THE DOUBLE CLOSET

LGBTI PEOPLE AND DEMENTIA

DTA |26 NOVEMBER 2020

June Lowe

GRAI

GLBTI Rights in Ageing Inc.

ACKNOWLEDGEMENTS

Whadjuk Noongar Country, Wetland Glimpses quilt Meg Cowey | WA Museum

G R A I

GLBTI Rights in Ageing Inc

Community-based NFP, formed in 2005

… fear having to ‘go back into the closet’

Research

Advocacy

Training

Community Outreach

LGBTI(+NL) elders high risk group

INCLUSIVE DEMENTIA CARE, WHY?

LGBTI elders, high risk group

High likelihood social isolation

Barriers to accessing services

Affected by past trauma/stigma

(High rates of historical discrim & violence)

Dave Kelly, Pride Parade 2019

LGBTI ELDERS:RISKS IN DEMENTIA CARE

Providers' biases affecting care, microaggressions

Lack of trust – needs unrecognised/unmet

Co-resident hostility

Disinhibition expose hidden identity

Family unsupportive of gender status/sexuality

BARRIERS TO LGBTI INCLUSIVE CARE

(In)visibility - Hidden and in hiding

Community stereotypes

Service providers (health, social, aged-care)

- Ageist erotophobia

Heteronormativity

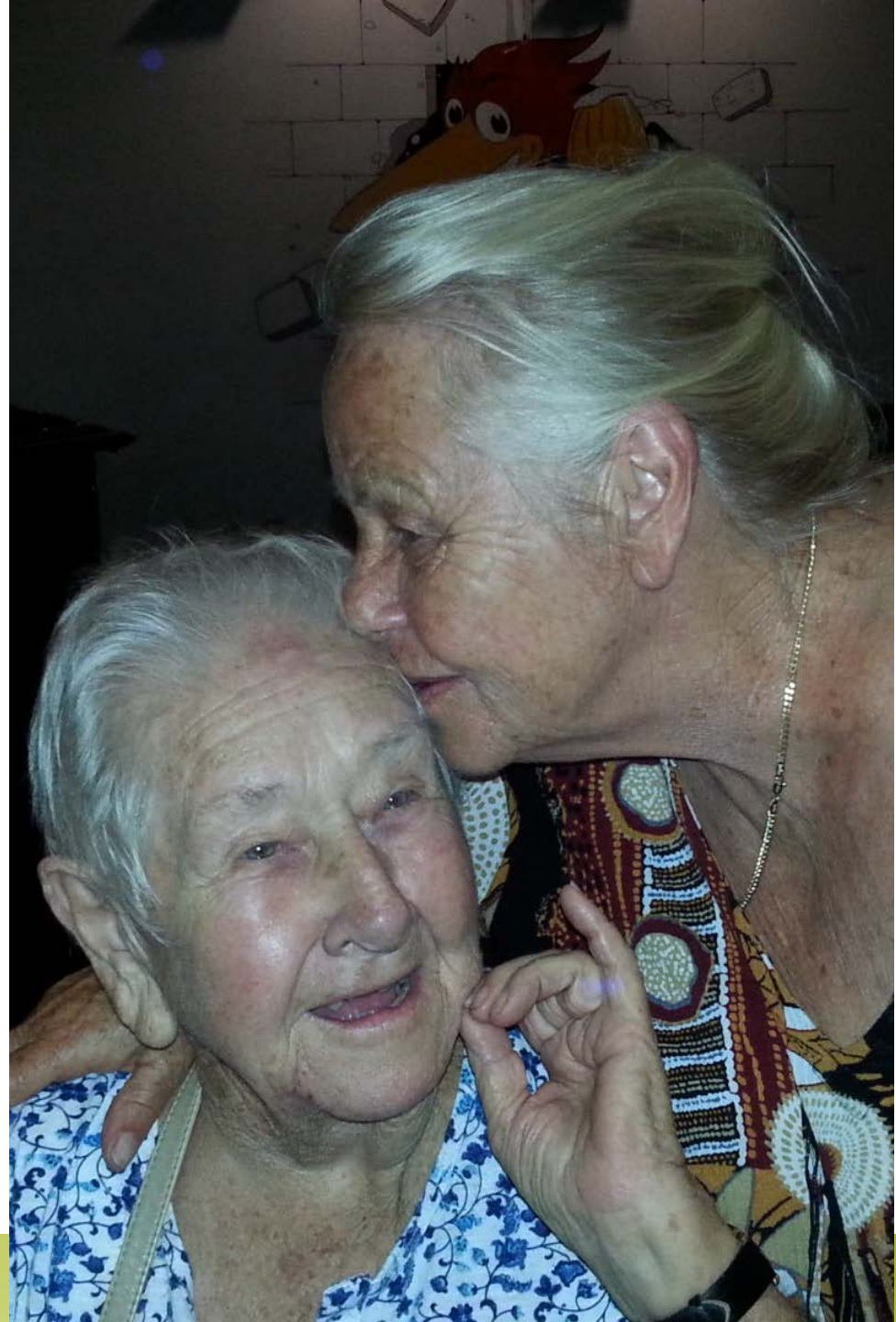
- No data, no policies, no targeted outreach
- Premature complacency

Velma Leggo, 90

MARGARET AND ELIZABETH

Feb 2020 Relationship celebration

- Attitudinal change – suddenly/years in the making
- Best practice – overt celebration
- Challenges residual homophobia
- Positive affirmation identity/relationship
- Margaret: “The blessing ceremony was my idea and it was welcomed by the nursing home. Elizabeth was thrilled – it was a lovely thing to do and it was so joyous”



QUESTION FROM THE FLOOR

“How do we care for a transgender person who has been identifying as female since first moving into an Aged Care facility, who no longer recognises themselves as female and now wants to revert back to being male. They are now dealing with ‘responsive behaviours’ when previously there weren’t any.

- Is it appropriate to offer both male and female clothing, for example. Is it this simple?
- How do you discuss this with family when they are adamant that the person is transgender?
- What if their Advance Care Directive says they always want to be treated as female/male?
- What support is there for this? AIDS Council Transgender Support Assoc….?

QUESTION FROM THE FLOOR

How do we respond?

- Each person's experience need individual respect. What is their background?
- What behaviours are staff interpreting? Skilled assessment - it may be about identity and clothes or things unrelated to trans ('I want to feel safe, known, in control, loved'…)
- Past trauma and interactions with health services: resident may be responding to environment perceived as threatening
- Family concerns - education & understanding
- Advanced Care Directive is not binding – a person's needs and clinical reasoning still in play. https://www.health.gov.au/health-topics/palliative-care/planning-your-palliative-care/advance-care-directive

QUESTION FROM THE FLOOR

How do we respond to the family?

- How good to be concerned about your relative.. We are going to allow her to express herself however she feels most comfortable

Avoid use of ‘reverting’! (..’changing’ more accurate)

- Reverting assumes she goes back to the same person of x-years ago

CHALLENGE NORMATIVE BIASES: Examine binaried viewpoint

- Older people have a right to express their gender in diverse ways
- A person may not fit neatly into gender binary stereotypes!
- Question dominant views:
    - A transwoman growing a beard was forced to shave to ‘protect their dignity’.

QUESTION FROM THE FLOOR

Resources

- *Cognitive Impairment, Alzheimer's Disease and other Dementias in the Lives of Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adults and Their Caregivers: Needs and Competencies,* Karen Fredriksen-Goldsen, Sara Jen, Amanda Bryan and Jayn Goldsen, J Appl Gerontol, 2018 May; 37(5) 545 569.
- Kinfolk Project www.alicesgarage.net/kinfolk/

QUESTIONS FROM THE ZOOM ROOM

Remember, subgroups and intersecting identities (LGBTI is not a ‘master status’)
Beware assumptions!!

Happy Pride!

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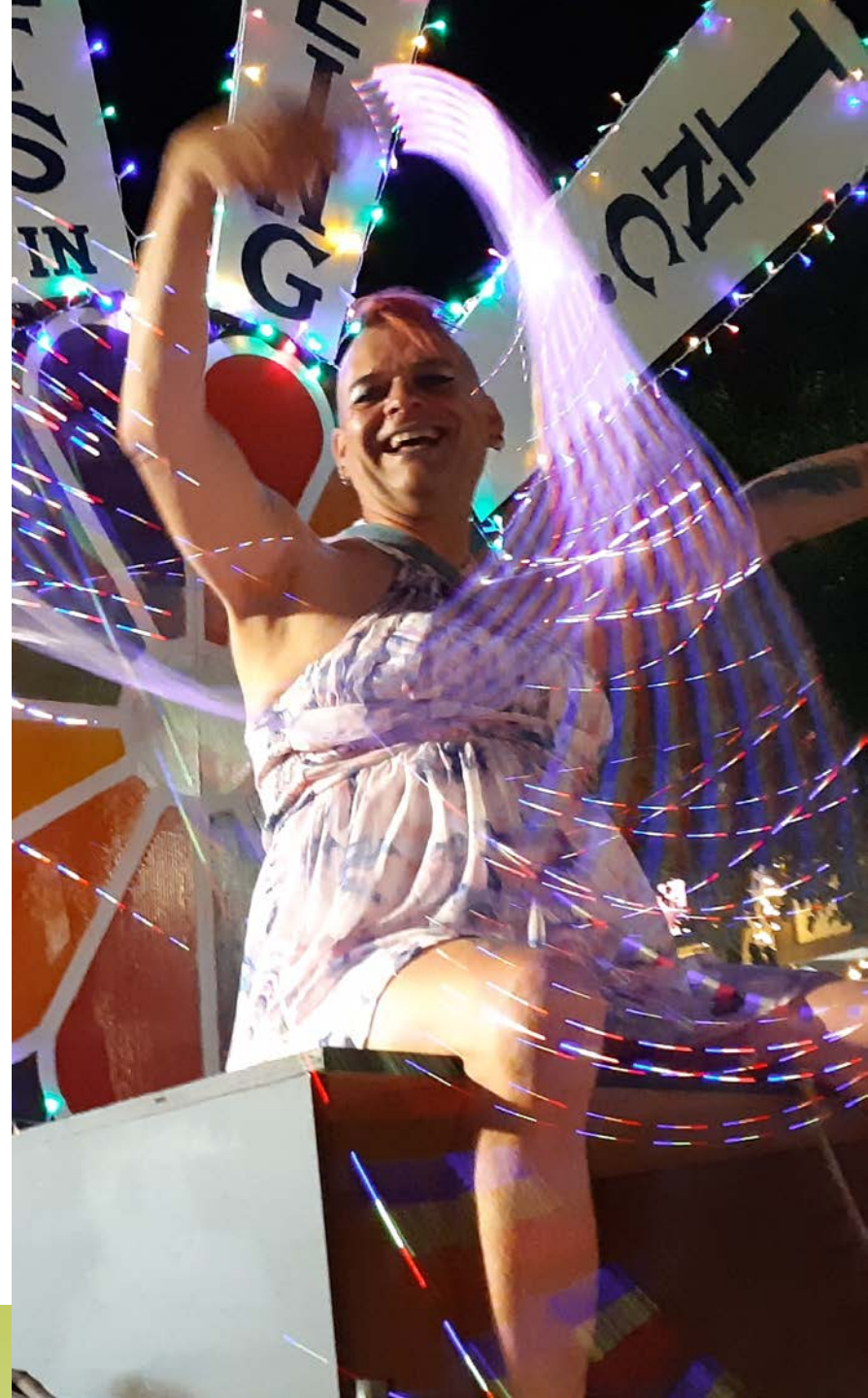

sami bluebird