

LGBTI fact sheet 4a - Personal history & lived experience

The influence of personal history and lived experience

Anxiety, confusion, distress and consequent BPSD may be exacerbated where those providing care to LGBTI peoples with dementia are unaware or insensitive to their history of discrimination and trauma (1).

- Service providers may not realise they have LGBTI clients when LGBTI peoples hide their sexual orientation, gender identity or intersex status. As a result service providers may not identify a need to provide LGBTI inclusive services.

Invisibility of older LGBTI peoples

- This 'cycle of invisibility' continues when services fail to be LGBTI inclusive which further reinforces to LGBTI peoples that it is not safe to disclose their sexual orientation, gender identity or intersex status (2-11).
- Many older LGBTI people have lived through a time when making themselves 'invisible' was a necessary protection against discrimination and violence (12-15). The dominant culture in Australian society at the time stigmatised or denied non-heterosexual identity and behaviour (16).
- Although the level of violence and hate crimes against lesbian, gay and transgender people was increasing in

many parts of the world, this attracted little public attention or concern (14, 17).

- Hate crimes were frequently not reported to the police to avoid disclosure and because the police response could be indifferent, inadequate, unsupportive or worse (17-21).

***Note:** Hate crimes can have a widespread impact on members of the LGBTI community beyond the actual, individual victims due to the fear and intimidation that is generated (16). LGBTI peoples may have become further isolated by such traumatic experiences when seeking support required disclosure.

- Older LGBTI peoples may have experienced discrimination from the medical profession throughout their lives (22). Hiding their sexual orientation, gender identity or intersex status may have been a strategy to stay safe in their dealings with health professionals or authority figures (23-28).
- Ongoing fear of maltreatment may result in them avoiding or delaying access to health services (29, 30).
- In the past disclosure of sexual orientation or gender identity could lead to imprisonment and/or enforced medical or psychological 'cures' (13, 31-34). Belief that lesbian, gay and bisexual people can be 'cured' reportedly continues amongst staff of some health and care organisations (35).
- Throughout their lifetime, the decision to disclose will likely have been complex as disclosure could lead to loss of

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employment, social networks, family and friends or dishonourable discharge from the armed forces for LGBTI peoples (13, 24, 33, 36-38).

- Discrimination and bullying during educational years is associated with high rates of leaving school early, leading to reduced opportunities for employment which can ultimately impact on financial security for LGBTI peoples (37, 39-42).
- Likewise loss of employment or lack of career opportunities due to discrimination increases their risk of living in poverty (42, 43).
- LGBTI peoples may have hidden their sexuality or gender by presenting to others as heterosexual (44) or cisgender (see *glossary*) to avoid discrimination, confrontation or upsetting others such as their biological family (17).
- Hiding parts of their identity, such as their sexual orientation, gender or significant relationships can be stressful for LGBTI peoples. This will likely be exacerbated when they experience memory difficulties (31).

Bisexual, transgender & intersex peoples

- There is often less focus on the needs of bisexual, transgender and intersex peoples compared to lesbian and gay people. Little evidence is available concerning the experiences of older bisexual people including those accessing aged care services (45-49).
- Medical professionals and aged care services tend to be less aware of the needs of transgender and intersex

people than lesbian and gay people (42).

- Where possible, transgender people may have concealed their gender history, not only to avoid discrimination but also because they preferred to be recognised as male or female, rather than as 'trans' (50).
- People who are visibly gender-variant (see *glossary*) may be uncomfortable in public spaces if they have experienced harassment or threats, increasing their risk of isolation, loneliness or anxiety (51).
- Where older LGBTI peoples do not feel safe or comfortable to disclose their sexuality, gender identity or intersex status to aged care providers, they are unable to be themselves increasing their risk of stress, unmet needs and depression (32, 33). This is a significant barrier to providing person-centred care.

Example scenario

Joanne and Heather lived together as a couple for 54 years until Joanne could no longer manage Heather's care at home due to her advancing dementia. When Heather moved into a residential care facility they became 'sisters'. They had never talked openly about their relationship to family or neighbours and Joanne was not comfortable to disclose the truth to staff at the facility. They had many photos of their life together that Joanne knew could help Heather settle in but she was anxious about bringing in too many 'clues' that might reveal their situation.

Joanne often found Heather in tears when she arrived for her daily visits to the care

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facility. The other residents and their families spoke of their husbands, children and grandchildren but Joanne felt too vulnerable to share their stories. Joanne was also anxious that, because of her dementia, Heather may inadvertently disclose the nature of their relationship.

Joanne and Heather's distress around the adjustment to residential care is now exacerbated because they are living in hiding and isolation. Joanne is concerned that Heather is depressed.

Discussion points

- Consider the steps your organisation has (or could put) in place such as policies, staff education, developing connections with the LGBTI community as well as LGBTI welcoming rainbow flag, signs and brochures to ensure Joanne knows your workplace is an inclusive facility.
- Consider the steps individual staff members can take such as seeking further education, examining their individual approach and body language as well as using inclusive communication to ensure Joanne and Heather feel more comfortable.

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See *Fact sheet 1 – Overview* for details.