

LGBTI fact sheet 8c - Regional & remote areas

Additional considerations for LGBTI peoples living in regional and remote areas

While the close relationship between service providers and the local community may be of benefit to many in regional and remote areas, this can raise important issues for LGBTI peoples requiring care and support (1).

- Some regional and remote areas report higher levels of homophobia and transphobia (see *glossary*) than urban areas.

Isolation

- Sections of the rural population may be less tolerant of diversity in general and more homophobic or transphobic, in particular.
- This can prompt increased self-reliance, invisibility and isolation among LGBTI peoples, reducing opportunities to build social support networks (2-9).
- LGBTI peoples who are not 'out' within their rural community and require services may try very hard to hide their sexual orientation or gender identity where they are concerned that personal information could be shared with others.
- The invisibility of older LGBTI peoples living in regional and remote areas contributes to the belief of many that they do not have a local LGBTI community.
- The lack of open diversity around sexual orientation, gender identity or intersex status within the workforce itself also contributes to their isolation (4, 10).

- Older LGBTI peoples living in regional and remote areas may be very reluctant to disclose when staff members are known to them from their local community or personal contacts but unaware of their LGBTI status.
- Fear of discrimination and isolation will likely be amplified in comparison to their city-dwelling counterparts (4, 9, 11, 12).

***Note:** Ensuring confidentiality and privacy around LGBTI peoples' sexual orientation, gender identity or intersex status can be particularly difficult in small regional and remote communities.

- Service providers and their staff must be aware of their responsibilities toward older LGBTI peoples, particularly those with dementia with regard to confidentiality.
- Where discrimination results from disclosure LGBTI clients may have limited or no alternate options to seek services and support.

Limited services

- Where service providers' approach to older LGBTI peoples are based on their personal values and these are not inclusive, this limits the options for the person with dementia and their carer. In some areas there will be no alternate services to provide the appropriate accommodation or support needed to maintain their health.
- Access to specialist doctors and treatment may be unavailable in regional and remote areas, requiring intersex and transgender people to travel to capital cities or major regional centres. This often

8c - Regional & remote areas

presents an additional financial burden as well as time away from work, other commitments and support networks.

- A lack of local LGBTI services in regional and remote areas limits opportunities for referral to LGBTI-inclusive care (7, 13).
- LGBTI peoples may need, or choose, to relocate from familiar surroundings and supports to avoid disclosure potentially increasing the person with dementia's disorientation, confusion and/or BPSD at a difficult time.

***Note:** Rural services are often innovative in the way they overcome obstacles, such as distance and financial constraints, in many aspects of service delivery.

- These methods may translate into strategies to develop LGBTI-inclusive practice, e. g. collaboration with and across other rural services and engaging members of the local community (14).

References

1. Barrett C, Stephens K. GLBTI inclusive practice: Working with rural communities. Melbourne, Australia: Gay and Lesbian Health Victoria, The Australian Research Centre in Sex, Health and Society, La Trobe University. ; 2012.
2. Miller K, Mahamati. Not Round Here: Affirming Diversity, Challenging Homophobia Rural Service Providers Training Manual. Sydney, Australia: Human Rights and Equal Opportunity Commission; 2000.
3. Cody P, Welch P. Rural Gay Men in Northern New England. Journal of homosexuality. 1997;33(1):51-67.
4. Barrett C, Stephens K. Beyond: 'we treat everyone the same'. A report on the 2010 – 2011 program: How2 create a gay, lesbian, bisexual, transgender and intersex inclusive service. Melbourne Australia: Gay and Lesbian Health Victoria; 2012.
5. Bapcare. Safe, inclusive and person-centred care for LGBTI seniors. Camberwell, Australia: Bapcare; 2015.
6. Flood M, Hamilton C. Mapping Homophobia in Australia. Australia Institute; 2005 July 2005.
7. Farmer GW, Blosnich JR, Jabson JM, Matthews DD. Gay Acres: Sexual Orientation Differences in Health

Indicators Among Rural and Nonrural Individuals. The Journal of rural health : official journal of the American Rural Health Association and the National Rural Health Care Association. 2016;32(3):321-31.

8. Averett P, Yoon I, Jenkins CL. Older lesbians: experiences of aging, discrimination and resilience. Journal of women & aging. 2011;23(3):216-32.
9. Yang J, Chu Y, Salmon MA. Predicting Perceived Isolation Among Midlife and Older LGBT Adults: The Role of Welcoming Aging Service Providers. The Gerontologist. 2018;58(5):904-12.
10. Justice in Aging. LGBT Older Adults In Long-Term Care Facilities: Stories from the Field. Washington, DC, USA: Justice in Aging, National Gay and Lesbian Task Force, Services & Advocacy for GLBT Elders (SAGE), Lambda Legal, National Center for Lesbian Rights, National Center for Transgender Equality; 2015.
11. Barrett C, Whyte C, Cramer P. Creating gay, lesbian, bisexual, transgender and intersex (GLBTI) inclusive home and community care (HACC) services: The HACC pack. Melbourne, Australia: Val's Café and Municipal Association of Victoria; 2014.
12. Lyons AP, Hosking WP, Rozbroj TBA. Rural-Urban Differences in Mental Health, Resilience, Stigma, and Social Support Among Young Australian Gay Men. Journal of Rural Health. 2015;31(1):89-97.
13. Australia and Aotearoa/New Zealand intersex community organisations and independent advocates. Darlington Statement: Joint consensus statement from the intersex community retreat in Darlington. NSW; 2017.
14. Aged Care Sector Committee Diversity Sub-group. Actions to support Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex elders: A guide for aged care providers Canberra, Australia: Commonwealth of Australia as represented by the Department of Health; 2019.

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See *Fact sheet 1 – Overview* for details.