

# LGBTI fact sheet 12 - Communication

## Additional considerations for communicating with LGBTI peoples with dementia

Creating a welcoming and safe environment in which LGBTI peoples can build trust and open communication with their care providers is important to improving the care for and health of LGBTI peoples with dementia.

### Language & Terminology

- Using LGBTI appropriate language and terminology can help to establish a professional care relationship based on trust. Use the terms that LGBTI peoples use to describe themselves and their partners.

**\*Note:** Terminology has changed with time; it is important use terms that are relevant and acceptable to the individual person with dementia.

- Their strongest memories may be of their past experiences when reclaimed terms, which are accepted today, were considered offensive, e.g. queer.
- Be aware that some older LGBTI peoples may not use these or any other labels to identify their sexual orientation, gender or body diversity.
- The National LGBTI Health Alliance recommends that whenever possible, LGBTI peoples be asked which pronouns

(see glossary) they would like you to use. This can then be documented as part of their admission procedure.

- Older LGBTI peoples may refer to their friend or companion rather than to a partner and they may not feel comfortable with relatively modern terms. Take your cue from the person regarding the language you should use (1).

### Sensitive communication

- Dementia may cause changing or inconsistent presentations of identity or gender leading the person to present differently on different occasions (2, 3).
- This may be due to the person who is L, G, B, T or I reliving memories when they were forced to hide their sexual orientation, gender identity or intersex status.
- Care staff need to be sensitive in their communication and take their cues from the person with dementia as to what is happening from the person's perspective at the time, to avoid prompting distress and potentially BPSD.

### Additional considerations relevant to communicating with transgender people

- Always use a transgender person's chosen name. The transgender person may not have changed their legal name however their chosen name should always be respected even if it is not consistent with their Medicare card or identity documents (4-6).
- Addressing a transgender person using language that does not match how that person identifies their own body or

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gender is disrespectful and known as 'misgendering' (7).

- All staff need to be aware of, and respect, the transgender person with dementia's (preferred) pronouns (5, 8).
- For many transgender people, their pronouns are their pronouns and not a matter of preference. The pronouns for a transgender person's identified gender apply whether or not they have taken hormones or had some form of surgery.
- Some transgender people use 'they' and 'their' as gender-neutral singular pronouns and others use their names as their pronoun. Other commonly used singular gender-neutral pronouns are 'ze' (or 'zie') and 'hir'.
- When referring to a transgender person's care needs or condition in discussion with others, always use the appropriate pronouns and name.

**\*Note:** If necessary, ask 'What is your pronoun?', NOT 'What is your preferred pronoun?' (9).

- It is never appropriate to put quotation marks around either a transgender person's chosen name or the pronoun that reflects that person's gender identity.
- Be aware that older transgender people may have been subjected to inappropriate questions or offensive language by other service providers throughout their lives. Do not increase their distress by repeating this mistake.
- When describing transgender people, use the correct term or terms to describe their gender identity. For example, a person

who is born male and transitions to become female is a transgender woman or simply referred to as a woman, whereas a person who is born female and transitions to become male is a transgender man or simply referred to as a man (10).

- When you need to directly refer to a transgender person's anatomy, listen carefully and echo the language that the person and their carer use. For example, a transgender person who identifies as male may refer to his chest rather than breasts during personal care.
- Some transgender people may use slang to describe specific parts of their bodies. Reflect their language rather than using medical or male/female specific terms (11).

## Specific terminology

- When communicating with, or referring to, a transgender person ensure you avoid terms that are offensive (9, 10, 12).
- Use the terms 'transgender people' or 'a transgender person' instead of 'transgenders' or 'a transgender'. Transgender should be used as an adjective, not as a noun.
- Use the term 'transgender' not 'transgendered'. The adjective transgender should never have an '-ed' on the end.
- Use the term 'affirming their gender' or 'transition' rather than 'sex change,' 'pre-operative' or 'post-operative'. Referring to a sex change operation, or using terms such as pre- or post-operative, incorrectly suggests that a person must have surgery

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in order to transition or live as their preferred gender.

- Avoid referring to surgery when discussing transgender people or the process of transition unless medically or clinically relevant, e.g. when documenting past medical history.
- Do NOT ask offensive questions such as: Have you had the surgery?; Tell me about your genitals; What is your real name?
- At all times avoid using offensive or dehumanising terms such as 'she-male,' 'he-she,' 'it,' 'trannie,' 'tranny,' 'shim,' 'gender-bender' or 'trans\*'.  
Although transgender people or gender-queer people might use some of these terms to refer to themselves or their friends this does not mean it acceptable or appropriate for others to use them.

## Additional considerations relevant to communicating with intersex people

- Most intersex people identify as men or women however some identify as intersex and may prefer to be known by gender neutral pronouns, e.g. 'they'.
- It is important not to assume a person's gender by their appearance or how they sound on the 'phone. If you do not know which pronoun is appropriate to address or describe an intersex person, respectfully ask them (13, 14).
- When communicating with, or referring to, an intersex person do not focus on their intersex variation. Only refer to it if this is relevant and absolutely required. This extends to not asking questions that are

invasive, unnecessary or unrelated to the assistance you are providing at the time (13, 14).

- As with all population groups language choices can vary from person to person, as well as in different circumstances.

**\*Note:** The terms intersex, intersex people, intersex variation or intersex trait tend to be preferred as these recognise intersex as a naturally occurring biological phenomenon.

- The phrase 'people born with intersex variations' is useful as it recognises the diversity of the known different variations of intersex (15).
- Many intersex people use diagnostic, gender or chromosomal labels to describe their intersex variations, e.g. XXY; KS Man; XXY Woman; Complete Androgen Insensitivity; XY Woman; Swyer Syndrome; or Turner Syndrome. Listen to the person and reflect the language they use (15, 16).

## Specific terminology

- When communicating with, or referring to, an intersex person ensure you avoid terms that are offensive (13-15).
- The term 'disorders of sex development', 'differences of sex development', 'DSD', 'hermaphrodite' and 'intersex condition' are inappropriate and stigmatising.
- The abbreviation 'IS' or the hyphenated 'inter-sex' should never be used when writing intersex.

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**\*Note:** People born with intersex traits must have the autonomy to use whichever terms they prefer when speaking about their own bodies and experiences.

- Many intersex people also consider 'condition' and 'disorder' inappropriate medical terms which pathologise intersex variations.
- Never use offensive terms such as 'abnormal', 'malformed', 'defect' or 'he/she' in relation to an intersex person.
- The adjective intersex should never have an '-ed' on the end.
- 'Intersex' must not be included as a sex or gender option on forms or other documents; intake forms can include a separate question 'Are you intersex?'.

## **Establish a rapport of respect when communicating with LGBTI peoples:**

- Never assume you know a person's gender identity, sexual orientation or intersex status.
- Avoid making assumptions of gender identity based on voice or physical presentation, and vice versa.
- Introduce yourself warmly as you would for anyone and get to know the person.
- If the person with dementia or their carer discloses their sexual orientation, gender identity or intersex status to you, be aware that your first reaction is important. Acknowledge what they have shared with you in a way that affirms your respect and acceptance.
- Respect each person's gender identity and sexual orientation, even if it does not make sense to you.
- Ask only questions relevant to their care; do not ask questions to satisfy your own curiosity.
- Use open questions to allow the person to be open about their needs around their gender identity, sexual orientation or intersex status.
- Do not discuss your personal views about LGBTI people or issues.
- Be aware that your comments or questions may be 'heteronormative' (see glossary), e.g. "How is your wife/husband?"; refer to their carer/partner as they do.
- Admit what you do not know and respectfully ask for help from the person or their carer.
- Apologise for your mistakes but do not 'over-apologise'.
- Do not assume all LGBTI people want to talk about being LGBTI

References: (1, 17-20)

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See *Fact sheet 1 – Overview* for details.