

Chapter 10

Working With Lesbian, Gay, Bisexual, and Transgender People in Care Relationships

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ABSTRACT

This chapter details some key considerations for health and human services professionals working with lesbian, gay, bisexual, and transgender (LGBT) people in care relationships. Reflecting on the impacts of stigma and discrimination as well as the social, cultural, and political contexts of LGBT communities and carers, this chapter will explore some of ways these factors (as well as heterosexist and cis-genderist assumptions about families and partners) impact the identification, support, and recognition of LGBT people in care relationships. Finally, this chapter will recommend strategies to reduce poor mental health and wellbeing outcomes among people in care relationships where one or all people involved are LGBT, and explore some key actions that may assist health and human services better support and include LGBT people in care relationships.

INTRODUCTION

Research on the physical and mental health of lesbian, gay, bisexual and transgender (LGBT) populations has identified that LGBT people face unique hardships and obstacles to wellbeing. These can include experiences of physical and mental abuse, persecution or economic disadvantage, and can occur within a range of public life domains such as employment, education, criminal-justice law and relationship recognition. These hardships can be directly linked to negative discriminatory societal responses to diversity of sexual orientation, gender identity or expression and include exclusion or discrimination in personal spheres, such as within significant interpersonal relationships (Rosenstraich, 2013; Moleiro & Pinto, 2015).

For LGBT people in care relationships, intersections might arise between these hardships and the experience of providing or receiving informal support to or from another person. This can result from

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direct stressors, dynamics of the care relationship itself, or circumstances arising within a person's family or community, economic or socio-political context.

This chapter specifically refers to two sub-cohorts of "carers". One cohort is L, G, B, and/or T people who support a person/s with a chronic illness, disability, mental illness, substance abuse issues or who have aged-related needs. The other sub-cohort are non-LGBT people who care for L, G, B and/or T person/s who (due to one of these same circumstances) require support. Other terms include "people in care relationships" and "LGBT people in care relationships", these refer to carers as above, but also to LGBT people receiving care.

BACKGROUND

Access to Health and Human Services

Literature on LGBT people's use of health and human services acknowledges the impact of stigma attached to non-heterosexual orientations and transgender identities is often a determining feature of the difficulties people experience in accessing them (Johnson, Mimiaga & Bradford, 2008). Emergent research on the experiences of LGBT people seeking or using health and human services (inclusive of carer supports) has recognised a variety of potential barriers to, and gaps in, appropriate service provision as well as fear of self-disclosure among LGBT service users (Albuquerque, de Lima Garcia, da Silva Quirino, Alves, Belém, dos Santos Figueiredo,... & de Abreu, 2016; Coon, 2007).

Many services designed for community and individual wellbeing, safety or capacity building (such as housing, policing, justice, legal, education and employment services) are perceived as unreliable or untrustworthy by LGBT people. LGBT populations have reported inequitable assistance and discriminatory practices in these sectors and highlighted many providers are simply inappropriate or ill-prepared to meet LGBT client needs (Aldridge & Somerville, 2014; Campo & Taylor, 2015; Rossman, Salamanca & Macapagal, 2017).

Circumstances surrounding LGBT communities suggest the need for tailored health and human services, which target the unique challenges and risks they face (Burwick, Gates, Baumgartner & Friend, 2014; Coon, 2007). LGBT people experience sizeable disparities in health and wellbeing outcomes compared to non-LGBT people. Among these are poorer mental health, greater suicide and self-harm risk, increased risks to sexual health, chronic illness, high rates of substance misuse as well as a higher likelihood of being a victim to bullying, violence and harassment (McKay, 2011; Scott, Pringle & Lumsdaine, 2004; Whitehead, Shaver & Stephensen, 2015).

Experiences of discrimination, stigma and harassment on the basis of sexual orientation and gender identity is recognised as a key determinant of health and connected to poorer mental health outcomes among LGBT people (Rutherford, McIntyre, Daley & Ross, 2012). Research on LGBT mental health has identified links between discrimination and levels of depression, suicidal ideation and anxiety (Rosenstreich, 2013; Leonard, Pitts, Mitchell, Lyons, Smith, Patel,... & Barrett, 2012).

Furthermore, while research on comparative health risks and outcomes between the distinct subgroups under the LGBT umbrella remains innovative, significant disparities and differences between each cohort are noted in available data (LGBTI Health Alliance, 2016; Whitehead, Shaver, & Stephenson, 2016). Where there is overlap between cohorts, for example gay transgender men, these risks may be magnified.

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