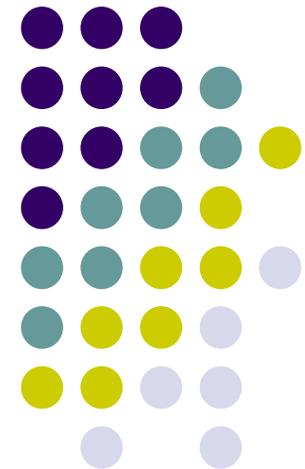


Intimacy and Personal Relationships in Mercy Health Residential Aged Care

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12 November 2015



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Overview of Presentation



- 1) Intimacy and Personal Relationships (IPR) Policy and Procedure
- 2) Care of LGBTI Persons

IPR Policy



- Purpose:
 - 1) all residents treated with dignity and respect
 - 2) within a safe environment

IPR Policy



- Key Principles:
 - 1) support for the fullness of life
 - 2) self-determination
 - 3) protection from unwanted sexual advances
 - 4) privacy (including vis-à-vis resident's family)
 - 5) sexual expression throughout life
 - 6) respectful management of inappropriate sexual behaviour
 - 7) professional boundaries to guard against professional misconduct

IPR Procedure



- Headings:
 - 1) Preserving the friendship of a common life
 - 2) Sexual behaviour
 - 3) Sexual expression in a resident with cognitive impairment
 - 4) Assessing competency
 - 5) Overcoming barriers to sexual expression
 - 6) Inappropriate sexual behaviours
 - 7) Compulsory reporting of physical or sexual assault

Preserving the friendship of a common life



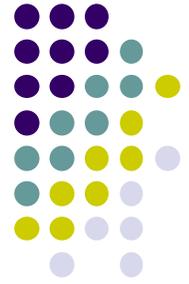
- 1) The value of the friendship of a common life
- 2) → offer of shared accommodation (on a case by case basis)
- 3) Sexual expression investigated only if there are “well-founded concerns about non-consensual sexual behaviours”
 - KMcG, “Shared rooms for same-sex couples,” *Health Matters* 73 (Autumn 2015): 16-17.

Sexual behaviour



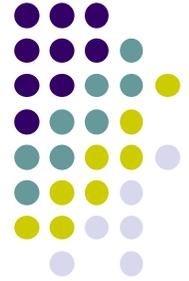
- 1) Sexual expression is normal and acceptable.
- 2) → personal grooming, social gatherings, **privacy**
- 3) Ensure both partners are consenting. If there are concerns, assess competency.
- 4) Respectfully manage inappropriate public displays, e.g. redirecting to a private room.
- 5) Respect residents' privacy, including vis-à-vis their family.
- 6) Don't facilitate sex workers. If a resident is arranging a sex worker, seek a mutually acceptable way forward.

Sexual expression in a resident with cognitive impairment



- 1) Various conditions may cause sexual disinhibition and inappropriate behaviours.
- 2) Respectful management:
 - manage inappropriate behaviours
 - while protecting the dignity of the resident.

Assessing competency



- 1) assessed by resident's GP or treating physician
- 2) if ongoing questions, Aged Psychiatry Assessment and Treatment Team (APATT)

Overcoming barriers to sexual expression



- 1) Staff education.
- 2) Shared rooms for couples where possible.
- 3) **Improve room privacy.**
- 4) Investigate complaints or concerns in a timely and professional manner.

Inappropriate sexual behaviours



- 1) Maintain resident dignity.
- 2) Intervene quickly and appropriately to prevent or cease inappropriate sexual behaviour.
- 3) Report immediately inappropriate sexual behaviour.
- 4) Devise a management plan (e.g. consider triggers, modify environment, APATT if needed, make records).
- 5) Consider and treat possible causes such as boredom, agitation, urinary infection.
- 6) Provide appropriate opportunities for companionship, affection, intimacy, privacy.

Compulsory reporting of physical or sexual assault

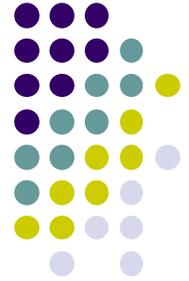


- 1) Ensure or re-establish a safe environment: can I take immediate action **safely**?
- 2) Alert other staff.
- 3) Support and care of the victim.
- 4) Report to senior staff.
- 5) Seek medical treatment if necessary.
- 6) If sexual penetration, do not wash resident “unless absolutely necessary for the resident’s comfort.”
- 7) Do not disturb the area or remove any items.



Questions for Discussion

- Many of the principles and skills in this policy and procedure are easy to learn but hard to master.
- What experiences have I had in this area? What experiences have the staff at my site had?
- What worked well?
- What didn't work so well?
- What might I/we do differently next time?
- Is there anything in all this which causes me uncertainty or concern?



Care of LGBTI Persons

- **Diverse sexual orientation (or erotic attraction)**
 - Lesbian, **G**ay, **B**isexual
- **Diverse gender identity**
 - **T**ransgender (or **T**rans)
 - cross-dresser, drag performer, gender queer
 - transsexual
 - transwoman (assigned male at birth)
 - transman (assigned female at birth)
 - gender affirmation surgery
- **Diverse (biological) sex**
 - **I**ntersex

Overview of this Section



SEE

- LGBTI experience in Australia

JUDGE

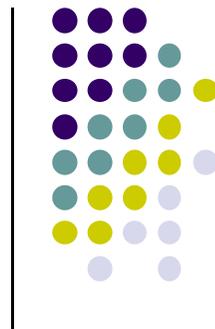
- Catholic teaching

ACT

- What should Catholic residential aged care facilities do?

STORY

- Pope Francis and Diego Neria Lejárraga



SEE

LGBTI People in General



- Leonard, William, et al. *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians*. Melbourne: La Trobe University, 2012.
- Leonard, William, et al. *A Closer Look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians*. Melbourne: La Trobe University, 2015.
- Australian Human Rights Commission (AHRC). *Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights*. Sydney: AHRC, 2015.
- beyondblue. *Fact Sheet 40: Depression and anxiety in gay, lesbian, bisexual, transgender and intersex people (GLBTI)*.

LGBTI People in General (cont'd)



- Significant experiences of discrimination, stigma, social exclusion, verbal abuse, harassment, bullying and even violence
 - For example, a December 2014 on-line survey of 1,500 GLBTI people found that more than **70%** had experienced bullying, harassment or violence. (*Resilient Individuals*, 16)
- Significantly higher incidence of mental health issues
 - For example, in a 2007 ABS National Survey of Mental Health, compared to people who reported being heterosexual, people who report being homosexual or bisexual had higher levels of
 - anxiety disorders (around **31** per cent vs. **14** per cent),
 - depression and related disorders (around **19** per cent vs. **6** per cent), and
 - substance use disorders (around **9** per cent vs. **5** per cent). (*beyondblue*, 2)

Older LGBTI People



- Barrett, Catherine. *My People: A project exploring the experiences of Gay, Lesbian, Bisexual, Transgender and Intersex seniors in aged-care services*. Fairfield, VIC: Matrix Guild Victoria, 2008.
- Barrett, Catherine, et al. *Permission to Speak: Determining strategies towards the development of gay, lesbian, bisexual, transgender and intersex friendly aged care services in Victoria*. Fairfield, VIC: Matrix Guild Victoria, 2009.
- Barrett, Catherine. *We Live Here Too: A guide to lesbian inclusive practice in aged care*. Fairfield, VIC: Matrix Guild Victoria, 2011.
- Barrett, Catherine, and Carolyn Whyte. *Creating lesbian, gay, bisexual, transgender and intersex (LGBTI) inclusive Residential Aged Care Services*. Melbourne: La Trobe University, 2013.
- Barrett, Catherine, et al. *No Need to Straighten Up: Discrimination, depression and anxiety in older lesbian, gay, bisexual, transgender and intersex Australians*. Melbourne: La Trobe University, 2014.

Older LGBTI People (cont'd)



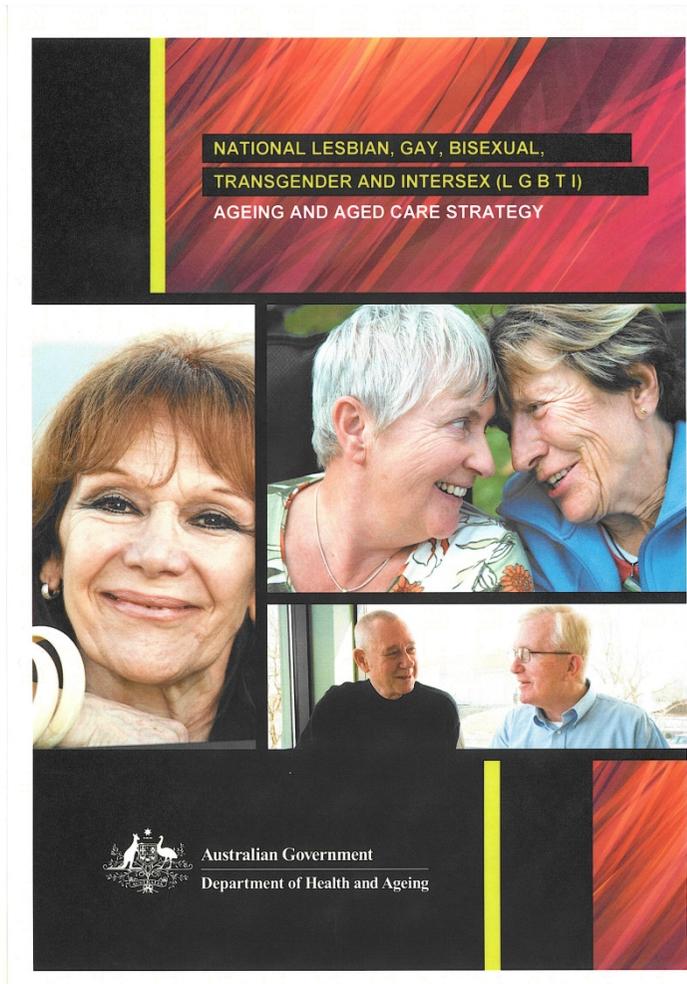
- Many older LGBTI people's sense of who they are is still significantly shaped by the discourse of the 1950s and 1960s, which saw them as sick, sinful and even criminal.
- A strong sense of fear has run through their lives.
- Often, they have coped through hiding their LGBTI identity.
- This strategy has had personal costs, ranging from feelings of isolation to mental health issues.
- Many older LGBTI people fear that residential aged care will once again require them to conceal their LGBTI identity. They particularly fear this in connection with services run by religious organisations.

Australian Government: Diversity in Aged Care

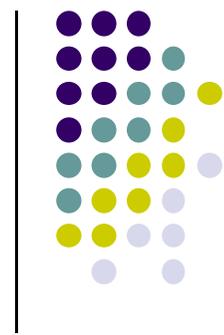


- Aboriginal and/or Torres Strait Islander people
- Culturally and linguistically diverse (CALD) people
- People who are lesbian, gay, bisexual, transgender, and intersex (LGBTI)
- Care-Leavers (including Forgotten Australians, Former Child Migrants, and Stolen Generations)
- Older veterans and their spouses or widows
- Older people with disabilities
- Older people who are financially disadvantaged
- Older homeless people
- Older people in regional and rural Australia

Australian Government's National LGBTI Ageing and Aged Care Strategy



- Older LGBTI Australians are “a group requiring particular attention due to their experience of discrimination and the limited recognition of their needs by service providers...”



JUDGE

Catholic Teaching



- Congregation for the Doctrine of the Faith (CDF). *Declaration on Certain Questions Concerning Sexual Ethics (Persona Humana)*, #8. (29 December 1975).
- CDF. *Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons (Homosexualitatis Problema)*. (1 October 1986).
- CDF. *Some Considerations Concerning the Response to Legislative Proposals on the Non-Discrimination Of Homosexual Persons*. (1992).
- *Catechism of the Catholic Church*, #2357-2359, 2396. (1994; revised in 1997 with an alteration to #2358).
- Pontifical Council for the Family. *Family, Marriage and 'De Facto' Unions*. (26 July 2000).
- CDF. *Considerations Regarding Proposals to Give Legal Recognition to Unions Between Homosexual Persons*. (3 June 2003).

Catholic Teaching about Controversial Matters



- 1) Catholic teaching views transsexualism as a psychological problem. It should therefore be treated not with surgery but with psychological counselling.
 - “The first priority in dealing with adults who experience conflict in relation to their gender identity is sensitive psychological and/or psychiatric management. Positive means should be found to assist the person to come to terms with his or her bodily nature. Interventions should be limited to authentic therapies for pathological conditions. Procedures or interventions that deliberately render a healthy sex organ dysfunctional, mutilate it or remove it, as a treatment for a psychological or psychiatric problem, are not permissible.”
(*Code of Ethical Standards*, II.3.11)

Catholic Teaching about Controversial Matters (cont'd)



- 2) Homosexual sexual intercourse is morally wrong.
 - “A person engaging in homosexual behaviour acts immorally. To choose someone of the same sex for one’s sexual activity is to annul the rich symbolism and meaning, not to mention the goals, of the Creator’s sexual design. Homosexual activity is not a complementary union, able to transmit life; and so it thwarts the call to a life of that form of self-giving which the Gospel says is the essence of Christian living.... When homosexual persons engage in homosexual activity they confirm within themselves a disordered sexual inclination which is essentially self-indulgent.” (*Letter, #7*)
- 3) There should not be legal recognition of homosexual unions.
 - “Legal recognition of homosexual unions... would mean... the approval of deviant behaviour.” (*Considerations, 11*)

Catholic Teaching about Controversial Matters (cont'd)



- 4) Being homosexual is itself objectively disordered.
- “Although the particular inclination of the homosexual person is not a sin, it is a more or less strong tendency ordered toward an intrinsic moral evil; and thus the inclination itself must be seen as an objective disorder.” (*Letter*, #3)

Other Catholic Teaching



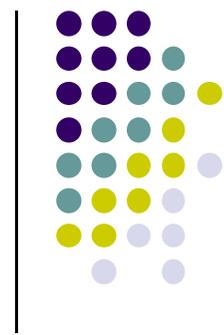
- 1) There are persons with a stable homosexual orientation.
 - There are indeed “homosexuals who are definitively such.” (*Declaration*, #8)
- 2) Being homosexual is not a sin.
 - “The particular inclination of the homosexual person is not a sin.” (*Letter*, #3)
- 3) Homosexual persons have human dignity and human rights.
 - “Homosexual persons, as human persons, have the same rights as all persons, including the right of not being treated in a manner which offends their personal dignity.” (*Non-Discrimination*, #12)

Other Catholic Teaching (cont'd)



- 4) The Catholic Church opposes homophobia (and transphobia).
 - “It is deplorable that homosexual persons have been and are the object of violent malice in speech or in action. Such treatment deserves condemnation from the Church’s pastors whenever it occurs.” (*Letter*, #10)

- 5) The Catholic Church commits itself to the pastoral care of homosexual persons.
 - “The phenomenon of homosexuality... is a proper focus for the Church’s pastoral activity. It thus requires of her ministers attentive study, active concern and honest, theologically well-balanced counsel.” (*Letter*, #2)



ACT



- Policy and Procedures
- Respectful Engagement
- Staff Education and Training
- Mechanism to Receive and Resolve Concerns

Policy and Procedures



- My suggestion: policy and procedures expressing our desire to welcome and embrace all diversity – including those who are Indigenous, CALD, LGBTI, and Care-Leavers.
- Public Statement about our desire to welcome and embrace diversity
 - e.g. in welcome material on intake, a poster on the wall, etc.
 - As well as information for other diverse groups, this includes: “If you are lesbian, gay, bisexual, transgender or intersex (LGBTI), you can speak with us about this. It can take courage to do this. Even so, it helps you to feel at home, and it helps us to give you the best care. One person you can speak to is _____.”
- Shared Rooms for Same-Sex Couples
 - *Health Matters* 73 (Autumn 2015): 16-17.
- Staff Education and Training
- Mechanism to Receive and Resolve Complaints

Respectful Engagement



- My suggestion: Don't make LGBTI status a standard question on the intake form. But do make sure that intake staff know how to respond if LGBTI status is disclosed.
- Pastoral Care:
 - “I have a question to ask you. But I want to check first if it would be ok to ask this question. It's a question about your sexual orientation – whether you might be lesbian/gay. I don't want to ask this question if it would make you uncomfortable. So let me ask first if it's ok for me to ask this question.”
 - Assure them of confidentiality, but also discuss with them whether anyone else in the RACF should be told and, if so, how.
 - Ask about family of choice, and substitute decision-makers.
 - Ask them to speak to you if anything is said or done which is hurtful to them as an LGBTI person. Tell them about the mechanism to receive and resolve concerns.
 - Ask if you can check in with them from time to time to see how they're going.

Staff Education and Training



- My suggestion: send two senior staff to external LGBTI training, and have them deliver your internal training.
- Education and training is important for all staff, but especially for staff from a CALD background.
 - what words, behaviours and attitudes are not acceptable because they are homophobic or transphobic
 - what words, behaviours and attitudes are acceptable and expected
 - who to speak to if you have concerns (e.g. about what I should say or do, or if I have concerns about the words, behaviours or attitudes of others.)

Mechanism to Receive and Resolve Concerns



- The aim is not for a punitive mechanism, but for a light touch which can still effectively recognise and resolve concerns.
- Accept that mistakes will be made, but that these mistakes can be faced and resolved.
- Even so, serious or ongoing issues could result in disciplinary action or dismissal from employment.

Pope Francis and Diego Neria Lejárraga



- 48-year-old Spaniard (in 2014)
- assigned female at birth
- a practising Catholic
- did not seek to transition while her mother was alive
- began to transition aged 40 – a year after his mother’s death
- has had gender affirmation surgery

Pope Francis and Diego Neria Lejárraga (cont'd)



- His bishop was supportive of him.
- A priest called him the “daughter of the devil.”
- Other parishioners told him that now he had done this, he shouldn’t receive Communion.
- He wrote to Pope Francis to ask if there was room in the Church for someone like him.

Pope Francis and Diego Neria Lejárraga (cont'd)



- On 8 December 2014, Deigo's phone rang.
- "Soy el Papa Francesco."
- "God loves all his children, however they are; you are a son of God, who accepts you exactly as you are. Of course you are a son of the Church!"
- Pope Francis invited Diego with his fiancée Macarena to meet him at the Vatican: "If you have no money, when you're both here I'll give you an envelope to cover your expenses..."

Pope Francis and Diego Neria Lejárraga (cont'd)



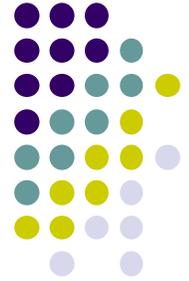
- Pope Francis met them on 24 January 2015. He met them not at his office but at his home at the Santa Marta guesthouse.
- Diego did not give details of the meeting, insisting it was private.
- It is reported that the Pope hugged him.
- Diego did say, “The meeting was a wonderful, intimate, unique experience that changed my life. Now I am finally at peace.”

Questions for Discussion



- What experiences have I had of LGBTI people? What about elderly LGBTI people – or elderly LGBTI people in residential care?
- What experiences have the staff at my site had of LGBTI people? What attitudes might they have to LGBTI people?
- How would it go if an LGBTI person – or an LGBTI couple – came to live at my site? What should work well? What might be a bit awkward or difficult?
- What can I/we do now to get ready in case an LGBTI person – or an LGBTI couple – come to live at my site?
- How could we be as concerned and as caring as Pope Francis was?

Presenter



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