

PRACTICE GUIDE

Children with gender and sexual orientation diversity

To undertake effective and respectful work with children and families, understanding basic concepts and the associated practice considerations that relate to gender and sexual orientation diversity is essential. This practice guide explores gender identity, gender expression and sexual orientation and provides guidance for working with children with diverse sexualities and genders, and their families, carers and networks.

Just as a child or adult's culture forms an important part of their identity, so too does their sexual orientation, gender identity and gender expression. The concepts of sexual orientation, gender identity and gender expression all relate to one another in various ways, however they have distinctly unique meanings and must be recognised as such. The acronym SOGIE is a useful way to remember and distinguish these concepts and is used throughout this practice guide. SOGIE stands for the following:

- SO - Sexual Orientation
- GI - Gender Identity
- E - (Gender) Expression

SOGIE must be considered in practice because every person, whether a child or an adult, has a SOGIE. SOGIE can be used as a framework when considering human development across the lifespan, as it shapes a person's identity and experiences.

“Healthy development of SOGIE is essential to a child and youth's wellbeing. SOGIE is one of the many domains of human development that is supported or undermined by the behaviour and attitudes of key adults and institutions in a child's life” (Human Rights Campaign Foundation, n.d.).

Understanding a person's SOGIE helps a practitioner develop a respectful relationship which honours the person's identity. Awareness of a child's SOGIE helps practitioners ensure appropriate supports are implemented for the child's safety, belonging and wellbeing as it relates to their SOGIE. For example, ensuring a child who is transgender is placed with carers who affirm the child's gender identity and support the child's journey, hopes and needs.

The importance of language

Language helps shape our perceptions of other people and has great power to affirm or harm the identity of the people we work with. The language and terminology relating to SOGIE is fluid and ever changing. Some common terms relating to SOGIE are described below. These terms are not intended to be used as labels for people, rather as a starting point to assist practitioners to develop a basic understanding of, and concepts relating to, SOGIE.

LGBTIQ+

LGBTIQ+ stands for Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer. The 'plus' refers to diverse genders or sexualities that extend beyond LGBTIQ. Some 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'.

Sexual orientation

Someone's sexual orientation or sexuality refers to who a person is emotionally, physically and/or romantically attracted to. Sexual orientations can include, but are not limited to, gay, lesbian, bisexual, asexual, heterosexual, demisexual, pansexual 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.

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'.

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. 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 they can oversimplify a complex subject and one's genetics are not the only factor in determining a person's sex.

Intersex

Intersex Human Rights Australia (2021) use the following statement to describe intersex people: "Intersex people have innate sex characteristics that don't fit medical and social norms for female or male bodies, and that create risks or experiences of stigma, discrimination and harm". Their information on '[Intersex for allies](#)' states:

"Intersex people ... are a hugely diverse population, with at least 40 different underlying traits known to science. Intersex variations can become apparent at many different life stages, including prenatally through the use of genetic screening technologies, at birth and in early childhood, at puberty, and later in life – for example when trying to conceive a child".

Intersex people use many different terms to describe themselves. 1.7% of the population is intersex, which is comparable to the number of people born with red hair (Amnesty International, 2021).

Gender identity

Someone's gender identity is about how they feel inside, regardless of their sex assigned at birth. It is an inner concept of the way one's self 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'.

The gender binary

The 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 of the male sex and women are of the female sex. There are multifactorial reasons as to how the gender binary construct can be harmful and oppressive for some people, both those who adhere to the gender binary and those who don't, such as supporting stereotypes like 'only girls wear pink' and 'men don't cry'.

Gender expression

Gender expression is the way someone expresses aspects of their gender identity or role, which is usually visible to other people. Gender expression can include what 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.

Gender dysphoria

Gender dysphoria “describes the distress experienced by a person due to incongruence between their gender identity and their sex assigned at birth” (Telfer, Tollit, Pace & Pang, 2018). Gender dysphoria does not affect all children who are transgender or gender diverse.

“Gender dysphoria ranges from manageable to debilitating. Some young people and their families will be able to manage gender dysphoria with little or no help while others will be overwhelmed by the distress. For some young people, it can lead to problems with school performance/attendance, confidence and self-esteem, depression, anxiety, social isolation, self-harm and suicidal thoughts. Many young people’s experiences of bullying, family rejection, homelessness, harassment, discrimination or verbal and physical violence contribute to gender dysphoria” (The State of Queensland, Children’s Health Queensland, 2021).

Specialist gender healthcare and family who affirms a child’s gender identity and expression can reduce a child’s gender dysphoria and support transgender and gender diverse children to have the same psychological wellbeing as the general population.

Sexual and gender diversity across cultures

Western society is largely anchored in the concepts of heteronormativity and the gender binary.

“Heteronormative ideology refers to the belief that there are two separate and opposing genders (women and men) with associated natural roles (masculine and feminine), which are in line with their assigned sex (female and male), and that heterosexuality is a given, rather than one of many possible sexualities” (Toorn, et al, 2020).

Societies and cultures around the world have recognised sexual and gender diversity for time immemorial. One example is the term ‘Two-Spirit’ which originated in North America. Two-Spirit refers to the diversity of North America’s Aboriginal LGBTIQ+ people. It holds diverse cultural and individual meanings and “...is popularly used by Indigenous people to identify a range of roles and identities which may span, and even complicate, distinctions between gender, sex and sexuality” (National Collaborating Centre of Aboriginal Health, 2016).

In Samoa, the third gender of Fa’afafine is a widely accepted part of Samoan culture. Historically, in families where all or most of the children were assigned male at birth, one of the boys identified as having strong feminine traits may have been chosen to be raised as Fa’afafine, being taught the traditional duties and crafts of women.

In Australia, transgender people have been a part of Aboriginal and Torres Strait Islander culture for millennia. The terms ‘Sistergirls’ and ‘Brotherboys’ are commonly used to refer to people who are transgender or who live their lives outside the gender binary (noting the term ‘Sistergirl’ and ‘Brotherboy’ is also used as part of Aboriginal and Torres Strait Islander vernacular to refer to a familiar female or male). As with many other Indigenous cultures, transgender and intersex people

were recognised and accepted within Aboriginal societies before colonisation which brought strict concepts of sex and gender.

Some diverse SOGIE Aboriginal and Torres Strait Islander people may feel pressure to suppress their sexual orientation or gender identity when in Indigenous communities. They may experience stigma, shame, or exclusion from men's or women's business which can negatively affect their social and emotional wellbeing. The intersectionality of living within multiple minority groups is associated with increased stressors and barriers that impede on an individual's coping efforts. While all people with diverse sexualities and genders are at increased risk of experiencing suicidality and psychological distress compared to the general population, Aboriginal and Torres Strait Islander peoples with diverse sexualities and genders experience increased risks due to discrimination, marginalisation and racism in addition to transphobia and homophobia.

Not all cultures or societies will use or have meaning attached to SOGIE. It is best practice to seek to understand where the person is coming from, how they identify and what this means for them.

Practice considerations

Support for children

When working with children in the care of Child Safety, understanding their SOGIE is essential for delivering appropriate and respectful case work to meet their individual needs. This may look like:

- asking about and consistently using the child's preferred name and their personal pronoun (such as him, her or they) in written and verbal communication and documentation
- [providing relevant support](#), such as connecting a child to a therapist or health professional who has experience in working with sexually and gender diverse young people
- linking the child in with peers and community groups who are part of the LGBTIQ+ community
- locating appropriate care arrangements for the child with people who understand and can meet the child's individual needs as they relate to the child's SOGIE
- working with the child to positively assert their SOGIE
- working with the child to develop their resilience and preferred ways to respond to challenges from others. This may include developing safety plans or scripting to assist the child to respond to negative comments or harmful behaviours from others
- helping a child explore their own feelings about their SOGIE if they are questioning or need adult support. Use the [gender unicorn](#) resource for children in younger developmental stages and the [gender galaxy](#) resource for children in older developmental stages to support them to explore their SOGIE.

Promote visual representations of inclusion, support and access to targeted services. This could include:

- wearing a rainbow lanyard or badges of support for diverse sexualities and genders on a lanyard
- displaying posters and resources specific to children with diverse sexualities and genders in areas accessible by young people such as CSSC waiting areas and meeting rooms
- displaying signage that unisex bathroom facilities in the CSSC are accessible for all genders.

Education and support for families, carers and stakeholders

Parents and families play a crucial role in developing the wellbeing of children who have diverse genders and sexualities. Their reaction to a child's SOGIE can range from highly accepting to highly rejecting.

“Well informed and supportive family members are central to the wellbeing of LGBTIQ+ people, just as they are for non-LGBTIQ+ people. Parental rejection of a child’s sexual or gender identity is associated with higher rates of suicide attempts and self-harm. Conversely, supportive relationships with family members not only lowers the rates of self-harm or suicidal behaviours, but can also provide resilience against abuse and discrimination experienced in other contexts” (Rainbow Network, n.d.).

While many people in a child’s network will understand, celebrate and be responsive to a child’s SOGIE, there will also be times when the adults and family members in a child’s life may feel confusion, grief, anger or denial in response to a child’s SOGIE. Important people in a child’s network (for example a parent, teacher or religious personnel) may dismiss the child’s SOGIE, suggesting that it is a ‘phase’ or can be ‘cured’. A parent or caregiver may engage in ‘rejecting behaviours’ towards a child (such as trying to change a child’s sexual orientation, or not allowing a child to wear clothes that affirm their gender). Even if this is motivated by love for the child (for example, they want their child to ‘fit in’), often it is deeply damaging to a child. In any circumstance, the provision of accurate information is critical to help the parent, caregiver and/or network learn to support the child’s SOGIE and support them, which will result in better outcomes for the child’s wellbeing.

To support a sexually or gender diverse child’s family and network:

- Seek to understand where the parent or network member’s response may be coming from, and what can be done to support them. Ask open questions such as:
 - What do you know about gender identity / sexual orientation? Are there things you think you don’t know yet?
 - How does (*child name*) telling you that they are (*xxx*) make you feel? Where does that come from?
 - What concerns do you have now, and in the future, for yourself and (*child’s name*)?
 - What did you learn about gender identity and sexual orientation growing up? Where did you get your opinions from?
 - What can I do to help you be the best parent for (*child name*) right now?
 - What do you think (*child name*) needs from you right now?
- Provide accurate, up to date information and resources to help them learn about SOGIE.
- Be clear that a child’s sexual orientation and gender identity is not a choice, nor is it something that can be ‘cured’ or ‘fixed’ with interventions such as conversion therapy or religious intervention.
- Educate families and network members on how their supportive and accepting behaviour can have a significant positive impact on a child’s wellbeing. In addition, educate them on how rejecting behaviours negatively impact on a child, including how sexually and gender diverse children and young people are at increased risk of depression, suicidal behaviour and ideation and other mental health concerns when they experience rejection or negative responses from their network and others in relation to their SOGIE.
- Validate and encourage the positive contribution that family and network members make to a child’s life when they support the child’s SOGIE.
- Talk to family and network members about what supports they need as an important person in the child’s life. Seek to link them with informed agencies in a timely manner such as [PFLAG \(Parents and friends of lesbians and gays\)](#), a peer support group that assists families and friends of lesbian, gay, bisexual and trans loved ones.

Examine your own bias

Everyone has different beliefs and biases when it comes to SOGIE. Most of the time, our personal biases are known to us (explicit), but many times we also have biases that are not known to us (implicit). Regardless of personal beliefs, practitioners must provide respectful and non-judgemental case work to sexually and gender diverse children, young people, parents and carers which affirms their identity. The following skills help identify bias:

- Actively reflect on and avoid assumptions and generalities.
- Get to know people that are different than you.
- Be accountable. Take steps to address bias when you recognise it.
- Continue to learn more. (Sexual & Reproductive Health, AHS Calgary Zone, 2019)

Be aware of projecting heteronormative assumptions onto people in day to day practice. The following table provides some examples of ways that heteronormative language and actions might show up in practice, and what can be done instead:

Practices to avoid	Things to try instead
<p>Avoid asking a female young person or adult if they have a 'husband/boyfriend'.</p> <p>Avoid asking a male young person/adult if they have a 'wife/girlfriend'.</p>	<p>Use more gender-neutral terms such as 'partner'.</p> <p>Use phrases such as "I'm curious whether you are currently seeing someone" or "Are you in a relationship at the moment? Tell me more about that".</p>
<p>Avoid assuming someone's gender identity.</p>	<p>When meeting people, ask them what their personal pronouns are. This gives them an opportunity to advise whether they identify as she, he, and/or they.</p>
<p>Don't judge someone's clothing, appearance or behaviour, or assume someone's sexual or gender identity based on these things.</p>	<p>Encourage people to present themselves in ways that feel right for them and that give them confidence.</p>
<p>Avoid making assumptions that all boys like playing with masculine toys, or that all girls like playing with feminine toys.</p>	<p>Ask children what toys they prefer and what their interests are. Encourage them to pursue activities that bring them joy.</p>
<p>Avoid using gendered language. If a child's family circumstances are unknown, don't ask them about their 'mum and dad'.</p>	<p>Ask children and young people who is in their family, or to tell you about their parents. This allows children to share broad information that is not limited to gender stereotypes.</p>
<p>Avoid assuming a person's sexual orientation.</p>	<p>Only inquire about a person's sexual orientation if it is relevant to the service being provided. For example, if a young person's case plan includes an action around receiving sex education, it may be appropriate to understand the young person's sexual orientation to ensure the content delivered is meaningful and appropriate for them.</p>
<p>Avoid expressing shock or surprise when a child or adult advises that they are gay, transgender, or any diverse sexual orientation or gender.</p>	<p>Thank the person for letting you know and let them know you are there to listen to them. When working with a child, talk with them about:</p> <ul style="list-style-type: none"> • whether they want this information kept confidential • whether they would like specific support or more information to connect with similar peers or to get further advice • how you can best support them.

Conclusion

Understanding SOGIE and delivering case work in a way that supports and affirms sexually and gender diverse people requires respect, humility, and a willingness to listen and learn. When in doubt, seek advice from the person themselves, from the mental health practice leader, or from the Practice Advice and Support team. Remember the importance of honouring a person's SOGIE, and that when family, friends and partners support a child's SOGIE, it results in the child experiencing increased safety, a stronger sense of belonging, and improved wellbeing throughout their life.

References and useful links

- Amnesty International (2021). *Its Intersex Awareness Day - here are 5 myths we need to shatter*. Retrieved from: <https://www.amnesty.org/en/latest/news/2018/10/its-intersex-awareness-day-here-are-5-myths-we-need-to-shatter/>
- Human Rights Campaign Foundation. (n.d.). *Caring for LGBTQ children and Youth: A guide for child welfare providers*. Retrieved from https://assets2.hrc.org/files/assets/resources/HRC_Caring_For_LGBTQ_Children_Youth.pdf
- LGBTQ+ Primary Hub. (2020). *Heteronormativity and cisnormativity*. Retrieved from <https://www.lgbtqprimaryhub.com/heteronormativity-cisnormativity>
- Matarese, M., Greeno, E. & Betsinger, A. (2017). *Youth with Diverse Sexual Orientation, Gender Identity and Expression in Child Welfare: A Review of Best Practices*. Baltimore, MD: Institute for Innovation & Implementation, University of Maryland School of Social Work. Retrieved from https://www.qiclgbtq2s.org/wp-content/uploads/sites/4/2019/05/LGBTQ2S-Lit-Review_-5-14-18.pdf
- National Collaborating Centre of Aboriginal Health. (2016). *An introduction to the health of Two-Spirit people: Historical, contemporary and emergent issues*. Retrieved from <https://www.nccih.ca/docs/emerginq/RPT-HealthTwoSpirit-Hunt-EN.pdf>
- Rainbow Network. (n.d.). *Supporting the Families of LGBTIQ+ young people*. Retrieved from <https://www.rainbownetwork.com.au/resources>
- Sexual & Reproductive Health, AHS Calgary Zone. (2019). *Sexual Orientation, Gender Identity & Gender Expression (SOGIE): An introduction for creating safer and more welcoming healthcare*. Retrieved from: <https://www.albertahealthservices.ca/assets/info/pf/div/if-pf-div-sogie-safer-places-toolkit.pdf>
- Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., & Hillier, L. (2014). *From blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia*. Melbourne. The Australian Research Centre in Sex, Health and Society. Retrieved from: <https://www.beyondblue.org.au/docs/default-source/research-project-files/bw0268-from-blues-to-rainbows-report-final-report.pdf?sfvrsn=2>
- Substance Abuse and Mental Health Services Administration. (2014). *A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children*. HHS Publication No. PEP14-LGBTKIDS. Rockville, MD. Retrieved from <https://familyproject.sfsu.edu/sites/default/files/FamilySupportForLGBTChildrenGuidance.pdf>
- Telfer, M., Tollit, M., Pace, C., & Pang, K. (2018). *Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents Version 1.1*. Melbourne: The Royal Children's Hospital. Retrieved from <https://genderrights.org.au/resources/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents/>
- The State of Queensland (Children's Health Queensland), Queensland Government (2021). *Gender Identity*. Retrieved from [Gender identity fact sheet | Children's Health Queensland](#)

Toorn, J., Pliskin, R. and Morgenroth, T. (2020). Not quite over the rainbow: the unrelenting and insidious nature of heteronormative ideology. *Current opinions in behavioural sciences*, 34,160-165. <https://doi.org/10.1016/j.cobeha.2020.03.001>

Trans Hub (2019). A language guide: Trans and gender diverse inclusion. Retrieved from [TGD+Language+Guide_2020.pdf \(squarespace.com\)](#)

Trans student educational resources. (n.d.). Gender unicorn. Retrieved from: <https://transstudent.org/gender/>

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