



**WORKING WITH LGBTI PEOPLE**

# **ELDERS**



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Elders from LGBTI populations have great courage, resilience and strength of spirit. However they can face specific challenges and fears.

LGBTI Elders have experienced many changes over their lifetimes. For much of their lives, if they tried to express their sexuality, gender-diversity or intersex variation they faced stigma, rejection, psychological “treatments”, isolation, and imprisonment. An elder who is 65 years old will have lived through a time in which they had to hide who they were to be safe.

# WHY IS IT IMPORTANT?

It was only on 1 August 2013, that the Sex Discrimination Act 1984 was amended to make discrimination on the basis of a person's sexual orientation, gender identity and intersex status against the law.

## WHAT IS THE HISTORY?

It was not until 1997 that same-gender sexual activity was finally decriminalised across the whole of Australia. Homosexuality was declassified as a mental illness by the American Psychiatric Association (APA) in 1973, but was still classified as a mental illness by the World Health Organisation until 1990.

Gender Identity Disorder was removed from the Diagnostic and Statistical Manual (DSM) 5 in 2013, but was replaced with the term "gender dysphoria," which continues to be a diagnosis given to people of trans experience. People with intersex variations continue to be subjected to unnecessary and sometimes harmful "normalising" procedures without informed consent so that their bodies will conform more closely to what is interpreted as "typical" male or female bodies.

In 2009 Australian legal reforms meant LGBTI people and their family structures are now recognised. However, it was not until 2012 that the rights and needs of LGBTI elders were acknowledged and to be addressed through the creation of an LGBTI ageing and aged care strategy.

Despite these important steps forward, lesbian, gay, bisexual, trans and intersex (LGBTI) people in Australia still experience discrimination, harassment and hostility in many parts of everyday life; including accessing health and other services.

For elders who have experienced this systemic institutionalised discrimination accessing any institutions for services can be challenging. The ongoing pathologising of LGBTI populations in the fields of health and allied

health is stigmatising. There are often fears of experiencing further abuse, discrimination, and misunderstanding. Many elders from LGBTI populations have spent a lot of time advocating for their rights to be recognised, while others have been driven back into the closet by their experiences. In times of vulnerability such as when accessing aged care and health services, it is important that people are supported to maintain their identity.

It is essential that services recognise the life experiences of elders from LGBTI populations and that their fears of accessing services stems from ongoing systematic discrimination. Demonstrating understanding and acceptance of the various LGBTI populations, both through systemic

practice and service delivery, as well as recognising and acknowledging stigmatising life experiences that many LGBTI elders have faced will lead to a more sensitive and inclusive service delivery.

The historic discrimination faced by elders from LGBTI populations has often meant that they have been rejected by biological families. Many people from LGBTI populations have a community of people who become their non-biological family. It is vital that these people are recognised as family, for example, it can be imperative for people from LGBTI populations to have clear advanced care directives and other legal documents in order to ensure that their wants and needs are met in times of vulnerability.

# WHAT CAN WE DO

## WHAT CAN HEALTH PRACTITIONERS DO TO INCREASE INCLUSIVE PRACTICE?

- ✓ Validate diverse family structures and formations and each family's history
- ✓ Recognise and acknowledge that in many cases LGBTI elders have experienced systemic institutional discrimination and that experience impacts on the way they access services
- ✓ Ensure that elders are supported to develop advanced care directives and other health legal documents so that their needs and wants are honoured. A common example is ensuring that appropriate people are assigned enduring power of attorney in order to ensure that estranged biological family members are not able to attain legal rights to decision making by default
- ✓ Be aware of your own values and opinions and manage these so that they don't undermine your ability to deliver a respectful, equitable service
- ✓ Listen for the language that the person uses to describe themselves and/or their family, and take cues from this, an example being assuming that because someone is in a long term relationship that they are heterosexual. They may in fact be homosexual or bisexual and their partner may or may not be the same gender
- ✓ Do not assume, just because someone has lived their entire life as one gender doesn't mean they won't transition at an advanced age.
- ✓ Respect privacy and only ask questions that are necessary in the provision of a service
- ✓ Recognise the unique and shared pressures that may affect LGBTI people and families but don't assume their being LGBTI is 'a problem' or 'the presenting issue'
- ✓ Learn about the differences between lesbian, gay, bisexual, transgender and intersex, and also the intersections that may occur

## WHAT CAN ORGANISATIONS AND SERVICE PROVIDERS DO TO INCREASE INCLUSIVE PRACTICE?

- ✓ Support an organisational approach that treats people equitably. This does not mean treating everyone the same, but does mean making the same effort to respect and meet each person's health needs
- ✓ Design registration or intake forms that are appropriate and inclusive of many family structures and individuals; for example, use 'parents or guardian/s' rather than 'father, mother', and gender options beyond 'male or female' be inclusive of sexuality if appropriate.
- ✓ Embed practices that are inclusive and non-judgemental into policies and protocols. For example, ensure you have an inclusive practice policy
- ✓ Organise basic training and updates for staff and volunteers including understandings of 'LGBTI people', including the differences between these and how they may overlap specific health needs and concerns
- ✓ Make visible your service's welcoming of diversity, such as in waiting rooms, websites, printed materials and LGBTI resources: this could include words, images and symbols that reflect LGBTI families and people
- ✓ When releasing information ensure inclusivity by being mindful of the language used
- ✓ Ensure your service has policies and procedures in place to get clear client instructions when undertaking Advanced Care Planning Directives or other legal health requirements

# WHERE TO FIND OUT MORE

## SUPPORT FOR SERVICE PROVIDERS AND HEALTH PRACTITIONERS



**MindOUT** supports the professional development of the mental health and suicide prevention sectors to practice and implement strategies that ensures inclusive and accessible services to LGBTI people and communities.

The network connects members to stay informed about resources, activities, initiatives, professional development training and research that is pertinent to LGBTI mental health and suicide prevention.

Go to <http://lgbtihealth.org.au/mindout/> to find how MindOUT can support you.



Silver Rainbow educated and informs service providers, policy makers, government, individuals, LGBTI peoples and health & aged care professionals on inclusive practice and how this can be delivered.

Silver Rainbow provides **LGBTI Ageing and Aged Care Awareness Training** this project is delivering lesbian, gay, bisexual, transgender and intersex (LGBTI) aged care awareness training to a broad range of staff working in ageing and aged care, students studying aged care and aged care assessment teams nationally.

Go to <http://lgbtihealth.org.au/ageing/> to find a local training provider near you.

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## SUPPORT FOR INDIVIDUALS



**QLife** counselling services are available 7 days a week, 365 days a year between the hours of 3:00 pm to 12:00 am Australia wide.

Phone counselling and web chat services are provided by volunteers engaged in their home-state centres, with national support provided by a team of paid staff members. Mental Health and Referral information is available via the web 24 hours a day, 7 days a week.