

Why LGBTI ageing should be everyone's business

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Today will cover

- Some basic terminology
- Importance of the historical perspective
- Impact of life of discrimination
- Changing times - LGBTI part of a diversity agenda
- Why LGBTI ageing is everyone's business
- *Right to Belong* training program
- Where to from here



Time of rapid social change means

- Easy to think that the gains for and acceptance of LGBTI (lesbian, gay, bisexual, trans*, intersex) is 'a given' across Australia
- This is far from the case - especially when talking about older LGBTI people
- So although many advances - still a lot to do
- Growing up gay now compared to growing up in 1920 to 1950s very different life stories and experiences
- Deep influences from being marginalised group
- But first . . . Let's tackle some terminology

Terminology/language

Biological sex	Determined by genitalia at birth
Gender identity	Sense of being male, female or other
Sexuality (3 dimensions)	<ul style="list-style-type: none"> identity - how one identifies orientation - who one is attracted to behaviour - who one has sex with
Lesbian	Female homosexual
Gay	Common term for male homosexual, also used by some females
Bisexual	Attracted to people regardless of gender
Queer	People who are not heterosexual, can be derogatory term

This language is constantly emerging and changing

More

Transgender Trans* or Gender Diverse	Transgender is a term that is often used to describe a range of gender identities where appearance and/or behaviours do not conform to traditional gender roles. Where <u>gender identity</u> differs from biological sex at birth, person may choose to undergo <i>gender reassignment surgery</i> .
Intersex	Covers a range of conditions. Born with physical, hormonal or genetic (chromosomal) features that are neither wholly female nor wholly male or a combination of female and male.

The Genderbread Person v2.0

Gender is one of those things everyone thinks they understand, but most people don't. Like recursion. Gender isn't binary. It's not arbitrary. In many cases it's both and a bit of this and that of that. This handy little guide is meant to be an appetizer for understanding. It's okay if you're hungry for more.

Identity (1 of infinite possible pink and other colors)

- Nongendered
- Woman-ness
- Man-ness

Gender Expression (1 of infinite possible pink and other colors)

- Agender
- Masculine
- Feminine

Biological Sex (1 of infinite possible pink and other colors)

- Asex
- Female-ness
- Male-ness

Attracted to (1 of infinite possible pink and other colors)

- Nobody
- (Men/Mans/Masculinity)
- (Women/Womans/Femininity)

read more <http://itspronouncedmetrosexual.com/2012/03/the-genderbread-person-v2-0/>

Source - <http://itspronouncedmetrosexual.com/2012/03/the-genderbread-person-v2-0/>

Know these differences

- Means that each of the L, G, B, T and I may have different issues.
- Easy to lump together, however in so doing you will miss the individual stories.
- Need for more nuanced conversations across these differences.

The three AGES or PHASES of LGBTI health policy

We want to see all aged care providers moving to the point of celebration rather than tolerance



Liam Leonard 2013 GLVH

LGBTI Elders - legacy of past

- Historical experience of victimisation, marginalisation, oppression
- Internalised homophobia/negativity
- Lifetime being considered criminal or insane
- Often highly developed concealment strategies
- Therefore stressful existence - potentially manifests in depression, anxiety, stress, feeling undervalued
- However there is also resilience - many healthy, happy, well adjusted older LGBTI people, especially in later middle years
- Many concerned about how they will be treated by aged care services

LGBTI elders social/health status

- More likely to be living alone
- Twice as likely to be single
- Reliance on 'families of choice'
- More likely not to have children
- Higher rates of disability, depression and loneliness
- Suffer greater isolation, lack of traditional support, lack of partner recognition
- Less use of health care services often due to fear of discrimination
- Friendships integral to building social networks and key factor in positive mental health
- Sexuality can be barrier to building friendships in the broader community

Historical reality

- Long history of negative responses to homosexuality:
 - Religions/churches - homosexuality a sin
 - Legal systems - homosexuality criminal activity
 - Medical system - seen as mental illness under the International Classification of Diseases
- From the 1800s active 'treatment' of homosexuality as a disease with radical interventions: castration (1800s), electric shock treatment and/or lobotomy (1950s)

Electric shock treatment

VISUALLY KEYED SHOCKER

The Visually Keyed Shocker is a fully automated conditioning device. When the doctor can be heard at the time unwanted act of reinforcement of behavior conditioning. Over the years his research supported Mappin and a successful conditioning technique is established, most patients can tolerate treatment with little or no anesthesia. Thus the doctor can come in the hospital or office as needed. The doctor's time is required only for the initial conditioning session and not needed to continue the conditioning therapy.

AUTOMATED
BEHAVIOR CONDITIONING
FOR
ADDICTION
NARCOSISM
ALCOHOLISM
AGGRESSION
TRANSVESTISM
EXHIBITIONISM
SEXUAL PREFERENCE



Farrall Instruments the visually keyed shocker kit http://www.buffingtonpost.com/jamie-scot/shock-the-gay-away-secrets-of-early-gay-aversion-therapy-revealed_b_3497456.html

Other responses

- Widespread systemic institutional discrimination.
- Openly homosexual men banned from employment in Federal Government jobs with highly classified information (they were thought to be prone to pressure from foreign intelligence services making them a national security risk).
- Little motivation from the homosexual subculture for political activism or public debates as the 'gay scene' was concealed from the general population for fear of reprisal.
- Societal attitudes were of persecution, condemnation, hatred and discrimination.

Some milestones

1969	• Stonewall Bar riots New York • Start of gay rights	1992	• ADf ends prohibition on openly gay or lesbian members serving in the military
1972	• SA first Australian state to decriminalise male homosexual acts	2003	• Uniting Church in Australia allows sexually active gay and lesbian people to be ordained
1978	• The first Gay Mardi Gras held in Sydney as protest and remembrance of Stonewall	2004	• Marriage Act and Family Law Act amended prohibiting same-sex marriage through definition changes
1974	• Homosexuality removed from Diagnostic and Statistical Manual (DSM) of Mental Disorders	2007	• HEROC report on discrimination re same sex relationships leads to Same-sex Relationships Act (2009)
1997	• Tas last state to decriminalise homosexuality	2008	• UN includes sexual orientation and gender identity in international human rights protections
1984	• AMA removed homosexuality from its list of illnesses and disorders	2011	• Productivity Commission report Caring for Older Australians - diversity chapter includes LGBTI
1985	• Changes to Migration Act for interdependency visa for same-sex attracted couples	2012	• <i>Living Longer. Living Better</i> aged care reform package
		2013	• Exodus International - Christian conversion therapy organisation closes

Early gay liberation protests in US



Early gay history Sydney

Police in Taylor Square, stopping protestors, 27th August 1978



Protesting outside Darlinghurst Police Station after 1978 Mardi Gras arrests

Images are from "Street Seen: A History of Oxford Street" by Clive Fero & Garry Wotherspoon published by Melbourne University Press

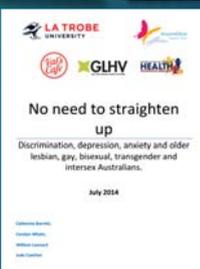
Hiding, passing, concealed identity



- Most older LGBTI led a double life - not safe to 'come out'.
- Impacts on employment, relationships with biological family (disowning, disinheriting), housing options, harassment/violence, criminal implications.
- Mental health issues experienced by many.
- Detrimental impact on sense of self, self esteem, relationships and social connections.
- Lack of public recognition of significant partnerships/relationships results in stress and fracturing of significant relationships.
- Little appreciation of above by service providers - poor competency in this area.

Capturing this experience through qualitative study

- *beyondblue* funded a small study exploring the impacts of homophobia on the lives of older lesbian and gay Australians.
- Eleven in-depth interviews with older lesbians (6) and gay men (5).
- Age from 65 to 79 years.
- Participants recruited through snowball technique.
- Interviews in Perth and Melbourne.
- One man's story which powerfully illustrates this history.



https://www.conference.edu.au/2014/Melb_session/740263-no-need-to-straighten-up---full-report---pdf.pdf

One man's story - Larry

Entrapment

I've been arrested, I've been taken to jail, I've been questioned but I couldn't do a damn thing about it.

I went into a toilet once for quite a legitimate reason and there was a man in there playing with himself, so I started to walk out and he says: eh, what do you think of this? And I said: well I think you'd better put it away hadn't you.

Next thing somebody came in behind me and said: you're under arrest.

That was a set up and that used to go on time and time again. A lot of the gays used to meet in toilets because there was no other place for them to meet.

Larry - life is beautiful

Soul mate

When I was 24 I met John, my partner of 44 years. We were soul mates. My mother treated him as him. My father hated him. ...

My mother had a stroke and my father wrote me a letter [asking] if I would come home and nurse her. I spoke with John and John said: well, she's your mother so let's go. ... My father promised that he would buy a lovely farm for John and I if we did that. ... So ... I got my mother fit, she was walking again ... and my father says: right, John's got to get off the property. [We had an argument, ... he threw an axe at John]. So John and I packed up and left and we came back to [the city]. We ended up with nothing.

Anyway, when my mother died John and I went to the funeral, dad told John that he couldn't come in [to the church].

Larry - life is beautiful

Mental health

I tried to commit suicide, because I had these feelings and I thought that's like my father says: that's not on, that's dirty.

When people didn't treat me well, I managed that with difficulty because it wasn't right for a man to cry, as far as my father was concerned. But I used to go away and cry; and many a times I've cried. You would cry, you would cry yourself to sleep some nights because of some of the things that are said to you. And you think: oh I wonder if they're right, or you didn't know if you were sick or not.

All this used to burn its little tentacles into your brain and it stays there, believe me it stays there.

Larry - life is beautiful

Learning to accept yourself

... to me it's, it's a great world if you don't weaken and if you're honest with yourself. Since I've become honest with myself, life is beautiful.

It's a learning journey alright ... let's face it everybody's learning. No matter what, you're learning something right from the word go.

By learning to accept yourself ... life it's beautiful. I tell you what, colours are more vibrant. You walk around the park and everything is more beautiful and you notice things that you never ever notice before.

Since I've been honest with myself my eyes dance a lot more.

Evidence informs policy

- Federal government, referencing much of the Productivity Commission Report released aged care reform agenda (Living Longer, Living Better) see: <http://www.health.gov.au/internet/main/publishing.nsf/Content/lgbti-ageing-and-aged-care-strategy>
- Included comprehensive wins advancing LGBTI issues:
 - LGBTI 'special needs' group
 - A national LGBTI aged care strategy to be developed (now launched)
 - \$2 million to be rolled out for LGBTI cultural sensitivity training (LGBTI Health Alliance coordinating this)

Right to Belong training program

- Training program up and running across Australia being delivered mainly by LGBTI organisations.
- Here in WA, *Right to Belong: LGBTI People and Aged Care* training with aged care providers is well advanced being delivered by GRAI.
- Majority of organisations very receptive - not antagonistic.
- Seeing this as part of their diversity agenda.
- Need to recognise this is dealing with an often hidden population.
- To date 12 sessions run; across 9 organisations, approximately 200+ participants; 7 booked.

Right to belong training - content

- Definitions
- Stigma and assumptions
- Experience of growing up LGBTI
- Health status
- Lifestyle of older LGBTI people
- Legislation
- Inclusivity in workplace - how to do it

Participant feedback on training

"Understand now why "treating everyone the same" is not good enough in addressing the LGBTI special needs. Love the opportunity to think through and explore different ways in which our organisation can be more inclusive. Inclusive practice audit guidelines very practical" (participant 12/6/2014)

"I came to this course with little understanding of any of the (content), I feel a little more confident in my understanding but understand I cannot know it all just from today. I find legislation difficult to understand regarding of what area it is pointed at" (participant 25/7/2014)

"As most people in my community and of my age, I have had limited exposure, suffer from preconceived ideas, narrow outlook, influenced by church and religion and community. This [training course] has broadened my outlook, opinions and will influence my future thinking and opinions" (participant 28/11/14)

"I was aware of lesbian, gay but for some reason didn't even think of the problems with the elderly" (participant 20/11/2014)

Sexuality and older people - starting to talk about this

Both 'mention' LGBTI but lack of detailed background, but it is a start. For more info, check reference also the LGBTI Health Alliance <http://lgbtihealth.org.au/aqein/q/>

From Sexuality Assessment Tool

“Unfortunately, expressions of sexuality by older people can present difficulties and challenges for staff working in residential aged care facilities, as well as families . . . include negative or judgemental staff attitudes towards sexuality (including cultural beliefs), lack of staff education, lack of privacy, lack of time to ascertain and respond to the older person’s needs, and the prioritisation of other aspects of their wellbeing over sexuality . . . staff may be unaware of other sexualities and the needs of older people who identify as . . . GLBTI.”

Bauer, M., Fetherstonhaugh, D., Nay, R., Tarzia, L. & Beattie, E (2013). *Sexuality Assessment Tool (SexAT) for residential aged care facilities*. Page 1.

Challenges for targeted services and research

- Need to see responding to LGBTI clients as part of diversity and a human rights agenda
- We need to raise the bar on service delivery everywhere
- Because of issues of invisibility agencies need to work from a position of expecting to have LGBTI clients even if they can not readily identify them
- Issue of sexuality and sexual expression may be challenging to both staff and families - reason to ensure best practice in this area especially where dementia involved

Moving forward

- Need to ensure we acknowledge these lives.
- Need to inform ourselves of the history and issues (growing research base).
- Need to understand importance of social connections in lives of older lesbians and gay men - protective factor for mental health.
- Ensure continue work for inclusive services for all levels of aged care.
- Adopt LGBTI best practice - great resources around now.

Challenge to you

- Address lack of understanding/knowledge about older LGBTI people and their unique lives and their needs. Means they may not want to identify as LGBTI.
- Access the literature/research - inform yourself.
- Address disconnect between knowing what is politically correct versus what is happening on the ground.
- Management needs to take the lead.
- Some staff/clients may not be ready for openly 'gay' clients/neighbours - need to address this. Training?
- Do not pathologise older LGBTI people - treat them with understanding and respect.
- We need to be proactive in celebrating older LGBTI people - need management support to do this.

Rewards from positively responding to LGBTI client base

- Agencies can be assured LGBTI people will benefit in many ways - although not always easy to quantify
- Can start to openly market as being LGBTI friendly and truly mean it
- LGBTI staff will also feel supported and likely to be champions for you
- You will be assisting in breaking down the barriers and progressing LGBTI issues in general e.g. through open and honest discussion and addressing any homophobic behaviour of staff/ clients/residents

Thanks and questions



- To the people from *beyondblue* research project who shared their stories and my research colleagues
- References available on request
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<http://lgbtihealth.org.au/ageing/>
