



# Working with LGBTQIA+ Children and Young People

**This resource is part of a series of tip sheets on working with children and young people from diverse backgrounds. These tip sheets aim to assist in building the capacity of workforces to apply an intersectional lens when working with children and young people from diverse backgrounds, and in the assessment and management of family violence and child wellbeing issues.**

**Please ensure you have read *Diversity in Practice Tip Sheet 1: Intersectionality (A Core Concept)* before proceeding with this one.**

**This tip sheet was developed in consultation with The Y Ballarat's Youth Advisory Group.**

The majority of experiences of family violence among LGBTIQ communities mirror those within heterosexual and cisgendered relationships. However, research shows that children and young people who identify as LGBTQIA+ may be more at risk of experiencing family violence and child wellbeing issues due to negative attitudes, beliefs, and discrimination.<sup>1</sup> As such, it is important that professionals are aware of how to safely engage and support children and young people who identify as LGBTQIA+.

Intersecting social experiences and identities which may include culture, Aboriginality, ethnicity, socio-economic status, ability, geography, age, migration status, religion may result in overlapping forms of discrimination and marginalisation for LGBTQIA+ children and young people.<sup>2</sup> The intersecting experiences and identities that LGBTQIA+ children and young people may face are important to understand in context of their experience of family violence whether from family of origin or family of choice. This will also help how you can support children and young people in seeking safe, inclusive and appropriate family violence support.

- 
1. VincentCare 2019.
  2. Crenshaw 1989.
  3. Rainbow Health Victoria 2020.

# Accessing Supports and Services

Providing LGBTQIA+ children and young people with safe and inclusive services can assist in making them feel safe, respected, and supported wherever they are. Additionally, these services can assist LGBTQIA+ children and young people to develop and affirm their own identity and experiences, as well as minimise distress and anxiety that can arise from negative and traumatic experiences. As such, being able to access safe and inclusive services promotes better wellbeing and safety outcomes for children and young people.

However, there are some barriers that can see children and young people not being able to access the support they need.

For example:<sup>4</sup>

- Negative or unsafe experiences with services and professionals.
- Risks around their information being shared without their knowledge/consent and consequently them potentially being 'outed'.
- Acceptance and/or rejection from their caregivers.
- Not being able to physically access support due to transport barriers.
- Not knowing what family violence supports are available to their specific needs, or if what they are experiencing is a form of family violence.
- Avoiding services or only seeking them during time of crisis due to fear of further stigmatisation.
- Seeking support through the community rather than the service system.
- Preferring to access LGBTQIA+ services rather than mainstream services.

Please see 'Service access and engagement barriers for victim survivors' in Section 12.1.7 of [MARAM Foundation Knowledge Guide](#) for additional information on barriers faced,

As a result of these barriers, LGBTQIA+ children or young people are less likely to seek support when needed.<sup>5</sup> However, safe, and inclusive services as well as specialist LGBTQIA+ services can help remove some of these barriers.

---

4. Rainbow Health Victoria 2020; State of Victoria 2021.

5. Australian Institute of Family Studies 2022.

# Building a Safe and Inclusive Space

The initial interaction with a child or young person assists in setting the scene and helps them to develop confidence in knowing whether the service they are accessing or the professional they are engaging with are safe. When engaging with and supporting LGBTQIA+ children and young people, it is important to consider the following:

## Use visual cues:

- LGBTQIA+ children and young people look for visual cues and signs that they are welcome in a space.<sup>6</sup>
- An example of these visual cues may involve having a rainbow pride flag being displayed. This can bring relief to the child or young person that they are entering into a safe space. It is also a reminder for the service itself that they're constantly being mindful and aware that they are responsible for providing a safe space for LGBTQIA+ children and young people.

## Consider the language used on forms:

- It is important to use gender neutral language on any administrative forms that the child or young person may complete when they first access the service.
- An example of this may include options such as 'preferred name', and/or a box to write gender, pronouns, etc., This is a preferred over than having to select from predetermined options. It is also suggested to have an option for a box that says not to ask for gender.
- Services and professionals should be clear that when talking about a child or young person's sex and/or gender, that they are using the correct language and terminology. This can play a key role in helping to reaffirm someone's identity.

## Use language cues from the child or young person:

- Ask about, and respect the name and pronouns shared and used by the young person.
- Think about when pronouns are asked about and used when engaging with a young person.
- Respect the young person to be the one to decide whether they want to share their pronouns.
- Reflect the language used by children and young people to describe their identities.
- If you're unfamiliar with any language used during the engagement, use secondary consultation to educate yourself to avoid the young person feeling as though they are responsible for educating you.

---

6. Rainbow Health Victoria 2020.

# Building a Safe and Inclusive Space

## Avoid making assumptions:

- Professionals should maintain awareness of unconscious bias and the dominant recognition of heterosexual intimate partner violence (IPV) at all times when engaging with children and young people.
- Don't make assumptions about a child or young person's identity based on their name or appearance.
- Misgendering or deadnaming are common forms of family violence risk behaviours that can be unique to children and young people experiencing family violence and can cause distress for them.
- Affirm the child or young person's identity by asking them what their name and pronouns are or by creating opportunities for them to disclose this information if they wish to. For example, instead of saying "Sam is here for his appointment" try saying "Sam is here for their appointment" or "Your appointment is here to see you."
- Don't make assumptions that a child or young person's parents or families are aware or supportive of the child or young person's identity. To ensure you're not placing them at risk make notes on their file around the preferred name, title, and pronouns they would like on mail or referral letters. Professionals should also explore whether they feel safe for them to be used.
- Professionals should not try to label someone based on descriptions (i.e., "*this sounds like you might be...*"). Allow children and young people to be the experts of their own experience.

## Understand why the young person is seeking support:

- It is essential to consider and respond to children and young people's experiences, and as clients in their own right.
- They should be recognised as experts of their own lives.
- A child or young person who identifies as LGBTQIA+ may be accessing your service for family violence support or for other issues that are distinct from their LGBTQIA+ identity.<sup>8</sup>
- Don't make assumptions that their LGBTQIA+ identity is the presenting problem. It is important to respond to the presenting problem while also recognising other aspects of their life that may or may not intersect with one another. This could include experiences and risks stemming from their family of origin, family of choice, intimate partner violence, and/or not being aware that what they are experiencing is a form of family violence.

---

7. Cohealth 2019.

8. QLife 2016.

# Building a Safe and Inclusive Space

## Go beyond the surface level:

- Safe and meaningful engagement requires understanding from the professional regarding the disadvantage and discrimination the LGBTQIA+ community faces and how this may shape engagement with the child and or young person.<sup>9</sup>
- Young people shared that they could tell when the service they are accessing is well educated or is operating in a cis-normative way.
- When the work is only done at the surface level (i.e., only learning basic terms), young people shared that this can be harmful for children and young people accessing the service as it can cause distress.
- Services should engage with the community and use feedback, consultation, and co-design to gain a deeper understanding of who they are working with and how they can best respond to their needs to make them feel safe when accessing a family violence service.



---

9. Australian Institute of Family Studies 2022.

# Building a Safe and Inclusive Space

## Support the child or young person as a client in their own right:

- Every child or young person will have a unique presentation and their own individual needs when seeking safe service responses. It is important to tailor your support based on the needs and experiences of the specific child or young person and as a principle of MARAM.
- Decision-making should be in the hands of the child or young person wherever possible. Children and young people should be supported to have control when safe and appropriate and they should be provided with a safe and affirming place to process information and make decisions.<sup>10</sup>
- It is important not to disregard the opinion of the young person and to keep conversations open when engaging with them.
- It is also important to be realistic about expectations and requirements and to be honest about what information is to be shared whilst maintaining their rights to privacy and confidentiality.
- Ask the child or young person whether it is safe and/or appropriate to approach their parents or caregivers. Actively listen to their perspective about why they may not want their caregivers involved. Understand what information is safe to share and be clear in understanding what may not be safe to share. If the caregivers have a concern, check with the child or young person if that it is a concern for them too.
- Focus on listening to the young person — trust the judgement of the child or young person and validate their views and wishes.

Building a safe space takes time and is an ongoing process. Engaging with LGBTQIA+ children and young people is not about adopting a set of behaviours and language that applies to all LGBTQIA+ people.<sup>11</sup> It is about being open, curious, responding to, and valuing the needs, perspectives, and experiences of the specific child or young person you are working with at that moment, as well as reflecting upon how these needs, perspectives, and experiences have shaped and intersect with one another contributing to their experience of family violence, system barriers and safe access to services.

---

10. QLife 2019.

11. Rainbow Health Victoria 2020.

# Secondary Consultations and Referrals

Specific barriers to receiving appropriate and effective services include services lacking knowledge and confidence in working with LGBTQIA+ children and young people, and professionals believing they are ill-equipped to respond.

Professionals can address this by working in a proactive and collaborative way, including through secondary consultation and referral with organisations specialising in working with children and young people who identify as LGBTQIA+

If you're unsure how to effectively support a LGBTQIA+ child or young person, please seek that secondary consultation with a specialist service where appropriate. The following are examples of services who can assist with this:

- [Rainbow Door](#) is a free specialist LGBTQIA+ helpline that supports individuals and families of all ages and identities with family violence, including intimate partner violence, elder abuse, sexual assault and relationship issues.
- [Drummond Street/Queerspace](#) is a family violence counselling and support for any LGBTQIA+ person, their family or friends, who are affected by family violence.
- [Thorne Harbour Health](#) is a family violence counselling and case management services to LGBTQIA+ communities and Family Violence Flexible Support Packages for those who are considering leaving or have recently left a violent relationship.
- [QLife](#) is an after-hours, peer-to-peer support service run by volunteers in the LGBTQIA+ community. QLife is not a crisis support service. Peer supporters cannot provide counselling however they can provide referrals to LGBTQIA+ inclusive counselling services if needed. This service is run by Switchboard Victoria.



# Secondary Consultations and Referrals

## Practice Considerations:

- Children and young people have the right to safety and privacy. Allow children and young people to choose whether they want to disclose information about themselves and to understand how the information they choose to share is used, the implications of it, how the information is recorded, and who it is made available to.<sup>12</sup>
- Avoid making “empty promises”. Children and young people can tell when professionals are trying to placate them and making promises that they cannot fulfill.
- Be realistic and transparent when providing an idea of what next steps might look like for the child or young person. It is important to give a clear pathway to the child or young person of what needs to be done now and what professionals are going to do.
- It is important that professionals back up what they say they’re going to do in a meaningful and tangible way. This signals to the child or young person that they have someone reliable to rely on in the future if needed.
- Professionals don’t always have to have the answers to everything, but it is important to avoid giving the wrong answers as this has the potential to do more harm than good for the child or young person.
- Being able to talk to someone with similar lived experience as the child or young person would be beneficial for the client.
- Give autonomy to the child or young person about who they involve in their support team
- Children and young people who experience family violence are more likely to suicide at all points along the journey from seeking safety to recovery and health. The risks of suicide are extremely high in young LGBTIQ people, particularly trans and gender-diverse young people. For LGBTIQ young people, this additional high risk is compounded by an increased risk if they have experienced family violence. Please see Section 12.1.7 [MARAM Foundation Knowledge Guide](#) practice considerations for more info.

---

12. Rainbow Health Victoria 2020.

# Further Information

## TERMINOLOGY AND LANGUAGE

- **Child and Young Person:** For the purpose of this tip sheet, the term “child and young person” encompasses age groups 0-18 including newborn, infant, toddler, children, and young people. Newborn refers to time of birth through to 3 months. Infants are typically from 3 months to 18 months, toddlers from 18 months to 3 years of age, child 3 to 11 years, and young people from 12 to 18. The term child may be used to describe all ages and stages.<sup>13</sup>
- **LGBTQIA+:** These initials are used to refer collectively to lesbian, gay, bisexual, trans/transgender, intersex, queer or questioning, and asexual people. These letters represent broad categories of experiences and not necessarily identities. Additionally, although these groups are distinct, they can also overlap. For more information about LGBTQIA+ language and terminology, please visit the [QLife Glossary](#).

## RESOURCES

- [Gender & Sexuality Inclusive Practice Guide](#) (VincentCare)
- [Inclusive communication with LGBTIQ+ clients](#) (Australian Institute of Family Studies)
- [QGuides](#) (QLife)
- [Terminology Guide – Identity and Experience](#) (Zoe Belle Gender Collective)
- [Secondary Consultation Referral List](#) (Zoe Belle Gender Collective)
- [Example Scripts](#) (Zoe Belle Gender Collective)
- [Presentations of family violence in different relationships and communities](#) (refer 12.1.3 for 12.1.3 Family violence against children and young people and 12.1.7 / 12.1.8 for LGBTIQ+ communities)

## REFERENCES

Australian Institute of Family Studies (AIFS) 2022, *Inclusive communication with LGBTIQ+ clients*, AIFS Melbourne.

Crenshaw K 1989, *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Anti Racist Politics*, University of Chicago Legal Forum, vol. 1, no. 8.

Cohealth 2019, *A practical guide to trans, gender diverse and non-binary inclusion*, Zoe Belle Gender Collective and LGBTIQ Education & Advocacy Project, Melbourne.

QLife 2016, *QLife Tip Sheet: Young People*, QLife, Australia.

QLife 2016, *QLife Glossary*, QLife, Australia.

Rainbow Health Victoria 2020, *Rainbow Tick Standards*, La Trobe University, Melbourne.

State of Victoria, *MARAM Practice Guides: Foundation Knowledge Guide*, Family Safety Victoria, Melbourne.

VincentCare 2019, *Gender & Sexuality Inclusive Practice Guide*, VincentCare, Melbourne.

---

13. State of Victoria 2021b.

14. QLife 2016.

