It's not just about sex! Dementia, Lesbians and Gay Men

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2009 Alzheimer’s Australia Conference, Adelaide 2-5 June 2009

Abstract: Alzheimer’s Australia commissioned the preparation of a discussion paper on Dementia, Lesbians and Gay Men. The aim of the project was to encourage discussion and debate about the issues affecting lesbian or gay people with dementia or caring for someone with dementia. It addresses the issues associated with the interaction between service providers and lesbian and gay people with dementia and their family carers, including the complexity of family relationships and barriers that may affect care provision and quality of life. The paper provides a historical and legislative context and uses case studies to illustrate the challenging and complex relationships that may exist between service providers and lesbian and gay people with dementia and their family carers. The presentation will include suggestions to assist services to provide sensitive and appropriate care and support.

Presentation:

Care that values people, recognises individual needs, understands the perspective of a lesbian or gay man living with dementia in their lives, and provides support so they do not feel alone. Sound familiar? This was Professor Dawn Brooker’s message about person centred care at this morning’s plenary session.

Paul and Mark had been together for almost 20 years when Mark was diagnosed with dementia. When Mark went into aged care, Paul felt that his world was torn apart. He wanted to tell staff that his partner is the same person that he met and fell in love with, and how much pain he felt when Mark didn’t always recognize him. He wanted staff to know that dementia didn’t differentiate between a gay or heterosexual person. He wanted to tell them he had the same trauma and grieving and that he loved his partner like heterosexual couples do. He didn’t tell staff, because he didn’t know if they would understand.

Two women who had lived together for some time were admitted to residential care and placed in adjoining rooms and treated as a couple by staff. Jean had dementia; while Sally, who had been providing care at home, was now physically frail. Then Jean’s adult son demanded that staff separate the two as his mother “was not a lesbian”. He also asked staff to make sure that they did not sit at the same dining table, or together in the lounge area. The staff complied with his request. Both women were very distressed. Jean’s confusion worsened and she became agitated.

Two stories of everyday people and their experiences with the aged care system.

Paul and Mark and Jean and Sally, two couples who need the support and care of others as the experience of living with dementia has entered their lives.

Staff members in a residential service who do care and want to do “the right thing”.

It’s not just about sex is based on a forthcoming publication titled Dementia, Lesbians and Gay Men, commissioned by Alzheimer’s Australia as part of its numbered papers series.

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i Previously Chair, The ALSO Foundation Seniors Project Advisory Committee and member ALSO Community Development Committee

ii The views expressed in this paper are personal and do not represent the views of The ALSO Foundation.
During this presentation I will focus on lesbian and gay seniors, including their same-sex partners. Not all people with dementia are seniors; however younger lesbians and gay men living with dementia may have a number of similar concerns and needs to those of seniors.

I will also mention the needs of younger lesbians and gay men who are supporting a heterosexual family member living with dementia.

Some issues and concerns identified in this paper are shared by transgender people, as well as additional specific issues such as the impact of medical interventions on ageing, including surgical changes and hormone treatments over a long period of time. The paper encompasses the needs of those members of the transgender community to the extent to which they identify themselves as gay or lesbian.

The presentation will include some data; information about families and the complexity of relationships; formal recognition of same-sex relationships and observations about personal experiences, past and current, that may impact on relationships with service providers, including the changes about to be introduced by Centrelink. Throughout the paper I will use case studies as examples of real experiences.

I will include some suggestions that I hope may assist services to provide sensitive and appropriate care and support.

Dementia, lesbians and gay men. For some people, these words immediately create an image of sex. Labelling someone as heterosexual, lesbian or gay is reduced for some people to a definition based on who someone has sex with.

If it is not just about sex, what is it about? It's about identity; who I have been and who I am. It's about our memories, experiences and what and who we cherish. It's about much more than just a sexual attraction or act. If you think about it, this is what it is about for anyone living with dementia in their lives – as a partner, a family member, a friend, a volunteer, a worker and a person with dementia.

Some data

Australia lacks comprehensive data about the actual numbers of lesbian and gay seniors. The Australian Census of Population and Housing collected limited information about same-sex relationships in 1996, 2001 and 2006. Almost twice as many people stated they were living in same-sex relationships in 2001 than in 1996, with an increase from 10,214 to 19,596 couples reporting their same-sex domestic partnerships. The 2006 Census figures reveal a further increase of 25.9% with 24,683 couples indicating a same-sex household relationship.

However Australians were not asked census questions about sexual orientation and gender identity in general. If an individual identified as gay or lesbian and was not living at the same address as their partner, did not have a partner, or was cautious about providing personal information, the individual was assumed to be heterosexual.

The Australian Bureau of Statistics acknowledges that the number of same-sex couples is underreported and notes “... some people will worry about privacy, such as not feeling comfortable revealing that information in smaller towns where the Census Collector would be known to the person”.

Families and the complexity of relationships

Families can be complicated at the best of times. “Family” can be a concept fraught with complex emotions for lesbian and gay men of any age. Who is regarded as family, can vary greatly depending on the personal situation and experience of each individual.

Lesbian and gay seniors may refer to their “family of origin” which may or may not be a part of their everyday lives, and their “family of choice” which may include a same-sex partner and/or members of the lesbian and gay community.

The strong community networks that have been established to support people living with HIV/AIDS related conditions, for example, have become “family” for some people.

There are many caring relationships involving a lesbian or gay man, including:

- Lesbians or gay men providing care for a same-sex partner (living together or separately), a member of the lesbian and gay community, or care for heterosexual parents or other relatives,
- Lesbian, gay or heterosexual adult children providing care for a lesbian or gay parent or co-parent,
- Heterosexual people providing care for an ex-partner, friend or parent who has “come out” as lesbian or gay later in life.

Some may have been rejected by, or have rejected, their families of origin. This may be a long standing estrangement or may have happened more recently.

The family who rejected their gay or lesbian member may now find themselves in a position where they need to call on the rejected one for support.

Jason’s mother has been assessed as eligible for residential aged care. She would be able to continue living at home with HACC services if someone provided supervision, particularly during the night. Jason’s sister is married and has two young children. She thinks her unmarried brother should consider moving back into the family home to provide care, or have their mother move in with him. Jason originally moved out because his mother could not accept having a gay son. He feels torn between his concern about her, and his own need to be himself.

Some lesbian and gay families may include children who recognise both adults as parents. This may apply when children have been planned by the couple or where one partner has entered the relationship with a child. For other lesbian and gay seniors, their family of choice may be friends or members of their community.

Personal experiences past and current that may impact on relationships with service providers

At a recent community forum lesbian and gay seniors said they wanted acceptance, understanding, continuing to be able to access social networks, and a prejudice free society that respects them and understands the particular journeys that people have had, spending much of their lives as excluded people.

When asked about their concerns they said:

“It’s frightening getting older as a lesbian.”

“I don’t want to go into aged care. I don’t know if I will be accepted by the staff or residents.”

“As a gay man, I have historically been excluded from the definition of “all”.
Historical context

In many ways, the challenges faced by lesbian and gay seniors living with dementia are no different to those of other people in a similar situation. However, it is important to recognise some of the issues and concerns raised when needing to seek assistance.

Many lesbian and gay seniors became adults in a time when homosexuality was considered to be unnatural, wrong, deviant and the basis for discrimination.

They may have been accused of being sinners and encouraged to repent and see the evil of their ways. They may have been forced into therapy to cure their “mental illness”, which frequently included aversion therapies.

Some employers checked the daily media for the names of men arrested for “lewd acts” in public toilets. Both gay and lesbian seniors risked being dismissed from their employment based on their sexuality.

For many older gay men, the laws forbidding expression of their sexuality shaped their younger years. South Australia became the first Australian jurisdiction to decriminalise some homosexual acts in 1972, followed by further reforms across all states and territories with the most recent being Tasmania in 1997.

If you were a gay man aged 80 today you may have developed your sense of identity and self-worth in a secret world where people like you hid their identities and maintained a very different public persona.

You would have been 44 when the American Psychiatric Association declassified homosexuality as a mental disorder in 1973.

When you were in your mid to late 50s you would have heard about a disease that killed many of your friends, and when you were 58 you would have seen the fear created by the Grim Reaper advertisements aimed at preventing the spread of AIDS in 1987.

Like your lesbian peers, you may have entered into relationships with the opposite sex as a form of “passing” as a heterosexual, or in the hope that “it would all go away”.

Safety and security

Lesbian and gay seniors may make decisions several times in a day about whether to be “out” or “in the closet”. This may be a simple thing such as use of a pronoun when referring to a partner.

Many daily activities and conversations don’t require people to make a statement about their sexuality. But when lesbian and gay seniors begin to interact with services and support systems, this can become an issue. This is likely to be the case for a number of people who are receiving payments from Centrelink. There are more details about this later in this presentation.

Lesbian and gay seniors and partners may have concerns about confidentiality, uncertain about who may have access to their personal information.

For some lesbian and gay seniors, home may have been the only safe place for them to be themselves, both when in a relationship and as an individual. Dementia means that others will come in to this private place, not just once, but on a regular basis. If uncertain about a service provider’s attitude, older lesbians and gay men may try to retreat into invisibility hiding photos, books, paintings, and record, CD, video or DVD collections before each home visit.
Bill and Chris have been living together for 38 years. During the past few years, Bill has taken on more caring responsibilities and now Chris has been diagnosed with dementia. Bill’s arthritis is making it more difficult to do the housework. The assessment team has suggested that he join a local carer support group and referred him to the local council for home help. Bill is worried about dealing with new people who may not understand his home situation. Will he have to hide their photos each week so the care worker thinks that his partner is just sharing the house? He wonders whether to pretend that Chris is female when talking with the support group.

Lesbian and gay seniors may be uncertain about their welcome at support groups. They may need to assess whether there will be a negative reaction if they mention their partner’s name. If they are caring for a heterosexual relative, they may feel that they cannot talk about the impact this has on their own lives and current or potential relationships. They may be coping with insensitivity from other members of their family of origin. They may feel that their relationships are not acknowledged, accepted or valued by other group members.

Many older gay men have survived as their friends and peers died from AIDS related conditions in the 1980s and 1990s. This loss of a source of friendship and the ageist attitudes of both younger and sometimes older members of the gay community can mean that older gay men are isolated and lonely at a time when they need support and validation of their identities.

At the community forum seniors said:

“When you get older, your peer group is dropping off or getting incapacitated. Many of my friends died from AIDS related conditions. I feel vulnerable.”

“A lot of us don’t have community. Some people may be the only gay person in their location, whether it is an aged care home or a rural community. They are very alone.”

Reduced access to networks of gay or lesbian friends, interest or social groups and to the broader lesbian and gay communities can contribute to reduced health outcomes, including depression.\(^v\)\(^vi\)

**Recognition of relationships**

Australian States and Territories have acted to remove discrimination against same-sex couples through law reforms enacted between 1999 and 2006. Legislation recognises same-sex domestic partners as the next of kin, depending on the length of the relationship.

Non-heterosexual couples in Tasmania, Victoria and the ACT can register their relationships with the births, deaths and marriages registry. The Queensland State Government is also considering introduction of a register.\(^vii\)


In November 2008, the Australian Parliament passed laws that recognize same-sex couples in federal law, offering them the same rights as unmarried heterosexual couples in areas such as social security, taxation, veteran's affairs, aged care, Pharmaceutical Benefits Scheme and Medicare Safety Nets, citizenship and superannuation.

More information about these reforms is available on the Same-Sex Law Reform page on the Australian Government Attorney-General's Department website.
Centrelink changes

You may have seen the media advertisements with the two glasses of toothbrushes or the two set of towels labeled "straight" and "gay" and the slogan - Because couples are couples.

From 1 July this year, Centrelink will recognise all couples, regardless of sexual orientation or gender of a partner.

Benefit of the changes

This has some benefits:

• Access to partner concession card benefits for some,
• Access to bereavement benefits following the death of a same-sex partner, and
• Exemption of the family home from being asset tested when one partner enters high level care and the other partner continues to reside in their home.

This latter benefit is a real gain. Currently if the person being admitted to residential care is leaving a home shared with a same-sex partner, the aged care provider can treat the former home as an asset in certain circumstances. This could mean that the newly admitted resident is expected to sell their former home within two years after the admission to finance the accommodation payment, and could leave their partner without a home.

Negative aspects related to the changes

However, from 1 July 2009, same-sex couples on Centrelink payments will receive the lower couple rate - rather than the higher single rate. Where one member of a couple is still working or has a high retirement income, the Centrelink recipient may loose their pension and Pensioner Concession Card once the income and assets of their partner are taken into account.

There has been some concern, particularly about the loss of income, expressed by gay and lesbian couples in their 60s, 70s and 80s, who have lived and worked during a time when there was no expectation of legal relationship recognition.

It’s not just about sex! Many of these people have missed-out on a lifetime of financial benefits that were available to heterosexual couples including:

• income tax law
• family law
• health insurance
• property rights
• access to insurance and superannuation
• laws of succession
• employment benefits for partners

Some have entered into financial agreements based on what they believed to be their fixed income. Depending on their partner’s status, this may now be considerably reduced, and they could find themselves unable to meet mortgage or rental payments.

Despite considerable advocacy and lobbying the Federal Government has decided not to allow a “grandfather” clause which would keep existing pensioners in same-sex couples on their current arrangements and only apply the new law to new applicants, as has happened with changes to:
Some important legal documents

We all know the importance of planning for the future for people living with dementia. Although same-sex relationships are recognized under various State and Territory and Commonwealth laws, it can add extra stress at times of crisis if a partner has to “prove” their interest in and association with the partner with dementia.

There are critical legal documents that should be in place while an individual has the capacity to make decisions. For people in same-sex relationships and for single lesbian and gay seniors these documents are really essential. They make wishes and relationships clear to others.

Some members of a family of origin may dispute property ownership and guardianship with the partner when dementia has progressed and there is a question of mental capacity. The family of origin may also try to exclude a same-sex partner from care of their partner.

So that everyone is clear about the wishes of each person, and to provide more formal evidence of a same-sex partnership, it is important that gay and lesbian seniors have current legal instruments, such as wills and Enduring Powers of Attorney, Advance Health Care Directives and Enduring Powers of Guardianship covering financial, medical treatment and lifestyle and health care decisions.

Changes to superannuation legislation in 2004 and 2008 now make it easier for regulated super funds to recognise same-sex relationships. These changes also amended related taxation legislation affecting super death benefits and death benefit termination payments.

However there may be differences in how superannuation funds recognise same-sex partners as dependents. It depends on the rules of the fund. It is important that lesbians and gay men who have a partner check with their funds about whether the fund rules acknowledge same-sex partners as dependents, and whether the fund directors are bound by Binding Death Benefit Nominations.

Any existing Binding Death Benefit Nominations must be confirmed every three years to remain current.

Advanced care planning is not just about legal and financial matters, it is about whether the relationship is to be declared to service providers. The presence of dementia may mean that previously carefully guarded behaviour may be forgotten and an individual inadvertently reveals his or her sexuality to others. The person with dementia may also identify a partner who has been discreet about their relationship for work or family reasons. Discussion should be encouraged while both partners still have the capacity. There are two people in a relationship – ideally each one has the right to decide whether to let others know about their sexuality.
**Sensitive and appropriate care and support**

Ann was living at home and had a worker assisting her to shower because her partner Mary was no longer able to help her. Last week the worker asked if they were lesbians. Mary said no because she was concerned that Ann would receive a lesser standard of care. However, one morning the worker noticed they had both been sleeping in the double bed. The worker refused to touch Ann in the shower. Mary was concerned because Ann needed a lot of assistance and couldn’t understand why the worker wouldn’t help. Ann was confused and distressed and Mary thought about ringing the service provider to make a report, but she didn’t know what she should say.

It is important to remember that all States and Territories have equal opportunity legislation covering discrimination on the basis of sexuality. The actual terms vary. This legislation covers services including community and residential aged care.

Some service providers may believe that their services are open to all and everyone is treated the same. They may say an individual’s sexuality is private and the service doesn’t need to know. It is important to recognize that in an agency that values diversity, the goal is not to treat everyone as if they are the same. Rather, there should be policies and processes in place that recognize and celebrate the differences both among staff and service users, while ensuring that these differences do not impact on the quality of employment or service provision.

Intake forms which provide an opportunity to declare a partner of either sex and brochures and other promotional material about a service that use inclusive images can help reassure people that a service accepts and acknowledges all significant relationships.

Just because some staff may be gay or lesbian does not mean they will understand the specific needs of lesbian and gay seniors. Their life experiences may be quite different, particularly for younger staff.

**Assessment and community care**

Gay and lesbian seniors and their partners may not trust in representatives of authorities, official organisations and institutions. They may think a care worker will judge them, pity them, avoid physical contact, harass them, treat them as an object of curiosity, betray confidences, provide poor quality services or reject them. This is usually an even greater issue in rural areas where individual lesbian and gay seniors are more likely to be more “closeted” and therefore less visible and more socially isolated.

Assessment staff may find it difficult to determine who the “next of kin” is. Determining the best interests of someone with dementia can be difficult. There may be adult children who demand to have their say. They may see a needs assessment as an opportunity to interfere in a same-sex relationship of which they do not approve. A person with dementia may not be able to insist that their same-sex partner be involved and consulted during an assessment. A partner may be denied information. Listening to the language used by a person living with dementia or the person who may be with them can assist service providers to identify that someone is lesbian or gay.

The words “my friend” or “my companion” may be more comfortable for older people than the words gay, lesbian or partner. It may be obvious to service providers that a person living with dementia and their family carer are a partnership. But if past experiences have been negative, a lesbian or gay client may be reluctant to test the attitude of workers.

Workers need to demonstrate their own acceptance of whatever a relationship may be through use of inclusive language and creating a trusting environment for their client and any partner.
Even if there is not an explicit statement about the nature of a relationship, same-sex partners can be involved in care plan discussions as a significant person.

Workers do come from a variety of cultures and backgrounds with varying levels of knowledge and experience and may be uncomfortable working in a situation they do not approve of or understand. Being a homosexual may have been a sin against nature determined by God, or a crime punishable by death. It may be a real challenge to provide care to a lesbian or gay man.

Service providers need to be alert to this and how it may impact on an individual worker’s relationships with lesbian and gay seniors and their families and carers, and the quality of care being provided.

In the early stages of dementia, some lesbian and gay men may become concerned and frustrated when trying to remember how much they have revealed to a service provider. Remembering the fictions that may have been created to prevent being identified as lesbian or gay becomes harder.

As dementia progresses, past relationships may be remembered and recognised more than current ones. If the past relationships have been heterosexual, a current same-sex partner may feel totally rejected and alone.

Lesbian and gay seniors may also not be used to mixing with the opposite sex.

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Bob and Ken had been a couple since they met at a gay club in the 1970s. Ken has been providing more and more care for Bob. Bob has now been diagnosed with Alzheimer’s disease. All their social visitors at home have been men. If female service providers come to their home, Ken knows that Bob will be confused and may become agitated. Ken is very concerned about their relationship becoming “public property”. He does not want his private world becoming something others will scrutinize and judge.

When an outreach worker from the Victorian Aids Council was visiting an aged care facility, one of the staff told her “We have another man here who used to be gay.”

I wonder if this comment would be made about a widow - “She used to be heterosexual.”

It’s not just about sex! Someone does not become asexual or no longer gay, lesbian, bisexual, or heterosexual if they do not have a partner or are not having sex.

A lifetime of being alert to possible negative attitudes may mean that lesbian and gay seniors are more sensitive to comments that may be made in jest.

Ron’s partner John was a gentle man who was well spoken, dressed well and enjoyed cultural activities. As John’s dementia progressed Ron reluctantly agreed to take him to a planned activity group for two days each week so he could have a break. One day Ron overheard a worker ask John if he was a man or a woman today. Ron was upset and would not take John to the group again.

While some lesbian and gay seniors may not wish to be open about their sexuality, this approach may not be shared by the baby boomer generation which is the next cohort to move towards using aged care services. Baby boomers may be more likely to have been able to live more openly as lesbians or gay men. They may be less likely to accept either community or residential care which is not sensitive to their needs and may discriminate against them. This has implications for how aged care and other support services are provided.
Residential care

Elizabeth was aged in her eighties when she was placed in a secure nursing home, where the staff presumed that she would wear dresses. When her ex-partner visited she was horrified as Elizabeth had always worn long pants. However she did not know how to approach the staff about this issue.

Ideally the Australian Aged Care Accreditation Standard 3, relating to Resident Lifestyles, should enable a gay or lesbian person living in residential aged care to receive quality services that are appropriate to their needs.

Standard 3.5 includes providing support to maintain independence, friendships and participation in the life of the community, including outside the aged care service. Service providers could look at ways to assist lesbian and gay seniors to maintain connections with their familiar communities. This may include ensuring that lesbian and gay literature and publications are available and that residents have private access to the Internet for connections to lesbian and gay friends and the community through email, chat rooms and on-line information.

Lesbian and gay residents and their partners and friends will need reassurance that their rights to privacy will be respected. Dementia may mean a reduction in the ability to conceal and self-censor behaviour and information disclosure. Other residents, with whom they share very little in terms of life experience or way of life, may demonstrate prejudice towards a non-heterosexual resident or their family of choice.

It’s not just about sex! But there are difficulties which need to be acknowledged relating to sexuality faced by gay and lesbian seniors living in residential aged care facilities. They may be very fearful of showing any signs of affection or physical intimacy due to taboos against displays of same-sex affection. Physical demonstrations of caring such as holding hands can be seen as a problem. Ageist myths and stereotypes related to sexuality and ageing may impact on care provided for gay and lesbian seniors as well as for heterosexual seniors.

Gary visited the hostel every weekend to see his partner Andrew. He was getting used to the aged care facility and the staff. On a number of occasions, while Gary was holding Andrew's hand, other residents made derogatory remarks about homosexuals. Gary understood that other residents had dementia and thought of being more discreet but Andrew was more settled when he was affectionate. He thought about talking to staff but he wasn't sure he had their support.

Dementia may mean that a resident is less able to self-censor expression of their sexuality. Management of sexual disinhibition for gay or lesbian residents is no different to management for heterosexual residents.

People living with dementia continue to need caring, safe relationships and physical touch. Service providers need to provide support to enable residents to do this safely.

David and Doug met at a music appreciation group. They became good friends over many years and were part of a broader social network of older gay men. Doug was eventually admitted to aged care and David visited whenever he could. He was Doug's only contact with his life prior to admission. One day David overheard two staff members laughing and talking about the two old fags and wondering if they “still did it”.

This paper has focused on lesbian and gay clients.

It is important to note that the HREOC inquiry also found that “Aged care services do not adequately cater for people with diverse gender identity...Transgender .... people are also particularly vulnerable to discrimination in aged care settings, to the point where they may avoid seeking assistance.
altogether. There is anecdotal evidence of denial of services, forcibly preventing cross-dressing and deliberate physical violence when people are revealed to be transgender. Transgender people may also have medical issues related to their original gender that emerge with ageing, such as osteoporosis or prostate cancer.

Sometimes what seems like an insignificant event can have a major impact on a transgender resident.

Judy had lived as a woman for 30 years before she was admitted to aged care. She had always taken great care over her appearance. Sometimes staff did not have time to assist with applying her make up. One day a care worker’s ring caught in her wig and it slipped, showing her balding head. Some of the other residents saw this happen and requested not to sit at the dining table with “that man”.

Dementia may mean that a post operative transgender woman may forget that her external gender aspects have been changed and may be confused and distressed about how to go to the toilet. As with any other confusion based on memory loss, care workers need to reassure and assist her.

Some lesbian and gay seniors may never have had the chance to grieve the loss of a partner. They may have been prevented from providing comfort and support to a dying partner by others who denied their relationship. If their partnership was invisible to others, there may have been no acknowledgment of the significance of their loss.

It is important that care workers include and support any same-sex partner, or other family of choice if appropriate, as key people providing support for a lesbian or gay man who is dying.

In the early stages of dementia, the primary carer or care workers could encourage the person with dementia to talk about who they want to be at their funeral. Some of these people may not be known to the partner or family.

When Rhonda was diagnosed with dementia, her partner Dawn provided care with the support of various services. Rhonda’s son, James, was unhappy about this but as he lived on the opposite side of the city to his mother, Dawn’s care really helped make things easier. Dawn and Rhonda had talked about how they wanted their ashes to be taken to their favourite beach and sprinkled in the water. However when Rhonda died, Dawn was upset to find that James had arranged for a burial service. When Dawn questioned this, the funeral director said he was doing what Rhonda’s next of kin had requested.

Following death, members of the family of origin or adult children of the person who has died may try to take over without consulting the surviving partner. Service providers may need to be advocates for a surviving same-sex partner when dealing with other grieving family members.

It’s not just about sex! It’s about sensitive and informed person centred care and support for every person who lives with dementia in their lives.

I have prepared a brief list of resources which will be available at the end of this session.

Thank you for your interest in this topic. I hope that this information will help you to understand something about the expectations and experiences that some lesbian and gay clients may bring with them when they need your care and support.
References

i Barrett, C (2007) Case study, unpublished research conducted for the Matrix Guild Inc


iii Australian Bureau of Statistics (2005) Year Book Australia, ‘Same-Sex Couple Families’, p142


x Barrett, C (2007), op cit


xiv Ministerial Advisory Committee on Gay and Lesbian Health, Department of Human Services (2001) What’s the difference? Health issues of major concern to gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians - unpublished background paper


xvii Barrett, C (2007), op cit

xviii Human Rights and Equal Opportunity Commission, op cit, p 366