VincentCare
Engage. Enable. Empower.

VincentCare
Community Housing

Welcome as you are

An LGBTIQA+ Inclusive Practice Guide

Names of co-design creators

This guide was co-designed by a diverse group of LGBTIQA+ identifying-clients, staff and allies over a nine month period:

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How it was funded

This project has been funded by the Victorian Government through the LGBTIQA+ Organisational Development Grants 2024-25.

VICTORIA State Government

Acknowledgement of Country and queer Aboriginal history

VincentCare Victoria and VincentCare Community Housing acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of the lands we live, work and meet on and we recognise their continuing connections to those lands, the waterways, territories and resources.

We acknowledge the richness, diversity and sophistication of the culture of Aboriginal and Torres Strait Islander peoples and pay our respects to Elders past and present and to the memories of their ancestors.

The creators of this guide acknowledge the ongoing leadership and advocacy of Blak queer people, and recognise their enduring connections to culture, community and Country. We also recognise that this labour is frequently unrecognised, despite its significant impact.

'Blak' is a term coined in the early 1990s by Torres Strait Islander artist Destiny Deacon and is used by Aboriginal and Torres Strait Islander people to reclaim their identity from colonialist language.

In dropping the 'c' from the word 'Black', which has been used in a derogatory manner, this term represents urban, contemporary and politically conscious Aboriginal and Torres Strait Islander identity.

Welcome as you are

Contents

Section 1

What is the guide?

Welcome as you are: An LGBTIQA+ Inclusive Practice Guide (the guide) is an exciting and important step forward in strengthening how VincentCare and VincentCare Community Housing supports LGBTIQA+ people across all of our services.

Inclusive practice means treating LGBTIQA+ people with respect and ensuring they feel safe, welcome and valued when accessing services and support. It involves recognising and affirming people's identities, using inclusive language, and making sure everyone has equal access to opportunities and services.

This guide provides a dynamic framework for best practice, guiding our work with people accessing both our general services and those specifically designed for LGBTIQA+ communities. At its core, the guide recognises that LGBTIQA+ people experiencing homelessness often face additional barriers, discrimination and significant safety concerns, and that these experiences require a response that is intentional, informed and affirming.

More than just a guide, this is a practical and empowering resource for our staff and volunteers. It brings together clear guidance, tools and resources to build culturally safe, respectful and inclusive practice across every point of service. Its purpose is to help ensure that every client feels safe, welcomed and genuinely supported in affirming who they are, reflecting VincentCare and VincentCare Community Housing's strong commitment to being a trusted, inclusive and affirming service provider for LGBTIQA+ communities.

What makes this guide especially powerful is that it has been co-designed over nine months in close partnership with members of the LGBTQIA+ community who are current or former clients. Their voices, lived experiences of homelessness and rich, intersecting identities have been central to shaping this work. Building on VincentCare's previous Gender and Sexuality Inclusive Practice Guide, this updated version is deeply grounded in lived experience and offers a contemporary, authentic reflection of the needs and realities of the people we support.

Acknowledgement of the limitations of the guide

This guide reflects current knowledge and views at the time of writing. We recognise and respect that language, identities and best practice evolve and this guide reflects contemporary practice. We also recognise that service environments and client need vary across programs and locations. With this in mind, we realise that no guide can cover every situation, and that workers must use their professional judgement, trauma informed, and person centred practice to respond to each individual circumstance.

This guide acknowledges the importance of intersectionality and understands that this guide cannot cover the full breadth of experiences of LGBTIQA+ people and the multiple components of their identities. Similarly, nor could the co-design process and members of the working group be representative of the broad range of lived experiences within the community. The contributors to this guide have endeavoured to represent these diverse experiences and communities to the best of their abilities.

Inclusive Language Guide

We know that inclusive language is important because it creates safety, dignity and belonging. Specifically, we know that the use of inclusive language:

- helps people to feel respected and valued
- reduces harm
- supports psychological and cultural safety
- builds stronger relationships
- is a key part of professional and ethical practice
- challenges bias and promotes equity
- improves service access and outcomes.

To provide guidance to our staff and volunteers, VincentCare has developed its own Inclusive Language Guide.

Further information on this guide can be found in Section 5: Resources.

A summary of key historical dates

An awareness of the history of the LGBTIQA+ community is necessary in understanding the lived and living experience of LGBTIQA+ clients. Some of these dates relate to experiences of harm – some of which are historical while others are still present today. We recognise that this is only a brief history and does not include all dates of cultural relevance or importance.

Pre-colonisation (prior to 1788): Many Aboriginal and Torres Strait Islander communities recognised diverse gender and sexuality roles, identities and kinship systems long before colonisation. Contemporary identities such as Sistergirl and Brotherboy reflect this enduring cultural history and resistance against colonial gender binaries.

1968: The Diagnostic and Statistical Manual (DSM) that defines medical conditions redefined homosexuality from a "sin" to a "mental disorder". This medicalised and pathologized LGBTIQA+ identities, contributed to discrimination and stigma, gave medical legitimacy to harmful treatments and had significant impacts on self-identify and mental health for LGBTIQA+ people.

1970: First major gay rights protest in Sydney, marking one of the earliest public protests for gay liberation.

1971: Formation of Campaign Against Moral Persecution (CAMP) - Australia's first major LGBTIQA+ rights organisation was established, advocating for legal reform, social acceptance and support services.

1973: The term "Mental Disorder" was removed from the DSM and replaced by "Sexual Orientation Disturbance". While sometimes considered to be the first step in de-pathologisation, this move still reinforced stigma and continued to justify certain "treatments".

1978: First Sydney Mardi Gras – originating as a protest march against discrimination and police brutality and becoming one of the most significant moments in Australian LGBTIQA+ activism.

1981: Homosexuality is decriminalised in Victoria. The decriminalisation of homosexuality in Victoria shifted same-sex intimacy from the realm of criminal law to one of human rights, laying the groundwork for broader social acceptance, legal equality, and improved health and wellbeing outcomes.

1980s: HIV/AIDS crisis and activism: LGBTIQA+ communities, particularly gay men, trans communities, sex workers and people living with HIV, faced significant stigma, loss and government inaction. Community-led activism and care networks became essential. This period must also be understood through class, health inequity and social exclusion.

1987: The DSM removes the term homosexuality completely. The removal represented the full depathologisation of same-sex orientation within psychiatry, shifting the focus from sexual identity as illness to the harmful effects of social stigma and discrimination.

1988: First Aboriginal and Torres Strait Islander Mardi Gras Float.

1990: The World Health Organisation (WHO) removes homosexuality from its International Classification of Diseases (ICD). The removal of homosexuality from the ICD marked the global depathologisation of same-sex orientation, reshaping international health systems, reducing the legitimacy of conversion-based practices, and strengthening the human rights framework for LGBTIQA+ people.

2013: Federal protection under the Sex Discrimination Act. Sexual orientation, gender identity and intersex status become protected attributes under Commonwealth anti-discrimination law.

2015: The Victorian Government announces the expungement of historic convictions for homosexual activity that would not be considered a criminal offence today. The expungement scheme had the effect of removing the continuing legal and social consequences of historically discriminatory laws, while formally acknowledging the injustice of past criminalisation and restoring dignity to those affected.

2016: The Victorian Government formally apologises for historical laws criminalising homosexuality, acknowledging the harm caused by the State.

2017: The Australian Government writes same sex marriage into law. The legalisation of same-sex marriage in Australia represented a landmark equality reform that provided same-sex couples with full legal recognition, strengthened social legitimacy, and symbolised a significant shift toward inclusion and human rights.

A summary of key historical dates

2018: The World Health Organisation (WHO) reclassifies "Transgender" from a mental illness, renaming it "Gender Incongruence" and including it under "Sexual Health Conditions". The WHO's reclassification of transgender identity as "gender incongruence" under sexual health conditions marked a significant global shift from pathologisation to affirmation, reducing stigma while preserving access to gender-affirming healthcare and strengthening the human rights framework for trans and gender-diverse people.

2019: Victoria reforms birth certificate laws with trans and gender diverse people no longer required to have surgery to amend the sex marker on their birth certificate.

2021: The Victorian Government bans conversation practices, protecting LGBTIQA+ people from harmful attempts to change or supress sexual orientation or gender identity.

2021: Intersex protections are strengthened in Victoria, with sex characteristics explicitly protected under anti-discrimination law, recognising the distinct experiences of intersex people.

2021: The Equal Opportunity (Religious Exceptions) Amendment Act 2021 became effective in June 2022, prohibiting religious schools and organisations from firing or refusing to hire staff based on sexual orientation or gender identity, except where religious belief is inherent to the role.

2025: The Victorian Parliament passed the Health Safeguards for People Born with Variations in Sex Characteristics Bill 2025 in February 2026, making Victoria the first Australian state to ban unnecessary medical interventions on intersex children.

2025: In April 2025, the Justice Legislation Amendment (Anti-vilification and Social Cohesion) Bill was passed to introduce the first explicit anti-LGBTIQA+ hate speech laws, which came into effect on 30 June 2025.

These laws create new criminal offenses for inciting hatred or threatening physical harm based on sexual orientation, gender identity, or sex characteristics, with penalties of up to five years' imprisonment.

Why is inclusive practice important

when considering housing, health and wellbeing outcomes for LGBTIQA+ people?

Inclusive practice is essential when working with LGBTIQA+ people because the evidence clearly shows that this community experiences significantly poorer outcomes across health, wellbeing, safety and housing compared with the general population.

The minority stress model helps explain why: ongoing experiences of discrimination, stigma, exclusion and fear create chronic psychological stress that directly affects mental and physical health. The findings from *Private Lives 3* highlight the seriousness of these impacts with 57% of participants reported being treated unfairly because of their sexual orientation in the past 12 months, 57% reported high or very high psychological distress, and 42% had considered suicide in the previous year.

Rates of homelessness are also deeply concerning, with 22% reporting having experienced homelessness, and LGBTIQA+ people being at least twice as likely as heterosexual people to experience homelessness. These outcomes are not inherent to LGBTIQA+ identity itself; rather, they reflect the cumulative impact of systemic discrimination, social exclusion and barriers to safe support. Inclusive practice is therefore critical to reducing harm, building trust, and creating affirming environments where people feel safe to disclose their needs and access support.

An intersectional approach is particularly important because these experiences are not uniform across the LGBTIQA+ community. Trans and gender diverse people report even higher rates of homelessness, psychological distress, suicidality and poor health, while people with intersex variations experience high levels of disempowerment and discrimination in healthcare settings. Similarly, participants from multicultural backgrounds and those living with disability experience additional layers of disadvantage that compound exclusion.

The homelessness research further demonstrates how service environments themselves can become barriers when staff lack knowledge of LGBTIQA+ identities, leading to misgendering, harassment, inappropriate accommodation placements, and avoidance of services altogether - particularly in faith-based settings.

Inclusive practice therefore goes beyond respectful language; it requires staff capability, culturally safe and trauma-informed responses, accurate gender-affirming systems and processes, and service models that actively recognise intersecting experiences of identity and marginalisation. The fact that more than three quarters of participants said they would be more likely to use an accredited LGBTIQA+ -inclusive service strongly reinforces that inclusive practice is not optional—it is central to equitable access, safety and positive outcomes.

VincentCare Victoria's commitment to safety

VincentCare acknowledges the harm and marginalisation that LGBTIQA+ people have often experienced within faith-based service settings. We are committed to learning from this history, addressing these impacts, and ensuring that our services uphold safety, equity and respect for all.

Safety is a shared responsibility and is built through everyday inclusive actions, respectful communication, and practices that protect privacy, dignity, and wellbeing.

Safety is further discussed in Section 4.

Section 2

LGBTIQA+ Community or SOGIESC

What does LGBTIQA+ stand for?

The Victorian Government uses the acronym LGBTIQA+ (lesbian, gay, bisexual, trans and gender diverse, intersex, queer, and asexual). This is an inclusive umbrella abbreviation of diverse sexualities, genders and sex characteristics.

Everyone has a sex, gender and sexuality, which relate to our bodies, identities and how we express ourselves.

Communities included within this commonly used umbrella term have distinct experiences and needs, and different histories of identity and organisation.

In Australia, the term has arisen in recognition of common experiences of legal and social marginalisation on the basis of dominant social norms around sex, gender and sexuality.

What does LGBTIQA+ stand for?

LGBTIQA+

Communities included within this commonly used umbrella term have distinct experiences and needs, and different histories of identity and organisation. In Australia, the term has arisen in recognition of common experiences of legal and social marginalisation on the basis of dominant social norms around sex, gender and sexuality.

Lesbian

Women who are attracted to other women.

Gay

Men who are attracted to other men. It's also another word for any person who's attracted to the same gender as themself.

Bisexual

People who are attracted to men and women, or more than one gender.

Queer

A broad term for people who have diverse gender identities or sexualities.

Asexual

People who experience no (or very little) sexual or physical attraction to anyone.

Aromantic

People who experience no (or very little) romantic or emotional attraction to anyone.

VincentCare has developed an Inclusive Language Guide that provides much more detail – see Section 5 Resources.

What does the term SOGIESC mean?

SOGIESC (pronounced "soh-jee-esque") is an abbreviation used to describe sexual orientation, gender identity and expression, and sex characteristics collectively for the purposes of law and policy.

The ever-expanding term LGBTIQA+ serves the worthy purpose of including a diverse array of categories and identities relating to sexuality and gender. However, the term's shifting and under-defined qualities make LGBTIQA+ ill-suited to the discourse and practice of international human rights law, which requires greater clarity, precision, and stability.

The alternative term SOGIESC has increasingly been adopted by human rights advocates. More than a mere shift from one awkward abbreviation to another, the use of SOGIESC promises a reframing of sexuality, gender, and human rights that is more accurate, more inclusive, and ultimately more universal — and therefore one that is a better tool for advancing human rights.

In this guideline, we acknowledge the involving language for diverse identities in different contexts. For our purpose of developing the VincentCare inclusive practice guide, LGBTIQA+ is the chosen term to describe the community.

Intersectionality

(definition statement)

Intersectionality is the way in which different aspects of a person's identity can make them vulnerable to multiple forms of stigma and discrimination. Intersectionality can result in greater social disadvantage, increased difficulty accessing services, increased risk of social isolation and economic disadvantage.

Originally coined by Kimberlé Crenshaw in 1989, intersectionality has gained popularity and is often discussed as a theory, methodology, paradigm, lens or framework. Many different definitions have been proposed, largely by academics and policymakers, and rarely by those most negatively impacted by it.

It recognises that people's lives are shaped by theair identities, relationships and social factors. These combine to create intersecting forms of privilege and oppression depending on a person's context and existing power structures such as patriarchy, ableism, colonialism, imperialism, homophobia and racism.

Why is intersectionality important to our practice?

Intersectionality helps to understand the lived experiences of individuals who are most marginalised because they experience overlapping inequities.

Intersectionality helps to understand the systemic power dynamics at work. Systems of inequity like racism, sexism or classism are interconnected and reinforce each other to:

1. Further marginalise the ones who are already disadvantaged in society.

(reduce their power)

2. Maintain and strengthen the existing benefits for the ones who are already privileged.

(increase their power)

What does it mean to be LGBTIQA+ to different groups?

Young people

Young LGBTIQA+ people still experience discrimination in many areas, negatively affecting their health and wellbeing. Suicide attempt rates are six times higher than their heterosexual peers and many young people experience harassment, ostracism from peers, rejection from family, marginalisation and violence.

In the latest nation-wide survey with LGBTIQA+ young people, *Writing Themselves In 4*, 6418 young people under the age of 25 participated the survey. Results included:

- High rates of harassment and assault: In the past 12 months, 40.8% of participants experienced verbal harassment, 22.8% experienced sexual harassment or assault, and 9.7% experienced physical harassment or assault based on their sexuality or gender identity.
- Significant experiences of homelessness: Almost one-quarter (23.6%) of participants had experienced some form of homelessness in their lifetime, with 11.5% experiencing it in the past 12 months.
- Disproportionate impact on trans and non-binary people: Trans men and trans women were most likely to experience homelessness, with nearly one in five reporting it in the past 12 months, and a substantial proportion attributed their homelessness to their LGBTIQA+ identity (45.2% of trans men, 37.9% of trans women).

Young people tend to use different language to describe themselves and are often more comfortable using the word `queer' as an umbrella term to describe their identity or orientation. They may also be more comfortable than their older counterparts in identifying and using different pronouns.

Older people

Older lesbian, gay, bisexual, trans, gender diverse and intersex people can face distinct challenges as they age, particularly when accessing safe, inclusive and respectful aged care services. Many have lived through periods of stigma, criminalisation and social exclusion, which can lead to reluctance to disclose their identity and, in some cases, a return to "the closet" when entering aged care due to fear of discrimination.

This can negatively impact their wellbeing and access to appropriate care, including specific health treatments such as those related to HIV/AIDS. Reports have also highlighted ongoing experiences of discrimination, including lack of recognition of gender identity and same-sex relationships, higher fees for same-sex couples, exclusion in policies and procedures, and limited acknowledgement of chosen families.

These issues are often compounded by insufficient staff training and awareness of LGBTIQA+ needs, resulting in care environments that may not fully support or affirm their identities.

Aboriginal and Torres Strait Islander communities

The impact of colonisation and the ongoing struggle for equality and cultural recognition still causes concern and trauma for Aboriginal and Torres Strait Islander peoples today. Aboriginal and Torres Strait Islander peoples have a shorter life expectancy with adult mortality rates twice that of non-Aboriginal and Torres Strait Islander people. They also experience psychological distress at 2.5 times the rate of non-Aboriginal and Torres Strait Islander people.

Brotherboys (sometimes written as Brothaboys) are Aboriginal and Torres Strait Islander transgender people with a male spirit who were assigned female at birth. Often, Brotherboys choose to live their lives as male, regardless of which medical path they choose. Brotherboys have a strong sense of their cultural identity.

Sistergirls (sometimes written as Sistagirls) are Aboriginal or Torres Strait Islander transgender women who were assigned male at birth who have a distinct cultural identity and often take on female roles within the community, including looking after children and family.

Many Sistergirls live a traditional lifestyle and have strong cultural backgrounds. Their cultural, spiritual, and religious beliefs are pivotal to their lives and identities.

LGBTIQA+ Aboriginal and Torres Strait Islander peoples may experience racism within the LGBTQIA+ community, and homophobia within the Aboriginal and Torres Strait Islander communities, which can compound experiences of disadvantage.

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People living with a disability

LGBTIQA+ people who have a disability are at higher risk of sexual abuse, including intimate partner violence, than the general population, and young people from this cohort are at higher risk of poor sexual health due to the lack of appropriate sex education.

As a result of coming out to family, some people may lose the support and assistance on which they rely to live, work or socialise. Many mainstream health and human services may not be sufficiently informed about the specific needs of LGBTIQA+ people with a disability. LGBTIQA+ people with disabilities may have to rely on a small network of carers who may not be aware of—or who may not acknowledge or respect—their sexual orientation or gender identity. Often LGBTIQA+ people with a disability are assumed to be heterosexual or non-sexual.

Access to LGBTIQA+ groups, organisations or events may be limited by physical barriers, or by a mental or psychosocial disability which adversely impacts on their communication skills. There can also be a lack of acceptance or understanding of disability within the LGBTIQA+ community.

Access to social media, support groups and inclusive events can have a positive impact on the health and wellbeing of LGBTIQA+ people with a disability, helping to reduce social isolation and marginalisation.

"There are misconceptions about why gay people are homeless – even from within the community.

Like thinking that it's because we are taking drugs or not working.

There was a time that I went to look at private rental apartments with a "girlfriend" so that I didn't look either single or gay to the agent."

– Grant
VincentCare client.

Culturally and linguistically diverse (CALD)

LGBTIQA+ people from CALD communities may have come from backgrounds in which sexual and/or gender diversity remains taboo and is regarded as shameful by family and community members. In some countries, CALD LGBTIQA+ members face various legal sanctions, including the death penalty in some regions, by just being who they are. After migrating to Australia, CALD LGBTIQA+ members may encounter racism and discrimination within the mainstream community, while still experiencing ongoing homophobia and transphobia within their own cultural community.

A number of factors support LGBTIQA+ people to successfully negotiate their various identities, including strong connections with other LGBTIQA+ people from similar cultural or religious backgrounds, and control over when, if and how they come out to their families. Information, role models and historical facts about sexual diversity within their own cultures are also important, as is seeing racism and homophobia challenged in educational institutions.

Faith leaders can play a significant role in supporting LGBTIQA+ people from CALD communities by displaying visible signs of welcome in places of worship and developing resources and programs that promote LGBTIQA+ inclusion.

LGBTIQA+ community organisations can also play a significant role in supporting people from CALD communities by promoting projects, events and groups that showcase and celebrate those communities.

LGBTIQA+ members who experience homelessness

While the pathways to homelessness for LGBTIQA+ members could be similar amongst all other clients – including family violence, mental health issues, substance abuse and financial stress, the experiences of this cohort are significantly impacted by discrimination and/or family rejection; and that these intersecting influences were seen to lead to a cycle of recurrent homelessness that was worse for LGBTIQA+ people than cisgendered heterosexual people.

While there still lacks research data on LGBTIQA+ people experiencing homelessness, some existing evidence, such as the Gay and Lesbian Foundation of Australia GALFA LGBTQ *homelessness research project* found that LGBTIQA+ people are at least twice as likely to have experienced homelessness than the general population, while stigma and discrimination on gender identity and sexuality are major drivers of homelessness.

In GALFA's report, a trans identifying person described how their gender identity became a major factor for housing rejection within various population groups:

"...being trans [as the reason for homelessness], it's very hard to find somewhere to live, because a lot of people don't accept you. Even the trans community cannot accept you themselves - yeah... Just rejection, you know. Applying for share housing with trans, gay, les, bi, just getting told no all the time."

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“There is a misconception in the community that LGBTIQA+ people are all promiscuous and all taking drugs and partying all the time. This comes out when we are trying to rent a house.

I have a friend who is renting a house with a transgender woman. The real estate agent had assumed that they were a cisgender heterosexual couple. When they found out, they disclosed that they wouldn’t have rented the house to them as they had old-fashioned ideas about LGBTIQA+ people.”

– Alexandre VincentCare client.

The report also found how a LGBTQIA+ CALD background may interplay with the homelessness experience:

“The problem I’m finding is that it’s difficult to get the housing here because of the agents. They are asking too many identification details from me. That’s what I’m not able to provide and that’s why I’m not getting the house. Looking at us then they refused to give the houses... we appear as female, but our voice is male voice. Maybe that is the reason”

Importantly, some research participants shared that housing service providers lack understanding of the intersectionality of being both LGBTIQA+ and homeless, which may lead to clients feeling not being seen or inappropriate services. The participants shared the below examples:

“ ... probably the majority of the staff lean on the side of they would prefer not to ask people, because they don’t see that it is relevant to the type of service they should be offered. ”

“... I had a major problem with one service, although they did give me a spot in a women’s refuge. But I had - I felt I was really asked inappropriate questions in order to get that spot. ”

Assumptions of cisgenderism frequently led to misgendering within services:

“...I have had a couple of good housing officers, but they - it’s really common for them to misgender and to make assumptions about gender and probably sexuality, but I don’t generally have that conversation with them.”

It is also important to understand that the stigma and violence against LGBTQIA+ members does not stop once they secure housing, as one public housing resident explained as next page:

"For three years since I moved into this apartment [public housing], I have been harassed, been given death threats, I was told there was a contract put on my life to kill me.

There was two petitions gone around this building so far to get rid of me, because – in the petition it said I was a woman trying to be a man, and I was not normal, that I did not belong living with normal people... so I was outed before I even began visibly changing.

So my idea of keeping under cover and being myself and being private was blown out of the water, because there was no way I could be private after that.... and I still have to live in this building after being assaulted and spending two weeks in hospital."

These lived experience voices remind us that we need to provide ongoing advocacy and broader community support to LGBTIQA+ communities and learn about their intersectional experiences of being both LGBTIQA+ and homeless, challenging our own assumptions and potential biases.

Section 3

Positive and affirming engagement

Positive and affirming engagement means every interaction actively promotes a client's safety, dignity, identity, and hope. This is especially critical in homelessness, alcohol and other drug (AOD) services, family violence, and crisis accommodation, where many LGBTIQA+ clients have experienced past discrimination or trauma in services.

An affirming approach builds trust and signals that VincentCare is a safe environment for all people.

The most important thing staff can do for LGBTIQA+ clients is to be friendly, welcoming and provide a safe space for them to share their personal details. Clients need to be reassured that any information they provide will be stored securely, remain confidential, and only be shared with other agencies if they have given expressed consent.

"The easiest way for a new worker to show me that they are safe and supportive is by coming up to me and introducing themselves.

It shows that they want to get to know me and that they're not scared of me or annoyed by my presence."

– Grant
VincentCare client.

"When they introduce themselves for the first time, they let me know that they are prepared and trained to provide support to LGBTIQA+ people, as well as letting me know that they are knowledgeable and trained in lots of different areas of support and let me know what services are available to me."

– Alexandre
VincentCare client.

Clients must be advised that they are not required to answer any of the questions and that they can chose to self-describe their gender identity and sexual orientation if they prefer.

They should also be advised of their right to change or remove any information later.

3.1

VRM Principles

VincentCare provides targeted support to LGBTQIA+ clients within the framework of the VincentCare Recovery Model (VRM). The VRM is grounded in evidence and our history of working with people who are experiencing or at risk of homelessness.

The VRM ensures that the individual drives the journey of recovery and that service responses are tailored to the specific and unique needs of the person. The VRM assists staff to identify and respond to people's current capacities and ensures that people have opportunities to build independence and create community connections.

The principles of LGBTIQA+ inclusive practice are embedded in four key elements: client engagement, client coordination, case management and client participation.

How LGBTIQA+ inclusive practice is delivered within the VincentCare Recovery Model (VRM)

Client engagement

VincentCare staff:

- undertake professional development and training in working with LGBTIQA+ clients
- are confident in using appropriate language and terminology, including pronouns
- understand the lived experience and stresses LGBTIQA+ people may experience
- are familiar with intersectionality and the needs of the LGBTQIA+ community who access VincentCare services
- understand that LGBTIQA+ people may present with a mistrust of services, and that a sense of affiliation with their key worker leads to successful engagement.

VincentCare prominently displays Pride symbols, and inclusive images and statements, reinforcing that LGBTIQA+ clients are welcomed and celebrated.

VincentCare's commitment to LGBTIQA+ inclusive practice includes assertive outreach with LGBTIQA+ -led service organisations to increase opportunities for accessing homelessness support and housing.

"I had a support worker in Brisbane who I wasn't very comfortable with.

He was an older cis man.

When I first met him, I didn't want to deal with him. But he persisted -gently - and kept trying to meet with me.

He told me that I was the first gay client he had and that he didn't know how to approach me and that he didn't want to offend me.

He asked me what sort of things I was into. When I told him that I was into Kelly Clarkson, he went home and listened to her music.

He made an effort to bond with me, to relate to me.

It helped to bring down my walls."

– Grant
VincentCare client.

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Client coordination

To complement prioritisation of LGBTIQA+ people experiencing homelessness, VincentCare is committed to:

- reducing administrative barriers to accessing support and service provision for LGBTIQA+ people
- ensuring the intake process takes into consideration a range of literacy levels and a range of languages other than English
- acknowledging that each client's definition of family may include, but not be limited to, significant others, relatives by blood, same sex, trans and non-binary partners and spouses.

Case management

VincentCare's Case Management Framework is underpinned by principles of social justice, being person-led, strengths-based and trauma-informed. VincentCare demonstrates these principles through its case management programs by:

- Creating a safe, affirming and inclusive environment that ensures that all interactions, documentation and service environments are explicitly LGBTIQA+ affirming through inclusive language, correct use of names and pronouns, visible signs of inclusion, and zero tolerance for discrimination or bias. Emotional and psychological safety is prioritised from first contact.
- Placing the client's identity, goals and lived experience at the centre. The client is recognised as the expert in their own life. Case plans are co-designed with the client based on their self-identified needs, aspirations, identity, relationships and priorities, rather than assumptions made by the service.
- Using a trauma-informed lens that recognises minority stress and systemic harm. Practice acknowledges that LGBTIQA+ clients may have experienced trauma related to stigma, discrimination, family rejection, violence, homelessness, or harmful past service experiences. Workers focus on "what has happened" rather than "what is wrong," actively working to avoid re-traumatisation.
- Building on strengths, resilience and chosen supports. Rather than focusing solely on risk or deficits, case management identifies the client's strengths, coping strategies, protective factors, community connections, identity-based resilience, and chosen family or peer supports.
- Supporting autonomy, voice and informed choice. Clients are offered genuine choices about goals, referrals, pace of engagement, information sharing and decision-making. This restores agency, which is particularly important for people whose autonomy may have previously been undermined by trauma or discrimination.
- Addressing structural barriers through a social justice lens. Case management extends beyond individual support to actively address inequities such as housing instability, healthcare discrimination, employment barriers, legal issues, financial exclusion and access to gender-affirming or culturally safe services.
- Advocating for rights and equitable access. The case manager (or key worker) acts as an advocate within systems that may be exclusionary, supporting the client to access services, challenge discrimination, and uphold their rights to dignity, safety and equitable treatment.
- Working holistically and intersectionally. Recognises that sexuality, gender identity, race, disability, culture, age, faith and socioeconomic circumstances intersect to shape a client's experience. Support plans are tailored to these intersecting identities and experiences rather than applying a one-size-fits-all approach.
- Maintaining collaborative and relationship-based practice. Trust, consistency, transparency and accountability underpin the relationship. The case manager works alongside the client in a collaborative partnership, regularly reviewing goals and adapting support as needs change.

Client participation

Participation creates opportunities for people to reflect upon their experience and express their opinions and ideas back to VincentCare. Involving people with a lived experience in decision making ensures that organisational priorities, service development, policies, procedures and practice reflect the needs and preferences of people accessing services.

LGBTIQA+ and homelessness expertise is a critical component of the organisation's commitment to client participation. Specific participatory opportunities include:

- encouraging input from LGBTIQA+ community representatives into organisational planning and decision making through membership of the Client Advisory Committee (CAC)
- understanding LGBTIQA+ lived experience through targeted client surveys and opportunities to participate in focus groups
- celebrating LGBTIQA+ significant events including IDAHOBIT Day (International Day Against Homophobia, Biphobia, Intersexism, and Transphobia), Trans Awareness Week, Wear It Purple Day and other inclusive and affirming events
- providing LGBTIQA+ cultural competency, diversity and human rights training through client and volunteer programs
- ensuring on-going and pro-active engagement of LGBTIQA+ people as volunteers.
- supporting LGBTIQA+ people to access and participate in their communities of choice.

How to mutually and safely introduce yourself

Begin each new interaction by introducing yourself and sharing your pronouns, to normalise this practice and set a respectful tone. For example:

- Say: *"Hi, I'm Sam, one of the support workers here, and I use she/her pronouns. I'll be checking in with you today about how things are going; it should take about 15 minutes. Everything we talk about is confidential within our team unless there are serious safety concerns – I'll let you know if something needs to be shared."*

This introduction establishes your role, gives an expected timeframe, and reinforces confidentiality and safety.

- Explain the purpose of your interaction up front and how long it will take, so the client knows what to expect.
- Invite the client's own introduction: After you share your name and pronouns, you can ask,

  "What name and pronouns would you like me to use for you?" – but do so in an open way that gives them the choice to share or not.

  Avoid making assumptions based on someone's appearance or voice; asking is always better than guessing. If a client hesitates, you can reassure them that *"We ask everyone these questions so we can support you respectfully"*, to normalize the process.

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What **not** to do:

- Don't skip sharing pronouns because it "feels awkward," and don't introduce yourself differently depending on whether someone looks queer or trans.
- Introduce pronouns for all clients, not only those who are visibly gender diverse. This consistent practice prevents singling people out and ensures no one is misgendered due to assumptions.
- Avoid statements like "ladies" or assumptions about partners/gender – use gender-neutral terms (e.g. say "partner" instead of assuming "husband" or "wife"). For example, do not greet a group with "Good morning, ladies!" which assumes everyone's gender; instead say "Good morning, everyone."
- Normalising inclusive language signals that you and the service are comfortable with diversity and that no assumption will be made about a client's gender, sexuality, or relationships.

Building inclusivity

Inclusive engagement is not only about what you say but the environment you create. Use gender-neutral, non-assumptive language until a client tells you otherwise. Using open-ended questions such as "Who is important in your life?" or "Tell me about your support network" lets clients define their relationships on their own terms and signal that your service is safe for LGBTIQA+ people.

Make inclusivity visible. Display Pride symbols, welcome statements, or rainbow lanyards and posters to show clients they belong. Inclusive facilities—such as all-gender restrooms or signs indicating safe spaces—also help create an affirming environment. These small cues are consistently linked with clients feeling safer and more welcome.

Respect the language clients use about themselves, their identities, their bodies, and their relationships. Mirror their terminology and ensure you allow clients to self-describe gender, pronouns, sexuality, and family structure.

Finally, listen actively and validate experiences of discrimination or exclusion. Simple statements like "I'm sorry that happened" or "You deserve respect" help rebuild trust and reinforce that your service is committed to safety, dignity, and inclusion.

Asking clients about their individual goals

A cornerstone of the VincentCare Recovery Model is that services are person-led and strengths-based, meaning the person's own goals, choices, and strengths guide all planning.

In practice, this means empowering people to articulate what they want to achieve and supporting them to pursue those goals. Instead of assuming needs, start with open, goal-focused questions such as: "What would you like to focus on right now?", "What do you want to work on while you're with our service?", or "What does 'feeling safe' look like for you?" These invite people to define success in their own terms.

When exploring goals, take a strengths-based approach:

- Help people identify their capabilities, existing supports, and what has helped them survive or thrive so far. Some people - particularly those who have experienced rejection, instability, or trauma - may initially struggle to name goals beyond crisis needs.
- Validate identity-based aspirations that may have been sidelined. For example, a transgender person may prioritise accessing gender-affirming healthcare or updating identity documents; a young gay or asexual person may seek community connection; another person may simply want housing where they can live openly.
- When people express these needs ("I want a queer-friendly doctor," "I wish I had community contacts"), integrate them into their support plan. Identity-specific goals—connecting with LGBTIQA+ communities, finding affirming services, or feeling safe to express one's identity—are legitimate and often central to wellbeing.
- Finally, always uphold self-determination. Provide information, outline options, and let clients choose what matters most. Goals may include practical aims (housing, employment) alongside relational or identity-related goals such as "repair family relationships," "find LGBTIQA+-friendly housemates," "feel comfortable in my gender expression," or "build confidence to date." Your role is to facilitate and advocate - help break goals into steps and link clients to relevant supports (housing, healthcare, legal services, community groups, etc.). By keeping the plan driven by the client's priorities, you reinforce that they own their recovery journey and you are there to support—not direct—them.

This approach directly upholds the VincentCare Recovery Model principle of person-led care.

3.2

Code of conduct on how to engage

All VincentCare staff are expected to engage with LGBTIQA+ clients in line with our Code of Conduct and inclusive practice standards.

This means consistently upholding respect, safety, and equity.

Treat everybody with dignity and without judgement:

Engagement must be free from bias or discrimination, and services must be welcoming regardless of sexuality, sex, or gender identity—even when clients are not openly identifying.

Avoid assumptions about identity, bodies, or relationships:

Use gender-neutral language and open questions until clients self-identify. Do not assume anatomy, pronouns, or relationship structures, and remember that some clients may not be "out" in all contexts.

Use a trauma-informed approach:

Apply the principles of safety, trust, choice, collaboration, empowerment, and respect for diversity. Recognise that many LGBTIQA+ clients may have experienced rejection, violence, or systemic discrimination. Create emotional and physical safety, explain why sensitive questions are asked, and allow control over small decisions such as seating or pacing.

Address and report discrimination:

Challenge homophobic, biphobic, or transphobic behaviour from anyone in the service and follow VincentCare procedures. Clear, immediate action reinforces a zero-tolerance culture and signals safety to clients.

Maintain confidentiality and privacy:

Never disclose a client's sexual orientation, gender identity, or intersex status without consent. Share information only on a need-to-know basis. Reassure clients that their identity and personal history are protected and follow through on that commitment.

Promote equitable access:

Identify and remove barriers that make services harder to access for LGBTIQA+ people, including rigid procedures, binary forms, or exclusionary program structures. Advocate for changes where needed and consider intersections such as culture, disability, or immigration status.

Explain why we wear lanyards, introduce with pronouns

Lanyards and pronoun badges signal that staff are trained, safe, and welcoming. Pronoun sharing normalises diverse identities and reduces client anxiety around disclosure. Wearing them communicates that respecting gender identity is an organisational expectation—not optional behaviour.

It is important to recognise that some staff and clients may not feel safe sharing pronouns in every context; clarify that while staff are strongly encouraged, clients are always offered choice.

When using pronouns, say: "We do this so no one has to guess someone's pronouns and so people who've had bad experiences in services can see we've thought about gender and inclusion."

Please refer to the Pronoun Guide in the appendix at the end of the report.

Asking whether someone is experiencing homelessness because of their sexuality

Why this question matters.

LGBTIQA+ people - especially young people - are at higher risk of homelessness due to family rejection, discrimination, violence, or eviction linked to sexuality or gender identity. Exploring identity-related factors can help ensure safety, appropriate support, and access to specialised resources.

How to ask sensitively.

- Preface the question with context to normalise it: "We ask this because sometimes sexuality or gender identity can affect someone's housing or family situation..."
- Avoid assumptions and emphasise choice and comfort: "...only if you're comfortable sharing—has this impacted your situation at all?"
- Keep tone gentle, neutral, and non-intrusive.

If a client discloses identity-related impacts.

- Listen without judgment; validate their experience (e.g. "You didn't deserve that")
- Reinforce that identity-based rejection or violence is known and common and not their fault.
- Prioritise safety planning and explore needs in a client-led way.
- Offer tailored supports (e.g. LGBTIQA+ youth housing options, queer-friendly services, legal advice for discrimination).

If a client declines or says it's not relevant.

- Accept without pressure and move on respectfully.
- Recognise that simply asking can build trust and signal that your service understands LGBTIQA+ realities.

Core practice principles.

- Create space for disclosure without expectation.
- Centre dignity, autonomy, and safety.
- Use the information only to enhance support—not to probe identity.
- Ensure the client knows your service is a safe, affirming environment now, regardless of past experiences.

Data collection: What to expect

Explain why you're asking:

Collecting information about gender identity, sex characteristics, and sexual orientation supports inclusive, appropriate service delivery. Many clients may not have been asked these questions before, so clearly explain the purpose and how the information will be used.

Example: "We ask everyone these questions so we can understand your needs, connect you to the right supports, and check whether our service is reaching the whole community. You can choose not to answer, and anything you share is confidential.".

"When you are in survival mode, you're constantly trying to assess the space – what does this person want from me?

What parts of myself do I need to share with them in order to be deemed worthy of support? When you provide someone with the ability to acclimate to services and give them the ability to ease into it, it can start to feel safer. Be clear about the things that you

need to know right now for a person to get into a service. Explain what you are doing so that the person can choose what information to give and when."

– Lennox
VincentCare client.

Explain the benefits:

Clarify that this information helps services understand who they are supporting, identify gaps, and improve programs for LGBTIQA+ clients. It can also guide referrals and ensure respectful care.

Mention that national standards (e.g. AIHW (Australian Institute of Health and Welfare) datasets, Rainbow Tick accreditation standards) help keep this process consistent and routine, without needing technical detail.

Emphasise choice and control:

Clarify that this information helps services understand who they are supporting, identify gaps, and improve programs for LGBTIQA+ clients. It can also guide referrals and ensure respectful care.

Mention that national standards (e.g. AIHW (Australian Institute of Health and Welfare) datasets, Rainbow Tick accreditation standards) help keep this process consistent and routine, without needing technical detail.

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Data collection: What to expect

Clarify privacy and consent:

Explain who can access the information, how it is stored, and how it may be used (e.g. de-identified reporting). Be open about any data sharing with funders and how confidentiality is protected.

Being open about why information is collected, how it will be used, and how it is protected is essential—especially given the historical experiences of LGBTIQA+ communities in Australia, including in Victoria. For many community members, mistrust of institutions is shaped by real harms that occurred when personal information was used in ways that led to discrimination, surveillance, or criminalisation.

In Australia, sex between men remained criminalised in Victoria until 1981, and police monitoring of LGBTIQA+ venues continued into the 1990s. Many trans and gender-diverse people also faced (and still face) difficulties accessing affirming healthcare and were historically required to disclose deeply personal information to institutions that did not always protect their dignity or safety. These experiences have contributed to a cultural memory of caution—particularly for older LGBTIQA+ people, migrants, Aboriginal and Torres Strait Islander Sistergirls and Brotherboys, and anyone who has experienced institutional discrimination.

Being transparent directly addresses this legacy. When workers clearly explain why questions are being asked, how privacy is safeguarded, who will (and won't) see the information, and how it will be used to improve services rather than limit access, clients are better able to relax, make informed choices, and feel respected.

Transparency also honours the fact that many LGBTIQA+ people in Victoria have had to disclose aspects of their identity only when absolutely necessary, and sometimes at personal risk. By proactively explaining the process and offering genuine choice, services demonstrate that they understand this history and are committed to doing better. This builds the trust needed for clients to feel comfortable sharing information that can ultimately improve their care and inclusion.

Provide written information:

Tools like a "What We Ask and Why" flyer can summarise the purpose of these questions, how the data improves services, and how privacy is safeguarded. Giving this to clients allows them to review information in their own time and reduces surprise or discomfort.

Let clients update their information:

Make it explicit that clients can change or add information whenever they choose. This reinforces autonomy and acknowledges that identities and comfort/safety levels may shift over time.

Responding to trauma

Ensure safety (and communicate it):

Help the client feel physically and emotionally safe by offering private spaces, explaining confidentiality, and outlining how sessions will work. Small gestures - like clear anti-discrimination policies or offering staff gender choices - can reduce anxiety.

Be mindful of potential triggers (e.g. invasive questioning or procedures) and minimise or prepare clients for them.

Build trust through transparency:

Be consistent, honest, and clear about processes. Follow through on commitments, explain why sensitive information is needed, and maintain professional boundaries. Reliability and openness help trauma survivors begin to see the service as trustworthy.

Offer choice and control:

Give clients as much control as possible, from choosing where to meet to deciding what topics to discuss. Collaborate on plans rather than dictating them. If a question causes distress, offer alternatives or breaks. Seek consent before any or information sharing.

Avoid unnecessary invasive questions:

Only ask what is essential for immediate care. Early sessions do not need the full trauma history. If sensitive topics must be explored, explain why and emphasise that the client can decline to answer. Prioritise "do no harm" and revisit details later when trust is stronger.

Validate and affirm:

Acknowledge that their feelings and reactions are understandable responses to difficult experiences. Affirm their identity and validate experiences of discrimination. Highlight resilience without minimising their pain; this helps counter shame and internalised stigma.

Maintain a calm, consistent presence:

Be predictable, steady, and non-judgmental. Keep appointments, use a calm tone, and avoid showing shock when hearing traumatic stories. Consistency reassures clients that you can handle what they share and that they are safe with you.

Know your limits and refer when needed:

Not all staff will be trauma specialists. When appropriate, offer referrals to LGBTIQA+-affirming trauma services or clinicians. Present referrals as supportive options and assure clients you will stay involved if they choose.

3.3

Respect, dignity, choice

Importance of connecting to community

Connection to community is a powerful protective factor for LGBTIQA+ people, buffering the effects of minority stress and reducing isolation. Many clients—particularly those experiencing homelessness, crisis, or family rejection—have become disconnected from supportive networks. Helping them rebuild or discover community can significantly improve wellbeing, self-esteem, and hope. This may involve linking them with peer groups, events, or organisations that affirm their identities, whether in person or online, and recognising that "community" can take many forms, from youth groups like Minus18 to trans peer supports, cultural or faith-based groups, or chosen family.

Affirmative practice means meeting clients where they are: gently exploring their interest in connecting with others, offering warm referrals, and supporting practical steps toward engagement. It also means honouring the support networks they already have—especially chosen family—and including those people in care planning when appropriate. Ultimately, fostering community connection helps clients feel less alone and see that people like them can lead safe, joyful, and connected lives..

What questions should be asked by staff and how to ask them

What do we say? Example scripts when obtaining consent

- Your personal information will be securely stored by VincentCare and only VincentCare staff will be able to access it.
- Everyone at VincentCare has been trained in the importance of confidentiality, and of not revealing personal or private information about clients.
- If there are people or agencies that you would prefer not to know about your gender identity or sexual orientation, just let me know and I'll make a note of it on the file
- If you want to change any of this information at any stage—or just remove it from your file—that's completely fine.

How do we ask? Example scripts when obtaining consent

- Some of these questions are quite personal and you don't have to answer them if you don't feel comfortable. The reason we ask them is so we can be sure we're providing you with the best possible service.
- We want to support LGBTQIA+ clients in the best possible way we can. By asking these questions and recording the diversity of our clients we can continually improve and update our service.
- With any of these questions you can chose one of the options here or tell me how you want to describe your gender identity/ sexual orientation and I can write that. Or you can just pick 'prefer not to say'.
- If your comfortable talking about it, would you mind letting me know your gender identity/sexual orientation. That's great, thanks.

After they have offered a response

- Thanks for disclosing your gender identity. I appreciate that. Are you happy for me to record that on our system? If I record it on your file, it means you won't have to disclose it every time you use the service.
- Thanks for sharing that. Do you mind if I ask your pronouns and keep them on your file?

In case of a mistake

- I'm sorry for slipping up there [with pronouns]. Let me try again

Confirming identity

- Does your affirmed gender match your identity documents? We might need a passport or birth certificate at some stage for Centrelink or other agencies.
- Your assigned gender at birth will be completely confidential and we won't tell anyone without your express permission.
- I need to include 'Next of kin', who is your preferred contact person?

What questions should be asked by staff and how to ask them

Normalise the conversation

Set the tone with brief statements that reassure clients they're not being singled out:

- "Who do you live with?" (not "husband/wife")
- "Who are the important people in your life—family of origin or family of choice?"
- "Are you in a relationship?"
- "Do you have one partner or more than one?"

This allows clients to share their reality without correcting your assumptions.

Explain the purpose of every question

Clients open up more when they know why something is being asked:

- "Understanding past mental health support helps us link the right resources now."
- "This next question is part of our standard data collection and won't affect your care."

Never ask anything out of personal curiosity—only for safety or service relevance.

Respect boundaries and choice

Let clients skip or delay topics:

- "We can pause on that and come back later if you like."

Attuning to a person's discomfort builds trust and prevents shutdown.

Listen actively

- Use simple prompts like "Tell me more about..." and allow silence.
- Reflect back what you hear to check understanding, and thank the client for sharing—especially when the topic is personal or difficult.

Inclusive, purposeful, and non-assumptive questioning creates safety, supports autonomy, and strengthens the therapeutic relationship. By normalising the process and respecting boundaries, practitioners gather meaningful information while affirming the client's dignity and lived experience.

How can we celebrate and affirm people's identity?

How can members of the community be proud of their sexuality and how can members outside of that community show support?

For LGBTIQA+ community members:

- engage in safe spaces, peer groups, and advocacy opportunities
- build supportive networks and celebrate milestones
- access affirming healthcare and mental health supports.

For allies:

- use inclusive language and respect pronouns.
- challenge discrimination when it occurs.
- educate themselves rather than relying on LGBTIQA+ people to teach them.
- actively support LGBTIQA+ visibility and rights.

Allyship and Inclusive Practices:

Being an active ally means taking intentional steps to support and advocate for LGBTIQA+ people. True allyship goes beyond passive acceptance — it involves action, accountability, and an ongoing commitment to fostering safe, inclusive, and affirming spaces.

A few ways to practise meaningful allyship

- Use inclusive language and avoid assumptions about a person's gender, sexuality, or relationships.
- Advocate for LGBTIQA+ protections in workplace policies, culture, and leadership decisions.
- Respect each person's identity by using their correct pronouns and affirming their lived experiences.
- Listen to LGBTIQA+ voices and prioritise community-led solutions.
- Undertake formal and informal training to educate yourself about LGBTIQA+ experiences and issues.

"There are a lot of services in Australia that have the Rainbow Flag and are welcoming and accepting of people from the LGBTIQA+ community, but I feel like they aren't really prepared. They aren't prepared to deal with real issues experienced by people in the community – especially psychologically."

– Alexandre VincentCare client.

Allyship is an ongoing journey of learning and unlearning. It's about ensuring that all people feel safe, respected, and valued, while having equitable access to opportunities and resources.

Creating safer spaces

It is important that staff working with LGBTIQA+ clients understand the nature and impact of minority stress. Poorer health and wellbeing outcomes are not a result of being LGBTIQA+, but of everyday attitudes that reinforce a message that LGBTIQA+ people are lesser, bad, or wrong. Acknowledging this with clients, where appropriate, is a positive step towards creating a safe and supportive environment. It may also give clients a context for and understanding of their own experience of discrimination or trauma.

Because LGBTIQA+ people have lived with minority stress for much of their lives, they have likely developed a range of strategies and coping mechanisms to deal with the daily challenges they face. Knowing this, and acknowledging a client's capacity for survival and resilience, will also help clients to feel culturally safe and affirmed.

Displaying the Pride flag (and other LGBTIQA+ flags), wearing lanyards and pronoun badges, and other symbols of inclusion help demonstrate your inclusive intentions. It is important to recognise that these symbols need to be reinforced by actions that are embedded across the whole organisation.

VincentCare has clear policies and expectations about respectful behaviour. If a staff member or service user is abusive or discriminatory about LGBTIQA+ people, having policies in place helps to explain what behaviours are unacceptable and remind everyone of your service's code of conduct, anti-harassment and inclusion policies.

Binary, gendered aspects of a service can be barriers for people who do not identify as male or female. For example, ensuring that an all-gender toilet is available is just one part of the process in creating a safe and welcoming space for non-binary staff and clients.

Section 4

Safety

Safe vs safer distinction

It's important to distinguish between safe and safer. When we use the word safe this implies a complete absence of harm, discrimination, stigma or risk. In reality, we know that achieving absolute safety is challenging because:

- systems and structures may still be inequitable
- not everyone in a space may be affirming or educated
- risks can shift depending on who is present, the culture of a space or wider social factors.

Using the word safe can also unintentionally suggest that the work is done and that an environment or space is fully inclusive and risk-free.

Instead, using the word safer recognizes that we cannot guarantee absolute safety for LGBTIQA+ people, but we can actively work towards reducing harm and increasing affirmation.

Using the word safer reflects VincentCare's commitment to:

- Ongoing learning and continuous improvement
- Being responsive to feedback
- Challenging discrimination, stigma and bias
- Putting protective strategies in place
- Creating and maintaining culturally, psychologically, and physically supportive environments

We use safer because it is intentional and acknowledges that safety is a continuum and requires continues effort.

Specific forms of violence

LGBTQIA+ people experience many of the same forms of violence as the broader community – but they also may face distinct, targeted and identity-based forms of violence that can arise from stigma, discrimination and structural inequality.

Identity-based or bias-motivated violence

Violence driven by hostility toward someone's sexual orientation, gender identity, or gender expression, including:

- homophobic or transphobic assaults
- harassment in public spaces such as being followed, threatened, or intimidated
- hate crimes, including verbal abuse, spitting, and physical attacks
- destruction of personal property such as flags or clothing.

This violence is often targeted, intentional, and meant to shame, silence, or punish someone.

Sexual violence

LGBTIQA+ people can experience sexual violence at higher rates, including:

- corrective rape such as targeting lesbian, bisexual, trans or gender-diverse people to "change" them
- sexual coercion that are tied to "outing" threats
- assault in dating, hookup, or community spaces
- transphobic or homophobic sexual harassment.

Sexual violence may also be dismissed or minimised by services that assume heterosexual or cisgender norms.

Family and intimate partner violence

This can include:

- violence related to identity disclosure, such as punishment for coming out
- isolation from family, community, or cultural groups
- threats of being "outed" as a form of control
- emotional, financial, or physical abuse within same-gender or queer relationships
- abusive partners restricting access to hormones, affirming clothing, or community support
- parents or caregivers forcing gender expression or restricting identity exploration.

For some LGBTQIA+ young people, rejection can lead to homelessness, which increases vulnerability to further violence.

Specific forms of violence

Institutional and structural violence

These harms occur in systems and services and can include:

- discrimination in healthcare, including the denial of care, misgendering people and invasive questioning
- police mistreatment, including harassment or failures to act
- workplace discrimination and bullying
- school-based harassment, including targeted bullying, exclusion from facilities, or transphobic policies
- conversion practices which include coercive efforts to change sexuality or gender.

Structural violence is often invisible but deeply harmful because it shapes a person's everyday safety and wellbeing.

Please refer to Section 5 – Resources for further information and guidance.

Online violence

Some harms uniquely affect particular groups within LGBTIQA+ communities, such as:

Trans and gender-diverse people

- Discrimination or violence in bathrooms and change rooms
- Violence linked to medical gatekeeping or lack of affirmation

Intersex people

- Non-consensual medical interventions performed in infancy or childhood
- Ongoing medical trauma and bodily autonomy violations

Queer people of colour / multicultural or multifaith communities

- Intersectional violence, including racism + queerphobia simultaneously
- Cultural or religious exclusion, coercion, or punishment

People living with disability and LGBTIQA+

- Increased vulnerability to control, coercion, and dependency-related abuse.

Microaggressions

A microaggression is a term used to describe commonplace verbal, behavioural or environmental slights, whether intentional or unintentional that communicate hostile, derogatory or negative attitudes towards members of marginalized groups.

Though they may be subtle, research has shown that microaggressions – especially when repeated - can have significant impacts on mental health and experiences of minority stress.

Examples of microaggressions LGBTIQA+ people face:

- making an assumption on the gender of a person's partner based on their gender
- referring to being LGBTQIA+ as a choice or lifestyle
- asking questions about a person's genitalia or body
- refusing to use gender-neutral pronouns because it's "too hard" or "grammatically incorrect".

"I had an experience where a woman was running a workshop that I was a part of. I was wearing make-up as I always do, and she was giving me degrading looks. Staff were in the workshop but didn't notice.

I felt uncomfortable and ignored her for the rest of the workshop. I would have liked for staff to have intervened – it would have made me felt safer."

– Alexandre
VincentCare client.

How do you hold clients to account when they use discriminatory language?

1. Safety first – emotional and physical

- Prioritise the safety and wellbeing of everyone present, including staff, clients and bystanders.
- Create space to de-escalate before addressing behaviour if tensions are high.
- Assess immediate risk – is anyone feeling unsafe, targeted or distressed? Is the person responsible agitated or is their behaviour escalating?
- If needed, first remove or support any people who feel unsafe, and/or seek additional staff support.

2. Respect and non-shaming

- It's important to acknowledge and challenge the behaviour, not the person. Public shaming increases distress, escalates conflict and disproportionately harms people who have experienced trauma, marginalisation or systemic discrimination.
- Use calm, clear and non-confrontational language.
- Use expressions like "I can see that you're angry, but we can't use language that targets or hurts others - we need to keep this space safe and respectful for everyone."

3. Cultural humility

- Acknowledge that people's histories, cultural identities, and lived experiences shape how they speak, cope and interact.
- Some people may use slurs when they are experiencing distress, unable to regulate their emotions or when they are under the influence of substances.
- Remain curious rather than judgemental.
- Use expressions like "When you're ready, let's step aside and talk privately so we can sort this out". This maintains dignity while reinforcing boundaries about appropriate behaviour.

4. Consistency and clear expectations

- Community settings must have clear, visible expectations around respectful behaviour including what is and isn't permitted.
- Responding consistently reinforces safety and fairness for all.

5. Check-in with anyone affected

- After the situation is safe, validate and support anyone who was impacted by the language – especially people who may have been targeted.
- Avoid minimising harm or their experience – it is likely that this will be a common occurrence and may have a cumulative impact.
- Use expressions like "I'm sorry that you had to hear that. Are you okay? Would you like some space or some support?"
- Provide information on how the situation will be handled or has been handled. Ask if persons affected would like to make a formal complaint. This demonstrates accountability and reinforces that specific behaviours will not be tolerated.

6. Repair and follow-up

When the person has calmed down:

- reaffirm behavioural expectations
- explore triggers and appropriate supports
- offer alternatives for expressing distress
- discuss consequences for behaviour in a fair and proportionate way that aligns with policy or work instructions.

"When you don't see the outcome of an incident or know whether it was followed up, you feel like the incident wasn't "harmful enough" to warrant any action.

Sometimes the response just feels like the heat is being taken out of the situation instead of actually holding the other person to account or addressing their behaviour.

It doesn't feel like anything has really happened or that there has been any kind of resolution.

It makes you feel less empowered and that you are less likely to advocate for yourself again.

It can also cause people to retreat more and not engage with the service."

– Lennox
VincentCare client.

Section 5

Resources

Internal supports/resources for staff and clients

To support staff and volunteers with culturally safe and inclusive practice, VincentCare has developed the following LGBTIQA+ specific internal supports and resources:

Manager – cultural safety and inclusive practice:

This is a dedicated position within VincentCare that leads organisational strategies that advance cultural safety, equity, inclusion and belonging. It provides specialist advice, strengthens workforce capability, drives inclusive practice initiatives, and partners with internal and external stakeholders to ensure services are accessible, respectful and responsive to the diverse communities we serve.

LGBTIQA+ inclusion steering committee:

The aim of the committee is to bring together a diverse range of stakeholders from across VincentCare with expertise and knowledge in their work areas, as well as LGBTIQA+ lived-experience expertise to support and champion improvement in LGBTIQA+ inclusive practice across our workplace and services.

Anna's room:

This is a designated safer space within Ozanam House for use by residents and clients that identify as LGBTIQA+.

Cultural safety reporting procedure:

VincentCare has a procedure for reporting breaches of cultural safety. Reports on breaches of cultural safety are reported to the Group Audit, Risk and Finance Committee of the Board.

Cultural safety site audit tool:

To improve cultural safety, VincentCare has developed a comprehensive cultural safety audit tool that helps staff assess and identify indicators of cultural safety across a range of communities, as well as to identify any gaps that need to be addressed.

Inclusive language guide:

VincentCare has produced a LGBTIQA+ Inclusive Language Guide, providing guidance to staff and volunteers on how to embed culturally safe and affirming language into their everyday practice.

Pronoun guide:

To provide guidance to staff and volunteers, VincentCare has implemented a Pronoun Guide to support staff in the appropriate and safe use of pronouns.

Diversity, equity, inclusion and belonging policy:

In keeping with St Vincent de Paul's vision of respecting every person's human dignity, this policy articulates the commitments, guiding principles, and importance of intersectional diversity, equity, inclusion, and belonging (DEIB) within the organisation for all members, volunteers, companions, clients, and staff.

External resources and supports for staff and clients

Pride Foundation Australia

pridefoundation.org.au/publications

guides and publications related to LGBTIQA+ experiences including rural living experiences, forcibly displaced people, aging communities, people living with disability and experiences of homelessness. The LGBTIQA+ Inclusive Practice Guide for Homelessness and Housing Sectors in Australia is available through the above link.

Trans Hub

TransHub | ACON's Digital Resource

is ACON's ground-breaking digital platform for trans and gender diverse people, their loved ones and health providers including a specific page for Trans Mob and accompanying resources.

Switchboard

switchboard.org.au

resources, training and support for LGBTIQA+ people including specialist support in several key areas including suicide, mental health support, QTBIPOC (Queer and Trans Black, Indigenous, and People of Colour) support services and aging LGBTIQA+ people.

Rainbow Door, Q Life and Charlee suicide prevention are all services of Switchboard.

Thorne Harbour Health

thorneharbour.org

is the peak body for LGBTIQA+ health in Victoria. Links to services and resources across a wide range of LGBTIQA+ health issues including HIV support, LGBTIQA+ people living with disability, AOD, TGD people, Aboriginal and Torres Strait Islander resources and FDSV (Family, Domestic, and Sexual Violence) services and support.

Rainbow Network

rainbownetwork.com.au

is primarily a LGBTIQA+ directory of groups and services with a focus on young people. The website includes a directory to to a broad network of LGBTIQA+ services across Victoria and a resource section for further reading.

Australian GLBTIQ Multicultural Council

agmc.org.au

this site includes links to some in-language resources and organisations.

Forcibly Displaced People Network

fdpn.org.au

is an Australia's first LGBTIQA+ refugee-led organisation and a peak body, advocating for the rights and dignity of LGBTIQA+ displaced persons.

InterAction for Health and Human Rights

interaction.org.au

is the leading national body by and for people with innate variations of sex characteristics. This site contains resources and links to counselling and peer support services for intersex people.

The Zoe Belle Gender Collective

zbgc.org.au

is a trans and gender diverse led advocacy organisation.

Rainbow Tick Accreditation

The Rainbow Tick Standards are a nationally recognised framework developed by Rainbow Health Australia that helps organisations provide assurance of safe, inclusive and affirming services for LGBTIQA+ people.

They outline expectations across six key areas - organisational capability, workforce development, consumer participation, welcoming environments, safe disclosure processes and culturally safe practice. These standards are important because they improve safety and wellbeing, build trust, reduce discrimination, strengthen service quality, and support a respectful, inclusive organisational culture for both clients and staff.

VincentCare was first accredited against the standards in 2018 and has successfully maintained its accreditation. VincentCare Community Housing was first accredited in 2024.

Appendix

Pronoun guide

What are pronouns?

Pronouns are words used in place of a person's name, such as she, he, or they.

They are a fundamental part of language that allow us to refer to others clearly and respectfully.

Pronouns often relate to a person's gender identity and can hold significant meaning, particularly for trans and gender diverse people. Using the correct pronouns is a simple yet important way to affirm someone's identity and demonstrate respect and inclusion. As with names, pronouns are a personal aspect of self-expression. Since a person's pronouns may not be immediately apparent, it is respectful to ask when appropriate and to use the pronouns someone has shared.

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Appendix

Pronoun guide

Why pronouns matter to VincentCare

Using correct pronouns demonstrates respect and supports a safe, welcoming environment where every person feels valued. This aligns with VincentCare's Recovery Model, which is person-led and centred on the client guiding their own journey.

It reflects the foundational principles of intersectionality and integrated practice, ensuring holistic and inclusive support. Respecting pronouns builds trust, reduces distress, and reinforces VincentCare's commitment to social inclusion, cultural safety, and LGBTQIA+ inclusion as recognised by its Rainbow Tick accreditation.

Some people may have personal, cultural, or safety reasons for not sharing their pronouns, and honouring their choice is essential. By consistently using inclusive language, we ensure that everyone feels valued and treated with dignity.

Using and sharing pronouns respectfully.

Sharing pronouns is encouraged in introductions, meetings, email signatures and name badges to model inclusive behaviour and show respect for everyone's identity.

However, sharing pronouns is a personal choice and depends on the context. Some people may choose not to share for cultural, personal or safety reasons, making the practice nuanced.

By regularly sharing our own pronouns in appropriate contexts such as during introductions or in professional communications, we help normalise the practice and make it easier for others to do the same. The goal is to integrate pronoun sharing as a respectful and inclusive habit.

Client interactions

Staff should consistently use a client's stated pronouns and name in all verbal and written communication. If unsure, ask politely or use gender neutral language like they or them, and avoid gendered titles until clarified.

If someone prefers not to share pronouns, respect their choice by using their name or neutral language for example "Jordan will attend the session."

Public representation

When representing VincentCare/ VCCH, staff are expected to use inclusive language that reflects respect for all gender identities.

All communication and presentations should demonstrate best practice in pronoun use and support a respectful environment for diverse communities. Avoid using gendered language in greetings and instead use inclusive terms that welcome all people such as "Welcome everyone."

Work meetings

Staff are encouraged to introduce themselves with their pronouns to support inclusive communication. For example, "Hi, I'm Ben. I use they and them pronouns." If a mistake occurs, gently correct it by saying, "Just so you know, I use they/them pronouns." If you hear someone else misgender a colleague, politely clarify by saying, "Just to clarify, Sam uses she and her pronouns," and then continue the conversation naturally without dwelling on the correction.

If someone does not share their pronouns, respect their choice without pressure or repeated questions. Use their name or gender-neutral language and continue modelling inclusivity by sharing your own pronouns when appropriate.

Pronouns in languages other than English

Some languages do not use gendered pronouns, while others such as French or Spanish have gendered forms for pronouns, nouns, and adjectives. This can make using inclusive language more complex, especially for trans and non-binary people.

Many communities are adapting and creating inclusive terms. When speaking or learning other languages, it is important to be aware of gendered language and use respectful and inclusive alternatives where possible.

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Welcome As You Are:
An LGBTIQA+ Inclusive Practice Guide

Published June 2026

VincentCare Victoria acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of the lands we live, work and meet on and we recognise their continuing connections to those lands, the waterways, territories and resources.

We acknowledge the richness, diversity and sophistication of the culture of Aboriginal and Torres Strait Islander peoples and pay our respects to Elders past and present and to the memories of their ancestors.

The creators of this guide acknowledge the ongoing leadership and advocacy of Blak queer people, and recognise their enduring connections to culture, community and Country.

We also recognise that this labour is frequently unrecognised, despite its significant impact.