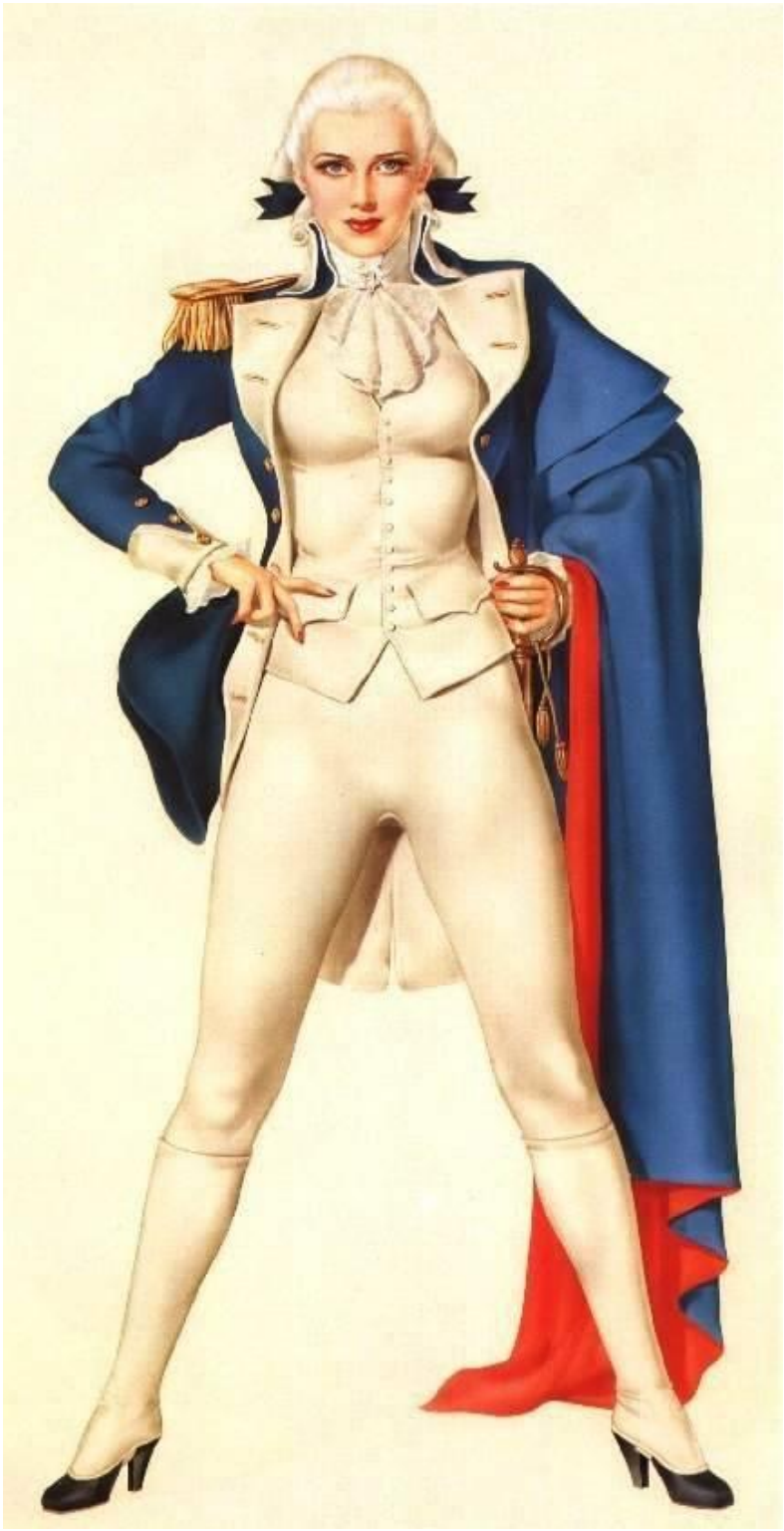
THE NORTHERN HOSPITAL

GENDER DIVERSITY



Revolutionary Girl, print August 1942, Alberto Vargas

(**In the Shuttlecraft**):

RIKER: *You handle these controls like you grew up in a shuttle.*

SOREN: *I did. My parents were pilots. I was flying with them before I could walk. And as soon as I was old enough, I entered flight school. Krite was my instructor.*

RIKER: *He had a good student.*

SOREN: *He? Commander, there are no he's or she's in a species without gender.*

RIKER: *Okay. For two days I've been trying to construct sentences without personal pronouns. Now I give up. What should I use? It? To us, that's rude.*

SOREN: *We use a pronoun which is neutral. I do not think there is really a translation.*

RIKER: *Then I'll just have to muddle through. So forgive me if a stray he or she slips by, okay?*

SOREN: *Well, if that's the systems review, I don't see any problem. What's next?*

RIKER: *Lunch…..*

(**After lunch, back in the in the Shuttlecraft**)

SOREN: *I've illuminated the delta four grid map. We'll start there and expand.*

RIKER: *Stand by, forward phaser array.*

SOREN: *Pulse vanished at delta four point two by point three.*

RIKER: *Firing second burst.*

SOREN: *Delta four point four by point five.*

RIKER: *This is working. Initiating computer task hand-off.*

SOREN: *Commander, tell me about your sexual organs.*

RIKER: *….Er…..*

SOREN: *Is that an uncomfortable subject for humans?*

RIKER: *No, but it doesn't tend to be a topic of casual conversation.*

SOREN: *I'm interested in your mating practices. What is involved with two sexes?*

RIKER: *Correcting course. Zero two one mark zero.*

SOREN: *Mating?*

RIKER: *Right….Well… it's pretty simple. Men inseminate the women. Women carry the baby.*

SOREN: *Our foetuses are incubated in fibrous husks, which the parents inseminate. From what we know of other species, our method is less risky and less painful.*

RIKER: *….And less enjoyable.*

SOREN: *Less enjoyable?*

RIKER: *For humans, the sexual act brings a closeness and intimacy. It can be a very pleasurable experience. Inseminating a husk?*

SOREN: *That's just the last step. Mating is a long ritual for us, full of variety and invention. I assure you, it is extremely pleasurable.*

RIKER: *I'm picking up a neutrino emission from within the null space.*

SOREN: *That may be coming from our shuttle. I'll note these coordinates.*

SOREN: *I wonder.*

RIKER: *What?*

SOREN: *If a human and a J'naii would be sexually compatible.*

RIKER: *I don't know.*

SOREN: *Of course it would never be permitted.*

RIKER: *Why not?*

SOREN: *The idea of gender. It is offensive to my people. You see, long ago we had two sexes, as you do. But we evolved into a higher form. I don't mean to sound insulting, but on my planet we have been taught that gender is primitive.*

RIKER: *Primitive?*

SOREN: *Less evolved.*

RIKER: *Maybe so, but sometimes there's a lot to be said for an experience that's primitive.*

SOREN: *Delta five grid map is fully plotted…..*

(**Later, again back in the Shuttlecraft**)

RIKER: *The portable transporter array is in. When we get into null space, we'll need to initialise it before we can transport the J'naii crew to this shuttle. But there should still be enough power left to beam all of us back to the Enterprise.*

SOREN: *Is the buffer field generator installed?*

RIKER: *Not yet. Geordi thinks that'll be ready by oh eight hundred hours tomorrow. But before that, we should see if we can balance this engine. Can you access the starboard manifold thrust? (Soren crawls under the control panel….Riker follows)*

SOREN: *There.*

RIKER: *Set the arc at six point three. I'll optimise the plasma flow.*

SOREN: *(Now whispering) Commander, I'd like to tell you something. Something that's not easy to say.*

RIKER: *(Now whispering also) What's that?*

SOREN: *I find you attractive. I'm taking a terrible risk telling you that. It means revealing something to you, something that, if it were known on my planet, would be very dangerous for me. Occasionally, among my people, there are a few who are born different, who are throwbacks from the era when we all had gender. Some have strong inclinations to maleness, and some have urges to be female. I am one of the latter.*

RIKER: *I have to admit I had a feeling you were different.*

SOREN: *I was hoping you would. But in front of Krite and the others, I must be careful not to reveal myself.*

RIKER: *Why?*

SOREN: *On our world these feelings are forbidden. Those who are discovered are shamed and ridiculed, and only by undergoing psychotectic therapy and having all elements of gender eliminated can they become accepted into society again. Those of us who have these urges live secret and guarded lives. We seek each other out, always hiding, always terrified of being discovered.*

RIKER: *How long have you known that you were like this?*

SOREN: *I've known I was different all my life. But I did not know how or why until I was older.*

RIKER: *And when you realised….what then?*

SOREN: *(Now tearful) I remember when I was very young, before I knew what I was, there was a rumour in my school that one of the students preferred a gender, in that case, male. The children started making fun of him, and every day they were more cruel They could tell he was afraid and somehow that seemed to encourage them. One morning in class, he appeared, bleeding and in ripped clothes. He said he had fallen down. And of course the school authorities found out and took him away, and gave him psychotectic treatments. When he came back, he stood in front of the whole school and told us how happy he was now that he had been cured. After that, I realised how dangerous it was to be different. And once I got older, and knew what I was, I was terrified. I have had to live with that fear ever since.*

RIKER: *Do you have relationships with others?*

SOREN: *(Gently touching Riker's face) Yes, with those who have discovered they are male. I have had to live a life of pretence and lies, but with you I can be honest. Please, don't say anything….Just think about it.*

"The Outcast", Star trek, The Next Generation, March, 1992.

Gene Roddenberry, creator of the now immortal Star Trek genre, was famed not only for his astonishing prescience, but his for his ground-breaking dealing with racial and gender issues. In the original Star Trek series he took the extremely controversial and unprecedented steps of giving a lead role to an African American woman, Nichelle Nichols. Roddenberry saw a vision of a future humanity united as one, without division based on race, creed, culture or gender; for the times this was incredibly progressive, he was quite literally, half a century ahead of his time. At the height of the Cold War, and just twenty years after the end of the Second World War, he cast a Russian, Pavel Andreievich Chekov (played by Walter Koenig) and a Japanese, Hikaru Kato Sulu (played by George Takei) in lead parts, to demonstrate the unity of the human race that he imagined one day must come, or at least would have to come, if humanity had any chance of survival into the distant future. On November 22, 1968, the Star Trek episode "Plato's Stepchildren", audaciously, featured the first ever inter-racial kiss to appear on American television, when Captain James T. Kirk played by William Shatner kissed his Communications Officer Lieutenant Uhura, played by Nichelle Nichols. This scene drew an explosive response from viewers, but Roddenberry held firm to his vision. One white Southerner wrote, "I am totally opposed to the mixing of the races. However, any time a red-blooded American boy like Captain Kirk gets a beautiful dame in his arms that looks like Uhura, I ain't gonna fight it"… it was probably about the best concession that could have been hoped for at the time.

In 1987 the second incarnation of Star Trek was introduced to a new generation as "Star Trek, the Next Generation", again under the direction of Gene Roddenberry. On the 16th of March 1992, in the fifth year of the series, "The Outcast" controversially explored one of the preeminent social issues of that time, homosexuality. The Enterprise goes to the assistance of a species known as the J'naii, who have lost some crew members in a terrifying region of space, known as "null space" The J'naii are a genderless species, reproducing by means of a type of artificial sporing process. They see gendered species as abhorrent and primitive. However it soon becomes apparent that although all J'naii may outwardly look the same, they are not. Some are born with the "primitive" instincts of their remote gendered ancestors - some with strong feelings for maleness other for femaleness. These individuals are regarded as 'sick" and they are forcibly "cured" of their "sickness" by a brutal process known psychotectic treatments, a combination of pharmacological and surgical excision of any neural pathways considered by J'naii society to be "deviant". The episode was just as controversial as was "Plato's Stepchildren" for its time. The J"naii, Soren, has strong female feelings which she makes clear to Commander Riker for whom she develops a strong attraction for. Riker is taken aback, but being a progressive Federation Star Fleet officer tries to defend Soren when she is found out by her people. The Prime Directive of the Federation however forbids any interference in the cultural beliefs of alien races, and so he cannot protect her. Soren is arrested and taken away for psychotectic treatment. Following this we see a sad and poignant scene reminiscent of the lobotomized patients depicted in the classic film "One Flew Over the Cuckoo's Nest", when Riker again sees his "cured" secret admirer. The latest iteration of the Star Trek Epic, now in its fifth decade, is "Star Trek - Discovery". This "Netflix" series, watched by countless grandchildren of the original Star Trek acolytes of the 1960s remains true to the legacy of Gene Roddenberry, in its exploration and celebration of the rich and complex range human "gender", a social issue again very controversial for its time.

Of course gender diversity is not a specific issue to the Twenty-first century. This diversity has been a strong aspect of human psychology for millennia. In the past great female leaders have had to hide or suppresses their gender in order to survive in narrowly male dominated cultures. The remarkable female Egyptian Eighteenth Dynasty Pharaoh, Hatshepsut, felt obliged to depict herself in statuary wearing the ceremonial false goatee beard. The Russian Empress, Tsarina Elisabeth I was an exceptional beauty in her youth. Even though she was Empress in a male dominated world she felt compelled to express her sexuality in the Transvestite balls she would decree to the utter agony of all her male courtiers who were forced to participate. Elizabeth by all accounts had spectacularly good legs. The only means by which she could flaunt these was to dress up as a male in military uniform with tight male trousers. It was only in this covert manner she could show off her long shapely legs to all, although it also had to be said that the powerful Empress in all likelihood very much enjoyed humiliating her grand male courtiers. The fifteen year old, future Catherine the Great amusingly recorded in her diary, "I must say that there was nothing more hideous and at the same time more comical than to see most men dressed this way and nothing more miserable to see women in men's clothes!"

The true genius of Gene Roddenberry was not to merely create controversy for its own sake, but rather to bring out into the open, to embrace, to educate, and celebrate humanity in all its rich diversity. It would only be by understanding and tolerance of this natural human diversity, he believed, that the future of Homo sapiens as a species could not only survive into the distant future but also continue to evolve and one day, perhaps, to even conquer the stars.

GENDER DIVERSITY

Introduction

Biological sex (as an expression of chromosomal genes) is today considered a distinct entity to **gender**, despite that fact that in common usage the two terms are frequently used interchangeably.

The distinction between **sex** and **gender** differentiates a person's biological sex (the anatomy of an individual's reproductive system, and secondary sex characteristics) from that person's **gender**, which can refer to either **social roles based on the sex of the person (gender role) or personal identification of one's own gender based on an internal awareness (gender identity)**. (*Neil R. Carlson 2010. Psychology: The science of behaviour. Fourth Canadian edition*).

In this philosophy, the idea of a "biological gender" is an oxymoron: the biological aspects are not gender-related, and the gender-related aspects are not biological.

In some circumstances, an individual's assigned sex and gender do not align, and in this sense the person may be "**transgender**".

In other cases, an individual may have biological sex characteristics that confuse sex assignment, and the person may be **intersex**.

The sex and gender distinction is not universal in common parlance. In common speech, sex and gender are often used interchangeably.

Some dictionaries and academic disciplines give them different definitions while others do not.

Some languages, such as German or Finnish, have no separate words for sex and gender, and the distinction has to be made through context.

Among scientists, the term **sex differences** (in distinction to **gender differences**) is typically applied to sexually dimorphic traits that are hypothesized to be **evolved** consequences of **sexual selection**.

Being **transgender** (or "**gender diverse**") is now largely viewed as part of the *natural spectrum* of *human diversity*.

Being transgender is, however, *frequently* accompanied by **gender dysphoria**, the distress that arises from the incongruence between a person's gender identity and their chromosomally determined sex.

It is well recognised that transgender and gender diverse individuals are at **increased risk of harm** because of:

- Discrimination

- Social exclusion
- Bullying
- Physical assault
- Homicide

Consequences of gender dysphoria and its attendant increased risk of significant harm include **serious psychiatric comorbidity.**

Increasing evidence demonstrates that with supportive, gender-affirming care during childhood and adolescence, harms can be ameliorated and mental health and wellbeing outcomes can be significantly improved.

Epidemiology

In Australian TGD children and adolescents 79.7% report self harming and 48.1% attempting suicide in a one Australian study. [3]

With increasing visibility and social acceptance of gender diversity in Australia, more TGD children and adolescents are presenting to community and specialist health care services.

It has been estimated that about 1.2% of Australian adolescents identify as transgender, and it is therefore likely that referrals to health care professionals will continue to rise in the foreseeable future.

In response to the sharp rise in demand for medical services for TGD children and adolescents, multidisciplinary services have been created and expanded throughout Australia.

Although international treatment guidelines currently exist, there are particular challenges in providing TGD health care in Australia. These include cultural and linguistic diversity, and vast geographical distances creating barriers to treatment access for people living in rural and regional locations.

Given this rapid change, there is a clear need for the development of clinical guidelines to assist in the provision of optimal and consistent care, improve access and equity to such care, and facilitate research.

On this basis, new Australian standards of care and treatment guidelines have been developed by the RCH, 2018. [2]

History

Gender - in the sense of social and behavioural distinctions - according to some archaeological evidence, arose at least 30,000 years ago, (*Adovasio, J. M. et al. The Invisible Sex: Uncovering the True Roles of Women in Prehistory (Smithsonian Books & Harper-Collins Publishers, 1st ed. 2007*).

The historic meaning of gender, ultimately derived from the Latin "genus", meaning "kind" or "variety".

By the Twentieth century, the principal use of the term gender was in formal grammar.

But in the early 1970s the work of John Money, particularly his popular college textbook "Man & Woman, Boy & Girl", was embraced by feminist theory. This meaning of gender has now become prevalent in the social sciences, although in many other contexts, gender continues to include biological sex.

Terminology

Current terminology relating to TGD children and adolescents continues to rapidly evolve.

Current common terminology includes:

Gender identity:

- A person's innermost concept of self as male, female, a blend of both or neither.

  One's gender identity can be the same or different from their sex assigned at birth.

Gender expression:

- The external presentation of one's gender, as expressed through one's name, clothing, behaviour, hairstyle or voice, and which may or may not conform to socially defined behaviours and characteristics typically associated with being either masculine or feminine.

Gender diverse:

- A term to describe people who do not conform to their society or culture's expectations for males and females.

  Being transgender is one way of being gender diverse, but not all gender diverse people are transgender.

Assigned male at birth:

- A person who was thought to be male when born and initially raised as a boy.

Assigned female at birth:

- A person who was thought to be female when born and initially raised as a girl.

Trans or transgender:

- A term for someone whose gender identity is not congruent with their sex assigned at birth.

Cisgender:

- A term for someone whose gender identity aligns with their sex assigned at birth.

Trans boy/male/man:

- A term to describe someone who was assigned female at birth who identifies as a boy/male/man.

Trans girl/female/woman:

- A term to describe someone who was assigned male at birth who identifies as a girl/female/woman.

Non-binary

- A term to describe someone who does not identify exclusively as male or female.

Agender:

- A term to describe someone who does not identify with any gender.

Brother-boy and sister-girl:

- Aboriginal and Torres Strait Islander people may use these terms in a number of different contexts, but they are often used to refer to trans and gender diverse people. Brother-boy typically refers to masculine-spirited people who were assigned female at birth. Sister-girl typically refers to feminine-spirited people who were assigned male at birth.

Gender dysphoria:

- A term that describes the distress experienced by a person due to incongruence between their gender identity and their sex assigned at birth.

Social transition:

- The process by which a person changes their gender expression to better match their gender identity.

Medical transition:

- The process by which a person changes their physical sex characteristics via hormonal intervention and/or surgery to more closely align with their gender identity.

Recommendations

Current Australian Recommendations are reproduced below:

General principles:

General principles for supporting transgender and gender diverse children and adolescents include the following:

1. Individualise care:

   - Every child or adolescent who presents with concerns regarding their gender will have a unique clinical presentation and their own individual needs.

     Importantly, decision making should be driven by the child or adolescent wherever possible; this applies to options regarding not only medical intervention but also social transition.

2. Use respectful and affirming language:

   - Understanding and using a person's preferred name and pronouns is vital to the provision of affirming and respectful care of TGD children and adolescents.

     Providing an environment that demonstrates inclusiveness and respect for diversity is essential, with Australian research reporting that health care environments experienced as discriminatory for TGD people are correlated with poorer mental health outcomes.

3. Avoid causing harm:

   - Avoiding harm is an important ethical consideration for health professionals when considering different options for medical and surgical intervention, with the withholding of gender-affirming treatment potentially exacerbating distress and increasing the risk of self-harm or suicide.

     In the past, psychological practices attempting to change a person's gender identity to be more aligned with their sex assigned at birth were used. Approaches of this nature lack efficacy, are considered unethical, and may cause lasting damage to an individual's social and emotional health and wellbeing.

4. Consider socio-cultural factors:

   - Fear of stigma and discrimination by health professionals can be a barrier for TGD individuals in accessing health care and treatment directly related to gender dysphoria.

Additional barriers to treatment access may exist for Indigenous TGD Australians and those belonging to religious or cultural groups whose beliefs and values may be at odds with a gender-affirming approach.

5. Consider legal requirements:

- Historically, court processes have played a significant role in determining access to hormone treatment for transgender adolescents in Australia.

  Following the case in the Family Court of Australia known as Re Alex (2004), medical treatment for gender dysphoria was classified as a "special medical procedure" and all adolescents required court authorisation to access pubertal suppression and hormone treatment.

  This position was challenged before the Full Bench of the Family Court in Re: Jamie (2013) and Re: Kelvin (2017).

  Current law allows the adolescent's clinicians to determine their capacity to provide informed consent for treatment.

  Court authorisation before commencement of hormone treatment is no longer required.

  For adolescents who are assessed by clinicians as not being competent to provide informed consent, usual parental responsibility applies and parents or legal guardians can provide informed consent on their behalf without requiring court authorisation.

Supporting transgender and gender diverse children (before onset of puberty):

1. Psychological support:

- Supporting TGD children requires a developmentally appropriate and gender-affirming approach.

  A non-judgemental, safe and supportive environment for children and their parents or caregivers will allow optimal outcomes from care provision.

  While most TGD children and their families may benefit from psychological support, the level of support depends on the clinical and psycho-social circumstances present.

  TGD children with good health and wellbeing who are supported by gender-affirming family and educational environments may not require psychological support beyond intermittent contact with a clinician such as the family's general practitioner.

There is growing evidence to suggest that for children, family support is associated with better mental health outcomes.

Where there is a lack of family understanding or support for a child's gender diverse expression, a clinician may work with family members to help develop a common understanding of the child's experience.

When a child's medical, psychological and/or social circumstances are complicated by coexisting autism spectrum disorder, mental health problems, learning or behavioural difficulties, trauma, abuse or significantly impaired family functioning, a more intensive approach with input from a skilled mental health clinician with expertise in child cognitive and emotional development and child psychopathology, and experience in working with children with gender diversity and gender dysphoria, is required.

2. Social transition:

- Social transition involves outwardly expressing oneself in a gender role that is consistent with one's gender identity.

  This may include changing one's preferred name and pronouns, hairstyle, or wearing clothing that is stereotypically associated with the gender one identifies with.

  Social transition should be led by the child and does not need to involve an all or nothing approach.

  Social transition can reduce a child's distress and improve their emotional functioning.

  Evidence suggests that transgender children who have socially transitioned demonstrate rates of depression, anxiety and self-worth comparable with their cisgender peers.

  The number of children in Australia who later socially transition back to their gender assigned at birth is unknown, but *anecdotally* appears low.

Supporting and treating transgender and gender diverse adolescents (after onset of puberty):

1. Psychological support:

- Providing psychological care to TGD adolescents requires a comprehensive exploration of the adolescent's early developmental history, history of gender identity development and expression, emotional functioning, intellectual and educational functioning, peer and other social relationships, family functioning, and immediate and extended family support.

Many adolescents experience difficulties such as family rejection, bullying, discrimination and occasionally physical assaults after disclosing their gender identity concerns to others.

TGD adolescents present with various clinical and support needs.

In adolescents with insistent, persistent and consistent gender diverse expression, a supportive family, affirming educational environment and absence of coexisting psychological concerns, the adolescent and their parents or caregivers may benefit from an initial assessment followed by intermittent contact with a mental health clinician.

This may be necessary when new concerns arise, or as required for planning for and implementing medical transition.

Where there are coexisting mental health difficulties, more intensive input from a mental health practitioner is beneficial.

Occasionally, an adolescent may present with marked medical, psychological and/or social complexity.

Such adolescents are likely to benefit from a more intensive approach that requires the adolescent, their family and the clinician to openly explore the adolescent's sense of self in a safe and therapeutic environment.

2. Voice and communication training:

- Communication assessment, speech therapy and voice coaching by specialist speech pathologists with experience in the treatment of adolescents with gender dysphoria can assist adolescents in the development of skills which enable them to communicate in a manner consistent with their gender identity.

3. Social transition:

- The principles of social transition discussed above also apply to adolescents.

  For older adolescents, consideration of further modification of gender expression (e.g., chest binding in trans-males) may be helpful in reducing dysphoria.

4. Fertility counselling and preservation procedures:

- Fertility preservation information and counselling should be available to adolescents before medical treatment.

  For trans males, treatment with testosterone does not necessarily cause infertility, with many documented cases of successful pregnancies occurring in those previously treated with testosterone.

It is also important to counsel the adolescent on risks of unwanted pregnancy when taking testosterone.

For trans females, there is evidence that oestrogen impairs sperm production, although whether these effects are permanent remains unknown.

Because of this, it is recommended that adolescents who present in the latter stages of pubertal development (Tanner stage 3-5) be counselled on the benefits of storing semen for cryopreservation either through masturbation or surgical extraction.

Should the adolescent not be able to produce mature sperm for cryopreservation, a testicular biopsy for tissue storage can be offered as a potential means for reproduction in the future. However, this technique is currently experimental and yet to be successful.

5. Puberty suppression (stage 1 treatment):

- Puberty suppression is indicated when an adolescent with gender dysphoria experiences significant distress with the onset or progression of pubertal development.

  It involves use of gonadotrophin-releasing hormone agonists which suppress the endogenous oestrogen and testosterone responsible for induction of secondary sexual characteristics and is most effectively used when commenced in the early stages of puberty.

  Puberty suppression is reversible in its effects and typically relieves distress for trans adolescents by halting progression of physical changes such as breast growth and menstruation in trans males and voice deepening and facial hair development in trans females.

  Other physical changes such as linear growth and weight gain continue while on these medications, and the adolescent is given time to develop emotionally and cognitively before making decisions on gender-affirming hormone use that have some irreversible effects.

  The main concern with use of puberty suppression from early puberty is its impact on bone mineral density owing to the absence of the effect of oestrogen or testosterone on bone mineralisation. Regular monitoring of bone mineral density during stage 1 treatment is recommended.

6. Gender-affirming hormone treatment using oestrogen and testosterone (stage 2 treatment):

- Oestrogen and testosterone are used to either feminise or masculinise a person's appearance by inducing the onset of secondary sexual characteristics of the desired gender.

Some of the effects of these medications are irreversible, while others have a degree of expected reversibility that is likely, unlikely or unknown.

The ideal time for commencement of stage 2 treatment in trans adolescents depends on the individual seeking treatment and their unique circumstances.

Empirical evidence to provide objective recommendations for the appropriate age for introduction of stage 2 treatment is lacking, with previous guidelines using age informed cut-offs based on clinician consensus and the age of consent for medical procedures in the particular jurisdiction.

Informed consent for stage 2 treatment must be obtained from the adolescent and ideally, but not necessarily, from parents, carers or guardians.

Adolescents vary in the age at which they become competent to make decisions that have complex risk benefit ratios, as is the case with gender-affirming hormone treatment that is partially irreversible.

This is an important consideration, with a thorough assessment of competence being a central part of mental health and paediatric assessments.

In addition to ensuring that the adolescent is competent to make an informed decision, the timing of commencement of stage 2 treatment also depends on the nature of the history and presentation of the person's gender dysphoria, duration of time on puberty suppression for those on stage 1 treatment, comorbid mental health and medical issues, and existing family support.

7. Surgical interventions for TGD adolescents:

- Chest reconstructive surgery (top surgery) may be appropriate in the care of trans males during adolescence.

  In alignment with the recommendations of World Professional Association for Transgender Health, chest reconstructive surgery is performed across the world in countries where the age of majority for medical procedures is 16 years.

  Given the irreversible nature of gender-affirming surgical procedures, the decision to undertake chest reconstructive surgery during adolescence requires a thorough assessment by professionals experienced in working with trans adolescents and an individualised approach.

  A decision as to whether the surgery is in the adolescent's best interest should be made jointly, with consensus reached between the adolescent, their guardians and the clinicians involved in their care.

  Genital surgery performed before the age of 18 years remains relatively uncommon internationally.

Decisions regarding an adolescent's best interest and ability to consent for genital surgery are complex, partly due to the greater risks associated with such major surgery, as well as the impacts on the adolescent's long term sexual function and reproductive potential.

Given this, delaying genital surgery until adulthood is advised.

Nichelle Nichols as Lt Uhura, Communications Officer, USS Enterprise, "Star Trek" 1966.

Lieutenant Commander Michael Burnham, (Sonequa Martin-Green), Star Trek - Discovery

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19 September 2018.