Conclusion

The aim of this booklet is to help all concerned—staff and residents as well as members of the GLBTI communities who may have to go into care facilities or receive care in their home.

The number of ageing people as a percentage of the population is increasing and this increase will of course include those in the GLBTI community. There are many who still have problems with the thought of going into or receiving any form of care, either in facilities or in their own home, as we all value our independence. We hope that this booklet will enable many of us to be looked upon as part of the general public. Our numbers are growing and we can no longer be considered as an insignificant and minority part of society.

oooOOOooo

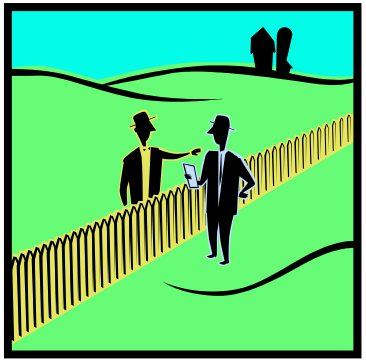
This booklet has been prepared and printed by the Redland District Committee on the Ageing Inc in consultation with the Redlands Seniors Network as a community service. Please distribute it as widely as possible to assist in the development and maintenance of understanding and tolerance in the community.

Further information can be obtained from the Changeling Aspects at

http://www.changelingaspects.com/

WELCOME

NEIGHBOUR



Encouraging Equality of Treatment For All

This booklet was produced by the ©Redland District Committee on the Ageing in consultation with the Redlands Seniors Network to assist with understanding and tolerance in the community.

Printed 2011

GLBTI AGE CARE

Volunteers

Undoubtedly, volunteers and volunteer services enhance the quality of life of the residents within our homes and help residents maintain as active, independent and high quality of life as possible by augmenting and complementing the care and services provided by staff.

Questions

Does your program only refer to ‘sexual orientation’?

Does your program acknowledge that the needs of pre- or non-operative transsexuals differ from the needs of post-operative transsexuals? Does it address cross-dressers, bi-gendered persons and other transgender elders who are not transsexual?

Does your program explicitly welcome and make comfortable the partners of transgender elders?

Do your staff, board members and advisors adequately represent the trans community?

Can you link trans and SOFFA (significant others, friends and family and allies) elders to their peers?

Can you provide your staff with the necessary training, materials and support to understand trans+SOFFA ageing issues?

Extract from ‘A publication of FORGE and Transgender Aging Network’

beliefs into line with the concepts of human rights and respect. Success will not occur if a 'one-off' approach is taken to education, awareness building and provoking an open discussion. ***Newsweek Magazine, 2007***

Administrator and the Director of Nursing

It is strongly recommended that the orientation for all new staff at all homes includes content related to diversity, including LGBT issues. At a minimum, the following content should be included:

- Definition of diversity and diversity practice;
- Mission Statement and Values, with emphasis on what it means in day-to-day practice and how all staff are required to do their part;
- The fact that Toronto Long-Term Care Homes and Services welcomes LGBT residents, family, staff and volunteers;
- The fact that the City provides benefits to same sex partners;
- The fact that the City has an anti-harassment policy that specifically mentions LGBT negative comments, jokes, etc., as grounds for harassment;
- The fact that Toronto Long-Term Care Homes and Services has a complaint process for people complaining of harassment and its details; and
- The fact that all new employees are expected to sign an acknowledgement regarding respect for diversity,
- Anti-harassment, anti-discrimination and acknowledgment of various policies and requirements.

LGBT Tool Kit 2008

FOREWORD

Gay, lesbian, bi-sexual, transsexual and intersex (GLBTI) people are an integral part of world society. Like all human beings, they too succumb to the ageing process and at some time may need to go into an aged care or residential facility. Care may also be provided for people in the privacy of their home.

Currently, there is limited guidance material available in any form that can help in the care of GLBTI people so that carers, staff and residents of facilities can learn and understand the fears and needs experienced by these people as they age.

Fear is a terrible feeling for anyone to experience. The consequence of being 'outed' is the most terrifying fear for GLBTI people as this might lead to physical and verbal abuse by others in the community who are homophobic/transphobic in their attitudes.

Whether in their own home or in a care facility many in the GLBTI community would sooner not go to a GP, let alone think of hospital, if sick, because of this fear.

GLBTI people can be found in all walks of life and are an integral part of society. Staff in aged care centres need to be aware of this and should clearly understand that GLBTI people are ordinary folk with special needs and fears who do not see themselves as being at all different from the rest of society.

Presenting in Public

"When a Male to Female (MtF) transsexual first ventures out presenting as a woman, the typical first experience is that her legs feel like jelly and her stomach is in a gigantic knot from the extreme anxiety this initial experience in public has generated. Many are so fearful of being stared at that they give off an aura of fear which can be picked up by others. This may continue for some time until more confidence in presentation has been established. When such confidence has developed and the transsexual has not been 'outed', she will have, in fact, been accepted as a woman and 'he' has become 'she'.

"Many make the initial mistake of too much makeup (to cover that five o'clock shadow) and of not dressing for their age. Since men have been taught no feminine life skills as youngsters by their mother, sisters, aunts and girl friends and have not gone through the phases in trying different styles of dress, hair and makeup, they have to undertake a crash course in learning what is normal in female society. Perfecting this will take years more. If it is possible to acquire the help of a genetic woman to guide one through this maze, so much the better.

"Many do not realise the immense changes that occur during hormone treatment that others see when you present as female. This has been known to have people freeze when out in public. The shopping mall experience is one of the hardest to undergo. We are spooked if we see someone whom we know and straight away think they will recognise us. This is, as above, due to lack of confidence.

"The more that we do present on a daily basis and are not 'outed', the more our confidence is boosted. By this time the fear factor of being 'outed' has largely disappeared so that we

addressing LGBT needs and those of the LGBT community.

Under the heading of diversity, it states:

We embrace and promote diversity as a strength that enriched the communities in which we live and work. We value, respect and benefit from each other's unique qualities, background, ethnicity, culture, language, religion, sexual orientation, gender identity, age, disability, values, lifestyle, perspectives and interests.

The City of Toronto Human Resources Division is aware of the need to recruit and train staff sensitive to a diverse population.

To accomplish this within the LGBT Initiative:

Corporate policies and divisional policies must assist in supporting the concept of 'diversity is our strength'.

What the world is experiencing is not just a gay and lesbian revolution, it is more of a gay and lesbian explosion of human rights.

LGBT Tool Kit 2008

Education can be viewed as a very broad, all-encompassing term which can occur through formal and structured mechanisms, i.e. planned in-service educational sessions, as well as informal opportunities that occur on a day-to-day basis, i.e. discussion and exchanges of ideas by the members of the care team. While both have significant value, for the purposes of this Tool Kit, the focus will be on some of the formal, planned steps that should be considered in launching the LGBT initiative. It is important to acknowledge that the initial introduction of LGBT education in the home may take several months before managers and staff bring their own personal attitudes and

types; includes people with chromosomal sex other than XX (female) or XY (male), or people whose combination of chromosomes, gonads, hormones, internal sex organs, and/or genitals fall outside the conventional male and female sexes; more modern term used to replace 'hermaphrodite'.

Lesbian: A lesbian is a woman whose primary emotional and sexual attraction is towards other women.

Transgender (TGITrans): A person who lives as a member of a gender other than that expected based on anatomical sex. Sexual orientation varies and is not dependent on gender identity. Also an umbrella term which refers to people who transgress, transcend or challenge societal gender norms in various ways; the term is inclusive of many subcategories, such as gay and heterosexual crossdressers, transsexuals, transgenderists, bigendered or pangendered individuals, androgynes, etc.

Transsexual: Persons whose core gender identity, their self-perception as male or female, is different from their biological sex as assigned at birth; these individuals may choose to change their sex, through hormone therapy and/or sex reassignment surgery, to match their gender identity .

The following is an extract from Age Care CANADA

Human Resources and Staffing Practices

Toronto Long-Term Care Homes and Services have an established set of values that provide the underpinnings and foundation for the care and service provided to all residents and clients. We are guided by the following values: accountability, compassion, customer focus, ethical decision making, safety and teamwork.

Human Resources need to be progressive and inclusive in

are able to cope and are more at ease within ourselves.

"Reaching this point can take varying amounts of time and depends on the person who is experiencing these huge changes. The person's presentation has evolved and that person is comfortable in their new sex/gender and is now living as a woman 24/7. There is always the possibility that the person may still be 'outed' and if this happens, then it will take a great deal of effort to regain the lost ground.

"For those in the transsexual community who live in 'stealth', it would be even worse. After years of no one knowing that once you were a man or a woman in your previous life, to suddenly be confronted with the fact that you have been 'outed' is terrifying. Due to this, many construct a whole new history to cover that part of their lives before coming out. This can be fraught with problems as on many occasions a simple lapse of memory can cause the carefully constructed cover to be blown."

Member "Changeling Aspects"

This leaflet will try to allay any fears arising from the interactions that occur among people as a part of everyday living.

Trans Health Issues

What follows is how trans people see themselves and how they would like society at large to understand their problems.

Trans people are not gay, as many think, but are seeking to become what they know they should always have been from a very early age. They are not questioning their sexuality at all but they *are* denying their physical gender and *are* desperately trying to find a means to match their physical appearance with the gender to which their mind has always told them that they really belong. All trans people want is to have their genitalia align with their gender self perception; in other words, to bring their genitalia and brain into congruence.

Because the majority of people have never experienced such torture—for that is what it is—they cannot believe that such a condition exists. Western society has certainly come a long way in the last fifty years but there is still a need for increased education before the condition is universally understood and accepted.

Unfortunately there are still many more years of uncertainty for such people before the extreme elements in religious and government institutions can fully recognise just what a transsexual has to endure. For all of them this can only take the shape of discrimination or vilification, which impacts on the enjoyment of their daily lives.

In most communities in Australia, transsexuals have a tendency to walk away from their protagonists and become loners, suffering all the abuse that this generates. Despite the policy of institution management or carers in the community, the fear remains of becoming even more isolated from society with the continued fear of what new contacts may cost them. The isolation this leads to can result in thoughts of suicide.

Definitions

Extracted from Northern Illinois University

Androgyne/Androgynous: Person appearing and/or identifying as neither male nor female, presenting a gender that is either mixed or neutral.

Bi-sexual: A bisexual is a person who is emotionally and sexually attracted to people of both sexes.

Cross Dresser (CD): an individual who (regardless of motivation) wears clothes, makeup, etc. which are traditionally considered (within a particular culture) to be appropriate for another sex.

FTM / F2M: Abbreviation for female-to-male transgender or transsexual person.

Gay: Gay is a term that primarily describes a man whose primary emotional and sexual attraction is towards other men. However the term is also used to describe both men and women who are attracted to members of the same sex.

Gender: Characteristics that are culturally associated with maleness or femaleness.

Gender Binary: The idea that there are only two genders - male/female or man/woman and that a person must be strictly gendered as either/or.

Gender Diverse: A person who either by nature or by choice does not conform to gender-based expectations of society (e.g. transgender, transsexual, intersex, genderqueer, cross-dresser, etc.). Preferred by some to 'gender variant' because it does not imply a standard of normativity.

Intersex: A general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that varies from the expected patterns for male and female

So, if one is lucky enough to stay married one is fortunate, but it does create perception problems in others.

How do others now perceive you?

Understand that the couple wish to remain together, as they love and rely on each other as either:

- a lesbian couple
- sisters
- friends living together

If a person is married or has divorced or lost a spouse, the person now talks of his or her ‘partner’ because the person is now female and cannot say ‘wife’ or ’husband’ because it would draw attention to the sex change.

Trans people certainly are diverse and this may well lead to confusion unless adequate education is given to staff in order to be able to come to terms with situations as they arise. There are many trans people and the numbers over time will increase as more people reach old age. The possibility of care from compassionate staff who understand their needs would be gratefully accepted.

Those going into any form of retirement care facility may see their condition as their biggest worry, particularly if it includes hospitalisation. Many transsexuals have not been able to afford affirmation surgery or may not have been able to undertake major surgery for health reasons and thus the idea of presenting themselves to retirement homes with a physical appearance that is not consistent with their genitalia is seen by them as an impossible option.

They do understand that documentation, such as a birth certificate, may not be necessary and that discrimination should not take place. Though the fear remains, the problem in the main stems from other residents and their lack of knowledge. To overcome this, a program of education for staff and residents concerning this issue must be formulated. All those involved with the trans person need to be aware of the problems between residents and how to recognise them, particularly when they might be confronted with what appears to be an innocuous argument. Reasons need to be sought as to why it happened and if something derogatory was said to the aggrieved person. It could be as simple as “You are not a woman, you’re a man”. Whether or not it is meant to be discriminatory, the damage has been done. We are all human beings, with a right to be respected by others.

The need for everyone in the facility to understand the correct name and pronoun is essential to the trans person’s well-being. If staff or management are not sure, they should ask the person how they would prefer to be addressed.

Trans Health

'Tranznation: A report on the health and well-being of transgender people in Australia and New Zealand'.

35.2% rated their general health as 'good' and **28.9%** as 'very good' – both lower than for the Australian population (Australian National Health Survey, ABS, 2006b).

36.2% met the criteria for a current major depressive episode – higher than an LGBT sample (**24.4%** 'Private Lives') and general Australian population (**6.8%**).

66.7% reported receiving enough satisfactory information about their gender issues from health practitioners/services.

73.1% had used hormone treatment for gender-related reasons.

39.1% had had some form of gender affirming (sex reassignment) surgery, and most of these (**71.7%**) reported 1 or 2 procedures.

88.9% of those who had had surgery had attempted to amend documentation to reflect current gender identity, compared to only **25.7%** who had not had surgery.

87.4% had experienced at least one form of stigma or discrimination, with **53.4%** of participants being verbally abused.

33.6% had received threats of violence or intimidation.

18.6% had experienced a physical attack or other kind of violence.

16.1% had experienced partner violence.

Many trans people access information from other trans people. Peers can be an important source of information and real-life experiences as well as ongoing social support. However one person's experience may not be relevant to another person or

Caring for the Person

Approaches have been made to different care facilities and Government departments in order to find how they would react to caring for GLBTI people. The response has been other than was expected to say the least. A care facility, when asked how would they react to a trans woman before them who retained male genitalia, responded, 'We think we have seen it all'.

Government departments on the Gold Coast and at Salisbury in Brisbane replied, 'We accept how a person presents'.

The need to understand what has been written above concerning trans and Intersex people is imperative for the future. There are many people from these communities who are coming into the areas of care either in their homes or other facilities. The fact that you may need to bathe someone who appears as one sex but retains the genitalia of the other could be upsetting when you are first confronted with this situation, particularly if there is a lack of knowledge on these subjects.

Emotions can and will run high because of the very fact that GLBTI individuals are at risk of all kinds of abuse in their everyday lives and consequently expect similar treatment when having to be cared for. As they fully realise, this is wrong and they should be welcomed and made to feel comfortable in their new environment in order to allay their fears.

Many of them have the same spiritual needs as society at large. Many have been married or had same sex partners who will wish to visit them. Some may even enter care facilities or retirement villages together. The law is that, since July 2009, this is an acceptable position for GLBTI people under the Same Sex Act 2009. Many are deeply faithful and would wish to continue with their faith whilst others are still legally married, although appearing as two women or two men.

Intersex Issues

The person you are dealing with may be visibly Intersex or have an Intersex history but may not see themselves as Intersex. It is best to ask and accept their view of themselves. Intersex people by and large see themselves as normal men and women.

The person you are dealing with may have special medical and medication needs because of Intersex differences. Be sensitive to those needs, be cooperative, helpful and as non-invasive of their privacy as circumstances allow.

Be aware there is little research into Intersex and ageing and so be flexible in your approach. Never assume Intersex is the reason for a person's problems or circumstances and, at the same time, don't rule it out.

Don't be embarrassed or comment on a person's unusual anatomy. Be kind, patient and be sure that the individual will reveal to you what they want you to know.

Some Intersex individuals will have needs such as vaginal dilation and hormone replacement therapy and mineral cortical replacement therapy well into old age. This need is for practical medical reasons. Issues such as osteoporosis, adrenal shock, dementia, and complications from earlier surgery might result if those needs are not attended to.

Remember: Intersex people are ordinary folk who do not see themselves as all that different from anyone else.

From Gina Wilson President,

Organisation Intersex International Australia. (OII)

their information may be out of date or inaccurate. Those who are socially or geographically isolated may not be able to make contact with other trans people. Accurate and up-to-date information that is inclusive of the diversity of people's views and experiences needs to be readily available across the state.

Drug Addiction

STDs from prostitution (due to lack of funds to live) and evidence of previous self-harm or suicidal tendencies may all need to be taken into account.

Trans men and women are on hormones for life.

Dilation may be required according to an individual's needs.

Preventative screening procedures will depend on what particular glands trans people have after undergoing sex reassignment surgery.

There is limited research or none at all concerning both the short and long term effects of hormone therapy.

The following paragraphs provide some guidance to addressing trans preventative health.

Trans men who have not had these organs removed should undertake preventative screenings for breast, uterine, ovarian and cervical cancer. Testosterone therapy may increase the risk of breast cancer, polycystic ovary syndrome and ovarian cancer.

Trans men will bulk out and grow a beard as well as possibly experiencing male hair loss and their voice will deepen.

Trans women should have regular breast checks as hormone

therapy may increase the risk of breast cancer. If a trans woman has not had her prostate removed she will also require prostate cancer screening.

Health care providers should also be aware that hormone therapies may have complex interactions with the use of other drugs and alcohol.

Many trans people delay accessing preventative health screening programs.

Health care providers need to consider the sensitivity of a client's surgical status and bodily state. This can make the process of vaginal, rectal or breast examinations a distressing experience for some trans clients.

There are risks of clots, DVT, embolisms, cardiac and stroke as well as fluid retention and weight gain.

Both national and international research indicates that significantly high levels of suicide, self harm, depression and anxiety exist in trans communities.

Extracts above from Queensland Association for Healthy Communities

Many trans women need to shave. The cost of removing a beard can be in the order of $25 000 to $30 000 for electrolysis.

Voice for trans women is another consideration as many cannot afford surgery or even voice training. Hormones do not help to raise the voice to a female pitch whereas for the trans man, the testosterone *does* lower the voice.

They will present as male or female but retain the genitalia of the opposite sex. This is acceptable at law, as many of them present as male or female, but, for various reasons already highlighted, the person may not have undergone sex affirmation surgery. The person presenting as female may still retain male

genitalia and the male may have female genitalia. For the male, there are reasons that are not just related to health. A phalloplasty, the creation of male genitalia, is not only costly but at present does not offer viable male working genitalia.

Though there are many who have become more relaxed in their new gender and are more gregarious, there are probably more who are extremely reticent to 'out' themselves and who do not make friends easily.

Whatever the background or attitude the transsexual (TS) person has, it should be understood that they do not have their history in that gender. For example, a MtF transsexual may feel that she does not fit in with natural females without providing examples of her history. Most women usually fully accept TS females but, no matter how tolerant they may be, there is always the risk that a disagreement may occur leading to some form of discrimination. For instance, since a TS female is not able to recount experiences with 'boyfriends' in the past, a group of mature women may want to exclude the TS from such conversations, so they are in limbo in many cases. Such people should not have to suffer the fear of having to explain their background as a trans person. Therefore, it is refreshing when staff in a government department talk of accepting people in the way they present.