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OSCE #5

DEVELOPED & WRITTEN BY PSYSOM:
UNI HAN, SIMRAN BHOPAL, AMIN HAJAMOHIDEEN, SHAHZMA MERANI
DEVELOPED IN CONSULTATION WITH QHC:
SPECIAL THANKS TO BRENDAN STEVENSON, KAEL ROBAS, MAY MYAT LIM

REVIEWERS:
AMIN HAJAMOHIDEEN, ISABELLE GOH, QHC

All contributions have been written by post-Year 4C Monash medical students who are members of PsySOM. We hope our contributions serve as a study tool in preparation for your rotation and exams.

CANDIDATE INSTRUCTIONS

You are the junior doctor working at a general practice and this is your first consult with a new patient.

Ellie Chu is a 16 year old female who has presented with a low mood, feelings of anxiety, poor sleep and decreased appetite. She is currently in Year 10 and a straight A student, but has recently been struggling with her academic performance and getting up in the morning to attend school. Ellie's parents have been worried about her as they have noticed she is more irritable, eating less at mealtimes, conversing less with her family and spending all her time alone in her room. Ellie's parents have insisted on waiting with her in the waiting room.

The patient does not identify as of Aboriginal or Torres Strait Islander origin.

TASKS:

1. Take an appropriate history (HEEADDSS screen) from the patient. (6 min)
2. To the examiner, provide a list of differential diagnoses and provide a brief justification of your most likely provisional diagnosis. (2 min)

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ROLE PLAYER INSTRUCTIONS

SUGGESTED RESPONSE & DIALOGUE

Opening statement:

"I don't know - I guess I've just been kind of struggling with life recently."

How to play the role:

Allude to significant events but be somewhat vague and evasive about the details of those recent events at first. Only after the interviewer establishes rapport and they safely/ appropriately complete the sexuality/relationship component of the HEEADDSS screen, offer up the significant information within this history. If the interviewer asks only close-ended questions, or makes any assumptions regarding Ellie's sexuality or gender (i.e. asks Ellie if she has a "boyfriend") do not offer up key information.

HEEADDS SCREEN

Home	• Lives in a stable accommodation with parents and younger sister (13 years old). • Was close with her younger sister but recently feels distant because she feels that "there is a lot happening" in her life that she can't share with her sister. • (If the interviewer probes further; mention that she feels quite a lot of pressure to be a good role model, get good grades and to be the "perfect" older sister.) • Relationship with parents is "okay"; describes them as somewhat "controlling and judgemental" and they fight often due to the intergenerational gap/ cultural differences and over "differing views." • Parents are both migrants and run a business.
Education & Employment	• Attends a single-sex school, currently in Year 10. • Describes herself as always being good at school and enjoying school, but "not so much recently" as her grades have been deteriorating and she finds herself often falling asleep in class. • She has called in sick two days out of the last week. • Has a group of friends at school but wouldn't describe them as "close" friends - she has always felt somewhat "different" and "out of place" amongst her peers. • (If interviewer probes further e.g. about bullying or safety; mention that she has never been bullied but an "incident occurred on social media 2 months ago that made her feel unsafe" but do not offer up the specific details of this incident until candidate has respectfully and safely conducted the sexuality, gender and relationships component of the HEEADDSS screen.) • Works at a convenience store - casual employment, not close with other workers. • Hasn't been wanting to attend her rostered shifts as much lately.

ROLE PLAYER INSTRUCTIONS

HEEADDS SCREEN CONT.

Eating& Exercise	• Has lost some weight recently due to a decrease in appetite but this was not intentional - if asked to quantify: “not that much, maybe 3kg over the last couple of months?”. • Does not particularly like/dislike her body or worry about/manage weight. • Likes to play team sport (netball, soccer) but hasn’t felt motivated to sign up to training this semester.
Activities	• Likes watching Netflix shows and listening to/playing music. • Spends a lot of time chatting to her online friends on Discord • Has been avoiding her family and spending more time alone in her room recently because that is her “safe place” where she can just “be by myself and be myself.”
Drug & Alcohol	• Doesn’t smoke or take recreational drugs. Tried to drink once at a party to see if it would make her less “socially anxious” but didn’t like it.
Depression & Anxiety	• Has been feeling more sad than usual over the past two months and “crying a lot”. • Having trouble falling asleep/ staying asleep sometimes due to anxious thoughts and is often up late talking to online friends, or scrolling through social media even though it can make her feel worse. • Feels like she doesn’t enjoy life and her hobbies as much as she used to. • Has been noticing that she has felt more anxious (feeling tense and restless/ short of breath/ tingly fingertips and lips / heart-racing) for no reason, usually while at school. • Has been avoiding conversations with her parents recently as she feels anxious about potential confrontations and has also felt more anxious about going to work and interacting with customers. • First time feeling this way. (No previous medical or psychiatric history.) • Deny any other symptoms if asked.
Suicidality, self- harm and safety	• Has not tried to deliberately harm or injure herself. • Has not wished to be dead / thought about suicide or self harm. • Has not been putting herself in unsafe situations (i.e. no risk taking behaviours). • Has not felt out of control with her behaviour or felt the desire to act on her frustrations/ hurt others. • Would seek support (e.g. telehealth services) if her mental state deteriorated or she began having thoughts about self-harm or suicide.

ROLE PLAYER INSTRUCTIONS

HEEADDS SCREEN CONT.

Sexuality, Gender Identity & Relationships	• Not in a relationship/ has never been in a relationship. • Not sexually active. • Identifies as a “cisgendered female” • Ellie should ask the candidate: **“Are you going to tell my parents?”** if asked about her sexuality • Not fully sure what her sexual orientation is but thinks she is attracted to “girls or female-identifying people”. **If interviewer respectfully asks further and appropriate rapport has been established:** • Has not come out to her family or her friends from school, except to one or two very close and very trusted online friends who also identify as queer or are allies of the community. • 2 months ago, someone else from her school came out online on their social media account and was the subject of severe bullying. Meanwhile, just last month she witnessed one of her work colleagues who identifies as queer and non-binary being subject to verbal abuse from a customer due to their gender expression being non-conforming. • She has known she does not identify as heterosexual since her early teenage years. She had been considering coming out to a few friends at the start of the year, however recent incidents have prevented this. Now, the thought of coming out to anyone; to her peers, especially in the context of attending a single-sex school brings fear and anxiety as she feels like she would be similarly bullied or rejected and ostracised. Moreover, coming out to her family would be extremely difficult given her parents cultural background and the generational gap. She feels like her family would either be entirely dismissive or completely non-accepting and that telling them would make her a huge “disappointment” and even more of a failure in their eyes. She struggles with strong feelings of guilt, shame and self-loathing “feeling like there is something fundamentally wrong with herself.” She feels escalating anxiety as she does not know what the consequences would be if anyone in her family found out that she wasn’t straight. She feels lost and somewhat hopeless about the future because it seems impossible that she may one day be free to be her authentic self.

MARKING GUIDE FOR EXAMINER

CRITERIA	Poor	Adequate	Excellent
Interaction with Role Player • Introduces self, confirms patient details and relationship to patient • Sets context for interview including consent • Uses open-ended and closed questions appropriately • Uses safe and sensitive approach and appropriate language/ terminology • Good rapport and bedside manner			

HEEADDS Screen
Explores relevant dimensions of the HEEADDSS screen
• **Home**
  ◦ Where do you live? Who lives at home with you?
  ◦ Is this stable accommodation for you?
  ◦ What are your relationships like at home?
  ◦ Do you feel okay and safe at home?
• **Education/ Employment**
  ◦ Do you enjoy school/work? What do you/don't you like about it?
  ◦ Do you go every day? How many days have you missed over the past 2 weeks? When did your attendance start to decline?
  ◦ How do you feel you're coping with school/work? How do you feel about this?
  ◦ Many young people experience bullying at school or at home via the internet or mobile phones, have you ever experienced this?
• **Eating / Exercise**
  ◦ Do you worry about your body or your weight?
  ◦ Do you try things to manage your weight (e.g., extreme restriction of your food intake, exercising excessively)?
  ◦ Have there been any recent changes in your weight?
  ◦ Are any of your family members or friends worried about your weight or your attitude towards your body/food?
  ◦ Does it ever seem as though your eating is out of control?
  ◦ What do you like or not like about your body?
• **Activities**
  ◦ What do you like doing?
  ◦ What does a usual day involve for you? (Describe for me a normal day in your life?)
  ◦ Do you have friends that you hang out with? What kinds of things do you like to do together?
  ◦ Do you mainly spend time on your own? Is that OK with you?			

MARKING GUIDE FOR EXAMINER

CRITERIA	Poor	Adequate	Excellent

• **Drugs & Alcohol**
  ◦ Do you drink? Smoke? Have you tried or used drugs? What have you tried?
  ◦ What do you like about it? What don't you like?
  ◦ Have you regularly used alcohol or drugs to help you relax, calm down or feel better?
  ◦ Have you had any problems with family, friends, police (or courts) related to drinking or using drugs?
• **Depression & Anxiety**
  ◦ Have you ever felt really anxious all of a sudden – e.g. for no reason at all? What was it like? (Consider describing some common symptoms, e.g. heart racing, shortness of breath, fear of losing control…)
  ◦ Do you think you feel more anxious or worry more than your friends?
  ◦ Are there situation or objects that you avoid because you feel too anxious? How does this affect your day-to-day life?
  ◦ Do you feel sad or down more than usual?
  ◦ Have you ever felt that way in the past?
  ◦ For how long?
  ◦ Have you lost interest in things that you usually like doing?
  ◦ Are you having trouble sleeping?
  ◦ Do you find yourself spending less and less time with friends or family? Would you rather just be by yourself most of the time? Why?
• **Sexuality, Gender Identity & Relationships**
  ◦ Are you in a relationship? (If no: Have you ever been in one? If yes: What's your relationship like?)
  ◦ What is your sexual orientation? Do you identify as straight/bisexual/gay/lesbian/other?
  ◦ (Or: Are you attracted to males or females, both or neither? Or if no relationship: Even though you haven't had a relationship yet, do you know what sex/gender you are attracted to? Perhaps you're not sure?) For young people who identify as LGBTQI+: Have you ever had any negative experiences about being LGBTQI+?
  ◦ What is your gender identity? What are your pronouns? Do you have a preferred name?
  ◦ **Candidate must assure Ellie that confidentiality will be maintained and that they will never disclose Ellie's sexuality to her parents without her consent**			

MARKING GUIDE FOR EXAMINER

CRITERIA	Poor	Adequate	Excellent

• Self-harm, Suicidality & Safety
  ◦ Have you ever tried to hurt yourself (e.g., cutting) to calm down or feel better?
  ◦ Have you started using alcohol or drugs to help you relax, calm down or feel better?
  ◦ Have you thought you would be better off dead or wished you were dead?
  ▪ Have you thought about suicide? Do you have a suicide plan?
 	
Elicits information from roleplayer regarding likely trigger/sentinel events or stressors and explores likely duration and evolution of symptoms			

Differential Diagnoses
• Major Depressive Disorder
  ◦ Positives: Need to explore more nuance but it seems like there is a change from previous functioning
  ▪ Need to determine if Ellie is fully meeting the 2 core symptoms (depressed mood most of the day nearly every day and if there is marked and significant anhedonia) + potentially the 3 more needed to satisfy MDD
  • ?significant weight loss, insomnia, psychomotor agitation
  ◦ Negatives: excessive guilt/worthlessness, fatigue or diminished energy every day and diminished concentration, suicidal ideation
• Acute Stress Disorder
  ◦ (possibility undisclosed trauma of severity and type required by Criterion A of Acute Stress Disorder)
  ◦ Normative stress reaction
• Generalised Anxiety Disorder
  ◦ Need to elicit whether Ellie's anxiety is confined to worries surrounding her sexual orientation/ fear of being found out and coming out or whether broadly in other domains and about other events and anxieties
  ◦ Positives: restlessness, sleep disturbance, ?muscle tension			

MARKING GUIDE FOR EXAMINER

CRITERIA	Poor	Adequate	Excellent
Provisional Diagnosis and Justification Adjustment Disorder • Potentially with depressed mood or mixed anxiety and depressed mood Justification falling under: • Development of emotional or behavioural symptoms in response to an identifiable stressor(s) occurring within **3 months** of onset of stressors ◦ **Witnessing peer at school being bullied, and also the harassment of her colleague at work** • Symptoms are clinically significant as evidenced by one or both of: marked distress that is out of proportion to the severity or intensity of the stressor (taking into account the external context and cultural factors that might influence symptom severity and presentation) Stress-related disturbance **does not meet criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder**			
Additional comments:			

REFERENCES:
HTTPS://HEADSPACE.ORG.AU/ASSETS/UPLOADS/HEADSPACE-PSYCHOSOCIAL-ASSESSMENT.PDF

BLACK DW, JON E. GRANT MDMPH. DSM-5 GUIDEBOOK: THE ESSENTIAL COMPANION TO THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FIFTH EDITION [INTERNET]. AMERICAN PSYCHIATRIC PUBLISHING; 2014. (DSM-5). AVAILABLE FROM: HTTPS://BOOKS.GOOGLE.COM.AU/BOOKS?ID=LKETAWAAQBAJ

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EXTRA RESOURCES

Around 1 in 10 young Australians experience same-sex attraction, most realising this around puberty.

LEARNING OBJECTIVES

1. Awareness of the increased prevalence of poor mental health outcomes and mental health disorders (depression, anxiety, suicide, substance use) in LGBTQI+-identifying people is not sufficient in itself. However, often higher incidences and poorer outcomes are not due to innate or intrinsic factors relating to LGBTQI+ people, but rather external ones relating to complex sociopolitical factors (see 2 and 3.) Therefore, in order to provide adequate and safe care, the clinician must understand the complex reasons and the context for the health disparities between LGBTQI+ communities and the general population.
2. There is a complex psychosocial context in which these health disparities are created; these include social marginalisation and isolation, discrimination and stigma, institutionalised homophobia and heteronormativity. LGBTQI+ people may also internalise society's broader attitudes and treatment towards them and this may play into poorer mental health outcomes.
3. Medicine and psychiatry itself as a field has had a complex and fraught relationship with the LGBTQI+ community. Homosexuality was listed as a "sociopathic personality disturbance" by the DSM in 1952, and it was only until 1987 was it declassified as a mental disorder. Nevertheless, 'conversion therapy' and other harmful and destructive practices are still legal in some parts of the world. Clinicians must keep in mind this long history of pathologization and how this may continue to fuel barriers to accessing healthcare.
4. Preserving the confidentiality of the patients you work with is more paramount than ever. If a patient comes out to you, never share that information with anyone else before checking with the patient as it may seriously compromise their physical and emotional safety.
5. Clinicians should be aware of their own conscious and subconscious biases in order to mitigate the potential negative influence of these biases upon the care of a LGBTQI+ patients. I.e. Do not assume the sexual orientation or gender identity of your patients and reflect this in the language you use.

GOOD PRACTICE POINTS

- Validate the sociopolitical issues confronting a patient's marginalised community.
- Do not assume a patient's problems are a function of their sexuality.
- Affirm and validate individual life choices.
- Connect patients with the appropriate communities and networks.
- Always check with the patient who is aware of their gender identity/sexuality, who the patients want to share that information with (including other clinicians) and maintain confidentiality. (This is even more important where the patient may be placed in risk of emotional or physical harm if they are outed.)

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EXTRA RESOURCES

MENTAL HEALTH RESOURCES FOR LGBTQI+ COMMUNITIES & YOUTH

1. Queerspace - Provides low-cost or free counselling services for LGBTIQ+ communities and their families
2. Qlife - Australia-wide anonymous and free LGBTIQ+ peer support through phone hotline or webchat
3. Black Rainbow - Aboriginal and Torres Strait Islander LGBTIQ+ mental health support and suicide prevention
4. Headspace - National Youth Mental Health Foundation providing early intervention mental health services and a one-stop shop for referrals and resources for 12-25 year olds
5. MINUS18 - Resources and advocacy for LGBTIQ+ youth
6. Rainbow Door - Free helpline supporting LGBTIQ+ Victorians, provides specialist and multidisciplinary support for family violence, mental health and relationship issues
7. Switchboard Victoria - Peer-driven support and counselling, information and referral service for LGBTIQ+ Victorians, families, allies and communities
8. Trevor Project - US-based crisis intervention and suicide prevention organisation for LGBTQI+ youth providing resources such as a coming out handbook and on approaching intersectional conversations
9. It Gets Better Project - A nonprofit organization with a mission to uplift, empower, and connect lesbian, gay, bisexual, transgender, and queer youth around the globe

OTHER RESOURCES

1. http://www.lgbtihomeless.org.au/resources/for-lgbti-people/ - Advocacy, legal aid, housing and homelessness
2. http://www.lgbtijobs.com.au/ - Job searching and vocational support

WANT TO KNOW MORE?

1. Wavelength - Open access resource on LGBTQI health for medical students and health professionals (modules available on Gender, Sexuality Intersex and LGBTIQ+ terminology)
2. Monash Queer 101 Training - Moodle course on sex, gender and sexuality
3. AAMC Clinical Vignettes - Clinical vignette series highlighting various aspects of the health of LGBT and gender nonconforming populations and demonstrating effective clinician-patient communication strategies
4. Respectfully Asking Sexual Orientation and Gender Identity Questions

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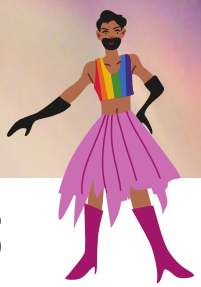
GLOSSARY



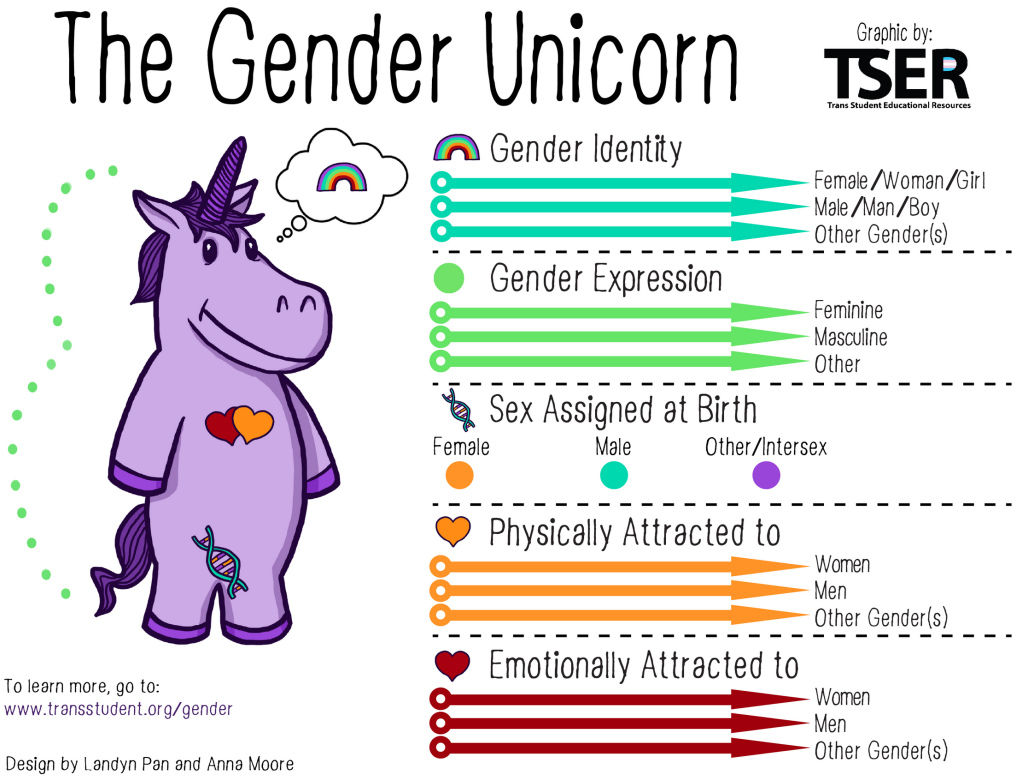
BODIES, GENDER & GENDER IDENTITIES

- **Cisgender/cis**: a term used to describe people whose gender corresponds to the sex they were assigned at birth.
- **Gender**: refers to the socially constructed and hierarchical categories assigned to individuals on the basis of their apparent sex at birth. While other genders are recognised in some cultures, in Western society, people are expected to conform to one of two gender roles matching their apparent sex; for example, male = man/masculine and female = woman/feminine.
- Gender norms define how we should dress, act/behave, and the appropriate roles and positions of privilege we have in society (e.g. the power relationships between men and women). Failing to adhere to the norms associated with one's gender can result in ridicule, intimidation and even violence (Aizura, Walsh, Pike, Ward, & Jak, 2010).
- Many people do not fit into these narrowly defined and rigid gender norms. Some women may feel masculine, some men may feel more feminine and some people may not feel either, or may reject gender altogether (see Gender identity).
- **Gender binary:** the spectrum-based classification of gender into the two categories of either man or woman based on biological sex (see Sex).
- **Gender identity:** refers to an inner sense of oneself as man, woman, masculine, feminine, neither, both, or moving around freely between or outside of the gender binary.
- **Gender pronouns**: these refer to how a person chooses to publicly express their gender identity through the use of a pronoun, whether it is a gender-specific or a gender-neutral pronoun (GLHV, 2016). This can include the more traditional he or she, as well as gender-neutral pronouns such as they, their, ze, hir and others (see Transgender/Trans/Gender diverse).
- **Genderqueer/Non-binary gender:** a term used to describe gender identity that does not conform to traditional gender norms and may be expressed as other than woman or man, including gender neutral and androgynous.
- **Gender questioning**: not necessarily an identity but sometimes used in reference to a person who is unsure which gender, if any, they identify with.
- **Intersex:** an umbrella term that refers to individuals who have anatomical, chromosomal and hormonal characteristics that differ from medical and conventional understandings of male and female bodies. Intersex people may be 'neither wholly female nor wholly male; a combination of female and male; or neither female nor male' (Sex Discrimination Amendment Act (Sexual Orientation, Gender Identity and Intersex Status) 2013 (Cth)).
- Intersex people may identify as either men, women or non-binary (see Genderqueer/Non-binary gender).
- **Sex**: a person's sex is made up of anatomical, chromosomal and hormonal characteristics. Sex is classified as either male or female at birth based on a person's external anatomical features. However, sex is not always straightforward as some people may be born with an intersex variation, and anatomical and hormonal characteristics can change over a lifespan.
- **Sistergirl/Brotherboy:** terms used for gender diverse people within some Aboriginal or Torres Strait Islander communities. Sistergirls and Brotherboys have distinct cultural identities and roles. Sistergirls are Indigenous people who were classified male at birth but live their lives as women, including taking on traditional cultural female practices (GLHV, 2016). Brotherboys are Indigenous people who were classified as female at birth but who have a male spirit (GLHV, 2016).

GLOSSARY

BODIES, GENDER & GENDER IDENTITIES

- **Transgender/Trans/Gender diverse:** umbrella terms used to refer to people whose assigned sex at birth does not match their internal gender identity, regardless of whether their internal gender identity is outside the gender binary or within it. Transgender/trans or gender diverse people may identify as non-binary, that is: they may not identify exclusively as either gender; they may identify as both genders, they may identify as neither gender; they may move around freely in between the gender binary; or they may reject the idea of gender altogether.
  - Transgender/trans or gender diverse people may choose to live their lives with or without modifying their body, dress or legal status, and with or without medical treatment and surgery. Transgender/trans or gender diverse people may use a variety of terms to describe themselves including but not limited to: man, woman, transwoman, transman, transguy, trans masculine, trans feminine, tranz, gender-diverse, gender-queer, gender-non-conforming, non-binary, poly gendered, pan gendered and many more (see Aizura et al., 2010).
  - Transgender/trans or gender diverse people have the same range of sexual orientations as the rest of the population. Transgender/trans or gender diverse people's sexuality is referred to in reference to their gender identity, rather than their sex. For example, a woman may identify as lesbian whether she was assigned female at birth or male.
  - Transgender/trans or gender diverse people may also use a variety of different pronouns including he, she, they, hu, fae, ey, ze, zir and hir. Using incorrect pronouns to refer to or describe transgender/trans or gender diverse people is disrespectful and can be harmful (see Misgendering under 'Societal attitudes/issues' below).



GLOSSARY

SEXUAL ORIENTATIONS

- **Aromantic/aro:** refers to individuals who do not experience romantic attraction. Aromantic individuals may or may not identify as asexual.
- **Asexual/ace:** a sexual orientation that reflects little to no sexual attraction, either within or outside relationships. People who identify as asexual can still experience romantic attraction across the sexuality continuum. While asexual people do not experience sexual attraction, this does not necessarily imply a lack of libido or sex drive.
- **Bisexual:** an individual who is sexually and/or romantically attracted to people of the same gender and people of another gender. Bisexuality does not necessarily assume there are only two genders (Flanders, LeBreton, Robinson, Bian, & Caravaca-Morera, 2017).
- **Gay:** an individual who identifies as a man and is sexually and/or romantically attracted to other people who identify as men. The term gay can also be used in relation to women who are sexually and romantically attracted to other women.
- **Heterosexual:** an individual who is sexually and/or romantically attracted to the opposite gender.
- **Lesbian:** an individual who identifies as a woman and is sexually and/or romantically attracted to other people who identify as women.
- **Pansexual**: an individual whose sexual and/or romantic attraction to others is not restricted by gender. A pansexual may be sexually and/or romantically attracted to any person, regardless of their gender identity.
- **Queer:** a term used to describe a range of sexual orientations and gender identities. Although once used as a derogatory term, the term queer now encapsulates political ideas of resistance to heteronormativity and homonormativity and is often used as an umbrella term to describe the full range of LGBTIQA+ identities.
- **Sexual orientation**: refers to an individual's sexual and romantic attraction to another person. This can include, but is not limited to, heterosexual, lesbian, gay, bisexual and asexual. It is important to note, however, that these are just a handful of sexual identifications – the reality is that there are an infinite number of ways in which someone might define their sexuality. Further, people can identify with a sexuality or sexual orientation regardless of their sexual or romantic experiences. Some people may identify as sexually fluid; that is, their sexuality is not fixed to any one identity.

GLOSSARY

SOCIETAL ATTITUDES/ISSUES

- **Cisnormativity:** assumes that everyone is cisgendered and that all people will continue to identify with the gender they were assigned at birth. Cisnormativity erases the existence of transgender/trans and gender diverse people.
- **Heteronormativity:** the view that heterosexual relationships are the only natural, normal and legitimate expressions of sexuality and relationships, and that other sexualities or gender identities are unnatural and a threat to society (GLHV, 2016).
- **Heterosexism:** describes a social system that privileges heteronormative beliefs, values and practice. Heterosexism provides the social backdrop for homophobic and transphobic prejudices, violence and discrimination against people with non-heteronormative sexualities and gender identities and intersex varieties (Fileborn, 2012; GLHV, 2016).
- **Homonormativity**: a term that describes the privileging of certain people or relationships within the queer community (usually cisgendered, white, gay men). This term also refers to the assumption that LGBTIQA+ people will conform to mainstream, heterosexual culture; for example, by adopting the idea that marriage and monogamy are natural and normal.
- **Homophobia and biphobia:** refer to negative beliefs, prejudices and stereotypes that exist about people who are not heterosexual.
- **Misgendering:** an occurrence where a person is described or addressed using language that does not match their gender identity (GLHV, 2016). This can include the incorrect use of pronouns (she/he/they), familial titles (father, sister, uncle) and, at times, other words that traditionally have gendered applications (pretty, handsome, etc.). It is best to ask a person, at a relevant moment, what words they like to use.
- **Transphobia:** refers to negative beliefs, prejudices and stereotypes that exist about transgender/trans and gender diverse people.