Respect Victoria
Preventing Family Violence

NEW PARENTS. NEW POSSIBILITIES

FAMILY VIOLENCE PREVENTION FOR LGBTIQ+ PARENTED FAMILIES

FINAL REPORT

JULY 2021

Centre For Family Research & Evaluation
Drummond Street Services

ACKNOWLEDGEMENTS

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

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ABBREVIATIONS

AOD	alcohol and other drugs
ART	assisted reproductive technologies
COVID-19	coronavirus disease of 2019
IUI	intrauterine insemination
IVF	in vitro fertilisation
IPV	intimate partner violence
LGBTIQ+	lesbian, gay, bisexual, transgender, intersex, queer and asexual
MCH	maternal and child health
PANDA	Perinatal Anxiety and Depression Australia
PND	postnatal depression
TGD	trans and gender diverse

LGBTIQ+ TERMINOLOGY

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

Agender

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

Altruistic surrogacy

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

Asexual

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

Bisexual

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

Cisgender (cis)

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

Cisnormativity

The assumption that all individuals are cisgender.

Co-parent

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

Dead name

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

Donor

A person who donates sperm or eggs for use in another person's pregnancy. A donor's relationship or lack of relationship with any child conceived with their donation is determined by the parent/s and the donor on a case-by-case basis and in accordance with state/territory law.

Family of choice

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

Family of origin

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

Gay

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

Gender dysphoria

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

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

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

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

Heteronormativity
The assumption that all individuals are heterosexual.

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

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

International surrogacy
A surrogacy arrangement involving a cisgender woman who lives in an overseas country. These arrangements can be altruistic or commercial, although are usually commercial.

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

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

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

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

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

Polyamory (polyam)
The practice of engaging in more than one relationship at any given time, with all parties knowing about these. These relationships are a form of ethical and consensual non-monogamy and can be a combination of physical and/or romantic connection. They can be engaged in by mainstream and LGBTIQ+ communities.

QTIPoC
Describes a queer, trans, Indigenous or intersex Person of Colour.

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

Rainbow families: Rainbow families are families where one or more person is lesbian, gay, bisexual, trans, gender diverse, intersex, queer and/or non-binary.

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

FAMILY VIOLENCE DEFINITION

This research was informed by definitions within Victoria's Family Violence Prevention Act 2008. The broad definition of family includes, but is not limited to, intimate personal relationships, domestic relationships, family relationships, caring relationships and relationships with children.

Whilst the research data presented in this report predominantly focuses on intimate partner violence (IPV) as emerging during the transition to parenthood, the risk and protective factors for the use or experience of family violence apply to other forms of family violence, such as violence towards children or within families of origin.

EXECUTIVE SUMMARY

OVERVIEW

Between July 2019 and November 2020, Drummond Street Service's Centre for Family Research and Evaluation (CFRE) was funded by Respect Victoria to deliver a family violence prevention action research project focused on the transition to parenthood for LGBTIQ+ parents.

Responding to a gap in evidence-based practice, this project, 'New Parents, New Possibilities', aimed to build knowledge around specific domestic and family violence risk factors for LGBTIQ+ parents during the transition to parenthood. The project built on previous 'Just Families' research undertaken by Drummond Street, which identified early risk factors for the onset of family violence during the transition to parenthood for heterosexual couples, a known high-risk period for the onset of family violence.

The objectives of the project were to:

- Build knowledge around family violence for LGBTIQ+ parents during the transition to parenthood, including identification of early risk factors for the onset of family violence for this marginalised cohort.
- Co-design, develop and pilot a series of family violence prevention initiatives for the perinatal service sector and LGBTIQ+ community.

The project used a co-production methodology to engage with LGBTIQ+ parents and perinatal service providers in the research, design and piloting of family violence primary prevention initiatives.

METHODOLOGY

In accordance with the project aims and objectives, CFRE established a Project Advisory Group of academic advisors who provided oversight of the research and initiative development process.

The initial research phase comprised three elements: a rapid evidence review; consultations with LGBTIQ+ parents and perinatal service providers; and client data insights drawn from an analysis of Drummond Street's aggregated and de-identified client data. The rapid review of the literature aimed to identify early risk factors for the onset of family violence during the transition to parenthood for LGBTIQ+ parents. The community consultations with 26 LGBTIQ+ parents and 19 service providers aimed to build on the findings of the evidence review, gathering

community and sector insights to identify key learnings for primary prevention, and gather richer insights and understanding of how risk and protective factors impact on LGBTIQ+ parents. The client data insights component included an analysis of de-identified and aggregated data, where Drummond Street clients had consented to their data being used for research and evaluation purposes. The aim of the client data insights was to check the assumption that family violence occurs during the transition to parenthood for LGBTIQ+ parents, and to assess the presence of the identified risk factors for LGBTIQ+ families in the early stages of parenthood. The analysis I explored whether the risk factors identified in other components of the research also occurred for LGBTIQ+ parents who had experienced family violence during the transition to parenthood.

The research findings from all three evidence building components then informed the development of a series of primary prevention initiatives. These initiatives were designed and enhanced through a number of phases of input from LGBTIQ+ parents, the Project Advisory Group, Respect Victoria, perinatal sector participants, as well as Drummond Street's LGBTIQ+ family violence practitioners in Queerspace and transition to parenthood practitioners in the Ready Steady Family program.

Finally, the sector and LGBTIQ+ parent seminars were piloted with 63 sector professionals and 36 LGBTIQ+ parents, respectively. Feedback from the pilots informed the refinement of the resources and led to the development of project findings and the project recommendations.

PRIMARY PREVENTION INTIATIVES

The final suite of primary prevention initiatives, informed by the research findings and co-developed with a diverse range of stakeholders are:

- New Parents, New Possibilities- Parent Seminar
- New Parents, New Possibilities- Perinatal Sector Training
- New Parents, New Possibilities- Perinatal Sector Webinar Series
- New Parents, New Possibilities- Interactive Case Studies
- New Parents, New Possibilities- Parent Booklet
- New Parents, New Possibilities- Community Booklet
- New Parents, New Possibilities- Perinatal Sector Booklet
- New Parents, New Possibilities- Final Report

KEY FINDINGS

Research

- Cisnormativity, heteronormativity, gendered norms and the prioritisation of biological relationships across society marginalise LGBTIQ+ parents and provide the context for discrimination and family violence. During the transition to parenthood period, it was

identified that these norms are embedded in processes of legal recognition (or lack thereof), reproductive and perinatal service systems and organisations, new parent communities and groups, workplaces and families.

- Discrimination and a lack of inclusive service delivery are common experiences for LGBTIQ+ parents throughout their transition to parenthood. A lack of screening of LGBTIQ+ parents for family violence during the transition to parenthood is informed by and contributes to expectations that family violence only occurs between cisgender people in heterosexual relationships.
- Experiences of discrimination and marginalisation across community environments, perinatal services, workplaces and public spaces contributes to unrealistic pressure for LGBTIQ+ parents to be the 'perfect queer family', thus creating a barrier to help-seeking when faced with relationship and other wellbeing challenges during the transition to parenthood.
- Cisnormativity creates particular vulnerabilities for trans and gender diverse parents, who often face social inequality and discrimination across multiple domains of their lives. For trans and gender diverse parents who navigate reproductive and birthing services, vulnerabilities are magnified by frequent experiences of misgendering from professionals and a lack of understanding of inclusive language around pregnancy, birth and lactation.
- There are shared strengths and resilience built within LGBTIQ+ parented families, including the valuing of diverse relationships, the intentionality of family formation and the challenging of social norms. These attributes often provide the opportunity for reflection, connection and considered parenthood. In addition, many LGBTIQ+ parents are skilled in advocacy for themselves, their families and other 'rainbow' or queer families, in the face of adverse life experiences.
- There are a range of individual and relationship level risk factors which impact on parents' experiences during the transition to parenthood. These factors can be conceptualised as risk and/or protective factors, as for some parents they add strength and resilience to relationships, and for others, they create or compound risk for experiences of family violence. Whilst many of these factors are universal for all families, heteronormativity and cisnormativity provide the social context in which these risk factors exist. As such, the way in which LGBTIQ+ parents experience each risk factor often looks or feels different from the experiences of cisgender, heterosexual parents.

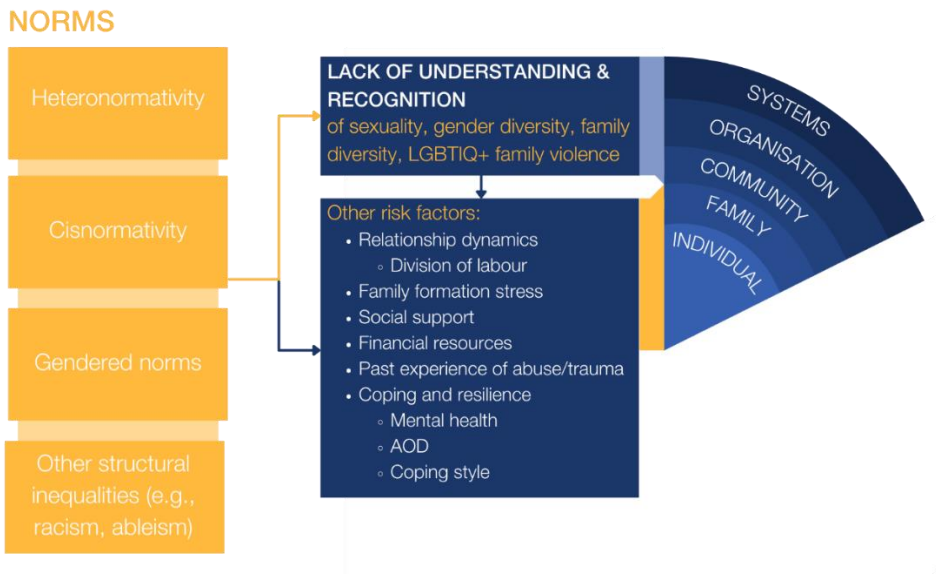
  The factors identified are:

  - gendered norms and the division of labour

- family formation stress
- social isolation
- financial stress
- past experience of abuse/trauma
- resilience and coping (mental health, alcohol and other drugs and coping style).

Connecting risk factors to primary prevention during the transition to parenthood

Developed to explain the key findings of this research, the figure below highlights that while structural inequalities and societal norms can be key drivers of violence, they are intertwined with and influence individual and relationship level risk factors across a range of wellbeing domains during the transition to parenthood. The inter-related nature of these factors should be considered when exploring family violence prevention frameworks.



Connecting risk factors to primary prevention during the transition to parenthood (Centre for Family Research, 2020)

Primary prevention pilot initiatives

- The parent seminar series was successful in reaching and engaging a significant number of new and prospective LGBTIQ+ parents in a short promotional period, demonstrating the demand for targeted initiatives during the transition to parenthood.
- There were strengths and limitations of the online delivery of the session on Zoom within a COVID-19 context. Whilst Zoom-based delivery limits opportunities for engagement between parents, it also meant that people from across the metro Melbourne area, as

well as some parents from regional Victoria, were able to connect with one another despite geographic distance.

- Largely positive feedback on the initial parent seminar pilots suggests that this initiative is well positioned for ongoing development to promote respectful relationships and address family violence risk factors during the transition to parenthood for LGBTIQ+ parents. An expanded and robust evaluation will provide further evidence around what works to prevent family violence for this marginalised cohort.
- The sector seminars were successful in reaching and engaging a number of sector professionals, organisations and relevant bodies in a short promotional period, demonstrating the high demand for capacity building around inclusive practice for LGBTIQ+ parents and families. Unfortunately, due to COVID-19, some perinatal settings were unable to participate in the pilot phase.
- Facilitator feedback highlighted a need for increased awareness within the perinatal sector about the harm of rigid gender norms on all clients. This family violence prevention work would provide a foundation for deeper thinking around work with LGBTIQ+ families impacted by the same norms.
- Feedback from sector participants in relation to the perinatal service system affirmed the project's research findings which identified the significant limitations of the system in recognising and understanding LGBTIQ+ parented families and adequately addressing LGBTIQ+ family violence. Participants highlighted that a significant commitment is required to scale up this primary prevention work and make changes across the perinatal service system.

RECOMMENDATIONS

Recommendations for government

Recommendation 1 – Government, in partnership with researchers and family violence agencies, continues to develop a more expansive and intersectional framework to inform family violence prevention policy, programs and resources that are inclusive of LGBTIQ+ families.

Recommendation 2 – Government applies an intersectional lens to health, family and community policy, programs and services relevant to the transition to parenthood. This approach should be inclusive of LGBTIQ+ parents.

Recommendation 3 – Government reviews the current Maternal and Child Health Service system to make it more inclusive of all families and to promote equal co-parenting roles and relationships.

- In the short term, government agencies and organisations that have responsibility for perinatal health, birthing and early parenting support, review systems, policies and documents to ensure they reflect the diversity of LGBTIQ+ parented families. In addition, family violence primary prevention training and resources should be made available to professionals in the perinatal service sector, addressing the cisnormative, heteronormative and gendered norms embedded across systems, policies, practice and attitudes.
- In the medium to long term, this would include reviewing the Maternal Child Health Service system and taking steps towards the creation of a Parental Child Health Service system that is more inclusive of all families and encourages all parents' involvement in child development, health and wellbeing. Greater inclusivity across this universal health system would set a strong precedent for other perinatal services to follow.

Recommendation 4 – Government should commit to further and ongoing funding for LGBTIQ+ inclusive services. This includes specific LGBTIQ+ family violence service delivery in conjunction with, not at the expense of, broader family violence primary prevention, early intervention, tertiary intervention, and recovery work. Government should also commit to funding evidence-based, sustainable programs across family and relationships, mental health, alcohol and other drugs, social isolation and financial support that are inclusive of LGBTIQ+ people and families, as risk factors associated with these issues may heighten the risk of family violence during the transition to parenthood.

Recommendations for family violence prevention agencies

Recommendation 1 – Government and non-government prevention agencies should develop family violence prevention campaigns, programs and initiatives that challenge patriarchal norms such as heteronormativity, cisnormativity, gendered norms, racism, ableism and ageism. These initiatives should explicitly communicate that family violence can occur in LGBTIQ+ families and relationships.

Recommendation 2 – Government and non-government prevention agencies should prioritise applied family violence primary prevention research which explores primary prevention across a range of areas and life course transitions, where the risk of family violence is heightened. A particular focus on diverse and intersectional identities should be prioritised, given the barriers that some communities face because of patriarchal norms at the structural, organisational, community, family and individual levels.

Recommendation 3 – Government and non-government prevention agencies should commit to seeking and providing funding to evaluate family violence primary prevention initiatives over time. Investment in evaluation beyond initial pilot programs is key to building the evidence around what works to prevent family violence across diverse settings and with a broad cross section of Australian communities.

Recommendations for perinatal service providers

Recommendation 1 – Perinatal health services, including birthing and early parenting support, should review their systems, policies and documents to ensure they reflect the diversity of LGBTIQ+ parented families. A partnership with LGBTIQ+ parents and professionals should be a component of any review process.

Recommendation 2 – The perinatal service sector should seek out and commit to family violence primary prevention capacity building, including training and resources for all professionals, to address the cisnormative, heteronormative and gendered norms embedded across systems, policies, practice and attitudes.

Recommendation 3 – Perinatal service providers should explicitly communicate that family violence can occur in LGBTIQ+ families and relationships. Links to specialist LGBTIQ+ family violence services should be provided alongside other mental health and wellbeing resources.

Recommendation 4 – Perinatal service professionals with a responsibility for family violence screening should ensure LGBTIQ+ people are universally screened.

Recommendations for LGBTIQ+ agencies and community groups

Recommendation 1 – LGBTIQ+ agencies should explicitly communicate that family violence can occur in the diversity of LGBTIQ+ families and relationships, including within families of origin and chosen families. Links to specialist LGBTIQ+ family violence services should be provided alongside other mental health and wellbeing resources.

Recommendation 2 – LGBTIQ+ agencies or community groups with an interest in the transition to parenthood should acknowledge that the risk of family violence is heightened during this important life stage and provide referrals to specialist LGBTIQ+ family violence services.

INITIATIVE PARTICIPANT QUOTES

I think this is a fabulous piece of work and you should be proud! It's really important and will evolve naturally as you progress with the project and see how it works. (LGBTIQ+ parent participant)

All midwives need to be involved in this education to ensure better understanding of clients' needs and recognition of areas of potential concern that could be missed, such as partner violence. (Perinatal sector participant)

[Further training is needed on] how we can change assumptions and language, and make this a priority, in environments that are resistant to change. (Perinatal sector participant)

KEY LIMITATIONS

1. Parenting in the LGBTIQ+ community is still a minority experience and is more common for women in same-sex relationships and as such, there was a dearth of diverse research literature for gay, bisexual, trans and gender diverse and intersex cohorts available for the rapid evidence review.
2. Whilst the community consultations included a diversity of LGBTQ+ people who had varied pathways to family formation, the consultation process largely focused on their experiences as LGBTQ+ people, and other aspects of their identity were limited in discussion. Specific experiences of asexual people, trans women or in relation to intersex status were not captured in the community consultations.
3. The community consultations did not include LGBTIQ+ parents who were stepparents, foster parents, or who were parenting children in permanent or kinship care.
4. The community consultations did not specifically include participants that had experienced or used family violence.

INTRODUCTION

This 'New Parents, New Possibilities' project sought to build an evidence base around specific domestic and family violence risk factors during the transition to parenthood for LGBTIQ+ parents, a known high-risk period for the onset of family violence. The project used a co-production methodology to engage with LGBTIQ+ parents and perinatal service providers in the research, design and piloting of family violence primary prevention initiatives.

This final report begins with a background to the project and the co-production model which informed the program design. It is then structured in two core parts. Part 1 provides a narrative of the research phase, including a detailed analysis of the data that emerged out of the rapid evidence review and community consultations. The analysis and key themes are presented as they relate across a socio-ecological model. Part 2 outlines the suite of primary prevention initiatives developed and piloted with LGBTIQ+ parents and sector professionals. It describes the initiative development process and concludes with the key findings from the project overall. Finally, several project recommendations have been put forward for uptake of the research findings in policy and practice, as well as investment in further piloting and development of the initiatives for scale-up.

BACKGROUND

Available evidence suggests that the transition to parenthood period is a time of heightened risk for family violence within cisgender, heterosexual relationships (e.g. Campo, 2013). Other research literature also suggests that LGBTIQ+ people experience intimate partner violence at a similar, if not higher, rate to heterosexual, cisgender women (Edwards, Sylaska & Neal 2015; Ireland, Birch, Kolstee & Ritchie, 2017). However, there is a gap in evidence around risk factors and family violence prevention strategies specifically for LGBTIQ+ parents during the transition to parenthood, which this project seeks to address.

Original Just Families Research

This project builds on Drummond Street's Just Families (JF) research, which identified early risk factors for the onset of family violence during the transition to parenthood for heterosexual couples and informed the development of a range of practice principles, prevention education programs and a smart phone app with an in-built screening tool and links to service pathways.

The JF program consisted of a 12-month pilot followed by a 3-year research and evaluation trial of the 'Just Families Project: prevention and early intervention for family violence, targeting couples transitioning to parenthood'. Through action research and reflection processes, JF concluded:

1. Pregnancy and the arrival of a baby, due to the nature of the family transition stage and also the stressors involved, brings gender role issues to the fore, as well as other important risk factors (see list below).
2. If not addressed these risk factors may impact on adjustment to this transition stage and lead to longer term relationship, child and family difficulties (including family violence).
3. If these issues are not addressed, they may heighten even further with the arrival of a second child.

The Just Families Research identified eleven risk factors or indicators of vulnerability to family violence.

The risk factors identified included (in no particular order):

- relationship conflict
- attachment issues
- transition-based issues impacting on relationship/issues to do with the child
- conflicts in relation to extended family (including parents-in-law)
- a lack of support and resources/isolation
- problematic alcohol or other drug use
- partner's negative coping style
- mental ill-health vulnerability for both parents
- gender-role attitudes
- financial pressures
- experience of past abuse/trauma.

Drummond Street's co-production process

Drummond Street's co-production model is utilised across research and project implementation cycles to ensure the inclusion of marginalised communities across all elements of project planning, design, delivery and evaluation. The research process is based on the premise that service and program outcomes are enhanced through engagement, partnership and empowerment of community members and service-users (Voorberg et al, 2015). The model aims to centre the experiences and perspectives of community members who are the beneficiaries of the intervention or program, in this case LGBTIQ+ parents. Where there are gaps in evidence-based practice models or programs, co-production processes also work to build evidence based on this lived experience.

Drummond Street's co-production model was adapted at the commencement of the project to provide a guide to research and initiative development and implementation. The specific details of activities undertaken within each phase of co-planning, co-design, co-delivery and co-review are communicated within Figure 1 below.

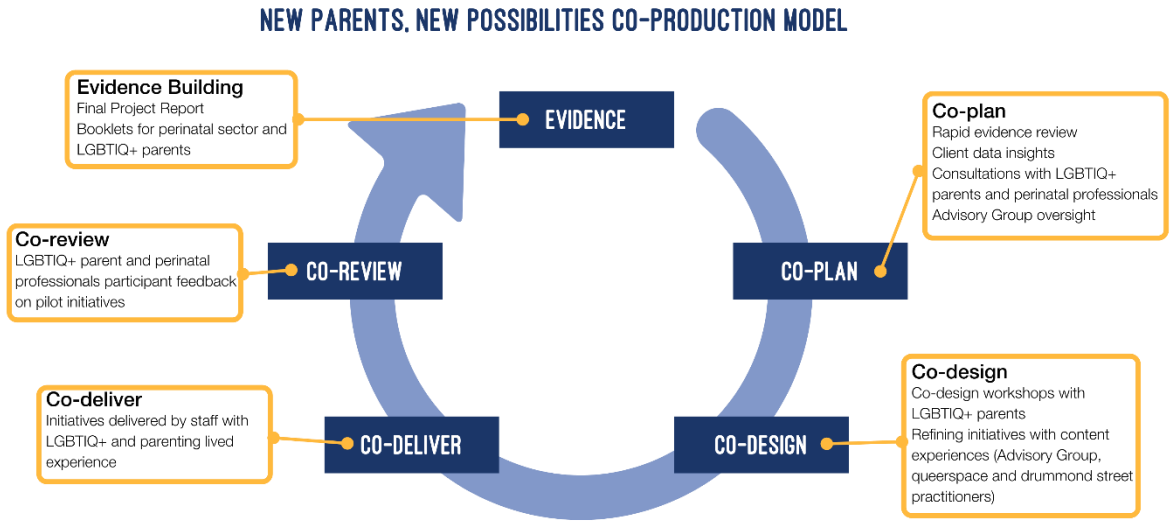


Figure 1. Drummond Street's co-production model adapted for New Parents, New Possibilities Project (Centre for Family Research and Evaluation, 2020)

PART 1: BUILDING THE EVIDENCE

This project's initial research phase comprised of a rapid evidence review, consultations with LGBTIQ+ parents and perinatal service providers, and a review of Drummond Street Services' aggregated and de-identified client data to check findings from the literature review and consultations. A data triangulation process then took place with the Project Advisory Group.

Part 1 of this research report provides a narrative of this evidence building process, including the methodology, detailed data analysis and discussion.

METHODOLOGY

Advisory Group oversight

A Project Advisory Group of academic and practitioner professionals and Respect Victoria stakeholders was established to provide research guidance and expert advice to the project. The Advisory Group informed all areas of the research and resource development, including reviewing the methodology, data analysis, key findings and resource design. In addition to their research oversight, they also collectively contributed knowledge and expertise around family violence, the transition to parenthood, LGBTIQ+ families and wellbeing issues.

Full details of the Project Advisory Group members are provided in Appendix A.

Rapid evidence review

The overall aim of the rapid evidence review was:

1. To identify whether there had been any significant shifts in family violence risk factors for couples in heterosexual relationships during the transition to parenthood period, given that the original Just Families research concluded in 2011.
2. To identify early risk factors for the onset of family violence during the transition to parenthood for LGBTIQ+ parents and compare these to the risk factors identified in the Just Families research project (2011) and any emerging new factors.
3. To establish if there were any significant differences between risk factors for family violence identified for heterosexual families and those found for LGBTIQ+ families.

Method

Search terms used a combination of words to describe family formations and the transition to parenthood period, family violence, intimate partner violence, risk, and LGBTIQ+ variations. All articles found were forward searched. Literature regarding risk factors for family violence amongst LGBTIQ+ during the transition to parenthood was scarce, with only one article and a handful of brief references in books, directly addressing this issue. The search did however

result in the identification of additional LGBTIQ+ specific literature related to the topic in two ways.

1. Research focusing on risk factors for family violence amongst LGBTIQ+ couples but not directly addressing the transition to parenthood period.
2. Research focusing on risk factors for negative outcomes that were related to family violence (e.g. poor mental health, interpersonal conflict, alcohol abuse etc.) during the transition to parenthood period for LGBTIQ+ parents.

Community Consultations

The overall aim of the community consultation phase was to provide a richer understanding of the risk and protective factors for family violence in the transition to parenthood for LGBTIQ+ parents, including those factors identified in the rapid literature review. The consultation aimed to do this by:

1. Gathering insights from LGBTIQ+ parents and service providers around the transition to parenthood, including the universal challenges for all parents and aspects unique to their experience as LGBTIQ+ parents.
2. Gathering feedback on the specific factors which emerged from the rapid literature review and exploring any other unique factors or experiences.
3. Hearing from the diversity of experiences within the LGBTIQ+ community.

Method

Across October and November 2019, eight focus groups and seven interviews were conducted with 45 participants. This included 26 LGBTIQ+ parents and 19 perinatal and community sector professionals.

Guided by the National Health and Medical Research Council's *National Statement on Ethical Condict in Human Research*, CFRE adopted several processes to ensure that all participants involved in the consultations did so with a clear understanding of what the research entailed, the potential benefits and risks of their participation and how the findings would be used. All participants were provided with a plain language statement, a consent and confidentiality form and participated in an intake process (outlined below). This statement made it clear that participants could withdraw from the process at any stage. Participants chose to participate in focus groups, interviews or not at all. Those who chose to participate were compensated $50 for their time.

The number of interviews exceeded what was initially planned, to allow for diverse representation from participants across the LGBTIQ+ cohorts, varied pathways to family formation, and representation from regionally located community members.

Engagement process

Engagement for consultation with the LGBTIQ+ parent community and sector (ante and postnatal service providers, child and family services) occurred concurrently. Recruitment materials were created for separate sector and community promotion. The initial engagement for focus groups and interviews with the LGBTIQ+ parent community utilised stakeholder relationships with key community groups and services, including Drummond Street's LGBTIQ+ programs, other LGBTIQ+ specialist services and universal perinatal services such as Maternal and Child Health (MCH) and Perinatal Anxiety and Depression Australia (PANDA).

The recruitment process relied on snowball sampling, whereby participants in initial focus groups recruited others. Parent participation in the community focus groups influenced engagement in the sector focus groups, whereby some community members provided the names of MCH and other practitioners they had connected with during their transition to parenthood.

Intake Process

An intake process, involving an interview with potential community participants, was used to share project information, to discuss and ascertain any risks to participation and to ensure diversity within the community consultations. Participants were initially recruited to the four target cohorts identified by the Project Advisory Group: TGD parents, lesbian/queer women parents, cis/gay male parents, and regional parents. Within this process, consenting participants shared their demographic data, including their pathway to parenthood/family formation, year of birth, gender identity, sexuality, cultural or faith identity, First Nations' identity, relationship status, gender of partner, sexuality of partner, age of children, household income, ability/disability, neurodiversity and immigration status. Focus group and interview times were set in response to participants' locations and availability.

The intake process for the sector focus groups sought information about services, to ensure representation from across antenatal, hospital, post-natal and child and family services.

Participant demographics are presented in Appendix B.

Data Analysis

Audio files of the focus groups and interviews were transcribed verbatim. Coding was then undertaken using NVivo software by three of the researchers who had facilitated the focus groups/interviews, using a shared coding framework developed using the risk and protective factors framework identified in the rapid literature review. Coding was cross checked, and any discrepancies were discussed and resolved. This framework was applied to both focus groups

and interviews. Any additional themes that arose during the coding process were discussed by the research team and a common standard for coding these items was established.

Client Data Insights

The aim of the client data insights was to check the assumption that family violence occurs during the transition to parenthood for LGBTIQ+ parents, and to assess the presence of the identified risk factors for LGBTIQ+ families in the early stages of parenthood.

The analysis included secondary organisational data stored on Drummond Street's client record management system. All client information was de-identified and informed consent was obtained at the time of original data collection. Data was included only where clients identified as LGBTIQ+, had a 'presenting need', 'risk factor' and/or 'risk alert' which indicated family violence[1] that accompanied the transition to parenthood and had provided consent for use of their data and their child's data specifically for research and evaluation purposes. Only existing reportable fields captured were analysed at the aggregate level and no individual client files were looked at in detail. The design of this methodology exceeds the NHMRC threshold for ethical research.

Data triangulation workshop

A data analysis workshop was conducted with the Project Advisory Group to discuss key findings from the literature review, community consultations and client data insights. Input and guidance on the research findings were sought from the Advisory Group members on a range of topics, including:

1. Each member's perspectives and insights on the findings.
2. Overlap between the large number of risk and protective factors to see where factors could potentially be collapsed or merged.
3. The language used to describe the risk and protective factors and the social context in which family violence for LGBTIQ+ people occurs.
4. Identifying other resources which could complement this work.

Following this data analysis workshop, the risk and protective factors and primary prevention framework were further refined and presented within a socio-ecological model.

THE SOCIO-ECOLOGICAL MODEL

The use of the socio-ecological framework (Centre for Disease Control and Prevention, 2019) for this research analysis provides the opportunity to communicate findings as they relate

[1] 'Presenting needs' are the primary issues clients are seeking assistance with when presenting to the service. These are determined at intake and updated during sessions. 'Risk factors' are issues experienced by the client that provide context to the practitioner. 'Risk alerts' suggest high risk and demand that risk assessments be undertaken regularly. Family violence is included in each of these fields. The presence of one or more of these fields indicates this as a primary issue experienced by the client.

across different levels of society, in turn informing the development of primary prevention initiatives targeted at each level of the social ecology. The following provides an outline of this model, including the intersectional framework which underpins its use.

Our society is built on patriarchal systems, practices and beliefs that generate and rely on unequal power relations, including but not limited to gender inequality, heteronormativity, cisnormativity, racial inequality and ableism. It is these structural inequalities and power imbalances that generate and reproduce different types of systemic discrimination including homophobia, biphobia, transphobia, racism, ableism and ageism. These structural power imbalances and ongoing attempts to assert control over others explain why domestic and family violence does not *only* occur in heterosexual relationships but in LGBTIQ+ relationships, as well as against people with a disability or towards the elderly, to name some examples. According to Respect Victoria:

> *The following types of systemic discrimination and prejudice can interact, overlap and create specific barriers to access information or support, and influence social attitudes that stigmatise and exclude people putting them at increased risk of violence: sexism; racism; classism, homophobia, biphobia, transphobia and intersex discrimination; ableism; ageism; stigma; dispossession and colonialism.*

These multiple forms of discrimination are not siloed. Where they cross and intersect, we understand this as 'intersectionality'. Intersectional frameworks focus on the systems, structures and social norms within our patriarchal social ecology that create positional and relational power dynamics between people, or groups of people, based on their identity. The complex interplay of power at systemic and structural levels supports norms that condone violence and influences behaviour across communities and at individual and relationship levels. Primary prevention of family violence therefore requires that we utilise an intersectional framework to dismantle these intersecting forms of systemic discrimination and the cultural norms, attitudes and behaviours that condone all iterations of family violence. Using an intersectional approach to practice that is inclusive, not just of LGBTIQ+ people and their relationships, but of all individuals and families is essential in family violence prevention.

In order to understand how the transition to parenthood might influence family violence risk for LGBTIQ+ people, and to inform family violence prevention, this study has explored risk and protective factors at all levels of the socio-ecological model. It highlights a range of risks and barriers at a societal level, in relation to norms and expectations; at a systems level, in relation to a lack of recognition within legal and perinatal service systems; at a community and organisational level, in relation to experiences of discrimination; and, at the relationship and

individual level, in relation to a series of risk factors which can contribute to family violence. The following framework (Figure 2), adapted for this project from the Our Watch framework for understanding gendered violence against women, provides examples of the structures, norms and practices that may increase the risks of LGBTIQ+ family violence at the different levels of social ecology. This model helps explain how individual behaviour within a social context is impacted by complex dynamics between relevant factors that occur at the individual, organisational, community, systemic and social levels – including social or cultural norms, which are supported by formal structures, such as legislation, or informal structures, such as social hierarchies (Our Watch, 2015).

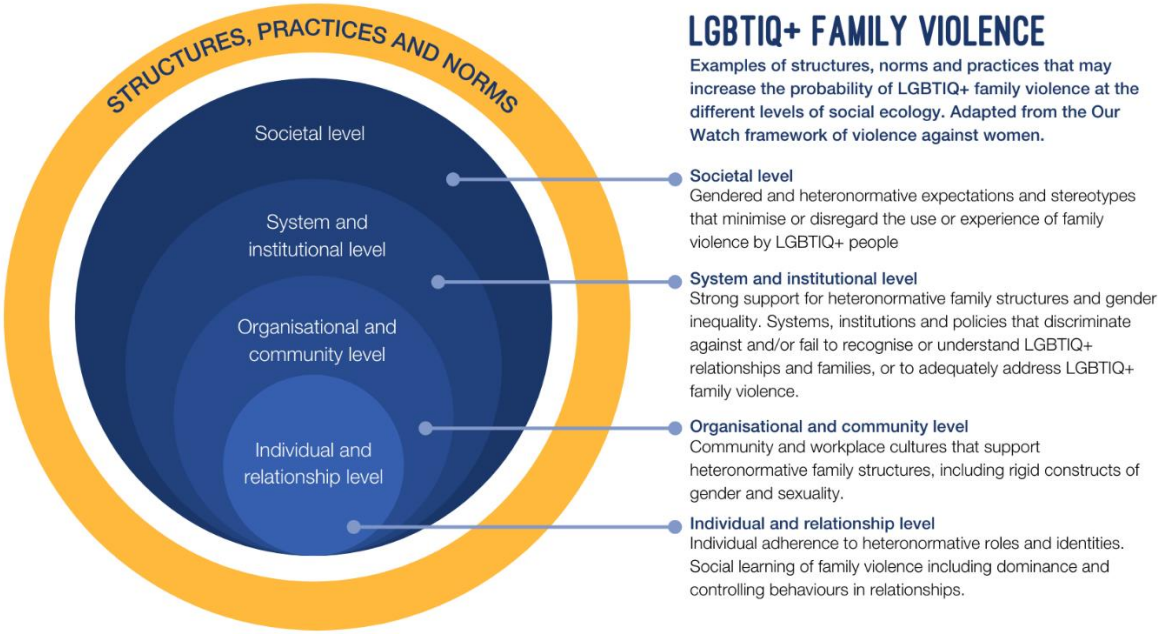


Figure 2. Socio-ecological model of family violence towards LGBTIQ+ people and within LGBTIQ+ relationships (Centre for Family Research and Evaluation, 2020)

Within this framework, it is important to acknowledge the influence of patriarchal structures, norms and practices that impact each part of the socio-ecological mode. The research analysis below highlights examples of risk and protective factors within each layer of the socio-ecological model, however it is important to acknowledge that there is overlap and interplay within and across each layer.

RESEARCH ANALYSIS

The following section will highlight and discuss the key research findings from the evidence building phase. This analysis brings together key findings from the literature review and community consultations, discussed as they relate across the various layers of the socio-ecological model.

The separated findings relevant to the literature review and community consultations are presented in Appendices C and D.

Societal level factors

Cisnormativity, heteronormativity and gendered norms

Main points

- Cisnormativity, heteronormativity, gendered norms and the prioritisation of biological relationships across society marginalise LGBTIQ+ parents and provide the context for discrimination and family violence.
- Norms contribute to the unrealistic pressure for LGBTIQ+ parents to be the "perfect queer family".
- Norms create particular vulnerabilities for TGD people, including parents.

Overall, the diverse data sources identified that rigid and binary constructs of gender, gender roles, sexuality and family structures across society provide the context in which family violence occurs for LGBTIQ+ people. The normalisation of cisgender, heterosexual couples and nuclear families during the transition to parenthood period was identified through the literature and community consultations to be embedded within processes of legal recognition (or lack thereof), reproductive and perinatal service systems and organisations, new parent communities and groups, workplaces, extended families and intimate relationships. It is these norms which lead to social and systemic discrimination, including a lack of understanding and a lack of recognition of LGBTIQ+ people and families.

LGBTIQ+ parent participants spoke to an overwhelming assumption across communities and within social systems that families were formed by heterosexual, cisgender people living within a nuclear relationship, with each performing a defined gender role. Cisgender female and male participants spoke about regularly facing questions in public spaces about their husbands or wives respectively. Trans and non-binary parents provided examples of interactions and service level experiences which reinforced an expectation that only cisgender women could carry pregnancies. Gay fathers in the consultations spoke to the overwhelming praise they received when parenting their children and their cognizance of the message this provided around men not being expected to be naturally caring.

Embedded within these norms around gender and family relationships is the social valuing of biological parents. The LGBTIQ+ transition to parenthood literature (L. E. Ross, 2006 & O'Neill et al., 2012) and community consultations included several examples of non-biological parents feeling devalued or not legitimised as parents. Many parents identified stigmatising ideas within their family of origin and across perinatal services which prioritise 'biological' parents and continue to reinforce the notion that children need both a male and female parent, to the

exclusion of all other family types. Overall, their existence as parents and families, which sat outside these norms, were marginalised as 'other'.

Consultation data suggests that these unhelpful and inaccurate gender stereotypes and ideas of what a family should look like, leave many LGBTIQ+ parents feeling like they have to present as the 'perfect' queer family, making it difficult for them to seek help when needed. They also allow for legal and perinatal service systems that do not recognise or respond appropriately to queer families, for example:

> *You know that you're under an extra level of scrutiny and you know if you need additional services or supports, they're probably not going to be LGBTIQ aware and informed, and so that's just going to add an extra level of stress to your relationship and your life. (Non-binary, queer parent)*

Available literature suggests that rigid expectations of gender and the normalisation of heterosexual relationships may lead to a lack of acknowledgement that family violence can exist within LGBTIQ+ relationships and therefore allow for legal and perinatal service systems that do not offer inclusive support. For example, in female lesbian relationships the societal message is that two women cannot be violent; in male gay relationships the societal message is that two men cannot provide appropriate nurturing and care (Ristock, 2002). Additionally, women are often viewed as less capable of injuring victims, and males as less likely to suffer serious injury (Little & Terrance, 2010; Seelau & Seelau, 2005). As such, it may be difficult to recognise and acknowledge the presence of family violence in LGBTIQ+ relationships and these notions can both act as a barrier to help-seeking and a barrier for service responses, with many services failing to provide appropriate and inclusive responses and support (Alhusen, Lucea, & Glass, 2010; Brown, 2008; Hassouneh & Glass, 2008; Walters, 2011). Parents in the community consultation reinforced this notion, acknowledging that there was a lack of universal screening for family violence by services during the transition to parenthood.

Transphobia

Whilst it was identified that social systems, constructs and practices embedded across the social ecology impact on all LGBTIQ+ parents, the additional vulnerabilities faced by parents who are trans and gender diverse was identified throughout this research.

The community consultations highlighted that the normalisation of cisgender people is particularly salient during the transition to parenthood due to the gendered norms associated with parenting and the highly gendered, and in some cases transphobic perinatal service system, discussed in further detail below. Adding to this, the LGBTIQ+ family violence literature identified the vulnerabilities of TGD people, who as a result of various forms of systemic discrimination are more likely to have difficulty maintaining employment and are at higher risk of experiencing homelessness and incarceration (Goldenberg, Jadwin-Cakmak & Harper 2018;

Papazian & Ball 2016). Given that low socioeconomic status and low levels of educational attainment have been identified as risk factors for both experiencing and using violence (Balsam & Szymanski 2005; Hill et al. 2012; Milletich et al. 2014; Edwards, Sylaska & Neal 2015), TGD people face particular vulnerabilities.

The literature also identifies that TGD people experience family violence at higher rates than cisgender people (Yerke & DeFeo, 2016), with trans women being the most at risk (Leonard et al., 2012). Serano (2008) argues that trans women occupy a unique position due to the intersection of multiple gender-based prejudices: transphobia, cissexism and misogyny.

System and institutional level factors

Legal recognition of family

Main points

- Lack of legal recognition of LGBTIQ+ parents and diverse family structures, including particular concerns for "non-biological" parents.
- Fears of custody loss impact on decision making re: pathway to parenthood.

The literature highlights the significant implications that a lack of legal and social recognition of LGBTIQ+ families, relationships and people can have on people's experiences of family violence. The literature described examples where LGBTIQ+ parents' custodial rights were being threatened in family violence situations and where LGBTIQ+ parents' fears of custody loss were a motivation for remaining within an abusive relationship, integral to the abuse, or acted as a barrier to seeking help (Barrett & St. Pierre, 2013; Hardesty, Oswald, Khaw, & Fonseca, 2011; Kaschak, 2001; Lundy & Leventhal, 1999; Messinger, 2017; Renzetti, 1992). The lack of recognition of parental status for non-biological parents was discussed as a significant challenge, largely in relation to women in same-sex relationships (e.g. Abelsohn et al., 2013; Du Chesne & Bradley, 2007; Hayman, 2014; McKelvey, 2014; Macdonnell, 2014; O'Neill et al., 2012; L. E. Ross et al., 2005). Abelsohn and colleagues (2014) highlight the complex intersection of these legal factors with mental health distress, particularly for non-birthing parents.

The parent consultations confirmed the legal concerns discussed in the literature, highlighting the limitations of the law in not recognising diverse family formations and relationships, and the prioritisation of biological relationships. Whilst there are different legal implications for different pathways to parenthood; overall, the threat of losing or not obtaining legal recognition of parenthood provided stress to many. A number of lesbian and queer women spoke about how different legal implications provided an extra challenge in deciding on what pathway to

parenthood to take. Even in the context of a trusting relationship with a donor dad, one participant acknowledged the risks and fear associated with legal recognition:

> *You do feel the risks. There was that court case recently in New South Wales [...] I have absolute faith in my ... in their dad not to try to get custody of the kids. I have faith in his parents, but it still scares me. (Cisgender, queer parent)*

Across the consultations the wellbeing impacts were noted by parents who had accessed surrogacy, adoption and various Assisted Reproductive Technologies (ARTs). Participants overwhelmingly spoke about the processes as expensive, lengthy and emotionally demanding. The particular legal concerns faced by gay male fathers who formed their families via surrogacy were discussed. One participant highlighted the emotionally invasive questioning process required to have surrogacy approved within Australia, whilst another spoke about the lack of legal rights they had to accept during the surrogacy process, and the anxiety it created:

> *As same sex male parents, we had no rights over the embryos that were created, so our egg donor had legal rights over those embryos. I'm on the form as a donor. My partner is on the form as the recipient woman because there is no recipient man. Once the embryos are created, legally we don't have any claim or ownership over those embryos. Once they're transferred to our surrogate, our surrogate obviously has legal ownership of the embryo and the foetus growing. Then once the baby's born, we have to wait 28 days after that to lodge a parentage order with the County Court of Victoria. ... To not have any legal recognition of your own child for four months, it's pretty frightening. (Cisgender, gay, male parent)*

In addition, issues with birth certificates were consistently raised, with a number of participants expressing the importance of getting parents' names on their children's birth certificates. For parents who had utilised surrogacy, not being on their child's birth certificate was raised as a concern which could cause anxiety about accessing services. In addition, limitations of birth certificates only being able to name two parents, with limited terms for doing so, was noted as excluding polyamorous relationships and families where more than two parents or donors had parenting roles.

The limitations for some trans and gender diverse participants were also identified, including for one participant who acknowledged that changing their gender on their birth certificate would mean that they do not match the birth certificate of their child:

I can't actually change my gender on my birth certificate, otherwise I can't prove that I'm my child's parent. It's a really big issue. (Trans man, queer parent)

One non-binary participant highlighted how the lack of social recognition of non-binary people impacted on their fear of custody loss. They shared that their past experience of family violence from their ex-partner, including within the family court system, impacted their decision to delay their physical transition, due to their ongoing fear about how their ex-partner might respond, and concerns about losing custody of their child:

I guess one of the issues that I faced is because ... the relationship that I had with [child]'s father was violent. It was power and control, all that sort of stuff, and he used the courts a lot of the time as a way to wield a certain level of power and so my concerns about socially transitioning and whether or not I will enter any kind of physical transition has really been dictated by my concerns about what he would do through the courts. (Non-binary, bisexual/pansexual parent)

Whilst current LGBTIQ+ non-biological and non-gestational parents transitioning to parenthood in Australia should have legal recognition of their parenting status, the law can be difficult to understand and navigate. Many fear that the misperception of custody laws or other experiences of marginalisation within society may still affect parents in family violence situations.

Conversely however, individual understanding and accessibility of legal rights and responsibilities may act as a protective factor in family violence situations for LGBTIQ+ parents navigating legal processes during the transition to parenthood. Parents in the consultations identified their educational background and prior understanding of legal processes as strengths used to navigate their family formation. Post graduate law education, past experiences working within legal frameworks and high levels of education broadly were self-identified as factors which increased parents' capacity to navigate the various processes required for assisted reproductive technologies (ART), surrogacy and adoption. For example:

I worked within the state government and was pretty comfortable with the legislation and that kind of thing, and so I self-represented at that. That actual process, when we got to the court on the day, was really beautiful, and the judge hearing our case was one of the judges that was integral in creating the Assisted Reproductive Technology Act in Victoria. (Cisgender, gay parent)

The perinatal and family violence service systems

Main points

- Service systems' and professionals' lack of understanding and recognition of differing family structures, sexualities and genders, and that LGBTIQ+ people can be parents and/or experience family violence.
- Gender roles reinforced by perinatal systems.
- LGBTIQ+ parents have developed skills in self-advocacy in the face of system limitations.

The literature identified that service discrimination, within both perinatal services and family violence services, acts as a barrier to help-seeking both during the transition to parenthood and for those in family violence situations. Related to the transition to parenthood, several articles described parents' experiences of homophobic discrimination from a range of reproductive and perinatal health services that impacted on individual or relationship wellbeing. These experiences ranged from services being ignorant about LGBTIQ+ parenting and making heteronormative assumptions, to homophobic discrimination, such as the denial of services. For example, fertility doctors who refuse to help LGBTIQ+ couples conceive citing religious reasons (Abelsohn, Epstein, & Ross, 2013). Evidence also suggests that it is also likely that LGBTIQ+ parents are not accessing services due to an absence of services directed at supporting LGBTIQ+ parenting needs, particularly in supporting diverse family arrangements and non-biological parents (Abelsohn et al., 2013).

The LGBTIQ+ family violence literature identified that the experience of discrimination at a service level was linked to hesitation and subsequent difficulties in reporting abuse to police and in accessing specialist services (Carvalho et al., 2011). Moreover, when help is accessed, family violence support services and shelters may be unprepared to support LGBTIQ+ individuals, who may face discrimination and inadequate support when accessing these services (Calton, Cattaneo, & Gebhard, 2016).

The consultations echoed the findings within the transition to parenthood literature and provided further detail and nuance around LGBTIQ+ parents' experiences of services during the transition to parenthood. Participants shared adverse experiences of IVF services, hospitals, MCH settings, childcare settings, schools, and family services. They provided a significant number of examples of professionals within these settings and of the overall system being both heteronormative and cisnormative, and thus not being inclusive of LGBTIQ+ parented families.

> *I guess it's partly systemic; that the system doesn't accommodate for diversity. There's also that workers or professionals aren't aware of the*

different kind of issues that might arise in an LGBTIQ family. (Lesbian parent & family relationship services professional)

The examples highlighted experiences of discrimination, assumptions around clients being heterosexual, cisgender and conforming to gendered norms, a lack of understanding of diverse family formations, a lack of understanding and sensitivity around diverse genders, sexualities and relationships, and the use of gendered language.

Going to IVF clinics, that was pretty hard. I think, generally, IVF clinics are pretty hard for most people. We just found that they had no idea about our family, especially around me being non-binary and not wanting a whole lot of female terms about my body, and us as parents. That kind of stuff was quite difficult. (Non-binary, queer parent)

Parents also shared extensive experiences of the perinatal service system reinforcing gendered roles and excluding parents who did not fit into cisgendered and heterosexual norms. Some sector participants recognised the limitations of the gendered approach, including one midwife who described how expectations exclude LGBTIQ+ people, as well as reinforcing gender roles for cisgendered heterosexual couples:

In the way that classes are often run, it's often putting people on the spot, or doing funny things like changing a nappy, and like getting all the dads to change a nappy and then the women might laugh. Stuff like that that is very culturally common, where we get the male partner to do something and then, "Oh, aren't they so funny how they can't do that thing?" My point is, even in a binary relationship, we're still being exclusive, we're still being ... subscribing to gender norms, which promote these differences in the way people are feeling included and whether or not they can parent successfully. (Midwife)

In conversations around service level gaps, the need to build capacity with the perinatal sector around LGBTIQ+ family violence was also raised. Multiple parents noted that they were not screened for family violence, including an example of when it was dismissed in front of the parent as not relevant.

[The service provider] joked about it. Like, "Oh this is just for family violence, but of course that won't matter for you guys." (Cisgender, queer parent)

The impacts of these gaps in knowledge and assumptions made by service providers was noted. A non-binary parent commented:

Not screening for family violence or not feeling connected to the groups or Maternal and Child Health, which is meant to be a support … not feeling

connected to parent groups and things. It does increase the risk of postnatal depression and relationship issues [...] So, so much needs to change. (Non-binary, queer parent)

Some parent participants spoke about the structured limitations of the overall system, including several comments about forms and health records excluding opportunities for their gender, sexuality, relationship or family form to be sufficiently recorded. Highlighting the significance of these structured limitations, one participant shared:

My partner works at a hospital, a public hospital [...] She can't get forms changed because they're top-down, they just won't change forms. They won't change language in statements and policies .... Yeah, you can get individuals in hospitals that are doing the right thing, but from the top down there's no real change ... That's a problem. (Trans man, queer, sole parent)

In the face of these adverse experiences many parents also spoke about advocating within universal services for themselves and their families' needs, including challenging people's assumptions with information about themselves and suggestions for inclusive language and processes. For some, this personal resilience or capacity for self-advocacy could be understood as a protective factor during the transition to parenthood.

Whilst there were a significant number of reflections about the limitations of services, there were also a number of people who shared positive experiences of supportive and inclusive professional relationships and services. A number of participants spoke about accessing a midwifery care model, where they had a consistent midwife and did not have to explain to new midwives and doctors about their sexuality or gender. Some spoke about supportive parents' groups, or shared experiences of professionals who were willing to learn about diversity. Others spoke about seeking out queer healthcare specialists or responding to recommendations from peers. For instance:

They put me on the waiting list for another maternity group practice program, and they finally got the notes right that I was trans, and I ended up with a particularly trans aware midwife, and that was fantastic. […] They're not a medical centre that's known for being queer specific, but they are ... they make mistakes, but they're really eager to learn, and they're not interrogative. (Trans man, queer, sole parent)

In relation to a positive experience of a facilitated parents' group, another parent commented:

She made a big effort to be inclusionary in the discussion and the way she used terminology and things like that, which I was really impressed with. (Cisgender, gay, male parent)

Community level factors

Social recognition and experiences

Main points

- Experiences of discrimination and marginalisation across community environments, workplaces and public spaces.
- Lack of understanding or recognition of LGBTIQ+ people and families.
- Past experiences and pressure to be a "perfect family" create barriers to help-seeking.

The influence of social norms around gender, sexuality and families was found to contribute to experiences of discrimination and marginalisation throughout community environments, workplaces and public spaces. Parents within the consultation shared multiple stories about heteronormative events and programs for families such as in this example about libraries:

My partner has said, like there's daddy and baby rhyme time at the library and, there's daddy and baby stuff at the maternal child health centre, and, she was just like, " Well, what do I do? Where do I fit in? Because, I'm not mummy. I'm not the stay at home parent. I'm not the breastfeeding parent. I'm just, this other person, and I can't go to the daddy things. (Cisgender women, queer parent)

The ongoing need to correct or educate groups and individuals within childcare, schools, and other community settings was also discussed in this context. Parents spoke about the emotional burden of this labour, whilst acknowledging that they wanted to improve communities for themselves, for their children and for other LGBTIQ+ parented families.

Invasive questions from strangers in public spaces which reinforced this marginalisation was also a common theme. For instance:

You know, how they created their child, or whose sperm they used, or things like that. It's just out of wanting to know, and not understanding how things like surrogacy or egg donation, how those things work, but you end up being hit with really, really, personal questions when you're just trying to eat a muffin over breakfast. (Cisgender, gay, male parent)

A fear of judgement in one's parenting was also shared by parent participants. They acknowledged that there was a universal fear that all new parents carried at times, whilst also highlighting the added layer of fear of judgment or expectations that were placed on them as LGBTIQ+ parents. A number of people commented on the extra pressure they felt to be and present themselves to the world as the perfect couple or perfect queer family, particularly within the context of a striving for equal legal recognition.

> *Well, I felt that we had to try and prove twice as hard that we were good parents. Because everyone was just ... waiting for us to fuck up ... waiting for him to become this problem child or whatever, it never happened. (Cisgender, lesbian parent)*

Child and family service professionals also recognised the stigma that parents face when expressing that they are not coping or do not know what to do about a certain aspect of parenting. For instance, one service commented:

> *You'll still get a lot of sense of intolerance from health professionals when families are struggling. They go like, "So why are you struggling?" You know, "Just snap out of it. I'm doing a lot of follow-ups with you already, so why?" And it's really clear that there's still a lot of work to be done in that space. (Family mental health sector participant)*

An LGBTIQ+ parent and sector professional highlighted how LGBTIQ+ parents could face further barriers to help-seeking due to past experiences of stigma:

> *I can imagine there's a lot of LGBTIQ families that would need a post-separation service, or family service, that wouldn't access it because maybe they've grown up in a kind of community where they would assume they would be stigmatized by that service. They would assume that service has a heteronormative model and that they would be judged as not normal by the service. (Cisgender, lesbian parent)*

A number of participants also mentioned judgement from friends and extended family members if they were not biologically related to the new baby/child. Participants described not being assumed to be the parent of their child and being asked questions that implied that the non-biological parent is not the 'real' parent:

> *You want to assume that once they have recognised, "Ahh a gay couple," they know all the appropriate language to use, and not to say, "Oh, so who's actually the real father?." We've never had that from a service provider, we've had it from friends and family. And of course from a gay man's point of*

view, the standard response we teach people to do is just to say, "Well that's none of your business to ask that question." That's our child's information. Our child will get that information first, and really what does it matter, we're both the fathers. (Cisgender, gay, male dad, co-parent and donor)

Examples of intersectional forms of discrimination and assumptions were also provided, including the following from a participant with a disability who shared that they were not assumed to be their child's parent:

I think for me, to bring in the disability element, one of the most challenging things is going in public spaces with my kid. I'm never assumed to be her parent, always assumed to be her auntie or, you know, my partner's friend. I'm never assumed to be able to care for my kid. (Non-binary, queer parent)

Further community experiences identified through the evidence review related to help-seeking. The LGBTIQ+ family violence literature found that the desire to seek formal help in family violence situations for lesbian and bisexual mothers was influenced by support from informal networks and the perception of stigma related to experiencing family violence as a member of the LGBTIQ+ community (Hardesty, Oswald, Khaw and Fonesca, 2011). As such, the unique lack of support for LGBTIQ+ individuals may have implications for experiences of family violence. It was also noted in research that having strong social supports can increase self-esteem and psychological adjustment, thereby reducing the risk of experiencing family violence (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011).

Because LGBTIQ+ communities tend to be small, many people know others in the community. This can be a challenge when disclosing negative information about another LGBTIQ+ person as this person may be a friend. For example, qualitative studies found that disclosure of family violence to others within the LGBTIQ+ community can lead to isolation (Bornstein, Fawcett, Sullivan, Senturia, & Shiu-Thornton, 2006; Turell & Herrmann, 2008).

Relationship level factors

The division of labour

Main points

- The absence of defined role expectations can be a strength and/or challenge in LGBTIQ+ parents' relationships.
- Societal gender norms relating to a "primary parent" impacts on the division of labour and can mean that some LGBTIQ+ new parents slip into gendered norms that they had never envisaged for themselves.
- An unequal division of labour (and finances) can negatively impact relationships and lead to power over finances.

The evidence review and community consultations identified the potential impact of gendered norms on the division of labour, and in turn the division of power within LGBTIQ+ relationships. Both data sources found that the way in which these factors apply to LGBTIQ+ relationships differ to non-LGBTIQ+ relationships as gendered norms around one parent being the breadwinner and one parent the stay-at-home nurturer are largely not assumed based on gender.

Extensive literature identified that couples in lesbian or gay relationships were found to be more likely to distribute tasks more equally in their relationship (Augustine, Aveldanes, & Pfeffer, 2017; Feugé et al., 2019; A. E. Goldberg, Smith, et al., 2012; Maccio & Pangburn, 2012; O'Neill et al., 2012; L. E. Ross, 2006; L. E. Ross et al., 2005), however there was also research to suggest the absence of defined role expectations was a source of tension. For example, in a focus group study involving lesbian, bisexual and queer women, it was mentioned that, '… the extensive involvement of both partners resulted in strain at times, because each task had to be negotiated to ensure equal opportunity to bond with the child …' (L. E. Ross et al., 2005). In a qualitative study of gay men that was included in the LGBTIQ+ family violence literature (Goldenberg et al., 2016), the lack of clearly defined gender roles was stated as leading to conflict. The study described that for many participants 'dominance' was then established based on inequalities between the couple (such as finances), which led to differences in power and in some cases evolved into abuse and violence.

Many LGBTIQ+ parents spoke about having to negotiate new roles after the birth or arrival of their child, and in the absence of a gendered expectation to divide roles and responsibilities in LGBTIQ+ relationships, a number of these participants spoke of the benefits of having more equal caregiving roles in relationships which they carefully navigated:

> *We've found that it has taken a bit of working out as well. It is a lot more equal [than heterosexual relationships], but you have to have those discussions. (Cisgender, gay, male parent)*

Some parents spoke about their awareness of societal gender and relationship norms and the opportunities they created to challenge these norms, describing this characteristic as a strength in their relationships and families. Many acknowledged the commitment required for ongoing reflection and conversation:

> *I think one of the strengths would be that we've been able to go, 'Hold on a minute, what are we doing? This is not actually what we want our relationship to look like, or what we want our house to look like.' So it's shifted heaps in that space ... because I was saying a lot of like, 'This is not on. I didn't get into a queer relationship to be your stay at home wife/mama. That's not how it*

works. That's not what I signed up for.' But it was really hard. (Cisgender, queer parent)

Similarly, an LGBTIQ+ identifying sector participant commented on how the difficulties to have equal divisions of roles can develop into resentment. This participant points out that since these unequal divisions are not caused directly by gender roles in LGBTIQ+ relationships there is a limited framework for parents to work through these challenges:

I feel like sometimes when … it's maybe two lesbian mums, where maybe before they had babies, they both had incomes. Suddenly it just changes their whole ... the equality in their relationship. Then that causes resentment … But they don't have the same framework to talk about it as heterosexual couples do. And they don't have the same supports in the community to be able to work through it. (Cisgender, lesbian parent)

Other parent participants and the literature also noted that it can be easy to 'fall into' gendered norms, and that these roles and the social power assigned to them, can be detrimental to relationships. As one participant highlighted, the unequal division of labour that many parents initially find themselves operating within is supported by a social structure that makes it very difficult to negotiate equality during the transition to parenthood period:

Our whole society is set up for things a certain way. Because even our parental leave is inadequate. Most of our parental leave entitlement is still geared to the concept that there's one primary parent as opposed to two parents who are responsible for their children. So, many families are still treated as individuals within a family. As, opposed to a society that has a responsibility for a family unit, and that family unit has to somehow operate. (Cisgender, queer midwife)

Another participant highlights how the unequal division of labour and income can also lead to power imbalances through financial inequality in LGBTIQ+ relationships:

In terms of the partner control stuff, I do think that happens so easily when one person isn't working … there is power in controlling the finances, whether you intend it or not. So, I'm not saying that, certainly [my partner] had no intention to control me … I had twelve weeks of minimum leave pay … and we probably unusually have not really merged finances. And so, I would have to ask her for money and that was really demoralizing. It was actually just the worst. (Cisgender, queer parent)

Family formation

Main points

- The process of forming a family is lengthy, complex and expensive, making it an extremely stressful process for many.
- Each pathway to parenthood has its own unique social and legal implications.
- The intentional process of forming a family provides the opportunity for reflection and considered parenthood.

Both the rapid evidence review and the consultations with parents highlighted the diverse pathways to family formation. Whilst noting that some LGBTIQ+ parents have their children in the context of a heterosexual relationship, are stepparents and/or foster parents, this discussion is focused on the pathways to family formation discussed most significantly in the consultations and literature: adoption, ART such as invitro fertilisation (IVF) and intrauterine insemination (IUI), home insemination and surrogacy.

The rapid evidence review identified several articles which mentioned the relationship between the stress of forming a family through these means, with negative individual/relationship outcomes for LGBTIQ+ people (Abelsohn et al., 2013; Cao et al., 2016; A. E. Goldberg, Moyer, Black, & Henry, 2015; Goldberg et al., 2010; A. Goldberg et al., 2014; McNair & Dempsey, 2017; O'Neill et al., 2012; Ross, 2006; Ross et al., 2008; Sumontha et al., 2016). Within the literature, family formation stress was highlighted in relation to the stress unique to the process itself and stress relating to the lack of legal and social recognitions of LGBTIQ+ families.

Both the literature and the consultations identified the challenges and many decision points for people who use ART and/or surrogacy. For example, decisions about whose egg or sperm would be used, who would carry the pregnancy, whether a sperm/egg donor would be anonymous or a known person, how to find a sperm/egg donor or surrogate (Perales, Simpson Reeves, Plage, & Baxter, 2019), whether home insemination or IVF would be used and the nature of any ongoing relationships with donors or surrogate. Parents in the consultations shared a diversity of experiences in relation to their decisions and the demands of these processes, including many who experienced multiple attempts at IVF before they were successful in conceiving a child. One parent shared some detail surrounding their decision making process:

> *I've had a few friends have things go really pear shaped with at home insemination. And then there's legal battles, which was horrific, and it's really impacted on their family and their kid. I didn't want to do that; it just seemed*

more cut and dry to go with IVF. It's just labelling clear[ly] what the positions are. But it comes with this quite massive cost. (Cisgender, queer parent)

A sperm donor offered his perspective on the responsibility of managing the expectations of his extended family:

I had to have a lot of conversations with my mother and my sister in particular, […] when I told them about me being a donor, they heard, "I'm going to be a father." So, I had to go through some conversations with them, and it took a little bit of time, and I come from a Greek family where my mother was still organizing the kid's christening robe. I really had to like come in with some very strong messages about, "This is not your grandchild." And it was kind of heart breaking for my mum, and she got there … I think the donor does have responsibility, this is my view, to manage ... the people in his world so that the parents can have this family. (Cisgender, bisexual parent and donor)

Whilst these challenges were shared by many across the LGBTIQ+ community, each pathway had its own unique social and legal implications. For instance, one parent who formed his family through adoption spoke about some of the unique challenges they faced:

When he [my son] feels trauma, it's linked to a much bigger, impactful thing on his wellbeing, and mental health. But how do you parent through that, and think about it, and consider it within your daily life? So, there's many, many layers to the adoptive piece that I think go beyond the queer piece. (Cisgender, gay parent)

The evidence review process and the consultations also highlighted the intentional and planned nature of family formation for many LGBTIQ+ parents. The evidence review identified that there is a greater likelihood for parenting practices to be pre-discussed and created at a time perceived as low stress by the couple (e.g. with the presence of financial stability) (O'Neill et al., 2012; L. E. Ross, 2006). This was brought to life in the consultations by a number of parents who discussed this intentionality. For many it was described as adding strength to their parenting relationship, providing the opportunity for considered parenthood and reflection:

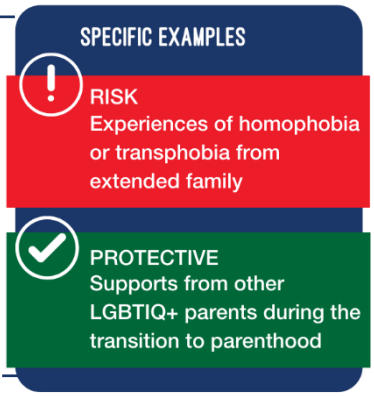
I think we've had more conversations than most families might. If you have to work really hard and it takes a really long time to be a parent, … I think that time allowed us to really become close and to become connected about how we wanted to parent. And I certainly think now, looking back, that it's been really important that we did go through that process. (Cisgender, queer parent)

Whilst this intentionality was largely discussed by parents as adding value, it was also described as 'a burden' by some. A number of parent participants commented on how, at times, the huge amount of thought and effort they committed to having a family contributed to a feeling of not being able to talk about the challenges they experienced as new parents or to seek help when needed. These points highlight the importance of context in describing whether factors are protective in nature or creating risk or vulnerability across different scenarios at different times.

Social connectedness

Main points

- Isolation or lack of support from family of origin or community (including LGBTIQ+ community) due to being an LGBTIQ+ parent.
- Lack of understanding or valuing of diverse families across communities.
- New parent communities act as an important protective factor.



Community connection

The protective nature of social support or connectedness and the converse risk of social isolation was a significant theme within the LGBTIQ+ parent consultations, and also present in the LGBTIQ+ transition to parenthood literature. Both data sources found that friendships or 'family of choice' were often a main source of social support for new LGBTIQ+ parents, and that the lack of support for new parents was the most common factor associated with negative relationship or individual impacts during the transition to parenthood period. A lack of support featured in almost half of the transition to parenthood articles.

Amongst those who expressed a level of disconnection or isolation from community, there were a number of parents who shared that they didn't have a feeling of belonging within the MCH new parents' group, often due to the limitations of these settings. Others spoke about a lack of understanding or prejudice about the parenting experience from within the LGBTIQ+ community itself. This idea was also discussed within the transition to parenthood literature which reported on some LGBTIQ+ parents' isolation from LGBTIQ+ friends and community at this time, due to beliefs present within the community that parenthood represents an assimilation to heterosexual values (Benson, Silverstein, & Auerbach, 2005; Cao et al, 2016; A. E. Goldberg, Downing, & Moyer, 2012). A sector participant also recognised that social support might not always be available within the LGBTIQ+ community due to other people being on different paths:

> *People just assume that when they have a child, that they'll bring all their family and friends with them, but I guess, at the moment in the LGBTIQ community ... there's probably less still having children … a lot of people*

aren't having a family or a child, so therefore that sort of expectation that, "Oh, all my friends are just going to be on board with this," when they're not. … Which is why it's so important that parent groups actually are obviously being inclusive, because you are going to want to rely on those parent groups, because they understand what you're going through. (MCH nurse)

The particular need for connection with other LGBTIQ+ parented families during the transition period was spoken about by many and also identified within the literature (Vruno, 2014). One father spoke about a large network of same sex adoptive families that his family were part of in the UK during their transition to parenthood. He highlighted the lack of a similar network in Australia, whilst noting some level of community built through the Gay Dads Facebook group. Another parent shared about their positive experience of being connected to and supported by other LGBTIQ+ parents:

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

A queer identifying service provider suggested that the LGBTIQ+ community's strength in organising itself has meant that some grassroots initiatives such as LGBTIQ+ playgroups have been hugely impactful resources for new parents. She also spoke to the communal support in practical terms, referencing the lesbian community's willingness to provide donor breast milk to gay dads with infants.

Family of Origin

The LGBTIQ+ transition to parenthood literature and community consultations identified conflict with and a lack of support from family of origin as a highly salient issue for many LGBTIQ+ parents, due to social discrimination based on gender, sexuality and/or family structure. The literature review highlighted how conflict can arise for LGBTIQ+ people with their family of origin or culture (including religious background) due to their LGBTIQ+ identity (Asquith et al., 2019). For example, in a study of risk factors for depression in lesbian mothers, many non-biological mothers discussed how some members of their or their partner's family of origin did not consider them to be a 'real' parent. (L. E. Ross et al., 2005).

The consultations with parents also highlighted stress around families of origin preferencing 'biological' relationships within their families. For example:

My dad keeps the calling unknown donor "the father" and saying she must look like him. Just stuff that people say about how children look and where

they come from, and their connection to biology. That's really not sensitive to our family. (Non-binary, queer parent)

Participants spoke about how their parents' internalised homophobia or transphobia emerged in conversations over time, including negative opinions about two women raising children, or their grandchild not having a male role model as a parent. Others spoke about the ongoing need to educate their family of origin when conflict or a lack of understanding arose. For instance:

My parents live in another state … [which is] good in some ways. I feel like I sit them down and have a conversation about language every time I see them, and then we see them again and they're using father, and they're saying things again, because that's obviously how they talk about our family when we're not there, and that's how they obviously talk about our family to their friends. They're troubled by it, and so that additional stress is hard to continually come up against, to people that I know love us and care about our kid. (Non-binary, queer parent)

Additional challenges discussed by parents included the worry about having to explain to children the homophobia and transphobia that exists in their family of origin and the need for their children to develop 'a tough skin'.

A number of sector professionals also discussed relationships within families of origin, acknowledging the potential for protective support or further isolation, depending on the nature of the relationship. For example:

Having a child, that's generally a time where your family will rally around you, and you get a lot of family visitors, messages, everything like that. If you don't have a supportive family, that can really highlight that. […] It's just one of those life events that just brings it all up again, which might be your past trauma of your coming out or non-acceptance in your family or community. It just […] reiterates all that isolation, that a new parent can already feel (Child and family services sector participant).

The transition to parenthood literature (Vruno, 2014) and consultations also highlighted the significance and protective nature of family of origin support during this crucial life stage. Some participants spoke about positive relationships with their families of origin who accepted them, their relationships and their children, in some case overcoming obstacles to offer this support. One participant noted how much they appreciated their family's openness and capacity to overcome barriers:

I am so grateful, because they come from a community where this is not okay; and I've made it okay. So, I really, I can't express how far, and how hard it was for them to do that. (Cisgender, lesbian parent)

Individual level factors

Financial resources

Main points

- High cost of ART, adoption and surrogacy can add stress to family formation process.
- Financial distress as a result of changes in earning dynamics.
- Workplace discrimination and higher rates of financial abuse create further vulnerabilities for TGD communities.

Financial resources were discussed in a diversity of ways across the literature and community consultations. Both data sources acknowledged that pathways to family formation for many LGBTIQ+ people require a significant financial investment (O'Neill et al., 2012). For example, adoption, reproductive assistance or other medical services largely incur significant financial costs, as well as legal processes such as drawing up contracts to ascertain a surrogate or sperm donor's role (Ross et al., 2005). One parent, speaking about adoption, shared:

It really depends on what country you go to, to do it, with how expensive it is. So, if you go to America, you're talking like 200 grand. (Cisgender, gay dad)

Some sector professionals questioned whether these financial investments contributed to other financial stress in LGBTIQ+ parents' lives. Whilst this was not discussed by the parent participants, the question warrants further exploration. Instead, a number of parents spoke about the privileged positions they held, which afforded them the financial resources, skills and education to be able to navigate the systems and create a family in the ways they did. For example:

… one of the things that we were really aware of, that felt like a personal, political kind of conflict, was that lots of queer people don't have the resources that we have to make a family in the way that we did. [We've been] really aware of the privilege within that. (Cisgender, gay parent)

Literature identified that caring for a new child can impact families financially and can provide stress at this time regardless of LGBTIQ+ identity (Goldberg et al., 2015; McNair & Dempsey, 2017). For example, in a study of relationship dissolution of lesbian and heterosexual new adoptive mothers, women described financial disagreements and challenges as being

significantly detrimental to their relationship (Goldberg et al., 2015). Within the consultations, both parents and sector participants noted potential for financial stresses created through a change in caring and earning roles. They spoke about how this can, in some cases, lead to a change in power differences within relationships and new roles within families.

In the LGBTIQ+ family violence literature, financial abuse enacted against TGD people was a common theme, with research suggesting that perpetrators may restrict or withhold finances necessary for a person's gender affirmation, as well as other essential resources (Yerke & DeFeo 2016; Guadelupe-Diaz & Jasinski 2017). It is important to note that, as limiting or controlling access to resources is a common dynamic of intimate partner violence, communities that are afforded less access to resources as a result of homophobia, transphobia and/or sexism, may face increased and unique risks for family violence (Goldenberg, Jadwin-Cakmak & Harper 2018). For example, the systemic social inequality faced by LGBTIQ+ parents can cause financial harm, including evidence to suggest TGD people may face significant workplace discrimination and face high rates of unemployment as a result (O'Hanlan, Dibble, Hagan, & Davids, 2004; Goldenberg, Jadwin-Cakmak, & Harper, 2018). Whilst such personal experiences were not explored within the consultations, the costs associated with being trans and the high costs of having a new child were highlighted. One participant succinctly put:

They stack on extra stress. Obviously financial. Obviously being trans is incredibly expensive. (Trans man, queer parent)

Experience of abuse/trauma

Main points

- Experience of violence in a previous relationship or within families of origin is associated with use or experience of violence in later relationships.
- Lesbian and bisexual women and TGD people experience childhood abuse at a higher rate than non-LGBTIQ+ people.

Within the literature, the experience or use of violence in a previous relationship or within families of origin was associated with the use or experience of violence in later relationships (Edwards & Sylaska 2013; Lewis et al. 2017; Craft & Serovich, 2005; Farley, 1996; Fortunata & Kohn, 2003; Murray et al., 2007; Hill & Ousley, 2017; Kimmes et al., 2019; Lorenzetti, Wells, Logie, & Callaghan, 2017; McRae, Daire, Abel, & Lambie, 2017). It was also noted in the evidence review that LGBTIQ+ populations, particularly lesbian and bisexual women as well as trans and gender diverse people, experience childhood abuse at a higher rate than non-LGBTIQ+ people (Hill et al. 2012; Levahot, Molina & Simoni, 2012; Kussin-Shoptaw, Fletcher & Reback 2017).

Whilst the consultations did not explore prior or current experiences of family violence, three participants discussed their own histories of family violence and the influence this has had during their transition to parenthood. One participant described how their experience of family violence has reduced their social connections, another their ability to physically transition, while another reflected on how she is trying to make conscious decisions to not have her children grow up in a home with violence and abuse like she did.

Sector consultation participants also noted trauma as a consideration for LGBTIQ+ parents' emotional wellbeing, recognising the link between past experiences of violence or abuse and mental health vulnerability. Professionals spoke to how past traumas often resurface during the perinatal period and/or are compounded by birth traumas or being treated poorly within perinatal service systems.

Coping and resilience

Main points

- Poor mental health, alcohol and other drug use and negative coping strategies can increase risk of family violence.
- LGBTIQ+ people experience mental health issues at higher rates than non-LGBTIQ+ people.
- Importance of help-seeking skills, and therefore LGBTIQ+ inclusive and responsive services.

Mental health

The rapid evidence review identified that LGBTIQ+ people experience mental health issues at higher rates than non-LGBTIQ+ people (e.g. Kimmes et al., 2017) with higher rates largely attributed to the experiences of discrimination and minority stress (Meyer, 2003). Studies showed a relationship between experiencing discrimination and minority stress with symptoms of depression and anxiety during the transition to parenthood period (Abelsohn et al., 2013; Goldberg & Smith, 2011; Maccio & Pangburn, 2012; Ross, 2006; Ross et al., 2008).

Similar to the literature, the community consultations named anxiety and depression including post-natal depression (PND) and stress, as particular mental health vulnerabilities faced by parents during their transition experience. Some participants noted that they had mental health concerns prior to their transition to parenthood, whilst others remarked that experiences of family formation stress or parenthood, including experiences of discrimination and exclusion, were the catalyst to their decline in mental health. Discussing the impact of multiple rounds of IVF, one participant commented:

This is my fifth or sixth round, I feel really frustrated, I feel exhausted, emotionally it was really wrecking my mental health. (Cisgender, queer parent)

In addition, one non-binary parent spoke about the intensity of the gender dysphoria they experienced whilst pregnant. They noted that they were not 'out' at the time and as such, their lack of language to understand or explain their situation, compounded by a lack of support from systems or professionals, led to intense feelings of shame and guilt which significantly impacted on their mental health during their pregnancy.

Protective factors, such as help-seeking and other positive coping skills were discussed by participants as factors which promoted well-being for them and their families.

Coping style

In the LGBTIQ+ transition to parenthood literature, a partner's negative coping style was related to poor relationship quality and acted as a stressor on the relationship. For example, in a study on the transition to adoption for lesbian, gay, and heterosexual couples (Goldberg et al., 2010), irrespective of sexuality, those who relied on avoidance coping (attempt to escape or avoid the situation) in their relationship reported less love, more ambivalence and more conflict.

In the consultations, parent participants acknowledged a diversity of positive coping skills and styles as being assets during their transition to parenthood. Capacity for self-advocacy and personal resilience were two coping skills most significantly discussed. Some parents noted the resilience they developed through the long process of family formation, whilst others spoke about resilience in the face of discrimination. For instance:

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

Other participants spoke about their skills in assertively advocating for themselves and their families in a range of settings. Some parent participants spoke about the requirement to advocate on multiple levels, including as a person of colour or a person with a disability and acknowledged that confidence and skills in doing so came from both life experience and personality. Other positive coping strategies or relationship strengthening approaches identified in the consultations included help-seeking behaviours, supporting partners and communication skills.

Alcohol and other drug (AOD) use

In the absence of literature exploring associations between negative outcomes and AOD use for LGBTIQ+ people during the transition to parenthood, the rapid evidence review drew on LGBTIQ+

family violence literature. In this, AOD abuse was identified as a risk factor for using family violence, with this risk being noted as particularly salient due to higher rates of substance abuse shown to occur in LGBTIQ+ populations (e.g. Amadio, 2006; McCabe, Bostwick, Hughes, West, & Boyd, 2010; Shorey, Stuart, Brem, & Parrott, 2019).

Research has suggested an integrative framework for the link between minority stress, alcohol abuse and family violence (Amadio, 2006; McCabe et al., 2010; Shorey et al., 2019). Within this framework, both external and internal minority stressors are risk factors for intimate partner violence, and alcohol not only directs attention towards these negative factors, but also directs attention away from the positive coping mechanisms that may disinhibit violence, such as emotional regulation. This parallels to some degree what has been found in the heterosexual literature in which it has been argued that alcohol is a coping mechanism for challenges experienced during the pregnancy period (Hellmuth, Coop Gordon, Stuart, & Moore, 2013). The absence of AOD abuse or perhaps access to AOD support, may act as a protective factor.

Due to the personal nature of alcohol or other drug use, this topic was not deemed appropriate to enquire about or discuss with parents during the community consultations. It was briefly acknowledged as a potential risk factor in two of the sector focus groups, although not discussed in any detail. The importance of acknowledging problematic AOD use as a potential risk factor for family violence during the transition to parenthood is thus based on the findings from the rapid evidence review.

VALIDATING RESEARCH ASSUMPTIONS- CLIENT DATA INSIGHTS

The client data insights analysis provided an opportunity to validate the research assumption that there is risk of family violence onset during the transition to parenthood for LGBTIQ+ parents. The analysis process also sought to validate a number of the individual and relationship level risk factors identified through the evidence review and community consultations.

Of Drummond Street clients who had consented to research, there were 33 LGBTIQ+ parents who had indicated the experience of family violence during the transition to parenthood. Clients were aged between 25 and 57 years; the average age was 40 years. The majority of clients had education post-secondary school, 8 clients had tertiary qualifications, 14 had certificate level qualifications and 8 had only schooling education. The majority of the clients were cisgender female, see Table 1 below.

Table 1. *Gender*

Cisgender female	Cisgender male	Non-binary	Transgender man	Other
28	2	1	1	1

The majority of the clients were multi-gender attracted, with 11 bisexual and pansexual clients, 7 queer clients, 8 lesbian and 5 gay clients, see Table 2 below.

Table 2. *Sexuality*					
Gay	Lesbian	Bisexual and pansexual	Queer	Questioning	Unknown
5	8	11	7	1	1

Insights from the client data identified the prevalence of risk factors within the client data of these 33 LGBTIQ+ parents. The most common experience was mental health issues, with 94% of the clients experiencing mental health risk. Additionally, 64% were experiencing stress, 39% were experiencing anxiety and 39% had experienced trauma.

The second most common issues were related to family functioning. 67% of clients were experiencing family functioning issues, 52% had frequent couple conflict, and 48% were experiencing parenting issues.

There was a high rate of financial distress, with 49% of clients experiencing financial issues. In addition, one third of participants were experiencing a lack of support or social isolation. The full results can be viewed in Table 3 below and summary within Figure 3 above.

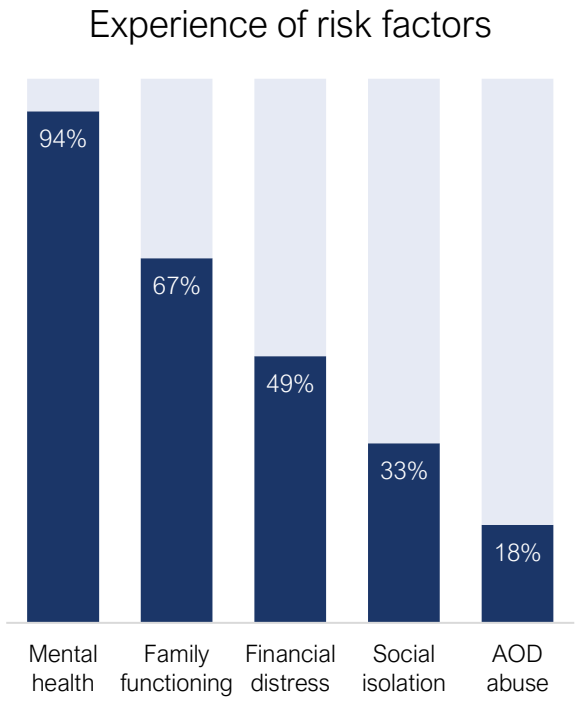


Figure 3. Experience of risk factors

Table 3. *Risk factor*	%	N
Family functioning	67%	22
Parenting issues	48%	16
Relationship issues	33%	11
Frequent couple conflict	52%	17
Couple separation	18%	6
Post separation parenting	21%	7
Lack of support/social isolation	33%	11

AOD abuse	18%	6
Alcohol abuse	6%	2
Drug abuse	18%	6
Mental health vulnerability	94%	31
Depression	30%	10
Anxiety	39%	13
Stress	64%	21
Trauma	39%	13
Experience of childhood abuse	15%	5
Financial pressures	49%	16

The client data insights help to demonstrate the occurrence of family violence for LGBTIQ+ individuals during the transition to parenthood. It also supports many of the common risk factors that were identified in our research.

DISCUSSION

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

The key findings from this research highlight the transition to parenthood as a key life transition period during which heteronormativity, cisnormativity and gendered norms come to the fore, creating vulnerabilities for LGBTIQ+ parents as they adapt to their new lives with children. The research has shown that these norms and expectations, related to gender, sexuality, relationships, biology and family structures, are embedded through social systems, institutional practices and policies, organisational cultures, the law, community spaces, families of origin, and within parenting relationships, providing the context in which family violence occurs for LGBTIQ+ people. For example, heteronormative ideas which preference biological parents were identified within legal processes such as birth certificates, in perinatal service experiences such as policies and forms which refer to mothers and fathers, or service level interactions such as being asked 'who is the real mother?'. In communities, there were examples of how these norms are reflected in cultural events such as Father's Day or Mother's Day and within extended families of origin or choice, with parents consistently responding to their friends' or extended families' focus on biological relationships.

There are also a range of individual and relationship level risk factors which impact on parents' experiences during the transition to parenthood. These factors may work as both risk and/or protective factors, as for some they add strength and resilience to relationships. For others, they create or compound risk for experiences of family violence. As such, these factors should be considered in the context of peoples' lives, and in the interconnected and overlapping nature in which they exist.

For professionals working within the perinatal sector, understanding and being able to identify these risk factors, including the ways in which they are interconnected, can be helpful in informing practice. For parents, families and communities, it is beneficial to also understand these factors and how protective factors can be strengthened during the transition to parenthood. This can apply for an individual's own parenting experience, as well as in supporting friends, family or community members.

Whilst many of these factors are universal for all families, heteronormativity and cisnormativity provide the social context in which these risk factors exist. As such, the way in which LGBTIQ+ parents experience each risk factor may look or feel different from the experiences of heterosexual parents. For example, an LGBTIQ+ parent's experience of social isolation during the transition to parenthood is often characterised by experiences of being ostracised or not included based on their gender, sexuality or family structure.

Importantly, these findings acknowledge that these risk factors are not causal factors for violence. The accumulation of a number of risk factors can have a range of negative health and wellbeing outcomes, including family violence.

The factors identified were:

- gendered norms and the division of labour
- family formation stress
- social isolation
- financial stress
- past experience of abuse/trauma
- resilience and coping (mental health, alcohol and other drugs and coping style)

Connecting risk factors to primary prevention during the transition to parenthood

Preventing family violence for new LGBTIQ+ parents requires action which challenges binary and rigid norms around gender, sexuality and family structures embedded across social systems and structures. It also requires the provision of adequate and appropriate service responses to address individual and relationship level risk factors. At a perinatal system level,

action is required to increase the understanding and recognition of LGBTIQ+ people, their relationships and families, and changing systems and processes which render queer families invisible, in turn minimising the existence of LGBTIQ+ family violence. Using an intersectional approach to practice which is inclusive, not just of LGBTIQ+, but of all families is essential in family violence prevention. At community, relationship and individual levels it requires action to challenge norms, attitudes and behaviours which condone gendered norms, heteronormativity, cisnormativity and violence against LGBTIQ+ people. It also requires the scale-up of LGBTIQ+ appropriate and inclusive services which provide support in addressing individual level risk factors which increase the risk of violence occurring.

Figure 4 below, developed by the Centre for Family Research and Evaluation to explain the key findings of this research, highlights that while structural inequalities and societal norms can be key drivers of violence, they are intertwined with and influence individual and relationship level risk factors across a range of wellbeing domains during the transition to parenthood. The inter-related nature of these factors should be considered when exploring family violence prevention frameworks.

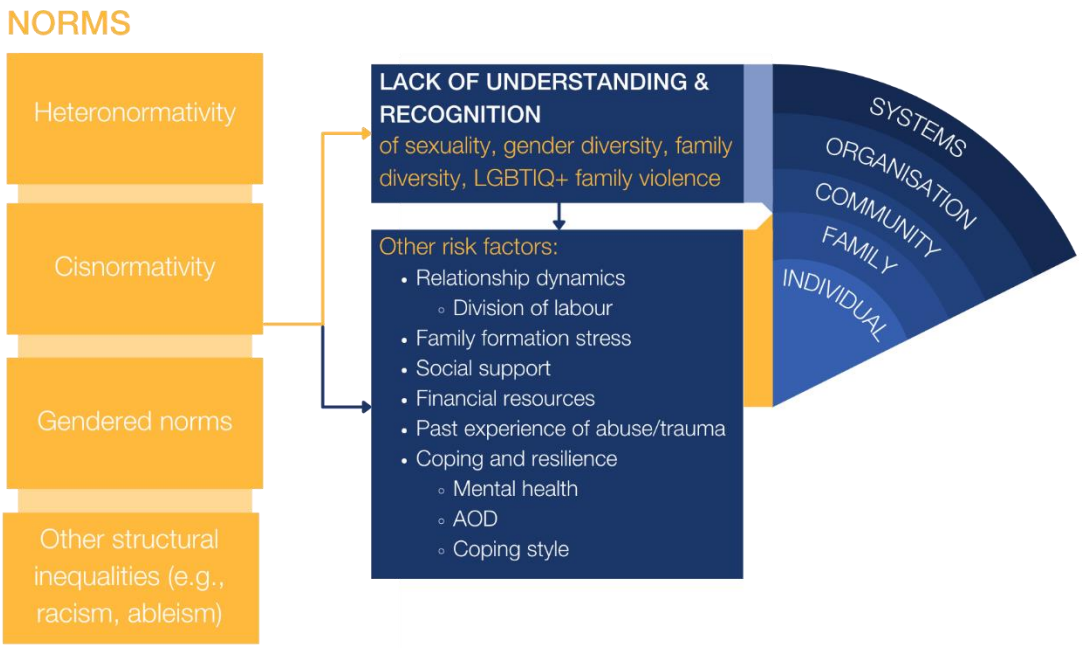


Figure 4. Connecting risk factors to primary prevention during the transition to parenthood (Centre for Family Research, 2020)

PART 2: PREVENTION INITIATIVES

As a participatory action research project, which utilised a co-production model, this project included input from diverse stakeholders across the span of its life. Prevention initiative design and development included a number of phases of input from LGBTIQ+ parents, the Project Advisory Group, Respect Victoria, perinatal sector participants, as well as Drummond Street's LGBTIQ+ family violence and transition to parenthood practitioners.

This section of the report outlines the key phases of the initiatives' design and review processes, as well as key outcomes and learnings that contributed to the final suite of initiatives.

DESIGNING THE INITIATIVES

Co-planning

As a component of the initial community consultations, LGBTIQ+ parents and sector participants provided input on potential solutions to the identified gaps within the perinatal service system, that could be trialled within this action-research project. The following two suggestions were the initiatives with the broadest scale of support:

1. Transition to parenthood classes or groups for LGBTIQ+ parents

Participants discussed the value in having specific groups or classes for LGBTIQ+ parents during the transition to parenthood period, highlighting the importance of shared spaces and experiences.

Some participants recognised that an ideal service system would not require LGBTIQ+ targeted services as all parents would receive inclusive and responsive support through universal services. However, they also contended that the shortfalls in systems and services discussed above created the rationale for specific programs.

2. Capacity building for perinatal sector professionals and services

Capacity building across the antenatal, birthing and post-natal service sector was also identified as a potential project initiative. Participants spoke about the need for improved and increased access to training in LGBTIQ+ inclusive service delivery, including capacity building of administrative personnel who play a key role in initial engagement with parents. Participants spoke about the need for increased understanding around diverse families and family formation, as well as skills in asking open-ended questions, rather than making assumptions. One midwife, who had led some capacity building within hospitals she had worked at, expressed the opinion that the training needs to start from a foundational understanding:

> *I had assumed a foundation of knowledge, just very basic, and I was wrong in that assumption. I had to literally go back, after I'd been doing it for quite a*

while ... and say, "This is what a lesbian is, this is how relationships look sometimes. There's not a man and a woman in each relationship." Like very, very basic stuff. And before I could even get to the end, if all you do is watch your language, you're probably going to be fine. (Midwife)

Some sector professionals mentioned barriers that are likely to be faced, including the attitude that 'we just treat everyone the same', or that sector members would feel the pressure to know everything. One participant challenged this notion:

You don't have to know everything, but you have to have some kind of informed understanding to be able to provide culturally safe, trauma informed care. (Midwife)

Both parents and sector participants also spoke about the need for positive representation of LGBTIQ+ people and their families, highlighting how this representation in posters and paper materials, as well as in digital marketing, contributes to cultural safety and ensures people know that they can access the service. They also spoke about the need for inclusive documents and forms which recognised diversity.

Co-design workshops with parents

Following the initial consultation phase, eleven parents participated in two separate co-design groups, facilitated by the project team. The aim of these sessions was to explore the themes which arose out of the consultations, and to discuss and develop initiative options to address the research findings.

Some of the key initiative options considered as part of this process were:

- perinatal sector capacity building (LGBTIQ+ 101, diverse family forms and LGBTIQ+ family violence)
- LGBTIQ+ transition to parenthood groups or classes
- an LGBTIQ+ new parents' group
- resources or videos for families of origin
- TGD specific birthing education.

Out of these co-design workshops emerged a number of concrete initiative concepts which met the initial project plan and could be developed and delivered within the timeframe of the project. They were a parent seminar and accompanying resource booklet, perinatal sector training (face to face), a perinatal sector webinar series (for accessible online professional development), interactive case studies (to bring the research to life through realistic examples of diverse family formation experiences), an accompanying perinatal sector resource booklet, and a community booklet to support families, friends and the broader community.

Refining initiatives

Following the initial development of the initiatives, the Project Advisory Group provided input. Drawing on their professional and academic expertise, they made a number of changes and refinements to the initiatives. Draft resources were then shared with managers and practitioners with Drummond Street's Queerspace and Ready Steady Family transition to parenthood programs for feedback, and with LGBTIQ+ parents involved in the consultation and co-design processes. This village appraisal had enormous influence on strengthening the final initiatives developed as part of the project.

THE INITIATIVES

The final suite of resources, co-designed and developed with input from diverse stakeholders are:

- New Parents, New Possibilities- Parent Seminar
- New Parents, New Possibilities- Perinatal Sector Training
- New Parents, New Possibilities- Perinatal Sector Webinar Series
- New Parents, New Possibilities- Interactive Case Studies
- New Parents, New Possibilities- Parent Booklet
- New Parents, New Possibilities- Community Booklet
- New Parents, New Possibilities- Perinatal Sector Booklet
- New Parents, New Possibilities- Final Report

This section provides details on each of these initiatives, including objectives, target audience, links to research findings and delivery format. It begins by providing a framework for how each of these initiatives contributes to society-wide change.

Initiatives Framework

The LGBTIQ+ transition to parenthood initiative framework (Figure 5), developed by the Centre for Family Research and Evaluation, describes how the pilot initiatives and evidence building components of this project work together to create change across different levels of the social ecology. The framework positions the pilot initiatives at the individual, relationship and organisational levels of the socio-ecological model.

The Parent Seminar and Parent Booklet aim to make change at the individual and relationship level, focusing on the promotion of respectful relationships and addressing other family violence risk factors for LGBTIQ+ people during the transition to parenthood. The Perinatal Sector Training, Perinatal Sector Webinar Series, Perinatal Sector Booklet and Interactive Case Studies aim to address gaps in practice-level skills and understanding, as well as organisation-wide recognition of LGBTIQ+ people, families and LGBTIQ+ family violence within the perinatal sector. The Community Booklet for extended family, friends and loved ones aims to influence

change both the community level, as well as the individual and relationship levels through shifting community attitudes and behaviours, in addition to creating stronger networks of support. This final report and the overall research findings identify learnings for scale-up across systems, institutions and policies, and contribute to evidence around what needs to change at the societal level to address gendered, heteronormative and cisnormative expectations and stereotypes.

This framework is aligned with recommendations within the Gay and Lesbian Health Victoria (now Rainbow Health) and Our Watch literature review (Our Watch & GLHV, 2017), which suggests initiatives address structural drivers through work at both the socio-structural level (through policy, systems and institutional practice) and the community or individual level (through direct participation programs).

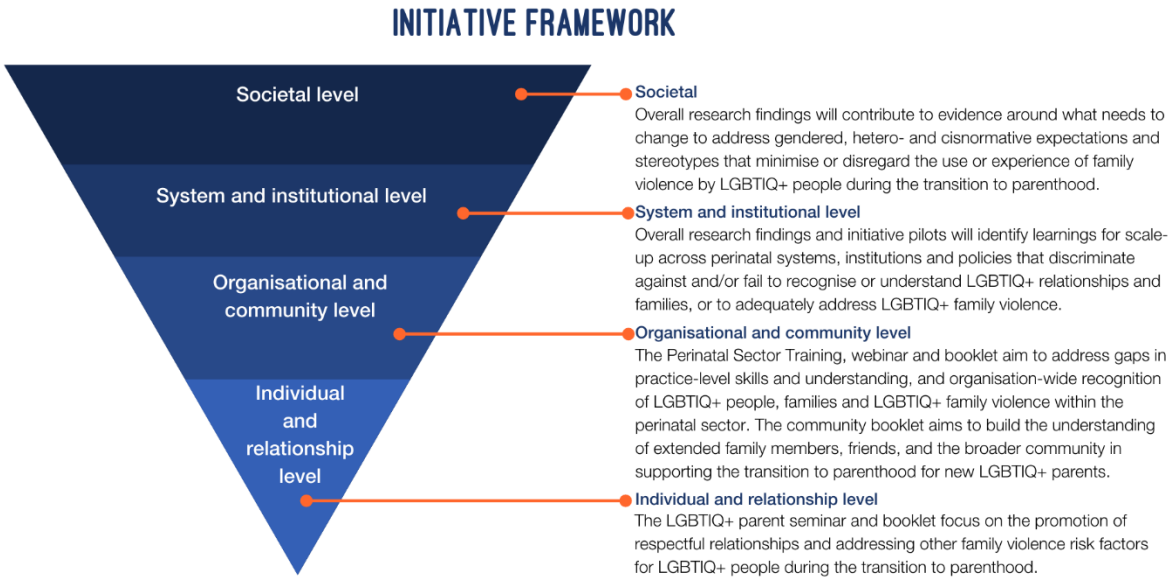


Figure 5. LGBTIQ+ transition to parenthood Initiative Framework (Centre for Family Research and Evaluation, 2020)

New Parents, New Possibilities Parent Seminar

The New Parents, New Possibilities Parent Seminar Series focuses on promoting respectful relationships for LGBTIQ+ people in the perinatal period, within the context of a shared and culturally safe group environment specifically for LGBTIQ+ new and prospective parents.

The seminars normalise challenges and fears, promote reflection on hopes and values within the parenting team, and allow for the establishment of some groundwork around equitable decision making and respectful relationships. They also address identified family violence risk factors for LGBTIQ+ parents during the transition to parenthood.

In addition to the seminars themselves, the Parent Booklet allows parents/parenting teams to continue to reflect on their relationships.

Objectives

- To address gaps in inclusive service delivery during the transition to parenthood for new and prospective LGBTIQ+ parents and their support people.
- To promote respectful relationships through the exploration of equitable decision making.
- To provide opportunities for new parents to normalise transition issues.
- To provide a supportive environment for LGBTIQ+ people, with the opportunity to share challenges unique to their transition to parenthood experiences, to reduce social isolation and to build informal support networks.

Setting & target audience

This community-based initiative is delivered to families expecting a baby, child or children, as well as those who have recently brought a child home. The seminar is marketed to LGBTIQ+ people and their partners, co-parenting relationships, and support people. It is inclusive of people who have used a diversity of pathways to family formation, including assisted reproductive technologies, adoption, fostering and surrogacy.

Links to research findings

This initiative aims to create change at the individual and relationship level, by addressing the key risk factors identified through the research process. In particular, the seminar series focuses on the gendered norm and division of labour risk factors, whilst also addressing the other known risk factors:

- family formation stress
- social isolation
- financial stress
- past experience of abuse/trauma
- resilience and coping

The delivery of this content within the context of a direct participation program, specifically for LGBTIQ+ people, is reflective of groups and classes that are run for prospective and new parents in the wider community.

Delivery format

The seminar, initially developed for online interactive delivery of 90 minutes, has been adapted through the pilot stage to be a three-session series, in line with constructive feedback received. The first session allows for the establishment of rapport amongst participants through a focus on the strengths of LGBTIQ+ families and the normalisation of some of the challenges during the

transition to parenthood period. It offers an opportunity for participants to reflect on and articulate their values as prospective or new parents/carers.

The second session is centred around respectful relationships within parenting teams and other support people. It addresses the various risk and protective factors identified in the research, including conscious establishment of family.

The final session is less structured and is intended to facilitate a transition to peer-led parent sessions, if there is interest within the participant group. Easily translatable to a face-to-face mode of delivery, this new format reflects the fact that community connection and access to other LGBTIQ+ parents was the most prominent reason that people cited for registering in the pilot sessions.

Perinatal Sector Training

The Perinatal Sector Training aims to address gaps in practice-level skills and understanding of LGBTIQ+ people, families and LGBTIQ+ family violence within the perinatal service sector. The training promotes reflection on and discussion of LGBTIQ+ language and concepts, family forms and pathways to parenthood and highlights key findings from this research.

Objectives

- To improve understanding and awareness of LGBTIQ+ communities
- To improve understanding and awareness of how LGBTIQ+ people create their families and what they may look like
- To increase awareness around individual and systemic assumptions about families and to build skills that challenge these assumptions, including at an organisational level.
- To increase confidence in working with LGBTIQ+ people and families
- To become more familiar with appropriate referral pathways for LGBTIQ+ people and families who may need specialist family violence and/or other supports

Setting & target audience

This initiative engages with health, family and community organisations that deliver services to prospective and new parents during the perinatal period. The initial pilots were implemented within three diverse settings: for midwives and childbirth educators; facilitators of family violence prevention parenting programs; and a housing service with various family support programs.

Links to research findings

This initiative aims to create change at the organisational level by addressing the rigid and binary constructs of gender, gender roles, sexuality and family structures embedded within perinatal workplace practice and cultures. It also builds knowledge and understanding of a

number of other risk factors for family violence which were found to impact on parents' experiences during the transition to parenthood. These risk factors are:

- gendered norms and division of labour
- family formation stress
- social isolation
- financial stress
- past experience of abuse/trauma
- resilience and coping.

The pilot of these initiatives and the overall research findings identified learnings for potential scale-up across perinatal service systems and institutions, including through the development of a more accessible webinar series.

Delivery format

The seminar, initially developed for online interactive delivery of 90 minutes, will be expanded to a half-day training of 2.5–3 hours, based on pilot feedback. Initially the sessions were intended to be as accessible as possible for participants who are overloaded with work in the context of COVID-19, with the project team facilitating within a Zoom setting. However, the feedback overwhelmingly showed that participants would have preferred to be able to spend more time working robustly through the content, including through longer breakout discussions.

The delivery format includes two core components:

1. Pre-reading of a suite of interactive case studies, designed to prompt thinking around the sessions aims and objectives.

2. Online group, interactive session, conducted via Zoom.

New Parent, New Possibilities Perinatal Sector Webinar Series

A key aspect of the feedback from the sector facing seminar was the challenge for perinatal service providers in finding time to undertake professional development activities, particularly during COVID-19. In response, a series of four webinars was developed to build on the original

sector training, in a format that was more engaging. The webinar series was developed into a four part series, consisting of 30 minute modules.

- Part I of the series, LGBTIQ+ Family Formation and Reflective Practice, serves to introduce the subject matter and focusses on understanding and awareness of how LGBTIQ+ people create their families, and what inclusive practice might look like within perinatal service delivery.

- Part II, Approaching Risk Assessment with Curiosity and Responsiveness, introduces risk factors for family violence in LGBTIQ+ people's transition to parenthood, and builds knowledge amongst practitioners to address these in their work.

- Part III, Referral Pathways and Whole of Service System Responsibility, highlights signs or indicators clients may need help. This session aims to build accountability and support through improved collaboration within the service system.

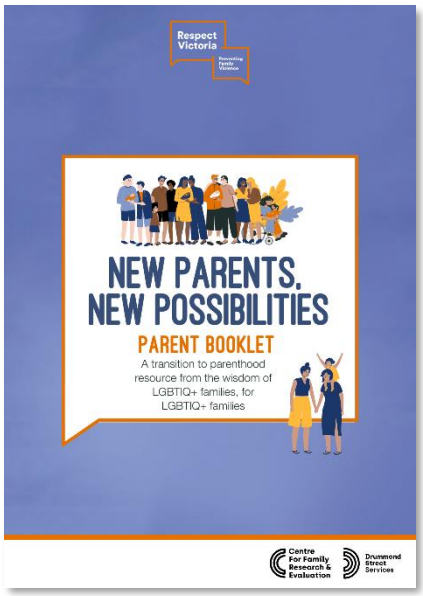
- Part IV, Primary Prevention: Considering Policies, Representation and Partnerships, aims to conceptualise organisational and system level changes that could enable implementation of an intersectional framework across the service system.

Interactive Case Studies

A suite of interactive case studies was developed to illustrate diverse examples of the transition to parenthood for LGBTIQ+ parents. The case studies bring the research findings to life, highlighting not only the diversity within LGBTIQ+ families and diverse pathways to family formation but also the key risk and protective factors identified through the research.

The fictional case studies were developed in the Genial.ly platform, which allows for interactivity and self-paced exploration. Altogether, eight case studies were developed based on findings from the research and in particular drawing on the consultations with 26 LGBTQ parents. Embedded within the case studies are reflective questions which encourage service providers to consider what services might do to support the families, and to identify changes they would like to make in their own practice.

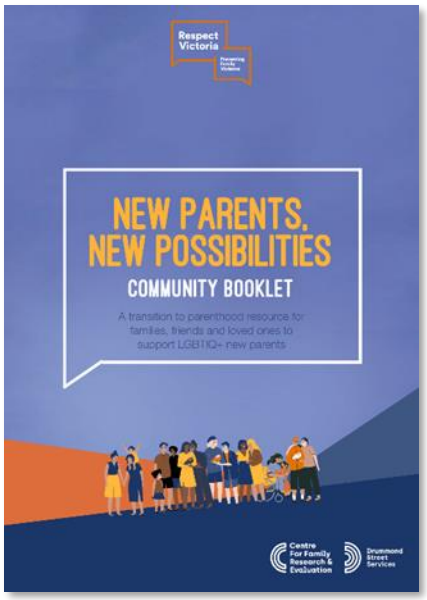
New Parents, New Possibilities Parent Booklet



The New Parents, New Possibilities Parent Booklet is designed to sit alongside the seminar and exist as a stand alone resource for new and prospective LGBTIQ+ parents. This strength-based resource aims to share the findings of the research in a workbook style booklet which is engaging for parents and provides conversational tools for parenting teams to utilise across their transition to parenthood. These tools and exercises also correspond to breakout activities in the seminars and are intended to be used for ongoing reflection and discussion following the session.

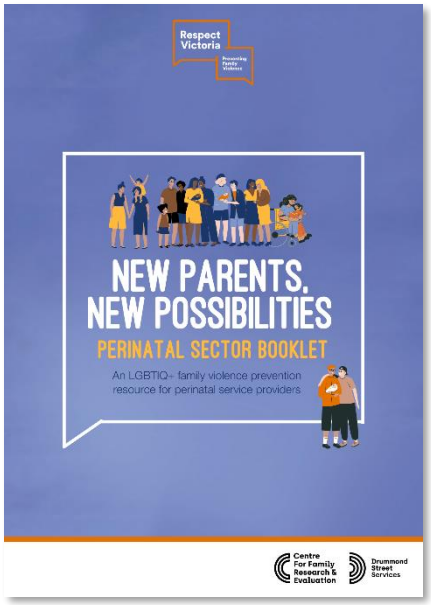
The booklet provides tips for navigating perinatal services, as well as a resource list of LGBTIQ+ and universal services for families in Victoria, which may be helpful during the transition to parenthood.

New Parents, New Possibilities Community Booklet



The New Parents, New Possibilities Community Booklet was designed to inform and support extended family members, friends, co-workers and the broader community during the transition to parenthood for LGBTIQ+ parents. The resource highlights ways that loved ones and the community at large can provide support to LGBTIQ+ new parents and contribute to the prevention of family violence, including by challenging social norms around identity, relationships and families.

New Parents, New Possibilities Perinatal Sector Booklet



The New Parents, New Possibilities Perinatal Sector Booklet is designed to sit alongside the seminar/webinar series and to exist as a standalone resource for perinatal service providers. This capacity-building resource provides a summary of the research findings relevant to the perinatal sector, as well as primary prevention practice tips for organisations and practitioners. The booklet also provides an overview of some key strengths of LGBTIQ+ parents, reflections on positive service experiences, as well as a resource list of LGBTIQ+ and universal services for families in Victoria.

Final report

Providing a full research analysis, key findings and recommendations, this final report aims to influence change across communities and institutions, most significantly through family violence primary prevention, gender equality, LGBTIQ+ and perinatal sectors.

WHAT DID PEOPLE THINK OF THE PILOT INITIATIVES?

This section provides an overview of the learnings acquired through the pilot delivery of the seminars, including a number of key findings, which inform the overall project recommendations.

Parent seminars

Seminars were delivered to 36 new and prospective parents who identified as LGBTIQ+. Data was collected at the point of intake, through facilitator reflections and participant post reflective feedback.

Intake data

Most participants either attended as couples or attended on their own but were partnered with the person they intended to parent with; four were single parents or carers. Most participants were cisgender women in relationships with other cisgender women. There were six cisgender men, most of whom were in relationships with other cisgender men and one whose primary partner was a cisgender woman; and there were two non-binary participants. One participant was a known donor, as well as a parent to another child.

The main reason parents expressed wanting to attend the seminar/s was the desire to connect with other LGBTIQ+ parents who may have shared similar experiences, especially in the context of increased social isolation due to COVID-19 restrictions. Several identified not knowing any other LGBTIQ+ parents or wanting to find LGBTIQ+ playgroups or new parent groups. Several others expressed an interest in hearing about other people's experiences, discussing their own experiences, or getting access to information about the transition to parenthood period, including challenges they faced.

Table 4 below shows the number of participants who were at different stages of transition to parenthood. Over half of the participants were in a planning stage or mid-pregnancy.

Stage of transition to parenthood	Number of participants (out of 36 total)
Planning/consulting/trying to get pregnant phase	10
Pregnancy	10
Child in home less than 4 months	9
Child in home between 4 months and 1 year	1
Child in home more than 1 year	6
Second child focus (overlapping category)	1

Table 4. Seminar participants' stage of transition to parenthood

Facilitator reflections

- Parents seemed to place high value on hearing stories or ideas shared by other participants.
- Participants seemed energised following the breakout group discussions.
- Participants sounded keen to connect with other participants following the initial session.
- Verbal feedback at the end of each session was very positive.
- Participants preferred to have their camera off, and were not as engaged in large group discussions, in the evening session as compared to day sessions. The evening session was not attended by participants who were caring for children, suggesting this time was challenging for parents.
- The impacts of COVID-19 were impacting wellbeing of participants in many domains. These impacts were largely negative.

Participant feedback

Participants were asked to complete a feedback form following the session. Fifteen responses were received from participants.

The most commonly cited changes participants indicated they would make following the session were using the resources provided, reaching out for help if needed, and having more proactive discussions within their parenting teams.

> *I would like to have more frequent and honest conversations with my partner about how we are going to manage and think of strategies now that we can put in place later.*

The most commonly identified barriers to making changes following the session included fatigue and COVID-19 restrictions.

Participants made a number of suggestions for improvements to the seminar. Participants suggested more opportunities to share personally with others and additional resource sharing, such as inclusive children's books. One participant specified that it would be valuable to have an increased focus on strategies for having conversations in partnerships and/or parenting networks to prepare for what it means to be a parent. These suggestions were incorporated into the three-part seminar series format, rather than a one-off seminar as originally planned.

Overwhelmingly, feedback on the session was positive, especially in relation to opportunities for connection with other parents. For instance:

> *Absolutely loved the breakouts. Would have been nice to have even more time. Especially in the very first breakout, just to break the ice, take a little time, and then getting into the questions.*

Another parent shared:

> *I think this is a fabulous piece of work and you should be proud!*

Sector seminars

Three pilot trainings were delivered to health, family and community organisations that provide services to prospective and new parents during the perinatal period.

- The first session with members of a peak organisation for birth educations was attended by 40 participants, who signed up within 36 hours of the training being promoted. Registration was open to their broad member base that included midwives, nurses, physiotherapists, occupational therapists and social workers.

- The second session was attended by a team of four within a small organisation that trains facilitators of a respectful relationship program for new parents.
- The third session was attended by 19 participants from various programs within a housing service that supports parents, many of whom have left the home due to family violence.

A further three sessions took place in November 2020 with two perinatal mental health services and a transition to parenthood wellbeing program. In addition, there has been a high level of interest from a number of MCH services in the inner north and west of Melbourne and a large Melbourne birthing hospital, however training was not able to be prioritised during the pilot period due to COVID-19 and the associated restrictions. To increase engagement and to better accommodate the busy schedules of the perinatal service sector, the Perinatal Sector Webinar Series was developed from the original training package.

Facilitator reflections

- Some participants demonstrated a limited understanding of why rigid gender norms can be harmful, of how gender inequality is linked to family violence, and/or of how gender equality frameworks need to be expanded beyond heteronormative contexts.
- Some participants acknowledged they were not using family violence screening tools or consistently asking all their clients/patients about family violence, as they believed that this damaged engagement with their patient/client. There was a stated belief that creating a rapport so that new parents felt comfortable to disclose family violence was more effective than asking screening questions in identifying families that needed support.

Participant feedback

Participants were asked to complete feedback forms. 19 participants completed the survey and one participant took part in a brief follow-up feedback interview. All participants were satisfied with the presenters and the content, with over 70% of participants reporting that the seminar content either matched or exceeded their expectations.

Participants indicated that the most valuable aspects of the training were the case studies, group discussion and reflection on LGBTIQ+ family violence prevention in service provision.

> *The scenarios helped me to really observe and question my own critical thinking processes and language, as well as what I might be doing or saying that is creating barriers, when I thought I was being 'inclusive'.*

Service providers identified a number of changes they would like to make within their organisations following the training, including ensuring that promotional materials and other visuals in their workspaces reflected the diversity of the communities they serve. Additionally, participants identified wanting to be explicit about inclusion in their verbal communication, including presentations.

Participants were asked what they felt needed to change within the perinatal service system to ensure inclusive and responsive services for all LGBTIQ+ people. The main barrier identified was the difficulty they faced in working to shift the perinatal service system's current responses and remits. Participants identified, for example, a need for the system to provide supports for parents in general, rather than for birthing mothers alone.

The lack of awareness of inclusive and responsive services for LGBTIQ+ people in the perinatal period was identified as a theme, with the need for systems and practices to change to provide more appropriate and safe services. Many participants named systemic problems with language, attitudes and knowledge gaps.

> *All midwives need to be involved in this education to ensure better understanding of clients' needs and recognition of areas of potential concern that could be missed, such as partner violence.*

In reflecting on future training and/or learning opportunities that would be valuable, participants identified 'not knowing what they do not know', and the value of ongoing commitment to further learning. A number of participants spoke to the feeling that the training content could be spread over a longer session length or over a number of sessions, as often there wasn't enough time to make the most of the discussion and reflection activities. A specific area for further development identified was practice in identifying and addressing relationship issues, as well as applying best practice principles.

> *[Further training is needed on] how we can change assumptions and language, and make this a priority, in environments that are resistant to change.*

KEY FINDINGS

There were a number of key findings from both the research and initiative development phases of the project, which are outlined in this section.

RESEARCH FINDINGS

- Cisnormativity, heteronormativity, gendered norms and the prioritisation of biological relationships across society marginalise LGBTIQ+ parents and provide the context for discrimination and family violence. During the transition to parenthood period, it was identified that these norms are embedded in processes of legal recognition (or lack thereof), reproductive and perinatal service systems and organisations, new parent communities and groups, workplaces and families.
- Discrimination and a lack of an inclusive service delivery are common experiences for LGBTIQ+ parents throughout their transition to parenthood. A lack of screening of LGBTIQ+ parents for family violence during the transition to parenthood is informed by and contributes to expectations that family violence only occurs between cisgender people in heterosexual relationships.
- Experiences of discrimination and marginalisation across community environments, perinatal services, workplaces and public spaces contributes to unrealistic pressure for LGBTIQ+ parents to be the 'perfect queer family', thus creating a barrier to help-seeking when faced with relationship and other wellbeing challenges during the transition to parenthood.
- Cisnormativity creates particular vulnerabilities for trans and gender diverse parents, who often face social inequality and discrimination across multiple domains of their lives. For trans and gender diverse parents who navigate reproductive and birthing services, vulnerabilities are magnified by frequent experiences of misgendering from professionals and a lack of understanding of inclusive language around pregnancy, birth and lactation.
- There are shared strengths and resilience built within LGBTIQ+ parented families, including the valuing of diverse relationships, the intentionality of family formation and the challenging of social norms. These attributes often provide the opportunity for reflection, connection and considered parenthood. In addition, many LGBTIQ+ parents are skilled in advocacy for themselves, their families and other 'rainbow' or queer families, in the face of adverse life experiences.
- There are a range of individual and relationship level risk factors which impact on parents' experiences during the transition to parenthood. These factors can be conceptualised as risk and/or protective factors, as for some parents they add strength

and resilience to relationships, and for others, they create or compound risk for experiences of family violence. Whilst many of these factors are universal for all families, heteronormativity and cisnormativity provide the social context in which these risk factors exist. As such, the way in which LGBTIQ+ parents experience each risk factor often looks or feels different from the experiences of cisgender, heterosexual parents.

The factors identified are:

- gendered norms and the division of labour
- family formation stress
- social isolation
- financial stress
- past experience of abuse/trauma
- resilience and coping (mental health, alcohol and other drugs, and coping style).

PRIMARY PREVENTION PILOT INITIATIVES FINDINGS

- The parent seminar series was successful in reaching and engaging a significant number of new and prospective LGBTIQ+ parents in a short promotional period, demonstrating the demand for targeted initiatives during the transition to parenthood.
- There were strengths and limitations of the online delivery of the session on Zoom within a COVID-19 context. Whilst Zoom-based delivery limits opportunities for engagement between parents, it also meant that people from across the metro Melbourne area, as well as some parents from regional Victoria, were able to connect with one another despite geographic distance.
- Largely positive feedback on the initial parent seminar pilots suggests that this initiative is well positioned for ongoing development to promote respectful relationships and to address family violence risk factors during the transition to parenthood for LGBTIQ+ parents. An expanded and robust evaluation will provide further evidence around what works to prevent family violence for this marginalised cohort.
- The sector seminars were successful in reaching and engaging a number of sector professionals, organisations and relevant bodies in a short promotional period, demonstrating the high demand for capacity building around inclusive practice for LGBTIQ+ parents and families. Unfortunately, due to COVID-19, some perinatal settings were unable to participate in the pilot phase. It is hoped that the new webinar series format will increase engagement from the perinatal service sector.

- Facilitator feedback highlighted a need for increased awareness within the perinatal section about the harm of rigid gender norms on all clients. This family violence prevention work would provide a foundation for deeper thinking around work with LGBTIQ+ families impacted by the same norms.
- Feedback from sector participants in relation to the perinatal service system affirmed the project's research findings which identified the significant limitations of the system in recognising and understanding LGBTIQ+ parented families and adequately addressing LGBTIQ+ family violence. Participants highlighted that a significant commitment is required in order to scale up this primary prevention work and make changes across the perinatal service system.

LIMITATIONS

There were a number of limitations of the available literature. These included:

1. Parenting in the LGBTIQ+ community is still a minority experience and is more common for women in same-sex relationships. As such, there was a dearth of diverse research available.
2. The literature often oversimplified LGBTIQ+ relationships, the forms of violence experienced and often just focused on lesbian women or (less commonly) gay men and bisexual people in same-sex relationships.
3. Much of the research reviewed focused on the experiences of LGB identifying people, or people in "same sex" relationships, offering limited insight into the specific experiences of trans and gender diverse people, people with intersex variations and people identifying as asexual.
4. Researchers often made assumptions about the composition of LGBTIQ+ relationships by not gathering data relating to how individuals identify in terms of gender and sexuality and how their partner/s identify.
5. Participants in many of the studies were white and had at least some university level education, limiting diversity within studies.

There were also several limitations in the consultation methodology, including:

1. The sampling procedure was not random but relied to a large degree on stakeholder relationships with specific organisations and on snowballing techniques.
2. Within this sampling pool, participants self-selected. Self-selection can result in bias as it is unlikely that the sample will be completely representative of the entire target population. For example, while there was not a specific question about education, feedback during the consultations indicated that there was a high level of education amongst community participants.
3. While there was a concerted effort to recruit from different cohorts and communities, there were four identified communities that were missing. These were:
    - First Nations participants
    - asexual participants
    - trans women
    - step-parents, foster parents, or those who were parenting children in permanent or kinship care.
4. The number of participants with intersex variation was not captured, and thus their representation is unknown.

5. There was an emphasis within the questions on peoples' experience of the transition to parenthood as an LGBTIQ+ person. As such, other aspects of their identity were limited in discussion.
6. There was an emphasis within the questions for both the community and service sectors towards the more systemic and structural factors, versus the individual factors such as alcohol and other drug misuse, mental health vulnerabilities or experiences of past abuse. The less personal nature of systemic and structural factors were therefore privileged within the consultations.
7. Due to time limitations in many of the focus groups, factors that were not voluntarily raised by the participants during the open-ended questions were not explored in depth.
8. The sample did not specifically include participants that had experienced or used family violence, in line with the approach of primary prevention.

There were also limitations of the pilot initiatives, including:

1. While the sector training participants represented a broad cross-section of professionals who worked with LGBTIQ+ families, pilot seminars were not able to be held with key perinatal organisations such as MCH or birthing hospitals given COVID-19 and the associated restrictions.

2. Given the online format of the training a limited number of participant feedback forms were completed, despite the link being shared at the end of each session.

RECOMMENDATIONS

Based on the key findings, the project recommendations have been developed under four key areas: recommendations for government (taking a whole of government approach), recommendations for family violence prevention agencies, recommendations for perinatal service providers and recommendations for LGBTIQ+ agencies and community groups.

RECOMMENDATIONS FOR GOVERNMENT

Recommendation 1 – Government, in partnership with researchers and family violence agencies, continue to develop a more expansive and intersectional framework to inform family violence prevention policy, programs and resources that are inclusive of LGBTIQ+ families.

Recommendation 2 – Government applies an intersectional lens to health, family and community policy, programs and services relevant to the transition to parenthood. This approach should be inclusive of LGBTIQ+ parents.

Recommendation 3 – Government should review the current Maternal and Child Health Service system to make it more inclusive of all families and to promote equal co-parenting roles and relationships.

- In the short term, government agencies and organisations that have responsibility for perinatal health, birthing and early parenting support, should review systems, policies and documents to ensure they reflect the diversity of LGBTIQ+ parented families. In addition, family violence primary prevention training and resources should be made available to professionals in the perinatal service sector, addressing the cisnormative, heteronormative and gendered norms embedded across systems, policies, practice and attitudes.
- In the medium to long term, this would include reviewing the Maternal Child Health Service system and taking steps towards the creation of a Parental Child Health Service system that is more inclusive of all families and encourages all parents' involvement in child development, health and wellbeing. Greater inclusivity across this universal health system would set a strong precedent for other perinatal services to follow.

Recommendation 4 – Government should commit to further and ongoing funding for LGBTIQ+ inclusive services. This includes specific LGBTIQ+ family violence service delivery in conjunction with, not at the expense of, broader family violence primary prevention, early intervention, tertiary intervention, and recovery work. Government should also commit to funding evidence-based, sustainable programs across family and relationships, mental health, alcohol and other drugs, social isolation and financial support that are inclusive of LGBTIQ+ people and families, as risk factors associated with these issues may heighten the risk of family violence during the transition to parenthood.

RECOMMENDATIONS FOR FAMILY VIOLENCE PREVENTION AGENCIES

Recommendation 1 – Government and non-government prevention agencies should develop family violence prevention campaigns, programs and initiatives that challenge patriarchal norms such as heteronormativity, cisnormativity, gendered norms, racism, ableism and ageism. These initiatives should explicitly communicate that family violence can occur in LGBTIQ+ families and relationships.

Recommendation 2 – Government and non-government prevention agencies should prioritise applied family violence primary prevention research which explores primary prevention across a range of areas and life course transitions, where the risk of family violence is heightened. A particular focus on diverse and intersectional identities should be prioritised, given the barriers that some communities face because of patriarchal norms at the structural, organisational, community, family and individual levels.

Recommendation 3 – Government and non-government prevention agencies should commit to seeking and providing funding to evaluate family violence primary prevention initiatives over time. Investment in evaluation beyond initial pilot programs is key to building the evidence around what works to prevent family violence across diverse settings and with a broad cross section of Australian communities.

RECOMMENDATIONS FOR PERINATAL SERVICE PROVIDERS

Recommendation 1 – Perinatal health services, including birthing and early parenting support, should review their systems, policies and documents to ensure they reflect the diversity of LGBTIQ+ parented families. A partnership with LGBTIQ+ parents and professionals should be a component of any review process.

Recommendation 2 – The perinatal service sector should seek out and commit to family violence primary prevention capacity building, including training and resources for all professionals, to address the cisnormative, heteronormative and gendered norms embedded across systems, policies, practice and attitudes.

Recommendation 3 – Perinatal service providers should explicitly communicate that family violence can occur in LGBTIQ+ families and relationships. Links to specialist LGBTIQ+ family violence services should be provided alongside other mental health and wellbeing resources.

Recommendation 4 – Perinatal service professionals with a responsibility for family violence screening should ensure LGBTIQ+ people are universally screened.

RECOMMENDATIONS FOR LGBTIQ+ AGENCIES & COMMUNITY GROUPS

Recommendation 1 – LGBTIQ+ agencies should explicitly communicate that family violence can occur in the diversity of LGBTIQ+ families and relationships, including within families of origin and chosen families. Links to specialist LGBTIQ+ family violence services should be provided alongside other mental health and wellbeing resources.

Recommendation 2 – LGBTIQ+ agencies or community groups with an interest in the transition to parenthood should acknowledge that the risk of family violence is heightened during this important life stage and provide referrals to specialist LGBTIQ+ family violence services.

APPENDICES

Appendix A – Project Advisory Group

Table 5 below provides the list of the Project Advisory Group members.

Name	Organisation & position	Research expertise
Karen Field	Drummond Street Services CEO	
Beth McCann	Drummond Street Services General Manager- Evidence Based Management	
Ellen Poyner	Drummond Street Services Senior Research Officer	
Dr Kate Foord	Drummond Street Services General Manager Queerspace	Academic Advisor: • Queer, feminist theory and practice
Dr Suzette Mitchell	Respect Victoria Senior Advisor Intersectionality	
Dr Silke Meyer	Monash Gender and Family Violence Prevention Centre, Monash University & Rainbow Families Victoria	Academic Advisor: • Domestic and family violence • Men's accountability • Aboriginal and Torres Strait Islander communities • Domestic and family violence-informed practice in child protection, policing, and courts
Dr Ruth McNair AM	Honorary Associate Professor at the Department of General Practice, University of Melbourne, and a general practitioner at Northside Clinic.	Academic Advisor: • General Practice • Health inequalities • Lesbian and bisexual women's health
Dr Luke Gahan	Sociologist – Research Fellow (Australian Red Cross Blood Service), Adjunct Senior Research Fellow (La Trobe University)	Academic Advisor: • Sociology of Health • Families & Relationships • LGBT • Separation and divorce • Religion
Felicity Marlowe	Rainbow Families Victoria & Drummond Street Services (2019), Training Coordinator	

Table 5. Project Advisory Group members

Appendix B – LGBTIQ+ parent participant demographics

The following provides an overview of the participant demographics provided by LGBTIQ+ parents during the intake process. Demographic information was provided by 25 of the 26 participants with some participants choosing not to answer individual questions.

Gender

Participants were asked their gender and whether they identified as transgender or cisgender. As can be seen in Figure 6, cis women made up the majority of participants (13 total), followed by a number of non-binary, trans men and cis male participants. As some responses from trans participants did not fit exclusively into one of these categories, e.g. 'Non-binary trans man', their responses are reflected in more than one subgroup. There were no trans women in the focus groups or interviews.

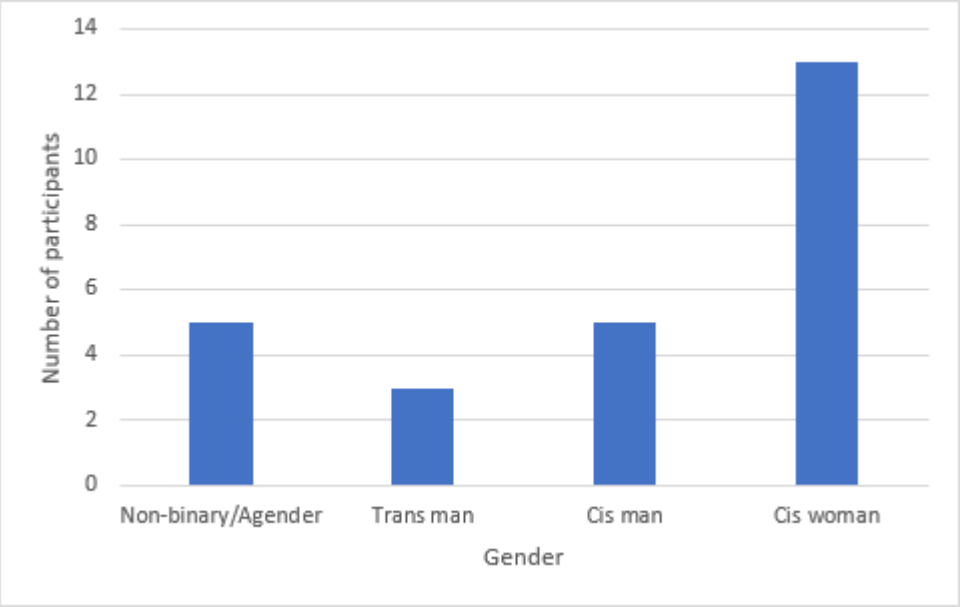


Figure 6. Participants' gender

Sexual orientation

Sexual orientation was categorised into four subgroups: queer, lesbian, gay and bisexual/pansexual. See Figure 7. Overall, almost half of the participants described themselves as 'queer'. As some participant responses did not fit exclusively into one of these subgroups, their responses are reflected in more than one category, e.g. 'queer/bisexual/pansexual'.

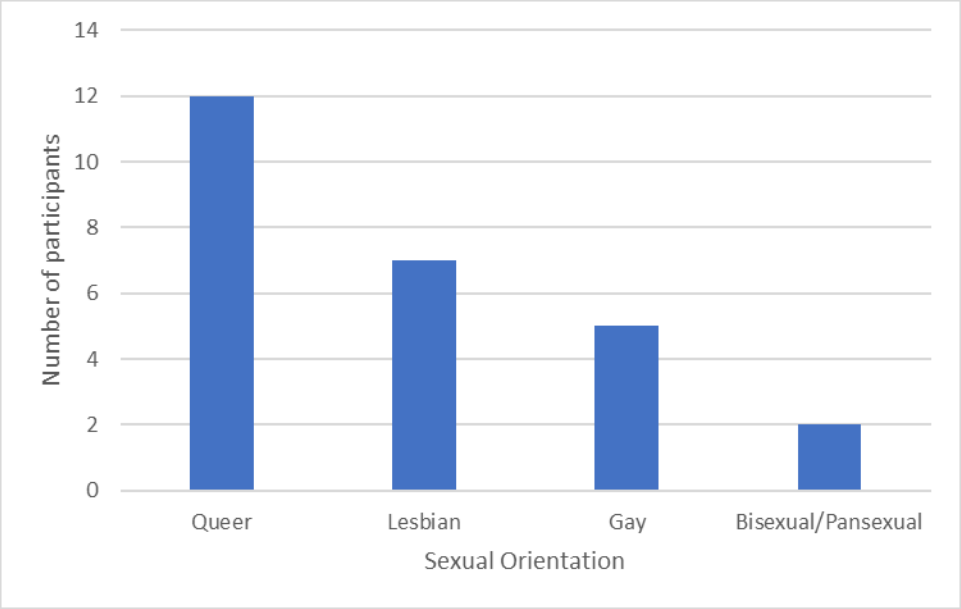


Figure 7. Participants' sexual orientation

Age

Over half of the participants were between 35 and 44 years of age. As can be seen in Figure 8, there was a smaller number of 30-34 year old participants and only two participants over 45 years.

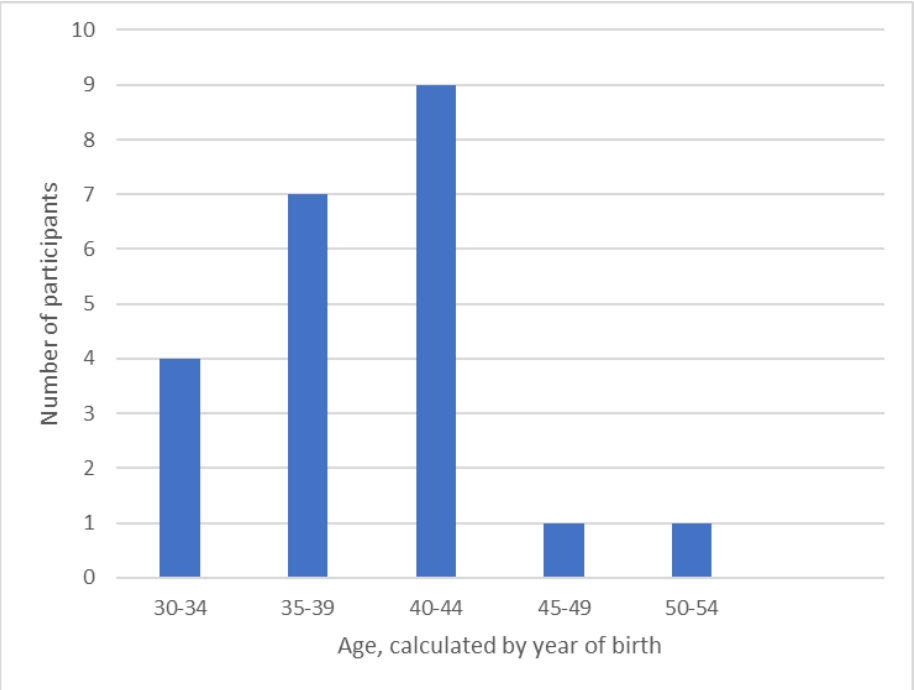


Figure 8. Participants' age

Relationship status

Figure 9 demonstrates the breadth of ways in which participants described their relationship status. Whilst the figure shows that it was common for participants to describe their relationship status as 'married', it also highlights that there were three separate ways in which participants described themselves as single – this included three participants who stated that they were single and co-parenting with their ex-partner/s and one participant who is a single parent and partnered. There were also a number of participants who described their relationship status as de facto, a registered relationship or polyamorous.

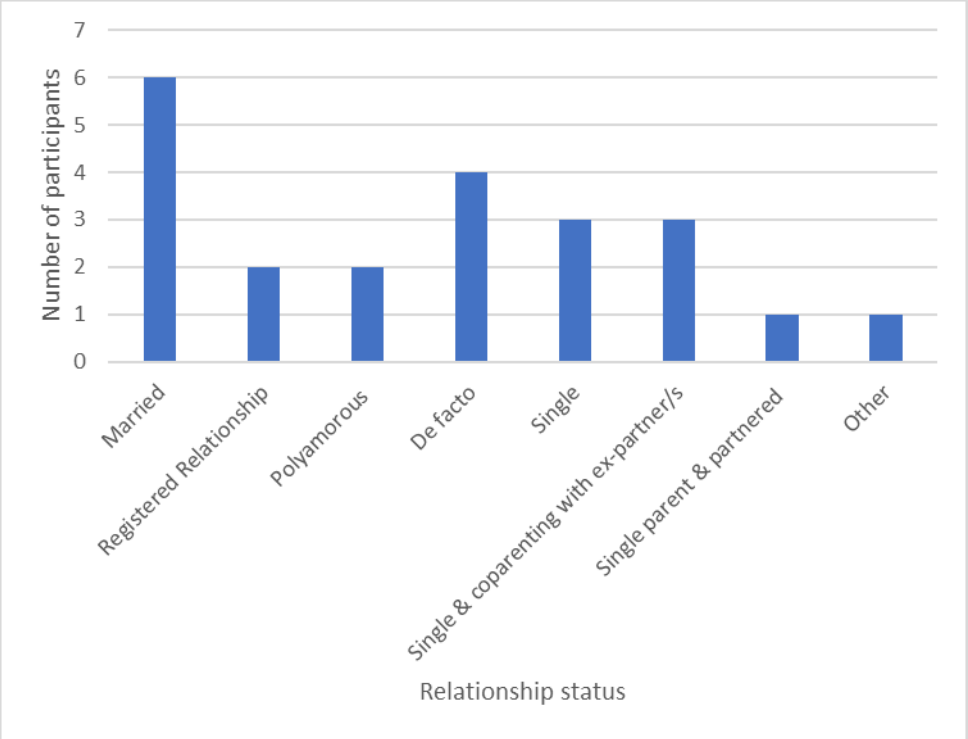


Figure 9. Participants' relationship status

Pathways to parenthood

Figure 10 highlights the diverse pathways to family formation for the LGBTIQ+ parents in the consultations. As a number of participants may have been a parent, co-parent or donor for different children, their multiple pathways to parenthood are reflected in the figure. Of the high number of participants who utilised IVF or IUI, a number of participants mentioned their use of known and clinically recruited donors in this context.

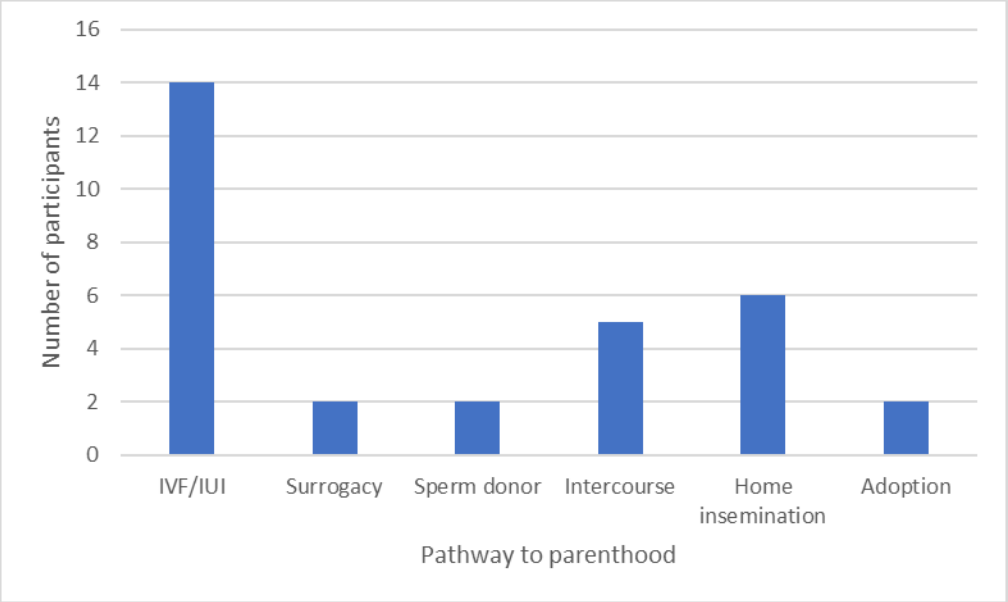


Figure 10. Participants' pathways to parenthood

Age of participants' children

Figure 11 illustrates that there was a large number of participants with a child one year or younger (10 children), and that nearly two thirds of the overall number of children were five years or younger.

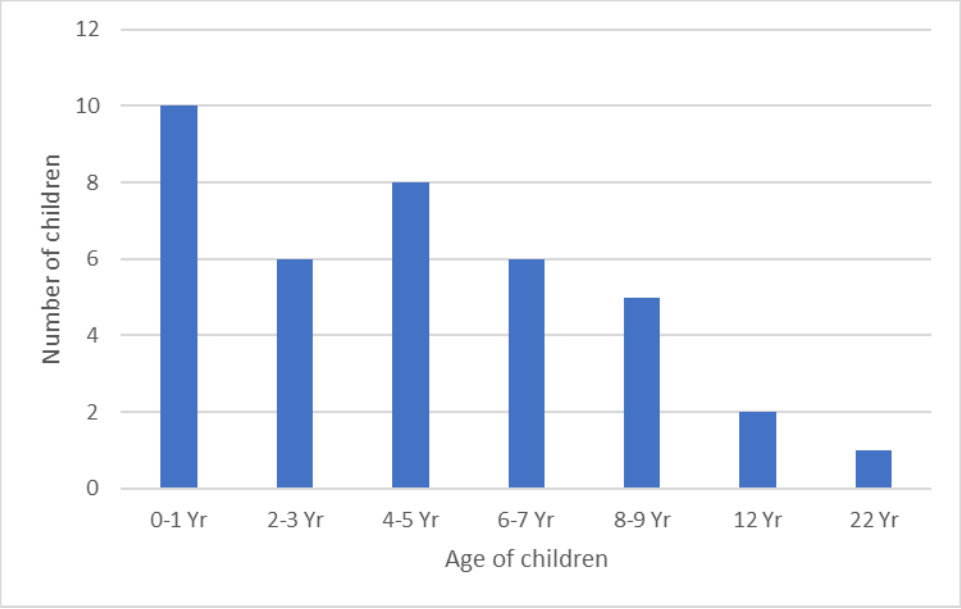


Figure 11. Age of participants' children

Household income

As can be seen in Figure 12, there was a wide representation of income brackets, ranging from those on a government pension to those with a combined income of over $300,000. However, the majority of participants noted a household income that fell within the $50,000–$150,000 range (16 participants). It is also valuable to note that some participants only shared their

individual income, rather than household income and a number stated that their income was currently reduced due to being on maternity leave. These two factors will skew these results.

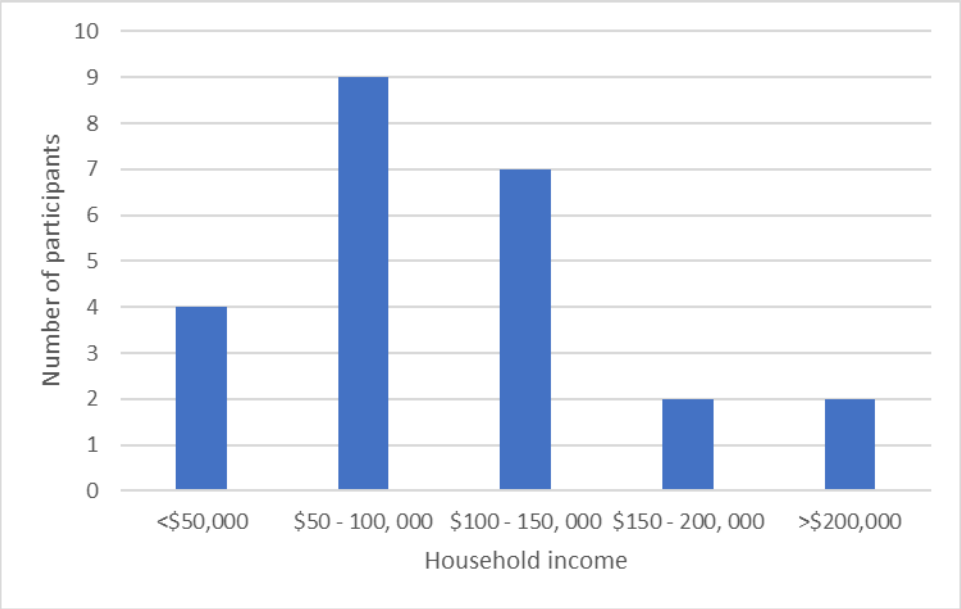


Figure 12. Household income

Other participant demographics

Participants were also asked about other ways in which they identified. Postcodes were used to code the metro or regional category.

Figure 13 shows that overall, whilst there was some representation from a number of other community cohorts, there was a notable gap in any representation of Aboriginal and/or Torres Strait Islander communities. Whilst one participant described that they have Aboriginal or Torres Strait Islander heritage, they stated that they had only recently found this out and that they did not identify as Aboriginal or Torres Strait Islander. Another participant stated that their children were Aboriginal.

With the aim of ensuring regional representation, a focus group was held in Torquay and interviews were offered for others who were unable to travel to Carlton. Overall, 6 participants were regionally located.

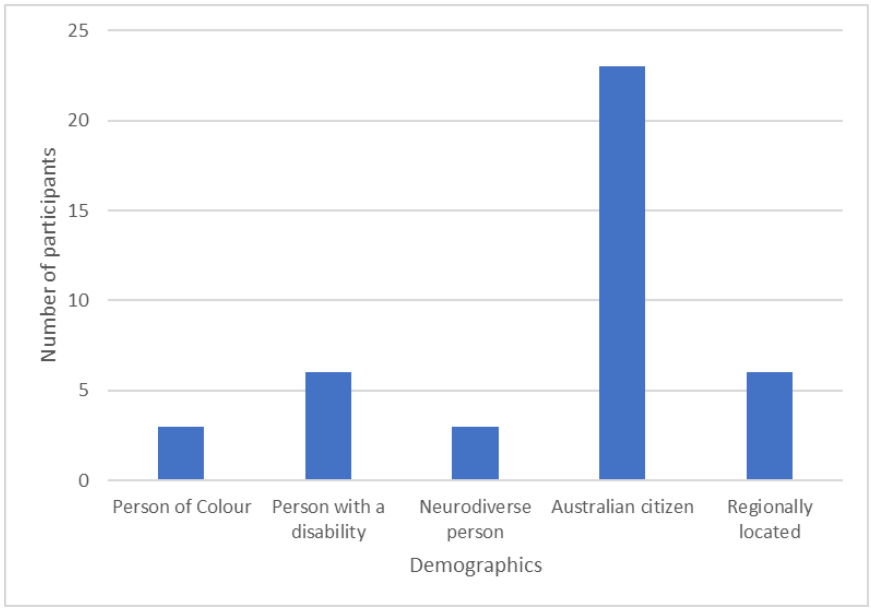


Figure 13. Other participant demographics

Sector professionals

As can be seen in Figure 14, there was a spread of professions/areas of work across a number of ante and postnatal services, and early childhood services. The majority of participants worked as midwives, child and family health professionals or family violence practitioners. A number of the sector professionals also identified as LGBTIQ+.

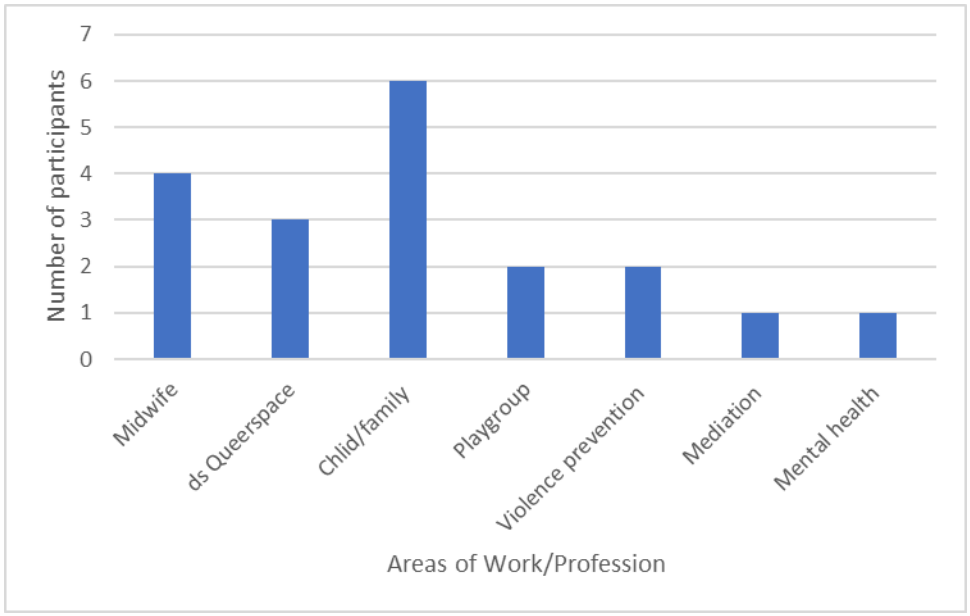


Figure 14. Sector participants' areas of work/profession

Appendix C – Transition to parenthood literature findings

This rapid literature review supported the original 11 risk factors, predominately for the risk factors: 'relationship conflict', 'alcohol and drug use', 'mental health vulnerability' and 'experience of past abuse/trauma'.

Within the LGBTIQ+ literature, the risk factors identified were largely universal due to the shared experiences during this time. All people, regardless of sexual or gender identity, faced issues around the transition to parenthood, such as increased stress, difficulties with sleep and caring for an infant, relationship issues or negotiation around roles and dividing responsibilities. However, there were often differences in how the risk factor was formed or enacted for LGBTIQ+ individuals. For example, the experience of discrimination and minority status oppression placed LGBTIQ+ individuals at greater risk for the experience of many of these factors, such as individual coping/wellbeing issues (i.e. negative coping style, insecure attachment, mental health vulnerability, problematic AOD use) as well as social support issues (i.e. conflict with extended family, community and friendship support, service support, or relationship enmeshment due to lack of family/friend support).

The main difference that occurred between the risk factors was in relation to the 'gender role attitudes' factor. The factor 'gender role attitudes' was divided into three key areas: societal gender expectations, the unequal division of roles and responsibilities, and unequal division of power, acknowledging that these areas can overlap and be intertwined. The transition to parenthood period is a key time where roles and responsibilities are divided to provide care for a new child. Unequal divisions of roles and responsibilities may lead to power inequalities and abuse or may act as a barrier for the victim to seek help or leave the relationship (e.g. in the absence of financial or childcaring support). In LGBTIQ+ relationships, the division of labour was not necessarily due to gender role attitudes and several articles found a greater equality in role division in same-sex couple households. Instead, societal gender norms affected the relationship at this time in additional ways. For example, the belief that women could not be violent served to minimise and overlook family violence situations in lesbian couples either by services, persons of authority, friends, family, or the women themselves.

In addition to the Just Families risk factors, the following further factors were found in the research to be associated with family violence broadly (not transition to parenthood specific) or related to risk factors for general well-being and relationship issues within this time period for LGBTIQ+ people:

Discrimination and minority stress

Research on the effects of discrimination for LGBTIQ+ people often uses the term, 'minority stress'. The minority stress model (Meyer, 2003) describes the process of stress from negative experiences or expectations that result from the stigmatised social status of LGBTIQ+ people.

During the transition to parenthood there are particular ways in which the experience of minority stress may differ. As such this factor was divided into: internalised minority stress, service discrimination, social discrimination and intersectional marginalisation.

- Internalised minority stress, stemming from the stigmatised social status of LGBTIQ+ people and internalised homophobia, biphobia or transphobia.
- Service discrimination, within both the perinatal services and family violence services, acts as a barrier to help-seeking and can impact support received during this time.
- Social Discrimination, including workplace discrimination around parental leave arrangements as well as the broader impacts of social discrimination may result in a lack of social or financial resources available.
- Intersectional marginalisation, which speaks to the multiple forms of discrimination experienced by some LGBTIQ+ people such as those who identify as transgender or who are from diverse faith and cultural communities.

Family formation stress

LGBTIQ+ couples typically adopt, use sperm donation, IVF, and/or surrogacy to start a family. This can lead to stress in ways that are both unique and not unique to LGBTIQ+ families. This occurred either during the process of trying to form a family or when facing a lack of recognition as a diverse family both socially and in the legal system.

- Stress during the process of forming a family, for example decisions about method of conception: who would be the biological parent, whether a sperm/egg donor would be anonymous or a known person, or how to find a sperm/egg donor or surrogate. Most of these methods are time consuming and financially burdensome and can often take several years which can add to stress and tension in the relationship.
- Lack of social and legal recognition of family formation. The literature, for example, described situations where LGBTIQ+ parents' custodial rights were threatened in family violence situations and where LGBTIQ+ parents' fears of custody loss were a motivation for remaining within an abusive relationship, integral to the abuse, or a barrier to seeking help.

Risk factors across socio-ecological levels

All risk factors identified in the rapid evidence review played out across the various socio-ecological levels (see Table 6). Factors at the individual level increase the probability of becoming a victim or a perpetrator of violence and are related to an individual's personal history or profile. Factors at the relationship level increase the likelihood of experiencing or using violence and reflect the way in which an individual's close relationships, such as those with a partner or extended family, may influence their behaviour and experience of family violence. Community/organisational factors relate to the wider context of social relationships, such as those in neighbourhoods or workplaces, and relate to specific characteristics within those contexts that influence the use or experience of family violence. The societal level relates to

factors that create an environment in which family violence is either encouraged or inhibited. These range from social and cultural norms to policies.

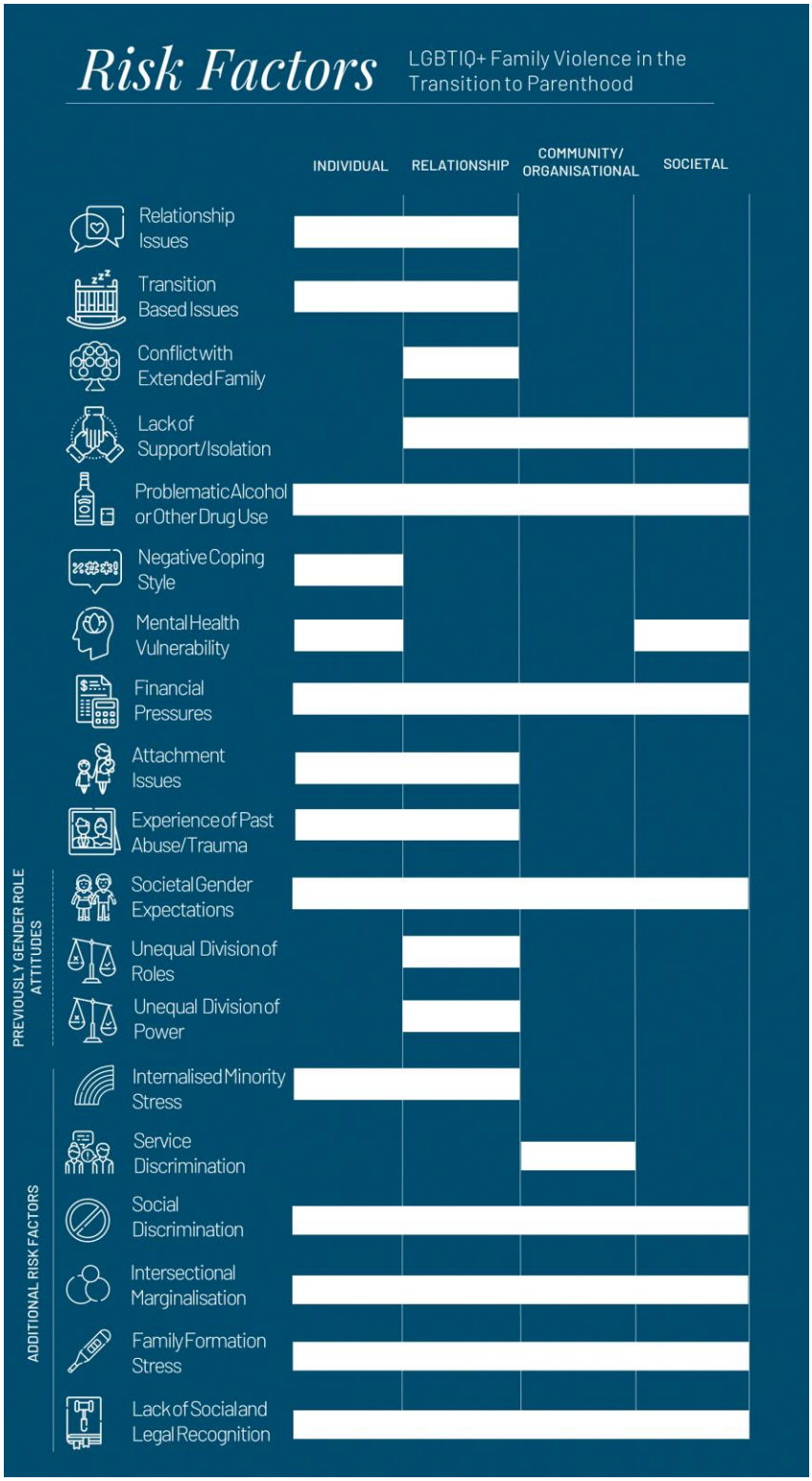


Table 6. Risk factors for LGBTIQ+ family violence in the transition to parenthood (Centre for Family Research and Evaluation, 2020)

Appendix D – Consultation analysis key findings

- The impact of cis- and heteronormativity across society, including the perinatal service system, community groups and in families, further compounds risk factors faced by LGBTIQ+ parents during the transition to parenthood.
- Risk and protective factors during the transition to parenthood should be considered in the interconnected and overlapping nature in which they exist.
- LGBTIQ+ parents' experience of the perinatal and early childhood service system is largely categorised by marginalisation and a lack of understanding of their genders, sexualities, relationships and pathways to family formation.
- LGBTIQ+ parents were often more cognisant of gender roles in parenting and gendered expectations of the division of labour. In many cases this acted as a strength in allowing for the negotiation of parenting roles but is also challenging in the face of embedded social norms.
- LGBTIQ+ parents highlighted a number of factors which added strength or resilience to their relationships and parenting, including their valuing of diverse relationships, and challenging of social norms and self-advocacy when met with adversity.
- The shared challenges of diverse pathways to family formation (including IVF, adoption and surrogacy) within the LGBTIQ+ community were prominent. Each of these pathways had their own unique social and legal implications.
- The intentionality of family formation was a strength for many LGBTIQ+ parented families, providing opportunity for reflection, negotiation and considered parenthood.
- The trans and gender diverse community face additional vulnerabilities as they navigate the perinatal service system, including misgendering from professionals and a lack of understanding of inclusive language around pregnancy, birth and lactation.
- People with intersecting marginalisations often faced additional barriers during the transition to parenthood.
- LGBTIQ+ parents identified a number of solutions to service gaps which predominantly focused on LGBTIQ+ specific classes or groups for parents during their transition to parenthood, and capacity building for the perinatal sector. The need for further LGBTIQ+ specific services, such as early intervention parenting services and mediation was also mentioned.

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