simplytrans

Information on transgenderism and transsexuality for young people, their family, friends and support workers
Over the years that I have been seeing transgender and transsexual people I have learnt that one of the things they all share is a great need for accurate, good quality information.

Here is a booklet that has been written by trans people for trans people, which I am confident will address that need and help them (and their friends and families) on their journeys toward becoming who they really are.

Dr Russell O Date
February 2007
Introduction and Acknowledgments

In 2003 the Perth Inner City Youth Service released a research report “Closets of SAAP: The experiences of young people with diverse sexuality and gender expression access to supported accommodation services”. This research found that service providers were generally not aware of lesbian and gay issues and did not feel confident to assist young people with diverse sexuality or gender.

In light of this report, and the recent Lesbian and Gay Law Reform Act 2002, the Department for Community Development funded a project titled “Opening Closets” to provide Supported Accommodation Assistance Program (SAAP) services with training and resources to meet Service Standard 9 in relation to clients with diverse sexuality and gender.

“Opening Closets” was managed by the Perth Inner City Youth Service (PICYS), in partnership with Gay and Lesbian Community Services (GLCS). It provided training, support and coaching for youth accommodation services, women’s refuges, men’s hostels and family accommodation throughout Western Australia. The overarching goal of the project was for people with diverse sexuality and gender to have equal access to SAAP services.

During the project it became apparent that limited resources are available on transgenderism and transsexuality. “Simply Trans” has been developed to address this gap. Although this booklet specifically targets young trans people, the information can easily be transferred to any age. It can be used by trans people themselves or as support for their families and service providers.

I would especially like to thank Charles Snelleksz-Mathelot who took on the responsibility to develop this booklet. This included doing a large amount of the research, co-writing, coordinating other people’s input and bringing it all together.

Very special thanks also go to Dr Russell O Date MBBS FRANZCP for supporting this booklet by sharing his expertise in this area, contributing to the writing, and for writing the foreword.

I would further like to thank the WA Gender Project for their substantial input and assistance in writing the booklet.

And I would like to thank Sandra Norman for her input and editing.

The final thanks go to the Department for Community Development, for making this project possible, and to Business Exposure for supporting this project through their booklet design and print.

Kerstin Stender
Manager
Perth Inner City Youth Service
What do the words sex and gender mean?

When we talk about gender, we are referring to how a person acts, dresses, thinks and speaks that distinguishes them as being either masculine or feminine. Our ideas of gender are commonly based on the western perception that human beings express themselves through either of two genders – feminine or masculine. Gender occurs in our minds or our psychology.

When we talk about sex, we are referring to the biological features of a person such as a penis or vagina, breasts, a beard, etc. Most people think that your chromosomes determine your sex, but sex is actually a complex relationship of genes, hormones and anatomy. For example, some people have “male” XY chromosomes, but are born with a female body because they lack a gene needed to make the body respond to testosterone.

Most people think that sex and gender are the same. That is, that a female person will be feminine and that a male person will be masculine. But this isn’t always the case. Some non-trans and trans women might like to do what socially is seen to be “masculine” activities like playing rugby, riding a motor bike or dressing in masculine clothes. Similarly some non-trans and trans men may feel strongly feminine, and might express this by wearing female clothes. These examples could apply to cross dressers as well.

It’s also possible for people to feel neither masculine nor feminine, or sometimes to feel like a combination of the two. The term transgender is often used to describe people like this, although not everyone who feels this way likes to use this term.

Transgender: an umbrella term used to describe people who are non-conforming in their gender identity and expression. Transgender generally includes all trans people, however, some transsexuals prefer not to use this.

Cross dresser: someone who dresses as and performs as the opposite gender but is happy with their biological sex. E.g. a man may dress in women’s clothes to express his feminine self but is happy living as a man.

How do we know what sex a person is?

When a baby is born, the doctor will look to see if the baby has a vagina or a penis and from that will decide whether the child is male or female. But sometimes things are more complicated. Sometimes the baby will have genitals that are neither entirely male nor female. This is called an intersex condition, and the doctor may make a guess as to the sex of the baby. Unfortunately, sometimes they get it wrong.

Sometimes, even though a baby looks female, when they grow up they will think of themselves as male. Similarly, some baby boys grow up to think of themselves as female. Such a person may be transsexual, although they might not always use this word to describe themselves.

“I have had an unusual life... If I were not a transsexual, anything I might have done would not be considered particularly remarkable. But I am a transsexual, [and] proud of it to the hilt.”

“I never asked for the life I possess or the mind I bear, but I can compose the choice to never live in denial and be blunt with the person I truthfully am” 17 year old trans woman

Transsexual: a person who’s gender identity is opposite to their biological sex. Many transsexuals will change their bodies through hormones and possibly surgery to better match their gender identity.

Gender Identity: a person’s sense of being male, female, somewhere in between or neither.

Intersex: a condition where by an individual is born with male and female primary sex characteristics.

“I have had an unusual life... If I were not a transsexual, anything I might have done would not be considered particularly remarkable. But I am a transsexual, [and] proud of it to the hilt.”
Where does sexuality fit into this?

Sexuality is different to sex and gender - it is about sexual feelings (who we are emotionally and sexually attracted to), sexual behaviour (how we express our sexual feelings) and sexual identity (who we say we are to ourselves and others based on our internal beliefs).

A person’s sexuality may be seen as homosexual, if their emotional and sexual feelings are for the same sex (that is men attracted to men or women attracted to women), their sexual behaviour is with the same sex and they identify as being gay or lesbian. Bisexuality is when a person is emotionally and sexually attracted to men and women, their sexual behaviour can be with the same sex or the opposite sex and they identify as bisexual.

Generally when transgender and transsexual people talk about their sexuality, it is based on their sense of self as a man or a woman. Therefore trans people, like non-trans people, can be gay, lesbian, bisexual, straight or asexual (not attracted to anyone).

Have transsexual and transgender people always existed?

In many non-western cultures, the construction of gender includes three or more gender identities. In India there is a third gender known as hinjras – people who identify as female but were born with male bodies. Hinjras live in their society as women. The Tewa Indians of New Mexico also have three gender identities: women, men and kwido. These are just two examples. There are many more that can be researched on the net by searching transgender + third gender or transsexual + third gender and it will reveal a world many don’t realise exists.

The existence of transgender and transsexual people is recorded throughout history. The Roman Emperor Elagabalus (204 – 222) historically is recorded to have cross-dressed and attempted sex-change surgery – it isn’t clear if his attempt at surgery was successful. In Australia during the 1900’s Marion Edwards lived as a man called Bill Edwards. Bill worked as a farmhand and around the racetracks in Queensland, Victoria and New South Wales. In 1930 Einar Wegener a Danish painter began transitioning and lived as Lili Elbe.

On May 15th 1951 Robert Cowell became Roberta Cowell, United Kingdom’s first transsexual woman who had undergone surgery. A year or so later (December 1st 1952) Christine Jorgenson, an ex-American soldier from New York City had sex reassignment surgery in Denmark. The American media publicised Jorgenson’s transition from male to female and the term transsexual was used for the first time to describe a person who reassigned their biological sex to match their gender identity.

Famous transgender and transsexual people

Kate Bornstein – born in 1948, underwent sex reassignment surgery in 1986. She is an internationally recognised author, playwright performance artist and speaker.


Loren Cameron – born in 1959, began transitioning from female to male in 1987. He is an internationally recognised author, photographer, speaker and transsexual activist.

“Sexual orientation: who a person is sexually attracted to.

Sexual identity: how a person identifies their sexual orientation.

Sex Reassignment: When a person has their body and biological sex changed to that of the opposite sex through surgical procedures.

Sexual orientation:

Sexual identity:

Sex Reassignment:
What causes transgenderism or transsexuality?

This is a fascinating area in which much research is being done, but there are still no clear answers as to why it happens.

One of the most recent studies in this area suggests that male and female brains may be different, and that gender identity may be related to the size and make-up of various parts of the brain.

In most people, the sex and gender of the brain and the body are the same, but for reasons that are not yet fully understood, the brain and the body seem to develop in different directions in transgender and transsexual people. It might be genetic or related to the hormones to which the developing baby’s brain is exposed before birth.

Gender Dysphoria or Gender Identity Disorder: the psychiatric/medical terms that describe the persisting sense of acute discomfort experienced by some people regarding their biological sex and presumed gender.

Is transgenderism or transsexuality a mental illness?

When doctors first encountered transgender and transsexual people, they couldn’t see anything wrong with their bodies so they thought that they must be mentally ill. Doctors tried to use psychotherapy, hormones and even electric shock treatment to ‘cure’ transgender and transsexual people, but this didn’t work.

Transgender and transexual people are currently labeled as “gender dysphoric” which is clarified as a mental disorder. However, medical research is showing that transgenderism and transsexuality are not mental disorders and need to be reclassified. Most if not all of the psychological and emotional problems that transgender or transsexual people experience are caused by the reactions of society rather than the transgenderism or transsexuality itself. This has made doctors examine whether transgenderism or transsexuality should be identified under a mental disorder at all.

Some reasons that cause people identifying as transsexual or transgender to feel mentally or emotionally unwell

1. Realising that they are different because they don’t feel about themselves as society and others expect them to.
2. Feeling like something is wrong with them because society is telling them this every time they are discriminated against in school, in the work place, in hospitals and medical centres, in public places, in religious communities and in the law.
3. Feeling like they have to hide who they really are just to feel safe and accepted.
4. Rejection from family and friends.
Can therapy change gender identity?

Although therapy can’t change gender identity, it can help people understand themselves better and deal with some of the problems that may come with being transgender or transsexual.

“For me, the most important freedom is the freedom to express my harmless values, and values are tied to identities. You’re not allowed the freedom to express your values other than in an identity that the culture agrees you have. You’re allowed to say, “I want to be Davy Crockett!” and “I want to be Princess Diana!” as long as you’re a kid. Once you’re an adult, you’re not allowed to say that. That’s not considered adult behaviour. Well, duh!—of course! I hope I’m a child until the day I die! So freedom, for me, would be the freedom to freely express myself and my harmless values.”

Taken from an interview with Kate Bornstein by Susan Bridle, sited in What is Enlightenment magazine (1999)

How do I know if I am transgender or transsexual?

You can ask yourself some of these questions to begin with:

- Am I comfortable with my body?
- Do I feel restricted by my body?
- How do I identify? Do I feel like a man or woman or both or neither or somewhere in between?
- Am I living like a man because it’s expected of me?
- Am I living like a woman because it’s expected of me?
- What does being a man mean to me and is that how I want to be?
- What does being a woman mean to me and is that how I want to be?
- What does gender mean to me?
- Would I like to express my gender (for example, the clothes I wear) differently to the way it is expected of me?
- Am I happy with my body or do I want to change it?
Coming Out: acknowledging one’s sexuality and gender identity, and then disclosing it to others. Coming out is usually a process that can happen many times throughout a person’s life.

Realising one’s gender identity can happen at any age. For some it can be as early as five or six, while others may come to this realisation later; in their teens or even later in life.

**Coming Out**

It is up to you who you tell. There are many ways to come out. Some disclose while having a casual conversation; others are more formal, making a special time to sit down and talk to a sister or brother, a parent, a boss or a friend. Some tell people with a letter; others may seek the assistance of a counsellor or support person. It is up to you to choose the way that works for you.

It is important to work out for yourself what you would like from people once you have told them about being trans. What changes about yourself will you inform them of and do you want them to accept these changes right away? Have you changed your name and do you want the people around you to refer to you by your preferred name? Have you changed the pronouns that refer to you and are you expecting your family, friends and the people you work with to use these pronouns? Do you want the people you tell to tell others for you?

It is important to let the people around you know that this is a positive step you are taking towards being the person you know you are.

**Family**

This can also be a difficult time for your family. It is important to realise that we (transgender or transsexual people) aren’t the only ones going through the transition – the people around us have to change as well. We get caught up in our own journeys.

Our families are trying to make sense of our transition and may need time to adjust. If you are able to talk to your family then do so, even if it seems hard at first. By talking to them, they may gain a better understanding about transgender and transsexual issues which could result in more support for you.

Always remember, that you have the right to be the person you are, regardless of what other people may say.

**Pronouns**

People seem to find pronoun changes (like changing from he to she or she to he) difficult to adjust to, so once again you may need to be patient with them and remind them of your preferred pronoun. If you get tired of reminding them, then ask your friends or family members who are supportive, to help you out and remind people for you.

Sometimes people will get the name right but slip up on the pronoun. Family members may have the greatest difficulty with pronoun changes since they have known you as the gender you were given at birth – they may need some time to get used to the pronoun change.

“Whether we are deliberately experimenting with our gender/body relationship, or whether we are trying to address a painful lack of gender/body alignment, everyone should have the right to express themselves honestly and wholly,” - “Not having our experience does not give others the right to judge us, but because others cannot relate to us, they often assume that right. We owe it to the younger generation to use gender less oppressively.”

**Jameson Green**

Jameson Green is a female to male transsexual, he is an author and a global transgender and transsexual activist.

Legalities

Name change
You can change your name legally by completing a form and paying a fee at the Department of Justice. If you are under 18 years of age you will need parental consent.

Hormone therapy
The common practice here requires parental consent if a person is under eighteen. However, cases are considered on an individual basis and some young people may receive hormone therapy, if they can prove they have solid support systems in place.

Surgery
To consent to sex or body reassignment surgery a person has to be eighteen years or over or have parental consent. Most of the costs for hormones and surgery are paid for by the trans person.

Passport
Once a person has obtained a new birth certificate, they are able to have their actual sex stated on their passport. If you are travelling overseas for surgery, you may be able to change your passport prior to leaving the country.

Discrimination
In Western Australia it is considered unlawful to discriminate against someone because of their sexuality and it is also unlawful to discriminate against a transgender or transsexual person once they have been issued with a new birth certificate. Unfortunately, it is not illegal to discriminate against people who have not yet undergone the medical treatment required to be issued with a new certificate.

New birth certificate
This document replaces your original birth certificate and recognises a transsexual person’s identity. Before you can apply for a new birth certificate, you must have undergone a reassignment procedure. This is defined in legislation as a medical or surgical procedure to alter the genitals and other sexual characteristics of a person. For trans men, this usually means testosterone therapy and chest reconstruction surgery. For trans women, this usually means estrogen therapy and surgery to create a vagina. If you are under 18, your parent or guardian must apply for you.

Physical transitioning

Hormone Therapy
If you want to change your body to match up with your gender identity then you will have to go through a process. In Western Australia, as in most places, you will need a referral from your doctor (a GP) to see a psychiatrist.

When the psychiatrist is confident that you are ready to begin hormone therapy they will refer you on to the endocrinologist. The time this takes differs according to each individual. An endocrinologist is a doctor that specialises in understanding how the body’s glands and hormones work to keep the body in a healthy balanced state.

The male or female hormones commonly taken by trans people to change our bodies are known as ‘steroid hormones’ and can be very dangerous if taken incorrectly. We need to take the correct dose that accounts for our whole body; this includes body size and weight, metabolism, any illness we may have (like heart, liver or kidney problems), diet and exercise.

The hormones in our body need to be in balance so that our bodies can function properly. We can monitor this by having regular check ups with our GP and regular blood tests – this can be discussed with your doctor.
Surgery

Trans men

Most trans men will have chest reconstruction surgery and a full hysterectomy (removal of the womb, ovaries and fallopian tubes) once their psychiatrist is confident that they are ready and refers them on to a plastic surgeon.

For many reasons not all trans men choose to have genital surgery but if they do, they must be assessed by a psychiatrist for readiness. Genital surgery for trans men often involves a number of processes and can be very expensive. Genital surgery does not mean that the constructed penis will work as it does for biological men.

It's also important to remember that there are right and wrong reasons to have surgery. The right reason is that changing your body is something you feel that you need to do for yourself. The wrong reason is having surgery because you feel pressured to by other people.

Trans women

There is a range of surgeries that trans women may choose to undergo. These include removal of the testes whilst leaving the penis intact (orchidectomy), breast enlargement, facial feminisation surgery (FFS), surgery to raise the pitch of the voice, and creation of a vagina (vaginoplasty). Surgery to raise the pitch of the voice often has a very poor outcome and is not recommended. Speech therapy is usually sufficient.

Some trans women have very poor breast development and may find that breast implants are necessary. Others find that hormones alone are enough. Remember that just as puberty takes a long time in non-trans people, so too does it take a long time in trans women. Breasts do not grow overnight! It may take up to five years before breast development is complete (although most growth takes place in the first two years). Most surgeons will advise trans women to wait a few years before considering breast enlargement surgery.

Trans women will need to see a psychiatrist to ensure that they are ready for most kinds of surgery. However, even where referral is not required (such as FFS), it is a good idea to discuss the surgery with your doctor to ensure that you are ready, both mentally and physically.

There are limits to what hormones can do

Trans women

Trans women who have gone through puberty will probably have at least some facial hair and will have a voice deeper than most women. They may also be taller than average for a woman.

Once facial hair has started growing, hormones cannot stop it. It must be removed with electrolysis, IPL or laser treatment. Hormones will not change the pitch of the voice, and speech therapy is usually needed to create female-sounding speech.

The effects of testosterone on bone structure also cannot be reversed. Hormones will not make trans women shorter, or make the hands or feet shrink. (However, some muscle is usually lost, which can make the body look smaller). If a trans woman has developed male-looking facial features, facial feminisation surgery may be required. However, many young trans women find that the fat-redistributing effects of hormones combined with hair removal are sufficient to make the face look female.
There are limits to what hormones can do

Trans men

Trans men who have developed breasts may find that testosterone will make them shrink a little, but generally most trans men will need surgery if they want to have a male-looking chest.

Once puberty has ended, our bone structure in terms of length and width is set. So trans men who have completed puberty, will not become taller nor will their hands and feet get larger from taking testosterone.

Many trans men bind their breasts every day of their lives until they have chest surgery to have them removed. Though binding can be painful, it offers them some sense of security in passing as a man.

Facts on voice training

Speech therapy can be undertaken at any time to train yourself to speak with a female-sounding voice. There are many sites on the Internet that give advice on how to train your voice. However, most trans women benefit from seeing a speech therapist. Your GP should be able to help you find one.

Training your voice takes time - perhaps a year or two before the muscles in your throat adjust so that female-sounding speech comes naturally - so it is good to start early.

Facts on facial hair

For trans women, facial hair must be removed with electrolysis, intense pulsed light (IPL) or laser treatment.

Facial hair has a long growth cycle, and because each hair will need to be treated many times, it can sometimes take a couple of years to remove it all. This is something that can be started as soon as you feel comfortable, and is not something that you need to talk to a doctor about.

“I knew from an early age that I wasn’t a girl. As early as six but I didn’t tell anyone. It wasn’t something I really understood myself so how could I explain it to someone else? I just knew that I was different.”

18 year old trans woman

“I’m a straight man... I like women. I would like to get married and have a family. I’m ok about being trans but I just want to get on with my life as a man. I don’t want to have to keep saying; excuse me I’m a trans man and I thought I’d let you know just in case you were wondering. I’m a man and that should really be enough!”

25 year old trans man
Testosterone, Estrogen and Progesterone

These hormones are present in people regardless of sex and gender. Testosterone, estrogen and progesterone are produced in different amounts and it is this difference that determines the primary and secondary sex characteristics. Primary sex characteristics refer to the reproductive organs of the body while the secondary sex characteristics refer to physical characteristics commonly associated with being male or female.

Masculine secondary sex characteristics such as facial hair, increased body hair, deepening of the voice and increased muscle development are the result of testosterone being the dominant hormone in the body.

Feminine secondary sex characteristics such as breast development, and increased body fat around the hips and thighs is the result of increased levels of estrogen in the body. Increased levels of estrogen and progesterone in the body are responsible for the female menstrual cycle.

For trans men to obtain secondary sex characteristics they need to take a synthetic testosterone over a period of time. It is important to do this under medical supervision for the best and safest results.

For trans women to obtain secondary sex characteristics, they usually need to take a number of different hormones. Hormone therapy involves not only taking estrogen, but also blocking the effects of testosterone. Taking estrogen is sometimes enough to stop the body from producing testosterone, but often an anti-androgen is required, and usually produces better results. Sometimes progesterone (or a progestin, a progesterone-like drug) helps to promote breast growth.

It is possible to experience some negative effects of hormones, such as increased cholesterol (for trans men) and blood clots (for trans women). However, hormone therapy is generally safe when used under medical supervision.

Permanent Changes

- Growth of facial hair
- Deepening of the voice
- Enlargement of the clitoris
- Male pattern baldness for some men
- Growth spurt in body if taken before the end of puberty
- Shrinking of breasts in some men due to redistribution of fat tissue

Reversible Changes

- Cessation of ovulation and menstruation
- Redistribution of body fat
- Increased libido (sex drive)
- Increased sweat and change in body odor
- Further muscle development
- Acne
- Increased red blood cell count
- Changes in blood lipids like cholesterol and triglycerides
- Thicker skin
**Possible Negative Changes**

- Acne
- Weight gain
- Headaches
- Increased cholesterol
- Decreased bone density
- Liver abnormalities (uncommon)
- Mood Swings

**Possible Effects of Estrogen and Anti-Androgens**

**Permanent Changes**

- Breast development
- Infertility

**Reversible Changes**

- Calming effect
- Redistribution of body fat to the hips and breasts
- Reduction in libido (sex drive)
- Decreased erections
- Decreased body hair
- Decrease in muscle
- Improvement in acne (if present)
- Softening of skin

---

"Imagine living within a body opposing your mental gender, - it’s tough. This is what I go through everyday of my life…"

17 year old trans woman

---

**Possible negative changes**

- Weight gain
- Mood swings
- Decreased bone density
- Galactorrhoea (milk production)
- Deep vein thrombosis (blood clot in the legs) – (uncommon)
- Liver abnormalities (uncommon)

Long-term use of estrogen and anti-androgens is very likely to cause infertility. Trans women who identify as lesbian or bisexual may wish to consider sperm banking. This must be performed before starting hormones, as sperm production rapidly decreases. Your GP can help you find a fertility clinic.
Feeling Down, Sad or Angry?

Many trans or questioning people suffer from depression and tend to shut themselves off from people to avoid rejection, discrimination and the pressure to conform. If you are feeling down, angry, sad or just confused, call the services listed at the end of this booklet for support that could help you sort some of the confusion out for yourself.

These services also have a referral list of medical professionals and counsellors that could also assist you and your family.

The important thing is to keep yourself safe by taking care of your mental, emotional, physical and spiritual health. Surround yourself with supportive people and be positive about yourself.

Some common terms used by the trans community

**Trans man**: a person who was assigned female at birth but feels themselves to be male.

**Trans woman**: a person who was assigned male at birth but feels themselves to be female.

**FTM or F2M**: female to male transgender or transsexual person.

**MTF or M2F**: male to female transgender or transsexual person.

**Gender Role**: The expectations society places on us regarding self expression, behaviour and appearance based on our physiological sex (man or woman).

**Gender Expression**: The external communication of a person’s gender; done through their clothing, hair style, language, behaviour etc.

**Genderqueer**: a person who does not identify as, or who doesn’t express themselves as completely male or female.

**Transphobia**: A fear, hatred, aversion and prejudice of people who experience transsexualism or identify as transsexual or transgender.

“Now that I’m living as a woman I feel that I can manage most things that life offers me. I was so unhappy and depressed living as a man – I wanted to kill myself so many times. Now, even though life can get difficult, there is an underlying feeling of happiness and hope. Becoming a woman is all I wanted to do, and I’ve arrived.”

*40 year old trans woman*
Trans supportive services

Perth Inner City Youth Service (PICYS)
PO Box 1062
West Leederville WA 6901
Ph: 9388 2792
Fax: 9388 2793
Email: picys@westnet.com.au

PICYS provide medium to long-term support and accommodation for young people aged 16 to 25 who would otherwise be homeless.

PICYS staff are well informed about trans issues and are trained to provide young trans and questioning people with specialised support, trans specific resources and referrals to medical professionals.

True Colours Program
1st floor, Trinity Buildings
72 St Georges Terrace
PERTH WA 6000
Mob: 0409 373 922
Ph: (08) 9483 1333
Fax: (08) 9322 3177
Email: jaye.edwards@unitingcarewest.org.au
www.unitingcarewest.org.au

The True Colours program aims to promote safe and inclusive rural and regional communities where young people with a diverse sexual identity and gender, their families and friends are supported and affirmed. This program offers support to young people who are coming out as well as educating the community services sector and community members about the impact of homophobia and heterosexism on these young people, their families and friends.

Parents and Friends of Lesbians and Gays (PFLAG)
PO Box 354, Northbridge WA 6865
Ph: (08) 9228 1005
Fax: (08) 9228 1006
Email: perth@pflag.org.au
www.pflag.org.au

PFLAG provides support for family and friends of gay, lesbian, bisexual and trans people as they strive to understand, accept and embrace their loved one.

WA Gender Project
PO Box 408
Mt Lawley WA 6929
Ph: Aram 0403 317 618
Email: wagenderproject@yahoo.com.au
www.wagenderproject.org

The WA Gender Project is a lobby group for gender diverse people in Western Australia. It seeks to inform government, and the wider community about the needs of people whose gender expression differs from societal expectations.

In particular, the group seeks to represent the interests of transsexual, transgender and genderqueer people, as well as people with intersex conditions who identify as intersex and gender diverse youth.

Freedom Centre – Perth
PO Box 1510, West Perth WA 6872
Ph: (08) 9228 0354 during opening hours
Ph: (08) 9482 0000 admin
Fax: (08) 9482 0001
Email: info@freedom.org.au
www.freedom.org.au

Freedom Centre – online
Email: Chat@freedom.org.au

The Freedom Centre provides support services, information, referrals and a safe space for young people who are trans, gay, lesbian, bisexual, queer and questioning.

Gay and Lesbian Community Services (WA)
2 Delhi St, West Perth WA 6005
Ph: (08) 9486 9855 (admin phone/fax)
Ph: (08) 9420 7201 (counselling line)
Ph: 1800 184 527 (counselling line country areas)
Email: admin@glcs.org.au
www.glcs.org.au

Gay and Lesbian Community Services provides telephone counselling and other support services for people with diverse sexuality and gender.

Websites

www.free2be.org.au
www.trueselves.com
www.t-vox.org
www.tsroadmap.com
www.lynnconway.com
www.mtra.org.au
www.gendercentre.org.au
www.openingclosets.com

Coordinated and written: Charles Snelleksz-Mathelot
Co Author: WA Gender Project
Sponsored by:
Perth Inner City Youth Service
Gay and Lesbian Community Services
Department for Community Development

Designed by Tze Lin Tan
businessexposure.com.au
proudly supported by

Department for Community Development
Government of Western Australia