



PRISM IN PRACTICE

SUPPORTING LGBTIQA+ CALD YOUNG PEOPLE

A resource for health workers



ABOUT THIS RESOURCE

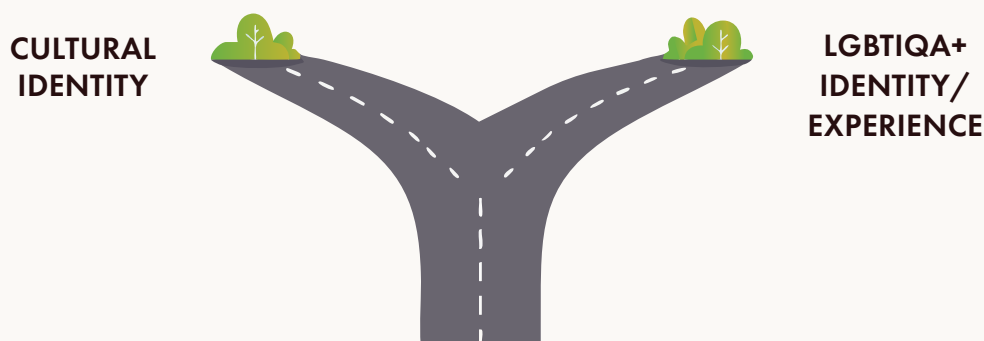
This resource was developed as part of a suite of resources for health workers who are supporting LGBTIQ+ young people. This resource provides practice guidance for workers who may be working with LGBTIQ+ young people from Culturally and Linguistically Diverse (CALD) backgrounds. This is an intersection of experiences that may bring with it specific needs for appropriate care. It's important to note that some LGBTIQ+ CALD young people don't feel they experience challenges based on their gender identity, sexuality or innate variations of sex characteristics. For some, these don't feel like prominent facets of their experience. Many have families who openly embrace LGBTIQ+ communities. On the other hand, we know that many LGBTIQ+ CALD young people are navigating safety in complex situations and managing different parts of their identity and experience.

In this resource, we use the acronym CALD, which stands for Culturally and Linguistically Diverse and 'can encompass a range of aspects including a person's country of birth, their ancestry, where their parents were born, what language/s they speak, and their religious affiliation' ([Australian Institute of Health and Welfare, 2025](#)). This language is used to refer to a population group of diverse experiences and might not resonate with individual people as identifiers. Note that because CALD includes people who have (or whose families have) migrated to Australia from another country, the term does not include Aboriginal and Torres Strait Islander people. When addressing your client, the best practice is to mirror the language they use for themselves, and don't assume that they will identify with other similar words. If in doubt, respectfully ask.

LGBTIQ+ PEOPLE EXIST IN EVERY CULTURE AND COUNTRY

Some LGBTIQ+ CALD young people find it hard to embrace their culture at the same time as their gender, sexuality or intersex experience. They may feel like their LGBTIQ+ experience isn't accepted or understood in cultural or family spaces and that their cultural identity isn't embraced in LGBTIQ+ affirming spaces, leaving them to feel like they can only be one or the other. In some cases, they may receive messages from family that they need to repress or abandon their sexuality/gender identity for good or keep their innate variations of sex characteristics a secret.

Some young people are told by their LGBTIQ+ community that they need to 'cut off' their non-accepting family, but this is not so simple. Family can be a significant source of connection to culture, language and belonging for young people from CALD backgrounds, especially those from a cultural diaspora. Cutting off their family could lead to isolation from their wider community, which has detrimental impacts on mental health and wellbeing. Similarly, a CALD young person being told that their culture is non-accepting of, or that there are no LGBTIQ+ people in their culture is disaffirming and harmful. The burden of repressing or concealing one's LGBTIQ+ experience can cause high levels of mental distress and suicidality.



Diaspora: a community of people dispersed from their original homeland who maintain a connection to their heritage, even while living in different parts of the world.

There is little research about the specific experiences of CALD young people with innate variations of sex characteristics. However, it's important to recognise that these communities may face discrimination based on their body not meeting society's expectations and norms for how a body should appear, as well as racial, cultural or religious discrimination. Additionally, CALD young people with innate variations of sex characteristics may also be more at risk of non-consensual medical interventions than their non-CALD counterparts. If CALD parents are not provided with important resources like affirming interpreters and culturally-responsive and linguistically-appropriate health education, their autonomy in their response and decision-making process on behalf of their child may be compromised.

LGBTIQA+ CALD young people might experience discrimination based on their cultural/racial identity and languages spoken, as well as their sexuality, gender identity or innate variations of sex characteristics. Feeling the impact of this discrimination daily can take a toll on physical and mental health outcomes. This is called *multiple minority stress*. Research shows this poses significant barriers to mental health help-seeking by CALD people in Australia, especially those from migrant backgrounds.

ACCESS TO HEALTHCARE

Barriers for CALD people

- Workers having insufficient understanding of culturally-responsive practice
- Previous experiences of racism or discrimination in health setting
- VISA/residency status
- Privacy concerns
- Lack of multilingual information resources and/or staff
- Lack of CALD representation on staff
- Previous experiences of health concerns not being understood or taken seriously

Barriers for LGBTIQA+ people

- Workers having insufficient understanding of gender diversity, sexuality and innate variations of sex characteristics
- Previous experiences of homophobia, transphobia or discrimination based on innate variations of sex characteristics in health setting
- Previous experiences of having bodily autonomy ignored or disregarded by health workers
- Privacy concerns
- Fear of being misgendered or deadnamed by systems and workers
- Lack of LGBTIQA+ representation on staff

CASE STUDY

An LGBTIQ+ CALD young person called Tarn (they/them), 17, presents at your service for the first time. Tarn speaks English as their third language. Six months earlier, they tried to engage another health service in the area, but they found it too overwhelming and gave up because the intake process was very rushed and was not explained to them clearly. They also said they were misgendered a few different times, which made them feel overlooked and humiliated.

Which of the barriers above does Tarn describe experiencing?

What can a **worker** do to provide Tarn with appropriate care?

- Use a culturally responsive approach that doesn't make assumptions about their English proficiency
- Use a gender affirming approach that doesn't make assumptions about their gender identity
- Use a trauma informed approach that empowers Tarn to ask questions and make decisions for themselves
- Educate themselves about gender affirming health care

What can a **service** do to provide Tarn with appropriate care?

- Offer to provide an LGBTIQ+ affirming interpreter, or the option to invite a support person to their appointment who could help them understand the intake process
- Update intake forms to include a field for pronouns to ensure language for clients is consistent
- Provide professional training in gender affirming care and inclusivity to ensure all staff feel confident to support trans and gender diverse people and have the skills to repair when they accidentally misgender someone

REFLECTING ON STEREOTYPES AND OUR OWN BIASES

We all may make assumptions about who someone is based on how we perceive them. Often, our perspective is informed by the biases and stereotypes enforced by society, our community and the people and systems around us. This is called unconscious bias and, if left unaddressed, can significantly impact patient outcomes and health equity. When working with LGBTIQ+ CALD young people, it's paramount that workers reflect on and interrogate their own unconscious bias. These may be assumptions about a client's:

Unconscious bias:

Our unconscious, hidden attitudes and beliefs towards others that are rooted in cultural stereotypes, norms and prejudices

Sex characteristics

Race, culture and language

Sexuality and relationship status

Role in their family

Relationship to religion

Gender identity and expression

- *Which of these assumptions might you unconsciously make about a new client based on their name, age or appearance?*
- *Can you reflect on a moment where you realised an assumption didn't match the client in front of you?*

RECOGNISING HOMOPHOBIA, TRANSPHOBIA AND DISCRIMINATION, REGARDLESS OF CULTURE

It is a common misconception that certain cultures are inherently homophobic, transphobic or discriminatory against intersex communities, and others aren't. This assumption is inaccurate and can allow instances of homophobia, transphobia and intersex mistreatment to be excused or normalised without being recognised for what they are: discrimination.

WHERE DID THIS MISCONCEPTION COME FROM?

The perception that legal and social discrimination against LGBTIQ+ communities only exists in non-Western countries, causing the assumption that they are not culturally accepted.

Some cultures are intertwined with religion or faith, which can simultaneously suggest that some religions are accepting of LGBTIQ+ people and some are not.

Lack of visibility of LGBTIQ+ communities in some cultures' art, music, stories, language. Often this is because LGBTIQ+ representation was erased by colonisation.

While laws and attitudes towards LGBTIQ+ people vary across the globe, in Australia it is unlawful to discriminate on the basis of gender identity, sexuality and intersex status. It is possible – and in fact, important – to be sensitive to cultural differences in worldview and norms while at the same time recognising and speaking up against discrimination in all forms, including homophobia, transphobia and against people with innate variations of sex characteristics.

SHAME

Some LGBTIQ+ CALD young people who have heard negative attitudes from family about LGBTIQ+ people their whole lives may have internalised these beliefs about themselves. They might believe that their sexuality, gender or bodily difference is wrong or shameful, needs to be changed, or is going to cause their family to lose friends or be exiled from their community. This is a lot of pressure for a young person!

If you encounter a young person who has internalised homophobic, transphobic or discriminatory beliefs about themselves or their body:

- Listen with curiosity and without judgement
- Move at the young person's pace
- Use your clinical judgment to gauge when or if it would be helpful to gently challenge the beliefs
- Be discerning about the impacts these beliefs are having on the young person and look for risk of significant harm under mandatory reporting obligations

At all times, workers should advocate for their service to take a clear position on inclusive and affirming practice. Staff across the service should feel fully affirmed by management if support is needed to navigate the complexity of these conversations.

'INVITING IN' AND CONFIDENTIALITY

For LGBTIQ+ young people, maintaining confidentiality should be a key concern for workers. Breaching the confidentiality of LGBTIQ+ young people can pose serious risks to their safety, including increased risk of family violence, homelessness and isolation if family members aren't supportive.

For many LGBTIQ+ people, the decision to disclose their sexuality, gender or innate variation of sex characteristics is a big one. Often, this process is referred to as 'coming out of the closet'. Some LGBTIQ+ young people with non-accepting families feel that their only option is to keep this information private, or to 'stay in the closet.' However, the process of disclosing can be more complex than just being 'in' or 'out.'

Sekneh Hammoud-Beckett's concept of [Inviting In](#) offers LGBTIQ+ people more agency in this process. Instead of coming out, the LGBTIQ+ person can choose who they deem trustworthy enough to invite in. This can help the person see their LGBTIQ+ identity and experience as something special to share with those trustworthy enough, rather than something that needs to be kept as a deep, dark secret. Inviting In helps LGBTIQ+ CALD people find their own way to embrace all parts of who they are.

If an LGBTIQ+ client invites you in, you can:

- Thank them for trusting you with this information
- Confirm who else in the client's life has (and hasn't) been invited in
- Ask what name and pronouns you should use for a trans or gender diverse young person when speaking to their parents, family and other workers
- Communicate this plan clearly to other team members who have also been invited in
- Ensure an intersex young person understands their innate variation of sex characteristics and their rights in medical settings
- Adapt systems and processes (eg. intake forms, eMR, case notes) to ensure they suit the needs of each client

"I was working with a young person, Sami, (she/her), 14, who had invited me in and let me know she is a lesbian and has a new girlfriend. In our sessions, she wanted help managing the stress of keeping this information from her parents, whom she had not invited in yet because she knew they wouldn't accept her. When I was writing my case notes for Sami, I made sure not to mention her sexuality or girlfriend explicitly in case her parents happened to request a copy of her case notes. Instead, I recorded that we spoke about managing relationships at school and stress reduction techniques."

Counsellor

LGBTIQA+ CALD young people's confidentiality needs to be managed when working with a multidisciplinary team. They may have additional concerns about their confidentiality if they share cultural communities with the worker or dual relationships. Gain informed consent from the young person before sharing any of their personal, sensitive information with other clinicians you may refer them to and tailor your approach. You may need to revisit the informed consent process if the young person invites you in for the first time to ensure they are comfortable with this being shared with other clinicians. This might look like:

- attending their first appointment with the new clinician together
- having a warm handover to meet with the new clinician to discuss their confidentiality requirements
- keeping their information confidential until the young person has built trust with the new clinician and invites them in themselves

COMMUNITY, PEER SUPPORT AND ROLE MODELS

For LGBTIQA+ young people who aren't accepted by their CALD family, connecting them to peer support is key to their wellbeing. It can even be lifesaving. Being socially connected to a community group who shares the same or similar lived experience can help LGBTIQA+ CALD young people feel a sense of belonging and acceptance. It can be an antidote to the isolation, rejection and shame they may feel from their non-accepting family.

Led by the young person, identify possible options for community support:

- Is there an LGBTIQA+ inclusive pride group at school?
- Is there a community social group for queer and trans young people outside of school?
- Would they like to be connected to online or in-person intersex peer support?
- Is there a colleague with a similar identity or lived experience that you could introduce them to?
- Could they access community online via community peer support groups such as [Multicultural Peers Project](#), [Intersex Peer Support Australia](#), [InterLink](#), [Forcibly Displaced People Network](#), groups listed on the [Rainbow Cultures Directory](#)?
- Are there visible LGBTIQA+ CALD artists, musicians, actors or athletes in the public eye who could be role models?

"My client Ana (16, she/her) has an innate variation of sex characteristics called Complete Androgen Insensitivity Syndrome. Her family imparted a feeling of shame to her about her body, saying that her infertility makes her a disappointment, because 'in our culture, daughters are expected to be wives and mothers.' Ana came to see me at the local community health service about her shame and I recommended that she register for an online social program for young people by an intersex peer support service called InterLink. In this group, she even met another intersex woman from a similar cultural background to hers. They have forged a friendship and are learning to love their variations and shed their shame together."

Counsellor

This resource was funded by NSW Health, and developed by Twenty10 in collaboration with **Multicultural Peers Project** and **InterAction for Health & Human Rights**.

Twenty10 supports LGBTIQ+ young people aged 12 - 25 across New South Wales with specialised housing, counselling, care coordination, brokerage and a wide range of early intervention social support programs. We are also the NSW state partner for QLife, Australia's national phone and web based peer support service. These resources have been developed through our Learning and Development program, who deliver statewide training in LGBTIQ+ inclusivity and affirming practice.

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**Find more resources
and information here:**



twenty10.org.au/prism-in-practice



**InterAction
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