No need to straighten up
Discrimination, depression, anxiety and older lesbian, gay, bisexual, transgender and intersex Australians.

Introduction
This document summarises a study commissioned by beyondblue and carried out by the Australian Research Centre in Sex, Health and Society at La Trobe University, in collaboration with the Western Australian Centre for Health Promotion Research, Curtin University between 2012 -2013. The study was conducted in response to a growing body of research linking higher rates of depression, anxiety and related disorders among lesbian, gay, bisexual, transgender and intersex (LGBTI) Australians to their experiences of homophobic and transphobic discrimination.

beyondblue sought the perspectives of older LGBTI people to inform a community education program to challenge homophobia and transphobia. Many older LGBTI Australians have lived through a time when disclosure could result in imprisonment, forced medical interventions and ‘cures’, or loss of employment, family and friends. For many, their only protection against heterosexist violence and prejudice was to make themselves invisible, to publicly deny their sexual orientation or gender identity in order to pass as ‘heterosexual’.

Method
The project was a small-scale, ethnographic study based on 12 participant interviews. Participants were aged 65 years and above and came from Victoria, Western Australia, and Queensland. The survey was restricted to three states because of the limited resources and small scale of the study. Participants were given the option of either a face-to-face or telephone interview and were asked:

1. Have you ever encountered homophobic or transphobic discrimination?
2. What were the effects of this discrimination?
3. Have you ever experienced anxiety or depression and what do you think the causes were? and
4. What messages could beyondblue include that addressed older LGBTI people in campaigns to reduce homophobic and transphobic discrimination?

Ethics approval for the project was obtained from the Human Research Ethics Committee at La Trobe University. The written interview transcripts were analysed thematically and used to construct individual narratives. This involved reordering events into a chronological sequence, editing some data and providing thematic headings within each narrative.
Participants

Twelve participants were recruited from three states, Victoria (n=5), Western Australia (n =6) and Queensland (n=1). Six identified as lesbian and/or gay women, five as gay men and one as transgender (Kathy, a trans woman). No intersex or bisexual people were recruited. The age range of participants was 65 to 79 years with a median age of 70 years. Nine interviews were conducted face-to-face, three by phone and two participants were interviewed in residential aged-care facilities.

Key Findings

Older LGBTI Australians have lived through a period of intense and dramatic social change. Their sense of who they are has been shaped by the dominant medical, religious and legal discourses of the 1950s and 60s that defined them as sick, immoral or criminal. The weight of this history influenced: mental health, expectations of others, intimate relationships and perceptions of experiences of aged care.

Most participants described a correlation between adverse responses to their sexual orientation or gender identity and their experience of fear and depression. Many described the significant stress involved in coming out and negotiating their personal safety. Several participants had experienced depression and had been prescribed medications for this. Depression was linked by some participants to social responses to their sexual orientation or gender identity. Five participants had previously attempted suicide and two described the suicide of a close friend or partner. In each of these cases, participants described a link between suicidality and family and societal responses to their sexual orientation or gender identity with some participants attempting suicide on multiple occasions.

A strong sense of fear weaved its way through many of the participants’ stories. Participants reported living in fear of ridicule, bullying, physical violence, being outed, losing the life they had built, losing family and of people using their sexual orientation or gender identity as a ‘weapon’ against them.

The practice of ‘straightening up’ was often described as a pre-emptive strategy to stay safe and to reduce conflict, particularly with family members and in the work place. The issues of safety related to physical safety, as well as self-preservation and navigating the complexities of living in multiple, and sometimes, contradictory contexts. A recurrent theme in the interviews was the apparent lack of blame that participants placed on society for the heterosexist modifications that they had to make to their lives.

In all interviews, participants described the importance of intimate relationships and the effects of homophobia or transphobia on those relationships. The experience of living with a partner was raised in most interviews. Participants negotiated complexities in their intimate relationships that heteronormative couples would not need to consider. This included a lack of recognition, negotiating their partner’s perspective on straightening up and their partner’s fear of accessing heteronormative services.

Many of the participants expressed a fear that ageing and disability will again expose them to institutionalised heterosexism in the provision of aged services. Many were concerned that accessing aged services means that they will need to straighten up again and return to the closet. The concerns articulated by participants related to encounters with aged services, other clients, and visitors. Two participants were receiving home services and had not disclosed their sexuality to service providers.

Discussion

The stories documented in this report highlight the need for the development of LGBTI-inclusive services for older people. The National LGBTI Ageing and Aged Care Strategy developed by the Department of Health and Ageing in 2012 provides a systematic framework to ensure that aged care services involve older LGBTI people in program planning and evaluation. It also ensures that services are delivered by a skilled workforce and that they are informed by ongoing research in to the needs of older LGBTI people, their families and their carers. When realised, the goals of the Strategy will
ensure the delivery of LGBTI-inclusive aged care services and improvements in the quality of care and health of all LGBTI Australians.

Increasing numbers of aged care service providers are taking steps to ensure that their service is LGBTI-inclusive. In Victoria, greater uptake of the National Standards for LGBTI inclusive practice has occurred in community care than in residential aged care as a result of Diversity Planning in Home and Community Care Services. It is unclear whether this trend has occurred in other states/territories – given Diversity Planning is Victoria specific. However, it is important that all aged care services are engaged in educating their staff on the needs of their LGBTI clients and the development of LGBTI-inclusive services. It is also important that mental health service providers understand the impacts of systemic discrimination on the mental health and wellbeing of their older LGBTI clients.

This study was small in scale, yet yielded very rich material that demonstrated the impact of heterosexist discrimination on all aspects of older LGBTI people’s lives. A larger scale study would provide a representative sample and enable a more rigorous analysis of the links between heterosexist discrimination and the incidence of anxiety, depression and related disorders among older LGBTI people.

Finally, the absence of any older intersex respondents in this project suggests the failure of current approaches that include intersex people as part of research on older LGBTI people. There may be the need for a separate research project and novel recruitment strategies to explore the impact of discrimination on the lives of older intersex Australians.

Recommendations

Policy: to ensure the development of LGBTI-inclusive service, including mental health and aged and community care, it is also important that:

1. The Standards and Guidelines for Residential Aged Care are revised to include the needs of LGBTI residents.
2. The Community Care Common Standards are revised to make explicit reference to the needs of older LGBTI people receiving home care and services.
3. Policies informing the development of mental health services in Australia are revised and include strategies that address the mental health needs of older LGBTI people and the development of LGBTI-inclusive mental health services.

Education: education should be delivered in a systematic manner to all mental health and aged and community care staff and be updated regularly. It should:

1. Include an understanding of the complex and layered histories of older LGBTI people and how this effects or shapes their sense of identity and health and wellbeing
2. Include information on the institutionalised nature of discrimination experienced by older LGBTI people and the pressure on older LGBTI people to ‘Straighten up’
3. Include information on the needs of older LGBTI people’s partners and carers
4. Address the beliefs and values of mental health and aged and community care workers
5. Stress that the goal of LGBTI-inclusive practice is to provide safe, valuing and respectful services, whether or not LGBTI clients disclose their sexuality or gender identity; and
6. Not treat older LGBTI people as a homogenous group.

Service provision: it is important that mental health and aged and community care service providers:

1. Understand that the onus of responsibility for developing LGBTI-inclusive services rests with the organisation and not with the individual LGBTI client; and
2. Familiarise themselves with the current *National Standards for LGBTI inclusive practice* developed by Gay and Lesbian Health Victoria as a guide to developing an LGBTI-inclusive service.

**Research: further research is required to enable:**

1. A more detailed exploration of the richness and diversity of older LGBTI people’s lives
2. Exploration of the impact of differences within the LGBTI community on the mental health and wellbeing of older LGBTI people including differences in location (rural, regional and metropolitan), socio-economic status and religious and cultural affiliation; and
3. Greater engagement with older transgender people who are underrepresented in this and other ethnographic and population-based surveys of LGBTI health and wellbeing
4. Document the needs of older intersex people.

**Conclusions**
This study demonstrates the way in which many older LGBTI people’s fears and expectations have been shaped by the socio-historical context of institutionalised homophobia and transphobia that they have lived through. It also demonstrated the impact these experiences have had on older LGBTI people’s mental health. Lastly, it highlighted the need for a continued policy and education in the ageing and aged sector to ensure that the experiences and needs of older LGBTI people are understood and that services are LGBTI inclusive.

**Further information**

