

SPIRITUAL CARE

considerations series



The Spiritual Care Considerations series equips all carers with basic information to help you think about the spiritual needs of the person in your care. They are a prompt to give you ideas for conversation with the person you are supporting and/or their loved ones. Meaningful Ageing Australia members can access more information under the Member's Zone Resources Clearing House www.meaningfulageing.org.au

Trans and Gender Diverse Older People

This *Consideration* aims to give you the tools to address the spiritual needs of the older person who is trans or gender diverse. It is one part of a three-part Spiritual Care Consideration for LGBTI people. People who are lesbian, gay, bisexual, trans/gender diverse or intersex (LGBTI) should always be seen and treated as people first. Inclusive practice is more than saying "we treat everyone the same". Part of this is recognising that people from LGBTI communities are not all alike. Though they share a history of discrimination and movements in human rights, each group have specific needs and within each group is a lot of diversity. Some people need more of your help and understanding

Terms and definitions

Sex: A person's physical characteristics relating to sex, including genitalia, chromosomes or hormones and also secondary sex characteristics that emerge at puberty.

Gender expression: The way someone chooses to publicly express their gender, through name, pronoun, clothing, haircut, mannerisms etc. Gender conforming refers to behaviour and modes of presentation that match the dominant social expectations of the sex someone was assigned at birth. Gender non-conforming involves behaviour and modes of presentation that do not match the dominant social expectations of the sex someone was assigned at birth.

Gender identity: A person's deeply felt sense of being a man or a woman, both, neither, or in between. For example, an individual who has no gender identity or a gender identity that is neutral may refer to themselves as agender or gender free. Some people's gender identity may vary according to where they are and who they are with.

Sexual orientation: Describes a person's sexual or emotional attraction to another person based on that other person's sex and/or gender. The term is restricted in law to sex only and refers to attraction to persons of: the same sex (gay and lesbian); different sex (heterosexual); or persons attracted to more than one gender (bisexual and pansexual).

Trans and gender diverse: A broad term that encompasses a diversity of gender identities and gender expressions including, but not limited to: bigender, trans, transgender, gender queer, gender fluid, gender questioning, gender diverse, agender and non-binary. Trans and gender diverse refers to identities and expressions that reject the belief that gender is determined by the sex someone is assigned at birth. Gender diverse people identify outside the male:female binary and will often use pronouns other than she/her and he/his and might use they/them or other terms – if in doubt, ask respectfully. The terms male-to-female and female-to-male may be used to refer to individuals who are undergoing or who have undergone a process of gender affirmation.

1. How your beliefs influence your care

Many of us have grown up with negative messages about the LGBTI communities, that they are wrong or immoral, some people still feel this way. This can understandably make you feel uncomfortable caring for an older LGBTI person. If this is causing you personal grief or inner conflict to the point where it is affecting your work, it is important to raise this with your team leaders to discuss your options. Inclusive practice is not about

trying to change you or your values, but ensuring that everyone is treated with respect, their needs are being met and you are able to operate in a professional way.

2. Spiritual needs and influence of history

- Older trans and gender diverse people have spiritual needs like everyone else. They have the need to belong, feel safe and have meaningful connections with others, nature, creativity and for some, God. For these connections to occur the person needs to feel safe.
- Some LGBT people have been (wrongly) put in jail, had to pretend they were heterosexual, lost their jobs or the right to parent their own children.
- Many people have been subject to brutal force and violence because of who they are and whom they love.
- Older trans and gender diverse people will often have a deep fear about the care they will receive if they disclose their identity.
- Many older trans and gender diverse people find comfort in their faith, but this can be complicated. Many older trans and gender diverse people have experienced rejection from their friends, family and their faith community. This has caused deep spiritual distress.
- Some trans and gender diverse people have been taught that even God rejects them. You could say: *We are inclusive and non-judgemental at (*your organisation), you are safe here and we will do our best to make you feel comfortable.*
- Not all older trans and gender diverse people pursue medical interventions (hormone and/or surgery) to change their body to match their gender identity and/or expression. This means that physical appearance for some older transgender people might not meet society's expectations. The older person you care for may be distressed about this. If they mention their distress, you could say: *How can we support you achieve your goals? For those who indicate they would like to physically transition, ask: What would it mean to you if other residents/clients knew about your transition? Have you been able to discuss your situation with a medical provider?*

3. Older Trans and Gender Diverse Specific Needs

Trans and gender diverse people have historically not been treated equally under Federal and State or Territory laws and as non-discriminatory laws have been introduced, achieving equality and equity within society has been slower. In addition, many people from these communities have experienced discrimination, abuse and stigma over much of their life including from their own family, medical practitioners and society in general. This history has led to many older LGBTI people feeling a distrust of institutions and a deep fear of discrimination within services. This fear can lead to the older person hiding their gender identity or intersex status when they enter care.

- Remember to respond to the older person as a person first.
- Unlike older lesbian, gay, bisexual and intersex people who can choose to disclose or not disclose their status, older people who are trans and gender diverse may not be able to hide their physical differences from care staff. While this can be a shock for you as frontline staff it can be even more distressing for the older trans and gender diverse person in your care.
- Resist the need to ask too many questions. The older trans or gender diverse person is there to receive your care, not to educate you about their identity. Take the time to find the answers to your questions on your own, or talk to your team leader about more training opportunities. You don't have to be an expert, but you do have to be aware of some of the challenges they face.
- Don't assume trans or gender diverse status by the way an older person looks.
- When you have built trust with the older trans or gender diverse person, you can ask how you can make them feel more comfortable in your care. For example, offering make up or different clothing to the older person can make them feel more accepted and understood.
- You should be mindful of the language you use: "tranny" is to be avoided unless the person uses that term for themselves. This term has been used to shame and humiliate trans and gender diverse people and may make the older person feel unwelcome in your care.
- Always ask for the pronouns they use. You could say: *What pronouns, if any, would you like me to use?* Remember this when you greet them. This may take some effort to get right if you are not used to it. Keep practising.
- Avoid gossiping about your special older person and respect their privacy and needs.

For more resources and links to useful reading for your own information on *Trans, Gender Diverse and Intersex Older People* visit the Meaningful Ageing website Member's Zone. *With thanks to Dr Sue Malta (National Ageing Research Institute), Reverend John Clarke and Reverend Judy Angwin (Uniting Agewell), Transgender Victoria, and Brenda Appleton for their assistance in preparing this Consideration.*