

SUPPORTING AOTEAROA'S
RAINBOW
PEOPLE

A Practical Guide for
Mental Health Professionals

Kia ora, nau mai, haere mai, welcome to our resource on supporting rainbow people in Aotearoa's mental health settings!

Who is this guide for?

This guide is for anyone who provides mental health support in Aotearoa, including (but not limited to) counsellors, psychologists, psychiatrists, psychotherapists, tohunga (Māori healers), social workers, mental health nurses, and GPs. It will also be helpful for youth workers, group facilitators, and peer supporters.

Why do you need this guide?

Wherever you work in mental health, you work with rainbow people. Rainbow people in New Zealand face a range of complex issues, and mental health professionals don't always receive specific training about their needs and experiences. You already have the skills to provide great support – this guide is designed to give you information to build on and strengthen those skills.

Who developed this guide?

All the information you'll find here is based on findings from the Rainbow Mental Health Support Experiences Study and the Out Loud Aotearoa Project. Together, these projects involved interviews and surveys with, and submissions from, more than 1600 rainbow people in Aotearoa. To create this resource, researchers from Victoria University of Wellington's Youth Wellbeing Study teamed up with RainbowYOUTH, InsideOUT, and Gender Minorities Aotearoa. We also refer to other research studies throughout the guide, as cited on pages 52 and 53.

Ngā mihi

E hara taku toa i te toa takitahi, engari he toa takitini. We want to give our sincere thanks to everyone who took part in the research that made this resource possible, and to everyone who gave us feedback to improve the resource. Ngā mihi aroha ki a koutou.

Resource design and illustration by Bo Moore (bomoore.net).

Throughout this guide, we'll share quotes from people in the rainbow community. We will use different birds to do this instead of using real names.

We use the umbrella terms 'rainbow people' and 'sex, sexuality, and gender diverse people' throughout this guide. You might have heard different terms for this group, like LGBT or LGBTQIA+. We aim to be as inclusive as possible with our use of language but acknowledge that the terms we use don't work for everyone.



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Our Kaupapa (Core Principles)

The information in this resource is based on five guiding principles. When supporting rainbow people in mental health settings:

1. Take an affirmative stance

An affirmative stance embraces a positive view of rainbow identities and relationships and considers the impact of discrimination on the lives of sex, sexuality, and gender diverse clients.

2. Respect self-determination

This means respecting the identities of rainbow clients and the ways they express their identities, as well as following their lead in conversations about identity and mental health.

3. Engage in self-reflection

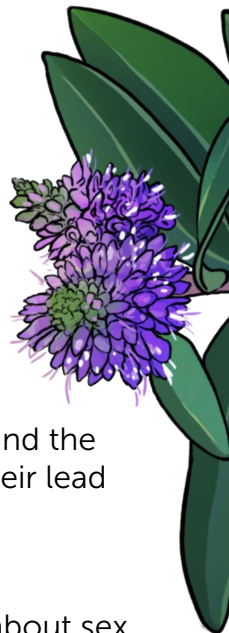
Reflecting on our own identities, privileges, and beliefs about sex, sexuality, and gender diversity is central to supporting rainbow clients. This is not a one-time activity, but an ongoing process.

4. Acknowledge the diversity of rainbow people

Rainbow people are often represented as a single homogenous group. Mental health professionals can challenge this by recognising the diversity of experiences and needs among rainbow people.

5. Learn about rainbow experiences and needs

This includes the common challenges faced by sex, sexuality, and gender diverse people, as well as their strengths and resilience.





Background



Terminology

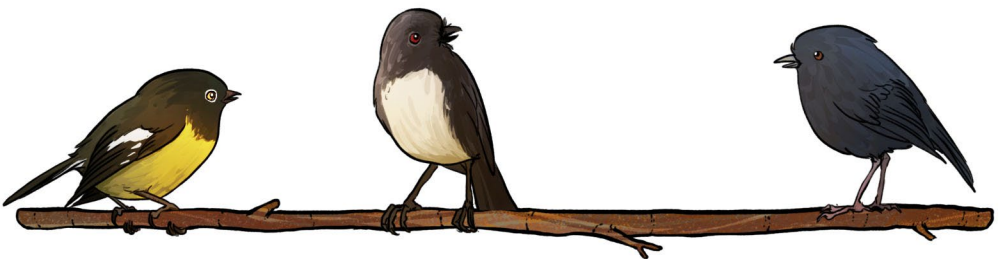
Understanding core concepts around biological sex, sexual orientation, and gender is central to supporting rainbow people. We don't define every important term here, but we do provide a few basic definitions to help with reading this resource.

To find out more about language and terminology, flick to page 52 to find links to regularly updated glossaries of important terms.

Sexual Orientation

In its most simple definition, sexual orientation refers to who a person is attracted to (physically, romantically, emotionally, and spiritually). Knowing someone's sexual orientation doesn't mean you know everything about their attractions and behaviours – everyone is different.

It can be helpful to think of sexual orientation as being on a continuum. Some people's sexual orientation stays the same throughout their lives, while for others it may change and go back and forth along the continuum. Some people don't experience any sexual and/or romantic attraction, so might not place themselves on this continuum at all (we talk more about this further on in the resource).



Gender Identity, Expression, and Fluidity

Gender is an aspect of who we are, how we describe ourselves, and how we express ourselves. For some people, their gender is the same throughout their life. For others gender is fluid, meaning it changes over time. Some people don't identify with any genders, and some people are questioning their gender. Gender expression is about how we present ourselves to the rest of the world – for example, our haircuts and the clothes we wear.

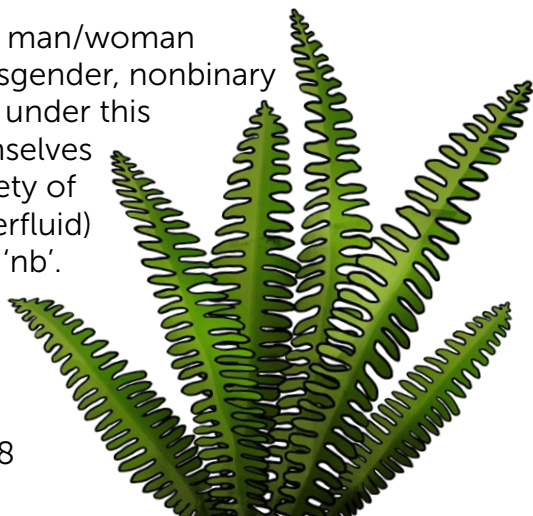
Pronouns

Pronouns are words used to refer to other people, as a substitute for their name. Commonly used pronouns are she/her/hers, he/him/his, and they/them/their, though there are many others. Use of they/them/their to refer to one person is grammatically correct. In te reo Māori, the third person pronoun is 'ia', and is used to refer to people of all genders.

Common Terms

Transgender (trans) and gender diverse are umbrella terms for people whose gender is different from their assigned sex at birth. Cisgender (cis) is a term for people whose gender is the same as their assigned sex at birth. Agender is a term used for people who do not identify with any gender.

Nonbinary genders do not fit the man/woman gender binary. Like the term transgender, nonbinary can be an umbrella term. People under this umbrella may also describe themselves using one or more of a wide variety of terms (like genderqueer or genderfluid) or may simply use 'nonbinary' or 'nb'.



Intersex/Variations in Sex Characteristics

Biological sex is a label used to describe our physical bodies. Although most people are assigned male or female at birth, our sex characteristics (sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns) can be arranged in a multitude of different ways.

'Intersex' or 'variations in sex characteristics' are terms used when someone's sex characteristics are more diverse than the typical definitions of male and female. Intersex people use different terms to describe themselves, and it is estimated that up to 1.7% of the global population are born intersex, or have a variation in sex characteristics.

Gender and Sexual Orientation among Intersex People

There is huge diversity among intersex people in terms of gender. Many intersex people identify as male or female, others are nonbinary, others identify their gender as intersex, and others use some combination of these terms. There is also diversity in the way intersex people identify and express their sexual orientation.

Diagnoses

While some people may never know that they are intersex, many intersex people are diagnosed with an intersex variation, and that diagnosis could take place at many points throughout their life. There are over 40 intersex variations. Having a diagnosis is important for many intersex people, but there is a move away from seeing intersex as a disorder or something to be fixed. Instead, there is a shift toward embracing variations in sex characteristics as part of human diversity.



Top Terminology Tips



- Use the same terms that a client uses to describe themselves. Rainbow people frequently have their identities undermined and questioned in their daily lives, and mental health settings have the potential to be validating and healing environments where clients can explore and freely be themselves.
- There are no rules or criteria for using any identity label (e.g. transgender, bisexual, queer) – the important thing is that the term feels right for the person using it.
- If a client uses a term you're not familiar with, you can stop and check in on what the term means for them. Having some background knowledge of terminology is helpful however, as it can be frustrating for clients to spend time educating mental health professionals about language and terminology.
- Be mindful that people often use different identity labels in different situations or with different people, or they might use a label for simplicity. For example, someone might describe themselves as 'queer' among friends, but use the term 'bisexual' at work.
- Lots of mental health professionals worry about getting terminology wrong, especially if it's unfamiliar. Remember that everyone makes mistakes – if you do, just apologise and move on.

"Our linguistic choices are crucial, particularly as minorities. That's kind of how we relate to the world, by choosing certain words to describe us, our behaviours, our histories, whatever. It's really important to honour pronouns and names - if I call myself transgender, don't call me a transsexual. Our word choices are deliberate and I don't like seeing other people mess with those."



Historical Context

Takatāpui and Pasifika Rainbow Identities

Pre-colonisation, sex, sexuality, and gender diversity was accepted and valued throughout Pacific cultures, including in te ao Māori (the Māori world), with takatāpui (Māori of diverse gender identities and sexualities) claiming their identity through whakapapa, or genealogy. The colonisation of the various islands in the Pacific by European settlers disrupted this, bringing Victorian and Christian attitudes to gender roles, morality and sexuality. Colonisation throughout the Pacific also brought British laws that denied the basic human rights of rainbow people.

Colonial Law

Under British law, sexual relations between men were criminalised and came with harsh punishments. Sex between women has never been criminalised in New Zealand, though women who engaged in 'inappropriate sexual practices' could be sent to government institutions or committed for psychiatric treatment. The 1970s saw the birth of the modern gay and lesbian rights movement in New Zealand, with the formation of Gay Liberation groups. Significant law reform followed, including the decriminalisation of homosexuality in 1986 and the introduction of marriage equality in 2013.

Trans and Intersex Histories

For most of New Zealand's post-colonial history, there has been widespread silence about the social and legal status of trans and intersex people. Trans people weren't able to legally change their sex until 1995, and have experienced discrimination in housing, work, and public life. Trans people have also struggled to access essential healthcare services. Intersex people have faced a lack of recognition of their existence and needs, and for the last half-century, medical interventions have been performed in New Zealand on intersex babies, meaning they have no opportunity to consent.

Contemporary Context

Despite legislative gains for rainbow rights in New Zealand and increasing societal acceptance, rainbow people continue to experience widespread stigma and discrimination. Sometimes this is explicit, including verbal, physical, and sexual assault and harassment. At other times, it is more subtle.

Coming Out - or Staying In!

Due to widespread assumptions that everyone is straight, cisgender, and not intersex, rainbow people are often expected to 'come out' about their identity in a way others are not.

Misconceptions and Assumptions

Rainbow people also face common misconceptions or assumptions that their identities are a phase, a choice, or not valid, and that everyone fits neatly within the gender binary.

Healthcare

Gender diverse people face significant barriers to accessing gender-affirming healthcare in New Zealand, and 'normalising' medical interventions on intersex babies are still legal and practised here in Aotearoa.

Diversity of Discrimination

For some rainbow people, homophobia, transphobia, and/or intersex discrimination is part of daily life and has profound negative impacts on their health and wellbeing. Other rainbow people are affirmed and validated by those around them, and many people's experience is somewhere in between these two ends of the spectrum. It is key to keep this diversity of experience in mind when working with rainbow clients.





"Our gender expression changes the way that we're treated in society.

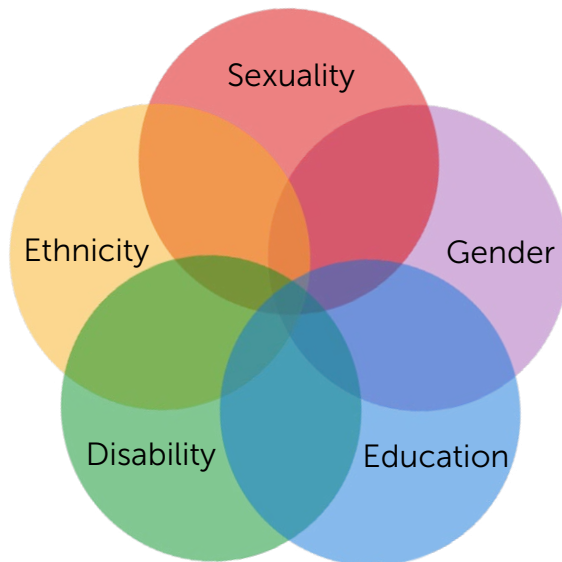
I experienced a lot of prejudice in my previous workspace, and I lost my job inevitably because of it. I would go out and people would question my gender everywhere I went, you can't escape it, it's everywhere."

Intersections of Identity

Intersectionality is a framework we can use to understand the ways in which sexual orientation, gender, and biological sex intersect with a person's other important identities.

Intersectionality states that oppressions based on different social categories (e.g. sexual orientation, gender, ethnicity, disability, education, age, and class) are interlinked, and cannot be addressed separately from one another. Holding more than one identity means that the effects of oppression are compounded – the negative impacts of these oppressions on a group or an individual are amplified when experienced together.

While sex, sexuality, and gender diverse clients are all exposed to potential discrimination based on their rainbow identities, they are impacted by other forms of discrimination in different ways. Many of our clients may face multiple, overlapping oppressions, so discussing structures like colonisation, racism, ableism, sexism, and classism is just as important as exploring homophobia, transphobia, and intersex discrimination.



Rainbow Identities and Mental Health

History of Rainbow Identities in Mental Health

Rainbow identities were historically pathologised in the field of mental health care; homosexuality was included in the Diagnostic and Statistical Manual of Mental Disorders (the DSM) in various forms until 1987, and gender diversity carried a 'disorder' label until 2013. Gender dysphoria (the distress associated with the disconnection between one's body and sense of self) is still in the DSM as of 2019 (this is called 'gender incongruence' in the International Classification of Diseases-11). Many people have called for it to be removed, but others are concerned that this would threaten gender diverse people's access to healthcare and support services.

Because of this pathologising history, many rainbow people feel mistrust towards the field of mental health care and are often hypervigilant to signs of pathologisation in mental health settings.

Minority Stress

High rates of mental health difficulties among rainbow people are now understood using the minority stress model. Put simply, the model states that the external world affects the internal world – societal stigma and discrimination create a hostile and stressful environment for sex, sexuality, and gender diverse people. This stress, in turn, increases the risk for mental health problems. The minority stress model is supported by a large body of research, which suggests that in order to address the high rates of mental health problems among rainbow people, we need to intervene at two levels – at the societal level, to reduce stigma and discrimination, and at the individual level, to support sex, sexuality, and gender diverse people as they face stress and adversity.

Common Topics of Discussion in Therapy

Rainbow People and Intimate Relationships

It's important to remember that not all clients are in relationships, have been in relationships, or want to be in relationships. A person's experience with relationships might not seem to correspond to their sexual orientation (for example, a person who identifies as bisexual might not have had relationships or sexual experiences with more than one gender). This doesn't mean that their identity can be questioned by anyone but themselves. Another consideration is that New Zealand's rainbow communities are small and interconnected, which can complicate intimate relationships and friendships.



Coping with Societal Stigma and Discrimination

As mentioned earlier in this resource, there are widespread misconceptions that societal stigma and discrimination towards rainbow people ended with legal reforms like marriage equality. Subtle forms of discrimination (sometimes called microaggressions, e.g. unkind jokes, comments, and looks) can be especially hard to pinpoint and challenge but can build up and cause significant distress. Rainbow clients may want to talk through experiences of discrimination, or worries about discrimination, in mental health support settings.

Sharing about Identity

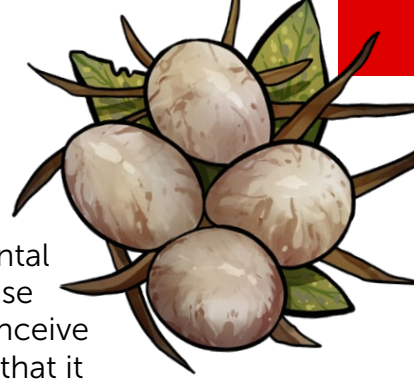
The process of understanding one's own identity and sharing aspects of identity with others is often called 'coming out' or 'disclosure'. This can be a difficult process, especially if someone is worried that those around them won't be accepting. Sharing about identity can also be freeing, allowing someone to live in a way true to who they are.

Some important things to know about coming out:

- Coming out is not a one-time thing. Many rainbow people come out on a daily basis, or many times in a single day.
- People might be out to different extents in different parts of their life. For example, someone might tell their family and friends that they're nonbinary, but not be out as nonbinary at work.
- The concept of coming out doesn't make sense to everyone. For many people, not sharing about their rainbow identity doesn't make them 'closeted' - it's just a personal choice.
- Rainbow people don't need to be out to everyone they know in order to be happy. Some people might choose not to come out to others because they feel their identity is personal information, not relevant to their relationship with that person, or because it might not be safe. Often, choosing whether to share about identity involves balancing these different considerations.
- If someone comes out to you, you can thank them for trusting you with that. You can also support clients by providing space and time, and by acting as an affirming sounding board during this process.

When talking about coming out, mental health professionals should go at the client's pace and not idealise coming out as an end goal for the client in terms of improving their mental health and wellbeing.

Children and Parenting



Some rainbow clients might want to talk about parenting and children with their mental health professional. Some people feel intense grief if they are not able to 'traditionally' conceive a child with their partner, and others worry that it will be difficult to have children through methods like adoption, surrogacy, or IVF. Rainbow parents are also faced with mis-conceptions that their children will be somehow harmed by their parents' identities, even though research has proven otherwise. Parents may also access mental health care to ask how they can best support their rainbow children.

Internalised Negative Attitudes

Some rainbow people internalise negative societal attitudes about sex, sexuality, and gender diversity, and feel shame and loathing about their own identity. Those with internalised negative attitudes may reject their identity, or want to change it. Here, it's important that mental health professionals maintain their affirmative stance and support the client to explore where their negative attitudes might have come from.


Gender-Affirming Healthcare

Gender-affirming healthcare is any healthcare that affirms or validates someone's gender, including transition-related services and therapy that supports people through the process of transition. Gender diverse clients in need of gender-affirming healthcare often require a letter of referral from a mental health professional before they can access the care they need. Not all mental health professionals are able to provide this referral, so will sometimes need to direct the client to someone who can. Mental health professionals can also support clients who are figuring out what kind of healthcare they need. You'll find more information about gender-affirming healthcare on page 36.


Accessing Mental Health Support as a Rainbow Person

Many rainbow people talk about positive experiences with professionals who they feel **take them seriously**, are **respectful**, and **create a safe space** in which they can talk freely about what's going on for them.

On the flip side, many rainbow people talk about how hard it is to access support, with long wait times and little support available. They also note that mental health professionals often lack basic knowledge about sex, sexuality, and gender diversity, or do not consider the impact of societal stigma on their clients' mental health. Many rainbow people have to educate their mental health professionals in order to move forward in therapy.



"I had a really wonderful counsellor who was tremendous and a great help through my transition. She helped me through some really tough things."



"I hate the experience of like, I don't know how much you know about this, and I'm going to have to explain it to you, and I'm going to have to answer your weird questions, as though like you're like an acquaintance I've just met and not the person who's giving me care."

"I'm happy to talk about my mental health stuff, and the nitty gritty of that, but when it comes to the queer stuff, I guard it a bit more carefully. It's still kind of 'can I actually share this here, how much can I share, what am I being judged on' cause even if they're a counsellor they've still got opinions about it, whether they can share them or not."



Experiences of societal discrimination and negative experiences in health settings were common among participants of our research:

- 45% had experienced discrimination outside health settings based on their sex, sexuality, and/or gender.
- 22% had previously had a negative experience with a health professional.
- 36% had heard stories of other rainbow people having negative experiences in mental health settings.

Many rainbow people worry that mental health professionals will be discriminatory or will respond with surprise and discomfort when they tell them about their sex, sexual orientation, or gender.

For mental health professionals, this means it's our job to earn the trust of our clients and show them that we are aware of the impacts of homophobia, biphobia, transphobia, and intersex discrimination. We talk more about this in the next section.



Practice Guide: Developing Rainbow Inclusive Practice



Self-Reflection on Identity

Self-reflection is a key part of supporting rainbow clients and is an ongoing process. As mental health professionals we are just as influenced by societal discourses and attitudes as anyone else, and it takes an active effort to unlearn our own buried beliefs and assumptions that are unhelpful to rainbow clients.

We don't always take time to reflect on our own identities and beliefs related to sex, sexuality, and gender, especially if we're part of the majority group. Before you read further, take a few moments to consider these questions. You might want to brainstorm or note down your reflections as you go:

- What words would you use to describe your sex, sexual orientation, and gender?
- How might your own identities or views impact on your work with rainbow clients?
- What messages have you been given over the course of your life about biological sex, sexual orientation, and gender? This might be from formal education, family, friends, the media, religious teachings, or society more broadly.
- How comfortable do you currently feel working with rainbow clients? What do you need to do to increase your confidence and knowledge?
- Do you have the opportunity to reflect on these topics during clinical supervision? What do you know about your clinical supervisor's beliefs and knowledge about sex, sexuality, and gender diversity?
- Has any information in this resource surprised you so far? What has been new, and what did you already know?

Affirmative Therapy

Affirmative therapy is an approach that embraces a positive view of rainbow identities and relationships and considers the impact of stigma and discrimination on the lives of sex, sexuality, and gender diverse clients.

Central to affirmative therapy is affirmation and validation of rainbow identities.



"I think that a really big important thing for mental health professionals is just straight up validation, you're okay, that's fine, like, there's so much that puts gender and sexuality as abnormal."

Affirmation and validation can come in different forms. For clients just beginning to understand their identity, mental health professionals can discuss rainbow identities as part of natural human diversity, and counter societal views that say otherwise. For clients already comfortable in their identity, affirmation may simply be the absence of a surprised look from their mental health professional when they mention their rainbow identity.

Some mental health professionals wonder whether there is a need for affirmative therapy – after all, isn't all of our therapy affirmative?

Research with rainbow people shows that standard therapeutic practices can maintain societal silence around sex, sexuality, and gender diversity. Mental health professionals rarely initiate conversations about sex, sexuality, and gender in therapy, instead leaving it up to their clients. Although this is usually done with the intention of being client-centred, rainbow clients often take this silence to mean that mental health professionals have assumed their identity. Silence around sex, sexuality, and gender can also signal that these topics are off limits for discussion, especially when the mental health professional asks about all other important aspects of life.


"It's not really just the silence, it's the silence coupled with their assumptions, because that leads to a climate where you feel like 'shit, they've already assumed I'm straight, and it's going to be weird if I correct it."



Asking About Identity

There are many different ways that mental health professionals can challenge the societal silence about sex, sexuality, and gender. Perhaps the most obvious way is to ask clients how they identify during an assessment, or the 'get to know you' part of the session.

Asking about sex, sexual orientation, and gender is a contentious issue. For some clients, it shows that their mental health professional hasn't assumed their identity, and creates a space for them to talk about identity. For others, being asked about how they identify in a mental health setting can feel confronting.



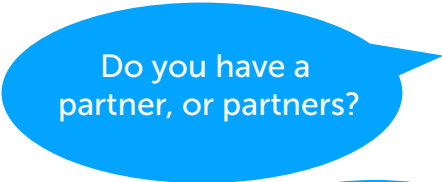
"Whenever I come out to someone I feel like I'm giving away a piece of myself, and sometimes I'm happy to do it and I trust them with that, but sometimes it feels like someone's just taken something from me. It's mine and it's so personal and integral to who I am and how I experience the world."

An alternative to directly asking about identity is to bring up sex, sexuality, and gender as a potential topic the client might want to talk about, without pressure to do so at a particular time. For example, you could say, 'Is sex, sexuality, or gender something you want to talk about here?'

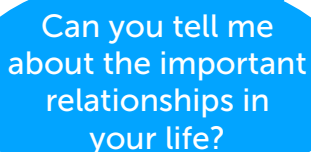
Creating a Supportive Therapeutic Space

Expansive Language

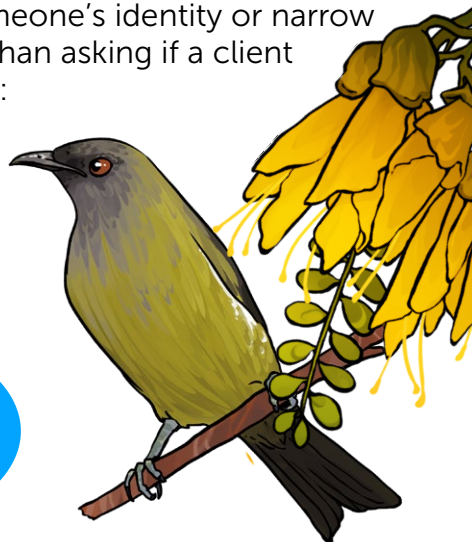
One of the easiest and most helpful things we can do to signal to clients that we are rainbow friendly is using expansive language. Expansive language refers to any language that is deliberately open or vague so as to not assume someone's identity or narrow their experiences. For example, rather than asking if a client has a boyfriend or girlfriend we can ask:



Do you have a partner, or partners?



Can you tell me about the important relationships in your life?



Using expansive language means referring to anyone using they/them pronouns (known as gender-neutral pronouns) or a person's name until we hear more about them or learn the pronouns they prefer.

Maintaining Privacy

When talking to rainbow clients about their names and pronouns, be sure to check in about whether they have a preferred way of being publicly contacted or addressed, for example when being called in the waiting room or sent any official communications. You should also ask what name and pronouns clients use around their family/whānau, at school or work, and in other important areas of life.

Sharing and Checking Pronouns

A great rainbow-friendly practice is to share our own pronouns when we introduce ourselves and ask our clients what pronouns they use. Some might never have heard of pronouns, and this is a great opportunity to spread the word. When asking about pronouns make sure to ask all clients, rather than only asking clients that you think might be rainbow - when pronouns are asked of some people and not others, clients may feel they have been singled out as trans.

Alternatives to directly asking about pronouns in person include asking clients how they would like to be referred to or including a pronoun question on intake or registration forms. Just make sure you have some examples of pronouns (e.g. he/him, she/her, they/them) to make it clear what you're asking, and leave an open box. You can also share your pronouns by including them in your email signature, or on ID cards and name badges.



When sharing and checking pronouns, let your client know that they can update you any time their pronouns change. You can also update your clients' gender on the National Health Index to reflect their identity, even if their legal name or gender marker has not been changed (if you do not have access to make these changes, ask your administrative staff or contact the Ministry of Health). This can be particularly useful for refugees, asylum seekers, or other migrants who cannot amend these details on official NZ documents until they are permanent residents.

Making Your Service Rainbow Friendly

Creating a friendly space for rainbow clients must be done at a wider institutional/organisational level, as well in our personal practice. This inclusivity can make a big difference in how comfortable rainbow clients feel meeting a mental health professional for the first time.

Bathrooms

Every mental health service should have at least one accessible all-gender or gender-neutral bathroom that anyone can use. This acknowledges that not all clients are men or women, and is important for those who may not feel safe or comfortable using either the men's or women's bathrooms. Often this can be as simple as changing a sign.

Forms

Any form used in your service should ask about gender in an inclusive way. This means providing more flexibility than two tick boxes marked male and female. The easiest way to do this is with a single open-ended box, but if you must use closed boxes, include options like 'gender diverse', 'trans man', 'trans woman', 'takatāpui' and 'nonbinary'. Make sure there's at least one write-in space, and that people can tick multiple options.

You should also consider whether you need to know about clients' gender, the sex marked on their birth certificate, or both. Make this clear to help clients fill out forms easily and accurately.

Visual Signs

Many rainbow people find visual signs of support helpful. This could be a rainbow and/or trans flag in your waiting room, or posters and flyers that include people of diverse sex characteristics, genders, and sexual orientations.

Finding the Right Balance

For some people, their rainbow identity will be a central focus in their sessions with you but for others, it may not be relevant to why they've accessed support. Supporting rainbow clients is about finding a balance between creating space to talk about identity, but only making it the focus when relevant.

"If I had a mental health specialist that kept on coming back to my gender or sexuality, I would probably feel quite weird about that unless it was very clearly the source of my [distress], which it might be for whatever reason."



Rainbow clients are generally happy to be asked about whether they see their identity as impacting on their mental health, or whether they want to talk about sex, sexuality, or gender in therapy. It is important to think about how to approach questions surrounding identity. There's a difference between suggesting that someone's identity caused their mental health difficulty and questioning whether the stress that can come with discrimination and exclusion is having an impact on their mental health and wellbeing.

Background Knowledge

Having background knowledge about sex, sexuality, and gender diversity is essential. It's just as important to balance that with getting to know the client in front of you. If we rely on our background knowledge too much, we can make incorrect assumptions about what's happening for our clients.

Common Missteps for Mental Health Professionals...

... And How to Avoid Them!

Trying to find a cause or explanation for someone's identity, e.g. suggesting childhood trauma caused someone's rainbow identity, or asking about signs of rainbow identities in childhood.

We usually look for the cause of things we think are unusual or want to change. Identity isn't one of those things, so there's no need for us to figure out where our clients' identities came from (plus – it's impossible!).

•
Overidentifying with clients, e.g. talking about a friend, relative, or previous rainbow client when it's not relevant. This can make clients feel lumped in with other people with whom they may share nothing in common.

This is often done to show that someone is rainbow friendly, but there are lots of other ways you can do this (and many are included in this resource).

•
Assuming someone's identity based on their name, how they look, and/or what they talk about in therapy.

Use expansive language, share the pronouns you use, and check clients' pronouns (see page 22).

•
Getting an incomplete picture of the structural factors impacting on a client's life (e.g. racism, sexism, ableism, homophobia, transphobia, and intersex discrimination).

When clients don't have space to talk about oppression, this recreates that oppression in mental health settings. Mental health professionals can ask open questions about whether any of these factors are impacting on clients' lives or mental health.



Understanding the Diversity of Experiences Among Rainbow People



Gender Norms and Rainbow Identities

Gender norms and stereotypes affect rainbow people in different ways. Below we outline a few of the more common stereotypes around gender norms within rainbow identities, but these examples are by no means exhaustive.

- Rainbow women face sexism and misogyny as well as discrimination based on their rainbow identity. For some women, this leads to invisibility, where their peers and healthcare providers assume that they are heterosexual, and ignore their needs and experiences. Other women (e.g. transgender women) tend to be hypervisible – often they are recognised and have their right to privacy eroded in everyday circumstances, leading to high levels of stress and hypervigilance. Hypervisibility can also increase the risk for physical and sexual violence.
- Lesbian women commonly face stereotypes that they are all masculine, that their relationships will follow the same ‘model’ as heterosexual relationships (you might have heard inappropriate questions like ‘who wears the pants?’ before), and that they date women because they aren’t desirable to men or have experienced sexual harm from men.
- Gendered stereotypes can lead to widespread denial or minimising of domestic violence within rainbow relationships (i.e. the perception that woman against woman violence isn’t as serious as male violence against women). Research indicates that rainbow couples experience domestic violence at similar rates to straight couples, but are less likely to report it.
- Men who date men can feel pressured to present their gender in a way that aligns with traditional gender norms (strong, competitive, and masculine). They are often negatively portrayed as weak, feminine, and passive by comparison. Rainbow men can face stigma and violence if they don’t fit gender stereotypes, or ostracisation within rainbow communities if they do. In addition, rainbow men face harmful stereotypes of promiscuity and over-sexualisation.

Transgender People

We noted earlier in this resource that transgender is an umbrella term for anyone whose gender is different from their assigned sex at birth. Transgender people are incredibly diverse, not only in terms of how they identify their gender but how they express and describe it.

Gender Dysphoria

Gender dysphoria (sometimes called ‘gender incongruence’) is the distress associated with the dissonance between someone’s gender or personal sense of self, and their body. Many (but not all) trans people experience gender dysphoria, and the intensity of gender dysphoria can change over time. Some people who experience gender dysphoria describe hating their body. Others describe it as a sense of unease and restlessness that can’t be shaken off, a feeling of being out of place, or an inability to relax. It’s common for someone to say that they know something is wrong, but they can’t put their finger on what it is. On the flip side of gender dysphoria is the happiness and comfort that comes with being gendered correctly or feeling like one’s body fits with their sense of self – some people call this gender euphoria.

Transitioning

Transitioning is the process of moving from being seen as someone’s assumed gender (usually the same as their assigned sex) to their self-identified gender. There is no one way to transition. Transition can include:

- Social transition – using different names and pronouns, changing hairstyles and clothes, as well as binding breasts or wearing breast forms.
- Legal transition – changing legal names and gender markers on legal documents like passports.
- Medical transition – laser hair removal, hormone therapy, and various surgeries such as facial surgeries, top surgery (removing or augmenting breasts), hysterectomy, and bottom surgery (to alter genitals), which can also be called gender reassignment surgery or sex reassignment surgery.

Common Narratives about Transgender People...

... And the Reality!

It is important that we challenge misconceptions about what it means to be transgender and communicate that there is no 'correct' way to be trans.

All transgender people know they are trans from an early age.

Transgender people realise they are trans at all points along the lifespan.

All transgender people fit the gender binary (are either men or women).

Many trans people are nonbinary, questioning their gender, or don't identify with any gender.

All transgender people present their gender in a traditional or stereotypical way (i.e. all trans men as hyper-masculine, all trans women as hyper-feminine).

Trans people present and express their gender in a multitude of ways – just like cis people.

All transgender people need to transition using every medical, surgical, and social intervention available to them.

Transition is unique to each person, and not everyone will need or want all available interventions.

Transgender people's difficulties are always a product of low self-esteem and self-worth.

While self-compassion can be an important part of therapy for transgender clients, navigating a hostile environment requires more than just self-love.

When transgender people are experiencing gender dysphoria at the same time as mental health problems, the mental health problems should be addressed first.

Lack of access to gender-affirming healthcare exacerbates mental health problems, so gender-affirming healthcare and mental health support can (and should) be provided at the same time.

Gender-Affirming Healthcare

Gender-affirming healthcare is any healthcare that affirms or validates someone's gender, including transition-related services and therapy that supports people through the process of transition. For those who need it, gender-affirming healthcare is essential for wellbeing. A large body of research shows that access to gender-affirming healthcare decreases psychological distress and gender dysphoria and increases quality of life (see page 53).

Gender-Affirming Healthcare Provision in New Zealand

- Gender-affirming healthcare is technically publicly funded. The Ministry of Health funds genital surgeries and local District Health Boards fund other medical procedures.
- Publicly funded services are often only available in some parts of the country, and in areas where the care is available, waiting times often stretch to months or years.
- Historically, those in need of gender-affirming healthcare had to receive a 'gender identity disorder' diagnosis from a mental health professional in order to get that care. 'Gender identity disorder' has been replaced in the DSM with 'gender dysphoria.'
- Currently, experiencing gender dysphoria is required in order to access gender-affirming healthcare, and mental health professionals are routinely asked to assess the client's experience of gender dysphoria.

Informed Consent

The ideal model for gender-affirming healthcare is the 'informed consent model' which respects transgender people's self-determination. This model requires that the service user understands the potential risks and benefits of treatment, the alternatives to treatment, and has the capacity to weigh these options.

Myths about Gender-Affirming Healthcare...

... And the Reality!

Part of an assessment for gender-affirming healthcare involves making sure the client is 'really transgender' (e.g. they have a history of gender dysphoria and a stable gender identity). Clients without this history should be given time to think.

There is no 'right' way to express gender, be transgender, or transition. It's also important to remember that barriers to care and long waiting times can increase distress and the risk for suicidality.

You can help the client by carrying out a holistic psychosocial assessment, linking the client in with other supports, and advocating for the client. The Aotearoa guidelines cited on page 53 provide information to guide this process.

Only health professionals can establish what kind of gender-affirming healthcare a transgender client needs.

Health professionals should trust the self-determination of an individual and that they know what's best for them when it comes to gender-affirming healthcare.

Many transgender young people 'grow out' of their transgender identity later in life, so health professionals should withhold access to gender-affirming healthcare until they are sure the client won't change their mind or regret it later on.

Gender can be fluid, so a change in gender identity does not mean that a previous decision to get gender-affirming healthcare was wrong. On top of this, the vast majority of people who receive gender-affirming healthcare will not regret their decision to do so.

Rather than trying to establish that a client is 'really' transgender or will be forever, our role is to trust transgender clients when they tell us what they need.

Takatāpui People



Takatāpui is a traditional Māori term meaning ‘intimate companion of the same sex.’ It has been reclaimed to refer to all Māori of diverse genders, sexualities, and sex characteristics.

Identity and Whakapapa

There are widespread misconceptions that rainbow identities are a ‘Pākehā thing’ or that sex, sexuality, and gender diversity was not part of the Māori world before colonisation. In fact, takatāpui have been always been a valued part of Māori communities, and stories of takatāpui identities and relationships have been told in waiata (songs), whakataukī (proverbs), and pūrākau (stories) for hundreds of years. The use of the word takatāpui inextricably links one’s identity as Māori to their sex, gender, and/or sexuality, and many takatāpui are reassured to hear that they inherited their gender and sexuality from their tūpuna (ancestors).

Discrimination, Support, and Disconnection

Takatāpui may face discrimination based on their rainbow identity, as well as racism and the intergenerational trauma that comes with colonisation. Many takatāpui receive support and love from whānau, but others struggle with rejection from whānau and disconnection from hapū, iwi, and their wider Māori culture. Disconnection can be especially common among urban Māori, many of whom have never had the opportunity to visit their ancestral lands.

Accessing Mental Health Support

Many takatāpui feel pressured to pick one or other part of their identity when accessing mental health support. As mental health professionals, it is key that we understand takatāpui as Māori and as a rainbow person, ask about how their identity as Māori interacts with their rainbow identity, and support those looking for (re)connection with te ao Māori.

Pasifika Rainbow People

Rainbow identities have long been part not only of te ao Māori, but of other Pacific cultures. 'Pasifika' is a term often used for New Zealand-born people of Pacific heritage. Pasifika identities are more complex than a single ethnic identity, as Pasifika peoples typically navigate their cultural heritage identity, their identity as a New Zealander, and a diasporic Pasifika identity (this diasporic identity can diverge from 'traditional' cultures, e.g. Samoan or Tongan, while still embracing elements of those cultures).

Indigenous Rainbow Identities Across the Pacific

Traditional rainbow identities across the Pacific include Mahu (Hawaii), Vakasalewalewa (Fiji), Palopa (Papua New Guinea), Fa'afafine or Fa'afatama (Samoa, American Samoa), Aka'vaine (Cook Islands), Leiti (Tonga), Fakafifine (Niue) and many more. These often come with particular social roles and responsibilities. Because Western concepts don't always apply within other cultural contexts, each term is best understood within its own cultural context.

Pasifika Rainbow Identities and Colonisation

Although rainbow identities have always been part of Pacific cultures, colonisation disrupted traditional understandings of sexuality and gender. Because of this, Pasifika rainbow people may face silence and avoidance of their identities within families, churches, and wider communities. Pasifika rainbow people might also feel pressure to navigate their gender and sexual identity according to Western norms which are not compatible with their wider communities or family beliefs.

Accessing Mental Health Support

When supporting Pasifika rainbow people, check in about what terms and pronouns are right for them. Some Pasifika people will use indigenous terms like those noted above, while others might connect with terms like 'gay', 'bisexual', and 'transgender', or use different terms in different contexts. Similar to supporting takatāpui, ask about how clients' identity as Pasifika intersects with their rainbow identity, and take time to learn about Pasifika identities and cultural worldviews.

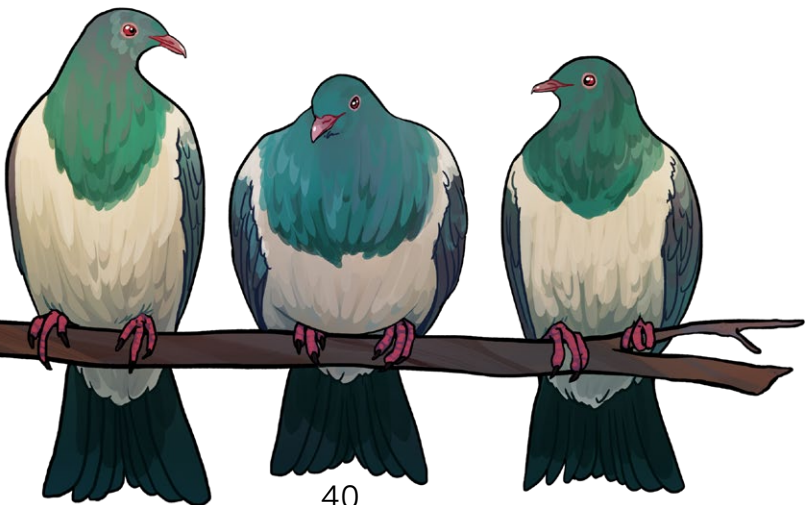
Multiple Gender Attracted People

Multiple gender attraction is an umbrella term for attraction to people of more than one gender. The most common sexual orientations under this umbrella are bisexuality and pansexuality.

What's the Difference Between Bisexuality and Pansexuality?

- Some people define bisexuality as attraction to both men and women, and others define bisexuality as attraction to people of more than one gender.
- Pansexuality is typically defined as attraction to people regardless of their gender. For many people, use of the term 'pansexual' explicitly acknowledges that there are more than two genders.

Depending on which definitions someone uses, bisexuality and pansexuality can be interchangeable terms or can be very different to one another. Some multiple gender attracted people use both terms to describe themselves, others use one or the other, and others use a different term (e.g. polysexual).





Stereotypes and Misconceptions About Multiple Gender Attraction

Sexual orientation is often misunderstood as binary. Because of this, multiple gender attraction is sometimes viewed as a phase, with others assuming that multiple gender attracted people will eventually be gay or straight but haven't yet 'made up their mind'.

Other common stereotypes are that multiple gender attracted people are seeking attention, promiscuous, or need to feel a certain 'amount' of attraction to people of different genders to truly be attracted to multiple genders. For many people attracted to multiple genders, their current relationship is taken to be indicative of their sexual orientation. For example, a woman in a relationship with a woman might be assumed to be lesbian, even though she is also attracted to people of other genders.

Multiple Gender Attraction and Mental Health

The mental health disparities experienced by rainbow people tend to be exacerbated among multiple gender attracted people. Researchers attribute this to widespread invisibility, biphobia, and non-acceptance from both gay and straight communities.

Intersex/VSC People

Intersex or variations in sex characteristics (VSC) are terms used when someone's sex characteristics are more diverse than the typical definitions of male and female. Within medical settings, there is a widespread lack of knowledge about how best to support intersex people or people with variations in sex characteristics.

One of the most harmful misconceptions is that being intersex is something to be 'fixed.' Intersex people (or parents of intersex babies) are still pressured to undergo non-lifesaving medical interventions (e.g. surgeries or hormone therapy) for cosmetic purposes, or in order to make their bodies fit the male/female binary. This sometimes occurs soon after birth, meaning many intersex people have not had the opportunity to consent to medical intervention. Additionally, there is a great deal of silence and secrecy surrounding intersex identities, or having a variation in sex characteristics.

The Role of Mental Health Professionals

Referral to psychosocial support and peer support is essential for many intersex people, or people with variations in sex characteristics, as well as their family/whānau. Intersex people often need space, time, and an empathetic sounding board to consider questions about who they are, what being intersex means for them, and how it impacts on their relationships with others.

Intersex people might also want information about intersex communities. These questions might come up at the time they found out they're intersex, or many years later. Family/whānau members of intersex people may want support working through their feelings of worry or grief for their whānau member, as well as help advocating for them in the healthcare system.

Asexual People



Asexual people do not experience sexual attraction, or interest in and desire for sex.

Asexuality is commonly confused with:

- **Celibacy** (where someone may experience sexual attraction but choose not to have sex for personal or faith-based reasons);
- being **aromantic** (not experiencing romantic attraction); and
- being **agender** (not identifying with any gender).

Many asexual people are in romantic relationships and may identify with terms such as homoromantic, biromantic, and heteroromantic. Some asexual people have sex (as sexual arousal can exist without sexual attraction).

The Spectrum Between Asexuality and Sexuality

Grey asexuality is the grey area between asexuality and sexuality. People along this part of the spectrum might experience sexual attraction on occasion or might feel sexual attraction only after developing a close relationship with someone. They might describe themselves as 'demisexual' or 'grey-ace.'

Pathologisation of Asexuality

Many conditions described in the DSM sound very similar to asexuality (e.g. Male Hypoactive Sexual Desire Disorder and Female Sexual Interest/Arousal Disorder, which include symptoms like 'absent interest in sexual activity'). Because of this, asexuality can be pathologized or misunderstood as a disorder. Asexual people are, in fact, excluded from these diagnoses, but still face misconceptions that everyone wants sex, likes sex or will have sex. Asexual people might want to talk about being made to feel abnormal, or about being bullied or pressured by societal norms around sex and sexuality.

Non-Monogamous People

In a non-monogamous relationship, the people in the relationship have agreed that it's okay for one or more of them to have other partners. Non-monogamous relationships are also called polyamorous relationships or open relationships.

There are a few important things to know about non-monogamy:

- Non-monogamy occurs in both rainbow and heterosexual relationships, but unhelpful attitudes towards rainbow and non-monogamous relationships often overlap (e.g. relationships not being taken seriously). This means that non-monogamous rainbow people are doubly exposed to these unhelpful attitudes.
- Different people use different words or labels to describe their relationships (e.g. non-monogamous, polyamorous, open). It's a good idea to check what the word or label means for your client.
- Non-monogamy is not the same as infidelity. It's a life choice that aims to be ethical, meaning that all partners involved in relationships consent to the arrangement and are treated respectfully.
- There are some misconceptions that non-monogamous people don't feel jealousy, or that if someone feels jealous it means non-monogamy isn't for them. Neither of these things are true – people in any kind of relationship can feel insecurity or jealousy and might want to talk through these feelings in therapy.
- Some people see non-monogamous people as a marginalised group, and others don't. Either way, it is something that can bring judgement from others, which non-monogamous people may need support within mental health settings.



Rainbow People with Disabilities

There are many types of disabilities, including those that affect a person's vision, movement, thinking, remembering, learning, communicating, hearing, mental health, and social relationships. The social model of disability is based on disability rights and offers an alternative to deficit-based models which think of disabilities as something to be fixed.

For some people identifying as disabled is a key part of who they are, while others may not describe themselves as having a disability. Some people have more than one disability. It is essential to check in about what terms a person uses to describe themselves and to use these same terms. When supporting rainbow people with disabilities, keep these points in mind:

- Not all disabilities are visible, so many rainbow people with disabilities have to come out about their disability, as well as their rainbow identity.
- People with disabilities are often assumed to be disinterested in sex and relationships, or assumed to be straight and cisgender. Because of this, many rainbow people with disabilities don't get the sexuality education they need or are not asked about sex and relationships by health professionals.
- Sometimes, healthcare professionals focus on one of their clients' identities at the expense of others. Peoples' sexuality or gender can also be disregarded because of their disability (this is common for people who are both trans and autistic).
- Rainbow groups, events, and spaces may be inaccessible for people with disabilities. On the other hand, disability groups, events, and spaces may not be rainbow friendly. This can limit the supports available to rainbow people with disabilities.

Rainbow Refugees and Asylum Seekers

Refugees are those who have fled their country because they are at risk of serious human rights violations and persecution. Asylum seekers have fled their country for the same reason and are seeking international protection but have not yet been recognised as refugees (this process can take 10-12 months). Once an asylum seeker has lodged their claim seeking refugee status, they can access the same public healthcare services as other refugees (including gender-affirming health services)

Rainbow Identities and Human Rights

In many countries, rainbow people are subject to serious human rights abuses. This can include violence from family, community members and government representatives, lack of police protection, severe discrimination, and exclusion from access to basic services and social support. Many rainbow people are forced to leave their home country as a result, in search of safe places to live.

Rainbow Refugees and Asylum Seekers in Aotearoa

Refugees or those seeking asylum are typically traumatised by the persecution they have experienced. Once here, an asylum seeker has to tell their life story to claim refugee status. It is typically retraumatising, often comes with no counselling support, and can include a need to 'prove' one's sexuality or gender. This creates a catch-22 for those who have previously had to hide who they are or may have no equivalent terms in their own language to describe their identity. For many, arrival here does not mean the end of violence and discrimination; they face racism, xenophobia and prejudice. It is common for rainbow refugees and asylum seekers to avoid their local migrant community or to not disclose their identity. As a result, they are often extremely isolated socially.

Accessing Mental Health Support

When supporting rainbow refugees and asylum seekers, direct them to refugee lawyers as soon as possible for any visa or asylum issues and establish links with rainbow-friendly and knowledgeable interpreters. Take time to understand clients' specific cultural background and context, seek appropriate supervision, and explore what community organisations they would feel safe approaching for support.



Strengths and Resilience

A lot of conversations about rainbow people in society, research, and resources like this are focused entirely on negative elements, like stigma, discrimination, and health disparities. While these are important topics, we don't often acknowledge the strengths and resilience of sex, sexuality, and gender diverse people.


We ended our research study with a question about what is amazing about being rainbow, and we want to leave you with a few of the responses we got. When supporting rainbow clients, we need to remember the great stuff too!




"It's who I am. I wouldn't want to be any other way. The community is so beautiful and caring and diverse and strong."

"The expanded worldview it gives you, the empathy and understanding for other human beings, the true joy that comes out of knowing a certain kind of pain and sharing it with others, I wouldn't give that up ever."







"The best thing about me! A source of pride, solidarity and love."



"Being part of a generally amazingly empathetic group of people who challenge so much of what is wrong in the world."



"Queer values of community, expression and diversity. We have a wonderful shared history of bright ideas and incredible people!"



"The people I've met in the community are my family! They are supportive, kind, and funny. They're resilient and brave."

Thank you for supporting our kaupapa by reading this guide. We hope you feel more confident supporting Aotearoa's rainbow people.

We plan to update this guide in future years to reflect changes in knowledge and practice. If you have feedback or questions about this resource, head to our website:

www.rainbowmentalhealth.nz



Further Reading

There was a lot more information we wanted to include in this resource, but couldn't due to space and resource constraints. We encourage you to further your knowledge with the following research and resources.

Rainbow refugees and asylum seekers

British Psychological Society. (2018). *Guidelines for psychologists working with refugees and asylum seekers in the UK: Extended version*. <http://www.infocoponline.es/pdf/GuideRefugees.pdf>

Sex work

Global Network of Sex Work Projects. (2018). *Briefing Paper: The Homophobia and Transphobia Experienced by LGBT Sex Workers*. https://www.nswp.org/sites/nswp.org/files/bp_homophobia_transphobia_mpaact_nswp_-_2018.pdf

Alcohol and other drugs

Rainbow Health Ontario. (2015). *LGBTQ People, Drug Use and Harm Reduction*. <https://www.rainbowhealthontario.ca/resources/rho-fact-sheet-lgbt2sq-people-drug-use-harm-reduction/>

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Needs and experiences of different rainbow groups

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Immigration New Zealand. (2019). *Refugees, Asylum seekers and their families*. immigration.govt.nz/audiences/supporting-refugees-and-asylum-seekers

InsideOUT. (2018). *More than Four: A video resource exploring the identities and experiences of and beyond 'LGBT' identities*. www.insideout.org.nz/more-than-four

Kerekere, E. (2015). *Takatāpui: Part of the Whanau*. Auckland: Tiwhanawhana Trust and Mental Health Foundation. www.takatapui.nz

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Gender-affirming healthcare

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Rainbow Organisations in Aotearoa

Gender Minorities Aotearoa

A cross-cultural, transgender led organisation which aims to facilitate health and well-being for takatāpui, transgender, and intersex populations.

www.genderminorities.com

InsideOUT

InsideOUT provides workshops, resources and support to help make schools, community organisations and workplaces inclusive for rainbow people.

www.insideout.org.nz

Intersex Awareness New Zealand

Intersex Awareness New Zealand provides information, education and training for organisations and professionals who provide services to intersex people and their families.

www.ianz.org.nz

OUTLine

A confidential support line for people in the rainbow community.

www.outline.org.nz

RainbowYOUTH

RainbowYOUTH is dedicated to helping young queer and gender diverse (LGBTIQ) people up to the ages of 27, as well as their wider communities.

www.ry.org.nz

There are many more organisations where you can seek support, information, and training. To find rainbow organisations in your area, visit www.imlocal.co.nz for a directory of queer and gender diverse support groups all over Aotearoa.



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Inside  UT

RainbowYOUTH



GENDER MINORITIES AOTEAROA

TAKATAAPUI, TRANSGENDER, & INTERSEX NZ

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