

PRACTICE GUIDE

Supporting children and young people with diverse SOGIE-SC

This practice guide explores gender identity, gender expression and sexual orientation and provides guidance for working with children and young people with diverse gender identity, gender expression and sexual orientation as well as their families, carers and safety and support network.

Just as a person's culture forms an important part of their identity, so too does their gender identity, gender expression and sexual orientation. Whilst these terms may seem similar, they each have a distinct meaning which is important to understand when engaging with children and young people with diverse gender identity, gender expression and sexual orientation. The acronym SOGIE-SC is a useful way to remember and distinguish these concepts and is used throughout this practice guide.

SOGIE-SC means:

- SO – Sexual Orientation
- GI – Gender Identity
- E – (Gender) Expression
- SC – Sex Characteristics

Diverse SOGIE-SC is now largely viewed as part of the natural spectrum of human diversity (refer to Australian Standards of Care and Treatment Guidelines, 2020). Everyone has a distinct SOGIE-SC and therefore it is important to consider a person's SOGIE-SC in our practice.

Understanding a child or young person's SOGIE-SC and engaging in a way which affirms their identity will help practitioners to develop respectful and meaningful relationships with the child or young person. It will also help practitioners to support the families, carers and safety and support network of gender diverse children and young people and ensure they have appropriate support in place to achieve safety, belonging and wellbeing.

Gender definitions, language and terminology

Using correct terms and language for gender diverse children and young people is empowering, demonstrates acceptance and can contribute to safety. The language and terminology relating to SOGIE-SC is fluid and constantly evolving. It is important to be open to these changes and refer to resources for current terminology, whilst ensuring you also use language and terms preferred by each individual child or young person.

Some of the most common terms relating to people with diverse SOGIE-SC are defined below. These terms should not be used as labels, rather as a starting point to assist practitioners to develop a basic understanding of SOGIE-SC and related concepts.

LGBTQIA+

LGBTQIA+ stands for lesbian, gay, bisexual, transgender, queer, intersex, asexual and others. The 'plus' refers to diverse genders or sexualities that extend beyond LGBTQIA+. Some gender diverse people may consider this term problematic as the terms in the acronym are not inclusive of all

identities. An option for more inclusive language that refers to non-cisgendered, non-heterosexual, and intersex people is 'people with diverse SOGIE-SC'.

Cisgender

A person who is cisgender (or cis) identifies as the sex they were assigned at birth. Cisnormativity is "a discourse based on assumption that cisgender is the norm and privileges this over any other form of gender identity" (LGBTQ+ Primary Hub, 2020). Being cisgender may be part of one's 'gender identity'.

Transgender/trans

This is the umbrella term to describe people whose sex assigned at birth does not match their gender identity. Trans people may choose to live their lives with or without modifying their body, dress or legal status, and with or without medical treatment or surgery. A transgender man is a man whose sex assigned at birth was female, and a transgender woman is a woman whose sex assigned at birth was male. Trans people may use a variety of terms to describe themselves which could include trans man, trans woman, non-binary, genderqueer or simply a man or woman.

Ask a person their preferred term to use, do not assume. A trans person's gender identity is not to be confused or conflated with their sexual orientation. A trans person can be gay, lesbian, bisexual, asexual or any of the many sexual orientations.

Assigned sex / sex assigned at birth

In cisnormative, Western cultures, someone's 'assigned sex' is a fixed category assigned to a child at birth based on medical characteristics such as their reproductive anatomy, hormones and chromosomes. The label given is usually male or female and appears on identity documents such as a birth certificate, unless legally changed to reflect a person's affirmed gender.

When someone's reproductive or genetic biology is unclear or doesn't fit the typical definition of male or female, they may be described as intersex. If someone's sex assigned at birth is being discussed or documented, it is best to avoid using terms like 'born a man' or 'biologically female', as this can oversimplify a complex subject and one's genetics are not the only factor in determining a person's sex.

Intersex

Is an umbrella term that refers to individuals who have anatomical, chromosomal and hormonal characteristics that differ from medical and conventional understandings of male and female bodies. There are at least 40 different variations that may be apparent at different life stages or may remain unknown to the individual and their medical practitioners. Some people with an intersex variation are LGBTQIA+, many are heterosexual and most are cisgender.

Gender identity

Someone's gender identity is about how they feel, regardless of their sex assigned at birth. It is an inner concept of the way oneself is viewed, ranging from male, female, to neither or both. Gender can be considered on a spectrum, ranging between male and female. Some people may not identify exclusively as being either male or female and identify somewhere in between such as being 'non-binary' or 'genderqueer'.

Gender binary

Gender binary is the concept that gender is classified into two categories, men and women, that men are masculine, and women are feminine, and that men are people assigned male at birth and women are people assigned female at birth.

Gender fluid

Is a term used to describe a person with a shifting or changing gender.

Gender questioning

Refers to a person who is unsure which gender, if any, they identify with. The person may explore different genders or may be non-binary whilst deciding which, if any gender they identify with.

Gender pronouns

These refer to how a person publicly expresses their gender identity through the use of a pronoun. For queer, gender non-conforming, non-binary and transgender people, the most common pronouns "he/she" pronouns may not fit. Pronouns can be gender-specific or gender neutral. For example, gender specific pronouns are he/him and she/her, gender neutral pronouns include they/them, ze/zir, ne/nem, ve/vis, tey/tem, sie/hir and many more.

Gender expression

Gender expression is the way someone expresses aspects of their gender identity, which is usually visible to other people. Gender expression can include the clothing someone wears, the way they talk, walk and behave, and the way they present themselves such as their hair style or use of make-up.

A person's gender identity or sexual orientation cannot be determined based on their gender expression. Gender expression can also be considered on a spectrum ranging from masculine to feminine. Some people may slide along the scale and express themselves as more masculine or feminine at different times. Some people may express themselves as being neither overtly feminine or masculine, and some people may choose to express themselves in both a feminine and masculine way at the same time.

Sexual orientation

Someone's sexual orientation or sexuality refers to who a person is emotionally, physically and/or romantically attracted to. Sexual orientation can include, but is not limited to gay, lesbian, bisexual, asexual, heterosexual, demisexual, pansexual, aromantic and many more. The term 'sexual preference' should not be used in language or documents, as it implies that one's sexuality is a choice. Using the term sexual orientation is the preferred term to use.

Deadname

Refers to a person's name prior to affirming their gender through use of their preferred name. Calling a person by their deadname, is disrespectful, and can lead the person to feel their identity is not acknowledged or respected. Deliberately deadnaming someone can be emotionally harmful, contributing to anxiety, depression and suicidal ideation and in some instances can cause significant emotional harm.

Misgendering

Is referring to a person or using language to describe a person that doesn't align with their gender identity. Assumptions can be made about a person's gender because of how they appear, which can result in non-binary or transgender people being referred to by incorrect pronouns. Misgendering can invalidate a person's sense of identity and have a lasting effect on their self-esteem and mental health.

Aboriginal and Torres Strait Islander people with diverse SOGIE-SC

Aboriginal and Torres Strait Islander people with diverse SOGIE-SC encompass the broad spectrum of diversity across gender identity, gender expression and sexual orientation as occurs within the broader population.

Aboriginal and Torres Strait Islander culture also includes “brotherboys” and “sistergirls” which are terms used for trans people within some Aboriginal and Torres Strait Islander communities. Sistergirls are Indigenous people assigned male at birth but who have a female spirit and live their lives as women, including taking on traditional female cultural practices, while brotherboys are Indigenous people assigned female at birth but have a male spirit and take on male roles within the community (refer to Australian Institute of Family Studies; Transhub – Trans Mob).

Literature is beginning to identify the challenges and health concerns experienced by Aboriginal and Torres Strait Islander people with diverse SOGIE-SC, however research in this area remains very limited. What is recognised in the research is that Aboriginal and Torres Strait Islander people with diverse SOGIE-SC experience high levels of intersecting discrimination and marginalisation, which often includes implications for their inclusion in cultural traditions, such as women’s and men’s business; difficulties in maintaining cultural connections, receiving family support, and acceptance within their communities; and limitations to culturally sensitive gender affirming services.

While data on suicide rates among Aboriginal and Torres Strait Islander young people with diverse SOGIE-SC is limited, existing statistics indicate higher suicide rates within this community compared to the broader population. A study in the Medical Journal of Australia found suicidality, substance misuse and homelessness are the primary health concerns for both Aboriginal and Torres Strait Islander people and people with diverse SOGIE-SC. However, the research found Aboriginal and Torres Strait Islander people with diverse SOGIE-SC experience additional challenges related to acceptance and accessibility to suitable health care. The report noted that some individuals move off country in search of more accepting communities or to access gender-affirming care. However, moving off country can lead to feelings of dislocation due to loss of connection to Country, which can exacerbate health issues.

Research has also found some people report feeling pressure to suppress their sexual or gender identity when living in Aboriginal and Torres Strait Island communities, however doing so can also exacerbate physical and mental health issues. The study further highlighted challenges for Aboriginal and Torres Strait Islander people in choosing whether to access community-controlled health organisations for medical and therapeutic support related to their diverse SOGIE-SC, or specialist gender affirming services. Engaging with community-controlled health organisations can have implications for a person such as knowledge and acceptance within their community and the service not being informed about gender affirming care and treatment, however specialist gender affirming services may not be culturally responsive.

While there are some resources currently available for Aboriginal and Torres Strait Islander young people with diverse SOGIE-SC, these remain limited. Further knowledge, understanding and the establishment of culturally responsive services are needed to better support the needs of this population.

When supporting Aboriginal and Torres Strait Islander children and young people with diverse SOGIE-SC, consider the additional challenges, discrimination and marginalisation they experience due to their intersecting identities. Be guided by the young person’s views and wishes regarding how best to support them and consider consulting with a cultural practice advisor to further inform your practice.

Mental health impacts for gender diverse young people

Contemporary research and literature demonstrates children and young people with diverse SOGIE-SC have an increased risk of poor mental health outcomes, including depression, anxiety, suicide and non-suicidal self-injurious behaviour than the general population.

Research conducted to date into the mental health of young people with diverse SOGIE-SC and more broadly of LGBTQIA+ people in Australia has found:

- Young people with diverse SOGIE-SC have higher rates of anxiety and depression than the general population.
- Young people with diverse SOGIE-SC are significantly more likely to attempt suicide or engage in non-suicidal injurious behaviour than the general population.
- Significantly higher rates of psychological distress amongst young people with diverse SOGIE-SC.

Studies also indicate young people with diverse SOGIE-SC find it difficult to access health services, reporting feeling isolated from medical and mental health services, or in reaching out to a service provider, the provider did not understand or respect their gender identity.

Further research conducted into the mental health of Aboriginal and Torres Strait Islander young people who identify with diverse SOGIE-SC has also found higher rates of psychological distress and suicide attempts amongst this population when compared with the general population.

Whilst collective studies and literature highlight poorer mental health outcomes for children and young people with diverse SOGIE-SC, these negative mental health and wellbeing outcomes for children and young people with diverse SOGIE-SC do not stem from being diverse. These outcomes are linked to the systematic/community issues of stigma, prejudice, discrimination and abuse on the basis of having and expressing diverse SOGIE-SC. They can also be linked to children and young people not receiving gender affirming care due to either feeling unable to express their needs or being unsupported by their family or network intentionally or due to them lacking knowledge and awareness of how to provide gender affirming care and support.

Gender dysphoria

Gender dysphoria describes discomfort or distress a person may feel in relation to their gender, their body or how others around them perceive their gender. Not all people with diverse SOGIE-SC will experience gender dysphoria.

Gender dysphoria is influenced by several factors including:

- external drivers, such as the responses of parents/caregivers, family, friends and broader society
- internal drivers, such as internalised transphobia, grief and loss, loss of hope for the future, cultural or religious beliefs, fear and resilience
- gender incongruence, where the person's gender is not aligned with their sex assigned at birth.

Gender dysphoria can vary with a child or young person experiencing manageable to debilitating levels of distress. This distress can lead the child or young person to experience issues with family, friends, school performance/attendance, as well as cause depression, anxiety, low confidence and self-esteem, social isolation and may lead to non-suicidal self-injurious behaviour, suicidal thoughts or even suicide (Children's Health Queensland, 2022).

A person may also experience gender confusion or may be questioning their gender identity, for example a person may be unsure which gender, if any they identify with. This may include a sense of gender incongruence, discomfort and distress or the person may feel little to no discomfort or distress while they navigate what feels right.

Why gender affirming care?

Gender affirmation is a term given to the range of actions and interventions gender diverse people may undertake to live and thrive as their authentic selves. While gender affirmation is generally a term considered in relation to people with diverse SOGIE-SC, cisgender people also engage in behaviours and activities which support their own gender identity and expression. Consider how a

person chooses to dress, how they wear or style their hair and the interests and activities they like to engage in. These form part of a person's gender identity and gender expression.

Contemporary literature such as that outlined in Transforming Families, Murdoch Children's Research Institute and the Australian Standards of Care and Treatment Guidelines (refer to references) highlight acceptance, support and gender affirming care as the highest predictor for improved mental health and overall wellbeing for children and young people with diverse SOGIE-SC. When a child or young person experiences positive, affirming responses from parents, caregivers, family, friends, partners and their broader community, their experiences of distress are significantly reduced. Conversely, where a child or young person experiences incongruence with their gender identity, and negative responses from parents, caregivers, family and friends, the child or young person will experience heightened emotional distress.

There are several ways a person can affirm their gender with gender affirming care encompassing social, legal and medical interventions. A child or young person may choose to affirm or express their gender through one or more options, such as:

- clothing choices
- adopting a preferred name or pronouns
- changing their name legally
- undertaking medical interventions.

TransHub outlines the following regarding each category of intervention:

- **Social affirmation** describes how gender diverse people introduce their authentic selves to the world around them. This might mean using forms of affirmation such as using their chosen name and pronouns, coming out, wearing new clothing, modifying the shape of their body, cutting or shaving their hair, playing around with how they use their voice, and more. Social affirmation also includes playing sport, going to work, and participating in life as their true selves. This can be really liberating and also scary for gender diverse people.
- **Medical affirmation** describes forms of affirmation gender diverse people may engage in with the help of doctors or health professionals, including taking puberty blockers followed by hormones such as estrogen, testosterone, or progesterone or having gender affirming surgery, such as chest surgery (often referred to as top surgery), genital surgery, facial surgeries and more.
- **Legal affirmation** describes ways a person can affirm their gender when working with legal and legislative systems, including formally changing their name.

Child Safety staff have obligations under the *Child Protection Act 1999* (the Act), including the Charter of Rights for a child in care outlined in *Child Protection Act 1999*, schedule 1, and the *Human Rights Act 2019* to meet the needs of children and young people, including their needs related to gender and sexual identity. By engaging in gender affirming practice, practitioners are upholding the rights and voices of gender diverse children and young people.

Engaging with and supporting children and young people with diverse SOGIE-SC

It is the role of practitioners to support children and young people with their diverse SOGIE-SC through adopting gender affirming practice and educating and advocating for the same with children and young people's family, carers and care team. This means engaging in developmentally appropriate conversations with children and young people to learn about their unique SOGIE-SC and seeking to understand and respond to their specific support needs.

Important considerations include:

- A person's sense of gender identity might be static, fluid or change over time. A person's gender identity is separate from their sex assigned at birth, their appearance, and their sexual orientation.
- A child or young person may have a solid understanding of their gender identity from an early age. Alternatively, a child or young person may be actively exploring their gender identity. Asking a child or young person about their gender identity, in a developmentally appropriate way helps them to feel validated, supported and enables any individual support needs to be implemented.
- Children and young people can be asked about their gender identity from an early age, however individual factors may influence this such as their intellectual capacity and development. A child could be asked about their gender identity earlier than 10 years if they show signs of gender exploration such as express thoughts or views regarding their gender, chose to dress or engage in activities which may not traditionally align with their sex assigned at birth, or appear distressed about their gender identity. Literature shows, children from a young age are aware of gender and have thoughts and feelings regarding their gender identity.

A guide for respectful engagement

To talk to a child or young person about their gender identity, create a safe environment and be guided by the young person. Reassure them that they can share as much or as little as they like and conversations can occur over time as the young person feels more comfortable talking about their gender identity.

Some helpful tips and suggestions for engagement include:

- Speak to the child or young person privately in a mutually agreeable space.
- Let them know that you would like to talk to them about gender identity and ask if they are ok to talk to you about this topic.
- You may start the conversation by introducing yourself with your preferred pronouns, or one of the following “I know I’ve introduced myself before as Alex, however I wanted to share that my pronouns are ‘he and him’. I use these pronouns to describe myself as I identify as male/a man” or “Do you know what pronouns are? Do you have preferred pronouns that best describe you and your identity?”
- Ask them if they have a preferred name, and if this is different to their legal name. Ask when they wish you to use this name and who else they consent to knowing and using their preferred name.
- Let them know it is their choice whether they wish to share anything about their gender identity with you.
- Also let them know your reasons for asking about their gender identity, which is to better understand and support them and help to guide you with any needs they may have related to their gender identity.
- The young person may prefer to talk about their gender with another key worker, such as a youth worker or someone they feel safe to talk to and share information with.
- Ask the child or young person about their gender identity in an age-appropriate way.
- Respond to the child or young person without judgement, by expressing acceptance and validation, being genuine, curious and enthusiastic in your responses. You may not know the term, understand or agree however it is important you convey acceptance, support and thank the young person for feeling safe to share their feelings with you.
- You may ask for clarifying information, such as “Could you tell me more about that?” however, refrain from questioning the young person too much.
- Let the child or young person know that it is okay to:

- talk to you about their gender identity anytime
- have questions or be confused about what they are feeling or experiencing and
- take things at their own pace, including deciding whether or not to tell other people about their gender identity.
- Let them know about their rights to privacy and confidentiality and ask if there is particular information regarding their gender identity that they would like withheld from others.
- Ask the child or young person if they would like resources regarding diverse gender identity.
- Explore what other assistance or support they require at this time.
- The child or young person's needs may change over time, so be sure to revisit this and let them know they can raise this with you at any time.

At times, where a child or young person expresses diverse gender identity, gender expression or sexual orientation, this may be considered by others as a “phase” or the child or young person aligning with a specific gender for reasons other than it being their gender identity. Sometimes these views are influenced by ones’ own thoughts, understanding, biases or misinformation about gender identity. A child or young person may be gender fluid, non-binary or may be questioning their gender, which may include exploring different gender identities, gender expression or sexual orientation. It is not your role to assess or determine the genuineness of a child or young person’s diversity.

Gender identity is assessed in the context of a young person’s identification with their gender being insistent, consistent and persistent over time. Where a young person maintains the same gender identity consistently and persistently over time, this is recognised as their gender identity indefinitely. Social and legal forms of gender affirming care are all reversible, therefore if a child or young person does reidentify with their sex assigned at birth or identifies with a different gender over time, actions undertaken can be changed.

Where a young person wishes to undertake steps to affirm their gender, assist the young person, their family, carers and care team to understand and consider the options available to them. Provide the young person with resources on the various options for gender affirming care and support the young person to access services such as a gender specific support service if they wish to do this.

Using Unify and kicbox

The child or young person may wish to use a preferred name and have this, their pronouns, their gender identity or all of these reflected in Unify. When considering changing a person’s details in Unify, ensure the child or young person is informed of who will have access to this information, and any restrictions regarding who they wish this information to be shared with. Specifically, a child or young person’s name and gender will automatically be generated on departmental forms. It is important that a child or young person is aware of implications of their name or gender being changed in Unify if they do not want this information shared with specific people such as parents or carers. For example, a young person may request that the department, support services and their carers know information regarding their gender and gender identity however they may request that their immediate family members are not provided with this information. A child or young person may choose not to have their details changed in Unify to enable their privacy to be respected. It is important to document the child or young person’s informed views and wishes in Unify and revisit this with them as their decision may change over time.

The child or young person may also wish to use kicbox to record information and communicate regarding their SOGIE-SC. This may be preferred by the child or young person instead of face to face or direct conversations.

Changing a child or young person's name or sex

The child or young person may also wish to have their name or sex legally changed via an application to the Registry of Births, Deaths and Marriages. The process for applying to the Registry of Births, Deaths and Marriages is outlined in the Child Safety Practice Manual.

For Aboriginal or Torres Strait Islander children and young people, there are additional considerations regarding the long-term impact of this decision on their identity and connection to culture. Make active efforts to enable parents, a suitable family member or another independent person, chosen by the child or young person to participate (depending on who the delegated decision maker is) and ensure consultation occurs with a cultural practice advisor.

Where a child or young person's name or sex is changed via the Registry of Births, Deaths and Marriages, their other identification documents should be changed to reflect this, for example, the child's:

- passport, if relevant
- birth certificate
- licence, if relevant
- Medicare card.

Referring a child or young person to the Queensland children's gender service

Where a child or young person is seeking support, expressing or displaying signs of distress related to their gender identity or where they wish to explore options for gender related medical treatments, consider a referral to the Queensland Children's Gender Service.

The Queensland Children's Gender Service provides specialist care for gender diverse children and young people aged up to 17 years, and their families.

Their statewide service aims to improve the health, wellbeing and function of children through affirmative, family focused, multidisciplinary assessment and specialist treatment.

The Queensland Children's Gender Service provides:

- developmentally informed assessments and management plans
- evidence based information
- specialist child and adolescent mental health services including family therapy, and psychological assessment when needed, and
- gender related medical treatments including puberty suppression and hormones

This service can provide children, young people and their families referred to the service with education regarding gender diversity and options for gender affirming care and treatment. This service undertakes a thorough assessment of a child or young person prior to recommending any medical treatment options. Where a young person may be exploring their gender identity or where other factors may be influencing their sense of identity, this will be identified through the assessment.

This service does not provide counselling or therapeutic intervention. However, when requested they can provide details of suitable mental health professionals, occupational therapists or similar to meet a child or young person's specific needs on a case by case basis. Practitioners can contact the Queensland Children's Gender Service and speak with their intake team if seeking further information.

As of January 2025, the Queensland Children's Gender Service is subject to a health service directive. Under the health service directive no new patients under 18 years of age can be

prescribed stage 1 (hormone blockers) or stage 2 (gender affirming hormone therapy) through the public health service. Where appropriate children and young people can be referred to private service providers for treatment.

Referrals to the Queensland Children's Gender Service can be made via:

- Email: CHQ-Gender@health.qld.gov.au
- Phone: (07) 3069 7377
- Website: <https://www.childrens.health.qld.gov.au/services/gender-service/gender-service-queensland-childrens-hospital>

Children and young people referred by Child Safety are considered category 1 referrals, therefore are prioritised at triage.

Supporting the parents and carers of gender diverse children and young people

Gender diverse children and young people may experience significant abuse, rejection and bullying related to their gender identity. This can be from parents, peers, family members or their wider community. For a child or young person, knowing that those closest to them affirm their identity and expression is central to their feelings of safety, wellbeing and belonging.

Where a family or caregiver refuses to accept or affirm their child's gender identity or they provide limited support to their child in affirming their gender identity, this can lead to the child or young person experiencing harm.

Some parents and caregivers may intentionally engage in behaviours which are harmful, such as misgendering or using their child's deadname, refusing to allow their child to dress in the way that affirms their gender identity or prohibiting them from engaging in other social and legal gender affirming actions. Parents and caregivers may also unintentionally act in a way that is not supportive of their child's gender identity, without understanding the impacts their actions have on their child's wellbeing.

For some parents and caregivers understanding their child's gender identity and how to support them can be difficult. They may experience grief and loss, have their own internal beliefs or transphobia, be fearful for their child's future or have a lack of knowledge and understanding about gender diversity. It is important as practitioners to provide support options to parents and caregivers to enable them to better understand and support their child.

The Queensland Children's Gender Service has a family centred approach, providing support and psychoeducation to the parents and caregivers of children referred. Additionally, there are a variety of resources available for parents and caregivers, including online resources and online support groups and forums, some of which are run by parents of gender diverse children and young people.

Resources

LGBTQIA+ information and key terms

LGBTQ Nation, [An \(incomplete\) list of gender pronouns](#)

Australian Institute of Family Studies, [LGBTIQA+ glossary of common terms](#)

Victorian government, [LGBTIQA+ inclusive language guide](#).

Information and resources for practitioners

Queensland Children's Gender Service, Home page [Service Locations | Children's Health Queensland](#)

Queensland Children's Gender Service, [Optimising health – skills you need](#)

Queensland Children's Gender Service, [Optimising health – our experience](#)

Creative Spirits, LGBTI Aboriginal people – diversity at the margins, [Sistergirls & brotherboys: transgender and queer Aboriginal people](#).

Websites for children, young people and their families/caregivers

[Parents of Gender Diverse Children](#)

[Transforming Families](#)

Beyond Blue, [LGBTIQ+ mental health](#)

[Transcend Australia](#)

[Open Doors Youth Service](#)

[QLife](#)

Headspace [online communities](#)

[Home | Minus18](#).

Websites for Aboriginal and Torres Strait Islander children and young people

Queensland Council for LGBTI Health, [2Sprints](#)

[Walkern Katatjdjin Rainbow Knowledge](#)

[Yarns Heal](#)

[Trans Hub-Trans Mob](#).

Contemporary literature and resources

The Royal Children's Hospital Melbourne, [Australian standards of care and treatment guidelines for trans and gender diverse children and adolescents](#), 2020.

Queensland Health, [Queensland Children's Gender Service: External Clinical Services Evaluation](#).

References

- ACON, 2021, Transhub. Retrieved from: <https://www.transhub.org.au> accessed October 2024.
- Australian Institute of Family Studies, 2022, LGBTIQA+ glossary of common terms. Retrieved from <https://aifs.gov.au/resources/resource-sheets/lgbtqa-glossary-common-terms> accessed October 2024.
- Grant, R., Amos, N., Lin, A., Cook, T., Hill, A., Pang, K., Bourne, A. 2024, Mental health and wellbeing outcomes associated with social, medical and legal gender affirmation among trans young people in Australia. *International Journal of Transgender Health*. Retrieved from [Full article: Mental health and wellbeing outcomes associated with social, medical, and legal gender affirmation among trans young people in Australia](#) accessed October 2024.
- LGBTIQ+ Health Australia, 2021, Snapshot of mental health and suicide prevention statistics for LGBTIQ+ people. Retrieved from <https://www.lgbtiqhealth.org.au/statistics/> accessed October 2024.
- LGBTQ Nation, (n.d.) An (incomplete) list of gender pronouns. Retrieved from <https://www.lgbtqnation.com/2022/08/incomplete-list-gender-pronouns/> accessed October 2024.
- LGBTQ+ Primary hub, (n.d.) Glossary of Terms. Retrieved from <http://www.lgbtqprimaryhub.com/glossary-of-terms> accessed October 2024.
- Murdoch children's research institute, (n.d.), Transgender youth health. Retrieved from <https://www.mcri.edu.au/impact/a-z-child-adolescent-health/t-z/transgender-youth-health> accessed October 2024.
- Stathis S, 2022, Helping trans, non-binary and gender diverse kids thrive. Retrieved from <http://www.childrens.health.qld.gov.au/about-us/news/feature-articles/helping-trans,-non-binary-and-gender-diverse-kids-thrive> accessed October 2024.
- Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., Lin, A. (2017). Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results. Telethon Kids Institute, Perth, Australia. Retrieved from [trans-pathways-report.pdf](#) accessed October 2024.
- Telfer M, Tollit M, Pace C, Pang K, 2020, Australian Standards of Care and Treatment Guidelines: For trans and gender diverse children and adolescent version 1.3. Retrieved from <https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents.pdf> accessed October 2024.
- Uink B, Liddel-Hunt S, Daglas, K, and Ducasse D, 2020, The time for inclusive care for Aboriginal and Torres Strait Islander LGBTQ+ young people is now. *The Medical Journal of Australia*, 213(5). Retrieved from [The time for inclusive care for Aboriginal and Torres Strait Islander LGBTQ+ young people is now - PubMed](#) accessed October 2024.
- Victoria Government, 2025, LGBTIQA+ Inclusive Language Guide. Retrieved from <https://www.vic.gov.au/sites/default/files/2025-02/LGBTIQA-inclusive-language-guide.pdf> accessed October 2024.
- Walkern Katatjdjin National Survey Community Report Summary (n.d), Retrieved from https://embrace.thekids.org.au/siteassets/documents/embrace-wk-report-summary_fa.pdf accessed October 2024.

Version history

First published:	August 2021
Most recent update published:	May 2025
Owner:	Office of the Chief Practitioner