

## Clinical Tips: Gender Diversity

*Gender* refers to the societal norms for a young person's actions, dress and demeanour prescribed to their biological sex. Gender is distinct from [sexuality](#) [see [Sexuality diversity](#)]. Gender diversity refers to the diversity that exists in the spectrums of gender. See [the Genderbread Person](#) for another resource on sex, sexuality and gender.

*Gender diversity* is an imperfect and broad term for people who identify with a gender that is different to what is expected of the societal norms prescribed to a particular sex.

Gender diversity includes:

- having no gender identity – *agender*,
- moving among genders – *non-binary*,
- having both masculine and feminine gender identities – *bigender* or *gender fluid*,
- *transgender*,
- *transsexual*, and
- reproductive/sexual anatomy that doesn't fit expected patterns of female or male – *intersex*.

*Transgender* is an umbrella term that incorporates differences in gender identity in relation to assigned sex so that these individuals commonly feel they are in the wrong gender.

*Transsexual* people identify as the opposite sex to that assigned at birth, whether or not they choose to have gender reassignment surgery. Some transsexual people prefer not to use the term transgender.

*Cisgender* is a term to describe when a person's gender identity matches the sex assigned at birth.

An estimated 8% of Australians are gender diverse, and approximately 1.7% of

Australians are born with reproductive/sexual anatomy that doesn't fit expected patterns of female or male ("Intersex").

Clinicians should avoid making assumptions about gender identity and sexual orientation:

- When appropriate, sensitively ask a young person their sexual orientation / gender identity.
- Avoid 'heteronormative' language (in consultations and on intake forms, health records, etc), and ensure that reception and clinical staff do the same.
- Acknowledge the role of the same-sex partner and/or chosen family in the individual's life.

- Provide ongoing support to enhance health service access for those who identify as LGBT+.
- Recognize their own cultural lens and biases, which could damage the therapeutic relationship and negatively impact care for the young transgender person, noting that it may be preferable for some clinicians to refer to LGBT+ sensitive referral networks and resources.

Once gender diversity has been disclosed it is important for the clinician to sensitively ask the young person which pronoun is preferred.

Sometimes the gender neutral ‘they’ is preferred, or he/she, or ve/vis/ver (equivalent to he/his/him and she/her/her). It is also important to ask about any situations in which this may vary (e.g. for consultations including some family members).

***Practice tip: Encouraging a warm and respectful welcome***

Discuss what information the young person wants documented on the medical record, e.g. options for gender (depends on which clinical record system being used), preferred name and pronouns.

Outline Medicare requirements to use the current name on Medicare card for billing, pathology and radiology tests.

Ask what name reception should use, and whether parents/family/caregivers are aware.

Let staff know about the young person’s wishes and annotate the booking system accordingly to help staff to consistently provide a respectful welcome on arrival.

*More information and resource:*

- [It’s pronounced Metrosexual](#) (including a graphical depiction of gender and sexuality: [The Genderbread Person](#))
- [Minus 18](#)
- [ygender.org.au](#)
- [genderqueer.org.au](#)
- [trans101.org.au](#)