

Innovation and Translation

It is more than sex and clothes: Culturally safe services for older lesbian, gay, bisexual, transgender and intersex people

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This paper outlines the development of culturally safe services for older lesbian, gay, bisexual, transgender and intersex people. It draws on a framework for cultural safety, developed in New Zealand which incorporates an understanding of how history, culture and power imbalances influence the relationship between service providers and Maori people. This has been adapted to the needs of older lesbian, gay, bisexual, transgender and intersex Australians.

Key words: *cultural safety, gay, lesbian, LGBTI, trans.*

Introduction

Many older lesbian, gay, bisexual, transgender and intersex (LGBTI) people have never known a time when they felt safe [1]. They faced persecution by institutions such as medicine, the state and the church. Disclosing sexual orientation or transgender identity could result in enforced ‘cures’, imprisonment and the loss of employment, family and friends [1]. These experiences adversely affected health [2,3].

A further legacy of historical persecution is the reluctance to utilise aged care services [3]. Some older LGBTI people fear that accessing services will result in a return to institutional control, prejudice and discrimination. Consequently, many do not disclose their sexual orientation, transgender identity or intersex status, and as such, LGBTI people are largely invisible in aged care [4,5]. As a result, service providers often lack awareness of older LGBTI people’s needs, and many do not understand the importance of culturally safe care. In this void, responses to older LGBTI people can be guided by individual values and beliefs of service providers resulting in ad hoc approaches that are not culturally safe. Service providers may be guided by the belief that because they ‘treat everyone the same’ – they provide a safe service. However, older LGBTI people have specific needs and histories that impact their relationships with service providers. Their unique experiences and needs must be understood in order to provide culturally safe services.

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The invisibility of older LGBTI people has also meant they have been almost completely ignored in gerontology, policy development and legal reform [6]. However, in Australia, there has recently been significant legislative changes recognising older LGBTI Australians. These include an amendment to the Aged Care Act [7] to afford older LGBTI people ‘special needs group’ status, and the subsequent development of a National LGBTI Ageing and Aged Care Strategy [8]. The Strategy recognises the importance of safety in the lives of older LGBTI people. This paper responds to these reforms by outlining strategies for the development of culturally safe services for older LGBTI people.

Understanding cultural safety

In this paper, we refer to culture as patterns, behaviours, ideas and values [9] that are the products of experiences transmitted from past or current generations or from individuals themselves [10]. Understanding culture is a useful prelude to understanding how older LGBTI people’s historical and contemporary experiences influence their behaviours, ideas and values. Conceptualising LGBTI identities as culture challenges the assumption that sexual orientation is just about who you have sex with, and gender identity is just about what you wear. These assumptions are underpinned by the belief that such ‘choices’ should not be permitted or lose importance as people age [1]. On the contrary, sexuality and gender permeate almost every aspect of our lives, and this continues across the life span.

The concept of ‘cultural safety’ was developed by The Nursing Council of New Zealand [11] and has been adapted by Bin-Sallik and Williams to the contexts of health and education outcomes for indigenous communities in Australia [12,13]. Cultural safety builds on cultural awareness and cultural sensitivity [11]. Cultural awareness involves education to ensure an understanding of the histories that impact health, well-being and care needs. Cultural sensitivity then expands awareness education to an understanding of power imbalances, particularly between service providers and consumers. The concept of cultural safety then builds on awareness and sensitivity and is characterised by individual staff reflecting on their own values and beliefs and the services they provide. In this article, we utilise the Nursing Council’s framework for cultural safety to understand the provision of culturally safe services for older LGBTI people.

Components of cultural safety

The Nursing Council of New Zealand’s components of cultural safety, understanding histories, needs and power imbal-

ances [11] are considered in relation to LGBTI-inclusive aged care services. Additionally, we have added a fourth component, organisational leadership, to assist in ensuring there are shared understandings [13] about the nature and importance of cultural safety.

Understanding LGBTI histories and impacts

The influence of history has been profound on the culture, health and well-being of older LGBTI people, and therefore, an understanding of history is necessary. The nature and duration of institutionalised discrimination vary significantly between older LGBTI people. For example, in 1973, homosexuality was declassified as a mental disorder [14], and by 1997, homosexual acts between consenting male adults were decriminalised by all Australian states and territories. However, it was not until 2013 that older gay men were given access to a legal process to expunge their criminal records for prosecutions they received for being gay. For trans people, 'gender identity disorder' became a formal diagnosis of mental illness, following the declassification of homosexuality. 'Gender dysphoria' is still pathologised as a mental illness [15], and trans people who pursue medical treatments are required to navigate complex health and legal systems in order to affirm their gender [16].

For older intersex people, many were subjected to genital surgeries and other interventions as children to make their bodies conform to ideals of male or female. These practices were undertaken to minimise the concerns of families (though some parents felt coerced) and in the belief they would prevent gender identity confusion and protect the child from stigma [17]. The view that intersex children could be 'fixed' or 'normalised' has long-term adverse consequences and continued largely unchallenged until 2006 [17].

Education for service providers needs to outline historical treatment of LGBTI people and explore how the idea that we 'treat everyone the same' denies these histories and may even further isolate an already marginalised group of people [18]. It also dismisses the adverse impacts of historical treatment on health and well-being [2]. Older LGBTI people have higher rates of disability, depression, anxiety and loneliness than the general community [3,19]. They also have fewer social support networks in older age, are more likely to be single, live alone, and have less contact with or support from biological families [20]. Given the historical vilification, many are at greater risk of social isolation and are more likely to be reliant on partners and friends for support as they age [3,21]. As a result, older LGBTI people are also less likely to access services they need because of fear of discrimination [16,20,22].

A fundamental aspect that must occur in the development of a culturally safe service is education and awareness of the histories of older LGBTI people. This is important as these historical experiences have impacted on health and well-being and willingness to access aged care services.

Understanding older LGBTI people's safety needs

The second component of achieving cultural safety builds on education about LGBTI histories to develop an understanding of specific and practical needs of older LGBTI people that may differ from other older people.

There can be a tendency to consider the needs of older LGBTI people collectively. However, just as LGBTI people are not a homogenous group and have different historical and contemporary experiences, they also all have different needs. Education for service providers should draw on research regarding health, well-being and social outcomes to help build an understanding of needs and challenge the myth that everyone is the same [13]. A review of this research will highlight the importance of safety in the lives of older LGBTI people.

One particular area of research where safety is highlighted relates to the creation of safe spaces provided by intimate relationships and friendships. For some older LGBTI people, intimate relationships were the first and perhaps only place where they felt valued and safe [21]. Intimate relationships helped heal rejection by families of origin, are a significant mediating factor against marginality [23,24] and are linked to greater psychological well-being [25,26]. These safe and affirming spaces were also created in friendship networks with other LGBTI or 'like-minded' people [1]. Friendship networks include ex-lovers [27] who may be afforded the status of family [20] and may be referred to as 'families of choice' [28]. Such relationships are so important that traditional conceptions of friendship inadequately describe their range and depth [22].

Understanding the importance of safe spaces created by intimate partners and friends may assist service providers to appreciate the fear of reliance on services. The loss of friendships may also be a significant source of grief [21,27] and lead to a sense of isolation. This was highlighted in the *Trans Ageing and Aged Care* guide by Laura, a 63-year-old trans woman who said '[a] lot of my trans friends as I got older they died. A lot of my single friends got married had children, mortgages and now are grandparents with grandchildren and so their lives are very taken up and fulfilled with family issues. Not having a close knit family of my own, you sort of wonder where you fit' [16].

The sense of not belonging was also described in the research *No Need to Straighten Up* [19]. One older lesbian reflected on participation in a senior citizen's program and noted, 'I've got nothing in common with them. . . . Other than the fact we breathe the same air and we eat food and we are human beings. . . . They've got no concept of my life' [19]. Similarly, in the *My People* research project, an older gay man describing his partner's experience in residential aged care said '[they] can't be themselves . . . because they are in a straight nursing home. . . . There's nothing. Just to sit there in this nursing home and be part of a culture that they really never wanted to be a part of' [1]. Similarly, Jody, a 72-year-old

gender-diverse trans woman, described her concerns in the *Trans Ageing and Aged Care* research project [16] and her fears of being an outsider:

If I'm in a nursing home or supported care environment where there's still this rigid separation of the males and females, where do they put me? It's not only the physical side of it but let's say they put me in a male section, how are the other residents going to take the fact that I'm going to look at times like a girl? If people are coming into see them, what are they going to say if they are asked why is that creature living in your part of the world? And again, how are the staff going to treat you?

As these older LGBTI people describe, the cultural aspect of a safe environment for them is significant. Losing connections with like-minded people was likened to losing the capacity to be yourself. This was considered stressful, depressing and detrimental to health and well-being [1]. Therefore, in understanding the needs of older LGBTI people, it is important that safety needs are explored.

Understanding power imbalances

Throughout the lives of many older LGBTI people, health and human service institutions have exercised considerable control, often with detrimental effects. Historically, homosexuality was considered an illness, and those who disclosed could be committed to a psychiatric institution and forced to undergo a range of 'cure therapies'. There was no redress, and older LGB people learned they were not safe if their sexual orientation was revealed to health services [1]. While there are now avenues to challenge such disparities in power, many older LGBTI people still believe aged care services can wield power over them and will discriminate.

Power imbalances are also apparent for trans and intersex people – who are still pathologised in medicine. Trans people may still be forced to seek psychiatric services, while intersex people may be coerced into hormonal therapies and surgeries to 'normalise' the ways they differ from narrow definitions of men and women. Robert, a 55-year-old XXY intersex man, spoke about his experiences being forced to take testosterone in the *Intersex Ageing* project [22]: 'the first thing they wanted to do was start pumping me full of testosterone with the explanation that it would turn me into a real man. . . . It was the biggest mistake I've ever made in my life. . . . I regret it because I would have preferred to live as an androgynous person'.

The imbalance of power may be further exacerbated by the pervasiveness of negative stereotypes and misinformation about LGBTI people. Some older gay men who disclose their sexual orientation report receiving substandard services by providers who believe all gay men are sexual predators and HIV positive [1]. Additionally, trans people may not disclose their trans status or history for fear of receiving poor treatment or being rejected from services completely [16]. In the devel-

opment of a culturally safe service, it is necessary to reflect on and challenge stereotypes and preconceived ideas [13] as these strip older LGBTI people of their dignity and autonomy.

Power imbalances may also occur as a result of ageing and declining independence. Older LGBTI people with diminishing capacity for independent living may be grieving the loss of autonomy around expression of their culture. This can mean losing control over who they disclose to, or feeling vulnerable to control by families of origin who do not recognise or respect sexual orientation, transgender identity and intersex status [16,21,22,29]. Such power imbalances are not benign. The fear of powerlessness in services can result in delays accessing services and overreliance on an intimate partner for support [21].

It is necessary to understand the influence of power in the provision of LGBTI culturally safe services [12]. Services that are mindful of and address the imbalance of power are well placed to advocate for the rights of older LGBTI people. Education for service providers needs to explore power imbalances and support staff to understand the impact of their values and beliefs about LGBTI people on the services they provide.

Demonstrating organisational leadership

Staff and consumers in aged care services need to clearly recognise and understand the service's commitment to LGBTI cultural safety. Some steps that are useful in demonstrating such organisational leadership include reviewing processes and developing an LGBTI-inclusive action plan [30], utilising LGBTI inclusive language on intake documentation, and visibility of older LGBTI people in service promotional material. Organisations can also ensure they have clear and explicit guidelines on LGBTI-inclusive practice, ongoing education for all staff (regardless of their role) about all the components of cultural safety and specific reference to expectations of LGBTI-inclusive service delivery throughout recruitment processes. This latter strategy may assist with attracting staff who share the commitment to providing culturally safe services for older LGBTI people. The development of guidelines and other strategies will help to mitigate the delivery of services based on individual staff's values and beliefs and encourage staff to ensure their responses to older LGBTI consumers are consistent with organisational vision and ethos.

In relation to service planning, it is important to consult with older LGBTI people. The invisibility of older LGBTI people has, at times, resulted in speculation about their experiences and needs. Services need to pursue a number of avenues to develop rapport and build trust with older LGBTI people to ensure a willingness to participate. A broad range of strategies could be utilised, such as consumer surveys, feedback forms, discussion groups, notices in service newsletters or local papers, as well as organisational attendance at LGBTI community events [31]. There may be a temptation for aged care services to declare they are culturally safe, when in

reality, this is an aspiration. Older LGBTI people are the most appropriate people to determine whether or not a service is culturally safe.

Engaging older LGBTI people in strategic planning and review can assist in empowering older LGBTI consumers and maximise the likelihood that cultural safety is achieved. It can also assist organisational leaders to seek very real feedback regarding their progress. Organisational leadership can provide the bridge between staff education and the delivery of culturally safe services.

Conclusion

Cultural safety is a critically important aspect of aged care services for older LGBTI people. The importance of cultural safety has been recognised in the development of the National Standards for LGBTI Inclusive Practice in Australia by Gay and Lesbian Health Victoria [32]. It could be argued that cultural safety is a fundamental aspect of LGBTI-inclusive practice, and this may not be widely understood. Aged care service providers need to understand what cultural safety is and what it means in the provision of services to older LGBTI people.

In this paper, we explored the importance of cultural safety in the provision of services to older LGBTI people. We suggested that cultural safety involves understanding histories, safety needs, power imbalances and understanding the influence of staff values and beliefs on service delivery. Achieving these understandings will require ongoing education and reflection. We also highlighted the importance of organisational leadership in guiding staff on the delivery of culturally safe services. Such organisational leadership can send an essential message to staff and older LGBTI people about the organisation's commitment to culturally safe services.

Key Points

- Older people have the right to access culturally safe services.
- Historical experiences have contributed to fears held by older LGBTI people that services are not safe.
- Older LGBTI people who believe services are unsafe are likely to avoid services, delay access or fail to disclose all their needs.
- The extent to which a service is culturally safe needs to be determined by older LGBTI people themselves.

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