Helps and Hindrances

The Indifference of Feminism in the Experience of Transwomen in Psychological Contexts

by Catherine Wilson

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> ***I believe my mental/emotional breakdown could have been handled in a more humane way if the mental health establishment had a better knowledge of transsexuality and the issues we face.***

This paper discusses issues that transwomen face, with a focus on psychological service and feminist contexts. I had the idea for this paper in late September 2008 when reading about the Women and Psychology conference, and its focus on feminist perspectives in psychological practice and the barriers and opportunities in engaging with a feminist psychology. At the time, I was reading Valentine's (2007) *Transgender Imagining*. Valentine is an anthropologist who had been working in New York with various trans communities from the 1980s to 2000s. He presents the complexity of notions of identity, specifically, the individual and community variations of the notion of trans; the lack of understanding, acknowledgement and acceptance of trans identities in the general community and (even) between different trans communities; and the struggles that many trans people face accessing support services due to contrast between individuals' and services' definitions of identity (and therefore service eligibility).

It struck me that in a conference about women, all women needed to be represented, and notions of gender identity should be explored rather than labels such as 'women' taken as given. And that in a conference about community support of women, we need to examine the ways that we do or do not support all the women in our society. Transwomen needed representation - and as I suspected, nobody was doing this.

I contacted Gaye Stubbs, Counsellor at the Gender Centre, who expressed interest in being involved in this conference by facilitating the process of collecting information on the subjective experiences of transwomen in N.S.W. who have accessed psychological services; subsequently, the Women in Psychology conference was advertised at the Gender Centre and a mini-forum was organised to be held at the Gender Centre to canvass transwomen's views and give them the opportunity to discuss their experiences and perspectives. This forum was held in November 2008 and the discussion, with permission, was recorded by the Centre, and then transcribed by me.

We received generous responses from a number of transwomen. In total eleven transwomen's opinions are included in this paper. Eight participants contributed their opinions in the three hour mini-forum that we held at the Gender Centre, one gave a long telephone interview in addition to participating in our mini-forum, one participant submitted a four page written paper, and another provided access to a blog she had written in July and a written response specifically for this paper.

We (the Gender Centre and I) understand the limitations of our sampling and therefore these data do not seek to be representative of all transwomen's experiences, but rather represent a range of subjective experiences of those who responded. The diversity of the group of participants does, however, represent a range of experiences. The eleven came from a variety of geographical regions in N.S.W., including Sydney City, the Inner West, Inner East, Illawarra, Central Coast, Sutherland and New England Shires. Their ages cross five decades. Their life circumstances and living arrangements range from experiences of homelessness, living with family, renters and homeowners. Their relationship status included both single and partnered, with several having been married in the past, with children from these relationships. Their sexual orientations were varied. And finally (to be discussed in a little more detail in a moment) participants' understanding of the term 'transwomen', and self-identification, are also diverse. From these positions, they put forward a range of issues of concern for them in life, in their dealings with psychological and other health services, and within feminist contexts.

So ... Who are Transwomen?

Perhaps a good place to begin with the issues presented, is one of definition.

The term 'trans' is generally shorthand for either 'transsexual' or 'transgender'. Transsexuality, a medical diagnostic term used in the International Classification of Diseases 10 (World Health Organisation, 1993), refers to the experience of people whose gender identity does not match their biological phenotype genotype, persistently throughout their life - that is, their apparent birth 'sex' (male or female)

is the opposite from their sense of themselves. People are generally referred to as Male-to-Female or Female-to-Male to indicate their birth sex and gender identity. Often transsexual individuals indicate their pre- or post-operative status, to note their stage of transitioning their body to better 'match' their identity.

The term 'transgender', on the other hand, is not a diagnostic term (Meyer et al., 2001). It is used in the literature and communities as an umbrella term to encompass all forms of gender diversity, which might include people who are transsexuals, as well as transvestites, intersex individuals, gender outlaws, third sex, drag queens/kings, pangendered and genderless individuals and so on (A.P.A. Task Force on Gender Identity, 2006; Meyer et al., 2001; Valentine, 2007). While some transsexual individuals identify readily with both terms, transsexual and transgender, the broadness of the term transgender feels inappropriate for many. Helen said to the group, "People are either male or female. Society's perception is that they're either one gender or another." So the experience of individuals who take a political stance in attempting to challenge/dismantle notions of gender is very different to Helen's experience as a transwoman.

Linda, a mini-forum participant wrote afterwards, "As a transwoman, the key identity issue is whether any transgendered individual identifies as a woman. For me that is a central issue because it leads to future activity by transwomen in establishing closer links with women's groups generally. I cannot accept that someone who is not living full-time as a woman, can legitimately claim to be recognised as one. I do not want our desire for greater recognition by women of our status to be confused by political agendas in which others in the transgendered community may be espousing. As one who has struggled to gain acceptance of my gender from the people I may meet 'in the street', I believe that any utopian agendas involving aspiring for a 'gender free' society will only alienate rather than help."

Ten of our eleven participants identified as transsexual women, and another as 'pangendered'. During the discussion many different self-descriptive terms were used such as 'transgender', 'transsexual' and 'trannie', so I asked participants to provide me with an identity/demographic-related self-description following their contribution. The descriptions they put forward included 'pre-operative male-to-female transsexual', 'a thirty-something pre-op transwoman living in regional N.S.W.', 'post-operative TS woman residing in N.S.W.' and 'pangendered counsellor'.

The variance among our transwoman participants represents a positive diversity, yet also one of the potential barriers to presenting a united front as a homogenous community.

April, one of the forum participants, reflected "We don't have solidarity in our community."

Kate Bornstein a 'lesbian feminist transwoman', writes in her book *Gender Outlaw* (Bornstein, 1994b), "Every transsexual I know went through a gender transformation for different reasons, and there are as many truthful experiences of gender as there are people who think they have a gender" (pp. 7-8)

As Brown states in *True Selves* (Brown & Rounsley, 1996, p.4), "No simple formula can unravel the complexities of transsexualism. Every transsexual and his or her situation is different."

Respond to me as the woman I am

As suggested already, most transwomen identify as women, and want to be recognised as such.

April stated "I just want to blend into the community. I get sick of being read. I get read every day ... on the train to work ... I hate it."

Kirsten wrote, "As a transwoman living in the country I'm actually very lucky in that if I choose not to tell people they usually have no idea that I am trans, I suppose I'm living as they say, stealth."

Helen questioned transwomen's place. "We are an interest group within the female gender. So we have to go back to identification. Who we are and who we want to be ... Within the female gender there are many subgroups: do we want to present as a woman or a transgendered woman? ... We are a small community, but like other special interest groups we need to have representation ..."

And despite April's desire to "blend in", she further problematised her gender identity in an email to me following the forum. She stated "I have had issues with my gender all my life and although I consider myself as more comfortable in the female gender, I realise I will always be transsexual and I will always have a past that is male in my childhood years and in my younger adult years. I am a transgendered female, not a woman, and not someone who would aspire to deluding the world and myself that I am a natal female."

Cate stated that some aspects of her experience are the "same as non-trans women. I have trouble dealing with emotions and the abuses that a lot of women have experienced, just from a slightly different slant ... I had to get used to being leered at by men, and the etiquette among women."

Cate also stated that she struggles with trans women who don't live "full-time" as women - "If they don't live full-time as women they have male social privileges at work and in society, and I find it objectionable. There are obvious glass ceilings for women that they don't have to deal with."

As Bornstein articulated, "One of the things that makes me, and others like me, dangerous is that we do speak up. We break the silence imposed on our people. And what we talk about is the very real oppression of women." (Bornstein, 1994a, pp. 110-111).

The importance of being true to all aspects of one's identity was emphasised by Katherine. She said "you can fall into the trap of portraying a stereotype rather than the person you are. I remember when I was doing voice therapy ... the therapist said women end their sentences with a terminal rise. And I said "No they don't, not the women I admire" ... Keep in mind you are you."

The struggle for transwomen to be recognised as 'legitimate' women led to two participants raising concerns about Suzi's inclusion in

this paper, as the only 'pangendered' participant.

There is great concern for some transwomen that inclusion of the 'transsexual' experience in the broader 'transgender' grouping may create confusion in the broader community's understanding of transsexuality, by problematising the idea of what a woman (or man) is; and how this complicates the process of transsexual individuals having their true gender identity recognised, and slow things in terms of legislative and practical societal changes that acknowledge the rights of transsexual people (Valentine, 2007; Whittle, 2000).

The Feminist Context

While transwomen may experience standard sexism from the broader community (in addition to transphobia in the moments when they 'come out' or fail to pass), communities of biological women and the services they are served by, have not always been inclusive of transwomen.

Famously, Janice Raymond's *The Transsexual Empire* (Raymond, 1979) began vigorous debate about the inclusion of transwomen in feminist contexts, by attacking them. She stated:

> **All transsexuals rape women's bodies by reducing the real female form to an artefact, appropriating this body for themselves. However, the transsexually constructed lesbian-feminist violates women's sexuality and spirit, as well.**
>
> **Rape, although it is usually done by force, can also be accomplished by deception. It is significant that in the case of the transsexually constructed lesbian-feminist, often he is able to gain entrance and a dominant position in women's spaces because the women involved do not know he is a transsexual and he just does not happen to mention it.**

Essentially Raymond refused to acknowledge that transwomen are not men, to the point of using the male pronoun to refer to them.

Cate pointed out: "Often, the level of acceptance a transwoman receives depends on factors such as whether she has had S.R.S. surgery and how passable she is."

Eleanor had first-hand experience of this. She wrote "If your identification says 'Mr', you go to a men's shelter. If your identification says 'Miss' or 'Mrs', you go to a women's shelter. There is no middle ground. The Gender Centre in Petersham is the only homeless shelter I know of, here in N.S.W., that accommodates those starting out on their journey as M.T.F. transgender and offers assistance in obtaining new identity (in accordance with the Department of Births, Deaths and Marriages). One of the most humiliating experiences I experienced was when I was told that in order to secure my accommodation at a homeless shelter here in Sydney, I had to see a nurse; I was instructed to see her so she could check what was between my legs. If I hadn't agreed to this I would have been denied access to the shelter. The shelter had to figure out whether I was going to sleep on the men's floor or the women's floor".

Katherine Cummings, has written a paper entitled 'Transwomen are not men' (Cummings, 2008) to assist in the struggle transwomen face accessing women's shelters. "It may help them think about transgender women being women ... You've got to sympathise with the women in the shelter. They may have been badly treated by men. That's why I've said a transgendered woman is not a man ... Gender is not between your legs, its between your ears."

The Gender Centre has also produced a fact sheet on anti-discrimination rights to assist trans people in navigating their rights in various contexts (The Gender Centre Inc., 2008). Kate Bornstein writes, "The current phraseology is 'women born women'. We're told that only 'women born women' are allowed into some space. Well that's a problem. Aside from the obvious absurdity of a newborn infant being called a woman, the phrase 'woman born woman' just throws us back into the 'what's-a-woman' question." (Bornstein, 1994a, pp. 82-83)

Discrimination by biological women in both service and social contexts had been witnessed or experienced by other participants. Tina recounted "I was going to [a L.G.B.T. youth service] for a few weeks and a counsellor said to the [lesbian] group 'we had to shoo someone away because they were a guy dressed as a woman' ... so anyone who doesn't pass they won't let into the group. I was seamless ... The other person [counsellor] tried to say this isn't what should be happening. I've stood next to people out, having a conversation trying to work out if someone's a trannie and they're so paranoid about having sex with a trannie as if it happens every day. I don't know many people who go out into the lesbian community because of some of the problems they encounter."

Another forum participant, Linda, further expressed the complexities of fitting into the Sydney lesbian scene: "We can walk in [to a local pub's 'queer night'] and the butches ... standing around the pool table as we walk in transmit the most incredibly hostile vibes ... and I then go through a gender dysphoria when I'm looking at all of these women, some of whom I may be interested in, but they're all expressing masculinity in various degrees or extreme ways and cross-dressing is a prejudicial word to use in this context because these women are simply expressing themselves the way they feel comfortable and want to, for sexuality reasons not identity ... and I'm suddenly thinking I'm looking too large and too femme ..."

On the positive side, participants noted some progression in inclusiveness by individual women and women's services. Kirsten wrote "One of the more positive things that has happened to me in the past year is that I have gained the support and more importantly the friendship of the team from the [local] Woman's Centre. They are lovely. Its coordinator also referred me to someone from the Personal Helpers and Mentors scheme run by the Federal Government, these two services have actually proven more rewarding and empowering that those offered by the hospital ... the specialised services offered by The Women's Centre and the P.H. & M. scheme has been very significant in helping me gain a sense of stability, normality and connectedness. I am also on the waiting list at the [local] Women's Housing Group, for when I feel ready to stand on my own two feet."

On being included in the L.G.B.T.I. acronym

Another issue of concern for many of our participants was being pooled with gay, lesbian and bisexual communities.

April stated quite simply "The L.G.B. thing is about sexuality. The 'T' is about gender."

Suzi said "They are doing their thing, we are doing ours."

And Cate said "I've got a pet saying 'who put the T in L.G.B.T.?' ... [because of this] the broader community thinks transsexualism is just an extreme of sexuality deviance ... It's like associating ourselves with diabetics. Why not make it G.L.B.D. for Gays, Lesbians, Bisexuals and Diabetics? There's no connection ..."

Linda said "It's about how sexuality and gender experience fits. And that's when it becomes very political ... I don't want to be regarded as a variant of the gay community. I don't want to be regarded as a drag queen. There's a great deal of ignorance and discrimination within the lesbian community."

Katherine added "When I was first transitioning, an activist trans group said we should ally ourselves with the L.G.B.s. I suggested there was another oppressed group we could ally ourselves with - women and they're 50 percent, but no."

Leanne concluded "The transgender movement's moved on ... years ago it was probably a good thing to be associated with gays, because it helped raise our awareness [in the community], but I think its time we move away from that."

This has been such a pertinent issue to the trans individuals accessing the Gender Centre, that they presented a debate entitled 'Where do we fit' during the thirty-first Sydney Gay & Lesbian Mardi Gras (The Gender Centre Inc., 2009).

Experiences of Psychologists, Other Health Professionals and Community Services

The experiences of participants with health professionals and services have been mixed.

Participants appeared more than willing to praise those who treated them respectfully and professionally, so it was of concern to hear some of their complaints.

Lack of services and expertise

The initial hurdle for transwomen in receiving support is a lack of appropriate services.

April opened our mini-forum discussion with the observation, "I guess I just get the feeling that there's lack of expertise out there, amongst clinicians and doctors and things about the condition of transsexualism. It's really amazing and noticeable that there don't seem to be many people out there who seem to be aware of it, who know the current research and know what's going on. I've seen a psychiatrist, a nice guy, but he's getting on in years ... I don't know if he's going to practise much longer, and I wonder how many more are out there who are willing to step into the breach, or who are actually specialising in gender. That alarms me a bit."

Kirsten's assessment of her local mental health services, in regional N.S.W., was poor. "The psychiatric system throughout [the region] has no ability whatsoever to deal with transsexual patients ... after numerous requests they continued to be unwilling to liaise with the Gender Centre in any constructive way. Only two people, my G.P. and my psychologist, have really worked to get a handle on this ridiculous situation. ... While this year there are new mental health teams in [two local towns], no effort has been made to have an information session arranged with representatives from the Gender Centre. It seems strange that both base hospitals have staff orientation sessions in how to deal with racial minorities and other groups, but seem to totally ignore sexual and gender minorities. In most cases I am the first transperson local doctors, counsellors and psychiatric nurses have ever had to deal with, while some have been at a loss as to how to treat me others have been really nice about it."

Katherine noted that those psychiatrists who do have expertise "tend to burn themselves out. Some get rapped over the knuckles, as in the notorious case of a transwoman who committed suicide ... Because they're liable to be held responsible, people are sometimes reluctant to get involved in supporting us. We need to encourage professionals to keep on taking an interest in us." April suggested we could "encourage students to study it at university level, and get into it. I'm not sure if they want to work in this area ... Its almost like it's this fashion that has come and now it's on the wane. It was fashionable in the 70's and now it's beginning to wane."

On the positive side, Leanne stated "I found enough services to support me. Obviously everyone wants different levels of services. I found a psychiatrist in a family practice, and that helped." Leanne's concern was a lack of "services for families of transgender people. ... I've had the experience with my two children. They wanted to be able to talk with other families going through the same experience. We were able to get one on one with a counsellor, not a problem, support for them one on one, but its being able to just talk with people in the same situation ... Just being able to talk to others in a similar situation on a casual basis ... From talking to some of the other girls who have families, we feel its got to be something just for the families, with us away from it, so they can talk about it."

Locating services

Assuming there is an appropriate service available, locating such a service can be another hurdle. Being individuals who are currently aware of the Gender Centre, participants were unanimous that the Gender Centre is a useful point of support and referral. Leanne said she found her services through the Gender Centre, as she "knew about the Gender Centre for years and years". Eleanor wrote "Through the Gender Centre I was able to access services such as Disability Support Services Australia, which landed me a permanent part-time job packing tea and coffee which I have held for over two years. Through the Gender Centre I was referred to a psychiatrist

and an endocrinologist for hormone treatment to grow breasts and feminise my body and to deal with my bipolar."

The Internet was also identified as a useful point of information and referral. April said that "the advent of the Internet has really helped my life".

Paula agreed, saying "If they'd had the Internet ten years ago it would have made things a lot easier. Because you could connect. 'Cause that's the hardest thing ... finding other trannies. When you're out there in society, you think 'Am I the only one like this?'"

Of course before looking for services the individuals needed to have come to some understanding of their issues and be willing to talk about it. Paula continued, "I didn't find out about [the Gender Centre] till three years ago. I would have contacted earlier if I'd known it was there. But I didn't want to talk about it with anyone. For trannies, if you haven't transitioned you're not going to tell anyone and you don't want anyone to know. So it makes it difficult for us ... I spoke to a counsellor and they referred me to A.C.O.N.. I wasn't necessarily talking to them [the counsellor] about the gender stuff. I was talking about sexual orientation stuff. I could talk about that, I couldn't talk about gender. So he put me onto A.C.O.N.. And I didn't see anything there on trannies."

Eleanor wrote, "When I was homeless I was bipolar and had not come-out as transgender ... I kept that part of my life a secret." What we need from services participants emphasised, in various ways, the need for psychologists and other health and community services to recognise their range of identities, experiences and issues.

Linda stated, "within the gender diverse communities there are sub groups. ... You can go to L.G.B.T. venues like the Taxi Club, and they'll say 'she's a cross-dresser' or ... she's a post-operative transsexual woman or somebody who is gender neutral, is intersex. These different individuals have different needs and different identities and they need to be reflected in the work that an organisation like the Gender Centre, or psychologists, do with people in specific communities."

In a similar vein, Suzi: "The community has to face up to the diversity amongst us. Whilst we all have some things in common, we are all different, and there are diverse gendered ways of being. There are some people who are terrific counsellors. I have met some, but we really need to take a big responsibility within the community ... to see if we can influence the way that people who deal with gender diverse people can help to discover who and what they are, what their options are, and to find the most comfortable outcome possible."

Cate raised the point that when the transsexual individual seeks help it is "not necessary to classify it as a 'transsexual issue', but it is nonetheless important for the clinician to know 'how the condition is developed, and address the root cause ... It's important that they address immediate concerns, like safety issues, then underlying [gender] issues."

Cate pointed out that the number of issues potentially involved is "a huge part of the challenge for counselling and psychologists. Somebody could present to a professional and where they want to take their gender variance is unknown. There's such a huge spectrum. They might be on the path straight to surgery, they might be on the path to living part-time, or anywhere in between. I'm just trying to think of all the things a professional would need to know across that spectrum ... there's the psychology of it as well as all the practical issues." Cate suggested that health professionals needing information should consult recognised sources of information, such as W.P.A.T.H.'s (The World Professional Association for Transgender Health, previously Harry Benjamin Society) Standards of Care for Gender Identity Disorders.

Cate's view of transsexualism, is that it is a medical condition with a biological cause, while Suzi, our pangendered participant represented the opposing position, seeking to dismantle the gender binary. Consequently Suzi responded that "[the Standards of Care] may be recognised, but it has not been challenged on some of the assumptions it makes, and that's the problem.

Because if we look for help, we need to be sure we know that someone is a bit exploratory like you talked about ... because some people are different. And if they try to mould someone into categories, it's a disaster."

As a community educator, Katherine pointed out, "Part of the problem is the variety of areas in which we need to be seen. I talk to a biological sciences class at Macquarie University, medical ethics class at Sydney University, sociology class at U.N.S.W., psychology classes, community services students. All of these people need to know. It gets a bit wearing sometimes."

Leanne: "The Gender Centre is good resource. If you want to find a service, you contact the Gender Centre. So it's important for community services and groups to know that we're here. They don't have to know exactly what we're about, just that we're a contact."

Paula expanded on this idea: "They [psychologists and counsellors] don't necessarily need to know about it all themselves, but should say 'you can talk to these people' and refer to the Gender Centre. I never got that."

Leanne: "Counsellors have their own particular areas they're interested in, and if they're not interested in gender issues, it doesn't matter what you teach them, they're not going to want those clients. But if they at least know this place is here, that they specialise in this, they understand a bit about it, say 'contact these people'. At least from here you'll get a list of people who do specialise."

An exchange between a few participants highlighted the issues further. Cate: "if a professional's a real professional, they can say I'll look into it. I'd be disappointed if I saw any counsellor, professional, if they just said I don't know anything about this." Katherine responded, "What if they said 'I haven't come across this before, come back next week'?" Cate: "Oh yeah that would be great. I'd be happy if someone was just upfront and said 'I don't know about this, but I'm going to take the initiative of researching'. And I think it reaches a point where they can say 'I can't help you but there's the Gender Centre or other organisations out there'. I mean that's really part of their duty of care. To provide that type of care to their clients. So I'd be really disappointed if that didn't happen."

Suzi: "But you have to face the fact that out there people are sometimes outside the system. And then there are counselling people who may not want to try. Or who sometimes try to impose their own model when it does not fit the reality of the experience of the people they are with.

This is dangerous ... If [psychologists and counsellors] would all say 'ooh this is interesting, I don't know about this, let's have a look together and see what we can find about how it is for you' ... That doesn't happen, otherwise we wouldn't have so many problems."

Some participants shared the details of encounters.

Linda: "My experience with the caring professions is a negative one, significantly. My experience with counsellors, all female were generally very good, and one psychologist, a man, was also very good, heterosexual, married, Greek man. I saw three psychiatrists, two who were great, the other a complete disaster. And I must say my impression is that counsellors and psychologists tend to be more laterally thinking on gender issues. The medical profession generally is abysmal - I'm talking about Sydney. You expect an enlightened and understanding response from a medical professional, particularly psychiatrists, and you don't get it ... Some have been disastrous. One of the psychiatrists who works in the gender area I regard as dangerous in his attitudes and his prejudices."

Tina: "I went to three psychologists. The first was good, the next two had me ending up in a state near suicide, and I thought to myself 'what am I supposed to do?' And this is the system that the government runs too. And they just knew nothing. One psychologist just used to smirk at me each time I came along, and I was supposed to keep myself together? It's so easy to go over the edge when you're being treated that way by professionals who have been trained and done four years of study and they end up nearly doing me in ... I was so annoyed that I just closed up a lot.

The psychologist who is good is outside the system. I had to go through a number of people to get to this psychologist who actually treats me well and is interested in working on the things I want to work on. Because I came out of the P.S.P. wanting to do myself in and ended up in mental health ... One psychologist in P.S.P. said 'I think its really brave what you're doing' and I just got really annoyed, you don't know what it's like for me to do what I'm doing, and I just found her really hard to deal with. And then I go out of the system and I find myself with a straightforward person who had seen people before."

Kirsten: "Some narrow-minded comments have been made by psychiatrists, including 'recommending all hormones be stopped and that I should change back to my birth gender' and another 'that he could not understand how a bloke would want to have his penis cut off' ... (charming hey!)"

While in an inpatient mental health unit one time another patient was informed that I was a transsexual ... Considering he was chronically ill, the way in which the local health system behaved was reprehensible and, dare I say it, discriminatory.

On one occasion they refused to supply my oestrogen and mentioned to other patients that I was a transsexual, a total invasion of my privacy."

Transition

In addition to the complexities of general and identity-based psychological support, transwomen often come to the attention of health professionals due to the transition process.

Arlene Lev, in her book *Transgender Emergence* (Lev, 2005), writes "When Harry Benjamin wrote *The Transsexual Phenomenon* in 1966, he set the stage for a compassionate new treatment for transsexuals with extreme gender and genital dysphoria.

However, this model might not be inclusive of all people self-identifying as transsexual within the modern lexicon ... This paradigm shift does not ... diminish the need for surgeries to be available ... "(p. 35,37)

Linda: "Nobody can give a transition road map, but there are common practical issues for trans women ... If you're a transwoman, as soon as you've decided that, these are the things you need to look at, these are the steps."

Leanne: "We all transition differently. What's important to one person isn't for another." Cate raised the concern that the Standards of Care (Meyer et al., 2001), which recommend that psychological support go alongside medical interventions in the transition process, are not adhered to in Australia. Cate said "simple things like a reality assessment, the impact of transition on employment etc, plus the cost of transition need to be discussed. My transition assessments were not ever about support, just about ticking the boxes. Nobody in my transition peer group got anything like counselling." A term used in the literature and by the women from the mini-forum, to describe health professionals and particularly psychiatrists in the transition process, is 'gatekeepers', as services decide who is 'suitable' and therefore able to access hormones and sex reassignment surgery in Australia (Pitts, Smith, Mitchell, & Patel, 2006; Valentine, 2007; Whittle, 2000). Cate stated, of the beginning of her transition process, "Back then you needed to get your letters perfect - we needed to say what was needed to get through."

And while her experience of psychiatrists was initially positive, with two psychiatrists "happy for me to go onto hormones after a few sessions ... a third psychiatrist said I was a 'cross-dresser'".

Health professionals also act as gatekeepers to mental health services for transwomen. Kirsten: "The diagnosis of Borderline Personality Disorder was automatically used because I have difficulty with emotional regulation and have a history of self-harm, I have also been diagnosed with Body Dysmorphic Disorder because I have very low self-image. But the fact that I am a transwomen has never really been taken into account when diagnosing me with these disorders. Clearly much of my low self-esteem is in no small way a result of abuse, bullying and discrimination that I suffered as a child; due to having a learning disorder and being extremely effeminate and highly emotionally sensitive.

The B.P.D. diagnosis in particular was routinely used to deny me access to ... a low security psych ward here. ... I was for some while automatically sent to another Mental Health Unit in [a neighbouring town], it's a horrible place but when I was there I had usually been scheduled against my will ... finally, an enlightened doctor working for a time in [the low security ward] contacted a specialist majoring in transsexual issues. This somewhat helped in getting a modicum of understanding in the way I was dealt with and treated as a

transwoman in the mental health system, such as it is."

Other common issues raised

Romantic relationships & disclosure:

April said that new romantic relationships are "really really hard. You feel really marginalised out there, well at least I do."

Katherine asked, "Do you talk about it straight away or wait until they know the real you?" April said "I tell them from the start, I don't kid myself that I can go on stealth. If someone has a problem, I want to get it out straight away. ... If they don't get it, I'll be on my own. I'm not going to do something that's half-baked."

Paula raised the danger of outing yourself to a date: "I thought he knew - so I check. It's understandable that they might assault you. It's not right, but you're putting someone through a big shock. And if someone's in shock ... you shouldn't do that to them really."

Suzi concurred "The earlier the better." Katherine noted a current court case of someone who was "outed by the police to their lover and were bashed." It's hard to say but there are dangers in non-disclosure. We've seen *The Crying Game*.

Family and community relationships

Beck demonstrated the role psychologists can play in advocating on behalf of transwomen to family. Beck: "... my main problem is family accepting who I am. They sort of accept the way I dress because I'm forcing that on them all the time but as far hormones go they just won't accept that. And now they've just learnt that I'm considering surgery, they just can't accept that either ... I have been to counselling with them, to a Christian counsellor, and he said [to the family] you either start accepting the way she's going or she'll drift away from you. They said they don't want to lose me ... It was [a positive experience] for me. I was on the defensive ... they thought they'd take me to the counsellor to sort me out, but it worked in the opposite direction ... I think it did help the family.

I am going to church with them. Some people at church know, some don't. We've just got a new minister. I don't know if he knows but he always says 'Hello'. Another minister looked uneasy. Other people have been quite good. I haven't had many problems with church."

Helen shared her family experience: "I'm living on my own. I had my eldest son living with me for a while. He didn't normally come home Wednesday evenings when I would go out dressed to the Gender Centre meetings, but one night we passed each other going in and out. He didn't say anything, but shortly after he stopped coming around ... He didn't know at all. It was probably a bit of a shock."

Linda shared that her "experiences with family have been pretty good", with siblings and children quite accepting. "In terms of grandchildren, they settled on calling me Grandad, which can be quite interesting. Like when I take them to the Easter show, taking them to the toilet, a cleaner yelled out 'That's a ladies' toilet!', I called back 'I know!' and proceeded."

"The one nuclear explosion was with my son. He was fine with it until he learned I was going to Thailand for sexual reassignment surgery. So I'm not sure where my relationship with my son is up to now. Up to that point, by his words and actions, he said 'I don't care how you present yourself'. But when I discussed surgery with him he exploded. I was surprised by his reaction."

Leanne responded, "It is the finality of it. With hormones you can always go back, but with surgery it's irreversible ... I'm lucky, my two girls are very supportive. But they still have issues."

Work issues

Finding work or transitioning on the job, posed problems for many participants.

Both Helen and April felt strongly that more resources are needed to support trans individuals in the area of employment. April said that eventually getting a job "really helped me a lot. The routine of working, and the salary".

Leanne involved the Gender Centre, who were able to speak to her workplace, where she has been since pre-transition to the present. Leanne: "The amount of feedback I got about it, about how good it was ... everything went pretty smoothly."

Its complex but we can help

A final word on the importance of supporting transwomen well: Kirsten wrote, "Certainly the psychologist I see via the mental health service two to three times a week has been an invaluable help in my recovery, indeed if it wasn't for him I would probably be dead now ... I believe that my mental/emotional breakdown could have been handled in a more humane way if only the local mental health establishment had been given a better knowledge of transsexuality and the issues people like me face. We have had an uphill battle to inform and educate them, it would be laughable in a dark way if my life hadn't potentially been at stake."

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