# Transsexualism

## TABLE OF CONTENTS



Introduction

Over time, many people have come to understand that a baby born with typically male genitalia will mature to identify as a boy and a man, exhibit a masculine gender identity, and naturally fulfil the expectations that society places in a masculine gender role. Likewise, a baby born with typically female genitalia will mature to identify as a girl and a woman, exhibit a feminine gender identity, and naturally fulfil the expectations that society places in a feminine gender role. This is often the case, but not always.

Babies born with ambiguous genitalia (intersex) aside, 'transsexualism' occurs when a person experiences discomfort and impaired functioning as a result of the expectations placed upon them by society's insistence on the scenarios mentioned above. A transsexual person experiences discomfort and impaired functioning as a result of the conflict between society's expectations and their own personal identification with a gender identity and an insistence upon living in a gender role that is not culturally associated with the sex they were assigned at birth.

Transsexualism has nothing to do with a person's sexuality and everything to do with how they feel about themselves in masculine and feminine terms. Unfortunately transsexualism is stigmatized in many parts of the world. This is probably because the mere existence of transsexualism questions long-held concepts that are fundamental to many people and that many people also incorrectly associate it with issues of sexuality. Transsexualism has however become more widely acknowledged in Western culture since the mid to late twentieth century.

Discrimination and negative attitudes towards transsexualism often accompany certain religious beliefs and ensuing cultural values. This can, and often does cause the transsexual person even more distress than the existing anguish causes, the anguish of trying to occupy a gender identity and role that they do not identify with.

## *TERMINOLOGY*

Transsexualism is often included within the broader term 'transgender', which is generally considered an umbrella term for people who do not conform to typically accepted gender roles for the sex they were assigned at birth. The term "transgender" is a word employed by activists to encompass as many groups of gender diverse people as possible. However, many of these groups individually don't identify with the term. Many health clinics and services set up to serve gender variant communities employ the term, however most of the people using these services again don't identify with this term. The rejection of this political category by those that it is designed to cover clearly illustrates the difference between self-identification and categories that are imposed by observers to understand other people.

Transsexual people desire to establish a permanent gender role as a member of the sex often considered opposite to that which they were assigned at birth, often pursuing medical interventions as part of the process. These physical alterations are collectively referred to as sex reassignment therapy and may include oestrogen or testosterone hormone replacement therapy, and various surgical procedures. The entire process of switching from one physical sex and socially accepted gender presentation to another is often referred to as transition, and usually takes several years.

Transsexual people prefer to be referred to by the gender pronouns and terms associated with the gender identity they identify with. For example, a transsexual man is someone who was assigned the female sex at birth on the basis of his external genitalia, but despite that assignment, identifies as a man and is transitioning or has transitioned to a masculine gender role and has or will have a masculinised body. Transsexual people are sometimes referred to as 'female-to-male' for a transsexual man or 'male-to-female' for a transsexual woman. These terms may also be abbreviated as 'M2F', F2M', 'MTF', 'FTM', 'F to M', or 'transwoman' and 'transman'.

## *DIAGNOSIS*

Transsexualism appears in the two major diagnostic manuals used by mental health professionals worldwide, the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM, currently in its fifth edition) and the International Statistical Classification of Diseases and Related Health Problems (ICD, currently in its tenth edition). The ICD-10 incorporates transsexualism, dual role transvestism and gender identity disorder of childhood into its gender identity disorder category, and defines transsexualism as:

"[a] desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex." In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), people whose sex assigned at birth is contrary to the one they identify with is diagnosed as 'gender dysphoria'. This diagnosis is a revision of DSM-IV's criteria for 'gender identity disorder' which was itself a revision from the DSM-III's criteria for 'transsexualism'.

## *CAUSES*

The cause of transsexualism is an area of particular interest for many physicians, psychologists, other health professionals, transsexual people and their family and friends. Currently, there are numerous scientific explanations of the cause of transsexualism, linking the cause to genetics, brain structure and function, and prenatal androgen exposure; in addition other theories have proposed linking the cause to psychological and behavioural reasons. These theories are not necessarily mutually exclusive.

## *BIOLOGICAL-BASED THEORIES*

Biologically speaking, transsexualism is a variation in the relationship between an individual's visible sex and their gender identity. Typically, sex characteristics, gender identity and gender role are consistent with each other, meaning those with female sex characteristics also possess a feminine gender identity and function in society as women and girls, and those with male sex characteristics possess a masculine gender identity and function in society as men and boys.

**Foetal Development**

Located within each cell of our body are our chromosomes. Chromosomes are made up of genes that carry inherited characteristics, and are the blueprint for development. There are 23 pairs of chromosomes, of which one pair are the sex chromosomes. Every foetus must have at least one X chromosome with the typical chromosomal pattern being 46,XX for a female, and 46,XY for a male.

Typically, every foetus derives one 'X' sex chromosome from the mother. The second sex chromosome is provided by the father and may be either 'X' or 'Y'. Typically, a foetus having one X and one Y chromosome will develop as male because genes on the 'Y' chromosome play a vital role in triggering the complex cascade of hormones which masculinise the foetus, ensuring that his brain, genitalia and gonads all develop along male lines. Typically, a foetus having two X chromosomes will develop as a female so that her brain, genitalia, gonads and organs of reproduction will continue to develop along female lines.

So, the way the foetus develops and functions, in terms of the sex development of the brain, other sex characteristics and gender identity depends, in part, on the availability of hormones, and on its sensitivity to these hormones. This scenario applies to the majority of people. When our sex is entered on our birth certificate an unchanging gender identity is inferred and, effectively 'assigned', at that time, on the basis of external appearance of the genitalia alone. Typically, this inference is accurate enough, but it is not always so.

A small percentage of individuals do not fit comfortably into what we think of as typically male or female – this is known as intersex. Intersex is a term that relates to a range of physical traits or variations that lie between ideals of male and female. Intersex people are born with physical, hormonal or genetic features that are neither wholly female nor wholly male; or a combination of female and male; or neither female nor male. For more information about many of the more physical issues that arise and cause an inconsistency between the various elements by which we know ourselves to be either male or female, see our "Intersex" information sheet.

The impact of genetic and/or hormonal factors on the foetal development of transsexual people appears to cause parts of the brain to develop in a way which is inconsistent with the expected gender identity usually associated with their genitalia, gonads and usually with their chromosomes. This may give rise to 'XY' individuals whose visible sex appears to be male, but whose brain has some female characteristics and whose gender identification is, therefore, that of a girl/woman, and conversely individuals having XX chromosomes and the visible physical sex of a female, may have some male brain characteristics and therefore, identify as a boy/man. So the issue of one's gender identification, whether as a man or as a woman or even neither is rooted in the brain, and is regarded by the individuals concerned, and is demonstrated by research, to be largely determined pre-birth and more or less stable thereafter.

Thus the experience of extreme gender variance is increasingly understood in scientific and medical disciplines as having a biological origin. The current medical viewpoint, based on the most up-to-date scientific research, is that transsexualism is strongly associated with atypical neurodevelopment of the brain at the foetal stage.

A 1995 study found that in a region of the brain called the bed nucleus of the stria terminalis (BSTc), a region known for sex and anxiety responses, male-to-female transsexual subjects have a typically female size while female-to-male transsexual subjects have a typically male size. While the transsexuals studied had taken hormones, this was accounted for by including non-transsexual male and female controls which, for a variety of medical reasons, had experienced hormone reversal. The controls still retained sizes typical for their gender identity.

Several follow-up studies have confirmed this finding and further brain studies similar in nature but focusing on different cerebral matter have confirmed that in those experiencing severe gender variance, cerebral development is often in opposition to other sex characteristics.

Genetically speaking, the androgen receptor known as NR3C4 is activated by the binding of testosterone or dihydrotestosterone, where it plays a critical role in the forming of primary and secondary male sex characteristics. Male-to-Female Transsexuals have been found to have longer repeat lengths on the gene, which reduced its effectiveness at binding testosterone.

A variant genotype for a gene called CYP17, which acts on the sex hormones pregnenolone and progesterone, has also been found to be linked to Female-to-Male transsexualism. Most notably,the transsexual subjects in this study not only had the variant genotype more frequently, but had an allele distribution equivalent to male controls, unlike the female controls. The study concluded that the loss of a female-specific CYP17 T -34C allele distribution pattern is associated with Female-to-Male transsexualism.

## *PREVALENCE*

The DSM-IV (1994) quotes a prevalence of roughly 1 in 30,000 assigned males and 1 in 100,000 assigned females seek sex reassignment surgery in the USA. The most frequently quoted estimate of prevalence is from the Amsterdam Gender Dysphoria Clinic. The data, spanning more than four decades in which the clinic has treated roughly 95% of Dutch transsexuals, gives figures of 1:10,000 assigned males and 1:30,000 assigned females. Though no direct studies on the prevalence of transsexualism have been done, a variety of clinical papers published in the past 20 years provide estimates ranging from 1:7,400 to 1:42,000 in assigned males and 1:30,040 to 1:104,000 in assigned females.

Olyslager and Conway presented a paper at the WPATH 20th International Symposium (2007) arguing that the data from their own and other studies actually imply much higher prevalence, with minimum lower bounds of 1:4,500 male-to-female transsexuals and 1:8,000 female-to-male transsexuals for a number of countries worldwide. They estimate the number of post-operative women in the US to be 32,000 and obtain a figure of 1:2500 male-to-female transsexuals. They further compare the annual incidences of sex reassignment surgery and male birth in the U.S. to obtain a figure of 1:1000 MTF transsexuals and suggest a prevalence of 1:500 extrapolated from the rising rates of surgery in the U.S. and a "common sense" estimate of the number of undiagnosed transsexuals.

They also argued that the U.S. population of assigned males having already undergone reassignment surgery by the top three U.S. surgeons alone is enough to account for the entire transsexual population implied by the 1:10,000 prevalence figures. This excludes all other U.S. surgeons, surgeons in countries such as Thailand, Canada, and others, and the high proportion of transsexuals who have not yet sought treatment, suggesting that a prevalence of 1:10,000 is far too low.

The most recent study into the prevalence of transsexualism came in the form of a New Zealand Adolescent Health Survey in 2013, a study into the health and wellbeing of transgender high school students that revealed of 8,166 students surveyed, 94.7% reported being non-transgender, 1.2% reported being transgender, 2.5% reported being not sure about their gender, and 1.7% did not understand the question. As can be seen from the studies listed above, taking into account the types of surveys undertaken and the years in which they were performed, the actual prevalence of transsexualism may be unknown, but prevalence estimates are certainly increasing with time. If one considers that no matter how 'confidential' a study may seem, some participants will always resist responding in favour of being transsexual for fear of the implications of the stigma that has evolved over a long period of time.

## *DISCLOSURE*

Occasionally, children may express their incongruence between gender identity and their genital sex, but their discomfort is not always easy to identify. Symptoms of unease with the assigned gender role and the visible sex appearance are often only apparent to the individuals concerned and may not even be understood by them. If these children are unable to articulate their unease, their discomfort may grow through adolescence and into adulthood, as their families and society, in ignorance of their underlying gender identity, relentlessly reinforce gender roles in accordance with their physical appearance alone.

However, some children are able to express strong cross-sex identification, and sometimes insist on living in the opposite gender role. In particular, the increasing disgust with the development of secondary sex characteristics experienced by young people during puberty may be taken as a strong indication that the cross-sex identification will persist into adulthood as transsexualism. Therefore, in carefully screened individuals, hormone blocking treatment may be given, before pubertal changes become apparent, so that these young people have more time to decide in which gender role they can achieve lasting personal comfort. There is no evidence that raising children in a gender role different from that expected of their assigned sex at birth causes gender variance, nor can strong cross-sex identification be overridden by raising children in strict accordance with a gender role that is expected of the sex they were assigned at birth.

Those who are not treated in adolescence may continue to struggle to conform; they may embark on relationships, marriages and parenthood in an attempt to conform to expectations by suppressing their core gender identity. Ultimately, however, they may be unable to continue with the charade of presenting themselves as something they know they are not. The artificiality of their situation may drive individuals to seek treatment to help minimise the mismatch between their brain and their body. They often experience an overwhelming need to be complete, whole people and to live in accordance with their internal reality. Until this is achieved, the personal discomfort may be such that it can lead to great unhappiness and sometimes to severe depression including suicidal feelings.

Disclosure of one's true gender identity is often referred to as 'coming out'. 'Coming out' can be quite a stressful time in the trans person's life, despite the positive effects that one's disclosure usually hopes to achieve. Disclosure of one's true gender identity can also be drawn out over a long period of time as often there are many people to tell from many aspects of a person's life - from partners, family and friends, to employers and work colleagues, a trans person may decide that it is appropriate that a number of people need to know of their intention to transition.

Sometimes others may be unaware that a person has been exploring their gender options, and also may not be familiar with transsexuality or its true meaning. There may be need for ongoing discussions with certain people that need time to take in the new information. Often family members and close friends may feel that they need to share this news with other people, including professionals who may often deal with issues such as these. The Gender Centre provides a Counselling Service that is available to partners, family and friends of trans people either on their own or with their loved ones present. We also provide a number of kits, fact sheets, a library and online resources aimed at making the disclosure process as positive and respectful of an individual's needs as possible.

One thing is certain however, and that is that the trans person will almost always have taken a lot of time and put a lot of consideration into their own individual coming out process and will be disclosing this most personal information to those that they care about the most. Because transsexual people have historically been marginalized as a minority group, coming out of the closet remains a challenge for most of the world's transsexual population and can lead to a backlash of heterosexist discrimination and homophobic/transphobic violence. The disclosure process can however also be described as part of an individual's journey to forming their own true identity, it can be a liberating experience or an emancipation from oppression, a means toward feeling pride instead of shame and social stigma, and often a source of much needed self-esteem.

## *TRANSITION*

For many, 'transition' (to live in the gender role dictated by the brain), may be the only way forward if they are to avoid a life of psychological torment. This will often be assisted by treatment to achieve physical re-alignment of the sex characteristics, involving hormone therapy and corrective surgery.

Transition does not change the gender identity of the individual concerned, rather, it confirms their core gender identity by bringing their sex characteristics, especially their visible ones, and their gender role into harmony. Research indicates that this treatment is highly successful.

However, the level of discomfort varies widely from individual to individual, and personal circumstances also impinge on how those experiencing transsexualism respond. The reason for a transsexual person to transition may not necessarily be to become female or male, but to find one's place on the gender identity continuum and reach a level of comfort with and a better understanding of who they are. It is important to remember that gender roles are a set of 'averages' of typical behavioural traits exhibited by males and females. In reality however, few if any individuals constantly exhibit a gender identity that matches these 'averages' exactly. Transsexual people aspiring to artificial target gender stereotypes that are based on averages rather than true self-expression are almost certainly unlikely to experience the level of contentment that they seek.

The more successful transitions are more likely to be those that involve realistic expectations and aim to improve a person's quality of life through being true to themselves and their innate gender identity, relaxed and exhibiting only behavioural traits that occur naturally and 'learned' or 'recovered' traits that rest comfortably with the individual.

## *MEDICAL OPTIONS*

Psychological techniques that attempt to alter gender identity to one considered appropriate for the person's assigned sex are typically ineffective. The widely-recognized Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People note that sometimes the only reasonable and effective course of treatment for transsexual people is to go through sex reassignment therapy. The need for treatment is emphasized by the high rate of mental health issues, including depression, anxiety, and various addictions, as well as a higher suicide rate among untreated transsexual people than in the general population. These may be alleviated by a change of gender role and/or physical characteristics.

Many activists and caregivers note that these mental health issues are not usually related to the gender identity issues themselves, but the social and cultural responses to gender-variant individuals. Some transsexual people reject the counselling that is recommended by the Standards of Care because they don't consider their gender identity to be a psychological problem.

After a period of initial psychological counselling, one may commence medical treatment beginning with hormone replacement therapy or hormone blockers. People wishing to change sex are usually required to live as members of their target sex for at least one year prior to genital surgery. This period is sometimes referred to as 'Real-Life Test' or 'Real-Life Experience'. Individuals may undergo some, all, or none of the medical procedures available, depending on personal feelings, health, income, and other considerations.

Hormone replacement therapy (HRT) causes the development of many of the secondary sexual characteristics of the desired sex. However, many of the existing primary and secondary sexual characteristics cannot be reversed by HRT. For example, HRT can induce breast growth for transsexual women but cannot reduce breasts for transsexual men. HRT can prompt facial hair growth for transsexual men, but cannot regress facial hair for transsexual women. HRT may, however, reverse some characteristics, such as distribution of body fat and muscle, as well as menstruation in transsexual men. Generally, those traits that are easily reversible will revert upon cessation of hormonal treatment, unless chemical or surgical castration has occurred, though for many transsexual people, surgery is required to obtain satisfactory physical characteristics.

For more information about Masculinising and Feminising Hormone Replacement Therapy, please refer to the Gender Centre's specific fact sheets coving these topics in more detail. Sex reassignment surgery (SRS) refers to the surgical and medical procedures undertaken to align a transsexual individuals' physical appearance and genital anatomy with their gender identity. SRS may encompass any surgical procedures which will assist in reshaping a male body into a body with a more female appearance or vice versa.

For more information about Masculinising and Feminising Surgery Options, please refer to the Gender Centre's specific fact sheets coving these topics in more detail.

## *LEGAL ISSUES*

The degree of legal recognition provided to transsexual people varies widely throughout the world. In Australia, the Federal and New South Wales State legal systems recognise the two socially acknowledged sexes and thus, transsexuality raises some potential legal issues, mostly in what is generally considered family law.

## *TREATMENT OF TRANS YOUTH*

In 2004, a case before the Family Court of Australia known as "Re: Alex : Hormonal Treatment for Gender Identity Dysphoria [2004] FamCA 297" examined the rights of a transgender thirteen year old to transition from female to male. The courts gave him the alias of "Alex" to ensure his protection and anonymity. The key issue was whether the courts should authorize medical treatment involving the administration of hormonal therapies to begin a sex change procedure on Alex. This was a landmark case in Australia for transgender youth rights setting precedent in Australia and the world.

At birth and at the time of the case, Alex was, in the eyes of the law, female. Alex had been diagnosed with gender identity disorder meaning that he had had a longstanding wish to undergo a transition to become male in appearance.

Chief Justice Nicholson ruled as follows:

- Allow Alex to change sex and name written on birth certificate.
- Allow Alex to be administered hormone treatment until he reaches eighteen years of age. At eighteen Alex is free by law to make this decision without permission of the court.
- Allow Alex to enrol in school under a male name.

## *BIRTH CERTIFICATES*

Birth Certificates fall within the jurisdiction of each Australian State. All Australian jurisdictions now recognise the affirmed sex of an individual after surgery unless the person is married. New South Wales does not currently permit a change of sex on birth certificates unless a sex affirmation procedure has taken place, however in October 2011 a High Court decision granted two Western Australian trans men the right to have their birth certificates record their sex as male without the need for invasive surgery, and in March 2014, the ACT Government made it legal for a trans person to change the sex on their birth certificate without the need for invasive surgery. For more information, please see the "Documents of Identity" Fact Sheet.

## MARRIAGE

At the present time, marriage in Australia comes under the jurisdiction of Federal Law and is acknowledged as being between a male and a female. This means that transsexual people that hold a birth certificate that states their affirmed sex are entitled to marry a partner of the opposite sex. Australian transsexual people have held this basic human right since a 2001 Family Court of Australia judgment commonly known as "Re: Kevin - validity of marriage of transsexual ([2001] FamCA 1074), a groundbreaking judgment that continues to be quoted and relied upon internationally.

However, according to current law, transsexual people that are already married face the harsh predicament of having to divorce before undergoing sex reassignment surgery.
In 2007, post-operative transwoman Grace Abrams became legally married to her female partner when the Administrative Appeals Tribunal awarded her a passport identifying her as female without requiring a matching birth certificate.

Grace achieved this situation having married her partner before she underwent surgery, changing her name following surgery but not her birth certificate and then being refused a passport recognising her as female, as her birth certificate stated that she was male. However she was unable to change her birth certificate without first divorcing her partner. Grace appealed the decision on the grounds that she had enough documentation without a birth certificate identifying her as female to be entitled to a passport stating that she was female.

## PASSPORTS

The Australian Passport Office issues passports in which citizens can nominate their official sex as male, female or indeterminate, without having to undergo surgery as proof of a sex change. The September 2011 changes to the Australian Passport Act require transsexual people to supply a doctor's letter of support to obtain a passport in what they consider as their true gender. For more information, please see the "Documents of Identity" Fact Sheet.

## SOCIAL ISSUES

Transsexual people challenge the 'normative' gender roles of many cultures and often face a considerable amount of rejection by family, friends, and by many groups and individuals in society. This rejection, although somewhat different from the discrimination, harassment, vilification and violence discussed in our "Anti-Discrimination Transgender Information" fact sheet, may be gradually reducing as society becomes more aware of transsexualism and gender-variance in general, however it is unfortunately still quite common.

The anxiety and depression suffered by transsexual people as a direct result of the rejection they experience, often from individuals and groups to which they previously belonged, can manifest over extended periods of time in a myriad of dysfunctional ways.

For this and other reasons, a transsexual person should not resist seeking professional support from Therapists, Councillors and others within the medical profession charged with assisting those experiencing depression, anxiety and isolation, no matter where in their respective transitions they are, or even should they believe that they have completed their transition. Support exists and should be utilised to ensure an improved quality of life is maintained.

Some people who have switched their gender role enter into traditional social institutions such as marriage and parenting. They sometimes adopt or provide foster care for children. Some transsexual people have children from before transition. Some of these children continue living with their transitioning/transitioned parent, or retain close contact with them, with no harm to these children in any way.

Transsexual parents and parents of transsexual children may encounter specific issues related to community confusion, curiosity or rejection. Partners of transsexual people may experience confusion over their own self-identification, especially in relation to sexuality and may also feel a need to discuss their confusion or concerns with a professional that may be able to assist. Children with transsexual parents, no matter what their age, and parents with adult transsexual children may encounter issues specific to their relationship with their transsexual loved-one. It should be remembered that the Gender Centre can provide counselling, referrals and other support that all of these individuals may require.

### *TRANSSEXUALISM THROUGHOUT HISTORY*

Transsexualism and indeed people exploring their gender options are far from a modern day phenomena. Documented evidence exists of people changing gender and dress from as early as the mid 9th Century BCE with an Assyrian tablet showing King Ashurbanipal cross-dressing, however many customs and rituals also associated with cross-dressing occurred frequently in much earlier times. Many cross-dressed to appease mythical deities including the priests of the ancient Earth Goddess Ishtar in Babylon, and in the case of the priests of Attis, consort to the Earth Goddess Cybelle, in the kingdom of Phrygia, they also castrated themselves.

Thus sex-change surgery, however crude, was alive and well from the earliest civilizations. Other ancient civilisations record similar transsexual-like behaviour with the Scythians (8th Century BCE – 2nd Century CE), whose priests dressed and behaved as women, but accompanied the warriors on raids and battles Greek mythology is full of incidents of cross-dressing or changing gender with stories involving Achilles, Hercules, Hermaphroditus, Dionysus, Sappho, Ganymede, Kainonis and Tiresias. Meanwhile the Goddess Venus Castina, whose sympathy and understanding for "feminine souls locked up in male bodies" prompted men with a yearning to be women to pray to her. Much later, around the 2nd Century CE, a similar custom existed in the Roman Empire.

With so much cross-dressing/gender-diversity occurring in nearby civilizations in respect to their gods and goddesses, the Hebrews with a solitary masculine god (Jehovah) opposed to other gods and their ceremonies, introduced the Deuteronomy law 22:5, which made donning the clothing of the opposite sex "an abomination before the Lord, your God". Unfortunately Christian civilisation later adopted this attitude to the detriment of every transgender person in Western society since.

So it can be seen that ancient history is rich with transsexualism, cross-dressing and other aspects of gender-diversity, as too are the history books of more modern times. The Middle Ages produced many gender-crossing legends, but none is more enduring than that of "Pope Joan", perhaps the most enigmatic figure of Medieval history. Joan, a.k.a. John travelled to Rome where his scholarly reputation preceded him, he was offered a job translating the scriptures in the papal court of Leo IV and in a short time John was elevated to a cardinal. When Pope Leo died in 855 John was elected to the papacy as John VIII.

Jeanne d'Arc, better known of course as St. Joan of Arc, was a 17 year old girl who dressed entirely in male clothing and cropped her hair in the style of a French Knight. She was of course successful in leading a French victory over the English at Orleans in 1429 and followed this with other victories at Reims, Compeigne and Beauvais.

Throughout the 19th and 20th centuries gender crossing became better known with prominent figures such as Dr. James Barry, admired for his medical skills in the early 1800's, Charley Wilson, alias Catherine Coombes, a painter and decorator by trade for 42 years, John Coulter, who amazingly was married to a woman for 29 years without her being aware he was assigned female at birth, Charles Durkee Pankhurst, a stagecoach driver in the American west, and "Mountain" Charley, a Rocky Mountain trapper of many years. The tradition of females entering the military as men continued into the 19th Century. Nadezha Duron was a peasant girl who married and had a son before running away dressed as a boy to join the Russian Army in 1805. As Aleksandr Aleksandrov he saw action in 1807 and took a part in the campaign against Napoleon in 1812 and Loreta Janet Velazquez, who joined the Confederate Army during the American Civil War.

Of all female-to-male transsexuals in the pre-"sex-change" period Billy Tipton, who became a prominent jazz musician with his own trio in the 1930s and was married with two adopted sons who called him "father", is probably the most successful. None of his close musical colleagues suspected his biological sex, and anyone who suggested he was effeminate looking was challenged by Tipton to fisticuffs.

In Victorian society transsexualism was an embarrassment, but in the last half of the twentieth century came the vastly improved medical phenomenon commonly called the "sex-change".

Lili Elbe was one of the first identifiable recipients of male to female sex reassignment surgery in a number of surgeries spanning a two year period from 1930, and in 1952, ex-GI, Christine Jorgensen was the first widely known person to have sex reassignment surgery.

## *SUCCESSFUL TRANSSEXUAL PEOPLE*

Many hundreds of thousands, if not millions of transsexual people exist in the world, many more are in the process of gender transition and many more again remain undiagnosed. These numbers are much larger than commonly assumed by the public because a veil of invisibility hides the true nature and extent of the transsexual experience. Especially hidden are large numbers of highly successful transsexual people as many of these people live in "stealth" in the hope of avoiding social stigmatization and to get on with their new lives. This social invisibility of many successful trans people supports the misconception that transsexualism is extremely rare.

The invisibility of successful trans people also supports notions that gender transitions often have sad outcomes. Compounding the problem is the media, which seems mostly to highlight transsexual people for two reasons, when someone well-known discloses their transsexuality, and when someone is a victim of discrimination, harassment, vilification or physical violence. Media stories often use sensationalism and scandalous terminology to “beat up” a story, and rarely, if ever do they follow-up to find out what happened years later. This somewhat inaccurate depiction of transsexuality helps to shape society's misconceptions that transition leads to social marginalization or worse.

Without successful role models, instead being confronted with deliberately staged and stereotypically sleazy images of transsexuals on American talk shows, and no acknowledgment whatsoever of the existence of trans men, can often lead those yet to transition into being terrified to tell anyone about their feelings. Being constantly reminded of the violence and discrimination that trans people often face, and left totally unaware that large numbers of successful people actually emerge beyond these difficulties doesn't present the undiagnosed, the gender-questioning and the general public themselves with much encouragement when faced with their own or a loved-one's disclosure. The truth is however, that many transsexual people lead successful, fully functional lives.

The things that make these people successful however, aren't necessarily how far they've gone in their careers, how much money they've made, how attractive some of them are, or how well known some are as entertainers. Those accomplishments are very meaningful, and show that transitioning doesn't have to hold anyone back from achieving traditional social measures of success. However, the real successes are simply those that are able to function as a happy, healthy and confident individuals, engaging meaningfully with the wider community, and being able to roll self-assuredly with the punches, the ups and downs of everyday life.

There are many, many people that have explored their gender options, transitioned, and gone on to have successful careers, relationships and find fulfilment in other aspects of life. Understand this.

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

**Ph: (02) 9519 7599**
**www.gendercentre.org.au**

***SOURCES OF FURTHER INFORMATION:***

**The Gender Centre Inc.**
*41/43 Parramatta Road*
*Annandale N.S.W. 2038*
*Phone (02) 9519 7599*
*Fax (02) 9519 8200*

**Anti-Discrimination Board**
*Level 4, 175-183 Castlereagh Street*
*Sydney N.S.W. 2000*
*Phone (02) 9268 5544*
*Fax (02) 9268 5500*