THE DOUBLE CLOSET
LGBTI PEOPLE AND DEMENTIA

DTA | 26 NOVEMBER 2020

June Lowe

GRAI
GLBTI Rights in Ageing Inc.
GRAI

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)
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”
"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
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


• 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!

June Lowe | june@grai.org.au