# Research Matters: What does LGBTIQ mean?

A fact sheet by Rainbow Health Victoria

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#### 1. Introduction

Lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ) communities are made up of diverse individuals. Communities included within this commonly-used umbrella term have distinct experiences and needs, and different histories of collective identity and organisation. In Australia, the term LGBTIQ\* has arisen in recognition of common experiences of legal and social marginalisation on the basis of dominant social norms around sex, gender and sexuality.

Social and cultural understandings vary from country to country, and different acronyms and terms are used across developed and developing countries. Globally, many LGBTIQ people still face criminalisation<sup>1</sup> and violent repression. Even with greater legal protections in countries like Australia, LGBTIQ people face significant stigma and discrimination, with negative socioeconomic and health implications.2-4

In many countries, LGBTIQ communities have come together to organise campaigns for legal equality and policy change, 5,6 community-controlled services, 7,8 pride events<sup>9</sup> and advocacy for programs and organisational practices that promote inclusion. In Australia, LGBTIQ communities have therefore also defined themselves in celebration and solidarity, rather than allowing themselves to be defined by marginalisation and 'difference'.

The broad concepts of sex, gender and sexuality outlined here are important in understanding the experiences and needs of LGBTIQ communities in Australia. These concepts defy strict definition, and are regularly confused and conflated. This paper will examine each concept separately as well as looking at how they inter-relate.

## 2. Sex

Sex in this context is a term that refers to the social understanding that biological characteristics should

# Rainbow Health Victoria: Evidence + Advocacy + Action

Rainbow Health Victoria is a program that gender diverse, intersex and queer (LGBTIQ) health and wellbeing through research and knowledge translation, training, resources, policy advice and service accreditation through the Rainbow Tick. We're located within the Australian Research Centre in Sex, Health and Society at La Trobe University and are funded by the Victorian government.

Research Matters is a series of information resources produced by Rainbow Health Victoria

- draws together the latest research on LGBTIQ health and wellbeing
- promotes knowledge on the key issues involved in LGBTIQ inclusion
- providers and government in implementing policies and programs to improve health, wellbeing and inclusion

This issue focusses on some key concepts that help in understanding what the acronym LGBTIQ means.

be used to assign to individuals the label of 'male' or 'female' at birth. Sex is commonly biologically and anatomically categorised on the basis of a combination of chromosomes, genitalia, reproductive organs, hormonal profiles and secondary sex characteristics that are commonly understood to be either 'male' or 'female'. Yet these markers of sex are not strictly binary, and there is a lack of scientific consensus on a categorical definition of sex. 10,11 Feminist scholars have made the point that many definitions of sex are also infused with gendered assumptions. For instance, hormones are routinely

Variations of the acronym LGBTIQ are used in Australia to take account of other identities, such as asexuality. Acronym choice can also vary depending on the groups or issues being discussed. For instance, LGBTIQA+ is more commonly used amongst young people, while many older people do not identify with the term 'queer' so LGBTI is often used. Some research studies only include some communities within the acronym (e.g. LGB or LGBTQ).

described as 'male' and 'female' despite usually being present in all bodies in different quantities.12

Human bodies do not conform to neat categorisation, and some people are born with distinct variations in these sex characteristics. 13 There are over 40 described variations with different physical presentations — some of which are observed at birth, and others that do not present until puberty or even later in life.14 Some (but not all) people with an intersex variation will understand and describe themselves as such.

Children born with an observable intersex variation are most often still assigned a binary sex (male/female), and medical professionals continue to enact invasive surgical and hormonal interventions to align their bodies with this sex assigned at birth. 15 Community advocates argue strongly against these interventions to 'normalise' intersex bodies, on the grounds of their lack of medical necessity and the absence of meaningful consent on the part of the child. 16,17

Being a person with an intersex variation is often confused with being trans and gender diverse, both by clinicians and the general public. 18,19 Intersex people may or may not affirm their gender in line with the sex they were assigned at birth. Most intersex people grow up to be heterosexual, 20 but can also be gay, lesbian, bisexual or use another term that denotes same or multi-gender attraction. Despite some crossover between LGBTIQ experiences, the term 'intersex' is distinctly about a person's body diversity rather than identifying as transgender or sexually diverse.

### 3. Gender

Many cultures around the world, including Australia, have a dominant perception of gender as being limited to a binary where every person is either 'male' or 'female'.21 This categorisation is reinforced through gender norms that allocate various aspects of appearance, behaviour and personality as 'masculine' and 'feminine'. However, these ideas are highlycontested, socially-constituted and culturally-specific

- including characteristics that can change over the course of life, and that vary within genders more than between them.<sup>22</sup>

Within an assumed binary system, gender and sex form a singular unit, where individuals who were assigned female at birth are viewed as women, and those assigned male at birth are viewed as men.<sup>23</sup>

The word cisgender is used to mean people whose gender identity aligns with the social expectations of the sex they were assigned at birth. For many people, their gender identity sits comfortably within this construct. However, others experience and think about their gender in ways that challenge or contradict a strict distinction and alignment between sex and gender. An overarching term often used to describe people whose gender identity does not align with the social expectations of the sex they were assigned at birth is trans and gender diverse, although others may use other terms.

Rigid gender norms reinforce attitudes that being 'male' or 'female' are the only 'normal' and 'natural' ways to experience and express gender. Because their identities are a challenge to rigid gender norms, trans and gender diverse people are often treated as though they are socially or morally unacceptable. This can lead to significant stigma and discrimination or unnecessary and damaging clinical interventions.

Dominant social and cultural assumptions about gender reinforce the idea that it is biologically pre-determined and unchanging, but this fails to recognise and validate the ways that gender evolves and changes collectively over time and individually for many people. Binary and rigid gender norms also reinforce inequality for women, and generate experiences of exclusion for anyone who does not fit stereotypical ideals of 'masculine' and 'feminine'.24

# 4. Sexuality

Sexuality is often defined as the experience of sexual attraction, behaviour and identity.<sup>25,26</sup> Sexual attraction (how you feel) is different to

sexual behaviour (what you do or have done). These factors influence, but don't necessarily determine, your sexual identity (how you feel about and describe yourself). This can be linked or separate to experiences of love and romantic attraction.

If an individual is predominantly attracted to, or has sex with, people of a different gender then they may identify as heterosexual. If someone is predominantly attracted to, or has sex, with people of the same gender they will often identify as gay or lesbian. Other people are attracted to, or have sex with, people of more than one gender, or are attracted to people regardless of gender — often using the terms bisexual or pansexual. Some people may experience minimal sexual desire or no desire at all, and may identify as asexual.<sup>27</sup> Others use different terms or no terms at all.

Sexuality is not simple and is not necessarily static. People may be attracted to, or have sex with, people outside of their described sexual identity.<sup>28,29</sup> Others may identify as bisexual while being in what many may perceive as a 'heterosexual' relationship. 30,31 Sexuality and sexual identity can also change throughout a person's life<sup>32</sup> — based on their social environment, degree of openness about their sexuality, or because of the different people they meet and fall in love with.

Rigid gender norms are linked to the idea that the only 'normal' and 'natural' relationship is heterosexual; this is called heteronormativity.33 People with sexualities that fall outside of this can be made to feel that there is something wrong with them, their feelings and their relationships. Heteronormativity also produces social pressure to conform to norms regarding relationships and sexuality in other ways, e.g. monogamy and choosing whether to have children.

Across the different experiences of gender and sexuality described here, the term queer — which was historically a slur — has been reclaimed and come to mean having a diverse sexuality or gender identity or experience. There are also many other terms that individuals or groups have created to describe their

sex, gender or sexual identity, which may or may not be used alongside the terms described above.

# 5. Pride and belonging

Much existing research on LGBTIQ communities has focused on the difficulties they face, but there is an organised solidarity among LGBTIQ communities and many other positive and enriching aspects of the lives of LGBTIQ people.

Studies have indicated that many LGBT people experience loving relationships and a sense of belonging within their communities. 3,34 Others report positive life experiences that come from challenging norms, finding an authentic self, and consciously constructing social networks and communities. These are related to experiences of self-acceptance, belonging, activism, freedom and empathy.<sup>35</sup> Many LGBTQ people report finding comfort and pleasure through engaging openly and honestly with themselves about their gender or sexuality,36 finding others who are like them, and creating personal and social spaces where they are able to fully live out their identities and desires. 37,38 This includes forming 'families of choice'39 with other LGBTIQ people.

Some trans and gender diverse people have consciously reframed their experiences as 'gender euphoria<sup>40</sup> — a sense of positive gender belonging and pride — in contrast to narratives of dysphoria. There is also a growing focus in research and advocacy on moving beyond a pathologising approach to the health and wellbeing of people with intersex variations, towards inclusion of intersex peoples' perspectives, body autonomy and rights.<sup>14</sup>

While further research is needed to better understand these experiences, it is also worth noting the development of the acronym QTIPOC (Queer, Transgender and Intersex People of Colour). This acronym was self-created by these communities to describe their unique experiences of compounding marginalisation and to signal pride and belonging across these identities. In Australia, other specific

terms can be used by Aboriginal people, such as brotherboy and sistergirl.41

# 6. Conclusion

Engaging with the concepts of sex, gender and sexuality outlined above is vital in understanding the experiences and needs of LGBTIQ communities. It is important to continue to investigate how these concepts play out for LGBTIQ people in different ways and at different times — through ongoing research, community consultation and dialogue. This lays the foundation for building greater understanding of the legal, political, social and organisational change required for meaningful LGBTIQ inclusion.

### References

- Kenny C. Patel D. Norms and reform: Legalizing homosexuality improves attitudes. Washington: Center for Global Development Working Paper, 2017.
- Robinson KH, Bansel P, Denson N, Ovenden G, Davies C. 2. Growing up queer: Issues facing young Australians who are gender variant and sexuality diverse. Melbourne: Young and Well Cooperative Research Centre; 2014.
- 3. Lyons A, Hill A, McNair R, Carman M, Bourne A. Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. Melbourne: Australian Research Centre in Sex, Health and Society; 2020, forthcoming.
- Reisner SL, Poteat T, Keatley JA, Cabral M, Mothopeng T, Dunham E, et al. Global health burden and needs of transgender populations: a review. The Lancet. 2016;388(10042):412-36.
- Thoreson RR. Transnational LGBT activism: Working for sexual 5. rights Worldwide. Minneapolis: University of Minnesota Press;
- Bernstein M, Naples NA. Sexual citizenship and the pursuit of 6. relationship-recognition policies in Australia and the United States. Women's Studies Quarterly. 2010;38(1/2):132-56.
- Martos AJ, Wilson PA, Meyer IH. Lesbian, gay, bisexual, and transgender (LGBT): Origins, evolution, and contemporary landscape. PLoS One. 2017; 12(7): e0180544.
- 8 Brown G. Westle A. Bourne A. Ellard J. The influence of AFAO. AIDS Councils and communities: How, when and where are gay and bisexual men influenced about HIV? Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University; 2018.
- Bruce KMF. Pride parades: How a parade changed the world. New York: NYU Press: 2016.
- Karkazis K, Jordan-Young R, Davis G, Camporesi S. Out of Bounds? A Critique of the New Policies on Hyperandrogenism in Elite Female Athletes. The American Journal of Bioethics. 2012; 12(7):3-16.

- Fausto-Sterling A. Gender/Sex, Sexual Orientation, and 11. Identity Are in the Body: How Did They Get There? The Journal of Sex Research. 2019;56(4-5):529-555.
- Fausto-Sterling A. Sexing the Body: Gender Politics and the Construction of Sexuality. New York: Basic Books; 2000.
- 13. Ainsworth, C. Sex redefined. Nature. 2015;518:288-291.
- Intersex Human Rights Australia. Intersex population figures. Melbourne: Intersex Human Rights Australia; 2013.
- **15.** Davis G, Murphy EL. Intersex bodies as states of exception: An empirical explanation for unnecessary surgical modification. Feminist Formations. 2013;25(2):129-52.
- 16. Uslan SS. What parents don't know: Informed consent, marriage, and genital-normalizing survey on intersex children. Indiana Law Journal. 2010;85:301.
- Jones T. Intersex studies: A systematic review of international 17. health literature. Sage Open. 2018;8(2):1-22.
- 18. Klöppel U. Who has the right to change gender status? Drawing boundaries between inter- and transsexuality. In: Holmes M, editor. Critical Intersex. London: Routledge; 2016.
- Bettcher TM. Intersexuality, transgender, and transsexuality. 19. In: Disch L, Hawkesworth M, editors. The Oxford handbook of feminist theory. Oxford: Oxford University Press; 2015. p. 407.
- 20. Greenberg JA. Intersexuality and the law: Why sex matters. New York: NYU Press; 2012.
- Dietert M, Dentice D. Growing up trans: Socialization and the gender binary. Journal of GLBT Family Studies. 2013;9(1):24-42.
- **22**. Reis HT and Carothers BJ. Black and white or shades of gray: Are gender differences categorical or dimensional? Current Directions in Psychological Science. 2014;23(1) 19-26.
- Markman ER. Gender identity disorder, the gender binary, and transgender oppression: Implications for ethical social work. Smith College Studies in Social Work. 2011;81(4):314-27.
- Hyde JS, Bigler RS, Joel D, Tate CC, Van Anders SM. The future of sex and gender in psychology: Five challenges to the gender binary. American Psychologist. 2019;74(2):171-93.
- Kovic A, Hampson P, Gonsiorek JC. Sexual identity and sexual orientation. The International Encyclopedia of Human Sexuality. 2015:1115-354.
- Richters J, Altman D, Badcock PB, Smith AM, de Visser R, Grulich AE, et al. Sexual identity, sexual attraction and sexual experience: the Second Australian Study of Health and Relationships Sexual Health. 2014;11(5) 451-460.
- Van Houdenhove E, Gijs L, T'Sjoen G, Enzlin P. Asexuality: Few facts, many questions. Journal of Sex & Marital Therapy. 2014;40(3):175-92.
- 28. Vrangalova Z, Savin-Williams RC. Mostly heterosexual and mostly gay/lesbian: Evidence for new sexual orientation identities. Archives of Sexual Behavior. 2012;41(1):85-101.
- Katz-Wise SL. Sexual fluidity in young adult women and 29. men: associations with sexual orientation and sexual identity development. Psychology and Sexuality. 2015;6(2):189-208.
- Hayfield N, Clarke V, Halliwell E. Bisexual women's understandings of social marginalisation: 'The heterosexuals don't understand us but nor do the lesbians'. Feminism and Psychology. 2014;24(3):352-72.
- Roberts TS, Horne SG, Hoyt WT. Between a gay and a straight place: Bisexual individuals' experiences with monosexism. Journal of Bisexuality. 2015;15(4):554-69.

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- Savin-Williams RC, Joyner K, Rieger G. Prevalence and stability of self-reported sexual orientation identity during young adulthood. Archives of Sexual Behavior. 2012;41(1):103-10.
- Herz M, Johansson T. The normativity of the concept of heteronormativity. Journal of Homosexuality. 2015;62(8):1009-20.
- 34. Callander D, Wiggins J, Rosenberg S, Cornelisse VJ, Duck-Chong E, Holt M, et al. The 2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings. Sydney: The Kirby Institute, UNSW; 2019.
- Almario M, Riggle EDB, Rostosky SS, Alcalde MC. Positive 35. themes in LGBT self-identities in Spanish-speaking countries. International Perspectives in Psychology: Research, Practice, Consultation. 2013;2(1):1-13.
- 36. Rosenberg S. Coming in: Queer narratives of sexual selfdiscovery. Journal of homosexuality. 2018;65(13):1788-816.
- **37**. Testa RJ, Jimenez CL, Rankin S. Risk and resilience during transgender identity development: The effects of awareness and engagement with other transgender people on affect. Journal of Gay and Lesbian Mental Health. 2014;18(1):31-46.
- Snapp SD, Watson RJ, Russell ST, Diaz RM, Ryan C. Social support networks for LGBT young adults: Low cost strategies for positive adjustment. Family Relations. 2015;64(3):420-30.
- Hull KE, Ortyl TA. Conventional and cutting-edge: Definitions of family in LGBT communities. Sexuality Research and Social Policy. 2019;16(1):31-43.
- Benestad EEP. From gender dysphoria to gender euphoria: An assisted journey. Sexologies. 2010;19(4):225-31.
- Kerry SC. Sistergirls/Brotherboys: The status of indigenous transgender Australians. International Journal of Transgenderism. 2014;15:173-186.

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