

Preventing Family Violence



An LGBTQ+ family violence prevention resource for perinatal service providers





ACKNOWLEDGEMENTS

drummond street services respectfully acknowledges the Kulin Nation as Traditional Owners of the land where we deliver our services. We acknowledge Aboriginal and Torres Strait Islanders as the first people of Australia. Sovereignty was never ceded, and they remain strong in their connection to land, culture and in resisting colonisation.

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ABOUT THE PROJECT

The transition to parenthood is a recognised high risk time for the onset of family violence in heterosexual relationships. It is also known that family violence including intimate partner violence occurs in LGBTIQ+ relationships. There are knowledge gaps however, in understanding family violence risk during the transition to parenthood for LGBTIQ+ parents, and in strategies to prevent family violence for LGBTIQ+ communities.

This project, the New Parents, New Possibilities LGBTIQ+ Transition to Parenthood Family Violence Prevention Project, aims to address these gaps in knowledge, building an evidence base around specific domestic and family violence risk and protective factors during the transition to parenthood for LGBTIQ+ parents. Through a rapid evidence review, a client data audit of Queerspace family violence services files, and consultations with LGBTIQ+ parents and perinatal sector professionals this action-research project has established a number of key findings.

This resource is a snapshot of these findings relevant to the perinatal service sector. It is designed for reproductive services, midwives and birthing hospitals, maternal and child health services and other community and health agencies working with families during the transition to parenthood.

In addition to briefly outlining our findings, this booklet also provides suggested practice tips for family violence primary prevention activities and approaches within perinatal services. These tips should be considered within a holistic understanding of family violence primary prevention practice.

The booklet begins by highlighting some of the strengths of LGBTIQ+ parented families.



LGBTIQ+ FAMILIES' STRENGTHS AND RESILIENCE

As a resource focused on the transition to parenthood, this booklet presents an opportunity to highlight several strengths and the resilience within LGBTIQ+ parented families.

Often self-described as queer, rainbow families or gay dads, it is common for LGBTIQ+ parents to actively celebrate the diversity within their families. For many this is about recognising and celebrating who they are and the ways they have formed their family, which inherently acknowledges their gender, sexuality and relationships. It is important to recognise that queer families might not be a romantic relationship, but can include sperm or egg donors, multiple partners, co-parenting relationships and other relationship forms.

In this project's consultation phase, some parents spoke about how their awareness of societal norms and the opportunities they created to challenge these norms, allowed them to establish their own vision of what family and parenting means. For instance:

"It may sound a bit counter-intuitive, but because we weren't heavily influenced or directed by the standard heterosexual model, we felt that we had freedom to explore what parenting meant to us and how we would do it. We weren't hooked into a set narrative which we find often couples are. So, I think that was a strength for us because we had that flexibility to explore it."

[Cisgender, gay dad]

For some, this visioning and challenging of heterosexual expectations meant that they were better equipped to divide roles and responsibilities in their relationships which extend beyond gendered social norms. For others, the opportunities for visioning, intentional parenthood and closely connected relationships were a silver lining in the long, expensive and emotionally exhausting process of forming their family:

"If you have to work really hard and it takes a really long time to be a parent... You've just had more conversations. ...I think that time allowed us to really become close and to become connected about how we wanted to parent."

[Non-binary, queer parent]

The potential for support from 'families of choice' and close friends, or from within LGBTIQ+ communities, such as other LGBTIQ+ parented families, were reported by many families to be their main source of social support and connection during the transition to parenthood. Defined as the family you create, rather than the one you were born into, chosen families are often the foundation of strong, connected LGBTIQ+ communities.

“One of the strengths that's been really important is bringing in that chosen family; they map that queer little bubble around us, because sometimes [people outside the community] don't get stuff...Having those people that speak the same language and have a queer understanding of families...[it's] really important to keep those relationships going.” *[Non-binary, queer parent]*

Some parents spoke about how grassroots initiatives, such as LGBTIQ+ playgroups led by LGBTIQ+ community members have been a fantastic resource.

LGBTIQ+ parents' resilience in the face of discrimination and lack of understanding about their families is significant in understanding their individual and collective strength. Several LGBTIQ+ parents spoke to the personal skills and resources they have developed in advocating for themselves prior to and after becoming parents:

“I think we're highly reflective and we've experienced a lot of adversity, discrimination and all that stuff that queer families and transgender people experience... I think those experiences build us and build a particular focus on the world.” *[Non-binary, queer parent]*

Although far from an exhaustive list, these ideas represent the key themes which emerged out of consultations with 26 LGBTIQ+ parents, co-parents and donors. In striving for inclusive services and approaches to practice, it is important to acknowledge and celebrate these strengths, and continue to create opportunities to learn from the voices and experiences of LGBTIQ+ communities.



PROJECT FINDINGS

The universal struggles of adjusting to parenthood apply to new LGBTIQ+ parents, as they would any other. For example, learning to care for newborns (especially feeding and sleeping), coping with sleep deprivation, the loss of a sense of self and feelings of chaos are challenges for all parents.

For all new parents, societal and gendered norms of what a family 'should' look like play into the way parents adapt to their new life, across individual, family, community and structural levels. For LGBTIQ+ parents, these norms and expectations are layered and complex given that our service systems and ideas of family are often premised on the idea of what a heterosexual, nuclear family should look like. For those parents who also identify with other marginalised groups, such as people of colour or people with a disability, they often face multiple and intersecting layers of discrimination.

PRIMARY PREVENTION KEY FINDINGS

Overall, it was found that rigid and binary constructs of gender, gender roles, sexuality and family structures across society provide the context in which family violence occurs for LGBTIQ+ people. During the transition to parenthood period, it was identified that these norms are embedded in processes of legal recognition (or lack thereof), reproductive and perinatal service systems and organisations, new parent communities and groups, workplaces and families.

The normalisation of cisgender, heterosexual couples and families leads to a lack of recognition of LGBTIQ+ parents, co-parents and donors and a lack of acknowledgement that family violence can exist within LGBTIQ+ relationships. Gendered assumptions inform unhelpful societal messages and misconceptions, that two women cannot be violent, for example, or that two men cannot provide sufficient nurturing and care. These unhelpful and inaccurate gender stereotypes leave many LGBTIQ+ parents feeling like they have to present as the 'perfect' queer family, making it difficult for them to seek help when needed. They also allow for systems that often do not recognise queer families or offer appropriate and inclusive support.

At a perinatal service level, LGBTIQ+ parents' experiences highlighted discrimination as well as a lack of understanding and recognition of sexuality and gender diversity, family diversity and LGBTIQ+ family violence.

"I guess it's partly systemic; that the system doesn't accommodate for diversity. There's also that workers or professionals aren't aware of the different kind of issues that might arise in a LGBTIQ family."

[Lesbian parent]

Whilst it was identified that these social systems, constructs and practices impact on all LGBTIQ+ parents, the additional vulnerabilities faced by trans and gender diverse parents were highlighted. Added vulnerabilities or layers of discrimination are faced by people with different levels of ability or those from diverse cultural backgrounds. As such, all forms of social inequality need to be considered within an intersectional primary prevention approach that is inclusive of diversity.

ADDITIONAL FINDINGS

A number of other factors were found to impact on parents' experiences during the transition to parenthood. These factors work as both risk and/or protective factors, as for some, they added strength and resilience to relationships, and for others, they created or compounded risk for experiences of family violence. Understanding and being able to identify these risk factors, including the ways in which they are interconnected, can therefore be useful for people working in the perinatal sector.

Whilst many of these factors are universal for all families, heteronormativity and cisnormativity provide the social context in which these risk factors exist. As such, the way in which LGBTIQ+ parents experience each risk factor may look or feel different from the experiences of heterosexual parents.

It is important to acknowledge that risk factors are not causal factors for violence. The accumulation of a number of risk factor can have a range of negative health and wellbeing outcomes, including family violence.



RISK FACTORS:



1. GENDERED NORMS & THE DIVISION OF LABOUR



2. FAMILY FORMATION STRESS



3. SOCIAL ISOLATION



4. FINANCIAL STRESS



5. PAST EXPERIENCE OF ABUSE/TRAUMA



6. RESILIENCE & COPING

RISK FACTORS

1. Gendered norms and the division of labour

Whilst it may not appear immediately apparent, social expectations around gender roles are important to consider for new LGBTIQ+ parents, co-parents and donors, especially as they impact on the division of labour and in turn the division of power in relationships.

For new parents, the birth or arrival of their baby or child/ren results in the need to negotiate new roles in relationships. Whilst many LGBTIQ+ parents actively challenge gender roles in parenting and gendered expectations of the division of labour, others have highlighted that it can be easy to 'fall into' gendered norms. Many LGBTIQ+ parents feel pressure to align to traditional and heteronormative gender roles during the transition to parenthood, when gendered norms for all new parents often come to the fore. For instance, gendered responsibilities structured around one parent working and one staying at home can lead to the uneven division of labour and can also lead to new power dynamics within relationships.

Actively challenging social expectations and norms has been identified by parents as requiring commitment to ongoing reflection, discussion and careful navigation of differences in order to promote equality in relationships. It also requires challenging the social expectations and systemic norms which support heteronormative family structures.

2. Family formation stress

For LGBTIQ+ parents, each of the common pathways to parenthood, which include IVF, IUI, donor sperm, adoption and/or surrogacy, has its own unique social and legal implications, which can create additional vulnerability during the transition to parenthood. The lengthy, emotionally demanding and expensive pathways to family formation create stress for many LGBTIQ+ parents.

Importantly however, the intentionality of family formation for many LGBTIQ+ parented families and lengthy conversations around the social and legal implications of different methods of family formation, can also be a way of strengthening or adding resilience to relationships. The decision-making in these processes can provide opportunities for reflection, enhanced partnerships and considered parenthood, including early discussions about parenting responsibilities and the division of labour.



3. Social isolation

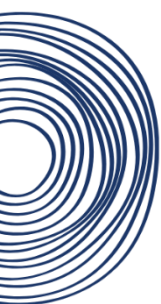
Social isolation is an important factor to consider in supporting LGBTIQ+ parents. Whilst support from friends, community and extended family during the transition to parenthood is important for all parents, there are some unique considerations for LGBTIQ+ communities. For example, they may have experiences of being ostracised from typical supports such as 'family of origin', as a result of their gender, sexuality or family structure. Common experiences include a lack of support or a lack of understanding and/or unwelcome comments and questions from family of origin or extended families.

The potential for support from 'families of choice' and close friends, or from within LGBTIQ+ communities such as other LGBTIQ+ parented families, is a factor to promote with new LGBTIQ+ parents. These support networks were reported by many families to be their main source of social support and connection during the transition to parenthood.

4. Financial stress

Financial stress can be a risk factor for family violence during the transition to parenthood. Whilst this does not imply that families with more money have decreased risk of family violence, having relative financial security, such that basic needs are able to be met, can be protective. Families who are constantly worrying about finances and making ends meet, can face enormous stressors, contributing to an increased risk of family violence. For some LGBTIQ+ parents the high cost of IVF, adoption and surrogacy can increase financial pressure. Systemic social inequalities may also make some members of LGBTIQ+ communities more vulnerable. Trans and gender diverse communities for example, often face significant workplace discrimination resulting in high rates of un- and under-employment.

Power imbalances related to financial control should be considered in any relationship, particularly during the transition to parenthood when earning dynamics can change within relationships.



5. Past experience of abuse/trauma

Exposure to childhood experiences of family violence or childhood abuse, in addition to past relationship experiences of family violence, can increase the risk of experiencing or using family violence. For LGBTIQ+ populations, particularly lesbian and bisexual women, as well as trans and gender diverse people, research indicates that the experience of childhood abuse occurs at a higher rate than non-LGBTIQ+ people.

Many LGBTIQ+ people also experience higher rates of community violence than non-LGBTIQ+ people, with trans and gender diverse people or LGBTIQ+ people of colour often disproportionately impacted.

These experiences can influence people's ability to cope with added stresses in the transition to parenthood, can set unhealthy norms in relationships, or can increase the risk of a range of negative health and wellbeing outcomes.

6. Resilience & coping (mental health, AOD, coping style)

As with all new parents, poor mental health, alcohol and other drug use and negative coping strategies can all increase the risk of family violence. The transition to parenthood can increase stress which can trigger unhelpful coping strategies including: withdrawal, aggression, critical behaviour, blaming, being unsupportive of a partner's emotional feelings and the heightened use of power and control. An escalation of relationship conflict or tension, difficulties in resolving conflict and/or communication issues are dynamics to look out for.

Unhelpful coping strategies can be compounded further by mental health issues or alcohol and other drug use. Just like with all new parents, looking out for signs of mental health distress including PND (for both birthing and non-birthing parents) or escalating AOD use, and providing appropriate referrals is critical.

Positive coping skills and styles, including communication skills, help-seeking behaviours, and support for parenting partner/s can protect against adverse wellbeing outcomes.

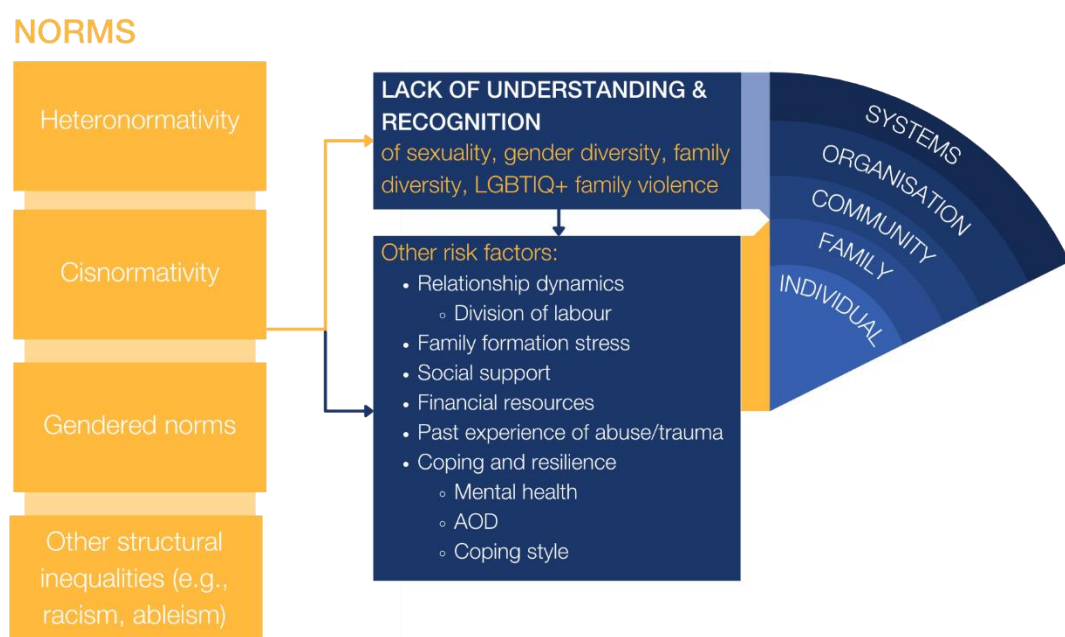
SUMMARY

Family violence is a complex social issue which occurs due to the interplay between societal, community, relationship and individual factors. These complexities are magnified for communities and individuals who do not fit into mainstream constructs of family violence, or men's violence against women.

Preventing family violence for new LGBTIQ+ parents requires action which challenges binary and rigid norms around gender, sexuality and family structures embedded across social systems and structures. At a perinatal system level this requires increasing the understanding and recognition of LGBTIQ+ people, their relationships and families, and changing systems and processes which render queer families invisible, in turn minimising the existence of LGBTIQ+ family violence.

Using an intersectional approach to practice which is inclusive not just of LGBTIQ+ but of all families is essential in family violence prevention. Stepping back as practitioners to reflect on the broad range of risk and protective factors at play and the intersection of these risk factors within the context of the broader social and structural drivers is essential.

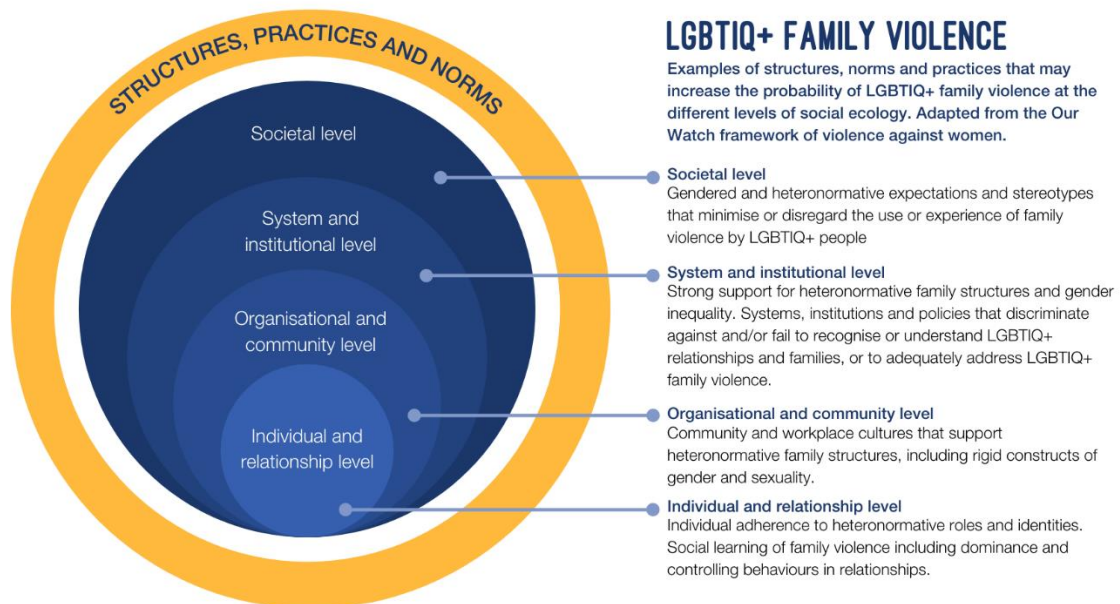
CONNECTING RISK FACTORS TO PRIMARY PREVENTION DURING THE TRANSITION TO PARENTHOOD



Socio-ecological model

The following framework provides examples of the structures, norms and practices that may increase the probability of LGBTIQ+ family violence at the different levels of social ecology. This framework is adapted from the Our Watch's National Framework for the Prevention of Violence Against Women, Change The Story.

LGBTIQ+ family violence



PRIMARY PREVENTION PRACTICE TIPS FOR THE PERINATAL SECTOR

Address the rigid and binary constructs of gender, sexuality, family forms and gendered norms, embedded through organisational structures, systems and practices.

- Unlearn assumptions about new parents being heterosexual and cisgender.
- Challenge norms around families being formed with two parents- a mother and a father.
- Challenge expectations that all birthing parents identify as 'mothers'.
- Challenge workplace cultures that expect there is a 'primary' and 'secondary' parent, and/or that one parent will do paid work and one will stay at home.
- Reject concepts around children needing 'female' and 'male' role models.
- Challenge cultures that preference 'biological' relationships.



Consider diversity

By challenging these norms, cultures and assumptions, not only will you be creating more inclusive services for LGBTIQ+ parents, but for many families with diverse relationships and family structures.

In each of the suggestions below, consider diversity within LGBTIQ+ communities. Not only does this mean attention to the different experiences and needs of lesbian, gay, bisexual, trans (and non-binary), intersex and queer communities, but also the unique experiences of LGBTIQ+ parents who identify with other marginalised communities such as Aboriginal or Torres Strait Islander people, people of colour and/or people with a disability.

Representation

Ensure there is diverse, positive representation of LGBTIQ+ parented families in posters and paper materials, as well as digital marketing.

Celebrate LGBTIQ+ parents and families, including through participation in campaigns and days of recognition.

Documents, systems and policies

Use inclusive language that reflects the diversity of LGBTIQ+ parented families in universal forms and written resources. Create targeted resources for LGBTIQ+ parented families if required.

Ensure family violence resources acknowledge that domestic and family violence, including intimate partner violence, occurs in LGBTIQ+ relationships.

Develop policies and procedures to ensure inclusivity of diverse family forms, relationships, genders and sexualities, extending beyond 'same sex' parents.

Consider how your organisation's Gender Equality framework can incorporate equality for LGBTIQ+ parented families, including an understanding of gender beyond the binary of men and women.

Be familiar with LGBTIQ+ specific services, community groups and resources and refer clients and colleagues as needed. See our resource list on page 20 as a starting point.

Consider how you can learn from and work alongside LGBTIQ+ parents and service providers in primary prevention approaches and service delivery.

Utilise opportunities to advocate for LGBTIQ+ inclusivity with other services.

Practice tips

Avoid assumptions about peoples' gender, sexuality, relationships or the way they formed their families.

- Choose your words wisely!
 - Reflect the language people use about themselves, their relationships and families.
 - Use inclusive language, for example 'partner'.
 - Ask open questions to gather the information that you need to do your work.
 - Ask clients what pronouns they use.
 - Familiarise yourself with gender neutral terms, for example the pronoun 'they'.
- If you make a mistake, just apologise and move on. Don't over apologise, as that can make things awkward.
- Commit to life-long learning about LGBTIQ+ relationships, families and diverse family formation. Find answers to your questions from LGBTIQ+ specific services and resources rather than relying on parents to educate you.
- Understand that family violence and intimate partner violence occurs in LGBTIQ+ relationships and ensure you are screening for family violence in all relationships.
- Be conscious that LGBTIQ+ family violence might involve different dynamics and that the risk factors may look or feel different to heterosexual relationships between cisgender people.
- Provide our companion booklet to new LGBTIQ+ parents you are working with.



SOME SUGGESTIONS FOR AVOIDING ASSUMPTIONS:

Questions you may be asking

Consider instead

Is your husband on his way?

Do you have a partner or support person joining you today?

Where's Mum?

Who is in your family?

Which of you is the father?

Would you like to share anything about your journey to parenthood?

Which of you is the mother?

Did one of you carry the baby?

So, you're two mums?

How would you like us to refer to each of you?

Who's staying at home? / Who is the primary carer?

How are you working out who is caring for your baby/child, and when?



PARENTS' REFLECTIONS ON POSITIVE SERVICE EXPERIENCES

"She made a big effort to be inclusionary in the discussion and in the way she used terminology and things like that, which I was really impressed with."

"They put me on the waiting list for another maternity group practice program, and they finally got the notes right that I was trans, and I ended up with a particularly trans aware midwife, and that was fantastic"

"I don't want my relationship to be the focus every time we engage with a service provider. I want the service provider to [engage with] my child, that's why I'm seeing them. So that indifference, or on one hand that complete acceptance, is really important and refreshing."

You do want them to acknowledge that there is a different parenting relationship, it's not a heterosexual one, it's a gay one. You do want them to acknowledge that so you know that you're all on the same page and don't have to explain anything. That's where you want it to stop. You want to assume that once they have recognised, 'ahh a gay couple', they know all the appropriate language to use, and not to say, 'oh, so who's actually the real father?'"

"You don't have to know everything, but you do have to have some kind of informed understanding to be able to provide culturally safe, trauma informed care"

About providing feedback to perinatal services –
"I think if we were able to work with the organisations and the service and be like, 'Hey. We know you're really trying, but this is a whole lot of other stuff that would be helpful,' they have been really receptive."

"They make mistakes, but they're really eager to learn, and they're not interrogative. They'll just apologise and then not make a big deal about it. They're really good."



SERVICES & RESOURCES

LGBTIQ+ specialist services

- queerspace, drummond street services
9663 6733 | <https://www.queerspace.org.au/>
- Thorne Harbour Health
9865 6700 | <https://thorneharbour.org/>
- Switchboard/QLife
1800 184 527 | <http://www.switchboard.org.au/>
- Northside Clinic General Practice
9485 7700 | www.northsideclinic.net.au
- Equinox Gender Diverse Health Centre
9416 2889 | www.equinox.org.au
- Rainbow Door
1800 729 367 | www.rainbowdoor.org.au

Family violence services & resources

- w|respect, LGBTIQ+ specialist family violence service
1800LGBTIQA | <https://www.withrespect.org.au/>
- SafeSteps, 24 hour family violence crisis service
1800 015 188 | <https://www.safesteps.org.au/>
- Victims of Crime – provides support to men who have experienced family violence
1800 819 817 | www.victimsofcrime.vic.gov.au
- InTouch Multicultural Centre Against Family Violence
1800 755 988 | www.intouch.org.au
- Our Watch – family violence primary prevention
www.ourwatch.org.au
- Respect Victoria – family violence primary prevention resources www.respectvictoria.vic.gov.au
- The NW Network – LGBTIQ+ family violence resources | www.nwnetwork.org
- Intersex Human Rights Australia – Domestic and Family Violence & Intersex People | <https://ihra.org.au/familyviolence/>

Perinatal services

- PANDA, National Perinatal Anxiety & Depression Hotline
1300 726 306 | <https://www.panda.org.au/>

- Ready Steady Family, drummond street services
9663 6733 | <https://ds.org.au/our-services/ready-steady-family/>
- Tweddle – support with sleep, lactation and other challenges
9689 1577 | <https://www.tweddle.org.au/>

Mental health services

- CareinMind free mental health services – accessed through your GP
<https://nwmphn.org.au/health-systems-capacity-building/careinmind/>
- Better Access initiative – accessed through your GP
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-fact-prof>
- drummond street services
9663 6733 | www.ds.org.au

Alcohol and other drug services

- QHealth, Merri Health – specialist LGBTIQ+ AOD service | 1300 637 744
<https://www.merrihealth.org.au/services/young-adults/LGBTIQa-health-alcohol-and-drugs/>
- Cohealth
9448 5521 | www.cohealth.org.au
- StarHealth
9525 1300 | <https://www.starhealth.org.au/>

LGBTIQ+ community resources

- Rainbow Network
www.rainbownetwork.com.au
- Rainbow Families Victoria
www.facebook.com/RainbowFamiliesVictoria
- Gay Dads Australia
www.gaydadsaustralia.com.au
- Intersex Human Rights Australia
www.ihra.org.au
- Victorian Pride Centre
www.pridecentre.org.au

LGBTIQ+ TERMINOLOGY

Language in LGBTIQ+ communities is constantly changing. The following glossary of terms is not exhaustive of the many terms and definitions used by and about LGBTIQ+ communities.

Agender

An agender person is someone who has no gender. Agender people may also be transgender, non-binary, genderqueer, or another gender label.

Altruistic surrogacy

A surrogacy arrangement where the surrogate who carries the pregnancy does not make a profit. The commissioning parent/s might repay the surrogate the cost of medical and legal expenses.

Asexual

Someone who has little or no sexual attraction to other people.

Bisexual

A person who is romantically and sexually attracted to individuals of their own gender and other genders.

Cisgender (cis)

A person who identifies as the gender that matches the sex that they were assigned at birth.

Cisnormativity

The assumption that all individuals are cisgender.

Co-parent

A term that is used broadly to describe a person who shares the duties of bringing up a child; examples of use include by parents who are separated and co-parent their children, donors who are involved as co-parents, co-parents in polyamorous relationships.

Dead name

The name that a transgender, gender diverse or non-binary person was given at birth but no longer uses.

Donor

A person who donates sperm or eggs for use in another person's pregnancy. A donor's relationship or lack of relationship with any child conceived with their donation is determined by the

parent/s and donor on a case-by-case basis and in accordance with state/territory law.

Family of choice

A group of people in an individual's life who provide non-biological networks of social and familial support. Also referred to as 'Chosen family'.

Family of origin

The family an individual grew up with, which is often the person's biological family or adoptive family.

Gay

A person who is sexually and/or romantically attracted to other people of the same gender. Traditionally this term was used specifically for men, however it is now widely also used by and in relation to women who are sexually and romantically attracted to other women. Both cis and transgender people may identify as gay.

Gender dysphoria

Gender dysphoria is the distress experienced due to a mismatch between a person's gender and their sex and gender assigned at birth. Though people who experience gender dysphoria often identify as transgender, not everyone who is transgender experiences dysphoria or distress.



Gender euphoria

An inner satisfaction/contentment/ happiness when a person recognises themselves as the gender they are or when others recognise, validate and accept the gender they are.

Genderfluid

Genderfluid describes the experience of shifting between different genders, or expressions of gender. Some genderfluid people may also be bi-gender or multi-gender, but others may not have two or more established genders which they move between, and instead may experience many different genders that change in a more fluid fashion.

Gender transitioning

The process of changing the way you look so that you become the gender you feel on the inside. This is a broad term which can include changing clothes and hair, as well as medical processes such as hormone treatment or surgery.

Heteronormativity

The assumption that all individuals are heterosexual.

Heterosexual

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

Homophobia, Biphobia, Transphobia

Hatred or irrational 'fear' of people who are homosexual, bisexual or trans or gender diverse.

International surrogacy

A surrogacy arrangement involving a cisgender

woman who lives in an overseas country.

These arrangements can be altruistic or commercial, although are usually commercial.

Intersex

Intersex people are born with physical sex characteristics that don't fit medical and social norms for female or male bodies.

Lesbian

A woman who is sexually and/or romantically attracted to other women. Both trans and cisgender women may identify as lesbians.

LGBTIQ+

This is an acronym to refer to lesbian, gay, bisexual, transgender, intersex and queer people collectively. It is used with the acknowledgement that some people may identify as more than one cohort.

Non-Binary (NB)

Non-binary refers to any gender that falls outside of the categories of male and female. It is usually a descriptive term added to gender labels such as transgender/trans and genderqueer, but some people simply use non-binary to describe their gender/s. Some non-binary people may partially identify with a binary gender and self-describe as a 'non-binary woman' or 'non-binary man'.

Pansexual

Describes sexual, romantic or emotional attraction towards people regardless of their sex or gender identity.

Polyamory (polyam)

The practice of engaging in more than one relationship at any given time, with all parties knowing about these. These relationships are a form of ethical/consensual non-monogamy, and can be a combination of physical and/or

The term 'queer' is a politicised term and often used as a reaction against pressures to be heterosexual, or pressure that non-heterosexuals, intersex and non-cis people should express themselves only in ways acceptable to the heterosexual mainstream. Like many terms used within the LGBTIQ+ communities, the use of the word 'queer' is not universal. Some people find this term offensive due to its original use as a derisive word, and due to this prior association prefer not to use or reclaim it. Others have embraced the term and use it frequently to describe themselves and their communities.

Rainbow families are families where one or more people in the family are lesbian, gay, bisexual, trans, gender diverse, intersex, queer and/or non-binary.

An umbrella term used to describe anyone whose gender identity is different from that which was assigned at birth or is expected of them by society. This includes those who identify as: trans; transgender; transsexual; genderqueer; non-binary; cross-dressers; Sistergirls, Brotherboys, and other culturally-specific identities; as well as a variety of other gender labels. TGD people may or may not access services to medically transition – this is different for everyone, and there is no requirement for medical transition in order to be transgender and/or gender diverse.



