

Hidden in plain sight

**Lesbian couple | social isolation |
trauma-informed care | cultural diversity |
in home care**

Background

Lucia, aged 89, lives at home with her partner of over 60 years, Rosie. Lucia experiences severe osteoporosis and poor mobility, making her dependent on aged care services for showering, cleaning and shopping. Despite needing regular support, their relationship as a lesbian couple remains hidden from care workers and service providers.

Whenever aged care workers visit, Rosie removes any photos that show them together as a couple and physically withdraws from the interaction by hiding in another room. They have set up a spare room with personal belongings to present Rosie as a 'friend' rather than Lucia's long-term partner. This behaviour stems from decades of internalised fear and trauma, shaped by living through times when same-sex relationships were pathologised and socially condemned.

Lucia is from a large Catholic Italian family having kept her relationship hidden from her five siblings and gradually losing contact with them over the years. Rosie has no siblings and without any close family, their relationship is their only support system. Rosie's own health is now deteriorating and she is less able to care for Lucia in the intervals between aged care worker visits. The couple is growing increasingly anxious about their future, particularly the risk of being placed in an aged care facility where they might be separated or their relationship ignored.

Turning point

Rosie experiences a fall and is admitted to hospital, leaving Lucia alone and overwhelmed. For the first time, Lucia must confront the reality of their situation – that hiding their relationship has left them vulnerable, unsupported and invisible within the care system.

Issues

- Fear of discrimination still shapes how LGBTI older people engage with aged care services.
- Conservative religious and/or cultural beliefs can be a factor in older gay and lesbian couples becoming estranged from their families.

- Historical trauma can prevent LGBTI people from disclosing who they are, even in old age.
- Invisibility in aged care may lead to poor health outcomes and unnecessary separation in residential aged care.

What the service did

- Arranged additional in-home support while Rosie was in hospital, reducing Lucia's anxiety and preventing further distress.
- Updated its intake processes to include clearer opportunities for clients to safely disclose relationships, sexual orientation and support preferences.
- Ensured Rosie was recognised as Lucia's partner and primary support person, updating care documentation with Lucia's consent.
- Began forward planning with the couple to explore residential aged care options that could accommodate them together if needed.

Key learnings

- Establish a good relationship with the older person in the initial stages, allowing the person to feel safe and supported to disclose their sexual orientation if they wish. (Standard 1: The Individual | Outcome 1.1: Person-centred care)
- Offer home support and respite options that affirm LGBTI people's lives and relationships. (Standard 3: The Care and Services | Outcome 3.2: Delivery of funded aged care services)
- Provide LGBTI inclusion and trauma-informed training for staff to reduce unconscious bias and build capacity in delivering culturally safe aged care. (Standard 2: The Organisation | Outcome 2.9: Human resource management)
- Understand that building trust with LGBTI older people may take time and cultural sensitivity. (Standard 1: The Individual | Outcome 1.1: Person-centred care)
- Create a safe and inclusive environment where all relationships are recognised and respected including provision of shared rooms for same-sex couples in residential aged care. (Standard 7: The Residential Community | Outcome 7.1: Daily living)

Living with HIV, living with dignity

**Gay man | HIV | dementia |
trauma-informed care | residential aged care**

Background

Bill is a 78 year old gay man living with HIV and moderate dementia in a residential aged care home. Bill was diagnosed with HIV in the late 1980s and lived through the devastating years of the AIDS epidemic, losing two long-term partners and many close friends to AIDS-related illness. During that time, he experienced severe discrimination in the health system, witnessing patients refused care and seeing staff use excessive protective gear out of fear and stigma.

Bill has been living well with HIV for many years on anti-retroviral treatment (ART) and has an undetectable viral load. After developing HIV-associated dementia, he moved into residential aged care where staff assisted him with personal care and HIV medication management.

The issue

Staff wore full personal protective equipment (PPE) – gloves, gowns and face shields – while showering Bill, despite there being no significant risk requiring that level of PPE. When Bill saw staff dressed this way, it triggered painful memories of the 1980s, reminding him of the times he and others were treated as ‘untouchable’ because of HIV. Bill became distressed during personal care, sometimes refusing showers altogether. Staff initially thought this was part of his dementia, but on further discussion with Bill’s trusted friend, it emerged that the PPE was re-traumatising him by recalling decades of HIV-related stigma.

What the service did

The aged care facility’s leadership team responded by:

- Updating infection control guidelines to align with current evidence about HIV, emphasising that standard infection control precautions were appropriate.
- Delivering targeted staff education on HIV today, confidentiality, including Undetectable = Untransmissible (U=U), to build staff confidence and reduce stigma.
- Providing trauma-informed training to help staff understand how Bill’s past experiences shaped his responses to current care (including history of HIV and AIDS epidemic, and LGBTI communities).

- Reviewing policies to reinforce culturally safe care for all residents, including people living with HIV and from LGBTI communities.
- Developing a shared care arrangement between the aged care facility’s GP and Bill’s HIV specialist (s100 prescriber). A local community pharmacy provides Bill’s ART to ensure supply and adherence to optimal treatment regime.

Outcome

Bill’s distress during personal care reduced dramatically. Staff were more confident about providing support in a respectful and inclusive way. Bill’s sense of trust in his carers improved and he was able to resume showering without fear.

Key learnings

- Past trauma, including experiences from the AIDS epidemic can have a lifelong impact on older gay men living with HIV. (Standard 1: The Individual | Outcome 1.1: Person-centred care)
- Standard infection control precautions are sufficient for personal care with all residents, including people with HIV, and reduce unnecessary fear. (Standard 4: The Environment | Outcome 4.2: Infection prevention and control)
- Confidentiality is of critical importance to people living with HIV to gain trust. Only staff directly involved in a person’s care should be aware of their HIV status on a need-to-know basis. (Standard 2: The Organisation | Outcome 2.7: Information management)
- Trauma-informed and culturally safe care should be part of every aged care service’s approach. (Standard 1: The Individual | Outcome 1.1: Person-centred care)
- Listening to residents and their chosen family is critical to understanding behaviour changes. (Standard 5: Clinical Care | Outcome 5.4: Comprehensive care)
- Staff training about HIV, U=U, confidentiality and LGBTI inclusive practice builds safer and more affirming care environments. (Standard 2: The Organisation | Outcome 2.9: Human resource management)

Unexplored desires, dignity and care

**Bisexual man | dementia | sexual expression |
rights | dignity of risk | residential aged care**

Background

Gavin is a 76 year old man who was admitted to residential aged care following the sudden death of his wife of over 40 years. He has been diagnosed with Lewy body dementia and is experiencing reduced mobility, cognitive changes and decreased independence in activities of daily living. Gavin's support needs had become increasingly difficult for his wife to manage at home in the months prior to her death. He has three adult children, one of whom – his daughter – is most involved in his care decisions as his enduring guardian. Gavin did not adjust well to the change of environment at the aged care facility and had frequent emotional outbursts towards staff.

Current situation

Gavin has formed a connection with another male resident who is gay. Gavin has been initiating affectionate and sexual behaviour toward the resident, who is receptive and appears emotionally connected to Gavin. Staff observe that Gavin seems calmer and is experiencing fewer emotional outbursts since this relationship began.

However, the situation has raised concerns. Staff are unsure how to support this emerging relationship ethically and appropriately, especially given Gavin's lack of prior disclosure about his sexual orientation. Some other residents have responded negatively, making homophobic comments and expressing discomfort. This presents a challenge for staff to balance rights, safety, inclusion and the overall culture of the facility.

Family input

With Gavin's consent, staff discuss the situation with his daughter and learn that his sexual orientation was never openly acknowledged within the family. Although initially feeling confronted by the situation, the daughter expresses support for her father's happiness and believes he should be treated with dignity and respect in this relationship.

Organisation and staff response

- Management organises staff training on LGBTI inclusion, dementia and sexual orientation to increase understanding and confidence in responding to similar situations.
- Staff proactively address homophobic comments from residents through open discussions and upholding the facility's code of conduct.
- Staff check in with both residents regularly to ensure they feel safe, respected and that their relationship remains consensual and mutually beneficial.
- Ongoing dialogue with Gavin's daughter and family supports transparency and ensures decisions are made in alignment with Gavin's values and preferences.

Key learnings

- Aged care residents have the right to intimacy, companionship and sexual expression which are protected under Aged Care Quality Standards and human rights frameworks. (Standard 7: The Residential Community | Outcome 7.1: Daily living)
- People living with dementia may express long suppressed aspects of their sexuality and must be approached with respect, empathy and clear professional boundaries. (Standard 7: The Residential Community | Outcome 7.1: Daily living)
- A person-centred approach considers the needs of the resident and balances safety, dignity and wellbeing. (Standard 1: The Individual | Outcome 1.1: Person-centred care)
- Training is key for staff to understand and support residents' sexual relationships without shame or judgement. (Standard 2: The Organisation | Outcome 2.9: Human resource management)
- Inclusive aged care means recognising the diversity of sexual orientation and gender across all life stages - even when they were previously hidden or unexplored. (Standard 7: The Residential Community | Outcome 7.1: Daily living)

Background

Cassie is a 76 year old transgender woman who lives alone in regional NSW. Two years ago, she relocated from inner-city Sydney to a more affordable town to be closer to her nephew, Mitch. Cassie had lived most of her adult life in Sydney's transgender community where she had strong friendships and a sense of belonging. Since moving she has become isolated with few visitors or social activities.

Following a stroke 12 months ago, Cassie now receives in-home aged care services to support her independence including showering. She is proud of who she is and has always taken great care in her personal appearance enjoying fashion, makeup and a quirky sense of style that reflects her personality and gender.

The issue

Mitch, who is a strong ally and Cassie's main support person, has become increasingly concerned. Over recent months, he has noticed several changes:

- Cassie has become more withdrawn, less talkative and reluctant to leave the house.
- She often seems confused about the day or year and repeats herself in conversation.
- Cassie has stopped dressing like she used to enjoy, often wearing the same clothes for days.

Cassie has told Mitch that one of the newer support workers has made hurtful remarks referring to her as "he" and making jokes about "hair in the wrong places". Cassie feels unsafe in her own home and she no longer feels confident with the people meant to support her. Mitch raised his concerns with the home care provider and advocated for her to be treated with respect.

Impact on Cassie

- Cassie's mental health is deteriorating impacted by loneliness and discrimination.
- There are signs of cognitive changes including memory issues and confusion.
- Trauma is being triggered, especially early experiences of stigma as a trans woman.
- Her dignity and gender expression are impacted by fear of judgment from care workers.

What the service did

The aged care provider took the following steps:

- Immediately replacing the care worker involved and offering an apology to Cassie.
- Reviewed the complaints process with a focus on cultural safety and identity-based discrimination.
- Organised LGBTI awareness training for all staff, including content on trauma-aware and healing-informed care and respectful personal care for trans clients (including pronouns).
- Supported Cassie to reconnect socially by linking her with the Aged Care Volunteer Visitor Scheme and a local LGBTI organisation.
- Referred her for cognitive assessment and mental health support.

Key learnings

- Transgender older people are at higher risk of isolation and discrimination – especially in regional areas – requiring support to cultivate relationships and social connections. (Standard 1: The Individual | Outcome 1.1: Person-centred care)
- Personal care must always be provided in ways that affirm gender and dignity. (Standard 1: The Individual | Outcome 1.2: Dignity, respect and privacy)
- Cultural safety, trauma awareness and inclusive practice must be standard aged care training. (Standard 2: The Organisation | Outcome 2.9: Human resource management)
- Complaints and advocacy from family members or chosen family can play a crucial role – but the system must not rely solely on them. (Standard 2: The Organisation | Outcome 2.6b: Complaints and feedback management for individuals)
- Social and community connection is essential to emotional wellbeing, identity and quality of life. (Standard 1: The Individual | Outcome 1.1: Person-centred care)

Understanding the past, caring in the present

**Intersex man | dementia | medical trauma |
personal hygiene | trauma-informed care |
residential aged care**

Background

John is an 84 year old intersex man living with dementia in a residential aged care facility. He uses continence aids and experiences recurrent urinary tract infections (UTIs). John resists personal care, particularly washing and changing clothes, often becoming agitated. He presents with low mood, is withdrawn and has limited communication with staff.

John's sister, Mary, is supportive and is his appointed enduring guardian. She has provided staff with important context about his life and history as an intersex person. Following medical advice at the time, his mother chose to raise him as a boy and throughout his childhood he underwent repeated medical interventions and surgeries. These experiences were distressing and contributed to John's feelings of isolation and depression throughout his life.

John married briefly in adulthood, but the marriage ended as they were unable to have children due to his infertility. Mary believes that his past medical trauma is being re-triggered by the residential care environment, particularly where medicalised and intimate care is involved.

Key issues

- Trauma history: Past non-consensual surgeries and medicalisation may be contributing to distress and resistance to care.
- Personal care challenges: John strongly resists washing and clothing changes, risking poor hygiene and infection.
- Emotional wellbeing: He is withdrawn, has low mood, and is not engaging with staff.
- Communication barriers: Limited ability to express needs verbally.
- Physical health: Recurrent UTIs requiring specialist management.
- Staff knowledge gaps: Limited understanding of intersex people and how to provide trauma-informed care.

Care considerations and strategies

- Trauma-informed care (Standard 1: The Individual | Outcome 1.1: Person-centred care)
 - Minimise unnecessary medicalisation in everyday care (e.g. staff wearing plain clothes instead of uniforms).
 - Provide choices, explain each step and allow John to maintain control.
 - Prioritise privacy, safety and dignity in all interactions.
- Building trust and rapport (Standard 1: The Individual | Outcome 1.1: Person-centred care)
 - Allocate time to engage John gently and consistently.
 - Learn about his life story and interests to build meaningful connections.
 - Involve Mary as a trusted support in care planning.
- Referral (Standard 5: Clinical Governance | Outcome 5.5: Safety of clinical services)
 - Referral to a continence specialist to reduce infection risk and support dignity.
- Emotional wellbeing (Standard 7: The Residential Community | Outcome 7.1: Daily living)
 - Explore activities that align with John's interests.
- Staff education (Standard 2: The Organisation | Outcome 2.9: Human resource management)
 - Provide training on the experiences, medical trauma and rights of intersex people.
 - Support staff to develop trauma-informed care approaches specific to people with dementia and intersex people.

Key learnings

John's story highlights the importance of understanding personal history and trauma in aged care. By applying trauma-informed care principles, educating staff about intersex people and allowing time to build trust, staff can better support John's dignity, health and emotional wellbeing.