New Zealand
PSYCHOLOGISTS BOARD
Te Poari Kaimātai Hinengaro
o Aotearoa

Best Practice Guideline: Working with sex, sexuality, and gender diverse clients

AUGUST 2019

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Acknowledgements

The Board thanks the members of the volunteer Reference Group who generously gave their time, wisdom and effort to breathe life and vitality into these guidelines:

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The initial draft integrated the guidelines developed for the APA[1], the South African Psychological Society[2], the Irish Psychological Society[3], British Psychological Society[4], and the chapter by Elizabeth du Preez and Joe Macdonald in the New Zealand Psychological Society publication[5].

These guidelines align with the International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues, the IPsyNet.[6] This network has twenty-one member organisations representing diverse range of countries, including Aotearoa New Zealand. The vision of this organisation is:

> "The vision of the International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex issues is that all psychological organisations are effective leaders in ensuring that all persons fully enjoy health and human rights, regardless of their sexual orientation, gender identity, gender expression or sex characteristics, by incorporating the goals of celebrating and valuing the full range of human diversity, including diversity in gender, sexual orientation and sex, and into their structure, programs and activities".

The universality of sex, sexuality, and gender diversity is demonstrated by the wide range of countries which are involved in addressing these issues.

[1] APA (2012) Guidelines for Psychological Practice with lesbian, Gay and Bisexual Clients. American Psychologist Vol 67(1), pages 10-42

[2] Psychological Society of South Africa (2013) Sexual and gender diversity position statement

[3] The Psychological Society of Ireland "Guidelines for good practice with Lesbian, Gay and Bisexual clients.

[4] British Psychological Society (2012) Guidelines and Literature Review for Psychologists working therapeutically with Sexual and Gender Minority Clients'

[5]Du Preez, E. and Macdonald, J. (2016) "Working with clients who embody diverse sexes, sexualities and genders". In Professional Practice of Psychology in Aotearoa New Zealand, 3rd edition. Published by The New Zealand Psychological Society.

[6] See reference section for full list of psychology organisations represented.

Preamble

The Health Practitioners Competence Assurance Act 2003 ("the Act") came into force on 18 September 2004. The principal purpose of the Act is to *"protect the health and safety of members of the public by providing for mechanisms to ensure that health professionals are competent and fit to practise their profession".* Section 118(i) of the Act requires that the Board, *"set standards of clinical and cultural competence, and ethical conduct to be observed by health practitioners of the profession".* The Board is required to set and monitor standards of competency for registration and practice, which ensures safe and competent care for the public of Aotearoa New Zealand.

Cultural competence

Cultural competence is defined as having the awareness, knowledge, and skill, necessary to perform a myriad of psychological tasks that recognises and supports diverse worldviews, lived experience and practices of oneself and of clients from different cultural backgrounds. This includes the full range of sex, gender and sexual diversity that make up the population.

Cultural competence is based on the understanding of self as a culture bearer. It includes understanding the historical, social and political influences on health, in particular psychological health and wellbeing, pertaining to individuals, peoples, organisations or communities and how that may impact on the development of relationships that engender trust and respect. Cultural competence includes an informed appreciation of the cultural basis of psychological theories, models and practices and a commitment to modify practice accordingly.

The culturally competent psychologist will have undertaken a process of reflection on their own cultural identity and will recognise the impact that their personal culture has on their professional practice. In addition, the psychologist will endeavour to understand and recognise the cultural origins, assumptions and limitations of certain forms of psychological practice within some cultural contexts. Conversely, unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual, whānau or group.

Psychologists should take all reasonable steps to meet the diverse needs of their client population.

The Code of Ethics

It is fundamental to our Code of Ethics that all persons are worthy of dignity and respect. This includes respect for diversity arising from sexual orientation, gender identity and gender expression, or differences in sex characteristics. Diversity in sex, sexuality, and gender, (both in identity and expression of that diversity) is part of variation in human functioning and relationships. The Code of Ethics thus explicitly recognises factors relating to culturally distinct peoples in Aotearoa New Zealand as central to safe and competent psychological education and practice.

Purpose of these guidelines

These guidelines aim to raise awareness of relevant issues related to the promotion and development of psychologists' competent practice when working with and alongside sex, sexuality and gender diverse people. These guidelines are structured around the triad themes of 'Awareness', 'Knowledge' and 'Skills' which underpin competence.

The guidelines highlight the need for affirmative acceptance of sex, sexuality and gender diversity within psychological practice. They also aim to raise awareness of the challenges that may emerge for individuals and their significant others in societies where patriarchal, heteronormative, cisnormative, monogamous discourses are dominant. Historically this has been the source of discrimination, which individuals may continue to experience on the basis of sex, sexuality and gender. (See glossary for more information regarding the terminology used within this document)

While these guidelines are based on research, and thus provide an evidence-based approach, it is beyond the purpose of this document to provide a literature review. Instead, the guidelines aim to distil and apply established knowledge. Some research is referred to where it is particularly pertinent to counteract commonly held prejudice.

Position statement

The Board affirms the rights of all persons who identify with, or express identity as diverse in relation to sex, sexuality, and gender to be treated with dignity; respect; to have their well-being promoted and protected; and to have access to ethical and effective health services as they choose.

The New Zealand Psychologists Board joins with the other international psychology organisations that oppose any discrimination or so-called conversion treatment, intervention, or professional opinion that aims to change any persons' sexuality, gender or diversity status without their freely given consent.

It is incumbent upon psychologists to uphold these standards in all aspects of their professional work, as consistent with the Code of Ethics. According to the Code of Ethics it is the duty of psychologists to take a leadership role to promote the human rights and well-being for any community or persons who is the subject of discrimination, as required by the Code of Ethics, 4.1, "Welfare of Society".

Who is being referred to?

Within these guidelines, the term "sex, sexuality, and gender diverse" is used as an all-inclusive term and acknowledges the fluid and non-binary nature of sex, sexuality and gender. Sex, sexuality, and gender diverse persons may also be referred to as LGBTIQPA+, which stands for lesbian, gay, bisexual, transgender, intersex, queer, pansexual and asexual people. According to the Yogyakarta Principles (2007, 2017), page 6:

> "Sexual orientation" is understood to refer to each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender.

"Gender identity" is understood to refer to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.

"Sex" refers to physical characteristics, including chromosomes, hormone levels, reproductive organs, and secondary sex characteristics. Like gender, sex is not binary; there are many more than two sex categories (Gender Minorities Aotearoa Glossary, 2017).

Legal Framework

The equality of all persons and the right to live without discrimination or disadvantage is enshrined in the Human Rights Act 1993. The New Zealand Bill of Rights (February 1994) made it illegal to discriminate against sex, sexuality, and gender diverse people for employment, housing and serving in the military. The rights of lesbian women for freedom of sexual expression within consenting adult relationships have always been present but it needed the Homosexual Law Reform Act of July 1986 to remove criminal sanctions against consensual male homosexual practices. The Civil Unions Act of 2005 allowed same-sex couples to form a legal partnership and therefore gain property rights and legal protections for such matters as Power of Attorney and inheritance. The Marriage (Definition of Marriage) Amendment Act 2013 gave same sex couples the right to marry.

Structure of guideline document

The guidelines are structured according to the three core attributes of competency: Awareness, Knowledge and Skills.

At times a distinction is made between what is essential for basic cultural competence, and the additional knowledge and skills required for more specialised and advanced practice. Because variation in sex, sexuality and gender is common, it is incumbent on all psychologists to have a basic awareness, familiarity and skill level to receive any client in a respectful and supportive manner. Psychologists who find themselves either working in situations where a more advanced level of competence is required, or should they wish to develop their practice to include a speciality in working with sex, sexuality and gender issues, may hold more aspirational competencies.

The document is designed as a compact summary resource with a resource page at the end for more in-depth information.

Awareness

1. Psychologists are encouraged to be aware of Aotearoa New Zealand's historical and current socio-political and cultural history around sex, sexuality and gender diverse identities, and in particular the ways in which society, including the health sector, has pathologised sex, sexuality and gender diverse clients, and to reflect on how this may impact clients' accessing and using health care services in the present day.
2. Psychologists are encouraged to be aware of and reflect on heterosexual and cisgender privilege and the importance of advocating for equal access to systemic resources including within the legal, medical and justice systems.
3. Psychologists are encouraged to be aware of and reflect on their own sex, sexuality and gender identity and the social discourses that have shaped and continue to shape these identities.
4. Psychologists are encouraged to be aware of and reflect on the client's sex, sexuality and gender identity and how this identity intersects with other aspects of their identity, lived experience and understandings of their world.
5. Psychologists are encouraged to be aware of and reflect on the impact of minority stress and the marginalisation of sex, sexuality and gender diverse people and how this may be perpetuated within a therapeutic relationship and healthcare services.
6. Psychologists are encouraged to be aware of and reflect on the diversity of the sex, sexuality and gender diverse community. Although all psychologists should have a basic level of knowledge in this area, psychologists must get to know the client in front of them on an individual level. While there are common experiences and needs among sex, sexuality, and gender diverse clients, these will not apply to all clients at all times.
7. Psychologists are encouraged to be mindful of the power of language and endeavour to use correct, validating and inclusive language where possible, while also being aware of avoiding language that might diminish, offend or alienate clients (e.g. using the wrong and non-preferred gender pronoun).

Knowledge

Psychologists are encouraged to be knowledgeable about the lived-experiences of sex, sexuality, and gender diverse people in Aotearoa New Zealand. A lack of knowledge by the psychologist may significantly reduce treatment efficacy, risk further stigmatisation, marginalisation, and heighten minority stress. Knowledgeable, competent and affirmative psychologists are more likely to help buffer the experiences of stigmatisation and exclusion of the sex, sexuality and gender diverse population, and are better equipped to attend more holistically to a client's life and related issues, thereby improving the potential for treatment efficacy.

Minority stress:

Minority stress refers to the stress associated with being marginalised, discriminated against, or having different cultural and/or social frameworks to the majority of the population. Minority stress has been linked to an increased risk to physical and mental health, and negative impacts on well-being. International research demonstrates people who are sex, sexuality and gender diverse are at greater

risk of mental health problems such as self-harm, suicide, depression, anxiety and substance use disorders compared to those outside of this community.[7]

Minority stress associated with a person's sex, sexuality and gender status, can also be exacerbated if they are also impacted on through exposure to belonging to additional minority or marginalised groups. For example, a sex, sexually and/or gender diverse client might also be subject to stress from their being a member of a marginalised ethnicity, physically challenged group or neuro-diverse group. In Aotearoa New Zealand, the effects of colonisation on takatāpui (Māori who identify as sex, sexuality and gender diverse) should also warrant close attention by providers. In addition to dealing with their minority sexual orientations, diverse people of colour also experience racism and discrimination within LGBTIQPA+ communities.

Specific needs and vulnerabilities of sex, sexuality and gender diverse youth/tamariki:

Psychologists should seek to understand the various developmental pathways of children and youth/tamariki who are sex, sexuality and gender diverse, with particular attention to theories of sexual and gender development, and understanding the fluidity of sex, sexuality and gender diverse identity, particularly in adolescence. Psychologists should also seek to understand the diversity of sexual development and expression.

When seeing a sex, sexuality and gender diverse young person/tamariki the psychologist should be aware that in spite of recent positive trends towards acceptance of in Aotearoa New Zealand sex, sexuality and gender diverse youth/tamariki (who generally lack economic independence and legal agency) are more likely to be negatively affected by experiences of discrimination and exclusion. Research shows sex, sexuality and gender diverse youth/tamariki experience higher rates of bullying and stress associated with disclosing sex, sexuality and gender diversity within whānau or social circles and have a higher incidence of suicide, depression, self-harm, substance misuse, homelessness, partner and sexual violence compared to heterosexual youth/tamariki. Compounding these difficulties, sex, sexuality and gender diverse youth/tamariki also regularly encounter barriers to accessing sexual, physical and emotional health services, particularly those youth/tamariki who reside in rural areas.

Socio-political context:

Throughout history, most if not all countries have pathologised and criminalised sex, sexuality and gender diversity. Sadly, the mental health profession, often continues to pathologise sex, sexuality, and gender diversity despite the wide spread and general acceptance that this diversity should no longer be considered symptomatic of a mental illness (i.e. previous DSM III-R categorisation of "sexual disorder not otherwise specified" and the current DSM 5 inclusion of Gender Dysphoria). Unsurprisingly, this stigmatisation creates barriers to many sex, sexuality and gender diverse people effectively and successfully accessing and benefiting from health services, which has consequent

[7] Budge, Adelson, and Howard, 2013; Fredriksen-Goldsen et al., 2013; King et al., 2008; Lucassen, Stasiak, Samra, Frampton, and Merry, 2017

negative health outcomes. In the recent ICD-11 Gender Incongruence has been moved out of mental health disorders and now sits under conditions of sexual health. In some countries, having these diagnostic categories does allow for access to services via medial insurance.

Psychologists are encouraged to have knowledge of Aotearoa New Zealand's socio-political history as well as the current political and social climate. Many people who are sex, sexuality and gender diverse experience negative impacts throughout their life span arising from discrimination, social stigmatisation, and internalised stigma (see the summary of legislative changes in Aotearoa New Zealand at the end of this document).

While there has been increasing legal acceptance in Aotearoa New Zealand, stigmatisation and exclusion continues and certain groups remain exposed to greater levels of stigmatisation and inequity. For example, people who identify as bisexual are frequently exposed to increased stigma due to their identity contradicting widely held binary views of sexuality, that one is either hetero- or homosexual. There continues to be significant inequalities for trans-people accessing gender-affirming health care.

Pre-colonial Māori society:

In pre-colonial Māori society, it is understood that people were accepting of others who were of diverse gender and sexuality and their place in society was valued. It is known that the impact of colonisation on takatāpui[8] was significant. Recommended readings or resources for psychologists to increase their knowledge of this area include:

- Elizabeth Kerekere's resources:

Takatāpui: Part of the Whānau

https://takatapui.nz/takatapui-part-of-the- whānau /#part-of-the- whānau

- Growing Up Takatāpui: Whānau Journeys

https://takatapui.nz/growing-up-takatapui/

- Le Va's Pasifika resource:

Strengthening Solutions for Pasifika Rainbow

https://www.leva.co.nz/uploads/files/resources/strengthening-solutions-for-pasifika-rainbow.pdf

Different cultural and religious understandings of gender, sex and sexuality:

There are different cultural understandings of sex, sexuality and gender. Māori, Pasifika, and Asian groups often have differing concepts and language for the expression of diversity in their domains.

[8] takatāpui means broadly: Māori who are sex, sexuality and gender diverse

Similarly, different faith-based groups, (and even branches of the same faith) hold differing beliefs about sex, sexuality and gender. Psychologists should also be aware that their own views may be quite different from other cultures' and religions' views of sex, gender and sexuality.

Knowledge of terminology and language:

Psychologists are encouraged to learn and utilise terms often used (see Glossary) by members of the sex, sexuality and gender diverse communities. It is important that the psychologists take the responsibility and associated initiatives to educate themselves regarding relevant terminology, community and local resources, rather than expecting and relying on their client to educate them. Psychologists should recognise that there are many forms of expression and identity for people who are sex, sexuality and gender diverse including the interaction of multiple identities, that identities may not be fluid and not fixed, and that identities may shift through a person's lifetime.

A critical analysis of research and its interpretation when working with people who are sex, sexuality and gender diverse:

While there is now research and literature both in Aotearoa New Zealand and oversees regarding the experiences of people who are sex, sexuality and gender diverse, the history of stigmatisation and fundamentalist religious views can still influence how information and research about people who are sex, sexuality and gender diverse is undertaken and conveyed. For example, 'conversion therapies' ('so-called' interventions designed to change a person's sex, sexuality, and/or gender diversity status) have never been able to withstand the scrutiny of rigorous scientific enquiry. However, they continue to be used today despite being condemned by many professional organisations as unethical, unprofessional and harmful.

The complexity and diversity of the contemporary lives of people who are sex, sexuality and gender diverse:

Psychologists should understand that the lives of people who are sex, sexuality and gender diverse will vary substantially. There is no single LGBTIQPA+ community, and the relevant and sub-communities that do exist are not always or necessarily coherent or internally supportive of all sex, sexuality and gender diversity. Psychologists working with and alongside this community should also endeavour to understand the impact of HIV/AIDS on the rainbow community, including reflection on experiences of stigma and the intersection between minority stress and health related issues.

Furthermore, clients or their LGBTIQPA+ whānau may have had distinctly different experiences depending upon their age and whānau structures, including polyamorous relationship structures.

Skills, an overview

As psychologists we are frequently challenged by or work with clients whose experiences, values, beliefs, ethnicity, psychological ability, and lifestyle are very different to our own. Working with and alongside the diverse community may offer us the opportunity to relate to people who differ from us with respect to their genders, sexuality, preferences and orientations. Psychologists have a

responsibility to provide safe, responsible, ethical and effective care and service to all clients, regardless of those differences.

Previous sections of this document have discussed the importance of Awareness and Knowledge. This section looks at the skills that psychologists require to work safely and effectively with sex, sexuality and gender diverse clients. These skills may best be seen on a continuum, from essential skills that all psychologists should possess to be competent with respect to working with sex, sexuality and gender diverse clients who present for assessment and treatment, through to more advanced and optimal or aspirational skills, for those psychologists who offer more specialised services.

Essential skills for working with sex, sexuality, and gender diverse clients

Safe and affirming practice

- Psychologists should take an explicitly affirmative approach to sex, sexuality, and gender diversity, where sex, sexuality and gender is understood as potentially fluid and potentially nonbinary. All identities and expressions are part of human diversity.

- Psychologists can communicate their affirmative stance through use of tone and comfortable body language, as well as through institutional signals of safety including rainbow flags, stickers, or posters, toilets for people of all genders, and inclusive questions about gender on intake forms and surveys (i.e., no male/female tick boxes).

Assessment of own skill

- Psychologists should undertake a self-assessment of their own skill in working with sex, sexuality, and gender diverse clients, using this list as a guide.

- If necessary, psychologists may seek training and support. Community organisations such as Affinity Services, RainbowYOUTH, Gender Minorities Aotearoa, and InsideOUT provide training, or there may be a local rainbow organisation which could be contacted. Community organisations are typically underfunded, so if there is no set fee for training, psychologists can provide a generous koha as a more tangible expression of support.

Appropriate language use

- Psychologists should know the meaning of common terms, including lesbian, gay, bisexual, transgender, nonbinary, asexual, polyamorous, cisgender, intersex, queer and dysphoria.

- Psychologists should match the client's language, particularly regarding their own identity e.g., if a client describes themselves as 'queer' do not refer to them as 'gay'. The psychologist should ask the client directly how they would like to be referred to. Some persons have preferences about what pronouns should be used to refer to them.

Comprehensive assessment

- Psychologists should ask open questions that invite clients to decide when they want to discuss identity, e.g., instead of asking “what is your sexual orientation?” ask “is sex, sexuality, or gender something you want to talk about in this space?”

- Psychologists should include as part of their assessment practice discussion of clients’ coming out journey, enquire about support from friends and whānau, and whether or not there are experiences of, or concerns about, stigma and discrimination.

Appropriate focus

- Psychologists should Invite clients to determine the focus of therapy, and follow their lead. This may or may not include discussions of sex, sexuality, and gender diversity, as well as the ways in which identity impacts on clients’ mental health.

Referral when needed

- If a psychologist is unable to provide a client with the support they need (e.g., around gender-affirming healthcare, psychosocial support through transition, working with whānau, or questioning gender or sexuality), the psychologist should refer the client to an appropriate practitioner. However, if ‘referring on’, the psychologist should be mindful that the client may feel pathologised or that they have problems or challenges that are ‘too serious’ to be managed. This may replicate and/or increase their feelings of alienation, low self-esteem and sense of being different.

Seeking supervision

- The psychologist should seek appropriate supervision when working with sex, sexuality, and gender diverse clients. Sometimes this may require seeking supervision from someone other than the usual supervisor, if that practitioner does not have knowledge in this area.

Aspirational skills for working with sex, sexuality, and gender diverse clients

Expertise in working with specific groups

- The rainbow community is incredibly diverse, and groups within this community have varied experiences of societal stigma, discrimination, and mental health difficulties. Some clients may want to discuss their specific experiences at a depth which requires expertise in working with someone from their group.

- Specific groups within the rainbow community could include trans men, trans women, nonbinary clients, bisexual clients, pansexual clients, intersex clients, asexual clients, takatāpui clients, other rainbow community members of minority ethnic identities, refugee or migrant rainbow community members, polyamorous clients and clients with disabilities.

Competency in gender-affirming healthcare assessment

The "Guidelines for gender affirming healthcare for gender diverse and transgender children, young people and adults in Aotearoa, New Zealand"[9] was published at the time of developing these guidelines and should be consulted for competence in conducting a gender affirming health care assessment.

- In Aotearoa New Zealand, psychologists currently have a role to play in the provision of gender-affirming healthcare services, including hormone therapy, puberty blockers, surgeries, and voice therapy. Often clients require a referral letter from a psychologist, psychiatrist, or other mental health professional in order to access these healthcare services.
- A key skill for working with trans and nonbinary clients in this area is the ability to conduct a readiness for treatment assessment. This assessment should be based on the principle of informed consent, rather than on a traditional gatekeeping model. The assessment should also reject the 'transgender narrative', which involves understanding that clients do not need to have identified as trans or nonbinary for a particular time, do not need to identify within the gender binary, may need to access some gender-affirming services but not others, and can express their gender in any way that feels comfortable.

Psychosocial support through social/medical transition

- While gender-affirming healthcare services are a key component of care for many clients, another important part of care is the provision of psychosocial support throughout social and/or medical transition.
- This may involve providing support through the journey of questioning sex, sexuality or gender, coming out, and potentially accessing gender-affirming healthcare services.

Expertise in working with whānau

- This may include working with the partner(s), friends, parents, siblings, children, and other whānau who are supporting sex, sexuality, and gender diverse people, or who may be struggling to come to terms with their coming out. This could also include whānau therapy or relationship therapy.

Community engagement

- Engagement with sex, sexuality, and gender diverse communities outside of psychological practice could include supporting or attending pride week events, fundraisers, rallies, panel discussions, or community hui.

Cultural immersion

- Cultural immersion refers to knowledge of colloquial language used by rainbow community members, as well as current events and issues facing sex, sexuality, and gender diverse people.

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[9] *Oliphant J, Veale J, Macdonald J, Carroll R, Johnson R, Harte M, Stephenson C, Bullock J. Guidelines for gender affirming healthcare for gender diverse and transgender children, young people and adults in Aotearoa, New Zealand. Transgender Health Research Lab, University of Waikato, 2018*

Summary of Legislative changes in Aotearoa New Zealand

- In 1986 the Homosexual Law Reform was passed which decriminalised consensual homosexual practices between men.
- The Human Rights Commission Amendment Act in 1993 outlawed discrimination on the grounds of sexual orientation for housing, employment and serving in the military.
- The Property (Relationships) Amendment Act 2001 gave defacto couples, whether heterosexual or same sex, the same property rights as existed since 1976 for married couples on the break-up of a relationship.
- The Civil Unions Act in 2005 allowed gay and lesbian couples to legally formalise their relationships.
- The Relationships (Statutory References) Act 2005 which provided legal consistency for same sex couples.
- In 2013 the Marriage (Definition of Marriage) Amendment Bill allowed same sex couples to marry. Adoption rights for same sex couples was also legalised.
- In 2018 the Criminal Records (Expungment of Convictions for Historical Homosexual Offences) Bill allowed men convicted for homosexual offences to apply to wipe out their convictions from their records.

Resources

NATIONAL

RainbowYOUTH

A charitable organisation dedicated to helping young queer and gender diverse people up to the ages of 27, as well as their wider communities.

(09) 376 4155

info@ry.org.nz

https://www.ry.org.nz/

OUTLine

This helpline is staffed by self-accepting LGLBTIQ+ people who have trained to help others over the phone in issues around sexual identity.

0800 688 5463

info@outline.org.nz

http://www.outline.org.nz/

Agender

A national network offering social support and information for transgender people and their families.

admin@agender.org.nz

http://www.agender.org.nz/

Health Navigator

An Aotearoa New Zealand website that provides quality, reliable and trustworthy health information for all New Zealanders on a diverse range of topics.

https://www.healthnavigator.org.nz

InsideOUT

Working to make Aotearoa New Zealand a safer place for young people of minority genders and sexualities.

027 331 4507

hello@insideout.org.nz

http://insideout.org.nz/

ITANZ (Intersex Awareness in New Zealand)

04 4727386

http://www.ianz.org.nz/

An organisation that provides information, education and training for organisations and professionals who provide services to intersex people and their families.

Gender Minorities Aotearoa

An organisation that assists trans, intersex and takatāpui people in having choices about their lives, their bodies, and in getting the things they need.

genderminorities@gmail.com

https://genderminorities.com

Sex Sexuality and Gender domestic violence:

http://www.kahukura.co.nz/wp-content/uploads/2015/07/Building-Rainbow-Communities-Free-of-Partner-and-Sexual-Violence-2016.pdf

Resource for mental health workers:

Supporting Aotearoa's Rainbow People: A practical guide for Mental Health Professionals

https://static1.squarespace.com/static/5cd8c99ac46f6d1de63e66e5/t/5d40c6a0935c770001f8205c/1564526320993/WEBSITE+English+Version.pdf

FOR A LIST OF SUPPORT GROUPS BY REGION, VISIT http://www.imlocal.co.nz/

Glossary (reprinted with permission from Affinity Services and OUTLine)

Concepts and terminology

Using particular terminology to describe the people we work with has advantages and disadvantages, not unlike any other classification or labelling system. It can provide a general and shared understanding that facilitates communication and continuous service provision, but it also has the inherent possibility of reducing an individual to a very narrow definition of the self.

Asexual: A person with an absence of sexual attraction or desire.

Bisexual male: A man who is sexually and emotionally attracted to both men and women.

Bisexual female: A woman who is sexually and emotionally attracted to both men and women.

Cisnormativity: The common ground for many gender diverse people is the experience of cisnormativity. Cisnormativity is the expectation that a person's sex will "match" their gender identity. So, for example, a cisgender woman may be a person who was assigned female at birth and who identifies as a woman. This is in contrast to a transgender woman, who may be a person assigned male at birth and who identifies as a woman. Being cisgender is considered by society the most normal and desirable way to be. Just like heteronormativity, which operates on the level of assumptions about sexuality, cisnormativity is the assumption that everyone's sex will unproblematically match their gender and people will not need to transition.

Cissexism: The belief and treatment of trans/transgender people as inferior to cissexual (non-trans) people.

Coming out: "Coming out" (of the closet) or being "out" refers to disclosing one's same-sex attraction or one's non-conforming gender identity. Coming out relates to oneself, and with others. It is a complex process that is ongoing, especially in new situations.

Fa' afafine: A Samoan term that literally means "like a woman". Fa' afafine is often used to refer to people born male who express feminine gender identities in a range of ways. It is sometimes used broadly across Pacific People.

Female: The traditional definition of female was "an individual of the sex that bears young" or "that produces ova or eggs". However, female can be defined by physical appearance, by chromosome constitution (XX), or by gender identification.

Gay: Gay can refer to homosexual/same-sex attracted women and men, though is more often used in relation to males.

Gender queer: Gender queer is a term some people use to describe themselves who do not conform to, or agree with, traditional gender norms and who express a gender identity that is neither completely male nor female. Some may identify as gender neutral or androgynous.

Gender identity: Gender identity is an aspect of identity that can be understood as the person's psychological sex. It is an individual's internal sense of being male or female or something other, or in

between. It may or may not correspond to a person's physical sex. A person's sexual orientation cannot be assumed on the basis of their gender identity.

Heterosexual/straight: A term used for people who are sexually attracted to the "opposite" sex only.

Heterosexism: Heterosexism is a predisposition to considering heterosexuality as "normal" which is biased against other forms of sexual orientation. This is not the same as homophobia but is rather the discrimination against non-heterosexual people based on cultural bias.

Heteronormative: Heteronormativity is the cultural bias in favour of opposite-sex relationships of a sexual nature, and against same-sex relationships of a sexual nature. Because the former are viewed as normal and the latter are not, lesbian and gay relationships are subject to a heteronormative bias.

Homo/trans/bi-phobia: A dislike of people who are homosexual, transgender, or bisexual that may manifest as discrimination or violence.

Homonegative: This term describes a negative attitude towards homosexuality; emotional, moral, or intellectual disapproval.

Homonegative trauma: Trauma experienced through homonegative negative attitudes or behaviours, such as violence, alienation from whānau and friends, and discrimination.

Intersex: The term "intersex" covers a range of people born with a reproductive or sexual anatomy that doesn't conform to typical definitions of "male" and "female".

Intersex Erasure: An intersex person is someone whose body or biology does not fit our standard definition of male or female bodies. Intersex communities are beginning to be heard around the world, calling for rights and recognitions that protect bodily autonomy and self-determination. This is often in response to the medical institution, which has a history of intervening surgically upon intersex infants and young people without their consent.

In this context, it is important to remember that intersex people may have had traumatic experiences with medical professionals in the past, often involving secrecy and shame about their bodies. It will also be helpful to educate yourself about what it means to be intersex for different people (see other terms in this glossary).

The language that we have sometimes used in this chapter, "diversity of sexes, genders, and sexualities" is an attempt to be inclusive of intersex people. Diversity of sex is a natural variation in humans and many other animals. One of the most significant barriers that intersex communities deal with is the general ignorance of the public about the existence of intersex people and the assumption that everyone is biologically either male or female.

Lesbian: Lesbian is used exclusively in relation to homosexual/same-sex attracted women.

Male: The traditional definition of male was "an individual of the sex that produces sperm" (or some such). However, male can be defined by physical appearance, by chromosome constitution (XY), or by gender identification.

MSM: The abbreviation MSM (men who have sex with men) is used to include both gay and bisexual men, and men who identify as heterosexual, or otherwise, but who at least occasionally engage in sexual activities with other men. This term was developed in response to HIV/AIDS education

initiatives. It was discovered that many men who have sex with men do not identify with or respond affirmatively to health education which uses the term “gay” or “homosexual”.

Non-heterosexual: A broad term used to encompass anyone who does not identify as heterosexual e.g., gay, lesbian, queer, bisexual, Takatāpui, Fa’ afafine etc.

Queer: A reclaimed word used in a positive sense by some to describe sexual orientation and/or gender identity or gender expression that does not conform to heteronormative expectations. Sometimes used as an umbrella term for same sex attraction and gender diversity. It is more commonly used among youth and in academic contexts. It is sometimes used to reject or express rejection of traditional gender categories and distinct sexual identities such as gay, lesbian, trans, queer, bisexual, Takatāpui.

Questioning: Is a process of exploration by people who may be unsure, still exploring, and/or concerned about applying a social label such as a particular sexuality or gender identity to themselves for various reasons.

Rainbow: A generic term that incorporates all the people who do not identify as heterosexual or asexual, or who do not fit standard gender identity norms; such as (but not limited to) gay, lesbian, bisexual, trans, intersex, Takatāpui, fa’afafine, queer, gender queer, fakaleiti (Tongan), Akava’ine (Cook Islands Māori), Fiafifine (Niuean), Vakasalewa (Fijian) etc.

Sexual orientation: Sexual orientation denotes the direction of a person’s sexual attraction relative to their own sex (i.e., homosexual, heterosexual, or bisexual). It is usually classified according to the sex or gender of the people an individual finds sexually attractive. This can relate to psychological, behavioural, or to an individual’s social identity. Sexual orientation may be fluid and change over time.

Stealth: A term used to describe some trans people who do not wish to disclose their trans status.

Takatāpui: The traditional meaning is “intimated companion of the same sex”. Many Māori people have adopted this term as a cultural identity for being non-heterosexual or for having non-traditional gender identities.

Trans/Transgender: The term transgender is used by different groups in different ways. It is often used as an umbrella term for various people who feel that the sex they were assigned at birth is a false or incomplete description of themselves. The adjective “trans” is an increasingly preferred general term and has been used in this guideline. Trans can include various sub-categories including transsexuals, cross-dressers, gender queer, and consciously androgynous people. If a gender term is also used this refers to the person’s identity e.g., “trans man” was born in a body defined as female but identifies as male (FtM) or conversely male to female (MtF). Trans/transgender people may or may not use some form of medical intervention to better align their physical sex with their gender identity and may or may not have any interest in any procedure.

Transition/transitioning: Steps taken by trans people to live in their gender identity. These often involve medical treatment to change one’s sex through hormone therapy and gender reassignment surgeries. The process of transition varies between individuals, with some trans people identifying a point where transition is complete (i.e., they may no longer identify as trans, but as male or female), whereas for others the process is continuous.

Transnegative: This term describes a negative attitude towards transgender; emotional, moral, or intellectual disapproval.

WSW: The abbreviation WSW (women who have sex with women) is used to include both gay and bisexual women, and women who identify as heterosexual, or otherwise, but who at least occasionally engage in sexual activities with other women.

Whakawahine: Māori trans woman.

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