & COUNTRY CENTRE

Drop In Centre - Weekly Coffee Nights - 24 hour ph line - regular social activities - youth services - information, advice and referral - safer sex packs and more! - for bisexual, transgender folks and men who have sex with men
80 Benerambah Street, Griffith PO 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 webchat 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 access.
www.w-o-m-a-n.net

CHANGELING ASPECTS

Organisation for Transsexual people, their partners and families. For information, please write or call.
email:knoble@iinet.net.au
www.changelingaspects.com

FTMAustralia

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

**NATIONAL LGBTI HEALTH
ALLIANCE**

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

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.

Directory

International

AGENDER NEW ZEALAND

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

BEAUMONT SOCIETY

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

BEAUMONT TRUST

The Trust is a registered charity, the aim of which is the support of transvestites, transsexuals, their friends and families. It fosters research into both psychological and social aspects of transvestism and transsexualism and can provide speakers to address other organisations. It produces literature and arranges workshops, develops befriending facilities and assists with conferences.

The Beaumont Trust, BM Charity, London WC1N 3XX.

<http://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.

FTM INTERNATIONAL

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

FTM NETWORK UK

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

GENDERBRIDGE Inc.

Support and Social Society for people with gender identity issues, their families, partners and professionals involved in care, treatment and counselling.

PO Box 68236, Newton, 1145, New Zealand

Phone: (64) (09) 0800 TGHELP (0800.84.4357) (24 hrs)
www.genderbridge.org
info@genderbridge.org

GENDER TRUST (THE)

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

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

INTERNATIONAL FOUNDATION FOR ANDROGYNOUS STUDIES (IFAS)

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

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

IFGE INTERNATIONAL FOUNDATION FOR GENDER EDUCATION

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

PO Box 229, Waltham, MA 02254-0229 U.S.A.

<http://www.ifge.org/>
info@ifge.org

IKHLAS

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

ITANZ INTERSEX TRUST AOTEAROA OF NEW ZEALAND

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

PROSTITUTES COLLECTIVE OF AUCKLAND - NEW ZEALAND

PO Box 68 509,
Newton, Auckland,
New Zealand

PROSTITUTES COLLECTIVE OF CHRISTCHURCH-NEW ZEALAND

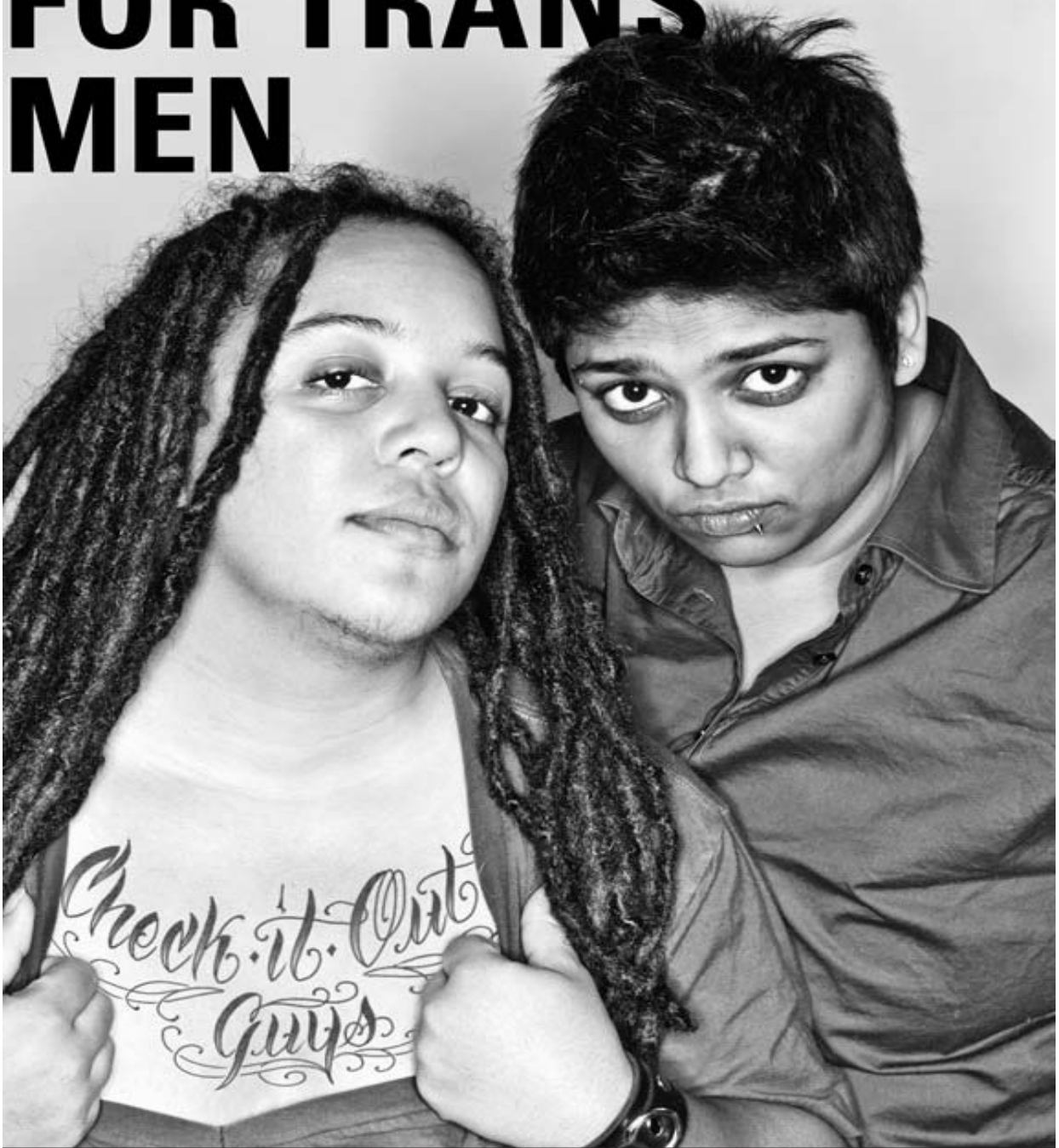
Provides a confidential service for trannies working in the sex industry.
PO Box 13 561
Christchurch,
New Zealand

PROSTITUTES COLLECTIVE OF WELLINGTON - NEW ZEALAND

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

Every effort has been made to include accurate and up-to-date information in this directory. To amend your listing fax (02) 9519 8200 or email the Editor on resources@gendercentre.org.au

PAPS MATTER FOR TRANS MEN



If you've ever been sexually active in any way and have a cervix you need regular Cervical Screening Tests. For more information and tips on how to make getting a CST easier, contact the **Gender Centre** on **9569 2366** or **RPA Sexual Health Centre** on **9515 1200**. Note that the test is no longer called the Pap and can be self administered. For more information call one of the numbers shown above.

The Gender Centre acknowledges with gratitude the permission granted by the Trans Mens Pap Campaign to use the content of this poster.

checkitoutguys.ca

t150

PARTNERSHIPS IN HEALTH

Open every Tuesday 2-6 PM

Level 3, 350 Albion Street, Surry Hills

t150 is an innovative specialist HIV and sexual health service providing holistic care for the transgender and gender diverse (TGD) community in a dedicated clinical space.

t150 will be staffed by a trained peer and skilled clinicians.

Services t150 offers:

- ◆ HIV, sexual health and blood-borne virus (such as Hepatitis) screening.
- ◆ HIV point of care testing.
- ◆ Immediate linkage and referral to HIV and Hepatitis C management and treatment within the service.
- ◆ Treatment of any diagnosed STIs.
- ◆ Education and provision of HIV PrEP and PEP.
- ◆ Vaccinations for Hep A and B
- ◆ Cervical screening for anyone with a cervix.
- ◆ Safer injecting education.
- ◆ Health education sexual health with aTGD specific focus.
- ◆ Transgender reproduction advice.
- ◆ Provision of health screening (weight, BP, etc.)

Appointments or Enquiries

You can make a booking by phoning Albion on 9332 9600 and selecting option 2.

Please advise the staff member you are calling for the t150 service.



Like Albion on Facebook to support t150

<https://www.facebook.com/TheAlbionCentre/>