

Sex and Gender Identity Guidance Document For Australian Government Employees

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This document has been developed to assist government employees to understand the issues of Sex and Gender Identity and to help those employees to be able to deal with members of the public who are sex and gender diverse.

Neither sex nor gender identity is necessarily a predictor of a person’s sexuality which is an indication of a person’s sexual preferences. This document only deals with sex and gender identity and not sexuality.

Registration of a person’s sex at birth is generally determined by a medical doctor or a midwife. This is then registered with the births, death and marriages register. What has become known over the past 100 years is that sex registration at birth is not necessarily an indication of a person’s true or future sex nor is a certain predictor of a person’s future gender identity self-identification. Also what has been discovered is that neither sex nor gender is fixed.

Following are a series of descriptions that help the reader understand different sex and gender identities they may encounter.

Sex is the biological determinate of breeding capability generally differentiated as male and female. This is usually determined at birth according to typically male and female genital typing.

Gender is the social presentation that an individual is presenting as typically male, female or other. Gender Identity usually co-ordinates with Sex Identity but both are not always congruent.

Sex and/or Gender Dysphoria This is when a person is either unhappy with their biological sex and has sex dysphoria or is unhappy with their gender presentation which is gender dysphoria.

Intersex A generic term that is used to describe a person that physiologically manifests as neither typically male or female. There are many intersex conditions identified within medicine.

Hermaphrodite This is a common term used to describe people who may have an intersex condition.

Pseudo-hermaphrodite This is also a common term to describe someone who has physiological features atypical of their basic biological breeding sex.

Klinefelter's Syndrome The person presents as anatomically male; however there is an extra X on the chromosomes so they are XXY. The person may grow tall and may be infertile.

Androgen Insensitive Syndrome (AIS) The foetus started in the womb as male with XY chromosomes (genetic markers) but the person was insensitive to testosterone (male hormone) and did not develop physically as male. A vagina may be present but only as a pouch without a uterus or ovaries. Testicular tissues can be present in the place the ovaries normally sit. The child presents as female.

Partial Androgen Insensitive Syndrome Partial androgen insensitivity typically results in neither typically male or female differentiated genitalia. The clitoris is large or the penis is small. This syndrome may be quite common, and has been suggested as the cause of infertility in many men whose genitals are of typically male appearance.

Mayer Rokitansky-Kuster-Hauser Syndrome This is similar to AIS in that the vagina and internal structures are not properly formed.

Turner's Syndrome Females who are born without complete ovaries or testicles. They tend to grow to have a short stature, often having a webbed neck and are usually infertile.

46X females These are females who are born with just one X on their chromosomes, instead of the usual two. This is a form of Turner's Syndrome.

Micro Penis Syndrome Many males are born with micro penises that for developmental reasons have not grown to what society considers is a typical male size. In many of these cases surgeons have taken it upon themselves to perform sex reassignment surgery upon these children after birth to convert them into females. When some of these children grow up they are unhappy with living as females and have reverted to living as males.

Progestin Induced Virilisation This is caused by prenatal exposure to masculinising hormones. Progestin is a drug which was administered to prevent miscarriage in the 1950s and 1960s and it is converted to an androgen (virilising/masculinising hormone) by the prenatal XX person's metabolism. If the timing is right, the genitals are virilised with effects ranging from enlarged clitoris to the development of a complete penis. In all cases ovaries and uterus or uterine tract are present, though in extreme cases of virilisation there is no vagina or cervix. The virilisation only occurs prenatally and the hormone functionality is unchanged, so feminising puberty occurs due to normally functioning ovaries. So XX people affected while in the womb by virilising hormones can be born into a continuum of sex types which range from "female with larger clitoris" to "male with no testes".

Foetal Masculinisation and Feminisation due to Organ Failure Some foetuses, due to many varying physical concomitants, have under or overproduction of feminising or masculinising hormones. This may affect the foetus in many ways in that it can cause a masculinising or feminising of the brain, body or organs that would not necessarily be typical of their sex type.

Foetal Masculinisation and Feminisation due to Maternal Hormonal Influences As well as being subject to their own hormones, the foetus is also subject to maternal hormonal production. In some cases the mother may produce an excess of masculinising or feminising hormones which then masculinise or feminise the foetus to a point that is not typical of their biological sex type.

Foetal Masculinisation and Feminisation due to Influences of Drugs Many prescribed drugs have a masculinising or feminising effect on the foetus as a side effect.

Foetal Masculinisation and Feminisation due to Toxic Exposure Many chemicals in the environment can have a secondary masculinisation and feminisation effect on the development of the foetus. This may include environmental pollutants and the effects of illicit drug use that may induce organic dysfunction in the mother or foetus.

Adrenal Hyperplasia This is when the adrenal gland is over active during pregnancy and the female child receives abnormal amounts of testosterone generated by the adrenal gland. This can cause the clitoris to be extended and large, and it may resemble a small penis.

Male Double XX Syndrome Some males are born with a typical XX chromosome normally associated with females.

XYY Syndrome These males are born with an extra Y chromosome. They have been cited in newspapers as having a tendency towards aggression or violence, but research undertaken has usually been done on prison populations and is therefore unreliable.

5-Alpha Reductase (5 AR) Deficiency This is a type of male pseudo-hermaphroditism which results in what appears to be a female-to-male transition at puberty. The male foetus normally produces testosterone but for normal development to take place, an enzyme called 5-Alpha Reductase must be present. If the foetus is 5 AR deficient, the child is born with what appears to be a clitoris, labia and small vagina. At puberty, the testes produce more testosterone and drop into the labia/scrotum and the clitoris grows to more resemble a penis. The child often develops a masculine body.

Acromegaly This is a rare disease where a tumour on the pituitary gland (responsible for production of all hormones) causes enlargement of bone structure, particularly hands and feet, and lengthening of facial features.

Bifid Scrotum This is when the scrotum has not developed properly. Combined with an underdeveloped penis, it can give the illusion that a child has female genitalia when it may in fact be a male.

Hypospadiac Male This is a congenital defect that affects around 1 in 300 males where the opening of the urethra (tube that urine passes down) is situated underneath the penis. The scrotum may be small and the penis underdeveloped or malformed. This can lead to doubt about the child's sex and some boys have been mistaken for girls.

Ideopathic Adolescent Gynaecomastia This is the development of breasts in males because of abnormal hormonal activity at puberty.

Congenital Virilising Adrenocorticism This is where boys receive an excess of masculinising (androgenic) hormones from their own adrenal cortical glands. Puberty can occur very early if it is not suppressed by medical treatment.

Cloacal Exstrophy This is a condition where during the developmental process in the foetus, the intestines become mixed up with the reproductive system and the child is born with abnormal genitals, reproductive organs and intestines. It may be predicted at birth or during

the early years how these children may want to identify or what kind of surgery they may need to make that happen.

Gonadal Tumours While there is concern that the gonads (sex organs) of some intersex people are in danger of becoming cancerous, this is unlikely to happen before a person reaches adulthood. Therefore it may be advantageous to allow the person to become an adult when they can make a decision about surgery to remove the gonads.

Polycystic Ovaries and Ovarian Tumours Many women with these conditions suffer hirsutism (excess hair growth) of the face and body.

Denys-Drash Syndrome (Wilms' Tumour) This disorder usually appears early in life. In its complete form, it is characterised by the combination of abnormal kidney function, genital abnormalities and a cancerous tumor of the kidney called a Wilms' tumour. Some affected individuals may have the incomplete form of the syndrome, which consists of abnormal kidney function with either genital abnormalities or Wilms' tumor. This disorder predominantly affects males but a few female cases have been reported.

Persons Experiencing Transsexualism Some people may psychologically identify as being or becoming another sex than they were attributed at birth. They will undergo various hormone treatment and surgeries to achieve a sex and/or gender transformation.

Persons Experiencing Transsexualism (Without Surgical Intervention) Some people who are transsexual may not be able to undergo hormone treatment, genital, or other surgeries to compel a transformation to a different physiological sex to which they were registered at birth. This may be so for reasons for health, lack of funds or a decision not to undergo unwanted medical procedures. These people should still be regarded as the sex and gender they identify as.

Persons Experiencing Transsexualism (Without Medical Intervention) There are some people identifying as being transsexual who are unable to undergo medical intervention due to danger posed to their health by the administration of hormones or to their life through surgery.

Androgynous Identity Some people identify as being both sex and/or genders. They may undergo hormonal treatment and/or surgery to assist them to achieve their ideal self-image.

Sinandrogynous Identity Some people identify as being neither sex or gender and wish to be known as neuter. They may undergo hormonal treatment and/or surgery to assist them to achieve their ideal self-image.

Intersex Identity Some people who are born physically intersex wish to identify as being intersex.

Transgender Identity A transgender person is one who is born one particular sex but alters their body to represent another sex; however they do not alter their genitalia because they strongly identify as the sex they were born as, but they live a different gender. They socially live in accordance with their gender identification, not to their sex identification.

The phrase transgender is also used widely in the US to cover many people with trans-identities as a collective adjective but this is linguistically incorrect and offensive to many of those people.

Social Transvestism

This is a transvestite who does not undergo any hormonal or surgical procedures but wishes to live as their opposite biological breeding sex.

There are many psychosociobiological conditions that may cause a person to be unhappy with how their birth was recorded or how their sex or gender identity is recognised in society. There may be other kinds of identities that do not necessarily denote pathology but cause a person to wish that their identity is recorded differently and it is the humane thing to do to allow these people to have the facts of their identity recorded in a way that they believe is correct.

It is respectful for a government official to address a person how they wish to be addressed.

With regard to the change of documentation, government officials often find themselves in situations when they have to change documents for people who are sex and gender diverse. In this instance they need to be guided by the wishes of the individual themselves and secondary supporting evidence provided from one professional in the field. The professional providing a supporting letter needs to be a physician, psychologist, psychotherapist, counsellor or clinical social worker, educated to doctorate level and a specialist in the field of sex, gender and sexuality. In the case of Indigenous cultures, this letter may be substituted by a letter from a tribal elder.

There are identities and physiological syndromes not mentioned in this document that will constitute a person identifying as being sex and gender diverse. Some of those will be physiological variations on human sex and others will be social and psychological identification that is other than the typical male/female bipolar model. There are currently new forms of physical and intersex conditions being discovered and we are also culturally realising that sex and gender roles operate in a different way in different cultures other than they do in Western type cultures. In all these cases officials of government addressing people and issuing them with identification need to be guided by the individual and by written instructions from a professional in the field of sex, gender and sexuality on how to categorise a person applying to have their documentation and legal status recorded, re-recorded or altered.

In conclusion, government employees dealing with people who are sex and gender variant need to allow people to change their documents to say either 'male', 'female', or to have no sex or gender registered on the document. This would be a practical solution for those who are offended at being registered as male or female inappropriately. The move to have some people not having sex or gender identification on documents can give a solution to the problem that could arise when people identify as being other than male or female, since these identities are many and would not be able to be comprehended by the average administrative government employee.

