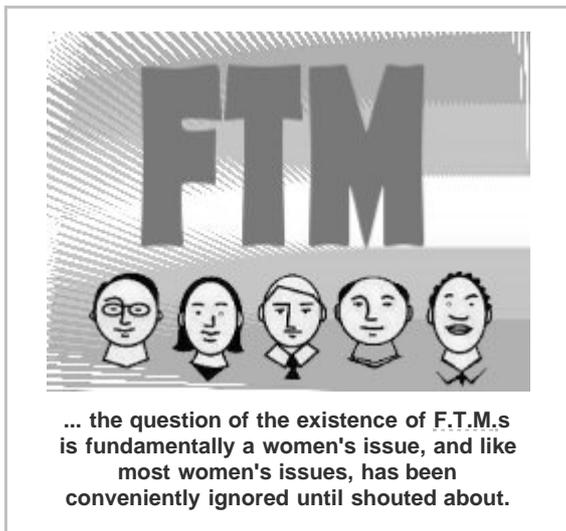


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## An F.T.M. Perspective

### Contemplating the Consequences of Our Invisibility

Written by Jasper, in consultation with Max and George, presented at the Health In Difference Conference  
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**T**here have always been cross-dressing women for as long as there has been a human history. With the advent of lesbian and feminist communities this

century, these historical figures have been claimed as either feminists before their time, or adventurous lesbian heroines. Only recently have a few, strident but isolated voices from the international F.T.M. fraternity begun to question the validity of these claims, and call many of these women of history, their 'transgender brothers'.

Such historical invisibility, and careful removal of evidence, have plagued women for centuries, and not the least, lesbians. However the ultimate crown of invisibility must be given to F.T.M.s, whose very existence was a mute point up until five years ago, even in our own community. It is understandable that this should be so, for the question of the existence of F.T.M.s is fundamentally a

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women's issue, and like most women's issues, has been conveniently ignored until shouted about.

The social ramifications of this has been a story of many transgender men who have braved their self-determination in silence and isolation, or who have worn the painful cloak of compromise within the lesbian community. It has to be said, of course, that not all tranny men stem from the lesbian community, however, a significant percentage do so.

Historically over the past fifty or so years, the polarity of butch/femme has allowed the F.T.M. to find love and friendship, as well as limited male expression within a social construct reflective of the wider community.

With the advent of lesbian feminist separatism in the 1970s and most of the eighties, it became politically incorrect to exhibit overtly male characteristics within certain circles. The late 1980s and early '90s gave rise to the 'femme revolution' which meant that traditional Butch role-playing was deemed very unfashionable. In the last couple of years we have seen a subtle resurgence of butch/femme identity, as those who subscribe to this lifestyle begin to reassert their right to validation.

We have also seen an explosion of gender-fuck in the club based lesbian scene, and beyond. Girl/boys abound, glue-on moustaches are flourishing, and dildo sales have never been better. It seems, in lesbian-queer quarters, that it's okay to be butch, femme, effeminate, masculine, a gay male, a drag queen or king, neither, none or all.

But where does this leave the humble F.T.M., who more often than not, identifies exclusively as male, and wishes to be just seen as one of the boys? An invisibility of a different nature begins to occur.

For those tranny men who make a physical transition, the outward results are astounding. So much so that there could be an F.T.M. sitting next to you and you would never know. This has meant that up until a few short years ago, many transmen became absorbed into the wider community, leading relatively integrated lives and becoming the men they always knew themselves to be. If they had emerged from the lesbian community, the idea of being able to remain there was unthinkable. These days it can be a different story.

This ability to visually integrate so well is a double-edged sword - on one hand, it makes life easier and less hostile, yet on the other hand it means that there hasn't been a sense of community, history, or experienced elders consistently available to us. We have had to rely upon chance meetings in medical waiting rooms, vague introductions from a friend of a friend, and the generosity of doctors.

However, five years ago, a loose national network of tranny men was formed, and still exists, albeit rather fragmented today. The emergence of the Gender Centre, from Tiresias House, has also provided a stable, and essential encounter point for F.T.M.s. These two facilities combined have meant that new transmen, if aware of these services, have the ability to connect with each other for peer and social support, and access limited information and resources.

As the area of F.T.M. has historically been under-resourced, if at all, outside of medical journals (and even then in significantly diminished ratio to our M.T.F. counterparts), this has meant that research into transmen's health and welfare has been practically non-

existent. Even basic and consistent information on hormone intake, until a few years ago, was unheard of, and many men were left floundering with irregular dosages and scripts.

There is a definite need for the intake of hormones among transmen to be administered and monitored on a regular basis. There are a number of reasons for this which include:

- In order to maintain an overall state of health and wellbeing;
- Testosterone increases the risk of heart disease;
- An excess of testosterone can cause psychological instability;
- There is a need to effectively manage heightened levels of aggression;
- Excess testosterone is converted by the body into oestrogen which is counter-productive to the gender transition;
- There is a need to monitor kidney and liver function, which can be affected by long-term hormone use; and
- Testosterone can also result in significant weight gain which adds to the risk of heart disease.

There is also the issue of osteoporosis, which until recently, was never really considered a health concern for F.T.M.s. However, preliminary research, and common medical sense, shows that transmen are at great risk of acquiring osteoporosis due to fluctuations in hormone intake, and also due to the leaching of calcium from the body which occurs with the intake of testosterone. This has meant, that many F.T.M.s who were led to believe that their testosterone intake would be downgraded, in line with their long-term vision, were now faced with incurable osteoporosis. Preventative, and educational methods are therefore an absolute necessity.

Having started out as genetic females, transmen are still at risk of diseases associated with female reproduction, such as cancers of the uterus and cervix, cysts, S.T.D.s and the like. As such, it is absolutely important for transmen to be encouraged to take annual pap smear tests. This is difficult, for many F.T.M.s may find such an examination acutely humiliating, yet it must be done. Long-term testosterone intake atrophies the ovaries, and the results of this have never been assessed. There is no long-term research, that I am aware of, of the dangers inherent in this region.

A Hysterectomy is not necessarily the answer, and not all F.T.M.s would seek this option, though many do. According to the U.K. F.T.M. Network, it is now recommended in Britain that only twenty-five percent of transmen need a hysterectomy in their early years of treatment. In these cases it is because of breakthrough bleeding due to cervical erosions. It is now recommended that the remaining 75 percent of F.T.M.s wait until they reach post-menopausal age, when there is an increased risk of developing cells in the cervix. Not having an early hysterectomy also proves useful at the time when phalloplasty, or neo-penis surgery is performed.

In light of the recent anti-discrimination legislation, this causes a problem. The current legislation requires transmen to have womb surgery performed before they will be legally recognised and covered by that legislation. Now that it is recommended that most of us wait to have a hysterectomy, if at all, in order to minimise health risks, then many of us may fail to meet this legal requirement. This is a point that should seriously be considered by the A.D.B. and other legislative bodies.

Phalloplasty, and other related surgeries, are still highly experimental and fraught with side-effects. In Australia, the availability of such surgery is limited to one or two surgeons whose techniques do not necessarily reflect overseas progressions. At the most extreme, phalloplasty can cause death due to complications and infections. Permanent incontinence is another major risk, along with the death of healthy tissue. The main area of difficulty is extending and creating a workable urethra, with fistulas more often the norm. For those men who choose phalloplasty, the results can vary dramatically, which seems to suggest a pot-luck outcome. I have not met one F.T.M. who has had this surgery, who hasn't experienced complications, or loss of tissue.

Phalloplasty also requires a number of complex procedures which can tax the patient's health and stamina. In the past, there was a tendency for surgeons to rush the patient through these stages, not allowing enough time for the body to heal between surgeries. These days, this is being redressed.

Another consideration is that because there are only two surgeons in Australia performing this surgery, and one has already indicated his unwillingness to continue in this area, it is absolutely essential that new surgeons be trained to fulfil this role. Sadly this is not, as yet, on the horizon.

As with any specific health group, there needs to be the implementation of long-term research, and analysis into the health and needs of female-to-male transsexuals. Whereas our M.T.F. sisters have had limited focus so far, transmen are yet to be given any attention necessary for their continued wellbeing and quality of life. Our surgical options are extremely limited, and our invisibility keenly felt. We hope that the near future will see an improved awareness and concern, for our situation, by the government, and medical profession. In the meantime, the Gender Centre, and our own loose network are providing avenues for working toward the fulfilling quality of life we all seek.

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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.