LGBTI fact sheet 10 - Care environment

The impact of the care environment on a person with dementia who is L, G, B, T or I

The care environment of a person with dementia who is L, G, B, T or I includes the behaviours, attitudes, approach and reactions of staff and visitors as well as other clients, residents or patients (1-3).

Service providers & staff

- It is important for aged care and hospital staff to acknowledge their own perspectives and assumptions with regard to LGBTI peoples (4) to ensure they are able to provide person-centred support to all those in their care.
- The aged or health care setting may prompt traumatic memories of previous experiences of discrimination by health professionals (5, 6), both in and out of hospital for LGBTI peoples with dementia, for those with AIDS related experiences in their partners and friends.
- As older transgender and intersex people require support with personal care tasks they are vulnerable to the approach of care staff who may lack awareness of how to act in a sensitive manner to ensure the person with dementia's dignity is upheld (7).
- As with all older people requiring care, a preference for male or female care staff should be respected (8).

- *Note: Memory loss and disorientation associated with dementia may cause periods when a transgender person who has undergone gender affirmation forgets their current gender presentation (9, 10).
- They may become confused regarding which communal bathroom to access or the use of the toilet (10). The reaction of others around them, including care staff is critical in managing their potential distress and avoiding BPSD. Quietly reassuring and redirecting the transgender person with dementia to avoid embarrassment and confrontation may help.
- The need for community care services may prompt fear of staff becoming aware of, or lacking respect for, a samesex relationship or LGBTI history (11).
- Clients may attempt to 'straighten-up' or remove any indications of their LGBTI identity in their home environment to avoid discrimination.
- Aged care staff members who identify as LGBTI may have been subject to discrimination themselves. These staff may experience additional, personal distress when providing care to LGBTI peoples with dementia and should be provided with appropriate support where indicated.

Loss of privacy

 A lack of privacy may be particularly invasive and distressing for transgender people whose bodies may differ from other men or women.







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- Aged care staff need to be particularly aware of their additional need for privacy with regard to personal care and confidential information (12, 13). A single bedroom or access to a private bathroom may be required.
- Their often traumatic history can mean that a lack of personal privacy may be very distressing for intersex people, irrespective of whether their bodies differ from other men or women (14).
- Most intersex people will not look different to non-intersex people. The need for privacy with regard to confidential information around their intersex status is particularly important (8).

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See Fact sheet 1 – Overview for details.





