



GRAI MATTERS

May 2013

INSIDE THIS ISSUE

- 1 Letter from the Chair
- 2 Health in Difference Conference
- 3 Ageing in Place, COTA
- 4 Mental Health & Suicide Prevention Conference
- 6 Umbrella's Diverse Care
- 7 Babayagas – Housing alternative
- 8 Police Liaison survey
- 9 The Matrix Guild
- 10 Social isolation
- 11 Norma's Project
- 12 GRAI Submissions Calendar
- 13 Housing research

GRAI

SPECIAL GENERAL MEETING

Early July - Details TBA

We need to update our Constitution before the AGM... Please join us to help 'set the house in order' (and socialise!) Full details will be sent out soon.

We always welcome your contributions to GRAI Matters

Please contact us at:
GRAI Matters Newsletter
GRAI PO Box 514
North Perth, 6906
info@grai.org.au
www.grai.org.au
Editor: June Lowe

Welcome

As we head to the middle of the year there seems to have been a flurry of activity at a wider level about ageing issues and LGBTI issues in particular. This in part reflects recent changes to the Aged Care Act which includes reference to the 'special needs' of LGBTI older people.

The recent Health in Difference Conference, the premier LGBTI health event in Australia, was held in April in St Kilda, Melbourne, and had a dedicated stream on ageing (the full program can be found at the LGBTI Health Alliance site <http://www.lgbthealth.org.au/hid>).

There have been organisations that are looking for assistance to implement more inclusive practices that recognise LGBTI needs. There have been meetings of the National LGBTI Health Alliance Ageing Working Party. There just seems to have been more discussion on some of the issues that are core to GRAI's charter. This newsletter covers some of these in more detail.

In early April the GRAI Board met on a Saturday afternoon to nut out some pressing issues on some future directions for the organisation. It was a fruitful afternoon with resolution for action on several fronts. This included:

- The need to update the GRAI Constitution - members will have the opportunity to vote on proposed changes and will receive notification of the Special General Meeting that will be required to be held to pass these. As well as some smaller procedural matters, the largest issue will be a proposal to change the name of the organisation to **GLBTI Rights in Ageing Inc.** Our current name highlights 'retirement' while, in fact, the work of GRAI is far more concerned about advocacy for older people, not restricted to retirement issues at all. Indeed, most of our work has been around aged care.
- The urgent need to update the GRAI website which we recognised as requiring a more interactive and easily updated platform. The search is on for someone to redesign the website.
- There was also a desire to host some events for members in 2013 as a way of providing both a social outlet for members with potential to also provide information relevant to ageing issues.

Continued page 2

Letter from the Chair continued

We also brainstormed ideas to increase board membership through attracting new board members. There are currently two places short of full board membership.

There were lots of good ideas and enthusiasm for moving the work of the Board forward into the future. Much of the Board's energy in the last couple of years has been focused at a national policy level and contributing to various enquiries. This work has borne fruit, as we finally see amendments to the Aged Care Act that for the first time include specific reference to LGBTI older people. This has been important work and has definitely resulted in increased interest from the broader aged care industry to LGBTI issues. Now we would like to refocus and offer something more locally for our members.

So watch this space.

Once again, thank you for your continued support of GRAI. Also thanks to our hard working Board and to June for putting together another great newsletter.

Happy reading.

Dr Jude Comfort

GRAI Chair

**INTERESTED in
joining the GRAI
Board?**

**Contact Jude for
more info:
0422 654 244**



L – R Paul Garde, June Lowe, Wendy Bennett, Jude Comfort, Dan Parker – Strategic planning afternoon, April 2013. Also present was Leonie Stickland (taking the photograph).

Health in Difference: the 8th National LGBTI Health Conference!

The National LGBTI Health Alliance is to be congratulated for convening the 8th national Health in Difference (HiD) conference, held in Melbourne in April.

This three-day conference, *'Our Bodies, Our Minds'*, attracted nearly 300 delegates from around Australia, including three GRAI Board members, Jude Comfort, Dan Parker and Wendy Bennett.

There were over 100 presentations by clinicians, service providers, politicians, researchers, and community representatives. The program covered a wide range of issues affecting the health and well-being of the LGBTI community, and included a special stream covering Ageing and Aged Care.



Continued page 3

Health in Difference continued

An important part of the Ageing and Aged Care (AAC) stream was discussion about the National LGBTI Ageing and Aged Care Strategy, recently released by the Federal government. The Health Alliance, GRAI and other Alliance members will be working across the country to ensure the strategy is ‘brought to life’.

Other AAC topics included ‘Ageing and the Stonewall Generation’; Dealing with diversity (the intersection of LGBTI, ATSI and CALD communities in dementia and aged care services); Promoting inclusive practices in HACC services; and a pilot visiting service for LGBT seniors in SE Queensland.

Board member Wendy Bennett reflects on her experience of the conference

“ It was positive to see that a significant component of the conference program focused on the topic of Ageing & Aged Care and provided an opportunity for participants to share ideas and understand what steps were taking place in various parts of Australia to respond to LGBTI elders.

During the discussion on the Strategy, panellists and audience members applauded the government for taking the step of introducing such a document and look forward to watching and monitoring the implementation of the six goals. People were positive about the fact that assessment forms at a government level were to be changed to better reflect diversity and look forward to the rollout of the training package and the Aged Care Workforce Fund to facilitate improved services to LGBTI elders.

Panellists also expressed concern about: the risk of inadequate training for workers in the field, resulting in the risk of inappropriate service provision and ongoing discrimination; how

implementation will be captured in quality reporting mechanisms for the aged care sector; and exemptions that may be granted to faith based aged care providers.

It was also identified that we cannot equate low uptake of services with low need for services - there are many barriers to break down to enable LGBTI elders to feel safe about accessing services as themselves.

Other sessions provided the opportunity to learn more about what organisations and government departments are doing to improve access to services and responses for LGBTI elders and to support the sector to develop further.

We look forward to the next Health in Difference conference having many more models of quality service provision presented by a diverse range of organisations, and practical tips and tools to facilitate organisations continuing to grow and develop as responsive, respectful service providers.

Ageing in the *right* place: What works across People, Place and Time?

On 11th February 2013, Council on the Ageing (COTA) held a forum to explore the issue of ‘ageing in place’ and what it means. Whilst there are no definitive answers to ageing in place, the speakers all identified that this is an ever-changing landscape that we will all be continually trying to understand. **GRAI Board member, Wendy Bennett attended the conference.**

Prof Nora Keating, Director of the Global Social Initiative on Ageing, discussed the many questions raised by ageing in place, as older adults aim to make choices to suit their diverse preferences. Peoples’ various priorities include: benign climate, size of dwelling, access to services, proximity to family and friends, less costly locations. These factors will also be impacted upon by loss of a partner or the onset of disabilities, so people’s needs change over time.

Sue Ash, Uniting Care West, raised the issue of affordability, with an increasing percentage of our older population not in stable affordable housing. She predicted this will be a major issue in the future, and noted that our social structure has been predicated on 3 living generations, whereas 4 generations is increasingly the reality.

Penny Fleck, CEO of Brightwater, argued that defining ‘home’ is complex and is different for everyone. However she identified that the location of housing and emotional well-being were the most important factors to get right.

Mental Health and Suicide Prevention Issues for Older Adults: GRAI's Presentation to the One Life WA Suicide Prevention Conference

By Dr Dan Parker

On 9 May, GRAI Board Member, Dr Dan Parker spoke regarding LGBTI older adult mental health issues to One Life's conference entitled *Suicide prevention in Western Australia: Taking a coordinated approach to suicide prevention*. The conference focused on various high-priority groups for suicide prevention, including Aboriginal communities, CALD groups, LGBTI communities, men, and those living in rural and remote WA.

One Life's Agency Coordinator Clive Elliott spoke on the principles guiding One Life's strategy to increase awareness – and more open discussion – of depression and suicidality in high-risk communities. One Life has made a strong commitment to addressing LGBTI suicide prevention by funding Gay and Lesbian Community Service's *Living Proud* suicide prevention community initiative.

Dan's presentation focused on current understandings of LGBTI older adult mental health, and similarities with, and differences from, non-LGBTI older adult peers. In the last several years, surveys and summary reports of LGBTI health and mental health in Australia, the UK, and the US have all reported remarkably similar conclusions – that LGBTI adults report experiencing depression, anxiety, stress and suicidal thoughts at approximately two to three times the rate of non-LGBTI peers. Alarming, bisexual and transgender men and women report even higher rates of these mental health issues. Various studies all also fairly consistently show higher rates of *usage* of mental health services—which may be an unexpected positive, given indications by past needs assessments that older LGBTI people have been wary about accessing aged care services, and health care services in general, due to fears of encountering discrimination.

Dan also addressed some of the limitations as to what can be gleaned from presently available survey data. While some studies are older adult-focused—notably the Stonewall UK's *Lesbian, gay and bisexual people in later life* (2012), and the US-based *Ageing and Health Report* (2011) —others often include only small numbers of older adults. We are still lacking more detailed information about the mental health of LGBTI older adults over the lifespan.

While surveys have reported whether participants have had any depression, anxiety or suicidality over their life, there is less clear data on regarding at what life stages individuals are most vulnerable to mental health problems, how problems recur, and how severely individuals are impacted. It is also unclear from the present data how LGBTI adults respond to, cope with and emerge from periods of depression; or what these periods indicate in people's lives.

Overall we have relatively little information about effective service models, and *what works*: are adults, and older adults, benefiting from services they are accessing? Many LGBTI people seem to be accessing services, but it's unclear whether they are using mainstream, or more LGBTI-specific services; and what treatments they're receiving. We are also lacking readily interpretable data about how alcohol and drug use impact people's lives, and their mental health. This is a significant weakness, given what appear to be higher rates of these problems in our communities, and what longitudinal studies now tell us about the effects of substance abuse over the lifespan.

The at times subtle but very distinct differences in mental health issues in the LGBTI community—in both adults and older adults—show the combined effects of both systematic

Continued page 5

Mental Health continued

discrimination and marginalisation, in combination with the ways LGBTI people have individually and at the community level responded to those conditions. Older adults have experienced both stigma and persecution, and rapid and positive changes over the last 40 years—and their responses during that period have been instrumental in those changes. Also it may be that differences in mental health outcomes between LGBTI and non-LGBTI older adults may diminish for other reasons as well—with LGBTI people becoming representative of emerging aspects of modern older populations (i.e. heterosexual adults may also increasingly be likely to be childless, to be ageing without significant biological family supports, or be single in later life).

Intergenerational conversation

The current period is the first time in history that it has been possible to have an active dialogue across the generations in the LGBTI community, as a result of the combination of increased longevity, and the relatively recent conceptualisation of LGBTI identities. This presentation reflected on the role of these recent advocacy and research efforts as structured aspects of this emerging conversation between the generations in our communities—and the limitations of this also, and need for older adults to more active and visible in leadership roles around ageing issues.

The presentation also addressed the growing evidence that for many people, emotional well-being improves with older age - with stress, worry and anxiety appearing to decrease as we get older. Dr Laura Carstensen, head of Stanford University's Centre on Longevity, describes this as a "paradox of ageing". Her research indicates

that in older adulthood many emotional aspects of life improve, and older adults in her studies reported better emotional well being than younger people. Research such as hers challenges the notion that ageing is primarily a period of loss and decline, and that depression and suicidality are typical of ageing. Depression and suicidality—when they do present in older adults, including older LGBTI adults—are far from typical and for that reason need to be treated seriously and with urgency.

The presentation concluded that for now, the available evidence suggests we should assume higher mental health risks in general for LGBTI older adults; that perceived barriers to use of mainstream services may continue to slow access; and that mental health and suicide prevention outreach to LGBTI older adults needs to be targeted, explicitly inclusive and repeated.

The recent National LGBTI Ageing and Aged Care Strategy provides a useful template for increasing inclusive services, training staff in working with LGBTI older adults, and funding research to address ongoing questions about LGBTI older adult mental health and services.

Up-coming workshops

GLCS's *Opening Closets Mental Health Training* provides mental health clinicians with knowledge and skills to work more effectively with LGBTI clients. Enquiries to GLCS Training Officer, Regan Smith, 9486 9855, training@glcs.org.au - or visit <http://glcs.org.au/training-services/glcs-opening-closets-mental-health-training/>

Living Proud, the GLCS program funded by One Life, also organises a number of mental health workshops. These are valued up to \$300 but are offered free to the community. For more info visit <http://www.livingproud.org.au/events/>

See also CALENDAR on page 12.

REFERENCES:

- Carstensen, L. L. (2009). *A Long Bright Future: An Action Plan for a Lifetime of Happiness, Health and Financial Security*. NY: Broadway Books.
- Fredriksen-Goldsen, K. I., Kim, H.-J., Emlen, C. A., Muraco, A., Erosheva, E. A., Hoy-Ellis, C. P., Goldsen, J., Petry, H. (2011). *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults*. Seattle: Institute for Multigenerational Health.
- Institute of Medicine (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press.
- Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M. & Barrett, A. (2012). *Private Lives 2: The second national survey of the health and wellbeing of gay lesbian, bisexual and transgender (GLBT) Australians*. Monograph Series Number 86. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.
- Stonewall (2012). *Lesbian, gay and bisexual people in later life*. www.stonewall.org.uk.

Diverse Care Program: Support services for LGBTI Elders in Perth

By Wendy Bennett

Umbrella Multicultural Community Care Services, a diversity based aged care service provider, is now delivering services to the LGBTI community in the Perth metropolitan area.

Umbrella provides a safe and respectful environment for older LGBTI people who need assistance at home and their primary carers. Umbrella services are targeted to respecting and responding to the broad diversity of the community and to ensuring older people have quality support services when needed.



DIVERSE CARE

Diverse Care is funded through the Department of Health WA Home and Community Care (HACC) Program to deliver services to support older people to remain in their homes.

The Diverse Care program supports older members of the community who identify as being of diverse sexuality and/or gender. Services are tailored to individual's needs.

Umbrella can assist with:

Domestic Assistance: light house cleaning (vacuuming, dusting, etc), clothes washing, shopping (transport), paying bills, etc.

Respite Care: Assistance is provided to give carers the opportunity to take a break from their vital role in supporting the care recipient. A support worker spends time with the care recipient while the carer takes a break. Activities undertaken during this time are determined in conjunction with the carer and care recipient to suit individual interests.

Social Support: The program provides both

individual and group based social support. Individual support includes: socialisation / companionship in the home or community, banking / paying bills, shopping, going to appointments. Group social support involves participating in a regular, flexible, small group activity that may be based in a particular location or be attending various locations and activities (Home@Home).

Social support programs are flexible in their delivery and can take place both during business hours and after hours / weekends.

We are also able to offer assistance to carers (partner, friend or other person who plays a significant role in providing support to the older care recipient to stay at home) through the provision of respite care, counselling, support, information and advocacy.

Wellness Policy

All Umbrella services are delivered in line with the Western Australian HACC Program Wellness Policy. The Wellness Policy recognises that older individuals are capable of completing many tasks themselves or with support, and that delivered services should complement this. In effect, this policy means that support staff 'work with' individuals rather than 'do for', promoting ongoing independence wherever possible.

Potential clients need to be assessed by a Regional Assessment Service for eligibility to the program. Umbrella staff can assist with organizing and supporting people through the process if they are concerned about this.

For more information about the program or to make a referral, contact Wendy Bennett, W.Bennett.Umbrella@westnet.com.au

or Michael D'Souza, M.DSouza.Umbrella@westnet.com.au

or call on 9275 4411 (business hours).

Housing for happiness

GRAI Matters has an ongoing interest in alternative housing options for LGBTI elders. How and where we live are the foundations for a life that feels fulfilled, with a sense of purpose and control. Although we acknowledge an increased need of support systems as we age, we universally shudder at the prospect of finding ourselves in an environment where we are not free to be ourselves.

Suitable housing options for older adults vex the brains of governments and bean counters everywhere. The LGBTI community tends to foster independent and creative individuals, so it will be in character for us to take the lead in innovative solutions. We invite your ideas on the subject.

Meanwhile, we find one inspiring example in France, where sisters are doing it for themselves.

Babayagas' house, a feminist alternative to an old people's home, opens in Paris

After a 15-year battle, a group of French feminists calling themselves the Babayagas (taken from Slavic folklore, meaning 'witch') have succeeded in launching a self-managed housing project, exclusively for female senior citizens who want to age well.

In March this year, the Babayagas Housing project was inaugurated in Montreuil, east of Paris.

La Maison des Babayagas is a self-managed social housing project devised and run by a community of dynamic female senior citizens who want to keep their independence, but live communally.

"To live long is a good thing; but to age well is better," says 85 year old Thérèse Clerc who started work on the project back in 1999.



Monique, Thérèse (Babayagas founding member) and Suzanne

"Growing old is not an illness," says Clerc. "We want to change the way people see old age," and that means "learning to live differently."

The building houses 25 self-contained flats. Twenty one are adapted for the elderly and four are reserved for students.

The five-storey building is in the heart of Montreuil, just a

stone's throw from metro, shops and cinema. Being central was important, giving the message that residents have a right to be active.

Janine Popot, one of ten children, she says she wanted to live alongside others but not in a conventional home. "I wanted to avoid ending up in a retirement home at all costs. When you don't have

much money, a retirement home becomes a prison," she explains.

Residents live in their own studios, averaging 35m². But as 'growing old well' means stimulating the grey matter, the house offers more than just a place to live. The ground floor is reserved for activities and will house a university for senior citizens.

Residents were selected partly in relation to what they could contribute to the "community" and the extent to which they shared the Babayaga philosophy. Many are active in the voluntary sector.

The project cost nearly 4 million Euros and funding came from eight different public sources, including Montreuil city

council which is accustomed to investing in innovative projects. Getting funding for a housing project run by an association was a long, difficult road, "a forceps delivery," says Clerc.

"Local authorities aren't used to working with associations," says 62 year old resident Dominique Doré. "Associations in France can't buy land. Cecile Duflot (the French housing minister) is trying to change this."



Lamaisondesbabayagas.fr

The Babayagas project has generated a lot of interest, both in France and abroad. Two similar projects are underway in Palaiseau and Bagneux, and other local authorities are interested in following Montreuil's example.

A quarter of France's population (17 million) is currently over the age of 60, which will rise to one third by 2050. Finding housing solutions for this growing elderly population is imperative, and helping senior citizens to help each other, as the Babayagas are doing, seems one good option.

Adapted by June Lowe from an article by Alison Hird, 5 March 2013,

<http://mobile.english.rfi.fr/france/20130305-babayagas-house>

Have you had contact with a Police Liaison Officer?

Researchers are calling for help with a research project on 'Contact with Police Liaison Officers who know about LGBTI issues' in QLD, NSW, and WA. The researchers want to know how (or even if) LGBTI people have contact with police liaison officers.

The first part of the project is a survey that asks LGBTI people about their contact with liaison officers and their views about police. This Facebook link will take you to the survey: www.facebook.com/LGBTIpolice liaisonsurvey?fref=ts

The research is being conducted by a team from Queensland University of Technology (QUT), Griffin University and the University of Sydney. For further information, contact:

Dr Angie Dwyer | Queensland University of Technology |
E: ae.dwyer@qut.edu.au | Tel: 07 313 87104.

Password perils

We commonly hear: "Be cybersafe – protect your passwords!"

However, it can be entirely problematic for our Executor/Executrix if we take our password secrets to the grave.

Accessing online banking accounts, investments, even opening our computer, can become impossible if we are suddenly incapacitated or die without leaving records of these important keys to our financial affairs.

When making a Will or Enduring Power of Attorney document, consider safe ways to leave this information... this will save a lot of stress for those we leave behind...

The MATRIX Guild – an impressive organization

By Jude Comfort

The Saturday night following the end of the Health in Difference conference in Melbourne gave me a perfect opportunity to see the Matrix Guild of Victoria in operation, as I was offered a ticket to their annual fundraising ball held in St Kilda Town Hall.

I have not been to a women's dance for several years and was a bit of a reluctant starter - however I am so glad I went! This is the major fundraising event for Matrix which helps fund their activities throughout the year. In short I had a great time being in a large hall of 'older' lesbians, with great dance music, seeing women enjoying themselves in a way that was unlike anything I have ever been to in Perth. I have known of the Matrix Guild for many years but visiting their website provided me with an update of the organisation.

So who are Matrix and what do they do? Matrix Guild Victoria Inc. was founded in May 1992 by a group of lesbian feminists. It was established by and for the benefit of lesbians over forty years of age and has charitable incorporated status. Their aims and objectives are:

- To promote appropriate care and support for older lesbians
- To provide some accommodation that caters to the needs of ageing lesbians who experience financial disadvantage
- To support aging lesbians' accommodation choices
- To challenge ageism and to oppose discrimination against older lesbians
- To advocate on behalf of older lesbians to governments and other relevant bodies
- To promote social contact and support among older lesbians
- To research lesbians' experience of aged care

The Matrix Guild runs regular social gatherings including a monthly Sunday afternoon event at the Edinburgh Hotel and a lesbian games afternoon on a Saturday in Northcote. These are obviously important social outlets for older lesbians. They can also provide speakers to organisations who want to know about Matrix.

The other main area of work of Matrix is advocating for appropriate housing and building community through social housing. This was kick started when a Matrix member left a bequest of \$300,000 to the organisation. This has resulted in a fruitful partnership with social housing groups and utilising additional federal funding which means that Matrix now has three units for housing older lesbians. This has also encouraged other lesbians to purchase or move into properties that are in this same general geographical area which is truly building community. (For more on Matrix's housing program see <http://www.matrixguildvic.org.au/housing.htm>).

In Perth there was a small Matrix Guild that was active in the 1990s but this seems to have dissolved - but I understand there are some Matrix Guild activities in the great southern in Denmark. It would be great if anyone has an update on Matrix Guild WA.

Jude Comfort.

<http://www.matrixguildvic.org.au/>



Lonely, or just alone? The dangers of social isolation

We know that LGBTI elders are at greater risk of social isolation than other older people, mainly because they are less likely to have family support. We also know that social isolation has negative health impacts.

However, people with fewer human contacts may be content in their solitude, and may not necessarily feel 'lonely'. A recent study in the UK has added to the debate over whether it is the emotional state of loneliness, or social isolation, or some combination of the two, that leads to higher mortality. Lead author of the study, epidemiologist Andrew Steptoe of University College London, said, "Someone who's socially isolated is likely to be lonely, and vice versa, but that's not completely the case."

To tease apart the effects of being alone versus just feeling lonely, Steptoe and his colleagues examined data from 6500 Britons aged 50 and up who had filled out questionnaires assessing their levels of loneliness. The researchers looked at the subjects' contacts with friends, family, religious groups, and other organizations to gauge their social connections. Then they counted how many subjects died over a 7-year period.

The study concluded that the most socially isolated subjects had a 26% greater risk of dying, even when sex, age, and other factors linked to survival were accounted for.

Interestingly, when survival factors such as wealth, education and health problems were included, it was found that loneliness on its own was unconnected to the mortality rate.

The researchers suspect that older people who have few social ties may not be getting the care they need. No one is urging them to eat well or take their medicine, and in a crisis no one is there to help.

"There are plenty of people who are socially isolated but who are perfectly happy with that," Steptoe says. "But even then we should be trying to make sure there are enough contacts with them so that if something does go wrong... they're going to be advised and supported." Even those who are content to be alone, he says, should have some regular contact with other people who can encourage and check on them.

However, the debate continues, with other studies showing different results. American research led by psychology professor John Cacioppo (University of Chicago) does link loneliness and a higher death rate. Cacioppo suspects that the discrepancy between the studies could be the result of cultural differences between British subjects and Americans. "The culture of the stiff upper lip may mean people are answering somewhat differently ... than they do in America," he says, adding that Britons and Americans may define friends differently, too.

One wonders what would be the outcome of an Australian study. But more importantly, it is clear that whether or not one is lonely, we should aim for a richer social life. At GRAI, we are, as ever, interested in exploring what forms 'a richer social life' could take for older LGBTI people in Perth. **If you have ideas to share, please contact us on info@grai.org.au or phone June Lowe on 9383 7753.**



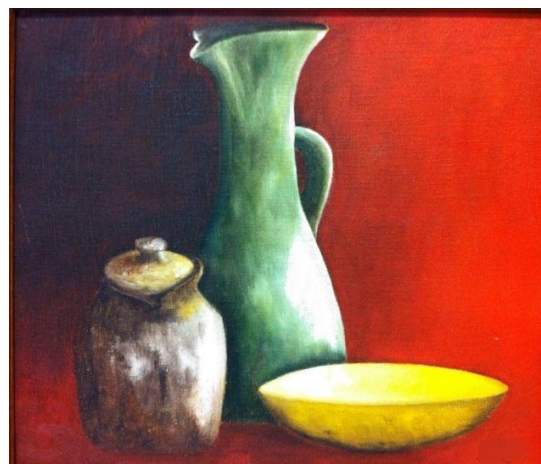
Norma's Project: Preventing the sexual assault of older women

Sexual assault of older women has long been a hidden crime. Now researchers in Melbourne are gathering women's stories and collecting other evidence about the factors that make older women vulnerable to sexual assault.

'We rarely hear of the trauma experienced by older women' said Dr Catherine Barrett, the chief researcher for the project, based at La Trobe University. 'We know older women experience sexual assaults from family members and service providers, as well as from strangers, yet there is little community awareness of this issue and a lack of knowledge about prevention strategies'.

Across Australia, 344 reports of 'alleged or suspected unlawful sexual contact' were made in residential aged care alone during 2011-2012. However, the lack of information about the context of these assaults means that prevention is a challenge. The lack of information and awareness can also mean that some older women are not believed when they report sexual assault. 'We have been told stories about older women who have reported sexual assault but not been believed, their statement attributed to dementia or an experience from their youth', says Dr Barrett. 'We also know that some older women don't report sexual assault because they are frightened or feel ashamed'.

Two years ago Norma, then an 84-year-old woman living with early dementia, was sexually assaulted by a staff member while in respite care. 'We were shocked and horrified when she told us', said Philomena, a relative. 'It was extremely distressing for her, and the impact on her life was profound'. Norma's experience was the catalyst for the development of *Norma's Project*, the first of its kind in Australia.



Norma: a Painter, Gardener, Wife, Mother.

The researchers would like to hear from older women (women over 65 years old) who have been sexually assaulted. Dr Barrett adds, 'We would also like to talk with trusted family members because some women, like Norma, are no longer able to, or prefer not to, talk about their experience directly. We would also value input from health and community workers as well as service providers who care for older women living at home or in residential care'.

A website has been established to share information about the project: normasproject.org.au. 'Anyone who would like more information about the project or would like to participate in a confidential interview or anonymous online survey can go to the project website or contact me directly', said Dr Barrett. 'We hope that by raising the awareness of this issue older women will feel more confident to report sexual assault'. Importantly the research will lead to the development of prevention strategies and improve the response of community and aged care services.

Dr Catherine Barrett, Project Coordinator, Australian Research Centre in Sex, Health & Society, La Trobe University | t: 03 9479 8702 | e: c.barrett@latrobe.edu.au | w: normasproject.org.au

Norma's Project is being conducted by the Australian Research Centre in Sex, Health and Society at La Trobe University in collaboration with the National Ageing Research Institute, the University of Melbourne, Alzheimer's Australia and the Council on the Ageing Victoria. It is funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.

GRAI Submissions

Making submissions to government and other enquiries is an important and on-going advocacy strategy for GRAI. Two recent opportunities that GRAI responded to were:

- **The Inquiry into the care and management of younger and older Australians living with dementia** and behavioural and psychiatric symptoms of dementia referred to the Standing Committee on Community Affairs. A short submission was written for this inquiry, drawing attention to the need to consider LGBTI inclusive practices in dealing with people with dementia. Thanks particularly to board member Dr Dan Parker who wrote most of this submission.
- **The Senate Standing Committee on Community Affairs** conducted a review of the Aged Care (Living Longer Living Better) Amendment Bill 2013. While GRAI did not submit a written submission, we were asked if we were available to appear before the Committee when they were in Perth in late

April. Board member June Lowe and chair Dr Jude Comfort worked on their opening statement which supported in general principle the Aged Care Amendment Bill, but also used the opportunity to outline several areas that required expansion. There was then time for questions from Committee members which illustrated there were still areas that needed clarification. The full Hansard recording GRAI's participation at the hearing can be found at:

<http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;orderBy=date-eFirst;page=0;query=GRAI;rec=2;resCount=Default>

The National LGBTI Health Alliance also submitted a detailed response to this enquiry, which, as a member organisation, we made reference to in our own appearance before the Committee. The full LGBTI Health Alliance submission can be found at:

<http://www.lgbthealth.org.au/sites/default/files/Alliance%20Submission%20on%20Aged%20Care%20Act%20Amendment%20FINAL.pdf>

CALENDAR

June

5-6 June	COTA WA Active Ageing Conference, Esplanade Hotel, Fremantle http://www.cotawa.org.au/2012/12/save-the-date-wa-active-ageing-conference-2013/
7 June	Pride Quiz Night (\$15), Claremont Football Club 6.30pm for 7.30pm start http://www.pridewa.asn.au/
8-9 June	Living Proud: FREE 2-day LivingWorks ASIST (Applied Suicide Intervention Skills) workshop @ WAAC - Tamara Bezu at info@livingproud.org.au http://www.livingproud.org.au/events/
13-14 June	The inaugural LGBTI Aged Care Conference, Sydney Harbour Marriott www.informa.com.au/LGBTIageing
15 June	Emotional Intelligence, Change and Loss workshops (Relationships Australia) FREE 10am - 4.00pm @ Freedom Centre, info@livingproud.org.au http://www.livingproud.org.au/events/
25 June	Living Proud: FREE 3.5 hour LivingWorks SafeTALK suicide alertness workshop 6.00 - 9.30pm @ Freedom Centre - info@livingproud.org.au http://www.livingproud.org.au/events/

July

Early July	GRAI Special General Meeting - DETAILS TBA info@grai.org.au
13-14 July	Living Proud: FREE 2-day LivingWorks ASIST workshop Tamara Bezu at info@livingproud.org.au http://www.livingproud.org.au/events/
22 July	Living Proud: FREE 3.5 hour LivingWorks SafeTALK suicide alertness workshop 6.00 - 9.30pm Tamara Bezu at info@livingproud.org.au http://www.livingproud.org.au/events/

STOP PRESS

Secure Housing Research

The Consumer Research Unit (Faculty of Law, UWA) in collaboration with the Council of the Ageing Western Australia (COTAWA) has received funding from Lotteries WA to undertake research about security of tenure in housing for Western Australian seniors.

The research team would like to hear from LGBTI seniors about their experiences in the Western Australian housing market and retirement accommodation choices. The research team acknowledges the excellent work completed by GRAI and Curtin University's Centre of Research on Ageing in 2010. This project builds upon such research by specifically examining the legal framework relevant to all housing in Western Australia (from home ownership to private and public rental, retirement villages, park homes, boarding and lodging and senior homelessness) and the barriers that may be faced by seniors in obtaining access to suitable accommodation as they age. The study is state-wide and participation from LGBTI seniors in rural and regional areas is welcomed.

The research team is advised by a reference group appointed by COTAWA. Input from the public is an integral part of the project and community involvement is encouraged.



People interested in contributing to this research are invited to contact Professor Eileen Webb - Phone: 08 6488 2947 or email: Eileen.webb@uwa.edu.au.

Alternatively, seniors may complete an online survey from: <http://www.law.uwa.edu.au/research/ccr/seniors-housing-research>.

