



My Story – My People

Stories about older gay, lesbian, bisexual and transgender people's experiences of aged care. Extracts from the My People study.

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Cover images:

First image (two men) from: <http://everydaygay.blogspot.com.au/2010/06/100-years-of-gay-couples-part-one-1875.html>

Second image (Christine Jorgensen) from www.christinejorgensen.org

Third image (two women) from <http://everydaygay.blogspot.com.au/2010/06/100-years-of-gay-couples-part-one-1875.html>

Table of contents

ACKNOWLEDGEMENTS	4
ABOUT GAY AND LESBIAN HEALTH VICTORIA.....	4
ABOUT MATRIX GUILD VICTORIA INC.	4
ABOUT VINTAGE MEN.....	4
INTRODUCTION	5
HOW TO USE THIS RESOURCE	5
LESBIAN STORIES	7
MAUREEN AND THELMA (72 YEARS): PALLIATIVE CARE AT HOME	7
SUSAN (77 YEARS): HOME CARE	9
ELIZABETH (72 YEARS): HOME CARE/DAY CARE.....	11
ANNE (77 YEARS): HOME CARE.....	13
GAY MEN’S STORIES	15
PETER & BILL (71 YEARS): HOME CARE AND RESIDENTIAL CARE	15
TOM (64 YEARS): RESIDENTIAL AGED CARE	17
TIM AND DOUG (68 YEARS): PSYCHOGERIATRIC RESIDENTIAL CARE FACILITY	19
A BISEXUAL MAN’S STORY	21
JOSEPH (61 YEARS): HOME CARE	21
TRANS PEOPLE’S STORIES	23
JAMES (64 YEARS): RESIDENTIAL AGED CARE	23
NANCY (79 YEARS): RESIDENTIAL CARE.....	25
GLOSSARY OF TERMS	27
FURTHER INFORMATION	29

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About Gay and Lesbian Health Victoria

Gay and Lesbian Health Victoria is located within The Australian Research Centre in Sex, Health and Society at La Trobe University. The role of the Unit is to enhance and promote the health and well being of gay, lesbian, bisexual, transgender and intersex (GLBTI) people in Victoria. This is achieved through training, developing health resources, maintaining a research and information clearinghouse and by providing advice to Government on the planning and development of future GLBTI programs. Gay and Lesbian Health Victoria coordinates Val's Café, a program of activities resourcing people providing services to older GLBTI people. For more information go to: www.glhv.org.au
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About Matrix Guild Victoria Inc.

Founded by and for the benefit of lesbians over forty years of age. The Guild is committed to the support of appropriate care and accommodation choices and alternative lifestyle options for older lesbians in Victoria. Matrix Guild initiated the funding application for the *My People* and *Permission to Speak* studies. They have housing for older lesbians, a brochure for aged care services on caring for older lesbians and are available to provide education and support to aged care services. Contact Matrix Guild on: www.matrixguildvic.org.au

About Vintage Men

A social and support group for mature gay and bisexual men and their friends. Vintage Men provide support to older men isolated in aged care and at home. Contact: www.geocities.com/vintagemen

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Introduction

This collection of stories was compiled to assist aged care service providers to understand the needs of older gay, lesbian, bisexual and transgender (GLBT) people. The stories documented in this report have been taken from a study entitled: *My People* (Barrett, 2008). The *My People* study involved interviews with older gay, lesbian, bisexual and transgender (GLBT) people to understand their experiences of aged care. In response 25 GLBT people and/or their carers shared their experiences. There were no intersex participants. The *My People* report provided a broad overview of the issues encountered by older GLBT people, in the voices of older GLBT people themselves – for the first time in Australia.

Feedback on the *My People* report indicated that service providers valued hearing the voices of older GLBT people. Many service providers noted that hearing the voices of older GLBT people generated staff understandings in ways that presentations on statistics could not. In particular, many service providers utilised the stories from the *My People* report to make the experiences of older GLBTI people visible, to generate empathy and create momentum for change. The human experiences shared in *My People* also create a sense of visibility for this group that still remains largely invisible.

Given the power of older GLBTI people's stories, Gay and Lesbian Health Victoria sought permission from Matrix Guild of Victoria and Vintage Men to compile interview data from the *My People* study into this book of stories.

We hope that this book of stories will assist service providers to better understand the needs of older GLBT people. We also hope that it will assist service providers to understand the importance of creating a GLBTI inclusive service – regardless of whether or not older GLBTI people disclose their sexual orientation or gender identity.

How to use this resource

On the following pages, stories from the *My People* study are presented. The stories are roughly constructed around the following three themes:

- 1) Historical experiences
- 2) Broader life experiences
- 3) Experiences in aged care services.

Historical experiences provide an important context to expectations of aged care services, and the willingness of older GLBTI people to disclose their sexual orientation and gender identity.

Each story is followed by a suggested list of questions to stimulate group discussion. An educator could read a story to a group of service providers and then utilise the list of questions to guide group discussion. Reading a range of stories should assist readers to understand that the historical experiences of

GLBT people vary considerably, as do their responses. We hope that the stories will convey the message that older GLBTI people are not a homogenous group.

Expected outcomes

This resource seeks to present a range of stories about the life experiences of older GLBTI people, as well as their experiences in aged care to highlight:

1. The impact that historical experiences can have on older GLBTI people's lives and their expectations of services
2. How some older GLBTI people feel the need to hide their sexual orientation or gender identity in order to be safe from discrimination
3. How GLBTI inclusive/valuing responses from service providers can have a positive impact on older GLBTI people
4. Why it is important for services to be GLBTI inclusive whether or not they believe they have any GLBTI clients
5. Examples of GLBTI inclusive services
6. The differences that exists amongst the historical GLBTI older people.

Lesbian stories

Maureen and Thelma (72 years): palliative care at home

Thelma, she was born in 1936 and was diagnosed with cancer in 2002 and died six months later. We were together for 19 years. Thelma was, is and always will be the love of my life. She was a wonderful woman and a very strong lesbian. She went in all the marches, spoke on the steps of parliament house and chained herself to the arbitration buildings for equal pay for women.

Thelma was able to be cared for at home because of this wonderful chain of lesbians who stick together and give support because we love each other and are committed to each other. The chain also allowed me to survive after her death. If they weren't around, I think I would go mad. Caring for Thelma at home was the greatest blessing for both of us. Every day was a new day for us. I could see her nearly every second of the day. I could look at her, I could smile at her and I could talk with her. I could spend my time with her and I had all the help I needed.

We had three close friends who were nurses that we trusted to care for Thelma. They were trusted because they were friends and they were lesbians. They knew us both. We had a palliative care service come in and the district nurse. When they came to see Thelma I said: "We are lesbians and we would like to be recognised as a couple and we ask for your respect and I don't want any male nurses coming here to wash Thelma or whatever you people are going to do." They agreed. The case manager used to sit out the back and have a yarn with us. She knew we were lesbians. She told me afterwards that she knew immediately she came in, because there was this beautiful sense of eyes looking at each other, the way I looked at Thelma, the way that Thelma looked at me. She knew but she said that she appreciated me coming out to her. She would go to Thelma and kiss her on the top of the head. That was really nice. On Christmas day the palliative care nurse came dressed as a rainbow fairy, which was amazing.

The palliative care service was there for advice, support and they were very much in the background to let Thelma die the way she wanted to die with the people around her that she wanted to have care for her. We were surprised at how supportive they were of us as a lesbian community. They said to us that they had never come across this kind of support before. After Thelma's death, the case

manager asked whether there was anything else that they could have done for us as a community. They used the word 'community' and 'your community'.

The lesbian chain becomes more important as you get older. In your area there's always a lesbian, you know what I mean? There is always a lesbian for a little bit of a talk, a little bit of a smile, a little bit of a joke. That is part of the wonderful chain of lesbians caring for and loving one another. That is more important as you get older, it is very, very important. If older lesbians do not have the support we had, and if they are not going to speak up then they are going to lose a chance of having a wonderful life on their last years. If you don't talk up you die very lonely. You might have got some flack but who cares? You have to talk up, ask for help. If the worst comes to the worst, well you are not a murderer, you are not a thief, you are just a very great lesbian who loves women.

Suggested questions for discussion

- 1) How does Maureen describe Thelma's history of political activism?
- 2) Do you think being an activist may have influenced Thelma and Maureen's confidence in
 - a. Disclosing their sexuality to health services?
 - b. Telling services providers what they wanted?
- 3) How did the palliative care service communicate to Thelma and Maureen that they were valued as lesbians?
- 4) What impact do you think this recognition had on Thelma and Maureen?
- 5) How would staff in your service respond to Thelma and Maureen?

Susan (77 years): home care

I knew I was a lesbian when I was 12. I was having crushes on teachers and girls I heard my sister's friends talking about somebody at school and they said: "Did you know so and so is a lesbian? She's got a terrible crush on such and such." ... My ears flipped right back. ... [and I thought] well there's a name for it [being a lesbian]. It just stayed with me. ...

I went to the GP [years later] and said I was having a terrible time because I was attracted to women and I felt I needed to talk to someone about it. ... He sent me off to a psychiatrist ... The psychiatrist said: ... go out with men and see if you can get to like them eventually. ... I didn't.

If you went to Val's Coffee Lounge on a Saturday night you were **marked**. People knew you were camp. So I was there one a Saturday night. ... Henry was there. We just talked and didn't say anything [about our sexuality]. Later, ... he asked me to have lunch with him. He said: I saw that you were at Val's on Saturday night and I could only draw the conclusion that you were camp. He said: Wouldn't it be a good idea if we kept company and I could tell my parents I've got a girlfriend and you could introduce me to your parents and they would get off our back.

At that time if I told [people] I was a lesbian you might as well run around telling them you were a leper. I mean you just didn't. Nobody did. There was never a word said. No-one even knew. ... But you didn't tell your parents, you didn't tell **anybody**. Your worst **fear** was that somebody would find out. That was a bit of a strain. ... We ... got engaged and ... finished up getting married. ... We had a business arrangement like: let's get married and get on with our lives and keep the parents quiet. So we stayed married and it was very difficult. ... It got to be a terrible strain in a lot of ways. I felt the deception and I think he did too.

The leather jackets were a group of women who rode motor bikes. This was way back in 1950 or 1960. A woman on a motor bike was something that you could spot obviously. They were very blatant, they were out there. They were wearing pants and boots. ... We avoided them. We didn't want to get caught up in that sort of atmosphere. We were nice, respectable lesbians, we wore dresses and the only time we wore slacks was to a party or so on. So we didn't really want to mix with the leather jackets. ... If you weren't wearing a leather jacket and riding a motor bike why would anyone think you were gay?

Ageing is different for lesbians. One of my greatest fears is that I am pretty much alone. I have got a wonderful girlfriend, ... but most of my family have died ... I think one of the main reasons why gay women are alone is that most of our friends have died and that's a terrible thing to face. You haven't got the comfort of children. People say: "Didn't you have children?" and they talk about picking

up their grandchildren and their children popping in. Mind you it's not just gay people who don't have children, but it's more noticeable I think.

I notice things like loneliness and loss of friends and family. You go through a terrible lot of losses; I like getting out and going places although I don't have many friends to visit, there are not many of us around, I do enjoy going out.

Older lesbians, unless they are really butch, are not identifiable. If an aged care service comes into the home and sees a little old lady they're not going to wonder if they are gay. ... Unless they have great big photos of their lovers on their walls what else would you find that would identify you? ... There is nothing in my house that identifies that I am a lesbian.

I have someone from the council for an hour. ... They don't know about my sexual identity, we don't get involved in very deep and meaningful discussions.

I'm not backward in coming forward [but] I could imagine that some older women would be terrified of talking to someone about themselves ... Terrified of coming out really even if it was just to you. They might be utterly and completely closeted.

Suggested questions for discussion

- 1) How does Susan describe the social attitudes toward lesbians when she was younger?
- 2) What reason does Susan give for getting married?
- 3) How does Susan think ageing is different for lesbians?
- 4) Why do you think Susan has not disclosed her sexuality to her service providers?

Elizabeth (72 years): home care/day care

[When I was younger] very definitely being a lesbian was an anathema. I can remember in 1979 rocks being thrown on the roof of a hall when there was a lesbian dance on and people were being bashed. I think one of the underlying problems for gay women, especially of my generation, is feeling that we are an anathema. I remember when I met this lass [who became my girlfriend], the battle I had because it was the worst sin you could commit and all these sort of things. The bible teaching and everything else from all the previous years all came back.

[When] I was nursing. I never used to tell anyone till my partner started working as a trainee and people then started cottoning on. I didn't get promotions but it wasn't promotions only, it was attracting negative attention. ... Negative attention was overly critical, put downs, threats. Negative attention was you'd be sitting at the desk and the department head would be coming in and standing over you saying: "Your work is not very good is it?" I was being asked to say my work was not good enough when I knew full well it was alright. It's bullying.

Very definitely being a lesbian was an anathema. That's the problem that we've got now, we older people, it's still there. The effect it had on me is that you don't let on that you are gay. I've sat and listened to people carrying on about gays and you don't say a thing. You just let it slide off; as much as you can you let it slide off. What it actually does to you, I am really not sure.

I find it challenging to live here. There are lots of families here. There are two aspects to it as far as I am concerned. The first is sort of feeling alienated because it's all families and you are a single women on your own which immediately raises people's eyebrows sort of thing. The second thing is that I don't want people's eyebrows raised for the simple reason that I'm gay. So you are always making sure that in no way do you give it away that that's what you are. I sometimes wonder whether there is a couple of people have guessed, but if they have I still don't verify it. Because once people know [about you are gay] you receive negative attention.

There is a few people that know I am gay. I've got a friend who knows and I'm blowed if I can remember how she found out. Next door neighbour, I think, is suspicious, but I never ever said anything thing. My ... sister knows, not that I discuss it very much. Who else? That might be about all. They are the only people that you can, in anyway, be yourself with. Two people.

There are two reasons why I don't disclose that I am a gay woman. One, the church has taught that being gay is an anathema. Two, you can attract negative attention. The other problem that we've got is that we've internalised it. ... Internalising ... it means that part of you believes that you are an anathema. The effect that this has is that obviously it affects your self-esteem and things like that. It makes your self-esteem lower, it certainly doesn't increase it, unless

you're a robot. I think the effects of internalised homophobia are insidious; I don't know whether you know all the negative effects of it. That's the problem. The thing that I have worked out is that if you know something and can work it out intellectually it has less power. But the problem is that a lot of this is so insidious you can't work it out and so there it still retains its power and that's the problem.

... Apparently there are a couple of gay women living around here but I've never seen them. You wouldn't see them because everyone is living incognito. We are all living behind enemy lines.

I was going to see the physio at the retirement village and I needed to fill out this form. I saw the physio had written in my file that I was: Very dependent on the health professionals. I was furious, I was really furious. I thought: How on earth would you work out that someone was dependent when you go to a group class, you get a set task and then you go [home]? What was she really saying? It could easily have been an assumption that I was gay and therefore dependent, I don't know. ... The lack of professionalism in that! Fancy writing something down like that? ... That's what I could imagine could easily happen with a gay person [they would write things like]: This person is gay, beware. Not in those words but that sort of basic message. The effect of that, was that I immediately withdrew. I don't speak. I just don't communicate. I just said: "Right, that's it!" Down came the shutters.

I go to elderly citizens exercise group once a week. It's a very huggy group; everyone gives someone else a hug. I thought to myself last week: Crumbs, if they knew I was gay and immediately what happens to the hugs? The hugs are important because you need touch, contact with people, otherwise, I don't know what happens, but you need it. I don't know what happens if you don't get it. I mean, you get it from the cat. ... You give a hug and they give a hug and it would change if they knew you were gay. I have four group sessions a week and two book clubs a month. In none of those sessions I feel I can be who I am.

Suggested questions

1. How does Elizabeth describe responses to gay women when she was younger?
2. What reasons does Elizabeth give for hiding her sexuality from her neighbors?
3. What does Elizabeth think might happen if she tells members of her elderly citizens group that she is a lesbian?
4. Why do you think Elizabeth responded the way she did to the physio's notes about her?

Anne (77 years): home care

Two women living together ... was nothing ... it was quite ok for safety reasons, for companionship ... [Some] older lesbians ... would never have considered themselves [lesbians] even if they were in a sexual relationship. [Some older lesbians] didn't like to use the word lesbian ... because of the ... negative connotations; you don't go waving the word about. [Not using the term lesbian also meant] ... you're not ... on the outer.

If you acknowledge there is something different about you then maybe people won't talk to you. Maybe friends you've had, who probably know you are a lesbian, or had more than just an inkling, ... might just say 'well I might catch it from you' or something like that. ... So rather than come out [as an older lesbian] they ... be just 'sharing expenses'. ... Those who were in what was essentially a lesbian relationship, ... tended to keep things rather quiet and discreet, not to attract unfavourable attention.

As a school teacher you could be sacked. As soon as a parent gets to know you're homosexual ... they lead to the conclusion that you want to get your hands on their snotty little kids. Nothing could be further from the truth ... you're a pervert - that's what a lot of people think.

When I did my general nurse training ... they were very much against lesbians. ... I had a hell of a bad time; I still hate the bloody place. ... They made life difficult... my exam results were very good, but I was subject to criticism about this and complaints about that and lectures about so and so and 'YOU did such and such'.

We were taught to be self effacing in past generations ... A lot of older women ... try not to attract unfavourable attention and once it was noticed [that you were a lesbian] it perhaps went against them...they became very good at keeping quiet, some of them.

We would say that, to quite an extent these days, how you are received and accepted [as a lesbian] depends quite a lot on the image of yourself that you put forward. If you come across as confident and matter of fact 'yes, that's right I am [a lesbian], got any problems?' People either don't say anything, or it's generally something positive.

I disclose to health professionals that I am a lesbian, if the subject comes up in passing. I will elude to it. I will talk about my partner. ... I neither avoid it, nor push it forward. It's just a fact about me. Like the fact that my hair's going grey and I've lost a lot of weight recently.

Most people take their alignment from how you handle yourself. If you are happy and at ease and comfortable, they discover that there's no reason why they can't be at ease and comfortable.

In aged care, some staff ... think we are a couple of strange old ducks, but hey! I don't care. They can think what they like of us; as long as they do the job that they're there for. ... We really haven't encountered discrimination. ... I think a lot of it is our attitude toward other people: 'yes that's a fact got any problems?'

If lesbians wanted to go into an aged care facility as a couple you would be very lucky to find one that would accept you as such. You would even be lucky to find one that would give you adjoining rooms ... although it is illegal to discriminate there is always a way out. ... The idea of the old dykes home is great.

Suggested questions for discussion

- 1) How does Anne describe the historical experiences of older lesbians?
- 2) What does Anne share about how the way the word 'lesbian' was viewed historically?
- 3) What does Anne share about the historical roles of older women?
- 4) How does Anne disclose her sexuality to health professionals?
- 5) How would your service respond if Anne was a client?

Gay men's stories

Peter & Bill (71 years): home care and residential care

Bill and I met in 1956. In those days you couldn't move in with another man. ... We'd go to movies and hold hands down under the seats. ... It was difficult because you lived at home with your parents. I used to say I was going to a dance and I would go and meet Bill.

Bill's funeral was a kind of coming out for me. The priest... started off the service about love. Not about gender love, but two people who can love.... and that's all God asks of anyone. In the eulogy, our friend talked about our relationship as one she was jealous of. ... There were people I worked with...who came along ...who said to me that they didn't know about me and Bill. ... I withheld [coming out]. I didn't think it was necessary. ... I think ... I was aware ... of being protective.

Having carers come into our home at the beginning was strange. ... Bill found it really difficult. A few times he asked me why I told them we were gay. I said: well people have got to know. ... They are coming into our home. ... bang! Wherever they look there will be photos of you and I ...together. No grandchildren, no wife, no nothing. ... I just felt it was getting to that stage where I had to.

The home care workers ... may have known. ... When the person from the council came to assess us for home care we told the guy we were a gay couple. ... I have a habit, in these circumstances, of letting them know from the beginning and if it would have an effect on what was going to happen, then so be it.

[It was important to tell the home carers] because as I have got on in years I have thought: why should I deny myself that this was my partner? ... We were a couple who'd lived our lives quietly, paid everything we had to, ... and done everything on our own. We needed a bit of help and so I'd say straight away: We are a gay couple. ... It was important to tell the home carers we had been together for a long time. ... I just wanted them to know we really were an established couple ... a real old, established couple.

One home carer who had come to assist my partner to shower asked me: Are you two guys living together? I said: Well Bill's in his bedroom there and my bedroom's there. ... [after that he] wouldn't really shower Bill. ... Bill was blind, deaf, full of arthritis ... and needed all the help going. ... I think the carer was concerned that we were gay. ... and I think he thought 'he's gay and has he got something else wrong with him? ... [He was worried about HIV]. That's what I think... I phoned the [council] and told them... They were very good...I told them I didn't want him back.

When Bill went into a nursing home he was blind, couldn't hear and touch was important. He needed me. So I would go ... and give him a kiss him on the forehead, get my arms around under the wheel chair and hug him and we would

sit just holding hands, out in the open for all to see. No one ever complained, but there were a couple of staff you just knew weren't comfortable with it. But nothing was ever said. But you felt it. ... They would talk to us ... but they would stand back. ... I thought bugger them, I have got to look after my friend; he's in a bad way. I have got to be there for him as much as I can. So bugger them.

For Bill and I to suddenly have to go into a nursing home, he was lucky I was here ... But I was able to make the transition a lot easier and protect him.

...Well I'm by myself now, what's going to happen ... sort of thing? Because there is no one there to protect me as I could with Bill. There must be hundreds or thousands of [gay] guys around Australia who are in a similar situation or getting to that. ... They have got no one if they go to a nursing home. They probably want to sit there and just pass away as soon as possible ... because they can't be themselves ... because they are in a straight nursing home. ... There's nothing. Just to sit there in this nursing home and be part of a culture that they really never wanted to be a part of. ... They get their meals, they get a shower ..., or there might be a bus that takes them out once a week. But there is nothing there in conversation that would be interesting to them. ... They could discuss things on tele ... but it's not like being with one of your own group. ... You would have to be very guarded and that puts a strain on a person.

Suggested questions for discussion

- 1) How does Peter describe his historical experiences of being gay?
- 2) Why does Peter think it is necessary to disclose his relationship with Bill to service providers?
- 3) Why do you think Bill is reluctant to disclose their relationship to service providers?
- 4) Why do you think the homecare worker refused to assist Bill to shower?
- 5) What are Peter's concerns about entering a nursing home?
- 6) What do you think Peter means by a 'straight' nursing home?
- 7) How would staff in your service respond to Peter and Bill?

Tom (64 years): residential aged care

My name is Tom and I have been in a nursing home since I had a stroke four years ago. I had the stroke because I've got HIV. I've got two brothers and one sister, but we don't talk because I'm gay and I've got the HIV and they disapprove. I've got no-one in my life now that loves me. Except the old girl, she loves me. When mum goes I'm done. Because I'm gay I'm a lonely man.

Oscar Wilde said: City life, millions of people living lonesome together.

When I came here I told the staff I was married and they started asking to see the pictures of my wife. Of course I didn't have any and because they knew I had HIV they worked out that I'm gay. I can't talk to the staff about being gay because I am worried my care will be worse. I'm not able to live a gay man's life here because there is no privacy, and there are rules and some people think gay is disgusting. I keep my mouth shut. I have to be careful how I act and be careful what I say.

I'm only 64 but I am an old man. The HIV makes me feel old and this place makes me feel old. I've got no-one to talk to here because the residents sleep all day and they have dementia. My mind is still good, but I have no conversation.

I talk to Lizzi; she's my Community Support Officer from the Victorian AIDS Council. I talk to her about how much I miss sex, touch and intimacy but I can't talk to the staff in here about that. When I realised there was nothing for me in here; that I had to forget about a sexual relationship with a male, my libido was extinguished.

For a few years I rallied against this place, then I got depressed and I succumbed to it. I need to meet interesting people to make me feel alive for a while. Then back to this deadness. What else is there? I can't talk to them. I am a reasonably intelligent man. It's been depressing being in here so I started antidepressants. They're called happy pills. I had to go on them when I came in here, it's depressing.

I've got extra services because of the HIV. People who know about HIV come here to help the staff look after me. I have Lizzi who organises volunteers to take me out for a latte, a beer or a drag show. They have helped with my HIV and they have changed the way staff treat me. See they are used to gay men and I can be a gay man when I'm with them. They've educated staff about how to care for me so I get better care. They check that I'm getting the right care. The staff here know that there are people who are interested in what happens to me, that makes a difference.

The services that come in for my HIV have made some staff take interest in gay culture; one nurse wants to come to a drag show with me. That's good because a lot of straight people don't understand gay people. The other benefit is that the services understand gay men, so it's my chance to be with my kind of people, when I am with them I come alive. We can talk about old times and I can be

myself. Lizzi says there are more gay men like me with HIV who are going to need aged care. Can you tell them my story so that they get looked after well and don't get lonely like me?

Suggested questions for discussion

- 1) How did Tom's family respond to his sexuality?
- 2) What effect did the family's response to his sexuality have on Tom?
- 3) How does Tom describe staff responses to his sexuality?
- 4) What effects do staff responses have on Tom's mental health?
- 5) What effect do the HIV services have on Tom –and why?
- 6) How would staff in your service respond if Tom were a client?

Tim and Doug (68 years): psychogeriatric residential care facility

[We were together for a long time. When] he went into a nursing home ... he said: I'm not staying...I said: You have to, it's doctors' orders...I said: It's not because I don't love you; you know I love you with all my heart but I have to try and do what's best for you. ... It was very difficult, very heartbreaking. ... Someone that you've lived with all those years and you know that they are not going to be home with you. ... Having to leave him there is very, very difficult. You feel that you want to pick him up and take him home. But you know you can't because you know he needs 24-hour care. He can't shower himself, he can't dress himself, he can't go to the toilet ... he needs assistance to walk.

He still knows my name. If I say: You know I'm your partner, he might say 'yes' or 'no' or he will get a bit emotional. When I go [to visit him] I hold one of his hands and ... he holds on to it and he holds on tight. Whether that's some way of communication because he doesn't talk perhaps ... Whether that is his way of communicating I just don't know. I am hoping it is.

I had no problems really as far as the staff were concerned. When I first went to [the psycho geriatric facility], ... the lifestyle coordinator was a bit concerned and worried about how people were going to take it [our sexual identity]. ... I don't think they'd had anything like it before, even though they've got two gay people who work there. So she was a bit worried about how people were going to react. ... She said people seem to be tolerant.

People were oookaaay [sic]; I think they were a bit 'umm' at first. ... But eventually they were oookaaay [sic]. And of course now that they've got to know me ... I don't have any problems with the staff and I can have a joke with some of them and carry on.

I think they probably see that I am a decent person and I am going through pain just like a heterosexual person is. ... It doesn't matter with dementia; it doesn't say I'm just hitting the gay community, it just hits anyone. I think they can see that I am going through the same pain as what all the others are going through with their husbands or wives and how difficult and upsetting it is.

Any problems I've had have really been the patients. But then I think they're not quite all there (mentally).

One patient ...when I was giving Doug a kiss goodbye just went: Ugh! Are you a fag? ..., she only said it the once, she's ok now, ... And I said: Well yes. But then she's got problems here (in the head). ... She seems to be ok now, she's only ever said it the once.

Staff training is needed just to understand ..., to accept ... (a person might be gay). It would be important to understand that a gay person whose partner has dementia is going through the same pain and upset that a heterosexual person would be with their husband or wife ..., you know. They are never going

to be home ever again. It's difficult when you go to visit them and when you leave them and you want to pick them up and take them home.

I think [staff need to be]... told dementia just doesn't categorise ... it goes across all people, heterosexual, bisexual or gay people and everyone is going through the same pain with their partner.

Suggested questions:

- 1) What responses from staff do you think the lifestyle coordinator might be concerned about?
- 2) Do you think that staff 'tolerance' of Tim and Doug is an acceptable response?
- 3) What do you interpret from Tim's report that the staff were 'ookaaay' and 'ookaay' and a 'bit umm'?
- 4) What do you interpret from Tim's reflection that he had no 'problems' with staff after they were able to see that he was a 'decent' person?
- 5) What do you think it would feel like for Doug to have a co client call him a fag?
- 6) What response would Tim and Doug receive if they were accessing services in your organization?

A bisexual man's story

Joseph (61 years): home care

I have seen discrimination the few places where I was doing active police work. ... I remembered a couple of occasions when the police raided the beach. ... They only ... prosecuted 'single' men ... it was just blatant discrimination, they were picking on what they thought was a soft target- gay men. ... Their actions weren't going to be criticised if they just stuck to victimising those chaps ... because the gay community wasn't quite as outspoken [then]. You'd cop it sweet and shut up.

It has effected my perception of how I can disclose now. I am guarded about it. ... I wouldn't disclose to my family, we just go along and keep things on an even keel. That might seem like a bit of a cop out, but I think: why confront them with that kind of thing at their time of life.

Health professionals can turn around and mouth the motherhood stuff that says: we don't discriminate and we treat everyone the same. All I can say is I'm not so sure, I'm not so sure. These days ... people don't just say to someone 'piss off we don't hire black bastards', they don't say that anymore, they just go about it in a more cunning way. They are still the same underneath, they are still homophobic or racist or whatever. They just become a little more cunning about dealing with it.

I have a carer coming in (to my home). She's a very pleasant person...Something came up about Rock Hudson and this lady said 'oh what a waste' (that he was gay)... I thought well maybe Rock's boyfriend: didn't think it was a waste. But I didn't say anything...

I had been learning to (become continent again) and I was a bit worried about odour...I always try to keep myself nice ...and tidy...I thought (I would get)... a nicely scented hand cream and rub that around the nether regions and it would help to suppress any odour from any leakage. Something came up and I said (to my carer), sort of jokingly: 'I would rather people think I was homosexual than dirty' and she said 'oh you wouldn't want them thinking you're one of those would you?' She's pleasant enough, she's just being honest. She's just saying what she really thinks. I don't know what she'd think if she opened one of the bedside tables and found ... [my] trans climax magazines there or something. Struth!

I have a GP, she's a very nice person ... [but] I'm not going to stretch her professionalism ... [by asking her things related to my sexuality] ...No, its best that if I've got influenza or even if I've got haemorrhoids, yes ok (I'll see her).... But discussing these (sexuality) matters! No I want to discuss them with someone who is ... gay or works in a largely gay orientated practice. (If I asked the Continence Nurse or GP) it wouldn't surprise me if they gave me the answers

but the relationship would not be the same, it would be soured and I am not prepared to risk that. ... [On the other hand,] A gay GP would say 'ok, he's not being a rotten mongrel'...they would understand...but with these other good people I don't know.

I want to get out and about and go down to these [gay social] places and associate freely with the people I want to associate with. ..In a social sense I would rather mix with gay people.

Questions

- 1) What effect do you think the carers comment about Rock Hudson/being gay have on Joseph?
- 2) How might the carer have responded to the comments about Rock Hudson/being gay to send a message that the organisation values GLBTI people as much as heterosexuals?
- 3) What impact does Joseph think telling his GP he is gay will have on his relationship with his GP?
- 4) What impact does not telling carers he is gay have on Joseph's social life and the people he associates with and the places he goes?
- 5) What would happen if Joseph was receiving services from your organisation and made a comment about being gay?

Trans people's stories

James (64 years): residential aged care

I used to get picked on a lot, especially in the sixties. I couldn't even walk the streets. ... I used to put up with a lot of abuse. I was going to have a sex change but mum told me: ... I gave birth to a boy not some Sheila, some girl. ... If you have it [gender reassignment surgery] I'll disown you altogether. ... I was only in my twenties ... I never went through with it, I took notice of mum.

I have been gay since I was 14. ... I ended up in a psych ward. ... I was in and out for months and I didn't know why I was attracted to males and not females. ... So I had to go to a psychiatrist ... he told me he thought I was gay. They gave me shock treatment ... because I was stressed out and panicking and I didn't know what I was. If you were caught with a man years ago, you'd practically go to jail ... it was against the law.

...When I was younger they reckoned homosexuality was a sickness. But I don't believe it's a sickness. Because you love the same sex doesn't mean it's a sickness.

Dressing as a woman is lovely. It makes you feel good. ... When you're a woman, you **are** a woman..., when you're a man you feel depressed. Your mind is trapped. ... I have got more female hormones than I've got male hormones. You feel like you're a woman trapped in a man's body. It's a mental illness, - that's what the psychiatrist told me. ... When I dress as a woman I feel on top of the world, you know that there is nothing missing about me. If you think there is something missing; you are very depressed.

My partner and I were together for 47 years. ... He had a row with his brother and his brother wouldn't let him see me. When he went into a nursing home I was going to drink poison to kill myself. ...but now I have sort of accepted it: I have been ... getting depressed ... about not seeing (him).

One of the other residents called me a poofster cunt ... he doesn't seem to like me. ... I complained to the staff in the office and they are going to have a talk with him. ... He started up again this morning. ... I speak out, I don't let people stand over me, that's the way I am. I didn't feel hurt, because I spoke up. If I didn't speak up it would have hurt my feelings something awful. If you speak back people don't like you. ...

It doesn't make any difference where you go ... you can't just lock yourself in the room, you've got to face reality. Because you're gay you can't just stop (in your room) all the time.

A nursing home for gay people ... would be a good idea... They're with their own kind, aren't they, that way. They are not with people who have got no understanding of gay people. ... (The staff here) seem to understand me, but I tell them off, I start swearing ... if they don't listen. ... (In a gay facility) at least I could have a bit of company with a gay person. Someone to talk to and understand the same things. ... I wouldn't ask any of the residents in here, they drive you mad.

Look after all the gay and lesbian people. Look after them. Don't treat them like shit because they're queer.

Questions for discussion

- 1) How does James describe his experiences of disclosure to his mother and psychiatrist?
- 2) What effects do you think these responses had on James?
- 3) What effect does dressing as a woman have on James mental health?
- 4) How does James respond when another resident calls him a 'poofter'?
- 5) Why do you think James responds as he does?
- 6) How would staff in your service respond to James?

Nancy (79 years): residential care

Nancy: Me name is Nancy, I was born a boy in 1928 and me parents called me Brian. I worked as a female impersonator with Les Girls and I went into the navy during the Second World War. In 1959 I had a sex change operation. I could only have the breasts done; they couldn't do the change below. I'm not a pure male any more; I'm a trans; both; fifty-fifty. Staff here know who I am.

Me life is hard. Its hard being in here. The people here are a lot of bludgers. I should keep away from them. That's why I never leave me room except for some meals. See! I've got me bags packed. I'm leavin'. They're not my kind of people, they're not sociable people. One of the other residents wants to flatten me because I'm a transsexual. Had I been a normal sex it would have been a different story then. People judge me because I've got a penis, I'm a transsexual. If I didn't have the penis, if I was a full female, then it would be a different story. They wouldn't know I was a transsexual then. Sometimes I don't want to funkin' eat. Sometimes I feel like I wanna die. Me life's too fuckin' hard.

Maggie: When I first met Nancy my heart went out to her. To me Nancy was Nancy. Sometimes she would pee standing up with the toilet door open and I would walk past and do a double take and then go: 'Oh! That's right!'

Nancy dressed very inappropriately when I first met her. The staff used to think it was funny when she walked out in a bikini with half her genitals falling out the bottom of her bikini pants. They thought it was funny to watch her get around like that. When I took over the place I fired the lot of them and helped Nancy to feminise herself. We were teaching her how to be feminine and she blossomed.

Nancy was married to Frank for 18 years. When Frank was dying they took him to hospital. Frank's family told Nancy that she couldn't visit him because it was 'family only'. Well that was the wrong thing to say to me, I said to Nancy: 'You go upstairs, tidy yourself up, put a bit of lippy on and get your coat; I'm going to take you to the hospital.' Nancy stayed with Frank for about an hour before he died, she was so happy.

I was at home the day after Frank died and the staff rang me to say that Frank's nephew had just arrived and was taking everything out of Frank and Nancy's bedroom. They were trying to take the rings off Nancy's fingers. I reckon I must have broken all the speed rules to get there. I went flying up the stairs and into the bedroom and I said to him: 'Get out of here, before I ring the police; how dare you! She hasn't even had time to mourn and you're trying to wipe out every memory she's got. Get out of the building before I call the police.'

Since Frank died Nancy has been lonely, she would talk to anybody and everybody. She is very vulnerable, especially now. The staff here are so great, we are all very protective of her. I try to teach my staff that what you see is what she

is. Don't think that's Brian; that's Nancy. That's Nancy through and through and to you she is a woman. If you get that through to them there's no dramas after that.

She is a woman. That's how I have always treated her.

Questions for discussion

- 1) How does Nancy herself, describe her gender?
- 2) How does Nancy herself, describe the impact of her gender on her life?
- 3) How does Maggie recognise Nancy's gender?
- 4) How does Maggie advocate for Nancy, particularly when it comes to Nancy's family?
- 5) What response and support would Nancy receive in your service?

Glossary of terms

This glossary has been adapted to reflect the way these terms have been utilised in this report.

Bisexual

A person who is sexually and emotionally attracted to men and women.

Camp

Historically a person who was referred to as 'camp' was gay.

Coming out

The process through which a GLBTI person comes to recognise and acknowledge (both to self and to others) his or her sexual orientation, gender identity or intersex status.

Closet

Refers to the act of hiding sexual orientation or gender identity.

Gay

A person whose primary emotional and sexual attraction is toward people of the same sex. The term is most commonly applied to men, although some women use this term.

Gender identity

A person's sense of identity defined in relation to the categories male and female. Some people may identify as both male and female, while others may identify as male in one setting and female in other. Others identify as androgynous or intersex without identifying as female or male.

Gen V

Current generations of GLBTI people aged 65 years and over (Generation Val).

GLBTI

An acronym used to describe people from diverse sexual orientation or gender identity, people that are gay, lesbian, bisexual, transgender and intersex. Sometimes presented as LGBTI or GLBTIQQ (adding people who are 'queer' or 'questioning' their sexuality orientation or gender identity). The term SSAGQ (same sex attracted and gender questioning is often used for young people).

GLBTI inclusive practice: a set of standards for health and human services to identify and meet the needs of GLBTI consumers. The standards include: creating a welcoming environment; consumer consultation regarding service planning and review; identifying and addressing the risk of homophobia/transphobia; addressing issues around disclosure and privacy; providing education to challenge homophobia and transphobia amongst staff and to ensure care is evidence based and person-centred and; embedding inclusive practice across organizational systems and seeking opportunities for improvement. The aims of

inclusive practice are to understand and meet the needs of GLBTI clients – whether or not they choose to disclose their sexual orientation or gender identity.

Homophobia

The fear and hatred of lesbians and gay men and of their sexual desires and practices.

Intersex

A biological condition where a person is born with reproductive organs and/or sex chromosomes that are not exclusively male or female. An incorrect term for intersex is hermaphrodite.

Lesbian

A woman whose primary emotional and sexual attraction is toward other women.

Queer

An umbrella term that includes a range of alternative sexual and gender identities, including gay, lesbian, bisexual and transgender. Many older people find the term queer offensive, as it literally mean ‘odd’.

Sexual orientation

The feelings or self-concept, direction of interest, or emotional, romantic, sexual, or affectional attraction toward others.

Transgender

A person who does not identify with their gender of upbringing. The terms male-to-female and female-to-male are used to refer to individuals who are undergoing or have undergone a process of gender affirmation (see Transsexual).

Transphobia

Fear and hatred of people who are transgender.

Transsexual

A person who is making, intends to make, or has made the transition to the gender with which they identify.

Further information

The following list includes links to the My People report and other key documents.

My People

A report on interviews with 25 GLBT people receiving aged care services in Victoria. The report was commissioned by Matrix Guild Victoria and Vintage Men and funded by the Reichstein Foundation. The report explores issues from the perspectives of older people.

Available from: http://www.matrixguildvic.org.au/docs/MyPeople_Exploring-Experiences-2008.pdf

Permission to Speak

Following on from *My People*, Matrix and Vintage Men received further funding from Reichstein Foundation to explore the perspectives of service providers on caring for older GLBTI people.

Available from: http://www.matrixguildvic.org.au/docs/MyPeople_Permission-To-Speak-2009.pdf

Well Proud

The Department of Human Services developed this report in 2009. The report includes a summary of the evidence relating to the needs of GLBTI people in Victoria, an overview of the legislation and some generic recommendations for GLBTI inclusive practice.

Available from: <http://www.glhv.org.au/glbti-inclusive-practice>

GLBTI inclusive practice audit

The audit presents a simple 25 question check list for organisations to check how GLBTI inclusive they are and plan for improvements.

Available from: <http://www.glhv.org.au/glbti-inclusive-practice>

Beyond we treat everyone the same: How² create a GLBTI inclusive service

Gay and Lesbian Health Victoria coordinate a biannual program called: How² create a GLBTI inclusive service. The program coaches health and human service organisations through the steps involved in becoming more GLBTI inclusive. This report includes seven chapters authored by organisations that participated in the program, and 'rural considerations' developed in conjunction with the Centre for Excellence in Rural Sexual Health (CERSH).

Available from: <http://www.glhv.org.au/glbti-inclusive-practice>

The CAC Pack

A pack outlining the application of the GLBTI inclusive practice standards to community aged care.

Available from: <http://www.glhv.org.au/gbti-inclusive-practice>