

Gender Diversity

Full transcript · 12 video clips · generated 22 September 2026

About this transcript. This transcript was produced automatically from the video audio. It has not been checked by a person, so names, place names, te reo Māori and medical terms may be wrong in places. The video is the record. If something here reads oddly, please check it against the video.

Watch the series: listeningtofamilies.co.nz/gender-diversity

IN THIS TRANSCRIPT

1. Gender diversity - Doing the right thing
2. Gender diversity - Its not all bad
3. Gender diversity - should we just wait
4. Gender diversity - Talking to schools and groups
5. Gender diversity - Support for parents
6. Gender diversity - when to talk to your GP
7. Gender diversity - Puberty blockers
8. Gender diversity - Readiness assessments
9. Gender diversity - is this getting more common_
10. Gender diversity - Gender across the Pacific
11. Gender diversity - questioning your gender
12. Gender diversity - key message - Love and listen

1. Gender diversity - Doing the right thing

Kia ora koutou, my name's Jen, my pronouns are she and her, I'm a healthcare lead at Qtopia and Rainbow People Health and Wellbeing Advisor at Pegasus Health. Kia ora, my name's Rebecca Nicholls, I'm a GP here in Christchurch and the clinical lead for Transgender Medicine, my pronouns are she and her. Kia ora. Kia ora. I believe we're going to have a chat today about, I think specifically youth and talk about, yeah, just some good pointers for parents around kids that are coming out or gender questioning, that kind of thing. Beautiful. So, I guess, you know, I work as a GP and you work in the peer support space and we probably get pretty similar questions and I would say that one of the biggest questions is initially, you know, how do I know that they're doing the right thing, that this is the right thing for my child?

When they come and tell me that they think that they're transgender or non-binary. Yeah, absolutely. I think it's such a common and important question, right, because as parents you always want to make sure that you're doing the right thing. So I guess it varies depending on the age of who we're talking about, right? So for this conversation, we're talking about people who are under 16, so someone who's coming out then, it can feel like a really big shock for a parent because, you know, it's so sudden, it can be out of the blue, you feel like you haven't noticed anything that might indicate some kind of gender diversity or questioning there, but for your child, it's probably not new to them at all, right?

It's probably something they've been thinking about for quite some time, it's something they might have, you know, not had the words to describe or to communicate about, or it might be something that they've really known about for some time but only just now kind of get to the point where they feel comfortable sharing about it. So even though it's kind of random, I think it's really important for them to know that it's not brand new for us, it might not be brand new for them, and in terms of how you know it's the right thing for them at that age, what we're talking about is like primarily social stuff, right?

So names and pronouns and appearance, clothes, hairstyle, all the stuff that's really easy to change, all the stuff that's really easy to change again if, you know, your child changes how they feel about who they are down the line, and there's really kind of no downside to affirming and supporting your person at that age for the social things. So some parents worry that, say they go with the, you know, the pronouns and the name and perhaps the school uniform and clothes, you know, of the person's choice, that what happens in two years' time if they say, actually I want to go back to the gender I was assigned at birth?

Am I, as a parent, have I done the wrong thing that whole time and, you know, and affirmed that? Absolutely. If I were to stay with what my child was assigned at birth, would that be a better outcome really? Yeah, sure. I don't think you've done the wrong thing at all, right, because all that's happened there is that your child has said, hey, this is who I am, and you've said, yep, you know, I trust that, I hear that, you know who you are, we'll do what we can to support you. We know that gender is really fluid for lots of people, it's pretty natural for that to change throughout the course of someone's life, and that's totally okay, and kind of who we are now and who we might be in the future and who we have been.

It doesn't invalidate kind of any other part of who we are as well. So if, you know, a young person two years down the line says, actually, I feel really comfortable with my sex assigned at birth, ka pai, you know, you can change your name, you can change your uniform, no harm, no foul, and your young person knows that you really trust them in terms of knowing who they are and that you're there to support them, which I think is a real positive outcome. And I think the research really is very clear on that now, I mean, there's not a lot of research around particularly young people. You know, and coming out, but actually, there's very good research on that mental health support, you know, their mental health outcomes are identical to their peers and their sex, if you support and no matter what, you know.

Yeah, 100%. And it's something I share a lot with parents and families that I get to meet, because I think it's a really common experience that people are just really worried about what the young person's life is going to be like. And maybe they had sex. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. I think there's really some awareness of, you know, some of the health outcomes that we see for our community in terms of depression and anxiety and mental health and, you know, maybe they've seen some movies or news, you know, so often what we have seen about trans people have been the really negative stories, right?

Mm-hmm. Yeah. Yeah. Yeah. Yeah. Yeah. Right? But the research is so clear and I often show them a paper from, it was published in Paediatrics in 2016 that looked at the mental health of gender diverse young people who are supported in that social transition. So name, pronoun, clothes, appearance, things like that. In this group of kids who have been supported by their families and their identity and their social transition, their rates of depression and anxiety drop back to being on par with the general population for their age group. Which is pretty good news for parents. That's massive, right?

And for someone who's really worried about what they can do to support the young person, really worried about their mental health and their mental well-being, it's so nice to know that actually just you being there for them and saying, yep, I see you, I hear you, we'll support you in that affirmed identity is kind of the biggest protective factor there is.

2. Gender diversity - Its not all bad

And I think parents are also very worried about, as you said, the narratives around have been, it's all doom and gloom and disaster and you're going to have a really difficult life. And I think that is starting to change for people, isn't it? There's a lot more positivity around. Yeah. And for us as trans people as well, right? I can remember, like I was probably about 13 or 14 and was on social media looking at something completely unrelated. But I really clearly remember stopping to think to myself, I hope I'm not trans. Those people have such a hard time. And then I didn't think about it for another few more years. But that was like the dominant narrative, right? That being trans meant you were going to have a really hard life. And it's really been reflected in Hollywood and kind of movies and TV. And we're starting to get some really, really good pieces of media now that show that that isn't true, that there is so much more to being trans than the doom and gloom. And I get to see it every day in the people that I work with and the people in my life. We're out here living rich and happy and full lives, you know?

3. Gender diversity – should we just wait

I think one of the other questions that parents sometimes come and say, what about the alternative of just doing nothing, like kind of letting them do whatever they want to do, but really, you know, not affirming themselves, like, you know, if they want to go off to school and change the name or with their friends or in the privacy of their own room. But, you know, I think it wouldn't it be good to just to do nothing because then I'm neutral, essentially. Yeah, it's a really common or relatively common idea, right? This idea that we don't want to influence our kids or influence the decisions that they make.

But I think it's important that we are, and I think there's two different things there, right? There's letting your young person lead and letting them kind of make their decisions about who they are and what their life is like, which I think is really valuable. And that's a really useful way to kind of let them have that autonomy without our kind of influencing them or pushing them either way. But I think if your young person is coming to you and saying, like, hey, this is who I am, this is the name I'd like to use, these are the pronouns I'd like to use, and your response is to kind of not affirm that or, you know, take that stance that we think of as neutral by continuing to refer to them as their previous name or, you know, old pronouns associated with their sex at birth.

It's not a neutral act, right? Because we're saying to the young person that we kind of don't believe them or aren't really respecting that choice. Or their understanding of themselves. And again, we see in the research how much of a big impact that it has. That doing nothing isn't neutral. Yeah, doing nothing isn't a neutral act, right? I think it's important that we are, even if it's really small steps, that we're, you know, taking some steps to show to our young person that we really trust them and believe them.

4. Gender diversity – Talking to schools and groups

And so that's kind of at home and with your whānau, but how about like with big groups like school and things, what is the best thing to do, you know, and at what stage would be a good time to talk to your school or your sports team, even perhaps your church, you know, places that that young person might go where it's not just one family talking, you know. Yeah, absolutely. So we always suggest to let the young person lead in that, right, or put them at the centre or let them have a say in those decisions that affect them. And young people are all different, right, we're seeing some young people who really treasure that part of their own journey and getting to share that with people themselves and have those conversations and I'm seeing more and more kids who will tell one parent and then say, there you go, you tell everyone else now, I've done my bit, you can do the rest.

So having a conversation with your kids and asking them, you know, thanks for sharing this with me, let me know when and what you would like to do when it comes to school or the rest of the family or church or sport and things like that, and then can have a say is really, really valuable. And everyone's timeline is different, right, so some people will come out and then kind of be ready very quickly to share that with the rest of the world and other people will take a bit more time and that's really natural and totally normal as well. Yeah. Schools are really good at this stuff by now for the most part, lots of schools have some good understanding around gender diversity and how to support their kids and will probably already have some understanding about things like uniforms and names and roles and things like that as well.

But if they don't, your school isn't so aware around that kind of stuff, you can reach out to an organisation like Heteropia or one of the other rainbow organisations around the country local to you who have some relationships that they can lean on. Yeah, and I believe the Ministry of Education actually has quite good policies around this, like school camps and swimming and all of that, toilets, that sort of stuff, so they're in fact in place and the parent can even have a look at those so they know what they're entitled to. Yeah, absolutely, a lot of that work has already been done at that policy level, which means it's easier for schools as well to have some formal guidance from the Ministry about some of those issues that can be a bit stickier, like camps and changing rooms and other things.

5. Gender diversity – Support for parents

what about for the parents because for some parents it's you know it's a joy it's just a new discovery and a new part of their life and for other parents they feel really sad like they've had a loss they've lost a child um is there support for them or how do you how do you support parents yeah absolutely there's that whole range of different kind of responses that parents do have right and that feeling of like loss or grief or sadness is a really natural one and you know not one that you should be ashamed of i think it's really important that we recognize that you know a young person's transition or their journey is also a journey for the rest of the family right and it's totally natural for us to have our own feelings about that which is really important um also really important that parents are engaging in the support that is available to them as well so um here at utopia we're always happy to meet with parents over cups of coffee and connecting with other parents of trans kids and um so often people just need to have a conversation with someone where they feel like they can ask all their questions that they have that they might want to not want to ask their young person um so there are some really great resources out there there's a facebook group for parents of trans kids in new zealand and that is just for the parents so there are

no trans kids in that space which means it's a really safe and easy place to kind of ask some of the questions you wouldn't necessarily want to ask in front of your kid and to get that kind of peer support and advice and then there's this amazing resource that's recently been published called storm clouds and rainbows um which i assume we can put a little link up on the screen somewhere yeah and storm clouds and rainbows is published by be there which is a great resource for parents and families and it's written by parents of trans kids as well really looks at the different journeys and experiences that people have from that really joyous response to one that's a bit more difficult and it's longer and slower and some of the sad responses as well and i think that resources it's it is a fabulous resource because yeah it acknowledges the full spectrum but um i think the other really important point it makes is that parents need to do the work themselves they don't need to do that work through their child so yeah seeking help from other parents definitely or from you know friends but not asking the child to educate them or asking the child to help them with their own yeah absolutely and i think there are definitely some questions that you can ask your kids um you know maybe not in that initial conversation where everyone's maybe still doing a lot of emotional processing but um i think there are some really helpful questions that to ask that can also signal to your child that it's a topic that you're open to having conversations about as well because kids might really want to talk about how they're feeling about their gender with you which can be really valuable but you know asking um like exploratory questions to help you understand your child as the person in front of you and can be really useful like your child has a trained person which is a bit more of the educational

6. Gender diversity - when to talk to your GP

I think the other question that parents often ask is, at what point should we get kind of medical people involved in this? Because what you've been talking about is a social transition, isn't it? And so people are not sure when they should, you know, what advice do you give? Yeah, absolutely. I think it's always helpful to have a GP on board from the onset, even when you are just talking about the social stuff, because it's really beneficial to have your GP advocate in the system who can be aware of what support is available to you, what other resources are out there, and we'll have some more like specialist knowledge around medical timelines and when certain things might start, which is a question I'll put to you, right?

So when do we start talking about medical interventions for a gender diverse person? I think it again, like, everything we've said, it's really variable, because some kids are very clearly not wanting any medical intervention of any sort, meaning puberty blockers or hormones. And, you know, some of those kids are identifying as non-binary, but other kids are just not quite ready. That's, you know, they want to explore things in other ways. I still think a conversation can be quite useful, mostly because you don't want to miss windows for change. So by that, I mean, if you want to explore things in other ways, I still think a conversation can be quite useful, mostly because you don't want to miss windows for change.

So by that, I mean, if you, if you allow a child to go through the puberty that they were assigned at birth, you can miss some things that perhaps you can't go back on so easily. So sometimes just turning up with your child and say, we're not even really sure what we want going forward, but at least having an idea from the GP of what the timeline might be for puberty and when things might change and when other people might choose to do things is quite useful, I think, for families. It doesn't mean you have to do something. It just means, at least, you have all of the information there. I also think that often parents are worried about their young person's mental health, mostly because there's a lot of mental health issues for young people, full stop.

And then they have a challenge that perhaps they may not have another kid at their school, for instance, or in their family. And so it can be really useful for the GP also to link that child with Peersport or with that family Facebook group or other family members. I think that's very useful. So just walking away with information, I think, is always empowering for families. Like I said, I think there's some quite good New Zealand resources on. I think the other one to mention is Health Info. So that was written by a lot of us in the community and clinically and tried to use New Zealand resources where we possibly could.

And that definitely has some medical information as well as social support and things on there as well. So that's definitely worth a look. Yeah.

7. Gender diversity - Puberty blockers

So you touched a little bit on puberty blockers there. What are puberty blockers? When do you access them? What are they used for? Yeah, so puberty blockers are used for the children that are coming out, usually before the age of 16, because 16 is when you can start gender affirming hormones, like things like estrogen or testosterone. It doesn't mean you have to again at 16, but that is when they become available to people. So some people do stay on puberty blockers longer than 16. But really what they do is allow what's been described as a pause for puberty. So wherever the point is that you're at in puberty, it will stop you at that point.

And so you know, for instance, if you're transmasculine, you may not want further breast development. Or if you're transfeminine, you may not want more of an Adam's apple or your jawline to keep developing in that way. And so it kind of gives people the chance to then just halt that and then decide, do I want hormones? Do I want to be maybe not on hormones? Where do I want to go? There's a lot of rubbish on the internet, but there's a lot of information out there. And I think that's the most important thing. Yeah, there's a lot of rubbish on the internet, but there's a lot of rubbish on the internet, about them.

You do have to be very careful around internet searches. And I really recommend families have a look at the Aotearoa Transgender Health Guidelines, if they're going to look, because it's specific to our context. And the information you get there will be a fact, rather than somebody's opinion or overlaid with other interests that people might have. Parents worry about them because they worry about, you know, long term effects. And it's pretty clear at this stage that it's really only bone density that is potentially a problem later on, but again, can be managed. So I talk about that in detail with families before they go on puberty blockers.

But really the things that they can do are support your child to get out in the sunshine and have some exercise, which is going to be great for your mental health anyway. And they can ask their GP or be off at vitamin D is another way of doing that. And obviously, if you're only on it for a short time, so I would say it's pretty common to see 14 and 15 year olds, they're only going to be on puberty blockers for a year or so often. And so really, there'd be very small chance of there being poor bone density outcomes. So the thickness of their bone is unlikely to be affected later on in life. It's not then, it's later on that they're worried about.

Yeah, and really other than that, that's one of the things to think about. But then in terms of side effects, we talk through those as well. And they tend to be things like just being a bit irritable when you first start on them, because you're suddenly losing hormones. And we all know that changes in hormones cause changes in lots of things. And one of those can be kind of mood and irritability, but that settles pretty quickly. And most people feel really positive that they're doing kind of the right thing. So those two things get a little bit kind of balanced out between those hot blushes and the menopausal women for everyone.

And that's, again, just because we're switching off hormones really quickly. But they're nothing like a menopausal woman's hot flushes. They're not severe and they won't get in the way of learning or sleep or that kind of thing. I think, yeah, you need to have a really good discussion with your GP or with a paediatric endocrinologist, whoever you end up seeing around this. And, you know, they all get given written information and some good resources to have a look at. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah.

Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. But yeah. So some kids then stop those and then just choose not to be on anything.

And many kids then go on to take whichever gender-affirming hormone they'd like to take, like estrogen or testosterone. So if a young person starts puberty blockers quite early in their puberty, then what does that mean for their fertility later in life? Yeah. So remember I said earlier that they're kind of reversible. So when you stop, basically you start your puberty exactly where you stopped. So in theory, if you stop puberty blockers, you will go on to have whatever fertility you would have had before. So it won't affect your puberty, your fertility, and it doesn't really matter when you started on them.

However, if you start puberty blockers at an early age, so early in puberty, and then you start puberty blockers at an early age, so early in puberty, let's say 12, 13, and then you don't stop them and you go straight on to gender-affirming hormones, you haven't really developed the ability to have children at that stage, so fully developed egg capacity or sperm production. And so in theory, your fertility may be affected.

Look, there are so many bits to the story that you almost have to go and talk about your individual child at that time, because there's so many bits to the story that you almost have to go and talk about your individual child at that time, because there's so many bits to the story that you almost have to go and talk about your individual child at that time, because there's so many different little avenues, but I think it's fair to say that parents are concerned about fertility. But really, I'm not going to go into all of the details about what you can do, but there are things that can be done, and it will be something that you would have a really in-depth talk with your GP or paediatric endocrinologist about before you started puberty blockers.

And some children are old enough, for instance, to get sperm preservation, and so they will go on puberty blockers having banked sperm. And so at some point in the future, they may choose to use that in whichever way they would like to use it. But there's a lot of detail around it that your individual child obviously deserves a conversation about where they are and what they're thinking they would want for the future, but just to know that there are options, basically.

8. Gender diversity - Readiness assessments

So if some family comes to you wanting to talk about puberty blockers or hormone therapy for their young person, what's the first step there? So obviously exploring that with the young person in the family and seeing what they were wanting and what their timeline was. But in practical terms, probably the first step is to get a thing called a psychological assessment called a readiness assessment. I think

there's been some nervousness in the community, would that be fair, around those assessments in the past because they were seen as a gatekeeping thing that stopped people, you know, getting to the goal that they, you know, very clear that they wanted to get to.

And, you know, there used to be multiple assessments that you used to have to do. And you had to really prove that you were mentally. Very well, essentially. And so I just really need families to understand that that is the absolute flip opposite nowadays. So the readiness assessments in Canterbury are done at the University of Canterbury Psychology School. So away from mental health services that are also done by some private psychologists that have any expertise in this area. And I say to families and to young people, they're really just a lovely. Few hours chat about yourself and to find out what your needs are, you know, what areas you don't have to be perfectly mentally well because who of us is.

And, you know, if, for instance, you do have some anxiety or low mood or other problems, maybe even learning needs, those will be supported as part of that readiness assessment. So that hopefully you will walk away from that assessment with a greater understanding of what you need. And I think that's the key. Yeah. And then I think that it's also important to get some sort of understanding of what your needs are going forward. Not as a you're not well enough, or this is a yes, no to whether you can have hormones or not. So, you know, it's kind of how gender affirming care as a system is shifted in the last little while in general.

Right. So moving away from this really kind of pathologizing model where you had these this kind of these this gatekeeping approach and this idea that you had to meet certain thresholds and criteria. And I think in the community, those assessments were kind of seen as like a test as to whether you were trans enough to access care, right? And I think how you phrase it, that it's kind of totally flipped now is true, not just for young people, but for adults as well. And how we approach gender-affirming care is kind of like a collaborative project between us as, you know, patients walking in to meet a GP and a clinician, working together to make sure that, you know, the trans person has what they need, that they're really well supported, that they understand kind of what they need in terms of their mental well-being and social support and other areas of their life.

And you're kind of working together to figure out what's best and right for them in terms of what their goals are in their transition medically, as well as their social life and mental well-being as well. And I think as I'm listening to you say that, I couldn't agree more. But I also think you need to say to families, don't expect the very first GP you approach necessarily to be the perfect person. There are definitely some clinicians that have more of an interest in this area, the same way there are for clinicians for, you know, sore knees or for anything really. Different people have a different expertise area.

And so if you approach a GP and they really don't seem to know what is going on, that certainly in Canterbury and I think, you know, nationally, there are different systems in different towns, but you can ask for a referral to a GP with an interest. And so your GP will send a letter to that GP and then you'll be asked to come in. So that will be for a gender firm in care or somebody that actually knows what's happening in the system and what, you know, how they can help best, essentially. So just keep asking, I think, is the thing for parents if you're not quite getting there the first time.

9. Gender diversity - is this getting more common_

So, Jen, I would say it's fairly common that you hear out there, it's often not the parents, but it's often people around the edges of the family or in other areas that say, this is getting more and more common. It wasn't when I was young, and that it's pretty much a peer-driven thing. And so if you go on social media, you have a chance of being, you know, strongly influenced to become transgender. How do you respond to that? I love that question. There are so many different pieces to that. Yes, there are. So there's a graph that I'm really fascinated in, and if this were a presentation, I'd have it up behind us so you could see it.

I started off unlabelled, and it's just a line that starts like this, and then it jumps up, and then it levels out. And it's the rate of left-handedness in the population over the last kind of century or so, right? So for the longest time, because we punished left-handedness, right? We made people write with their right hands in school. The rate was really low in the general population, right? And then at some point in the last hundred years, we stopped. We said, actually, it doesn't matter. You know, if you prefer writing with your left hand, that's fine. That's what works for you. No worries.

And then it shot up quite quickly over the course of a couple of decades. It was a massive increase. And then about 20 years later, it leveled out at whatever the actual rate of left-handedness in the population is. And it's not like punished or discouraged, right? So we've seen a big shift in the numbers of people who are coming out as trans in the last kind of 20 or 30 years. And I think it's for exactly the same reason, right? For the longest time, we haven't had the language. We haven't really been accepting of gender diversity. You know, in many countries around the world, homosexuality and gender diversity are both still illegal, right?

So punishable. So we're seeing a big increase in visibility and acceptance because people have the language. They, you know, know what it's called. They know how to talk about it. They're seeing people out there on social media and movies and TV and having that moment of recognition where they're like, oh, that's, I didn't even know that was a possibility. I didn't know I could. So we're seeing a

big increase in that at the moment. And I think at some point in the next, however long, 10, 20, 30, 40 years, I think we'll see that rate start to level out. As it's more accepted widely around the world, we'll see whatever the general actual rate of gender diversity in the population is start to level out.

When it comes to, I guess, responding to other family members or people around you who have really strong opinions about your child and the decisions that they're making and who they are. We're really thinking about the wellbeing of our young person, right? And how we look after them. And like we say, the research is so clear. We look at what helps in terms of mental wellbeing and mental health. And we've also had some pretty good research about this idea of social contagion or the fact that it's all being spread through social media that is pretty clear that it's not what's happening, right? It's that increase in visibility and acceptance.

And there are some questions that we can't answer, right? I'm not a clinician. I do a lot of work in the community, but there are some questions that I can't answer and some questions that I don't necessarily need to know the answer to, right? We have really good evidence-based, really good research, really good people who are experts in their fields, who have lots of understanding around the science behind it, who are presenting their opinions. And that's who I trust. The people who have spent years of their lives learning about diversity and epidemiology or whatever the field is and are really experts in that field.

Those are the opinions that I trust rather than more than that. And I think there's some pretty good data around detransition or retransition. So these are people that chose to come out and change their gender and then have returned to their gender assigned at birth. There's pretty big studies done internationally with it now. And really, it looks like it's a very, very low rate. And you'd expect that, like, less than 1%. So you'd expect that to be quite high, obviously, if kids were making the wrong decision, because then at some point they would obviously be making the right decision. And really, that is not what has emerged from pretty big population studies now, people.

And interestingly, even the people that you ask that tend to have retransitioned or detransitioned, mostly they've done it for social reasons. They've done it because they're not supported in their school or their community or by their loved ones. And so it just feels too hard. It's not that they feel it's the wrong decision. It's just it feels too hard. So I think that supports that. I think the other thing that supports it for me doing this work, obviously, is that I've been doing this work for a long time. I've been doing this work for a long time. I've been doing this work for a long time.

And obviously, I look after all age ranges. And in fact, one of my biggest groups of people coming out and seeking medical transition have been in the 50-plus year olds. So a lot of patients coming forward who said, I felt before so pathologized, like I couldn't approach the medical profession because I was seen as an oddity. And I'd have to get multiple psychological assessments to say it was okay that I was this way. And now that we're not working in that model anymore, I'm just going to have to go back and do it again. We're working that people can choose their gender and come and have medical transition.

I mean, I have 80-something year olds. Again, you can't say that I've spent a lot of time on the internet. So I think that one also helps people understand that their argument is not true.

10. Gender diversity - Gender across the Pacific

The other really important thing to talk about is the fact that this kind of diversity when it comes to gender has existed throughout the Pacific forever, you know. Every Pacific culture has a term that describes gender diversity here in Aotearoa and Samoa and Tahiti, everywhere, and it is really ingrained in the culture, that kind of gender diversity, and was something that was really accepted rather than something that was seen as an oddity or really pathologised, and it was something that was lost a little bit through the process of colonisation as the kind of western world came in with what we knew and understood about gender and kind of placed those expectations on the people that we kind of met through that process.

But there's been a bit of a renaissance or reclamation over the last kind of 20 years or so from people who are from those communities, kind of reclaiming those identities and reconnecting with that part of their culture. I think there's a lovely resource on that too, so you know if people are interested there's a booklet done by Elizabeth Kirikiri called Takatapui Pāna the Whānau, I think it's called, and that's online, people can have a look at that, and I think that really helps for you know Māori people just saying oh you know sometimes families go well this is not us, and actually you know this helps you see that this has been around for a very long time and absolutely was something that shifted with colonisation rather than, yeah, it's a great resource to have a read on.

11. Gender diversity - questioning your gender

I've never, I went to go and say it again now and I sometimes go to say it to families and I have to really think about it, is the way that I'm always trying to frame it is I have never had any doubts about my gender ever, like I'm so completely understand. So that, do you see

where I'm trying to go with it? That feeling of the fact that you know is so, you know, you're not going to do that to play with it is what I'm always trying to say, but I've never really found a really good way of expressing that, and I don't really need to think of a way of, because I don't think, I really don't believe you would suddenly go, oh, I'm desperate, and then kind of go, oh, you just don't, do you, do you know what I mean?

People know their genders, the same way you know your gender, I know my gender, and so I've never really thought of a really great way of saying that. It's something I say to people who are questioning their own gender very often, is that, you know, most cis people don't question their gender, if you're having, you know, thoughts about it. If you are questioning, it's valid, yeah. It's totally valid, right? Yeah, yeah. And then for communicating it to other people, I guess there are two little anecdotes or examples that I use, right? So one is, and they're both kind of around trying to communicate what dysphoria is or feels like, right?

One is this notion that if you kind of clasp your hands together, like you always do, and then take a moment to clasp them. The other way around, and then you sit there, and like, this doesn't feel right, something's wrong, but you can look around and see everyone else clasping their hands together, doing it totally fine. You're like, what is, what is going on? And then one day, you finally do it the right way, and you're like, ah, this is what it's, this is what everyone else is doing, this is what it's meant to be like. And then the other one is, some people describe this feeling of dysphoria as like, you've gone your whole life, and every time you drink water, you're drinking salt water, and you're like, this is not refreshing.

I'm so, I'm so par. Gosh, like, what am I doing wrong? Everyone else is just drinking water, right? What am I doing wrong? And then one day, you have a glass of fresh water, and you're like, oh my god. That's it. Everyone else has this. This is what it's meant to be like. Yeah. Like one of those little eureka moments. I think the meant to be like is the. Yeah, absolutely. Yeah. Yeah. It's the feeling that you want for people, isn't it? It's meant to be like.

12. Gender diversity - key message - Love and listen

um so in terms of key points from this um for parents i would absolutely say it's easy it's easy just love your young person the way you were before this you know the person came out before any of this happened love and listen the same way you would have done before and sorry but it's true it is easy then isn't it if you boil it down to love and listen then you will be respecting that person for the person that they are and that's it and then everything else is frills around the edges basically absolutely yeah i think that's that's perfect right that's that's your core that's what you keep coming back to is the love that you have for this person then like you say everything else becomes easy right and even practically so much more of it is um like the doing is easier than how we think it's going to be you know so much of our time is caught up in the worry and the stress and what's it going to be like but when you actually start doing it it can really come eventually yeah and i think if the love is there it also really helps you and the listen it helps you with the things that are that are perhaps more difficult like a family member who wants to deny this if you come back to what is the right thing right thing is to love my child so we know that the best outcome for that child is going to be to support them suddenly it really doesn't matter whether that person you just you do what is right for your child which is either move away from that person and their influence or continue to see them but listening to the child about how that should be dealt with and so love and listen if you just keep doing it everything else will kind of fall into place i think yeah yeah i think the other key message for me is that you know if you're a parent watching one of these videos then you're already doing so much right we know that just having that parental support of being there for your person and saying yep yes i hear you you know i believe you i affirm you is kind of the biggest protective factor there is when it comes to their well-being right so so often we can feel like we're not doing enough we don't know how to do it we don't know where to start but just you being there and loving the child is already doing so much yeah