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Becoming Visible: Gay, lesbian, bisexual, transgender and intersex ageing in Australia

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Abstract

Australian gerontology has almost completely failed to acknowledge issues relating to sexual and gender minority ageing. The non-heterosexual face of ageing is missing from our discussion of the impact of divisions and differences on the future of gerontology in our country. This is reflected in our literature, research reports, policies and education around ageing issues, all of which take a heteronormative approach. The experiences of sexual and gender minorities are hidden and silenced through this process. A cycle of invisibility keeps gay, lesbian, bisexual, transgender and intersex (glbti) older people and their carers out of sight and out of the gaze of gerontologists. Such disregard can perpetuate discrimination and lead to inappropriate service intervention, or even neglect.

In stark contrast, the experiences of glbti older people have had an impact on overseas research, education and service development. In the United States of America, a process of change, aimed at breaking the cycle of invisibility, has had an impact on all areas of gerontology over the last twenty-five years. This paper will discuss findings from current research which investigates this process and its relevance for Australian gerontology. Mechanisms by which the serious neglect of sexual and gender minority issues might be reversed will be presented. The paper will also report on encouraging early signs that a process of change is beginning to take place in Australia, as 'out' glbti people form inter-generational links and begin to take action towards the recognition that diversity is a cause for celebration.

Background – Australian Gerontology and Heteronormativity

Seeing is believing, or so the saying goes – but in the case of sexual and gender minorities in gerontology and aged care in Australia, not being seen means not being believed to exist. Gay, lesbian, bisexual, transgender and intersex (previously referred to as hermaphrodite) older people are almost totally hidden from view, invisible to the Australian gerontology eye. If we are looking at divisions and differences in gerontology, we have a fundamental problem, in that, at present, THEY, (that is, the non-heterosexual or non-gender specific) are not even recognised, not even seen to be real. In Australian aged care at present, it's not Us and Them, it's Just Us, because we can't even begin to visualise those across the divide.

This invisibility operates in a cyclical way – if a group is invisible, it makes no demands, no complaints, doesn't stand up to be counted, and can very easily be dismissed as non-existent, not important, or not having particular needs. This results in a situation where those of us who

research, educate, provide services and develop policies in aged care can continue to write and act in ways that perpetuate the invisibility, and the cycle continues, unchallenged.

So whose responsibility is it to break the cycle, and how. Some of us might think 'well if there are no complaints, there's hardly a problem', but this logic doesn't follow when we are talking about an invisible group with special needs. Ellen Ensig-Brodsky, a lesbian in her 60s who established Pride Senior Network in New York told me, 'the most significant need for us right now is the need to not have to lie – about our lives and about who we are' – and everything else follows from that. The realisation that a future need for reminiscence therapy might prove a problem for her and others like her prompted her to set up the organisation. "What would I do if I had dementia she said, reminisce about all the good times in the women's bars in New York – and what would happen if I did?"

One sensitivity trainer I met in the USA talked about people 'hiding their lives in the back of a drawer' – putting away photos of their deceased partners, and 'passing' as never having had a partner, or as having been heterosexual. Such an experience can only serve to damage a person's identity and mental and emotional well-being.

This begs the question: WHY is it that a particular group chooses to remain hidden, what sort of environment is being created, what sort of messages are being given out, that result in gerontologists failing to identify and support people who may be choosing NOT to express needs and therefore receiving inappropriate or even harmful services as a result?

The cycle of invisibility, reinforced through the great sexuality and gender gulf between Us and Them, can't go on forever, nor will it. The future face of ageing will include the faces of gay and lesbian older people, currently in mid life – those of us who have been a part of and influenced by the gay liberation movement in Australia, and may want to attend gay community events, be involved in Mardi Gras, Adelaide's Feast Festival and other social and cultural events, to live with our partners in residential facilities, celebrate our own diverse families, and do so openly without fear of reprisal.

Many such people have lived their lives as proud, out, self-advocates. Some have told me 'we're not going to be forced back into any closets, that's for sure'. They have also told me that they are seriously afraid of being dependent on the aged care industry, even to the point, in one case, of planning to commit suicide rather than rely on community or residential services that may be homophobic, or discriminatory, or where they might experience abuse. Such a claim is a serious indictment of gerontology, and an indication of how wide the divide really is.

Overseas evidence demonstrates that such fears of abuse and homophobic violence are not unfounded. Advocates in the US cite instances of denial of service, including nurses refusing to 'bath the lesbian' and writing this on the resident's file, as well as reports of rough physical treatment and threats to 'out' clients who might complain about service quality. These are serious examples, and there are also many anecdotal examples in our own country. I have been approached by service providers, many of whom are gay or lesbian, with stories of their concerns for clients living in fear or at risk of abuse.

A striking example of the invisibility cycle at work, and the way in which the aged care industry perpetuates it, is the industry's agreed Code of Ethics, of August 2001. An industry committee responding to that much-publicised kerosene bath related breach of standards produced the Code.

But the Code's authors were unable to agree to outlaw discrimination on the grounds of sexuality, so what did they do? They reached a compromise position which enabled providers to decide individually whether or not to include such a non-discriminatory statement. This decision, publicly condemned by Australian Medical Association (AMA) president Kerryn Phelps, is indicative of the extent to which the industry has not addressed and does not want to address

these serious issues and concerns.

The cycle of invisibility also serves to ensure that the issues remain unacknowledged and individual consumers remain hidden. 'So where is the proof of a problem' I have had put to me. But when you are referring to a client group with a history of persecution and fear, 'proof' is not necessarily so easy to come by.

Service providers who insist that they do not discriminate and have had no complaints, while perpetuating heterosexist assumptions and practices, reinforce invisibility and avoid having to seriously address prospective or apparent homophobia. Recently a journalist with the gay press here in Adelaide, Mij Tanith, decided to ring around the residential care facilities and ask them about their 'special policies' in relation to gay and lesbian residents. 'We don't discriminate, but we certainly don't have any residents like that' they told her over and over again. So no policies, no residents. The cycle of invisibility continues and nobody gets challenged.

In the same way, our assessment and admission forms frequently use categories and terminology which exclude sexual and gender minorities. Referring to 'significant people' or 'partners' in an intake interview can be enough to open the door so that a service consumer might feel confident enough to not have to lie or hide. For example, an occupational therapist here in Adelaide told me she asked an elderly man being admitted to a day centre 'and do you have a partner and what might her or his name be' – and the man, who was very afraid of being known to be gay, came out to her and revealed concerns, some of which, had they been ignored, could have caused him harm.

Over time, the man became very confident and open about his sexual orientation, no longer forced to hide his flamboyant style. The Director of Nursing of the adjoining facility told the OT – 'I can stop him coming here if I want – and he should wear latex gloves while he's here at the day centre'. A battle ensued. In the end, the gloves stayed off and staff sensitivity training was organised by the OT, with few resources to draw on. She said her professional training had included no useful information on working through such a situation and she drew on personal resources in AIDS organisations, and her own contacts, including making contact with gay community groups the client joined and social events he took part in, as he was experiencing severe isolation and depression. But it shouldn't be up to each individual service provider to attempt to bridge the divide, nor should it be up to the consumer. The onus is on Us, collectively, to create a non-threatening environment, not on Them to force us to do so.

Another example involves a social worker reporting that an elderly gay man was transferred from a retirement village to a psychiatric hospital because management disapproved of his 'younger male visitors' - younger than 60.

Along with gays and lesbians, many transgender and intersex older people refuse to seek medical care or social service support due to fear of persecution and judgemental attitudes. Overseas evidence reports serious physical, psychological and emotional abuse of transgender and intersex people within the aged care sector. Legal and social discrimination and persecution include denial of services, forcibly preventing cross-dressing and causing deliberate physical violence when external anatomy and gender identity are discovered to be different.

Doctoral Research

My Doctoral research investigated ways in which we can reverse this cycle of invisibility and make changes which will impact at the level of education, training and service provision, so that people are not afraid to be themselves and are not at risk of abuse or discrimination.

The research examined the lack of recognition of issues related to sexual and gender minorities in gerontology, in Australia. It looked at the absence of these issues and asked what a process to reverse this situation might involve. It investigated 26 years of action taken in one overseas site, the State of California in the USA, from 1977 to the present, and the lessons we might draw

from that action to inform a process of change in all areas of Australian gerontology – in research, education and training, policy development, service provision, and advocacy.

Absence from Gerontology Texts

Currently, only a handful of Australian texts or research reports address sexual or gender minority issues in ageing. In other than a few cases, the mention of gay and lesbian issues is fleeting, or merely refers to the lack of information on the subject. The overwhelming reality is that sexual and gender minorities are absent from our texts, policies and reports on ageing. An examination of 37 major Australian gerontology texts and journal reports of research, published since 1990, revealed the heteronormativity of discourse, - that is, they contain assumptions and terminology reflecting the view that heterosexuality is the only experience. Just as racist discourse reinforces power imbalances by assuming all experience is white experience, without necessarily overtly stating this, so too heteronormative discourse reinforces a view of the world which excludes non-heterosexual experience.

The discourse is deeply embedded, and it becomes automatically accepted as the norm. But it continues the cycle of invisibility. It reinforces the division. For example, it is embedded in ageing texts that discuss the concept of 'family' or 'family care' – is the concept of 'family' defined or assumed to be understood as a heterosexual one? How are carer relationships described – are the words 'spouse carer' used – who does that wording exclude? How do reports of quantitative research define variables such as 'household composition' – do authors use terms such as 'married couple living together' - or 'individual living with one other person, not related' – who does that exclude? – How is personal relationship status described – is the term 'marital status' the only terminology used, – is 'never married' a category of description, who does that include and exclude? How many lives does it hide?

The absences in our texts are loud and clear. Discussions of superannuation, taxation and income support rarely acknowledge that almost all same sex partners are denied automatic legal access to each others' superannuation on death, so superannuation may be a less attractive source of financial security. Discussion of 'gender issues' assumes a binary notion of gender as biological 'fact' – male, or female, rather than as a social construct – thus 'gender' is taken to mean only heterosexual women compared to heterosexual men. In this way we also exclude transgender or intersex experience, where 'gender' is not so easily defined.

The invisibility is also reinforced by the almost complete absence of sexual minority issues from gerontology curricula, in-service education and training programs, aged services' employment guidelines around diversity, conference presentations, newsletters, advocacy and other services' statements of objectives and action plans, peak organisation reports, policies and submissions to government inquiries. The silence is deafening.

Overseas experience

In looking at how this invisibility cycle might be broken and how the absence of gay, lesbian, bisexual, transgender and intersex experience in gerontology might be reversed, my research involved the analysis of material from archival collections and interviews with activists in California. It investigated the process of the establishment of the National Association of Lesbian and Gay Gerontology, in 1977 and of the current Lesbian and Gay Aging Issues Network, (LGAIN) a constituency group of the American Society on Aging, the largest organisation of professionals in ageing in the USA.

Archival material from activists' personal collections, the American Society on Aging, the GLBT Historical Society of Northern California, and from San Francisco State University, in combination with data from interviews with key players in the last 26 years of change in US gerontology, provides a picture of the nature of the change process which took place in another context. The story of this process, which was far from easy and certainly not without cost, might

provide lessons, which inform the change to take place here. The research investigated the strategies employed, the timing used, the significant personalities involved, the decision making processes, the targets and allies, the cultural understandings, key messages, conflicts and successes, all involved in the change process.

The themes which emerged through data analysis include: Naming Names (we all know each other); Contacts with status; Everything is political; Doing it for ourselves on our own turf; Put a face to it – these are real people; Turning points in the struggle; Resistance to opposition; Milestones and achievements; Academia and education; Conflicts and collisions; and Tactics that work.

The activists I interviewed referred to three critical factors in activism addressing gay and lesbian ageing:

- The first, I have called: The burden of proof

Advocating for a population that is invisible is particularly difficult and involves coming up against doubt that a problem exists at all, because you can't point at it or 'prove it' with numbers or cases. The activists emphasised the importance of not being daunted by this contradiction between invisibility and a desire for proof - 'don't be put off by this, just keep going' they told me.

- The second factor, is: The coming out question

According to the activists, the population group that are now over 65 are more than likely to never come out publicly, although some will. Nor will they necessarily identify with terms such as gay or lesbian.

As I have said, this puts the onus on the providers of service to be non-homophobic, non-discriminatory and insist that their employees are trained to be such. Education and advocacy are the keys to change, and the government, providers of service and teaching institutions need to act on this, the activists said.

They told me about the recent work of GLOE, (gay and lesbian outreach to elders) an organisation in San Francisco, working with gay and lesbian staff in a large Catholic nursing home, where management, of course, said 'there are no gay or lesbian residents in our home, you won't find any' - GLOE worked with staff to the point where they met with the residents, with the GLOE workers, and together told them 'we are here for you' 'we are out, you don't have to be', but we are here if you need us, and you know who we are.

Within days people started approaching the staff in confidence, talking about their fears and needs. Then finally, they began to even meet each other.

- The third and fundamental factor is: Who leads the struggle

The activists emphasised that gerontologists and aged care activists who are not over 60 need to take the lead from gays and lesbians who are both older and out, few of them as there may be. According to them, not doing this will only backfire and cause conflict.

The process must be 'by us and for us' older activists said, with younger gerontologists as supporters and facilitators, not leaders, bossing us around!

Linked to this, they said, was addressing ageism in all its hideous private and public manifestations, including rampant ageism in the gay community. Without that, they said, there can be no prospect for action around ageing to succeed.

In the US, twenty-six years of action has led to the existence of: funded social service organisations which operate by and for gay and lesbian elderly people; advocacy organisations such as pride senior network and Old lesbians Organising for Change; major gay and lesbian legal organisations such as the Lambda legal defence and Education fund, the National Centre

for Lesbian Rights and the National Gay and Lesbian Task Force with dedicated attorneys and policy officers to work on research and cases involving gay and lesbian elder abuse, discrimination and law reform; a solid body of published research; gay and lesbian gerontology curricula ; sensitivity trainers running programs with service providers in various States, including the Rainbow Train organisation in Seattle ; a history of Conferences on gay and lesbian ageing since 1981; and a resolution passed at the White House Conference on Aging in 1995 referring to sexual orientation.

In the year 2000 I attended the American Society on Aging's Annual Conference, now held jointly with the National Council on Aging, to participate in an entire track of the three-day gathering of 3000 people devoted to gay and lesbian ageing issues. All these examples provide evidence of dynamic and exciting outcomes from the change process that took place over the last 26 years. On the other hand, they also throw the spotlight on the absence of these issues from our own aged care agenda, and the extent to which we risk being left behind in recognising difference and bridging division.

Signs of Change in the Australian Context

Finally, before we all become overwhelmed at the task ahead of us, I have some good news items to report - (at last!). We can already look to early signs of change, taking place on the home front, including here in South Australia, and the pace of change is gaining momentum as older gays and lesbians are becoming visible.

Data from interviews I conducted with Australian activists who are gay or lesbian and over 60 highlighted the extent to which the process of change in Australia might draw on, or deliberately avoid pitfalls in the American experience. The Australian interviews, combined with a log of change occurring across Australia as the research was in progress, provide an insight into the accelerating pace of change in our midst.

For example, there are already concerted attempts to address gay and lesbian ageing issues or social support needs, through various groups which meet across Australia. Groups such as Intersection in Melbourne, Sydney's 10/40Matrix, Adelaide's WomanCare Options, the Mature Age Gays Group in Sydney, (which is getting at least 150 men to every gathering, many of whom live in residential care facilities, and not one of those is openly gay at home); Victoria's Vintage Men, and OWLS, (which, of course, stands for older wiser lesbians!) - all these groups provide vitally important social support programs. They are almost inevitably unfunded, but they are vitally important. An increasing number of researchers from across Australia and from a range of disciplines are looking at ageing issues as they affect us. We are beginning to build our own body of research.

More good news- There are examples of the inclusion of gay and lesbian older people in consultations such as those held by the NSW Anti Discrimination Board around age discrimination for International Year of Older People. The presence of older contingents in the Sydney Gay and Lesbian Mardi Gras Parade – the so called 'old dykes on trikes' and the mature aged gay men's group with a large dinosaur wearing the sign 'not extinct yet' are signs of increasing visibility.

There have been signs that change will eventually come at the level of research, policy development, advocacy and funding of programs. Consultation and research are being undertaken in Victoria, where the Ministerial Advisory Committee on Gay and Lesbian Health has published a report and identified ageing as a priority area. The South Australian government has indicated an intention to set up a similar committee. In NSW the AIDS Council has held two Roundtable Forums addressing ageing issues. In the NT, the Council on the Ageing issued a public statement supporting law reform eliminating discrimination against older sexual and gender minorities around wills, powers of attorney, taxation, pension entitlements, superannuation, and relationship recognition. As the Executive Director told me 'the sky didn't

fall in'. Nationally and locally, the AAG has been consistently supportive of the need to raise the issues and today is further evidence of that.

Ageing issues have a higher profile in the gay press in all States. A successful aged care forum, held during the Feast Festival here in 2001, included a panel of service providers, researchers and activists. Last year a session on the Wisdom of Age was held as part of Feast, with older gays and lesbians talking about their lives and experiences of ageing to an audience which included many young people. These were groundbreaking events.

Luckily, some of the experts I interviewed and met in the US are also keen sporty types, and travelled to Sydney in November last year for the Gay Games, which welcomed over 13,000 people from 27 countries. I convened a panel session on ageing at the Gay and Lesbian Health Conference held at Sydney University prior to the Games. Most of the panel were over 60, and locals and Americans were evenly balanced! The conference keynote speaker was Amber Hollibaugh, the Manager of Education and Advocacy at SAGE New York, a large organisation devoted to serving gay and lesbian elders. Her keynote to the joint plenary of two conferences focussed on the politics of ageing and received a standing ovation. Every time gay and lesbian ageing is discussed, the room is packed with people from a wide range of age groups. The issue is on the gay and lesbian political agenda and it is gathering pace. The aged care industry needs to take note and take action, or be in for a nasty shock!

Ken Lovett, who is now 80, told the Feast forum:

"We don't stop being adventuresome gays and lesbians just because our hair has turned white or youth is obviously a thing of our distant past, any more than our activism has to stop. I've just had my 79th birthday this month. I came out on the street in 1972 with a placard that announced that what I do in bed has NOTHING to do with my ability to do my job at work. I'm only sorry now that I hadn't been making waves like that in 1952!"

Ken and his partner Mannie de Saxe, who is 78, are still making waves – they have recently written to COTA National Seniors Policy Secretariat seeking feedback on the organisation's policies and programs regarding older gays and lesbians, and are currently in dialogue with the Director, Patricia Reeve, who is seeking feedback from the State organisations. She told Ken and Mannie: 'Members have raised the issue of feeling a need to return to the closet when seeking supported accommodation'. Precisely - the need not to have to lie. It is through such a process of dialogue between gerontologists and older gays and lesbians who are not afraid to be out, that we will eventually ensure that people no longer have to lie about who they are and what they need.

I am convinced by such positive signs that in the future, through recognising and promoting the things that unite us, we will celebrate, rather than try to eradicate, difference and diversity in gerontology in Australia.

Relevant Publications by Jo Harrison

2002 (with McNair, R) '*Life Stage Issues*' in *What's the Difference? Health Issues of Major Concern to GLBTI Victorians*. Ministerial Advisory Committee on Gay and Lesbian Health. Melbourne. Department of Human Services Victoria pp37-44

Online at: <http://www.dhs.vic.gov.au/phd/macglh/difference.htm>

2002 '*What are you really afraid of? Gay, lesbian, bisexual, transgender and intersex ageing, ageism, and activism*' in *Word is Out* No 2, March 2002:1-11

Online at: <http://www.wordisout.info>

2001 '*It's none of my business*': *Gay and lesbian invisibility in aged care* in *Australian Occupational Therapy Journal* Vol 48 No3 Sept. pp142-145

1999 *A Lavender Pink Grey Power: Gay and Lesbian Gerontology in Australia* in Australasian Journal on Ageing Vol. 18 No 1 pp32-37

2002 *LGBT Elders Gaining Ground in Australia* in OUTWord Vol 9 No 1 pp3-7 San Francisco. American Society on Aging Lesbian and Gay Aging Issues Network
Online at: [http:// www.asaging.org/lgain](http://www.asaging.org/lgain)

1999 *Reforming Australian Gerontology: Lesbian, Gay Elders Struggle for Recognition* in OUTWord Vol 6 No 2 San Francisco. American Society on Aging Lesbian and Gay Aging Issues Network pp1-2
Online at: [http:// www.asaging.org/lgain](http://www.asaging.org/lgain)