

Sexual and Gender Diversity

Reference/s	<p>Aged Care Act 1997:</p> <ul style="list-style-type: none"> - Quality of Care Principles (Aged Care Quality Standards) Standards 1 Dignity and Choice - User Rights Principles (Residents Rights) <p>LGBTI Ageing and Aged Care Strategy</p>
-------------	--

Purpose

- The purpose of this policy is to describe Benevolent Living (Benevolent) policies and procedures for ensuring residents identifying as Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) receive inclusive care in an environment free from discrimination or abuse and supports the individual's right to sexual expression and gender identification.

Policy

- Benevolent values diversity and is committed to providing safe, inclusive care for residents identifying as lesbian, gay, bisexual, transgender or intersex.
- Benevolent has a zero tolerance to discrimination against residents who identify as LGBTI.

Background

- The acronym LGBTI refers to those who identify as Lesbian, Gay, Bisexual, Transgender or Intersex – see Appendix 1.
- Members of the LGBTI Community have been and are at risk of discrimination on various fronts.

Religious Rejection - Religious communities have historically been intolerant of sexual diversity with homophobia, abuse and rejection being the norm rather than the exception. To gain acceptance within their community older LGBTI people were led to deny their sexuality or gender identity, deny their religious identity, or lead a double life between their religious and LGBTI communities.

Family Rejection - Rejection by family was an almost universal experience for today's seniors when they disclosed their sexual or gender diversity. Family responses ranged from being ejected from the home and family relationships even being considered "dead", to being forcibly admitted to psychiatric care for "treatment". Coming out often resulted in loss of employment and income. Family rejection remains a barrier for LGBTI persons today in revealing their sexual or gender diversity.

Fear - Because of their experiences with discrimination, abuse, rejection and violence, most LGBTI seniors learned that revealing their sexual identity made them unsafe. Many feel threatened by increasing age, disability and reliance on health and social services as they fear a return to the institutional control they experienced when they were younger, and feel the need to hide their sexual orientation or gender identity to be accepted and to feel safe.

Admission

1. Residents who identify as Lesbian, Gay, Bi-sexual, Trans-gender or Inter-sex will be identified on admission and strategies implemented as required to optimise health and well-being.
2. Benevolent recognises that residents are under no obligation to disclose their LGBTI identity and will respect the wishes of those residents.
3. A resident will be taken to be the gender they identify as, despite physical indicators to the contrary.

Assessment

4. Focal assessment of specific care needs will be conducted for all residents identified as LGBTI.
5. Assessment will be undertaken in partnership with the resident or their authorised representative.
6. LGBTI data collection is incorporated into assessments as applicable.

Care Planning

7. An individual plan of care will be developed for each resident that includes LGBTI specific care needs.
8. Care strategies to meet LGBTI needs will be developed in partnership with the resident, their representative/s and any external agency or party identified by the resident.
9. The effectiveness of LGBTI care strategies will be evaluated along with routine care evaluation three (3) -monthly and whenever needs changes or concerns are raised.

Referral and Shared Care

10. Where a resident has LGBTI needs that cannot be met internally, referral for external support will be arranged (subject to the resident's or the authorised representative's consent).
11. The Registered Nurse will coordinate care with external agencies and care providers to ensure that any directions are included in the person's care plan.

Dignity and Choice

12. LGBTI residents will be valued and respected and will be free from prejudice and discrimination.
13. External agencies and care providers will be engaged at the request of LGBTI residents to enhance quality of life.
14. Assessment and care planning will be undertaken in close partnership with the resident or their authorised representative.

General Considerations

15. Family and Significant Others

Recognise and acknowledge the resident's family of choice or significant other and ensure their inclusion in decision making processes. Be aware that there may conflict between family of choice and biological family.

16. Intimacy

In addition to the importance of a partner's love, intimate partners are a vital psychological and social support for LGBTI residents, especially in the absence of support from biological family. At all times gay and transgender partners are to be treated with the same respect, understanding and support as heterosexual partners. Opportunity for intimate time is to be facilitated as it would be for heterosexual partners – providing privacy, ensuring time together is uninterrupted.

17. Medical

Three quarters of trans and gender diverse people use hormone treatment to maintain their gender identity, medical support is to be facilitated to ensure these regimes are maintained consistently.

Not exclusive to the LGBTI population, the HIV-positive population is ageing and it is estimated that by 2020 around 44% of HIV-positive people will be aged over 55. HIV-positive persons develop diseases of ageing earlier than the general population and therefore need care, and palliative care earlier. The support of the resident's significant other, family of choice and broader LGBTI community is to be encouraged and supported during end of life care.

18. Mental Health

Surveys have revealed that LGBTI Australians experience poorer mental health and greater levels of psychological stress than the population as a whole, with trans men and trans women faring the worst. The poorer mental health and higher suicide rates have been attributed to the impact of stigma, social exclusion, discrimination, bullying, rejection, and barriers to appropriate and timely transitioning. Depression in the entire elderly population affects up to 50% of those in care at some stage, increasing the risk for LGBTI residents suffering poor mental health. Benevolent will

actively encourage pursuit of aspects of life to maintain resilience for LGBTI residents – relationships, social networks, personal interests, community involvement. Benevolent will protect residents from further risk factors of discrimination and abuse.

19. Dementia

LGBTI seniors have a lower percentage of children and other family available for support. The stigma and discrimination they have been subjected to throughout their lives makes them fearful of finding a facility which is inclusive and sensitive to their needs. They may fear being “outed” by loss of control over their own behaviour and facing further marginalisation. For LGBTI people with dementia issues such as living in the past and reverting to their birth assigned gender or their earlier “closeted” years can inflict deep grief upon partners who may not even be recognised. Additional emotional support is required for residents who are not only confused and fearful of what is happening to them, but have the added stress and fear due to fluidity of identity.

20. Legal Issues

LGBTI seniors can be vulnerable to having their wishes disregarded by family or carers when making medical, lifestyle or financial decisions. It is important that the resident’s choices are clearly documented within a legal framework through completion of a current Will, Power of Attorney, Guardianship, and Advanced Health Directive. Where there is conflict between family of origin and the partner of a resident, Benevolent needs to know who the legal decision maker is and to support them in that role. Benevolent will support the resident and their legal decision maker in maintaining their choices – e.g. preferred name, style of dress, gender identity.

21. Cultural Issues

In our multicultural society different ethnic and religious groups have varying views and attitudes towards people who are sexually or gender diverse. In 2014 homosexuality was still a criminal offence in 76 countries with punishment ranging from harassment, violence, and imprisonment, to death. LGBTI members of ethnic communities may never come out within their community, facing overwhelming pressure against disclosure that will bring personal and family shame and loss of honour. The pressure is particularly strong when a conservative religion is part of the religious and cultural identity, conversely, a religious faith which teaches compassion and social justice may encourage acceptance and disclosure. The impact of culture can become an issue in aged care with a culturally diverse workforce. Benevolent promotes inclusiveness of both staff and residents.

22. Within the Aboriginal and Torres Strait Island communities the terms “trans” and “transgender” are not seen as relevant, they prefer “sistergirl” –

a feminine person who was originally assigned by others as male at birth, and “brotherboy” – a masculine identified person who was assigned female at birth.

Inclusive language

23. Use the correct pronoun for trans, gender diverse and intersex people who identify as women or men. Addressing someone in a way that does not match how they identify themselves is termed “misgendering” and can be very distressing to the person, even if they remain silent. Ask the person how they would prefer to be addressed and respect their self-identity at all times.
24. Give adequate options when collecting information – use the term “parent” rather than “mother” or “father” ; include the term “partner” to relationships as well as the options of single / married / divorced / husband / wife, do not assume relationships are heterosexual.
25. Use the correct name, for trans and gender diverse people their “real” name is the name they use now, not their birth name.

Information Privacy

26. The highest standards of privacy and confidentiality by all staff at all times must be maintained. Gossip and innuendo will not be tolerated either by management or by peer groups within Benevolent. Private ensuites are provided for all residents. Care plans are individualised and reflect personal preferences and choice and decision making.

→ Refer to [BEN Policy MA – 08 Information Privacy](#)

Staff Education

27. Benevolent staff will receive education to provide them with the knowledge and skills to support LGBTI residents within the Benevolent community.

Complaint Management

28. The Health and Wellness Manger will monitor complaints about discrimination against LGBTI residents in accordance with our Complaint Management Policy.

APPENDIX 1: Gender, Gender Identity and Sexuality Terms

Term	Definition
Bisexual	A person who is sexually and emotionally attracted to men and women.
Gay	A person whose primary emotional and sexual attraction is towards people of the same gender. The term is most commonly applied to men, although some women use this term.
Gender	<p>Characteristics that are often believed to be innate or biologically determined but include roles, behaviour, activities and attributes that a particular society considers appropriate for women and men.</p> <p>Note: 'Man' and 'woman' are gender terms; 'male' and 'female' are sex terms, derived from biology, and relate to anatomical and chromosomal attributes.</p>
Gender-diverse	People whose understanding or performance of their gender does not conform to social expectations based on their sex assigned at birth.
Gender Identity	<p>A person's sense of identity defined in relation to the social roles, attributes and behaviours customarily ascribed by society to 'women' and 'men'. For most people, biological sex and gender identity (birth assigned) are aligned, but for some (e.g. transgendered) they are in conflict. Others identify as androgynous (as both man and woman) and some reject any gender labels entirely.</p> <p>Note: 'Intersex' relates to sex (not gender) identity, although some intersex people also identify as transgendered.</p>
Family	In this Strategy, family includes family of choice. Due to possibly having experienced rejection from their biological families, some LGBTI people may form core relationship links with others who they may refer to as their 'family of choice'. This is similar to many other people's relationships with their biological family.
Intersex	The presence of intermediate or atypical combinations of physical features that are usually seen to distinguish female from male. This may include variations in chromosomes, hormones, reproductive organs, genitals and other bodily features. Many people dislike the term 'condition' as pathologising, preferring to see intersex differences as naturally occurring human variations. The term 'disorders of sex development' (DSD) is not generally favoured. Nor is the term 'hermaphrodite', which has sometimes been

Term	Definition
	inappropriately used to describe intersex people. Note: Intersex is not a form of gender identity.
LGBTI	An acronym that refers to a group of people with diverse sexual orientation, sex or gender identity. It includes lesbian, gay, bisexual, transgender and intersex people and other sexuality, sex and gender non-conforming people, regardless of their term of self-identification. The letters may be in different orders (e.g. GLBTI) or without the 'I'.
Lesbian	A woman whose primary emotional and sexual attraction is towards other women.
Sex	The biological and physiological characteristics associated with 'female' and 'male'. This includes chromosomal configuration, hormonal profile, reproductive organs, and secondary sex characteristics such as breasts, body hair and voice.
Sexual Orientation	The feelings or self-concept; direction of interest; or emotional, romantic.
Sexuality	Sexual or affection-related attraction towards others.
Transgender (short: Trans)	An umbrella term that encapsulates all people who do not fit the understanding of male and female gender roles. Transgender is an adjective to describe a diverse group of individuals who cross or transcend culturally defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth. Transgender does not imply any specific form of sexual attraction – e.g. transgendered people identify variously as heterosexual, gay, lesbian, bisexual, pansexual or asexual. It includes all gender non-conforming people including transsexuals, cross-dressers, drag performers, and gender queer people. The very inclusivity of this term can be problematic because some feel that it erases the distinctions between, for example, those wishing to make permanent changes to their bodies to conform to innate gender feelings and those whose gender variance is in their style of gender presentation and expression. It is quite common for many transgendered people to transition: to permanently adopt the style and presentation of the opposite gender even if they do not undergo medically assisted gender reassignment. Note: See also Transition, Transsexual or Gender.

Term	Definition
Transition	<p>Describes both a public act and a process. It involves the permanent and public adoption of the style and presentation of the gender opposite to that of a person's birth-assigned sex. It usually includes a change of name, chosen style of address and pronouns, as well as adopting the dress and style of presentation of a person's innate gender. It also describes the process of changing one's lived gender by permanently changing one's body. For transsexuals this is a process of cosmetic procedures as well as cross-sexed hormone replacement therapy (HRT) and surgical intervention, usually referred to as sex or gender reassignment surgery (SRS-GRS) and now called gender affirmation surgery. The use of HRT, with or without surgical intervention, is usually referred to as medically assisted gender reassignment. Not all who transition undergo medically assisted gender reassignment. Some transgendered people (e.g. cross-dressers) remove facial and body hair and take cross-sexed hormones to improve their presentation.</p> <p>Note: see also Transgender, Transsexual.</p>
Transsexual	<p>A person who experiences a marked conflict between innate feelings of gender identity and the gender conventionally associated with their birth-assigned sex. It sometimes involves a rejection of their birth sex, including sexual anatomy and secondary sexual characteristics. This rejection is referred to as gender dysphoria. Transsexuals may undergo medically assisted gender reassignment, through cross-sexed HRT and gender affirmation surgery. For most transsexuals, HRT and/ or surgery significantly reduces the feelings of anxiety associated with gender dysphoria.</p> <p>Note: see also Transition, Transgender.</p>
Transwoman	<p>A person who has transitioned from a man to a woman (some may prefer to be referred to as 'male to female').</p>
Transman	<p>A person who has transitioned from a woman to a man (some may prefer to be referred to as 'female to male').</p>