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Organisational And Institutional Violence against the Transgendered

Sins of Omission and Sins of Commission

by Katherine Cummings

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Gatekeepers: transgender people are condemned to go through puberty before their needs can be addressed and puberty is, for most transgender people, a time of agony and deep depression.

In 2002-03 I researched and wrote a report on violence against transgender people, commissioned by the Crime Prevention Section of the New South Wales

Attorney-General's Department, a report which ran to more than a hundred pages and will, if all goes well, be published this year.

It is clear that violence against the transgendered is to be found in almost every milieu where transgender people interact with authority organisations.

For the purposes of this piece I have chosen not to deal with some aspects of violence, such as domestic violence and random acts of prejudiced violence since these are common to the community at large, including gays and lesbians.

There are, however, some forms of violence which are not shared by our gay, lesbian and bisexual sisters and brothers, or only marginally, and some which are probably more common to the transgendered and intersexed than to gays, lesbians or bisexuals.

I will deal primarily with institutional violence which is as frequently based in sins of omission as in sins of commission. I will deal with institutions such as schools, prisons, and hospitals, with organisations such as the police, community and health services, and with our lawmakers.

Before I start giving examples I should repeat that there is a lot in common between transgender people and intersex people which is not shared by lesbians, gays and bisexuals. Transgender people and the intersexed are usually subject to pharmacological and/or surgical treatment and often their self-affirmation must be endorsed by various gatekeepers in the medical and legal professions. I will deal with these gatekeepers at a later stage and, for the sake of brevity, will confine my remarks to transgender people, although many, even most, of the problems exist for the intersexed, to a greater or lesser degree.

In the case of schools, prisons and hospitals violence occurs at three levels. There is the violence inherent in policies which are outmoded or inappropriate. This may be thought of as official violence. There is the violence perpetrated by officials based in their own prejudice and inherent cruelty even when these acts contravene official policy, and there is peer group violence which can result from a number of motives, including pecking order, peer group pressure, the desire to expropriate property from the victim, and so on.

Prisons

To take prisons as a paradigm; until quite recently there was no official policy in New South Wales prisons on appropriate treatment for incarcerated transgender people. For a long time pre-operative transgender people were placed in the prisons appropriate to their birth gender. As a result transgender people, particularly male-to-female transgender people, suffered physical and verbal violence from corrections staff and from other inmates.

It took the rape and consequent suicide of a transgendered inmate in 1997 to create the necessary pressure to install a policy dealing with appropriate treatment for incarcerated transgender people in New South Wales prisons. The policy now exists yet we are still made aware at the Gender Centre of repeated abuses of transgender people, and various forms of victimisation from correctional staff and from other inmates. The situation will not be remedied until correctional staff are trained more thoroughly in the necessity to know and observe the rules, training which will need to be enforced at all levels, with persistent transgressors being disciplined and/or dismissed.

Schools

A similar pattern exists in many schools. The Education Department does not have a policy on the treatment of transgendered children and as a result teachers and peer groups have relative freedom to abuse and mock "sissies" and "tomboys" and verbal abuse can

easily lead to physical abuse.

Most transgender people have stories to tell of either having to put up with vilification and physical abuse at school, or having to develop camouflage to conceal their needs and feelings. The educational authorities should look specifically at the transgendered and not suppose that their policies on the gay and lesbian in their community, or their policies against bullying will provide a one-size-fits-all solution to the problem.

Not only should there be a policy of equal rights and protection for all in the educational system, there should be pro-active teaching at the earliest levels and beyond, informing children that transgender exists, that there is nothing wrong with it and that some children feel from the earliest age that they are in the wrong gender group. Just as elementary schools can now use teaching texts to show that there is nothing wrong in a child having same-sex parents, or a single parent, or being an AIDS sufferer, so there could be lessons in the fact that some boys feel they are really girls and some girls feel they are really boys. Not only would this result (eventually) in a more accepting climate for transgender children, it might also encourage such children to admit that they have transgender feelings rather than bottling up their desires and hiding their true nature. Given admissions of this kind at an early age children could be watched over and, if they seem to be genuinely transgendered, guided compassionately to an earlier realisation of their needs. Note that if this policy were adopted another group would need to be educated - the parents. Often prejudices exhibited by children are the prejudices they see in their parents and older siblings, and a policy of meeting with parents to inform them of the phenomenon of transgender might eventually result in better attitudes being taught to the peer group both at home and in the school milieu.

Hospitals and Retirement Homes

In hospitals and retirement homes it is necessary to have official policies which cater to the gender needs of patients and clients, and these policies should again result in education of those administering directly to the patients and clients, so that nurses and carers are prepared for transgendered patients and for clients whose bodies may not be formed as expected, particularly in the case of female-to-male transgender people. Such clients may also have special requirements in the area of medication.

Nurses and carers should not violate the privacy of their patients and clients by discussing them among themselves or with other patients, clients or the friends outside the system. Violence against privacy and self-respect is still violence.

Police

The New South Wales Police Service has not yet put in place a policy specific to transgender people and as a result there is a constant stream of complaints from the transgendered about their treatment at the hands of the police. If a transgender is assaulted, even by a gang, it is as likely as not to be the transgender who is accused of starting the fracas and is therefore the one to be charged. Despite the existence of Gay & Lesbian Liaison Officers (G.L.L.O.s) in the Police Service Officers), this is often an add-on duty handed to a junior member of the police at a given station, and little training is provided to make the classification meaningful. In the State of New South Wales there is only one full-time G.L.L.O. (and he seems to be committed and good at his work). To date there are no G.L.L.O.s.

Nor is there adequate protection for the transgendered in public. Consider the matter of street assault. This can occur in any locality and to any sub-group within the community, but there are some localities where it is predictable and therefore preventable. Transgendered sex-workers are assaulted ten times more frequently than non-transgendered sex-workers. Sometimes these assaults are the result of a customer realising during the transaction that he is dealing with a transgender, and assaulting his victim from a misguided sense of macho outrage (vide *The Crying Game*) but in many cases the customer asks for a transgendered sex-worker, or goes to a house which specialises in transgendered workers.

There are frequent impersonal long-distance assaults of transgendered sex-workers on the streets. These assaults usually take the form of abuse, or thrown objects (coins, eggs for example) from passing cars. Sex-workers sometimes supply the registration numbers of these cars and/or descriptions of their attackers, but the police seldom take any action and frequently the only use made of the information is in the compilation of a newsletter called *Ugly Mugs*, distributed by the Sex Workers Outreach Project to sex workers on the streets and in brothels and safe houses used by sex-workers.

If the police wished to be more pro-active in this area it would surely be simple enough to station a few police in the area where transgendered sex-workers are known to work, in order to apprehend the villains where possible, or take car numbers and follow up with warnings to the owners.

The Medical Profession

Unlike gays, lesbians and bisexuals, transgendered and intersex people are almost always involved in some kind of treatment by medical professionals. This treatment may be cosmetic, surgical, endocrinological or psychiatric. It is theoretically possible for a transgendered or intersex person to go his or her own way without the benefit of medical intervention but this would be very rare, and sometimes this mode of behaviour would stray across the borders of gender-fuck, which is diametrically opposed to the needs of most transgender people, who wish to be seamlessly translated into their affirmed gender, and to live their lives, maybe not unnoticed, but at least unnoticed for vagaries of gender.

The medical profession has adopted a strangely interventionist and paternalistic attitude to the intersexed and to transgender people. Not only do they insist on a person having reached the age of majority before his/her needs are acted upon, but even after they are adults they have to satisfy a series of gatekeepers that they really want what they say they want and can handle the life they wish to lead. Those who are intersexed at birth, or simply have non-standard genitalia, often suffer intervention even more intrusive and violent than that suffered by transgender people. Arbitrary decisions are made on their behalf about which gender role they should adopt, and these decisions are made by doctors and by parents who are usually trying to force a non-standard person into a standard role, a role

which may or may not work for the individual and will, in any event, mean commitment to a series of surgical procedures and lifelong medication.

There is a growing belief that intersexed babies and those with indeterminate or non-standard genitalia should be left alone until they are of an age to make an informed and mature decision. The corollary to this is that those around them (relatives, peer group, medical professionals) need to be educated in these areas so that they understand that difference need not be inimical and that all people are deserving of compassion and respect.

With regard to transgender people the medical profession takes a controlling position over the administration of medical procedures necessary for the transitioning transgender to achieve the physical changes consonant with their gender role requirements. Violence can consist of acts of omission or prevention just as much as it can consist of acts of commission. Perhaps the greatest violence committed against transgender people is the general refusal to allow medical intervention before a person attains legal majority.

This means that transgender people are condemned to go through puberty before their needs can be addressed and puberty is, for most transgender people, a time of agony and deep depression. No wonder the suicide rate of teenagers is seen to be high. Before puberty male and female bodies are similar in somatic appearance and in characteristics of voice, hair distribution etc. With puberty the male-to-female has to contend with a breaking voice, new distribution of body hair, the growth of facial hair and a redistribution of muscle and subcutaneous fat which creates a male appearance. The female-to-male transgender begins to menstruate, grows breast and subcutaneous fat is redistributed to create the "hour-glass" shape seen as stereotypically female.

Even if a transgender manages to struggle through puberty and can convince the gatekeepers of her/his need to transition, many of these physiological changes resultant from puberty must be undone, surgically and through the administration of hormones, resulting in tediously long, often embarrassing, always expensive, and sometimes painful procedures. How much better if the growing trend to accept the evidence of minors were followed in cases where children self-define as transgendered, rather than forcing unnecessary and counter-productive delays simply to satisfy an arbitrary age barrier delimiting those legally responsible from those who are not. It should be noted that this legal age is different in different countries and tends to move downwards as society matures.

In some countries (the United Kingdom, the United States, Holland, some Scandinavian countries) it is possible to have hormonal treatment to delay the onset of puberty until the subject is of an age to make a legal decision on his/her own behalf.

If a transgender has been treated in this way and makes the decision to go ahead with full transition there are overwhelming advantages for the subject compared with the problems involved in having to backtrack through the negative effects of puberty, correcting hair growth, removing body parts, changing voice patterns, treating the body soma hormonally and so on. If, on the other hand, the subject decides not to go forward with transition then hormonal treatment can be withdrawn and the subject goes through a delayed puberty with no harm done.

The case of Alex who, at the age of thirteen, was given permission by the Family Court in 2004 to commence treatment intended to delay his puberty, was a first, and highly significant step towards a necessary reform, but although it is a precedent it does not guarantee that future cases will be treated with the same compassion.

Summation

It is clear that violence against the transgendered is to be found in almost every milieu where transgender people interact with authority organisations. From the moment they are born until their days end they are forced to contend with gender classifications and unwelcome forms of documentation which can only be amended after difficult, expensive and often painful reassignments and modifications and must fight to be allowed to adopt lifestyles which other humans take for granted for themselves yet strive to disallow for others.

Whenever transgender people find themselves involved with gatekeepers, carers or authority figures they are likely to find that their wishes and wills are overborne, simply to make society's definitions simpler. Schools, religions, hospitals, police services, the medical profession, medical insurers, retirement homes and correctional institutions find themselves in conflict with the needs and desires of the transgendered clientele whom they should be guiding, helping, treating and protecting.

Possible Strategies

The first element in solving a problem is recognition of the problem, which involves education, commencing with education of the educators. Those who teach at the most elementary level must be educated to provide information on the existence and right to exist of transgendered and intersex children, and these teachers should be trained to deal with such children when they appear. Much could be done to ease the way of transgendered and intersexed children if teachers were prepared to make the way easier, by advice and by compassionate nurture. Most transgendered children know their situation very early and most learn to hide their innermost needs almost as soon as they know them.

Education should continue throughout a person's school career, with subjects on sexuality and gender difference the norm in schools, and specialised courses provided at both undergraduate and post-graduate levels. Nor should schools be allowed to evade this responsibility on the grounds that such teaching and learning in some way conflicts with their spiritual or religious convictions. Ideology is no excuse for inhumanity and inhumanity should not be subsidised by public monies.

Vocational education for those proceeding to employment in prisons, police services, retirement homes and hospitals should also include instruction in respect for, and appropriate treatment of, the transgendered. Those who assume the responsibility for transgendered clients should also be tested from time to time to ensure that their skills are maintained at an appropriate level, and sanctions against those who abuse their position should be mandatory.

Legislators must be prepared to revise the legal code to bring legal rights and the provision of appropriate documentation up to date, so that the law remains in step with medical advances.

Society as a whole must also be educated, to eliminate the bigotry and prejudice which still exists. This can be achieved not only through formal education but through entertainment media and through a pro-active attitude from the transgendered community itself. It is not until transgender is seen as simply another human characteristic, like eye-colour or intelligence level, and it therefore becomes virtually invisible to the broader community, that we will have come close to achieving the human and legal rights which are being grudgingly yielded by a society which still feels the need to establish pecking orders and to assert rights over those who are perceived as being in any way different from the norm, whatever that is, or who contravene primitive taboos which should have no place in a modern world.

Katherine Cummings

Katherine Cummings is a writer and transgender activist, currently working at the N.S.W. Gender Centre as Librarian and Information Worker. Her autobiography, *Katherine's Diary*, based on a two-year series of radio talks she gave on Radio National's "Health Report", won the Australian Human Rights Award for Non-Fiction in 1992. It has since been expanded and updated and was re-issued at the end of 2007.



Katherine edits *Polare*, the quarterly magazine of the Gender Centre and writes for it. She is currently putting together a collection of her essays, short stories, poems and book reviews to be published in mid-2013 under the title *The Life and Loves of a Transgender Woman*.

Katherine transitioned in 1986 at the age of fifty-one.



The Life and Loves of a Transgendered Lesbian Librarian
Author: Katherine Cummings
Publisher: Beaujon Press (2014)
I.S.B.N.-13: 978-098036535X

From Polare Magazine Review: The publication of this collection is a timely reminder that there is still a lot to learn about gender identity, its causes, aetiology and expression. To redress common misconceptions, prejudices, and targeted violence, ethically focussed education is critical. Of overriding importance is the acknowledgment of the truth of all 'real-life' experiences and within this framework Katherine's lifetime experience, retold through cleverly assembled vignettes (essays,

book reviews, verses and poems), is central. The book's content is varied and provides the reader with decisive personal viewpoints centred on the paramount issue of gender identity.



Katherine's Diary: Revamped, Updated, Uncut Edition
Author: Katherine Cummings
Publisher: BookSurge Publishing (2008)
I.S.B.N.-13: 978-1439215456

From Bookpod Book Store website: "I think that I was irrational, even insane, at the time. My transsexualism had taken hold of me with such obsessive force that I could not concentrate on anything else. There I was, a fifty-year-old professional academic librarian who had desperately wanted to be female ever since memories began ..." In 1986 John Cummings became Katherine Cummings and a whole life changed. In this painfully honest account of John's transformation into

a woman, Katherine tells of years of fantasising behind locked doors, of the betrayal felt by her family and the final relief of surgery. Katherine's Diary covers a lifetime of self-discovery and self-destruction told with acerbic wit and crisp observation.

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The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.