

Auckland's Rainbow Communities: Challenges and Opportunities

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Auckland's Rainbow Communities: challenges and opportunities

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Executive summary

Auckland Council is committed to supporting a strong, inclusive and equitable society that ensures opportunities for all Aucklanders, as outlined in the Auckland Plan, council's long-term vision for the future of Auckland (Auckland Council, 2012). The Auckland Plan specifically identifies that Auckland's Rainbow communities are an important part of Auckland's diversity, and reinforces the importance of ensuring that they have equal opportunities to participate and contribute in Auckland's daily life.

The focus of this report is on Auckland's vibrant and diverse rainbow communities and the purpose of the project was to review the available literature in order to:

- outline key challenges that rainbow communities in Auckland face, on an individual and collective level;
- identify gaps in the current literature; and
- identify opportunities for further responses by Auckland Council.

'Rainbow communities' is a broad umbrella term that covers a diversity of sexual orientations, as well as gender and sex identities. The report deliberately refers to this term throughout, to provide a standardised approach to terminology for ease of readability, and to honour the space that this umbrella term allows for acknowledging difference and diversity.

Three broad themes that emerged in the literature review are discussed, namely the challenges of visibility; discrimination; and health impacts. Although discussed separately in this report, it is acknowledged that these challenges overlap and intersect with each other to a large degree. Each of these challenges is discussed briefly below.

Visibility

New Zealand society is emerging from a history of active discrimination, silencing and shaming of those who were of diverse and 'non-conformative' sexual orientation and/or gender identities. Seminal legislative changes including the Homosexual Law Reform Act 1986; inclusion of provisions in the Human Rights Act 1993 to protect against discrimination because of sexual orientation or sex/gender identity; and provision for same-sex marriage in the Marriage (Definition of Marriage) Amendment Act 2013 have laid a foundation increased visibility, recognition and inclusion, and there has been substantial progress in many areas.

However, rainbow communities often remain invisible and outside of the mainstream.

There is little visibility of sexual and gender diversity in New Zealand's Official Statistics System. Although Statistics New Zealand has led considerable consultation and discussion on aspects of this, there is still no statistical standard in New Zealand for measuring sexual orientation or gender identity, and these domains will not be included in the 2018 New Zealand Census of Population and Dwellings.

There is some relevant data collected in New Zealand. For example, the New Zealand Census includes same-sex partnerships (either as a civil union, or as de-facto relationship) as an option in the question on household arrangements. In 2013, 1755 male-couple and 1695 female-couple households in Auckland identified as same-sex couples. The data suggests that almost half (48%) of New Zealand's total male same-sex couples, and 36 per cent of female same-sex couples lived in Auckland. There are also data available on same-sex civil unions and marriages in New Zealand, and organisations including Auckland Council are starting to include 'gender diverse' as an option in questions about gender identity across its broad research programme.

The review highlighted that there is not enough discussion of or consideration of the issues pertaining to rainbow communities in government policy settings and service provision, at the central and local government level. There is however, an emerging body of literature focusing on visibility in medical and healthcare policy settings, particularly as it coincides with the needs and requirements of Auckland's older population. A common theme in that literature is that mainstream physical and mental health and social services routinely assume that clients are heterosexual, and often know little about the needs and issues of rainbow communities.

Auckland rainbow communities are incredibly diverse, including across age and ethnic lines. The review found that some groups are less visible than others in the literature, including new migrants, refugees, people from non-European backgrounds, and those who are disabled.

Discrimination

Perhaps the most common theme evident in the literature is the extent to which rainbow communities continue to experience discrimination.

In New Zealand, it is unlawful to discriminate against anyone because of their sexual orientation or sex/gender identity within areas of life covered by the Human Rights Act 1993. However, the evidence suggests that discriminatory practices and prejudicial attitudes towards people within rainbow communities continue to exist, and can play out in every-day life. The review found evidence of discrimination in workplaces, schools, and healthcare settings. Discrimination is a broad term and can operate on several levels including unconscious bias, through to active exclusion, bullying and outward hostility

There is much evidence in the literature of children and young people's experiences of discrimination, mostly in the form of bullying, harassment and social exclusion in the school environment.

When considering discrimination experienced within rainbow communities, it is useful to be cognisant of 'intersectionality' and how this contributes to the lived experience of individuals and groups. The term first emerged in the late 1980s to recognise the combination of racist and sexist discrimination that many black women experienced in the workforce, however it

can be expanded to signify the multiple layers of discrimination that individuals and groups can experience. Consideration of the intersections between ethnicity, and gender or sexual orientation issues was evident in the literature pertaining to non-European rainbow populations in New Zealand.

Health and wellbeing

Health is a state of complete physical, mental and social wellbeing. As noted by the World Health Organisation, the context of people's lives determines their health, and the social and economic determinants of health are an important part of this.

Most of the literature we reviewed highlighted the negative emotional and mental health effects experienced in rainbow communities, such as anxiety and depression, which can lead to poor physical health outcomes.

The term 'minority stress' refers to the psychophysical response to the cumulative effects of harassment, maltreatment, discrimination and victimisation on rainbow communities, at the individual level.

There is a substantial body of research investigating the health and wellbeing of rainbow young people. Adolescence is an important stage in life that presents unique opportunities and challenges. It is a period of identity formation and can be a fraught time for many. The latest (national) survey in the University of Auckland's 'Youth 2000' research programme found that same/both-sex attracted young people are often exposed to environments that are challenging and discriminatory, and this in turn affects their wellbeing. Results for transgender young people are even more stark, and there is evidence in the literature that suicide is a serious issue for New Zealand's young people.

In New Zealand, men who have sex with men are the population group most at risk to contract Human Immunodeficiency Virus (HIV). New Zealand has an enviable international record in HIV prevention, with diagnosis rates for most-at-risk groups being among the lowest in the world. However, 2015 was the fourth consecutive year that the number of gay and bisexual men diagnosed with HIV in New Zealand increased.

A study of alcohol use among Takatāpui, Lesbian, Gay, and Bisexual (TLGB) in New Zealand, commissioned by the Alcohol Advisory Council of New Zealand found conclusive evidence from high-quality studies that sexual minority women use alcohol at higher rates than heterosexual women, both in New Zealand and internationally and strong evidence from a New Zealand study that sexual minority men use alcohol at higher rates than heterosexual men.

Health and support services

A common theme in the literature is that mainstream physical and mental health and social services routinely assume that clients are heterosexual, and often know little about the needs and issues of rainbow communities. Some people may feel vulnerable or uncertain about accessing and navigating the medical and healthcare system.

There appears to be an increasing awareness of the need to address this, and some evidence of the development of best practice guidelines in for staff in youth support groups, aged care facilities, as well as alcohol and other drug addiction and treatment centres, and the Counties Manukau District Health Board has published a practice guide for health professionals when dealing with trans people.

Opportunities

This report is an important contribution to a range of existing initiatives undertaken by Auckland Council, in its roles as employer, funder, coordinating agency and service provider, towards ensuring that Auckland is a strong, inclusive and equitable society. This includes the establishment of the Rainbow Communities Advisory Panel; the provision of funding and practical support for the annual Pride Festival and Big Gay Out as well as funding for support groups and services; participation in the Rainbow Tick Workplace accreditation programme; and provision of Rainbow information throughout the Auckland libraries service.

Following the release of this report, Auckland Council's next steps will include raising awareness and discussion across the organisation of the challenges outlined above, and working with Auckland's diverse communities to consider how best we can work together to create positive change.

Auckland Council must continue to support the Rainbow Communities Advisory Panel, to ensure the rainbow communities have a voice within Auckland Council, and to continue building the capacity of various sector groups and individuals.

Auckland is constantly evolving, and so too is the experience of rainbow communities. There is a broad and changeable spectrum of lived experiences and identities across Auckland's population, and there remains a vital need for ongoing awareness, understanding and acceptance of diversity.

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1. Introduction

The focus of this report is on Auckland's vibrant and diverse rainbow communities.

'Rainbow communities' is a broad umbrella term that covers a diversity of sexual orientations, as well as gender and sex identities. The Auckland Council Rainbow Communities Advisory Panel identifies the term as inclusive of, but not exclusive to: lesbian, gay, bisexual, transgender, transsexual, intersex, takatāpui, whakawahine, vakasalewalewa, fakaleiti, tangata ira tane, 同志 (tongzhi), mahu, palopa, fa'afafine, akavaine, fakafifine, queer, questioning, asexual, genderqueer, pansexual, and genderfluid (Auckland Council, 2016).

While terminology and language can, and does, differ, a centrally defining factor across this 'mosaic of people' (Stevens, 2013) is that their personal experiences and self-understanding are located outside of mainstream norms and values about sex, sexuality and gender in New Zealand/Pākehā society. Mainstream societal attitudes are permeated by heteronormative concepts¹, which primarily value and acknowledge sexual and emotional relations between women and men, and by 'binarism' – a way of seeing the world that is predicated on the existence of stable and mutually exclusive opposites (for example 'male' and 'female')².

It is important to acknowledge the significant impacts that colonisation and settlement by European/Pākehā has had on indigenous understandings of gender, sex and sexuality, and how this has shaped broad societal attitudes and norms in New Zealand to this day. The introduction of Christianity in the 19th century, the disruption of traditional ways of living and relating among Māori, and the restructuring of systems of governance and power substantially interrupted Māori society, as expressed by Kerekere:

When Aotearoa inherited the British legal system in 1858, Māori inherited the sexism and homophobia that came with it. The identity terms of 'heterosexual' (normal) and 'homosexual' (abnormal/illegal) were introduced in the late 1880s. This only served to pathologise (make medically or psychologically abnormal) something which had been an accepted part of traditional Māori society. (2015:14)

Individual and collective courage, pride, strength and resilience are defining features of those living under the rainbow umbrella in Auckland, and there is much to celebrate. However, while there have been many important advances in the rights and legal status of most people from the rainbow communities in New Zealand, societal attitudes and prejudices continue to exist and to exert a negative effect on the overall physical and mental wellbeing of this population (Stevens, 2013).

¹ <http://socialmovements.bridge.ids.ac.uk/glossary>.

² <https://www.merriam-webster.com/dictionary/binarism>

It is vital that those challenges are identified and addressed, in order that Auckland Council can continue to work with individuals, groups and communities to bring about positive change and move us all forward.

Background to the report

Auckland Council is committed to creating a strong, inclusive and equitable society that ensures opportunities for all Aucklanders, as outlined in the Auckland Plan, council's long-term vision for the future of Auckland (Auckland Council, 2012). The Auckland Plan specifically identifies that Auckland's rainbow communities (defined in that document as Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)) are an important part of Auckland's diversity, and it states 'we must ensure that the LGBTI communities have equal opportunities to participate and contribute to daily life in Auckland' (Auckland Council, 2012).

Since the launch of the Auckland Plan in 2012, council's responses to this commitment have included:

- The establishment of a Rainbow Communities Advisory Panel ('the Panel') in 2015 by the Mayor of Auckland. The Panel is tasked with providing strategic advice to Auckland Council on issues of significance to Auckland's gay, lesbian, bisexual, transgender and intersex (GLBTI) and takatāpui or Rainbow communities, and helping the council engage effectively with these communities. In July 2016, the Panel released guidelines for Council on engaging with Rainbow Communities (Auckland Council, 2016).³
- The provision of funding and practical support for the annual Pride festival and Big Gay Out, as well as funding for support groups and services such as Rainbow Youth, Outline New Zealand, the Trans Support Group, and Silver Rainbow.
- The provision of rainbow information by Auckland Council libraries.
- As an employer, Auckland Council is well underway with participation in the Rainbow Tick accreditation programme across the organisation⁴, and there is a support network for rainbow staff.

As part of their 2015/16 work programme, the Panel listed 'research' as one of their priorities and requested that council develop an evidence-based approach to rainbow communities, including undertaking research on rainbow communities. In turn, Auckland Council's

³ For more information on the Rainbow Communities Panel, or to access minutes and agendas from Panel meetings please refer to Auckland Council's website. Information on the Panel is here: <http://www.aucklandcouncil.govt.nz/en/aboutcouncil/representativesbodies/advisorypanels/pages/rainbowcommunitiesadvisorypanel.aspx>. Agendas and minutes from the meetings of this group, and all Advisory panels are publically available here: <http://infocouncil.aucklandcouncil.govt.nz>.

⁴ The Rainbow Tick is a quality improvement cycle designed to make an organisation a safe, welcoming and inclusive place for people of diverse gender identity and sexual orientation. As at the time of writing, Auckland Council's Libraries and Information Services, People and Capability and ACE, Community and Events had reached the Rainbow Tick accreditation. For further information on this programme, refer to <http://www.rainbowtick.co.nz>.

Community Policy Unit identifies a need to develop evidence on the issues, needs and challenges faced by rainbow communities in Auckland in their 2016/17 work plan.

An important first step in bringing together an evidence base is to review what is already known, and to identify research gaps. To that end, the Community Policy Unit and the council's Research and Evaluation Unit (RIMU) worked collaboratively on a literature review during late 2016 – the results of which are presented in this report.

Purpose

The purpose of the project was to review the available literature in order to:

- outline key challenges that rainbow communities in Auckland face, on an individual and collective level;
- to identify gaps in the current literature; and
- to identify opportunities for further responses by Auckland Council.

This report outlines the key themes that emerged in the literature, as it pertains to life in Auckland. The primary focus of investigation was existing New Zealand literature. While overseas research and case studies are of interest and use, they will not necessarily reflect the lived experiences of New Zealand's tangata whenua; of people living in Auckland's diverse ethnic, cultural and religious milieu; or living within Auckland's current institutional and governance structures.

Notes on this report

This report refers to the umbrella term 'rainbow communities' (plural) throughout. This is deliberate, in order to standardise terminology and improve readability. The report starts with a consideration of what this term means across the literature, and what it means in the context of population diversity in Auckland / Tāmaki Makaurau, in the next section. Following that, three broad themes that emerged in the literature review are discussed, namely the challenges of visibility; discrimination; and health impacts. Although each theme is presented in a separate chapter, it is acknowledged that these challenges overlap and intersect with each other. The report concludes with a discussion of gaps in the evidence base, and the implications of the findings for future action across the Auckland Council family.⁵

⁵ The term 'Auckland Council family' refers to the entire Auckland Council structure including the Auckland Council organisation and the Council Controlled Organisations.
<http://www.aucklandcouncil.govt.nz/EN/AboutCouncil/representativesbodies/CCO/Pages/Home.aspx>

2. Definitions and concepts

As has been already mentioned, this report deliberately refers to the umbrella term ‘rainbow communities’ throughout. In doing this, our intent is not to conflate or ignore issues of sexual orientation, gender identity, or biological sex, as defined below:

- **Sexual orientation:** This term describes the direction of one’s attraction, whether emotional, sexual or romantic, to other humans. Heterosexuality and homosexuality represent two ends of the spectrum of desire rather than a set of absolute categories, and sexual orientation may change over time.
- **Gender identity:** This refers to a person’s internal, deeply felt sense of being a female or male, or something in between. As a person’s gender identity is internal, it is not necessarily visible to others, and does not necessarily correspond with the person’s biological sex. As such, a person’s ‘gender expression’ refers to how they express their sense of femininity, masculinity or other form of gender identity in an external sense.
- **Biological sex:** The term ‘intersex’ refers to the biological aspect of sex and gender identity. It is a medical term that covers a variety of diagnoses and conditions where a person is born with reproductive or sexual anatomy that does not fit the typical biological definitions of female or male, or where these conditions appear later in life. Intersex people have a diversity of bodies and gender identities, and may identify as male or female, or neither.⁶

Conversely, our intent is two-fold. First we wish to provide a standardised approach to terminology used within this report for ease of readability. More importantly, we wish to honour the space that an umbrella term such as ‘rainbow communities’ allows for acknowledging difference and diversity. We concur with Kevin Hague when he states that the term ‘rainbow’ captures the wealth and breadth of what are in fact many diverse communities and identities, with distinct needs (in Stevens, 2013).

The term ‘rainbow communities’ is widely used in New Zealand, including by Auckland Council, with slightly varying explanations of what this refers to. We have taken as our starting point the description offered by the Panel’s Guidelines for Engagement, as outlined in the introduction to this report. Other slightly different definitions are offered by Ara Taiohi (2015), Sandra Dickson in her recent report on partner and sexual violence (refer to Dickson,

⁶ In this regard, Organisation Intersex International Australia Ltd (OII) reminds us that intersex, transgender, and same-sex attraction are distinct concepts and issues, and people with intersex variations face distinct health and human rights issues. They recognise that some people with intersex variations change sex classification, and that some identify with the trans community, noting ‘this is no more or less remarkable than when intersex or trans people are lesbian or gay. All LGBT and I populations overlap – but this means we have to recognise also that many intersex people are heterosexual and identify with the legal sex assigned at birth’. (Organisation Intersex International Australia Ltd, 2011).

2016), and Michael Stevens in his report on the public health needs of LGBTTI communities⁷ in New Zealand (Stevens, 2013), to name a few.

As mentioned by Stevens (2013) there are factors that both bind and separate the many groups within the overarching concept of rainbow communities, and they do not form one clear and obvious homogenous group. Instead, they constitute a mosaic of people from all ages, classes, ethnicities and cultural backgrounds (2013:18). This section does not attempt to explain each identity, term and definition that sits within the rainbow umbrella, however a comprehensive list is offered in Appendix One.

It is also important to consider ethnic and cultural diversity within the context of Auckland's rainbow communities. Auckland is unique in the New Zealand setting for not only the size of its population,⁸ but the extent of its ethnic and cultural diversity. At the last census in 2013, Aucklanders identified with over 150 ethnicities. The largest proportion of the Auckland regional population identified with a European ethnicity (59%), around one in 10 (11%) identified as Māori, 15 per cent with a Pacific ethnicity, and almost a quarter (23%) identified with an Asian ethnicity, a considerably higher proportion than found in New Zealand as a whole (12%)⁹ (Auckland Council, 2014). Identity is not singular or exclusive, and many people identify with more than one ethnicity.

Ethnic and cultural diversity brings a diversity of religions, traditions, languages, concepts, expectations and worldviews. As we have touched on in the introduction, many terms and concepts in circulation in New Zealand are based on European / Pākehā views of sexuality and gender identity, such as 'gay' or 'transgender', and may not map easily or exactly onto existing cultural norms for other groups. For example, as the Human Rights Commission notes, the terms Fa'afafine (Samoa, American Samoa and Tokelau), Fakaleiti or Leiti (Tonga), Fakafifine (Niue), Akava'ine (Cook Islands), Mahu (Tahiti and Hawaii), Vakasalewalewa (Fiji), and Palopa (Papua New Guinea) are terms that Pasifika trans women and 'third sex' people use to describe themselves, and have wider meanings that are best understood within their cultural context (Human Rights Commission, 2008).

Henrickson (2006) writes about the 'identity challenges' that can be highlighted for immigrants coming to New Zealand from cultures where there is a strong discourse around 'group' and sanctions around differentiation, and where stigma around same-sex orientations remains 'firmly in place'.

⁷ Lesbian, Gay, Bisexual, Transgender, Takatāpui, Intersex. Stevens uses this term interchangeably with Rainbow communities in his report.

⁸ At the last census, a third of the national population lived in Auckland (Auckland Council, 2014:6), and this proportion is projected to increase over time. Statistics New Zealand population projections suggest that more than half of New Zealand's population growth between 2013 and 2043 will be in Auckland (Statistics New Zealand, 2017a).

⁹ Statistics New Zealand include Indian ethnic identities within the broad 'Asian' classification.

3. Visibility

The first key theme regarding challenges that rainbow communities face in Auckland relates to the notion of ‘visibility’ – official recognition and otherwise – and how individuals experience and embody this.

In the late twentieth century, New Zealand society emerged from a history of active discrimination, silencing and shaming of those who were of diverse and ‘non-conformative’ sexual orientation and/or gender identities. Through most of that time homosexuality was illegal in New Zealand, and basic human rights were denied for many people. Seminal legislative changes include the Homosexual Law Reform Act 1986; inclusion of provisions in the Human Rights Act 1993 to protect against discrimination because of sexual orientation or sex/gender identity; and provision for same-sex marriage in the Marriage (Definition of Marriage) Amendment Act 2013. There have been several other statutory and legislative changes regarding property and relationships rights, as outlined by the Human Rights Commission (refer to Human Rights Commission, 2010). These changes to the legislative framework underpinning New Zealand society have established a strong foundation for increased visibility, recognition and inclusion, and there has been substantial progress in many areas.

However, rainbow communities often remain invisible and outside of the mainstream. Diana Rands notes ‘this starts in childhood, with fairy tales that describe only heterosexual romance, and society’s insistence that there are specific gender identities for males and females’ (Community Insight Group, 2014).

Three sub-themes regarding visibility (or the lack of it) are discussed in this section: visibility in regard to official counts of people and groups in New Zealand; visibility in policy settings; and visibility of certain groups over others in the research literature itself. Each are discussed below.

Counting rainbow communities

There is little visibility of sexual and gender diversity in New Zealand’s Official Statistics System (OSS)¹⁰. In recent decades Statistics New Zealand (SNZ), New Zealand’s official statistical agency, have led considerable consultation and discussion on aspects of this, and while several positive steps have been taken by SNZ, as well as other government institutions and agencies, in measurement and classification protocols, there is still no statistical standard in New Zealand for measuring sexual orientation or gender identity.

¹⁰ Statistics New Zealand defines the Official Statistics System as the government-wide system of policies, practices, processes, underlying data sources, and people that are involved in producing and disseminating official statistics (Statistics New Zealand, 2017b)

Measuring sexual orientation

In 2008, as part of a broader review into Cultural Identity Statistics within the OSS, SNZ considered the inclusion of sexual orientation as a potential official statistic (Statistics New Zealand, 2008). To date, no official statistical standard has yet been established to measure sexual orientation, however by 2010 parts of the OSS had commenced collecting sexual orientation data in some official surveys. A comprehensive review of data quality across these surveys undertaken in 2010 found that the data that had been collected was of 'limited utility', stemming primarily from:

... the lack of a standard conceptualisation (including definitions) of sexual orientation and its component constructs. In practice, current measures of 'sexual orientation' assess aspects of sexual attraction, sexual behaviour, and sexual identity, each of which ... represents a separate construct relating to, but not fully defining, sexual orientation. These measures therefore capture discrete populations, which often have significant areas of non-overlap. Thus, current measures of sexual orientation cannot, by their nature, yield comprehensive data on sexual orientation. (Pega, Grey and Veale, 2010:13)

The authors found that these issues were 'all amenable to resolution', to a degree that would ensure the collection of timely, accurate reliable data in New Zealand (p.34).

There has been little progress made however since that time. See below for a brief overview of SNZ's decision not to include sexual orientation in the 2018 New Zealand Census of Population and Dwellings ('2018 Census').

Measuring gender identity

In their preliminary report on proposed content for the 2018 Census, SNZ noted that currently 'there is no standardised approach for collecting and storing data on gender identity in New Zealand' and that 'while gender identity is not currently collected in any Statistics New Zealand source, several organisations collect the information in some form, including the Ministry of Health, Department of Corrections, and the New Zealand Transport Agency' (Statistics New Zealand, 2015a).

Auckland Council has started to include 'gender diverse' as an option in questions about gender identity across its broad research programme. For example, this option was available in the 2016 version of local government's biennial Quality of Life survey, which Auckland Council helps to coordinate¹¹. The resultant numbers of people who identified as 'gender diverse' was very small, at 12 respondents across the seven city areas covered. A 'gender diverse' option was also included in a range of other Auckland Council surveys, including a survey of older Aucklanders aged 65 and over, a survey of Walmsley Park visitors, and all recent People's Panel surveys. Internal Auckland Council survey templates now include a 'gender diverse' option as standard.

¹¹ <http://www.qualityoflifeproject.govt.nz/>

New Zealand Census of Population and Dwellings

The New Zealand Census of Population and Dwellings is a cornerstone of the OSS. It is the official count of how many people and dwellings there are in New Zealand (Statistics New Zealand, 2015a), and the data collected is valuable for measuring and mapping the socio-economic and demographic characteristics of population groups. To date, Statistics New Zealand have not included questions in the census on gender identity or sexual orientation, despite compelling arguments put forward for their inclusion (see Saxton, 2015; Human Rights Commission, 2010:314; Pega, Grey and Veale, 2010). In 2015, Statistics New Zealand stated they were not recommending the inclusion of these domains for inclusion in the 2018 Census. The principal reasons for their decision were the absence of a statistical standard, and ethical concerns about data quality and intrusiveness into respondent's privacy (Statistics New Zealand, 2015a).

In their public consultation round on proposed content for the 2018 Census, Statistics New Zealand received 20 submissions and 45 comments online regarding their stated recommendation not to include sexual orientation, as well as 20 submissions and 163 comments on line regarding their stated recommendation not to include gender identity. Most commentators strongly disagreed with these recommendations. With regard to sexual orientation, Statistics New Zealand report that 'most submissions stated that this population group experiences higher rates of depression, bullying, suicide, and homelessness, and that collecting accurate data on this group would help with getting funding and targeting services, particularly in health care and education' (Statistics New Zealand, 2015b). In addition, some submitters noted that since New Zealand law now recognises same-sex marriages, Statistics New Zealand needs to collect more information on this population group.

The Census includes same-sex partnerships (either as a civil union, or as de-facto relationship) as an option in the question on household arrangements. In 2013, 1,755 male-couple and 1,695 female-couple households in Auckland identified as same-sex couples. The data suggests that almost half (48%) of New Zealand's total male same-sex couples, and 36 per cent of female same-sex couples lived in Auckland. Across the 21 local board areas, Waitemātā and Whau had significantly more same-sex couples than the other local board areas.¹²

The 2013 Census also counted 588 same-sex couple households that included children in Auckland / Tāmaki Makaurau. Half (49%) of these households included one child only, 32 per cent had two children and 18 per cent had three or more children.¹³

¹² Statistics New Zealand caution that numbers involved are small and the information provided by respondents that was used to derive this data was not always consistent and correct. Data is fit for use, but undertake time series and detailed analysis with caution.

¹³ A child in a family is someone of any age who lives with their parent(s) and who does not have a partner or children of their own living in the same household.

Same sex civil unions and marriages

There are data available on same-sex civil unions and marriages in New Zealand.¹⁴

Statistics New Zealand report a total of 2598 registered same-sex civil unions in New Zealand in the 10 year period from 2005 (the first ceremonies were celebrated on 29 April 2005) to December 2015. The majority of these unions (80%) were classified as 'New Zealand resident' unions. The number of registered civil unions has decreased significantly in recent years following the legalisation of same-sex marriage in 2013. For example, in the year to December 2015 there were only 24 same-sex civil unions registered in New Zealand, compared to a peak of 348 in the year to December 2006.

In the three-year period from the legalisation of same-sex marriage in 2013 to December 2015, Statistics New Zealand report a total of 2112 same-sex marriages in New Zealand.¹⁵ Half (55%) of these marriages were classified as New Zealand resident.

Policy settings and service provision

Our literature review highlighted that there is not enough discussion or consideration of the issues pertaining to rainbow communities in government policy settings and service provision, at the central and local government level.

There is however, an emerging body of literature focusing on visibility in medical and healthcare policy settings, particularly as it coincides with the needs and requirements of Auckland's older population.

A common theme in that literature is that mainstream physical and mental health and social services routinely assume that clients are heterosexual, and often know little about the needs and issues of rainbow communities (see for example Rankine, 2008; Stevens, 2013; Ara Taiohi, 2015; Ludlam, 2015). In 2013, following a LGBTTI Well-Being and Suicide symposium, the Auckland District Health Board commissioned a report on the public health needs of rainbow communities (Stevens, 2013). The subsequent report identifies considerable gaps in awareness of, and consideration for meeting, the needs of diverse rainbow communities in health services, as described below:

The strategic planning and delivery of health services across New Zealand has involved almost no consideration of the needs of Rainbow Community members. The only notable exception to this has been the ongoing resourcing to address the HIV epidemic which is mainly provided to the New Zealand AIDS Foundation in its work with men-who-have-sex-with-men (MSM). It is fair to say that the health system typically assumes that all service users are heterosexual and gender-conforming, just as in the recent past the underlying assumption

¹⁴ Data at the Auckland-only level was not readily available at the time of writing.

¹⁵ The first same-sex marriages in New Zealand were celebrated on 19 August 2013.

was that all service users were Pākehā and monocultural. (Neville and Henrickson, 2006) The overwhelming majority of all health research carried out in New Zealand has not included either gender diversity or sexuality as factors in data collection, and this has only served to continue the invisibility of this population and neglect of its health needs. (Stevens, 2013:14).

Older people

As mentioned above, there is increasing awareness of the implications for older people moving into retirement homes or residential care facilities, including growing attention to issues around sexuality and privacy in aged care facilities. For example, in speaking to the media about her concerns regarding moving into a rest home that is 'not rainbow-friendly', Diane, a 67 year old transwoman stated 'you don't want to go to a place where people remind you of the pain you carried for all that time. I just don't want to face it' (Spink, 2017).

Research undertaken in Australia on privacy and sexuality in aged-care facilities (among people of all sexualities) notes that sexuality is 'one of the most controlled aspects of human behaviour within institutions' (Rahn et al, 2016) and that despite legal protections, couples in Australian residential aged-care facilities experience 'institutional interference in their intimate and sexual relationships'.

This focus on older people does not assume that younger people do not face similar issues or that they embrace visibility, as there is evidence that discrimination and bullying remain serious issues in schools and workplaces - as discussed in the next section.

Visibility of diversity

A final point that we would like to raise concerning the concept of 'visibility' relates to the diversity within and across rainbow communities, and how this is reflected in the research literature.

We found that there is a growing body of research that highlights the differing experiences and specific issues of various groups. Projects published within the past decade in New Zealand have covered topics and groups such as health and well-being of young people (for example the University of Auckland's 'Youth 2000' National Youth Health and Wellbeing Survey series, as well as Ministry of Youth Development, 2015), Māori and Pacifica Rainbow communities (eg., Kerekere, 2015; Brown-Acton, 2014), transgender people (eg., Human Rights Commission, 2008) and Asian peoples (eg., Henrickson, 2006; Adams and Neville, 2014).

There is a relative lack of literature that explores the issues and experiences of those who identify as bisexual, as well as intersex groups. In addition, there is relatively little research investigating the lived experience and challenges faced by sub-groups particularly new migrants, refugees, people from non-European backgrounds, and those who are disabled.

4. Discrimination

Perhaps the most common theme evident in the literature is the extent to which rainbow communities continue to experience discrimination.

The Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity, established in 2006, set out the international human rights standards that countries must meet to uphold the human rights of sexual and gender minorities. Everyone in New Zealand has these human rights, 'whichever word they use to describe their sexual orientation, sex or gender identity' (Human Rights Commission, 2017).

These human rights are also recognised in international agreements on who can claim refugee status. It is the policy of the United Nations High Commission for Refugees (UNHCR) that persons facing attack, inhumane treatment, or serious discrimination because of their homosexuality, and whose governments are unable or unwilling to protect them, should be recognised as refugees. Around 750 people are admitted to New Zealand every year under the United Nations refugee resettlement quota programme – some of whom may have been recognised as a refugee on these grounds.

In New Zealand, it is unlawful to discriminate against anyone because of their sexual orientation or sex/gender identity within areas of life covered by the Human Rights Act 1993. These areas of life include applying for a job, at work, in education and health care, in government agencies' policies and practice, and when purchasing goods or services.¹⁶

However, the evidence suggests that discriminatory practices and prejudicial attitudes towards people within rainbow communities continue to exist, and can play out in every-day life.

The term 'discrimination' is generally understood to refer to the unjust or prejudicial treatment of people, and the Human Rights Commission makes a difference between direct and indirect discrimination.¹⁷ It can occur at the individual, group or community level, and

¹⁶ The Human Rights Commission also notes that there are a number of circumstances where it is not unlawful to discriminate on the ground of sexual orientation. These include: In employment (includes pre-employment and advertising): domestic employment in a private household; employment of a counsellor on highly personal matters. In accommodation: shared accommodation. In goods and services: courses and counselling on personal matters. (accessed from Human Rights Commission website 17 March 2017).

¹⁷ The Commission makes a difference between 'direct' and 'indirect' discrimination':

- Direct discrimination occurs when an individual is treated less favourably than someone else in a similar situation, for a reason related to a prohibited ground. Direct discrimination also includes detrimental acts or omissions even where there is no comparable situation (for example, in the case of a woman who is pregnant).
- 'Indirect discrimination' describes the situation where an apparently neutral practice or condition has a disproportionate, negative impact on one of the groups against whom it is unlawful to discriminate, and the practice or condition cannot be justified objectively. (Human Rights Commission, 2010).

can operate on several levels including unconscious bias¹⁸, through to active exclusion, bullying and outward hostility.

The subjective experience of discrimination can vary among rainbow communities – for example, those who are discriminated against may not always recognise that this is occurring, and some may feel discriminated against due to their sexuality or gender, although they do not have grounds to prove it.

The literature would suggest that discrimination in the workplace is not uncommon. The 2015 Westpac Rainbow Acceptance Monitor, conducted online with 1,025 people, including 252 people from rainbow communities, found that nearly a third (33%) had been made to feel uncomfortable at work (versus 11% from non-rainbow communities) and over a quarter (27%) had experienced discrimination because of their sexual orientation (versus 7% from non-rainbow communities). Similarly, 25 per cent (versus 8% from non-rainbow communities) had heard staff make comments that made them feel uncomfortable (Westpac New Zealand Ltd, 2015).

In 2007, the United States-based Journal of Gay and Lesbian Social Services dedicated an issue to the topic of homophobic bullying, in recognition of the extent of the problem across many countries. An article by a New Zealand researcher published in that issue stated ‘there can be little doubt that lesbian, gay and bisexual people are disproportionately victims of physical violence and verbal abuse, including bullying in schools.’ (Henrickson, 2007:67). The author noted that differences in results across those aged under 40 and those aged older than 40 in a national survey of lesbian, gay and bisexual persons in New Zealand¹⁹ would suggest that ‘violence against gay men and lesbians has evolved over time from physical queer bashing to verbal assault and bullying’ (2007:77).

Intersectionality

When considering discrimination experienced within rainbow communities, it is useful to be cognisant of ‘intersectionality’ and how this contributes to the lived experience of individuals and groups. The feminist lawyer Kimberlé Crenshaw coined the term ‘intersectionality’ in 1989 to illustrate the racism and sexism that black women experienced in the workplace in

¹⁸ The term unconscious bias refers to social stereotypes about certain groups of people that individuals form outside their own conscious awareness. Everyone holds unconscious beliefs about various social and identity groups, and these biases stem from one’s tendency to organize social worlds by categorising. (<https://diversity.ucsf.edu/resources/unconscious-bias>).

¹⁹ The research programme referred to was titled *Lavender Islands: Portrait of the Whole Family*. This was a strengths-based study of lesbian, gay, and bisexual (LGB) people in New Zealand. The 133-item survey was made available both by website and paper copy from April to July 2004. Multidisciplinary interest areas were developed by a community reference group, and included identity and self-definition, families of origin, relationships and sexuality, families of choice, immigration and internal migration, wellbeing, politics, income and spending, education, careers and leisure, community connections, challenges, and spirituality. A total of 2269 people across New Zealand responded to the survey.

the United States (Crenshaw, 1989). She defines intersectionality as the combination – as opposed to the addition – of race and gender that creates a specific form of oppression.

Intersectionality has since become an analytical tool for looking at how different power structures interlink, function and impact on people's experiences.

Consideration of the intersections between ethnicity, and gender or sexual orientation issues was evident in the literature pertaining to non-European rainbow populations in New Zealand. For example, a resource designed to provide information and support for takatāpui and their whānau discusses these intersections of being Māori, being part of a whānau and being takatāpui. One takatāpui stated that, for her '...gender stuff and sexuality stuff has been a much easier journey than being Māori ... part of that is actually because racism is a huge enormous thing' (Kerekere, 2015).

Kerekere also links the dramatic impacts of colonisation on the degradation of Māori women's status in society and public life, and loss of control over their own bodies, with disconnection for many takatāpui from their whānau, hapū and iwi, and from their Māori culture. She states that 'issues of gender and sexuality cannot be fully resolved for takatāpui until the mana of Māori women is restored throughout Māori culture and society' (Kerekere, 2015).

In her needs assessment for a LGBTTT community centre in Auckland City, prepared for the former Auckland City Council in 2008, the author noted that 'the most marginalised populations are at the intersections of gender, class, ethnicity and sexuality, including takatāpui, Pacific peoples, refugees, sex workers, those with mental health problems and on low incomes' (Rankine, 2008).

Adams and Neville (2014) in their research among Asian men who have sex with men reported that a significant number of participants experienced discrimination, mainly from the gay community with only occasional reference to discrimination from mainstream New Zealand society. Many respondents did not like comments on dating sites stating "No Asians or Indians" and thought these comments were discriminatory. This is also a reminder that discrimination can be experienced by individuals and groups within the broad spectrum of rainbow communities.

Discrimination and young people

There is much evidence in the literature of children and young people's experiences of discrimination, mostly in the form of bullying, harassment and social exclusion in the school environment.

Results from the latest (2012) survey in the University of Auckland's 'Youth 2000' National Youth Health and Wellbeing Survey series²⁰ found that:

... although most same/both-sex attracted students are doing well, there are significant and harmful disparities when these students are compared to their opposite-sex attracted peers. Same/both-sex attracted young people are often exposed to environments that are challenging and discriminatory, and this in turn affects their wellbeing. For example, same/both-sex attracted youth are more likely to be bullied, be physically harmed, and to be afraid that someone would hurt or bother them at school. (Lucassen et al, 2014)

Almost one in five same/both-sex attracted students reported being bullied at school on a weekly or more frequent basis (16.5%). Of those students who had been bullied, over eight times as many same/both-sex attracted students (46.1%) reported that they were bullied because they were gay, or because people thought that they were gay, compared to their opposite-sex attracted peers (5.4%) (Lucassen et al, 2014).

Transgender young people

The 2012 Youth 2000 survey reported for the first time on the 'numerically small, but very important' sub-group of transgender young people.²¹ The results showed that in many ways, students who reported being transgender faced 'considerable discrimination and mistreatment' (University of Auckland, 2017; see also Human Rights Commission, 2007; Clark et al., 2014).

There were also concerning health and wellbeing disparities when transgender students were compared to students who identified as being non-transgender. For example, nearly one in five transgender students had experienced bullying at school on a weekly (or more frequent) basis – this was nearly 5 times higher than the proportion of students who were non-transgender. More than half of transgender students were afraid someone at school would hurt or bother them (University of Auckland, 2017).

²⁰ This is a substantial project undertaken by researchers from the Adolescent Health Research Group within the Faculty of Medical and Health Sciences, The University of Auckland. The Youth 2000 project has collected data from over 27,000 young people over three survey periods - 2001, 2007 and 2012. In each measure, representative samples of New Zealand secondary school students have completed an anonymous comprehensive health and wellbeing survey. A total of 8,500 secondary students completed the 2012 survey (referred to as 'Youth'12'), of which almost 4 per cent reported being attracted to others of the same sex or both sexes – a similar proportion to the previous surveys (Lucassen et al., 2014). The 2012 survey is the first to report on transgender students (see Clark et al., 2014).

²¹ In Youth'12 someone was defined as being transgender if they were 'a girl who feels like she should have been a boy, or a boy who feels like he should have been a girl (e.g., Trans, Queen, Fa'afafine, Whakawahine, Tangata ira Tane, Genderqueer)'. Approximately 4 out of every 100 students reported that they were either transgender (1.2%) or that they were not sure of their gender (2.5%).

5. Health and wellbeing

The third and final key theme regarding challenges that rainbow communities face relates to negative health outcomes. This challenge is intricately related to the previous two themes of visibility (or lack of), and discrimination (in all of its guises) – at the individual and group level.

It is widely accepted that health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (World Health Organisation, 2005). There are different cultural interpretations of health, although all members of a particular ethnic group do not necessarily hold the same view. Within the New Zealand setting, for example, the Māori word ‘hauora’ has a broader meaning than physical well-being, and includes wairua (spiritual), whānau (family) and hinengaro (mental) aspects, as well as important cultural elements such as land, environment, language and extended family (Durie, 1994 in National Advisory on Health and Disability, 1998).

As noted by the World Health Organisation, the context of people’s lives determines their health:

Factors such as where we live, the state of our environment, our income and education level, and our relationships with friends and family, as well as genetics, have considerable impacts on health outcomes, whereas the more commonly considered factors such as access and use of health care services often have less of an impact (World Health Organisation, 2017a).

More specifically, the social and economic determinants of health are an important part of this.

The social determinants of health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems (World Health Organisation, 2017b).

Twenty years ago an investigation into the determinants of health found there is ‘good evidence’ that the social, cultural and economic determinants of health in New Zealand are ‘the most important determinants of good health’ (National Advisory Committee on Health and Disability, 1998). Interestingly enough, that report does not include any consideration of issues pertaining to rainbow communities, such as sexual orientation, gender identity or sexual identity²².

²² The report found that income, education and were the primary determinants of population health.

Minority stress

Most of the literature we reviewed highlighted the negative emotional and mental health effects, such as anxiety and depression, and the links of this to poor physical health outcomes. As one commentator put it:

Harassment, maltreatment, discrimination and victimisation all have cumulative effects on the life expectancy of LGBT and other minority individuals. These arise from experiences of discrimination, expectations of rejection, hiding, concealment, internalised homophobia and coping mechanisms (Young, 2016).

At a psychophysical level, these cumulative effects are sometimes referred to in the literature as 'minority stress'.²³ Stevens uses this concept in his report on the public health needs of LGBTTI communities in New Zealand. He draws on a definition provided by Ilan Meyer – 'the concept is based on the premise that LGBT people, like members of other minority groups, are subjected to chronic stress related to their stigmatization' (Meyer, 1995, in Stevens, 2013) and he suggests that minority stress 'should be viewed in the same light as other social determinants of health' (2013:11).

Health and young people

The problems and pressures that affect young people from rainbow communities have received 'the most attention from researchers' (Stevens, 2013:24).

Clark et al (2013) note that adolescence is an important stage in life that presents unique opportunities and challenges. Adolescent wellbeing is of critical importance, both for navigating the challenges of the teenage years, and for establishing healthy patterns for adult life.²⁴ Taquette and Rodrigues (2015) note this is a period of identity formation and 'an age of experimentation in which teens get to know their own erotic body, whose boundaries reflect multiple social norms'.

Stevens also notes that local and international research demonstrates the same issues arise for youth who are gender, or sexually, non-conforming. 'These cover, but do not include, increased rates of depression, psychosis, drug and alcohol abuse, greater suicidality and

²³ Drawing on the work of Ilan Meyer (2003) and others, Bariola, Lyons and Leonard (2016) note that according to the Minority Stress Model, two types of 'heterosexist stressors' affect the health of sexual minorities: distal stressors and proximal stressors. Distal minority stressors are overt or interpersonal types of stigma, such as incidences of discrimination or victimisation. Proximal minority stressors are internalised or intrapersonal types of stigma, such as internalised homonegativity and identity concealment due to anticipated stigma. They also state that 'despite a growing evidence base linking both distal and proximal minority stressors to poorer mental health outcomes among sexual minorities, much of the Minority Stress Model remains to be tested'.

²⁴ Terms such as 'youth' and 'adolescence' are often used inter-changeably in the literature, and there does not appear to be a consensus on the age span that it covers. The term adolescence generally refers to the period of human growth and development that occurs after childhood and before adulthood (around age 10 to 19). The World Health Organisation state 'the biological determinants of adolescence are fairly universal; however, the duration and defining characteristics of this period may vary across time, cultures, and socioeconomic situations'. (http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/)

higher rates of sexually transmitted diseases' (Mayer, et al 2008; Mustanski, Garofolo, and Emerson, 2010, in Stevens, 2013).

The latest (national) survey in the University of Auckland's 'Youth 2000' research programme found that same/both-sex attracted young people are often exposed to environments that are challenging and discriminatory, and this in turn affects their wellbeing. Over half (59.4%) of same/both-sex attracted students in the study had deliberately self-harmed, 41.3 per cent had significant depressive symptoms, 18.3 per cent had attempted suicide in the last 12 months, and 35.7 per cent had difficulty getting help for their emotional concerns. The study found that these mental health issues had not improved since 2001, and that the proportion of same/both-sex attracted students experiencing significant depressive symptoms had increased from 27.0 per cent in 2001 to 41.3 per cent in 2012, while the proportion of opposite-sex attracted students with these symptoms has remained fairly constant (9.5% in 2007 and 11.4% in 2001 and 2012). 'This suggests that poor progress is being made in terms of addressing mental health concerns'. (Lucassen et al 2014)

The results from that study for transgender young people were even more stark (Clark et al, 2014), for example;

- Forty-one per cent of transgender young people report experiencing significant depressive symptoms compared to 12 per cent of non-transgender students.
- Forty-six per cent of transgender young people are likely to have self-harmed in the last 12 months, compared to 23 per cent non-transgender young people.
- Transgender students are five times more likely to have attempted suicide in the last 12 months, compared to non-transgender students.
- Eighteen per cent of transgender students reported drinking alcohol at least weekly in the past month, compared to 8 per cent of their non-trans peers.

There is evidence in the literature that 'suicide is a serious issue for rainbow young people' (Ara Taiohi, 2015:4). A recent review of the support sector for rainbow young people across New Zealand found that 76 per cent of the national organisations they talked to were working with young people who were suicidal; 65 per cent were working with young people who have had a friend or family member commit suicide; and nearly half of the organisations that answered had worked with a young person who had later killed themselves. Concerns over inadequate responses to suicide risks were raised by the majority of respondents to that review (Ara Taiohi, 2015).

A previous study undertaken in Christchurch found that young people with a predominantly homosexual orientation had higher rates of suicidal behaviour and mental disorder than participants with an exclusively heterosexual orientation, and that associations between sexual orientation and mental health among young people were more marked for males than females (Fergusson et al., 2005).

Sexual health

In New Zealand, men who have sex with men are the population group most at risk to contract Human Immunodeficiency Virus (HIV) – usually through sexual transmission.²⁵

Many members of Auckland's rainbow communities will have experienced the loss of family and friends to conditions and diseases associated with the virus, and/or are currently living with it themselves. The New Zealand AIDS Foundation reports that currently around 3200 people are living with HIV in New Zealand.²⁶

New Zealand has an 'enviable international record' in HIV prevention, with diagnosis rates for most-at-risk groups being among the lowest in the world. This is partly due to the consistent promotion of protected sex, and a robust legislative environment based on strong human rights approaches (Saxton et al, 2015). However, 2015 was the fourth consecutive year that the number of gay and bisexual men diagnosed with HIV in New Zealand increased²⁷. Two-thirds (68%) of the 224 diagnoses of HIV in 2015 were amongst gay, bisexual and other men who have sex with men, two of which were infected either through sex with another man or injecting drug use. Of these, 88 were infected in New Zealand. (New Zealand AIDS Foundation, 2017).

Similar to the rest of the Auckland population, sexually active members of Auckland's rainbow communities can be at risk of a range of other sexually transmitted diseases²⁸. For example, a report published in the New Zealand Medical Journal suggested that increases in reported infectious syphilis cases and rectal gonorrhoea cases among gay and bisexual men are both 'proxies for changes in risky sexual behaviour' (Saxton et al, 2015).

Alcohol

Alcohol is the most popular recreational drug in New Zealand. While many people use alcohol responsibly there are still many problems and social harm that emerge from its use.²⁹

²⁵ <https://www.nzaf.org.nz/hiv-aids-stis/hiv-aids/hiv-in-new-zealand/>.

HIV attacks the body's immune system, specifically the CD4 cells (T cells), which help the immune system fight off infections. If left untreated, HIV reduces the number of CD4 cells (T cells) in the body, making the person more likely to get infections or infection-related cancers. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. These opportunistic infections or cancers take advantage of a very weak immune system, which can lead to an HIV positive person being diagnosed with Acquired Immune Deficiency Syndrome (AIDS).

²⁶ See more at: <https://www.nzaf.org.nz/hiv-aids-stis/hiv-aids/what-is-hiv/#sthash.IX4w9F3s.dpuf>

²⁷ The number of gay and bisexual men infected in New Zealand rose sharply between 2001 and 2005, subsequently it was relatively stable for a number of years.

²⁸ For example, Chlamydia, Gonorrhoea and Hepatitis A, B and C. For further information refer to New Zealand AIDS Foundation website <https://www.nzaf.org.nz/hiv-aids-stis/stis/>

²⁹ <https://www.drugfoundation.org.nz/alcohol/drug-trends>

The literature reveals several links to relatively high levels of alcohol consumption among rainbow communities. For example:

- The 2003/04 Health Behaviours Survey found that men and women who identified as lesbian, gay and/or bisexual were less likely to have abstained from alcohol over a 12-month period and were more likely to have consumed alcohol more regularly than heterosexual identified males and females. In addition, in 2003/04 those females identifying as lesbian or bisexual also reported consuming alcohol one or more times per week over the last year, at higher rates than women with a heterosexual identity (cited in Huckle et al., 2013).
- A study of alcohol use among Takatāpui, Lesbian, Gay, and Bisexual (TLGB) in New Zealand, commissioned by the Alcohol Advisory Council of New Zealand (ALAC) found 'conclusive evidence from high-quality studies that sexual minority women use alcohol at higher rates than heterosexual women, both in New Zealand and internationally' and strong evidence from a New Zealand study that sexual minority men use alcohol at higher rates than heterosexual men. (Pega and McEwan, 2010a, 2010b).³⁰
- The Youth'12 survey found that a fifth of same or same-sex attracted students stated they had consumed alcohol at least weekly in the previous month compared to 8 per cent of opposite-sex attracted young people (Lucassen et al 2014). Eighteen per cent of transgender students reported drinking alcohol at least weekly in the past month, compared to 8 per cent of their non-trans peers (Clark et al, 2014).

Currently in New Zealand, there is no research into the prevalence of alcohol-related harm experienced by transgender people, and no research was found on recreational drug use among rainbow communities.

Health and support services

An important element in considering the health of rainbow communities is also the extent to which there are appropriate and easily accessible health promotion, support and health advice services available. As mentioned earlier in this report a common theme in the literature is that mainstream physical and mental health and social services routinely assume that clients are heterosexual, and often know little about the needs and issues of rainbow communities. This was encapsulated in a review of groups working to support young people around the country:

Rainbow issues are not central to strategic planning in healthcare, particularly mental health and suicide prevention planning. Research does not investigate Rainbow specific experiences of healthcare and the impacts of homophobia,

³⁰ The authors cautioned that further research is needed, requiring the collection of high-quality data on sexual orientation in surveys on alcohol use. They also noted a lack of research on alcohol-related harm amongst TLB women and takatāpui-identified women in Aotearoa New Zealand.

biphobia and transphobia have on mental health. Because Rainbow people are invisible in this research and planning, it is unclear how much misdiagnosis, inappropriate medicalisation, and lack of safety for Rainbow young people occurs across healthcare (Ara Taiohi, 2015:13).

Some people within rainbow communities may feel vulnerable or uncertain about accessing and navigating the medical and healthcare system.

To return to Stevens' 2013 report on the public health needs of rainbow communities, he sums up a corresponding key theme in the literature, namely that 'many LGBTTI people avoid or delay accessing health care because of the real or anticipated fear of encountering homo/transphobic staff' (see also Neville and Henrickson, 2007; Henrickson et al., 2007).

In her discussion on the vulnerability of LGBTI communities in the Australian medical and healthcare system Johnstone stresses the importance of recognising the 'protracted history of stigma, prejudice, discrimination and psychological trauma that many have experienced – especially during their formative years – and the lasting impact that these negative experiences have had on their lives and world views' (Johnstone, 2016, 158). This is echoed by Stevens (2013) who notes that despite legislative and societal changes, older people may still feel the need, or wish to, hide their identity:

Many Rainbow Community elders still feel the need to hide their identity. These are people who have grown up in an era where simply being themselves could be a criminal offence and discovery could result in a diagnosis of being mentally unwell resulting in forced medical treatment, imprisonment, public shame and family rejection. (2013:25)

Stevens goes on to note that while the School of Nursing at the University of Auckland has developed a set of guidelines and training resources for staff in aged care facilities to help make them aware of the needs of this population, there were 'specific issues for the ageing rainbow population' that need to be addressed but had 'so far received almost no attention in New Zealand' (2013:25).

An important finding of Pega and McEwan's scoping exercise into alcohol use among GLBT³¹ was the major gap in service provision to rainbow populations, which result in these communities being under-served and at risk of disproportionate harm (Pega and McEwan, 2010a). The authors also noted that sexual minority communities are not included in strategic and operational alcohol policy, at either regional or national policy level. In this regard, the authors discuss the potential role for the Alcohol Advisory Council of New Zealand in reducing alcohol-related harm in rainbow populations. The authors released a subsequent report designed to improve services for sexual minority people in alcohol and other drug addiction and treatment (Pega and McEwan, 2010b).

³¹ It should be noted that Pega and McEwan address the takatāpui, lesbian, gay and bisexual (TLGB) populations in their scoping exercise. However, in general terms, their recommendations are applicable to many groups within the Rainbow communities.

Nation-wide research into partner and sexual violence in rainbow communities found that 'not only are most people in the rainbow community not seeking help when they need it for partner and sexual violence, but those that do seek help from specialist agencies and New Zealand Police are not experiencing that help as supportive' (Dickson, 2016:36). Survey respondents reported not seeking help because they were worried about further violence and discrimination from services, as well as specific concerns around homophobia, biphobia and transphobia, and concerns they would be 'outed' if they sought help.

Transgender health services

There is a focus in the literature on the importance of appropriate health services for trans people. About a decade ago, the Human Rights Commission undertook a substantial inquiry into discrimination experienced by transgender people in New Zealand (Human Rights Commission, 2007). The Commission found that:

Trans people and health professionals consistently raised the difficulties trans people have in obtaining general health services and being treated with dignity and respect when they did use them. The Inquiry ... identified major gaps in availability, accessibility, acceptability and quality of medical services required by a trans person seeking to transition. The provision of public health services is patchy and inconsistent. Trans people and health professionals need to work together to address these issues (Human Rights Commission, 2007).

A specific recommendation was to 'improve trans people's access to public health services and develop treatment pathways and standards of care for gender reassignment, through the Ministry of Health working in co-operation with trans people and health professionals'. The report found that trans-people, their families and health professionals themselves struggled to find out what, if any, gender reassignment services were available within the public health system. It also emphasised that both treatment pathways and standards of care are essential.

Subsequent to the release of that report, the Counties Manukau District Health Board published a practice guide for health professionals that is currently available on the Ministry of Health website (Counties Manukau District Health Board, 2012).

6. Opportunities

Auckland Council is committed to creating a strong, inclusive and equitable society that ensures opportunities for all Aucklanders. It plays an important role in the lives of Auckland's diverse rainbow communities, directly and indirectly.

The completion of this research report is an important contribution to a range of existing initiatives undertaken by Auckland Council, in its roles as employer, funder, coordinating agency and service provider. Some of those initiatives have been discussed in the introduction, including the establishment of the Rainbow Communities Advisory Panel; the provision of funding and practical support for the annual Pride Festival and Big Gay Out as well as for support groups and services; participation in the Rainbow Tick Workplace accreditation programme; and provision of Rainbow information throughout the Auckland libraries service. These initiatives are recognised by Auckland Council as important contributions towards creating an inclusive society.

There is, of course, scope for further action and support by Auckland Council.

This report has identified several substantial challenges facing Auckland's diverse rainbow communities. The next steps include raising awareness and discussion of these challenges within Auckland Council, and working with Auckland's diverse communities to consider how the organisation can work together to address them. This is not a simple task, as the challenges are broad-reaching and may intersect with other significant issues facing Auckland.

Just how Auckland Council will respond to this report and the challenges laid out in it, is yet to be established. However, in an organisation the size of Auckland Council it is vital that time and space is provided to enable a cohesive internal response, as well as working with external individuals and groups. There is much that the council itself can do to enable relevant functions such as research, policy, communications and engagement, strategy, and community empowerment to share understandings, build knowledge, create strong networks with relevant stakeholders in the community, and map out a plan for action. This involves creating the time to discuss and explore ideas; working closely with the Rainbow Communities Advisory Panel; and continuing to roll out the Rainbow Tick accreditation across the organisation.

At the time of writing, Auckland Council has drafted an Inclusive Auckland Framework that sets out how the organisation will champion a diverse and inclusive workplace culture, and improve its engagement with and responsiveness to, Auckland's diverse communities. Actions to achieve goals are set out across three broad areas: recruiting and selecting diverse talent; creating an inclusive culture; and leadership development (Auckland Council, 2017).

Auckland Council must continue to support the Rainbow Communities Advisory Panel, to ensure the Rainbow communities have a voice within Auckland Council, and to continue building the capacity of various sector groups and individuals.

Other opportunities that Auckland Council may consider include:

- Identifying opportunities to increase the visibility of rainbow communities in council policies and strategies, as well as in council sponsored seminars and other communications;
- Undertaking needs assessments of particular groups;
- Undertaking or supporting further research into aspects of the day-to-day lived experience of Auckland's rainbow communities. This could include a focus on groups, which are currently not visible in the literature including refugees, the homeless, new migrants, those who are disabled, or transgender.

7. Conclusion

There are obvious challenges in our ability to discuss adequately the complexities and nuances of the challenges facing a large and diverse group such as rainbow communities in a single report such as this.

We have attempted to trace three inter-related and complex challenges facing Auckland's rainbow communities, namely issues around visibility, discrimination, and the impacts on health (in the broadest sense), as well as health and support service. We have also identified some opportunities for Auckland Council to work in a cohesive manner with individuals, groups and agencies to address these challenges and to enable positive change across society.

Auckland is constantly evolving, and so too is the experience of rainbow communities. We have not attempted to quantify and codify who is included in the umbrella term 'rainbow communities'. This is not only due to practical constraints in data availability, but also because that is perhaps not the point of a report such as this. Rather, our aim is to reiterate that there is a broad and changeable spectrum of lived experiences and identities across Auckland's population, and that there remains a vital need for awareness, understanding and acceptance of diversity.

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Appendix One: Glossary of terms and definitions

Terminology and definitions can change over time, and can be interpreted differently depending on the individual or context within which the terms are used. As such, the definitions which follow are provided as a guide only. These definitions have been sourced from a variety of publications including Stevens (2013), Human Rights Commission (2008), Kerekere (2015), Standards New Zealand (2015) and Organisation Intersex International Australia (2012).

Identities and groupings

Akavaine	Akava'ine is a Cook Islands Māori word which refers to transgender people of Māori descent from the Cook Islands.
Asexual	1) A sexual orientation where a person does not experience sexual attraction or desire to partner for the purposes of sexual stimulation; 2) a spectrum of sexual orientations where a person may be disinclined towards sexual behaviour or sexual partnering.
Bisexual	A person who is emotionally and sexually attracted to both men and women.
Cisgender	Cisgender is a newer term that means someone who is comfortable in the gender they were assigned at birth, and is used to contrast with the term transgender on the gender spectrum.
Fa'afafine	Fa'afafine is a Samoan term that literally means "like a woman". Fa'afafine is often used to refer to people born male who express feminine gender identities in a range of ways, but is sometimes used more broadly refer to all Pacific people who do not identify with or live according to common understandings of their birth gender.
FtM / trans man	Female-to-male / someone born with a female body who has a male gender identity.
Fakaleiti	A fakaleiti (or <i>leiti</i> or <i>fakafefine</i> or <i>lady</i>) is a Tongan man who behaves in effeminate ways. The term <i>fakaleiti</i> (with a long <i>i</i> at the end) is made up of the prefix <i>faka-</i> (in the manner of) and the borrowing <i>lady</i> from English. <i>Fakaleitis</i> themselves prefer to call themselves <i>leiti</i> or <i>ladies</i> .
Gay	A person who is emotionally and sexually attracted to the same gender. This term is more widely used as a personal identity by men than women, and is used as both a personal and community identity.
Genderqueer	People who do not conform to traditional gender norms and express a non-standard gender identity. Some may not change their physical sex or cross dress, but identify as genderqueer, gender neutral or androgynous.

Genderfluid	A gender identity that refers to a gender which varies over time. A gender fluid person may at any time identify as male, female, neutrois, or any other non-binary identity, or some combination of identities. Their gender can also vary at random or vary in response to different circumstances. Gender fluid people may also identify as multigender, non-binary and/or transgender.
Hinehi (also Hinehua and Whakawahine)	A Māori term describing someone born with a male body who has a female gender identity.
Intersex	A general term used for people have sexual or reproductive anatomy that does not fit the typical biological definitions of female or male. Intersex people are born with any of a number of physical variations (e.g., they have genitals that are atypical). However, intersex anatomy is not always visible at birth, and may become apparent at puberty, later, or not at all. Surgery is performed on some intersex infants and children to physically align them with the sex they are assigned. This practice is criticised, particularly by intersex people, as a child's sex assignment may not match the gender identity the person develops as they grow up. This means that some intersex people can face gender identity issues similar to a transgender person. However, intersex people have a diversity of bodies and gender identities, and may identify as male, female, or neither. The incidence of intersex is at least 1 in 2000 births.
Lesbian	A woman who is primarily emotionally and sexually attracted to other women. This is used as both a personal and community identity
LGBTTIF	Lesbian, Gay, Bisexual, Transgender, Takatāpui, Intersex, Fa'afafine. This combination is only found in New Zealand and reflects New Zealand's ethnic makeup.
LGBTTQI	An umbrella term to include lesbian, gay, bisexual, trans, takatāpui, queer, and intersex.
MtF / trans woman	Male-to-female / someone born with a male body who has a female gender identity.
MVPFAFF	An acronym to describe Pasifika identities; Mahu (Hawai'i and Tahiti), Vaka sa lewa lewa (Fiji), Palopa (Papua New Guinea) Fa'afafine (Samoa) Akava'ine (Rarotonga), Fakaleiti (Tonga), Fakafifine (Niue). The abbreviation is gaining increasing use to signify the existence of different Pacific cultures that have a strong presence in New Zealand. Other terms include Fakaleiti, Rae rae, and Fafafine.
Queer	Queer has been used as a derogatory term for gay and lesbian people in particular. Although some people continue to reject the term, it has been reclaimed and used in a positive sense by some to describe sexual orientation and/or gender identity or gender expression that does not conform to heteronormative expectations. It is sometimes used as an umbrella term for same-sex attraction and gender/sex diversity, including but not exclusive to people who are gay, lesbian, bisexual, transgender, takatāpui, fa'afafine, intersex or somewhere in between. The term is more common among youth and is sometimes used to express rejection of traditional gender categories and distinct sexual identities such as lesbian, gay, bi, and straight (heterosexual).

Pansexual	Pansexual is characterised by physical or romantic attraction to others, regardless of their gender identity or biological sex. Pansexuality — sometimes known as omnisexuality — is derived from the Greek prefix ‘pan’, meaning ‘all’. As such, pansexuals may be attracted to those of all biological sexes or gender identities — including men, women, those who don’t identify with a specific sex or gender or those who are transsexual or transgender.
Takatāpui	A traditional term meaning ‘intimate companion of the same sex’. It has been reclaimed to embrace all Māori who identify with diverse genders and sexualities such as whakawāhine, tangata ira tāne, lesbian, gay, bisexual, trans, intersex and queer. While some takatāpui identify as whakawāhine or tangata ira tāne, others identify as trans (an umbrella term for people who are transgender, transsexual, or who do not conform to the gender they were assigned at birth). For takatāpui who are intersex, their bodies reflect both female and male in diverse ways.
Tangata ira tāne	Those born with the wairua of a man.
同志 (tongzhi)	The Chinese word for comrade (the literal meaning of the characters is same will or same purpose). It has taken on various meanings in various contexts since the 20th century. Since the 1990s, the term is increasingly used to refer to sexual minorities mainly in Taiwan and Hong Kong and increasingly in Mainland China, including lesbian, gay, bisexual and transgender people.
Trans*	Trans includes those who feel neither or both female/male or experience their gender as ‘fluid.’ This term is used to strategically describe gender diversity without using particular terms like transgender or transsexual. The asterisk signals that these terms are always evolving and incomplete and that language and identity categories can be limiting.
Transgender	A word that describes a wide variety of people whose gender identity is different to the sex they were assigned at birth. The term transgender can include a number of sub-categories, including, among others, transsexuals, cross-dressers, transvestites, genderqueer and consciously androgynous people.
Transsexual	This term is typically used for a person who has changed, or is in the process of changing, their physical sex to conform to their gender identity.
Whakawāhine	Those born with the wairua of a woman.

Societal concepts

Gender	The attributes and behaviours that society expects and ascribes to people based on their biological sex. The terms 'male' and 'female' describe biological sex, whereas the terms 'woman' and 'man' describe socially constructed gender roles.
Gender diverse	People who do not perform their gender roles in conformity with social expectations attached to their biological sex.
Gender identity	This refers to a person's internal, deeply felt sense of being a female or male, or something in between. As a person's gender identity is internal, it is not necessarily visible to others, and does not necessarily correspond with the person's biological sex. As such, a person's 'gender expression' refers to how they express their sense of femininity, masculinity or other form of gender identity in an external sense.
Heteronormativity	The reinforcement of certain beliefs by social institutions. These beliefs include that people fall into two distinct and complementary categories, male and female, and that sexual relations are normal only between people of different sexes, and correlates to beliefs that each sex has certain 'natural' roles in life. Thus, it is assumed that sex, gender identity and gender roles should always align to either all-male or all-female norms, and heterosexuality is the only 'normal' sexual orientation.
Heterosexism	Heterosexism is a predisposition to heterosexuality as 'normal', which is biased against other forms of sexual orientation. This is not the same as homophobia, but is rather the discrimination against non-heterosexual people due to cultural bias. It often occurs through omission and/or distortion of non-heterosexual realities, eg in media. Heterosexism is structurally reinforced where institutions privilege heterosexual orientation. For example, where legislation, policies and/or practices link certain rights (eg marriage, partner entitlements) to being in an opposite-sex relationship.
Homophobia	Homophobia is the fear of, or aversion to homosexuality or those perceived to be homosexual, often resulting in discriminatory behaviour, i.e. treating people negatively on the basis of this perceived trait. Although individual, it can also support structural discrimination. In turn, stereotypes and negative messages about homosexuality cultivate homophobia. Homophobia can be internalised, leading people to fear or hate their own feelings of same-sex attraction and damaging their self-esteem.
Sexual orientation	This term describes the direction of one's attraction, whether emotional, sexual or romantic, to other humans. Heterosexuality and homosexuality represent two ends of the spectrum of desire rather than a set of absolute categories, and sexual orientation may change over time.
Transphobia	Similar to homophobia, transphobia is the fear of, or aversion to trans people or those perceived to not fit accepted male-female gender norms. Transphobia can also be internalised.

Appendix Two: Auckland Council's Rainbow Communities
Engagement Guidelines

Rainbow Communities Engagement Guidelines



Find out more: phone 09 301 0101
or visit aucklandcouncil.govt.nz

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Purpose of this document

The goal of this document is to create a liveable city in Auckland for Rainbow Communities.

Intended audience

These guidelines are written for use by staff at Auckland Council (and other subsets of Auckland Council, such as CCOs, Local Boards and Advisory Boards). It is intended that Council staff review these guidelines prior to engaging or communicating with Rainbow Communities, and when promoting or gathering information about the wider Auckland Communities where representation of Rainbow identities is relevant.

Authored by

These guidelines were initially drafted by the Auckland Council Rainbow Door reference group, and have been revised, amended and expanded by the Rainbow Communities Advisory Panel.

Any questions or concerns that arise from these guidelines should be directed to the Citizen Value and Engagement team.

A liveable city for Rainbow Communities

Is one where:

- Rainbow communities have a strong voice in Auckland and influence decision making
- People who are part of Rainbow communities feel safe, welcome and included
- People across all sectors and interests work together to understand, voice and act on issues and needs for Rainbow communities

Definition

Rainbow communities is a term that covers the diversity of sexual orientations, gender, and sex identities. It is inclusive of, but not exclusive to: Lesbian, Gay, Bisexual, Transgender, Transsexual, Intersex, Takatāpui, Whakawahine, Vakasalewalewa, Fakaleiti, Tangata Ira Tane, Tóngzhì, Mahu, Palopa, Fa'afafine, Akavaine, Fakaifine, Queer, Questioning, Asexual, Genderqueer, Pansexual, and Genderfluid.

Diversity within Rainbow Communities

The diversity of sex, sexuality and gender identity are what define Rainbow Communities, however members of these communities can have very different needs. Indeed, some may feel that they should not be lumped together in the first place. It is important therefore to always make sure that we refer to Rainbow Communities, plural, not simply Rainbow Community, to recognise the myriad of people we are including within our definition.

Just like in all other walks of life, an individual may hold multiple identities, spanning not just sex, sexuality and gender, but also religion, ethnic background, socioeconomic status, relationship preference, level of ability and many other identities.

While some people hold strong ties to 'Rainbow Communities', others may prioritise different aspects of their identity.

Gendered language

Be aware and avoid language that makes assumptions about people's sex, gender identity, sexuality and relationship status. Not everyone likes to be referred to with gendered language such as 'she' or 'her'. The organisation RainbowYOUTH often refers to individuals as 'they' and 'them'. If you are aware of someone's preference, make an effort to observe it.

Being inclusive

Inclusivity can create a sense of belonging and enable investment in Auckland from Rainbow Communities.

Marketing towards Rainbow Communities

Be purposeful in your inclusion and visibility of Rainbow Communities in marketing. Use of the Rainbow is important as a significant symbol of rainbow culture and identities, is internationally recognised and should be used liberally and prominently.

Being inclusive of Rainbow Communities in general marketing

Imagery of people should be diverse. The point is either to be **visible** within marketing or at least **not invisible**.

Spaces and events

If you intend to use an external venue for an engagement event check that the venue will not be a barrier to Rainbow Communities attending. For example, if you are intending to use a venue affiliated with an organisation that has previously spoken out against rainbow communities, check with Rainbow Communities that this is an appropriate place for your event.

It is recommended that you choose a venue with access to gender neutral toilets. If the only gender neutral toilet available is a toilet reserved for people with a disability, consider how this may also inconvenience members of the disability community who may also want to attend your event. Consider the signage on toilet facilities, and if not appropriate how this could be altered for the event. Some printable temporary signs are available at genderneutral.co.nz/about-our-signs/download-printable-signs

Numbers

Data from the New Zealand Adolescent Health Survey (Youth '12)¹, a nationally representative survey conducted in New Zealand High Schools, reports that:

- 8.1% of young people are not heterosexual:
 - 4.3% of young people are same/both sex attracted
 - 3.8% not sure/neither
- 3.7% of young people do not identify as cisgender:
 - 1.2% identify as transgender
 - 2.5% not sure of their gender identity

¹ fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/youth2000-national-youth-health-survey-series/youth2012-survey.html

Gathering demographic information

People verbalise their own sexuality or gender identity in a number of different ways. For example, some people would refer to themselves as transgender, where others with a similar experience may refer to themselves as female, transwoman, gender fluid, etc. Many individuals choose to identify with culturally specific terms, such as Takatāpui or Fa'afafine. Care should be taken not to assume that these terms are equivalent to western terms, such as gay or transgender. It is important to give people the opportunity to identify themselves in the way that makes them feel most valued.

Sex, gender and sexual orientation are defined by Statistics NZ² separately:

- Sex is the distinction between males and females based on the biological differences in sexual characteristics. These characteristics are determined by biological, chromosomal, and physical attributes.
- Gender is the social and cultural construction based on expectations of what it means to be a male or female, including roles, expectations, and behaviour.
- Sexual orientation refers to the sex and/or gender of people that an individual is sexually and emotionally attracted to. It is derived from someone's sexual attraction, behaviour, and/or identity.

Gender identity data

When gathering demographic information about gender, at a minimum the use of 'gender diverse' is used alongside options of 'female' and 'male'. For best practice, refer to the Statistics NZ standard on Gender Identity³ and always provide a free-text option. The use of 'other' is inappropriate.

Sexuality/sexual identity data

When engaging with people from Rainbow Communities, take the lead from those communities in regard to offering the option for disclosure around sexuality and how this information is used.

Generally, the decision to collect this information should be done in consultation with the Citizen Value and Engagement team, unless the identity of respondents remains anonymous and they are able to opt-out of answering.

In a health context (such as the Youth '12 survey), questions around attraction or behaviour are asked. For example:

- same sex attracted
- both sex attracted
- opposite sex attracted
- attracted to neither sex

In a social context, individuals can have strong views on the identity term that they use, e.g. lesbian, Takatāpui, queer, etc. It is important to consult with Rainbow Communities on what terms should or shouldn't be included, and to offer a free-text option.

² stats.govt.nz/methods/classifications-and-standards/classification-related-stats-standards/sex/definition.aspx

³ stats.govt.nz/methods/classifications-and-standards/classification-related-stats-standards/gender-identity.aspx

Appendix

Rainbow Communities Organisations

Auckland based, 1+ FTE organisations

- RainbowYOUTH ry.org.nz
- OUTLine outline.org.nz
- Rainbow Collective (part of Village Collective - villagecollective.co.nz)
- ME Family Services mefsc.org.nz
- Body Positive bodypositive.org.nz
- NZAF nzaf.org.nz
- Rainbow Tick rainbowtick.co.nz
- Silver Rainbow facebook.com/SilverRainbowNewZealand

Auckland based community organisations

- The Charlotte Museum Trust charlottesmuseum.lesbian.net.nz
- EquAsian equasian.org.nz
- FAF SWAG fafswagball.com
- OUT@AUT aut.ac.nz
- UniQ Auckland
- AGender agender.org.nz
- ITANZ - Intersex Trust Aotearoa New Zealand ianz.org.nz
- Gender Bridge
- No Pride In Prisons noprideinprisons.org.nz
- Holding Our Own holdingourownhoo.wordpress.com
- Kelston Kweenz
- Fine Fatale facebook.com/FineFatale
- Te Aito Rangatira facebook.com/groups/1011048202239257
- GABA gaba.org.nz
- Love Life Fono
- Ahakoa Te Aha
- Tiwhanawhana tiwhanawhana.com
- Bear New Zealand bearnewzealand.co.nz
- LAGANZ laganz.org.nz
- Proud to Play proudtoplaynz.com
- Rainbow Teachers NZ facebook.com/rainbowteachersnz
- NZDF Overwatch facebook.com/NZDFOverwatch
- Falcons Rugby Team facebook.com/NZFalcons
- Auckland Lesbian Business Association: alba@alba.org.nz
- Lesbian networking site lesbian.co.nz
- Auckland Pride Festival Trust aucklandpridefestival.org.nz

Media outlets

- gaynz.com
- Lesbian News Aotearoa lesbianaotearoa.wordpress.com
- Express gayexpress.co.nz (Be aware that some members of Rainbow Communities do not support 'Express' as it can be over-sexualised and has been previously accused of being transphobic)
- eikonline.com
- pridenz.com
- gaytalktonight.com

Auckland Council network

GILBeRT Internal staff network - GILBeRT is the internal staff network that supports gay, intersex, lesbian, bisexual and transgender staff. CCO staff members and partners are also welcome to join us at after work events, monthly after work catch ups and occasional social events. There is also an email network for GILBT information sharing: catherine.gilhooly@aucklandcouncil.govt.nz.

Events

The main event for Rainbow Communities in Auckland is Pride (aucklandpridefestival.org.nz) held in February each year. There are a number of events throughout February, including Big Gay Out. It is important to check the dates for each event annually as some are flexible.

- AIDS Candlelight Memorial
- Transgender Day of Remembrance
- World AIDS Day
- IDAHOT
- Pink Shirt Day pinkshirtday.org.nz
- Day of Silence dayofsilence.org.nz
- Wear it Purple Day wearitpurple.org

Glossary

Pronoun: is a word that takes the place of a noun. Typically, when referring to a singular person, we might say he, him, she, or her dependant on the gender of the subject. It is grammatically correct to use them or they to refer to a singular person where the gender of the subject is not known, and/or not assumed.

A regularly updated list of terms relating to the description of the diversity of sexuality and gender identity can be found here: ry.org.nz/friends-whanau/useful-words

Find out more: phone 09 301 0101, email rimu@aucklandcouncil.govt.nz or visit aucklandcouncil.govt.nz and knowledgeauckland.org.nz