

INFORMATION SHEET: SEXUAL IDENTITY AND GENDER DIVERSITY

The Australian Psychological Society (APS), through all of its structures, is committed to the full inclusion of people who are intersex, people who do not identify as heterosexual and/or do not identify with their natally-assigned sex. This includes a commitment to supporting the full inclusion of psychologists who themselves are intersex or who do not identify as heterosexual and/or with their natally-assigned sex. This information sheet provides members with a broad overview of relevant terms and the wider contexts applicable to the lives of people who are not heterosexual or who do not identify with their natally-assigned sex, and information about stereotypes that should be challenged by psychologists and those they work with.

Definitions

An important aspect of understanding the lives of lesbian, gay, bisexual and/or transgender (LGB/TI) people involves understanding the difference between sex, gender, and sexual identity, and understanding the terms used to describe each of the groups.

Sex refers to the assignation made to individuals – either male or female, treated as binary opposites - at birth. This assignation is made primarily on the basis of genitalia. For the majority of people this assignation accords with the gender identity they develop as they grow, which aligns to at least some degree with the expected norms for their assigned sex. For some people, however, this is not the case. Furthermore, for some people the assignation of sex as one of two available categories (male or female) denies their physical and psychological embodiment of more than one sex (such as is the case for intersex people, see below)

Gender refers to the behaviours, roles, and identities adopted or enforced upon individuals on the basis of sex assignation. Certain personal characteristics are expected of males as compared to females, though there is of course wide variation in terms of how males and females take up these expectations.

Sexual identity (or sometimes 'sexual orientation') refers to an individual's generalised attraction to other people. This may be orientated to people of the same gender, or people of a different gender to them, or it may be an attraction to people regardless of their gender. Some people may also identify as asexual (referring here to a person who experiences little or no interest in engaging in sexual activity, but who may nonetheless enjoy some forms of intimacy, which may be gender-specific).

Lesbian: A person who identifies as female (regardless of their natally-assigned sex), and who experiences primary or exclusive emotional and sexual attraction to other females.

Gay: A person who identifies as male (regardless of their natally-assigned sex), and who experiences primary or exclusive emotional and sexual attraction to other males.

Bisexual: A person who experiences attraction to both males and females.

Heterosexual: A person who experiences primary or exclusive attraction to individuals whose assigned or preferred gender identity is the opposite of their own (within, as described above, a binary system of male and female).

Transgender: An umbrella term encompassing people whose gender identity differs to that expected of their nataly-assigned sex. Some people (who may identify as transsexual) may undertake hormone therapy and surgery so that their body accords with their gender identity. Some people (who may identify as transgender or genderqueer) may choose to dress in accordance with their preferred gender identity, but may or may not undertake hormone therapy or surgery. Many transgender people distinguish between their assigned sex and their *affirmed* sex. The term 'transitioning' is often used to refer to transgender people who are in the process of moving towards living their life as their affirmed sex. Like other people, transgender people may identify as heterosexual, lesbian, gay, or bisexual. The acronym LGB/TI recognises this intersection of sexual identity and gender identity.

Intersex: Intersex people are born with chromosomes, genitals, and/or reproductive organs that display characteristics that are either a combination of those assigned female at birth and those assigned male at birth; are considered atypical of those assigned female or those assigned male at birth; or are unlike either form of assignation. As such, intersex is a spectrum rather than a single category. Intersex people may identify as heterosexual, lesbian, gay, or bisexual (i.e., intersex refers to sex characteristics, not gender identity or sexual identity).

Whilst these broad descriptions identify the diversity amongst intersex, non-heterosexual and/or non-gender normative people, it is important to acknowledge that some people may use other descriptors to refer to their sex or gender, or may prefer not to be defined according to sex or gender categories at all.

Legal Context

As of July 2013, lesbian, gay and bisexual Australians are covered by a wide range of pieces of legislation intended to protect them from discrimination. This includes protection from discrimination in the context of service provision and employment, which is covered both by federal anti-discrimination legislation and state or territory equal opportunity laws. Other than with regard to federal marriage (which at present is defined solely as the union between a man and a woman), lesbian, gay and bisexual Australians are, broadly speaking, entitled to the same access to services as heterosexual Australians.

Transgender Australians are currently entitled to legal recognition of their affirmed sex on passports and other federal documents through the support of at least one psychologist or psychiatrist (and this does not need to include hormone therapy or surgery). Currently at the state or territory level, however, transgender Australians still require proof of their physical transition in order to acquire a birth certificate reflecting their affirmed sex.

Intersex Australians are entitled to have their sex recorded as 'X' on federal documents (e.g., passports) and on some state and territory documents. Intersex people continue to speak against practices of forced genital surgery on intersex infants. It is a human rights violation to perform such surgery on infants unless medically necessary (i.e., to allow a child to urinate).

Despite these broader legal trends in Australia, there are important differences between states and territories in terms of the degree of protection offered to LGB/TI people. Examples include differences in rights to adopt or to engage in offshore surrogacy arrangements.

Psychologists have a responsibility to keep abreast of legislative developments as they relate to LGB/TI people.

Practice Context

For over a decade the Australian Psychological Society has had ethical guidelines focusing on psychological practice with lesbian, gay and bisexual Australians. As of 2013 the APS also has guidelines for working with sex and/or gender diverse Australians (a broad umbrella term inclusive of transgender and intersex people). Both sets of guidelines, as applications of the broader APS code of ethics, direct inclusive and respectful practice with LGB/TI people.

It is vital that psychologists are aware that for almost 40 years homosexuality has not appeared in the DSM, and that the APS has a clear position on the inappropriateness of so-called 'reparative' or 'conversion' therapies as applied to lesbians, gay men and bisexual people. This position (APS, 2000) states that there is no evidence base to justify the 'treatment' of homosexuality, and that any such 'treatment' runs counter to the removal of homosexuality from the DSM.

Psychologists should also be aware that the DSM5 now includes a diagnosis of 'gender dysphoria' (which replaces the DSM IV-TR diagnosis of 'gender identity disorder') that may be useful when working with some transgender clients in order to assist access to hormones or surgery for adults and access to hormone blockers for children and adolescents. Importantly, and as the DSM5 states, this diagnosis is not intended to pathologise transgender people, but rather to acknowledge that distress can arise from living in transphobic societies where discord between assigned sex and gender identity is at best tolerated. The diagnosis is intended to support transgender people moving through transition rather than to label transgender people *per se*.

Social Context

Australian research continues to show that there are increasingly positive attitudes in the general population towards LGB/TI Australians (Flood & Hamilton, 2005; Kelley, 2000). Despite this, negative attitudes remain, and these are often shaped by inaccurate stereotypes. **Psychologists have a vital role to play in challenging negative attitudes, both in the general population and within the profession.** This fulfills a social justice commitment on the part of the discipline to engender a world where people are not marginalised on the basis of their sexual or gender identity. Further, challenging negative attitudes also contributes to improved mental health outcomes for LGB/TI people, given that research continues to find a direct correlation between living in a marginalizing society and poor mental health outcomes (Meyer, 2000).

Correcting Some Common Stereotypes

Below is a list of facts that correct some of the most common stereotypes about LGB/TI people.

#1 Sexual orientation and pedophilia are entirely separate categories

Pedophilia is a psychiatric disorder. It is a pathological desire by an adult for intimacy with a child. Pedophilia is thus an abuse of power, and thus the genders of both the child and adult are less relevant than are the age and power differences. An individual's sexual orientation, by contrast, shapes what are typically consensual and non-pathological interactions between consenting adults.

#2 Children raised by LGB/TI people fare well

There is a substantial body of research from over three decades that clearly demonstrates the positive outcomes for children raised in LGB/TI-parented households (see the APS literature review on the topic for a thorough overview of these findings http://www.psychology.org.au/publications/statements/lgbt_families/).

#3 There are significant differences between people who 'cross-dress' as a fetish, and people who are transgender

For some people, cross-dressing may be a starting place for coming out as transgender. For other people cross-dressing may be a pleasurable experience unrelated to their gender identity *per se*. For transgender people, wearing clothes that reflect their expressed gender identity (as opposed to their natal assigned sex) is a public expression of their gender identity.

#4 Bisexuality may be a lifelong sexual identity, or a part of the 'coming out' process.

Some lesbians or gay men may identify as bisexual as part of the coming out process during the time when they are coming to understand their sexual identity. This is the product of social prohibitions on homosexuality, and claims to bisexuality may be used to mitigate perceived negative reactions. For other people, however, bisexuality is a lifelong and legitimate sexual orientation.

#5 LGB/TI people can have consensual, meaningful and committed long-term relationships.

Like any population, LGB/TI people can be involved in consensual, meaningful and committed long-term relationships. Also like any relationships, those involving LGB/TI people can experience periods of disruption or relationship breakdown. Like all people, LGB/TI people may also enter into intentional and agreed upon non-monogamy. Given the ongoing discrimination that many LGB/TI people face, it is important to recognise that despite this discrimination, LGB/TI relationships do well.

#6 Same-sex desires do not need to be 'cured'.

Research evidence clearly shows that people who attempt to 'cure' their homosexuality can at best find ways to avoid acting on their desires, but that they cannot change the nature of their desires or their attractions to people of the same gender.

#7 LGB/TI people have the human right to live in an inclusive society, regardless of how their gender or sexual identity is understood by others.

Across the globe considerable diversity is found in terms of gender expression and sexual identity. Whilst in western societies causal or biologically determined accounts may be used by some to warrant inclusion and acceptance, it is important to acknowledge as legitimate all individuals' expressions of sex, gender and sexual identity, rather than attempting to ensure inclusion on the basis of proof of aetiology.

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