



# No need to straighten up

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Discrimination, depression, anxiety and older  
lesbian, gay, bisexual, transgender and  
intersex Australians.

**July 2014**

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## Acknowledgements

We would like to thank the 12 participants who shared their stories with us. For many, recounting historical experiences of discrimination and the effect on their lives, health and wellbeing was an emotional experience. We hope that they will read this report and feel that their stories have been heard and their lives celebrated. Thanks also to J.R. Latham, PhD Candidate from the Australian Research Centre in Sex, Health & Society, for his valuable insights into trans inclusive language. Thank you.

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## Executive Summary

Many older lesbian, gay, bisexual, transgender and intersex (LGBTI) Australians have lived through a time when 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'. Disclosure could result in imprisonment, forced medical interventions and 'cures', or loss of employment, family and friends (Barrett, 2008; Leonard, Duncan and Barrett, 2012). The stories documented in this report bear witness to the remarkable lives of 12 older LGBT<sup>1</sup> Australians, aged 65 years and above, who participated in the study. They show the complex and varied strategies that older LGBT people adopted to live in a world that denied, not only their sexual orientation and gender identity, but also their humanity.

For older LGBTI people their sense of who they are and their place, or lack thereof, in the culture at large, was shaped during this time of institutionalised homophobia and transphobia that predates, not only the reforms of the past twenty years, but also gay liberation. Older LGBTI people carry this history with them not as a cultural relic or curiosity but as formative and a deeply embedded part of who they are *today*.

The project was funded in response to a growing body of research linking higher rates of depression, anxiety and related disorders among LGBTI Australians to their experiences of homophobic and transphobic discrimination (Corboz, Dowsett et al. 2008; Lo, 2006).

## 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. The majority of participants were resident in Victoria and WA, which reflected the location and established networks of the two research agencies. The interviews were conducted between November 2012 and March 2013. Participants were given the option of either a face-to-face or telephone interview.

A flyer was developed inviting LGBTI people age 65 years and older to participate in an hour-long interview, discussing their experiences of homophobic or transphobic discrimination and their experiences of depression and anxiety. Questions included:

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?

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<sup>1</sup> There is a movement in the report between LGBTI and LGBT. The report uses the term LGBTI when referring to the original project brief and to the broad aims of *beyondblue's* campaigns and resource development and training. The report refers to LGBT people when discussing the results of the interviews which did not attract any people with intersex conditions (See Recommendation 6.4).

The written interview transcripts were analysed thematically (Ritchie and Spencer, 1994) to identify common themes and significant differences among the small number of interviews. In addition, the written interviews were 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, from a time when sexual and gender identity minorities were objects of ridicule and pity to the present where LGBTI people and same sex and non-heteronormative couples are granted many, but not all of the rights afforded their peers. Older LGBTI people's sense of who they are was shaped by the dominant medical, religious and legal discourses of the 1950s and 60s that defined them as sick, immoral or criminal.

This report defined the overarching theme of the study as 'The Weight of History', under which sat: 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 needing to access 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 recently released *National Strategy for LGBTI Ageing and Aged Care* (DoHA, 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.

## Recommendations

**Policy: to ensure the development of LGBTI-inclusive service, including mental health and aged and community care, it is 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 and bisexual 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.



## Introduction

*Before we left I remember saying to Ann, you know somewhere,  
sometime, somehow there's a place waiting for us... (Dawn)*

Many older lesbian, gay, bisexual, transgender and intersex (LGBTI) Australians have lived through a time when their only protection against heterosexist violence and prejudice was to make themselves invisible, to publicly deny their sexuality or gender identity in order to pass as 'heterosexual'. Disclosure could result in imprisonment, forced medical interventions and 'cures', or loss of employment, family and friends (Barrett, 2008; Leonard, Duncan and Barrett, 2012). For a younger cohort of LGBTI Australians this is a history that is largely alien or unfamiliar, a period of oppression and victimisation that is at odds with their experiences of near legal and social equality. However, for older LGBTI people their sense of who they are and their place, or lack thereof, in the culture at large, was shaped during this time of institutionalised homophobia and transphobia that predates, not only the reforms of the past twenty years, but also gay liberation. Older LGBTI people carry this history with them not as a cultural relic or curiosity but as formative and a deeply embedded part of who they are *today*.

The stories documented in this report bear witness to the remarkable lives of 12 older LGBT<sup>2</sup> Australians, aged 65 years and above, who participated in the study. They show the complex and varied strategies that older LGBT people adopted to live in a world that denied not only their sexuality and gender identity but also their humanity. For many, this involved creating public and private modes of being that were at odds with each other. For some, it involved leaving behind all that was familiar in order to live and love as LGBT. For all, however, it involved processes of splitting and division as they sought to hold together deeply contradictory if not incompatible parts of their lives and themselves. The costs, to many, of this heterosexist division were bouts of severe depression and anxiety and for a few, repeated attempts at suicide.

And yet what shines through these stories is grace and dignity under fire, an ability to find ways of living that were rich, complex, full of pain and love, guilt and triumph, lives that simply by being lived refute the heterosexist and prejudiced times of which they were a part. It is vital that those involved in providing mental health and aged care services understand and engage with older LGBTI people's complex and layered personal and collective histories. It is also vital that health professionals acknowledge the dignity of older LGBTI people's lives; anything less is an echo of that history of oppression and victimisation and can have no place in the provision of LGBTI inclusive services.

## Background

The project was commissioned by *beyondblue*, a national organisation working to address issues associated with depression, anxiety and related disorders in Australia. It was 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 (WACHPR) Curtin University.

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<sup>2</sup> There is a movement in the report between LGBTI and LGBT. The report uses the term LGBTI when referring to the original project brief and to the broad aims of *beyondblue's* campaigns and resource development and training. The report refers to LGBT people when discussing the results of the interviews which did not attract any people with intersex conditions (See Recommendation 6.4).

The project was funded in response to a growing body of research linking higher rates of depression, anxiety and related disorders among LGBTI Australians to their experiences of homophobic and transphobic discrimination (Corboz, Dowsett et al. 2008; Lo, 2006). In its *Position Statement*, released in 2012, *beyondblue* argues that a reduction in the alarmingly high rates of depression and anxiety among this population (Leonard, Pitts et al. 2012), require broad based public education campaigns aimed at tackling deeply embedded homophobic and transphobic beliefs and practices. The Statement also recommends that all health, community and social services be LGBTI inclusive and that in order to achieve this they provide LGBTI training to all their staff.

*beyondblue's* Position Statement was also informed by market research conducted in 2010. The research relied on a six-week online discussion forum that engaged 82 LGBTI people. Participants were encouraged to discuss their lives and in particular their experiences of homophobic and transphobic discrimination (*beyondblue*, 2010). The research documented, first hand, how discrimination was related to LGBTI people's experiences of depression and anxiety and how it impacted on their access to mental health services. The research was used to develop a community education campaign that encouraged the population at large to question their attitudes and behaviour toward LGBTI people and to embrace diversity. The campaign also sought to raise awareness of depression and anxiety as a major health issue within LGBTI communities and to encourage LGBTI people who were experiencing or at risk of depression, anxiety and related disorders to seek timely and appropriate help.

Unfortunately, the forum was not successful in attracting participants over the age of 65 years. This may reflect older people's lack of familiarity with and unwillingness to participate in, online, web-based forums. It may also reflect older LGBTI people's relative invisibility within both LGBTI and mainstream networks and their reluctance to engage in projects that require them to revisit if not relive painful memories of historical discrimination and abuse.

## Rationale and aims

This research project aimed to address the lack of older people's voices and experiences in *beyondblue's* ongoing development of campaigns and resources aimed at reducing rates of depression and anxiety among LGBTI Australians. It is important that resources aimed at tackling higher rates of mental ill-health among LGBTI people acknowledge and engage with the effects of a period of systemic and rabid homophobia and transphobia on older LGBTI people's mental health and wellbeing. In particular, the project aimed to:

1. Document older LGBTI people's experiences of homophobic and transphobic discrimination and abuse
2. Begin to understand how these experiences are implicated in higher than average rates of depression, anxiety and related disorders among this population; and
3. Ensure that future campaigns include the voices, opinions and experiences of older LGBTI Australians.

The results of the research will also assist in the provision of LGBTI-inclusive practice training to workers who provide mental health or aged and community services to older LGBTI people.

## Methodology

### Research method and design

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. The majority of participants were resident in Victoria and WA, which reflected the location and established networks of the two research agencies. The interviews were conducted between November 2012 and March 2013.

Participants were given the option of either a face-to-face or telephone interview. Given the sensitive and potentially distressing nature of the experiences that were being recounted, participants were provided with information and contact details of professional support services in their area. One participant provided their own support person to assist with any distress that arose during or after their telephone interview. The interviews were audio recorded and transcribed using professional transcription services.

Participants were also invited to provide an image to help express their thoughts or feelings regarding the experiences they were recalling. The image could be a drawing, painting or item taken from a newspaper or magazine. The use of images has been shown to be effective in exploring events and experiences that participants might find difficult to write or talk about (Eisner, 2008; Frawley, Barrett and Dyson, 2011; Barrett, Gahan, et al., 2010). One participant provided a series of photographs and poems to accompany her interview.

Participants were given the opportunity to verify their interview transcripts and to provide comment on a draft of the report. This assists in maximising the report's credibility (Patton, 2002) and enhancing its authenticity (Winter, 2002). It also ensures that participants can comment on how their stories are recorded and their lives represented in the report. This is particularly important for a population who have been pathologised in a range of medical and other professional discourses. Draft copies of the report were also provided to participants, *beyondblue* and other relevant, interested parties for critical comment. Several participants provided positive responses to the report, one wrote:

*Many thanks for our copy of your documents on older LGBTI people. I must congratulate [you] for the most conclusive research on the above subject & your time & effort that ... you have put in to bring to the surface the trial & tribulations of our particular plight. You hit the nail right on the head & above all, you have given us hope of recognition for the future. Again many thanks & if there is any help we can give you in the future, please don't hesitate to ask.*

Ethics approval for the research project was granted by the La Trobe University Human Research Ethics Committee (Reference: FHEC12/141).

### Recruitment and participation

A flyer was developed inviting LGBTI people age 65 years and older to participate in an hour-long interview, discussing their experiences of homophobic or transphobic discrimination and their experiences of depression and anxiety. The flyer clearly stated the nature of the questions and the aims and outcomes of the research project. These included:

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?

The flyer was distributed electronically through LGBTI seniors' networks and organisations in Victoria, Western Australia and Queensland and responses were sent to Dr Catherine Barrett at ARCSHS, La Trobe University and Dr Jude Comfort, WACHPR Curtin University.

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.

### **Thematic analysis and construction of narratives**

The written interview transcripts were analysed thematically adapting Ritchie and Spencer's (1994) five stage 'framework': familiarisation, indexing, application of framework, mapping and interpretation. The framework enabled the identification of common themes and significant differences among the small number of interviews. Each of the common themes has been presented as a subheading in Section 4 of this report, 'The weight of history'.

In addition, the written interviews were used to construct individual narratives. This involved reordering events into a chronological sequence, editing some data and providing thematic headings within each narrative. The draft narratives were returned to participants for verification and to ensure they were an accurate representation of their interviews. Interviewees were de-identified in the narratives (with the exception of two participants who were public figures and requested their real names be used) and a number of participants made changes to sections of the draft narratives which they felt were inaccurate. Eight of the twelve transcripts were used to construct narratives. The remaining four did not contain detailed accounts of discrimination.

Full copies of all eight narratives have been included as an appendix to this report. This was important given the historical invisibility and silencing of this population. It was also important in focusing on the totality of each narrative rather than on a single interpretation or narrative comparisons. The former acknowledges the cultural and social complexity of people's lives while the latter two tend to sacrifice this complexity in search of a single explanatory theme or unit of analysis (Ezzy, 2002). Pseudonyms are used to protect the identities of participants, with the exception of two participants who wanted to be identified by their real names.

## Findings

### Institutional oppression

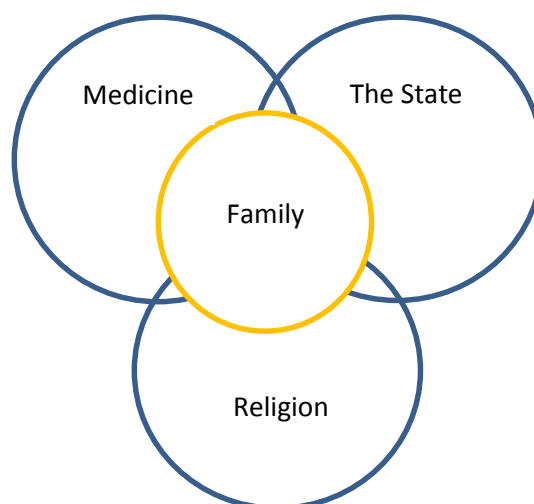
Older LGBTI Australians have lived through a period of intense and dramatic social change, from a time when sexual and gender identity minorities were objects of ridicule and pity to the present where LGBTI people and same sex and non-heteronormative couples are granted many, but not all of the rights afforded their peers.

However, older LGBTI people's sense of who they are was shaped by the dominant medical, religious and legal discourses of the 1950s and 60s that defined them as sick, immoral or criminal. In 1973, the Australian and New Zealand College of Psychiatrists declassified homosexuality as a mental disorder (ANZ College of Psychiatrists, 1973). But it was not until 1997, with the enactment of Tasmanian legislation, that homosexual acts between consenting male adults were finally decriminalised in all states and territories in Australia. While homosexuality has been declassified in western democracies similar to and including Australia, major diagnostic manuals such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) - the compendium of mental illnesses used in Australia - continue to pathologise transsexuality and transgenderism as 'gender dysphoria' (American Psychiatric Association, 2013, pp.451-459).

For many older LGBTI people, this history is not incidental but part of the weight that defines their sense of personal and collective identity. Respondents reflected on the difficulties of reconciling their own sexuality or gender identity with these dominant institutional discourses. Those who chose to be out opened themselves to the heterosexist machinery of the state and risked imprisonment, forced medical interventions and loss of employment (Barrett, 2008). Those who chose to publicly pass as heterosexual and gender normative split their lives in two, and, in so doing, risked internalising and reproducing wider homophobic and transphobic beliefs.

The following Figure represents the interlocking institutions whose shared investment in heteronormativity placed LGBTI people under almost unbearable pressure. Each of these institutions peddled deeply homophobic and transphobic beliefs and for many respondents the weight of this collective disapproval was concentrated on the family.

**Figure 1:** Response by institutions



## Medicine

The dominant medical discourses of the 1950s and 60s not only pathologised homosexuality and transgenderism but also included a belief that homosexuality could be cured. Interventions ranged from behavioural and cognitive therapies to invasive surgeries and partial lobotomies (Barrett, 2008; Edelman, 1994).

Five respondents reported being sent for psychiatric treatment by family members. Two described being subjected to shock therapy in attempts to 'cure' them of their homosexual orientation. James recounted a psychiatrist telling him *"you've got more female hormones than male [and] that's why you think like that"...* I had a bit of shock treatment. Larry recalled being sent to a psychiatric institution by his parents who were concerned by his interest in atypical male pursuits:

*When I was 14 my mother knew there was something different but she spoke to my father and they went to a doctor and they put me in [a psychiatric institution]. I was in [that institution] for nearly 4 months having shock treatment to try and cure me of being the way I was feeling - 'cause I was depressed and I was more or less more interested in playing with dolls and that type of thing (Larry).*

Larry described how the treatment failed to rid him of his feelings of being *different* and that it wasn't until he met his first male partner and *soul mate*, that he finally realised there was *nothing wrong with me*.

Edith said she *had done a stint [in a psychiatric ward] because of what I wanted to do with my lifestyle...I was told that I had psyched myself into that [being gay] therefore I could psych myself out of that....* Kathy recounted the story of another trans woman who told her GP she was transsexual and the GP responded *oh, just sit there and I'll go and get the local reverend to come and exorcise you*.

However, not all of the respondents' experiences of medical treatment were negative. Dawn recalled being directed by a doctor to see a psychiatrist before leaving her husband to commence a lesbian relationship. Dawn's expectation was *that the psychiatrist was going to wrap our knuckles. I was blown away to think that she didn't do that. She virtually just empowered us...to believe in ourselves*.

Nonetheless, the majority of respondents who were sent for medical advice and treatment were sent to be cured. The medical establishment drew on and contributed to widely held beliefs that homosexuality was both an illness and a moral evil. However, medicine's claim to be able to cure homosexuality put added pressure on individuals to take up whatever treatments were available, pressure that came not only from the medical establishment but also from their nearest and dearest. Not to avail yourself of the possibility of a cure was, for many families, a double insult. For those people who had no interest in conversion, however, the medical establishment was sending a clear message: it is not safe to publicly or privately disclose your sexuality or trans gender identity.

## The State

South Australia was the first state to decriminalise homosexual behaviour in October 1972. Over the next twenty-five years the other states and territories followed suit, with Tasmania

the final state to do so in 1997 (Victorian Government Department of Human Services, 2003, p.3).

The criminalisation of homosexuality had profound consequences for all our respondents. LGBTI people were constantly in fear of losing their jobs or being banned from sensitive areas of employment such as education and the armed forces. Gay men in particular were subject to police harassment, including public entrapment. Furthermore, the illegality of homosexuality sanctioned if not condoned homophobic and transphobic harassment and bullying by work colleagues and friends of people who were out or were 'suspected' of being LGBTI.

### *Entrapment and criminal prosecution*

Larry described an incident of entrapment when he was arrested by an undercover police officer at a public toilet. Larry recalled seeing a man in the toilet masturbating and said that in response:

*... I started to walk out and he says: eh, what do you think of this? And I said: well I think you'd better put it away hadn't you. Next thing somebody came in behind me and said: you're under arrest (Larry).*

As Noel put it *you didn't know when you smiled at some man in a public place and he smiled back, that he was not a policeman and going to arrest you*. Larry was imprisoned following his arrest and reported that dozens of his friends had had similar experiences.

Noel described how he was arrested and imprisoned in 1951 for the 'abominable crime of buggery' when police raided a party he was attending. He was 17 years old and reported that it was: *the era for the witch hunt for...gay men* with the police

*... actually going out and actively looking for men they thought were gay....I knew several men who committed suicide rather than come out. ... I was sent to Pentridge again to await sentencing. I don't know how long I was in there for, maybe three months (Noel).*

The impact of entrapment and police harassment was amplified by the tabloid newspapers, which regularly took the opportunity to 'out' gay men. Noel described the impact of the negative press he received after his arrest on family, friends and his career

*The woman next door abused my mother for having given birth to 'a son like me'. My really good gay friends didn't fall by the wayside but some did for fear of being implicated. Well, because I was a known criminal and they could have been charged with consorting (Noel).*

Noel adopted his mother's surname following his arrest in order to gain a new passport. Otherwise, his criminal record would have made overseas travel impossible.

### *Employment*

Several participants described their experiences of homophobic discrimination at work, while others described the added pressure they felt to hide their sexuality or transgender identity for fear of losing their job. Amanda reported that while she was out on the gay scene in the 1970s she just accepted that, as a teacher, you didn't come out at work:



*I mean in the workplace I don't think I ever have been [discriminated against], but it was never an issue because I was never out at work, because I was in the Catholic system as a teacher (Amanda).*

Cliff reported how his partner was *pensioned off* after coming out at work and how this experience impacted on his mental health. His partner never worked again. Thomas described missing out on a job, and being told this was because he was not *a leader of men*, a not so subtle reference, Thomas suggested, to his sexuality.

Noel described arriving at theatre for rehearsal following media coverage of his arrest and arrest for 'homosexual activity' in the 1950s. After he arrived at work:

*... eight of the boys went up to Maggie Maxwell and told her they didn't want to work with me, that I was a notorious homosexual, that I'd been in goal, and that I was an Aboriginal (Noel).*

Larry described the effects of ongoing homophobic harassment at work, colleagues *picking on me...grinding me into the dirt*, till he suffered a nervous breakdown. Other respondents reported missing out on promotions and the difficulties of hiding their sexuality at work. Gerri described the effects of not being able to acknowledge the death of her long-term female partner at work. She described how not being able to share her grief made it *hell at work* and lamented:

*How the hell I was going to get around this being so devastated and having time off work and what was I going to say? At that point I wasn't ready to tell anybody anything. I had to hold it in and that was, that was really hard (Gerri).*

Two participants described being discharged from the armed forces after it was identified that they were gay. Larry was in the navy for 12 years and was discharged after he confessed to a chaplain that he was gay. Cliff described how his current partner was discharged from the army after he was outed for having a homosexual 'liaison'. Cliff said that his partner joined the Army as a young man

*and loved the life. ... Unfortunately after having a liaison with someone, this person doxxed him in, ... and they was thrown out of the Army. This was the days when being gay meant a dishonourable discharge. They threw the guys involved into jail overnight and then told them to pack their bags and find their own way home (Cliff).*

## Religion

A smaller number of respondents talked of the significant role that faith-based organisations played in their lives. Like Elizabeth in the *My people* report they described the effects of growing up as part of a religious community and church that taught that being a lesbian or homosexual was anathema (Barrett, 2008).

Dawn, whose parents were deeply religious, recalled their reaction to the news that she was leaving her husband to start a relationship with a woman *my parents ... got me into the car... They said 'You're a sick person; we're going to take you to Pell [local Catholic priest] (Dawn).* When Dawn was asked what they thought the priest would do, she commented that it was more important what her parents *thought* he would do, cure her.



Amanda described how, as a teacher in the Catholic system, she was afraid of being photographed at lesbian events. When asked what the consequences would be she replied *quite possibly you could have lost your job*.

## Family

All the participants described, in detail, the relationship between their sexuality or gender and their family. Many talked of the fear of being ostracised if their sexuality or transgender identity was known, of being rejected by parents, children and siblings. Many participants also talked of bearing responsibility for the hurt, disappointment and shame their families felt when they began to live openly as lesbian, gay or transgender.

Pam reported that her family *gave me the flick after I came out*. Pam described the response of her sister in law who:

*... could not even bear to be in the same room. ... I was persona non grata: you stay away - evil. ... I thought for my own self I had to distance myself from my family completely. This was the worst part – nobody said anything. Nobody said anything* (Pam)

Dawn described the guilt and sadness that resulted from rejection by her family. Following a partial reconciliation with her father just before he died Dawn recounted the shock at discovering that all the photographs of her had been removed from the family albums. Larry was cut out of the family will because he was in a relationship with a man and his father banned Larry's partner from attending his mother's funeral.

The lack of legal recognition of same-sex relationship compounded some families homophobic and transphobic attitudes and beliefs. Cliff recalled a letter from his 'in-laws' one week after the death of his long-term male partner in which the family made a claim to half of his possessions:

*[B]ecause we were in a gay relationship to fight this would have meant a long protracted nasty business and there was no way I was emotionally able to cope with extra stress at that stage. ... We settled out of court and I then sold the property* (Cliff).

A number of respondents talked of the difficulties they faced in leaving a heterosexual relationship and family to start to live openly as lesbian, gay or transgender. Dawn talked of how she relinquished custody of her children to their father in the belief that she would be viewed as a deviant by the law and would necessarily lose a court battle seeking access. Dawn recounted how there was intense pressure on her not to visit or have access to her children after she moved in with a woman:

*... there was a lot of interference and pressure on my former husband to not allow the children to see me. It would be - what's the word - they would become corrupt I think. Corrupted by our relationship. That was their biggest fear, that I would corrupt the children and they would be deviants or something* (Dawn).

A number of participants suffered deep feelings of guilt and shame as they took on board responsibility for the effects of their being out on those they loved, in particular parents, ex-partners and children. Dawn recounted how she 'limped away' leaving her husband and family

*thinking well, I want to do the least amount of damage I can do to my kids and if this means that there's going to be all this drama over visits...I'll be the one that suffers...I met up with my son after 30 years....(Dawn)*

Gerri, despite believing that her mother knew of her lesbianism, couldn't bring herself to tell her directly for fear of the hurt this might inflict:

*When Loretta and I moved into a flat mum was really upset, I think she just accepted it quietly but I still couldn't tell her. I couldn't break her heart...I never did tell my mother (Gerri).*

For many respondents family became the focal point of the homophobic and transphobic beliefs and practices of the culture at large. In a number of cases family acted as a conduit between medical and religious institutions. Parents sought spiritual or medical conversion for their 'ill' or 'immoral' children or sought to deny them access to their own children or family property. Many of our respondents carried with them the life-long effects of familial rejection. A number of respondents recounted scenes of reconciliation with family later in life and how valued and important this was. Dawn describes how her father, late in his life, finally apologised for abusing and rejecting her when she came out as a lesbian: *He was instantly forgiven*, she said.

## **The weight of history**

Participants were asked whether or not they had ever experienced anxiety and depression and if so, whether they believed that homophobic or transphobic discrimination was a trigger. All participants talked about their experience of discrimination, their fears, and experiences of depression and suicidality. Participants also described how other people's attitudes to their sexuality or gender coloured all areas of their expectations, from how they believed people would treat them, to their intimate relationships and access to health and human services. In the following section each of these themes is explored.

## **Fear and depression**

Most participants described a correlation between adverse responses to their sexuality, gender or identity and their experience of fear and depression. This link was evident in participants' own lives as well as in the lives of their partners and friends. Many described the significant stress involved in coming out and negotiating their personal safety. For example, Dawn reported that coming out as a lesbian resulted in significant changes to her life. In particular, she reported that

*... I had a loss of identity for a start, a loss of children, a loss of home, a loss of income, a loss of parents and family a loss of friends. When you add all of those up that is a major stress for someone who had lived a very sheltered life (Dawn).*

Dawn and others agreed that that it was not their sexuality or gender that was the stressor. Rather, it was the responses of others that contributed to their mental ill health and in particular rejection by family and friends. Larry described the difficulty battling the negative perceptions of others:

*[M]any a times I've cried. You would cry ... yourself to sleep some nights because of some of the things that are said to you. And you think: oh I wonder if they're right, or you didn't know if you were sick or not. And all this used to burn its little tentacles into your brain and it stays there, believe me it stays there (Larry).*

Larry described how he had a 'nervous breakdown' while Dawn described how she 'nearly went insane' dealing with the responses of others. Pam described the impact on her self-esteem, reporting that:

*Vilification has an effect on mental health. If you keep hearing all this negative shit what is it doing to your self-esteem? Think about it for half a second. It's undercutting your self-esteem continuously (Pam).*

Most of the participants described the adverse effects of negative responses to their sexuality or gender – particularly in relation to fear and depression.

### Fear

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 transgender identity as a 'weapon' against them. This was highlighted by Gerri who said:

*... when I was a lot younger, your sexuality would have been a big stick for them to hit you with so you just ducked it everywhere and stayed in the closet ... that was very frustrating. I think you feel, you feel boxed in, you can't open up... I think the fear is of being ridiculed, ostracised, people using it [my sexuality] as a bit of a weapon against you. You always get these bullies who might try it. ... I didn't want anything that could be used against me in any manner or form, not that I would have succumbed to anything but at the same time I thought: No, I'm not giving you any ammunition (Gerri).*

Most of the participants described the pressure relating to having to constantly monitor their safety. For example, Noel described how *you didn't know when you smiled at some man in a public place and he smiled back, he was not a policeman and going to arrest you*. In response, many participants, and their friends, felt that they had to stay closeted to protect themselves. Noel described how a long-term friend *lived with his [partner] now - [for] nearly 60 years and still refers to him as his roommate. Such is his embedded fear of coming out*. Others, like Larry, agreed that there was considerable stress *worrying about what other people are thinking and you worry about it all the time*.

As Larry highlighted, some of this fear was bound to actual lived experience and some to the assumed or anticipated homophobic reactions of others. In addition, it related to the homophobia or transphobia experienced by others. Cliff, who was devastated to learn that his General Practitioner was murdered in a homophobic attack, emphasized this. For many of the participants, bearing witness to the homophobia experienced by others contributed to fears for their own safety.

Kathy highlighted a number of particular issues for trans people including *the depth of hurt and fear .... the thought of being thrown out of home, out of work, having no family, no connections ... Its fear, fear, fear going through their mind....* Kathy reported that this fear led to mental health problems. In response to a draft copy of the report, Kathy noted that there

was an absence of information on the effects of current laws on the mental health of trans people. Kathy was invited to write something on this issue for the report and in response wrote that trans people are the most *over legislated and marginalised minority group in Australia*. The reasons for this Kathy noted were:

*We are expected to abide by the laws of the land, plus special legislation aimed at the Trans\* community. Are any other groups in our society placed in a similar position of having two sets of legislation to contend with? We are controlled by legislation from nine governments, their departments and agencies. This leads to each creating their own legislation/regulations/rules that run to multiple sections. Just how much legislation does the Trans\* community have to deal with? The pressures this places on Trans\* people is enormous, as most are not aware of the full impact of this legislation. This can and does lead to serious physical and mental health problems including suicide. Perhaps, just perhaps you will begin to understand the pressures imposed on us and what is expected of us in our quest to be recognised in our true sex/gender. Also please consider the fact that we have to amend up to 40+ pieces of documentation. This does not apply to any other group in Australia.*

Research has also shown that trans people may experience the additional stress of transphobic responses from within LGBTI communities (Couch, Pitts et al., 2007). These potential issues were alluded to by Pam, a lesbian, who described her view of trans women:

*... there is no such thing as a trans person changing their sex. You're not a woman, I don't care what you do; you are and always will be male. You've got a major problem if you want to look like a woman. Who would want to be a woman? ... I mean there are people out there saying that because lesbians don't want to have sex with them they're transphobic. They call themselves trans lesbians; I mean what an oxymoron is that? You cannot possibly be trans and a lesbian. It doesn't work. They are still attracted to women because in essence they are men. They grew up with all the privileges of men. They act out of the male privilege even though they've had all the hormones and the rest, they dress up and they bung on their lipstick and all the rest of it. They are accusing lesbians of being transphobic because they don't want to have sex with them (Pam).*

Pam's perspective may surprise service providers who believe that LGBTI people are one homogenous, happy community. In fact, the extract shows the complexity and diversity of LGBTI communities. This complexity needs to be understood by service providers if they are to address discrimination and improve the mental health and wellbeing of LGBTI people.

## Depression

Several of the participants had experienced depression and had been prescribed medications. Depression was linked by some participants to social responses to their sexuality or gender. For example, Noel described a '*big depression*' after his release from prison and was prescribed Prozac. Dorothy was prescribed antidepressants after she came out and had a significant number of life changes and reported periods '*when the dark takes over*'. Others, like Cliff described having '*down periods*'. Like Pam, however, he was not sure that this was directly related to his sexuality.

## Suicidality

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 sexuality or gender with some participants attempting suicide on multiple occasions. For example, Larry reported trying to kill himself *because I had these feelings [attraction to other men] and I thought that's, like my father says: that's not on, that's dirty*. Pam described feeling depressed and going through a *wanting to kill myself state. [I wanted to] wipe myself off the face of the earth*. Kathy described how she attempted suicide several times and that for older trans people *it's fear, fear, fear going through their mind* that leads to suicidality. Dawn described feeling *so distraught I can remember taking my old little car out in the bush with a few sleeping pills and tried to kill myself*.

Stories were also shared about the suicide of partners and friends. Gerri described a lesbian friend, who felt pressure to marry a man, who then died by suicide. Cliff shared the story about a partner who died by suicide. Cliff's partner had been bullied at work after coming out to colleagues. The impact of this was so significant that he was pensioned off on "mental health" grounds. Cliff described his partner's encounter with a psychiatrist where *just one flippant remark passed by the psychiatrist may have been what pushed him over the edge. He had trouble coping with life - unfortunately he took his own*. Cliff went on to describe the difficulties he encountered as a result of finding his partner dead in their home.

This section of the report suggests a relationship between adverse responses to interviewees' sexuality and gender and feeling fearful, depressed, or suicidal. Most participants described living with fear and many described 'straightening up' or hiding their sexuality or transgender identity in order to feel safe. This heteronormative façade also had a negative impact on their mental health and wellbeing, with some participants describing reduced self-esteem or feeling angry and frustrated at being unable to be themselves. Where suicide was discussed it was directly attributed to the challenges encountered in negotiating homophobic and transphobic attitudes to the participant's sexuality or gender.

The effects of homophobia and transphobia were not limited to the immediate and longer term effects on mental health and wellbeing. As highlighted in the following sections, there was a significant effect on the lives of interviewees in terms of their expectations of others, which is still with them today. The effects were also noted in their intimate relationships and their perceptions of aged care services

## Expectations of others

A strong theme in most interviews related to the strategies participants deployed to protect themselves and accommodate the needs of others. Underpinning these strategies was a low expectation of others, and a belief that they would be treated unequally because of their sexuality or gender. Most of the participants expected to be disowned or ostracised and were often grateful for and accepting of behaviours that fell short of equality. In other words, they changed their expectations of others; they expected less. In many interviews participants rationalised that the onus of responsibility was on them to fit in with heteronormative views with many straightening up (being closeted) to protect others, as well as to avoid discrimination. Several reported taking responsibility for fitting in with the dominant heteronormative views of the time.

### Onus of responsibility – straightening up & fitting in

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. Staying safe largely involved straightening up in a range of contexts. For example, Gerri described being invited to a family wedding and having to *quietly make an excuse not to go* (Gerri) because she was not sure how people would respond if she brought her partner. Similarly Pam reported that *heterosexism is ever present and there is no room for any difference ... and you are trying to make your own little space*. For many participants this involved making a safe space for themselves.

Participants also described straightening up to protect family members from discomfort or conflict. Noel reported that his mother had been abused by a neighbour for giving birth to a gay son. In an example of 'protective straightening', Gerri described closeting to protect her mother:

*Mum was getting suspicious but I never ever told her .... She could go to the bowls club, look someone in the eye and if they said: I think your daughter's gay - she could look at them in the eye and say: bullshit; you know. Because I'd never said anything... I couldn't have broken her heart* (Gerri).

In her interview, Gerri describes how being 'out' could have created difficulties for her mother, and could have broken her mother's heart. While straightening up was often considered important to protect the safety of participants and their families, it came at great personal cost. Gerri describes how she felt frustrated, angry and 'boxed in' as a result of not being able to be herself.

In another instance of accommodating heterosexist norms, Dawn recalled how coming out as a lesbian meant that she was considered unfit to continue parenting. She described having to back away and taking *the pain of not seeing the children if it means that the children can get on with their lives and make a new life*. As a consequence, Dawn only saw her children once a year for a couple of years. Dawn felt that she had no other option than to accommodate the homophobic assumptions of others.

Many participants felt that it was their responsibility to deal with the prejudice and bigotry of others. Two participants described the importance of being able to let discrimination 'wash over' them. For example, Amanda described how her capacity to straighten up – or compartmentalise her life - made her flexible and resilient. She felt that some lesbians put themselves at risk by not doing the same. Amanda noted that:

*I guess the women that talk the loudest about being discriminated against, the ones that I know, are often stridently feminist, stridently lesbian and who almost spend their life challenging people to discriminate against them because they are lesbian. I don't know whether that sounds mean on my part or not. But I mean do you know the sort of women that ... It's that: I'm a lesbian, what are you going to do about it?* (Amanda).

In considering the responses of these lesbians Amanda noted that her approach was *easy going* and *flexible* which she felt made her more resilient. Similarly, Kathy reported that it was important to *let go* of discrimination when it occurred in order to stay healthy. She described how discrimination *bounces off* her and she sees it as an opportunity to educate people. Kathy reported that in response to discrimination, some people:



*... jump up and down and in doing so they're drawing attention to themselves ... I think they work themselves into a hissy fit and in actual fact make it worse for themselves. ... and gradually it gets out of all proportion and I mean it's just innocuous little things ... (Kathy).*

Throughout the interviews, remarkable stories of discrimination were followed by accounts of lesbian, gay and transgender people modifying their behaviour. Perhaps this is not surprising given the absolute lack of legal and social opportunities to challenge discrimination when it occurred. Some, like Noel, refused to modify their behaviour. Noel talked about how he was forced to change his persona in response *to a prison sentence, being vilified by the press and losing work and friends*. Noel reported drawing strength from his African father and Aboriginal mother and said *I brazened it out*. He added that being brazen *was an act that I actually taught myself. I would stand in front of the mirror and I would practice the way I stood and walked and talked*. However, few participants had opportunities to challenge others. Some left and travelled overseas as part of their coming out, creating for themselves spaces to explore their sexuality without pressure from families. It is not surprising that there was discrimination and that there was little redress. What was surprising was how seldom participants blamed others from their unequal treatment.

### Attributing blame

A recurrent theme in the interviews was the apparent lack of blame that participants placed on society for heterosexist modifications that they had to make to their lives. This was particularly apparent in Amanda's story where she described how she could not come out as a lesbian because she was a school teacher in the Catholic education system. Amanda avoided having photos taken at lesbian events because she believed that if she was 'outed' her employment might be terminated. Amanda referred to this as 'compartmentalising' her life and didn't believe that this constituted unequal or discriminatory treatment:

*I suppose what you get used to doing is compartmentalising your life. What I mean by compartmentalising is being different depending on which social or work situation you're in. That's not really discrimination, is it? That's just compartmentalising your life to make it easy. I don't think there were other parts of my life that I compartmentalise. Or if it is, it becomes second nature to you to compartmentalise it just to keep it all a little bit separate (Amanda).*

On reflection, Amanda reported that she didn't feel that she had lost a part of herself in the process, rather she believed that *everyone has to play - you know, what is it? Put a face on - to meet the people that we meet sort of thing, don't they?* The strategy of compartmentalising was considered necessary by Amanda to make herself safe. Amanda and others believed that they could not change the way society viewed LGBTI people. Many recognised that in order to live a safe life they needed to modify their own behaviour – to straighten up, to accommodate heterosexism. What is surprising is that so many did this without blame or resentment. However, as discussed previously, some participants felt anxiety at having to maintain a heterosexual façade and depressed at being unable to be themselves or at receiving unequal treatment.

### Intimate relationships

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. Many participants reflected on their historical

treatment as part of a same sex or non-heteronormative couple, how their intimate relationships had changed over time, and speculated on their future together. 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 partner's dependency as needs changed.

### Lack of recognition

Many interviewees described a lack of acceptance from family members of their intimate relationship. For example, Pam described how her family's difficulty accepting that she was a lesbian was exacerbated when she was in an intimate relationship. Larry described his father throwing an axe at his partner. The presence of a partner emphasised the participant's sexuality. This lack of recognition of intimate relationships saddened a number of participants and was made more difficult by the fact that some felt that they needed to hide their intimate relationship to hide their sexual orientation. This presented a number of difficulties, including – as described by Gerri – difficulty grieving the loss of a partner who was believed to be a friend. Gerri reported how when her partner died it was extremely difficult at work, as she was unable to share the extent of her grief:

*Gerri also reported that not being able to share someone you love with family: pisses you off. It does make you angry and sad at the same time and I think if you let yourself dwell on it too much it can be very hard (Gerri).*

Relationships held a particularly important place in the lives of participants. Given the experiences of discrimination, for some their intimate relationship was one place where they were safe. Larry described how he believed that his sexuality was *a sickness* until he met his first partner and then realised there was *nothing wrong with me*. Others, like Gerri, described the importance of relationships:

*It's not a purely physical attraction it is a mental attraction. It gets people together and you can't stop your mind and your heart, the old heart does have something to do with it. If you're really comfortable with someone like you feel like you've come home sort of thing that's the feeling you get you know and think, why would I want to be anywhere else you know, this is what I want, I'm safe here and love grows, it definitely grows (Gerri).*

The safety in relationships and the potential to depend on each other was raised by Amanda who considered the risks of such a relationship becoming claustrophobic. Amanda described how:

*Some lesbians will just have contact with other lesbians. Maybe it's the people you meet; maybe its relationship you get into. Maybe it's a very claustrophobic relationship where you start to rely on each other just too much. I think I found the relationship that I was in was too claustrophobic. You just cannot get everything you want and need in life from one person. So you need to have a range of interests and heaps of people around you. I have friends who got married and seem to get everything that they needed from each other. That's all very well at the while its going along fine, but if something happens? (Amanda)*

Amanda's view was that the refuge provided by an intimate relationship (a safe haven from heterosexism) could result in some relationships failing to thrive, or even imploding. Indeed, a number of participants described how intimate relationships could be strained in the



negotiation of their partner's experience of their sexuality or gender or due to changes over time in the relationship (such taking on the role of carer for a partner).

### Negotiating partners experience of their sexuality and gender

Several participants described the difficulty in having to negotiate different perspectives on the need to straighten up. For some participants this meant having to be closeted in response to their partner's experience. For example, Larry talked about John, his partner of 44 years as his soul mate and noted that John *was ashamed of being found out he was a homosexual so ... I could not tell anybody I was a homosexual because I didn't want to hurt him.*

For others, like Pam, the health needs of their partner influenced how they were able to live their life. When Pam's partner became ill they moved to a rural area and Pam took on the role of full-time carer. Pam describes the deterioration in her partner's mental health and how her partner:

*... wanted to jump right into the closet again. To the point of telling me off that we shouldn't do things like holding hands. I had to mind 'p's and 'q's and not be so obvious [about our sexuality]. My attitude was that if people couldn't accept me for who I was that was their problem. I said why? Why should it be different now? ... (Pam).*

Some participants recalled the difficulties and effects of having to negotiate their partner's changing attitude over time to being out or open about their sexuality. Cliff described how his partner had experienced discrimination at work which resulted in his partner being 'pensioned off' for mental health reasons. Cliff described being emotionally devastated after finding his partner's body in their home following his suicide. His grief was exacerbated by his partner's family making a claim on the home he and his partner owned. Cliff felt unable to challenge the family because there was no legal recognition of their relationship and reflected:

*That was something I'll never forget. ... I was really devastated and never realised the grieving process was so painful – to the point of almost physically feeling pain. Suddenly I was all alone in this empty house. Like everyone else I've had losses and problems but previous experiences hadn't equipped me for this trauma. You can't put a time on the grieving process, but the first 12 months were very hard (Cliff).*

The importance of negotiating the needs of partners was also touched on by Kathy. *Please, please, said Kathy, please don't forget the trans people support; that's the parents, the wives, the spouses, the partners, the family because they all suffer.*

The issues created by the lack of recognition of intimate relationships and the negotiation of partners' responses to homophobia and transphobia are unique to this cohort of older LGBTI Australians. There was a layer of complexity or difficulty that is not experienced by other older people. Understanding these unique issues is important for service providers who may make heterosexist assumptions and fail to recognise same sex partners and may not appreciate the weight and effects of these historical experiences. They may also fail to recognise the importance of relationships for older LGBTI Australians. Additionally, it is important that service providers understand the needs of older LGBTI people who are caring for their intimate partner.

### Caring in intimate relationships

It was common amongst participants to have been carers to family members, partners or friends at some stage. This reflects the findings in *Stonewall's* report, which showed that older LGBT people have a significantly higher rate of being carers than their heterosexual counterparts (Stonewall 2010). For some participants, caring for an intimate partner filled a gap where there was reluctance to access services, fearing homophobia. Many of the participants described the stress involved in caring for their partner, particularly when their partner felt the need to straighten up or where conflict with family was involved. A number of participants also raised concerns about supporting their partner, but then feeling left unsupported after their partner died.

The stress involved in caring for an intimate partner also put pressure on some relationships. Pam described the care she provided for her partner for 25 years after she became ill. Pam's partner was reluctant to have services come into their home because she was concerned about adverse responses to her sexuality. As a consequence, Pam gave up work to become her full-time carer and they moved to a rural area to reduce expenses. Pam described how *she was a 24/7 carer and it was a big mistake. I think that taking on the carer's role led to the destruction of our relationship. I overdid it.* The change in their relationship dynamic and her partner's health had a dramatic impact on their lives. *I thought this person was going to be in my life forever, said Pam, However, that's changed.* Their relationship ended. Pam's experience reinforces the importance of services being LGBTI-inclusive to ensure equity and access for LGBTI people. Perhaps if this was the case, Pam and her partner may have been more confident accessing services and their outcomes may have been quite different.

Issues in caring for intimate relationships were also described by Noel who recalled how his partner of 17 years died of an AIDS related condition while they were living in London. For Noel, the challenge of his partner's illness was compounded by the fact that he lost many good friends when he told them his partner had AIDS. It was also made more difficult by his mother refusing to have a cup of tea at the house because she feared contracting HIV. Noel's story highlights the ignorance around HIV. It is also consistent with previous research that suggests many older gay men do not disclose their sexuality because they believe service providers will automatically assume they are also HIV positive and that this will result in a lesser standard of care (Barrett, 2008; Barrett, Harrison and Kent, 2009).

In Australia, funding is provided to a broad range of carers' groups to support them to understand and meet the needs of the thousands of people who help older people to remain in their own homes. It is important that these services understand the needs of older LGBTI Australians, respect their relationships, and support them in caring for their intimate partners.

### Perceptions and experiences of aged care

At the beginning of this report we described the historical experiences of older LGBTI Australians and the unequal treatment they encountered by a range of institutions, namely: medicine, state, religion and family. We described the often devastating effects of that treatment on their mental health. We also described how the interviewees restructured their lives to accommodate heterosexism and to create safe spaces for themselves and their partners. In this next section we describe the fear expressed by many of the participants that ageing and disability will again expose them to institutionalised heterosexism in the provision of aged care services. Many were concerned that accessing aged care 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 care service providers, other clients, and visitors. Two participants were receiving home services and had not disclosed their sexuality to service providers. One of these, Pam reported that:

*We had home care, people coming to do shopping. I don't know if they knew we were lesbian. I don't know. They may not have. Actually, they might have been pretty astute to guess. You can always count on the heterosexual bias. The assumption is that you are straight like everyone else unless you are really obviously not. It's there. It never occurs to them ... Because we didn't have lezzo posters scattered around the house and we had our own bedrooms. ... You know what happens to older women – you become invisible (Pam).*

Pam reported that her partner did not want service providers in their home and had closeted their relationship when she became unwell. The belief that you need to 'degay' or 'straighten up' the house to be safe from discrimination by service providers has been reported elsewhere, as has the reliance on assumptions of heterosexuality (Barrett, 2008). While participants may be prepared to do this to make themselves safe, Noel identified that there was an opportunity that was being missed:

*I have home help. I certainly haven't told anyone that's come in here that I am gay, but it'd be great if you could be more yourself. I think that if there was some GLBTIs specific services that'd be popular. This place doesn't need two hours cleaning; we could have a cup of tea, and a bit of a chat. Whereas you can't if someone doesn't speak your language (Noel).*

While only two participants' views were formed by their direct experiences of accessing services, others drew on stories they'd heard about aged care and reported a generalised fear of being vulnerable and controlled by service providers. Gerri reported worrying about moving into a retirement village because she would have to put up with other residents who would be *looking down their noses because they would be of an age when it was taboo*. Others were more concerned about the responses of staff. Pam referred to the 'big issue' for older lesbians as:

*... the need to be secret is the biggest thing for them because when you are in care of any description you are incredible vulnerable. I have seen this with my own mother. You are subject to the staff and whatever. You got no means of looking after yourself. You become dependent in some ways. You have not means of protecting yourself. Who hasn't heard of the terrible, terrible abuse that goes on. You add a different sexuality and it's much, much worse. They are not going to be obvious and out. A lot of them have tended to hide their sexuality anyway, because of the generations they grew up with. Not everyone is bold and brave and out (Pam).*

Similarly, Cliff expressed concerns about losing his independence and thought he would need to be more cautious about disclosing his sexuality. Cliff said that some older LGBTI people accessing aged care services would *virtually go back into the closet ... You're vulnerable to the people that are looking after you*. He reflected that this could:

*... create more stress to someone if they're feeling uncomfortable or uncertain in the environment they're in. So they must mentally be on edge that they're careful of what they're saying or doing or friends visiting them. I suspect that because nursing homes mean a lot of hard physical work their staff turnover is large. Also, and this is a very*

*general statement as I don't really know, but I suspect we are employing a lot of overseas people who are prepared to do the work as they appreciate a job. Some would be from countries where homosexuality is punishable by law and they may have a very strong view against gay people, which could mean they treat gay people very differently. If the staff lack understanding, vulnerable people will tend to withdraw a lot and it then means moving back into the closet. Sad really (Cliff).*

Cliff raises the important issue of how service providers reconcile their own values and beliefs about sexuality and gender with their professional obligation and duty of care to value and respect the individual needs of older Australians. While the Australian Government has developed a *National Strategy for LGBTI Ageing and Aged Care* calling for the development of such services (DOHA, 2012), there is a particular need to explore how culturally diverse workers and faith-based organisations deliver LGBTI-inclusive services.

A number of issues about the provision of inclusive aged care services for older trans people were raised by Kathy. In particular, she noted that there was reluctance on the part of older trans people to 'stand up' and tell services providers what they needed. Kathy reported that it was important that trans people educate their carers and recalled the story of two trans women anxious about an impending period of respite in a residential facility. Kathy was able to deliver education to the service providers to ensure that the respite service was trans inclusive. She argued that most trans people were reluctant to educate service providers, noting:

*I don't think you're going to get that era of older trans people to talk to you. The biggest problems we've got is that people are now coming up to retirement age and they're fearful of going into care facilities and retirement villages and this sort of thing, because they may be picked on or whatever. And you know I mean if you're going to start being fearful about going into these places, you may just as well curl up and get in your box, you've got no life (Kathy).*

Research suggests that some aged care service providers believe that older LGBTI people have a responsibility to educate service providers about their needs. We believe that there needs to be a distinction made between the importance of individual LGBTI people informing services of their needs and the onus of responsibility for the delivery of LGBTI-inclusive services. We believe that aged care services have a responsibility to deliver LGBTI-inclusive services, and that when this has been achieved older LGBTI people will be more likely to take opportunities to educate service providers about their individual needs. We believe that older LGBTI people should not have to 'straighten up' to accommodate heterosexist services.

Not surprisingly, a number of participants shared their dream for LGBTI-specific residential aged care services where they could be themselves, free from discrimination, in a place where they felt valued and respected. This is not surprising given the fears of discrimination in generic services that have been reported elsewhere (Barrett, 2008). While LGBTI-specific services will be welcomed in terms of providing assurances to older LGBTI people, there remains a responsibility to ensure that all aged care services are LGBTI-inclusive services.

## **Not the final word or How I survived**

*We are alive. We should celebrate that so many of us have survived. There was no safe place to come out. You were locked into your lifestyle. The fact that someone like me*

*managed to overcome being locked in jail, being vilified by the press, being hounded by my friends and work fellows .... I survived. We should celebrate (Noel).*

In preparation for the recent *Health in Difference* conference, one of the report authors asked Noel Tovey to assist in writing a paper on the conference theme 'celebrating the lives of older LGBTI Australians'. In response to the question, What should we celebrate? Noel made the comment that we should be celebrating the fact that older LGBTI people have survived.

Throughout this report we have documented stories of older LGBTI people, and how they have survived. One of the particular strategies that participants described as pivotal to their survival was connectedness to LGBTI communities. Some participants described their LGBTI friends as their family, replacing the families that had disowned them. For example, Gerri described how *I've found that being in the [gay] groups was a great release. Getting with family. Yeah we are family. And consequently that is a real outlet it's very, very good.* Others, like Hugh, reported that being connected to other LGBTI people was so important because sexuality was *such and undercover thing* and Kate reported never having mixed with *straight people*.

Whatever strategies participants utilised there can be no doubt that they were remarkably strong and demonstrated a tenacity and passion for life. Larry described how, through the difficult experiences and dark times in his life, he has found strength. *To me it's, it's a great world if you don't weaken and if you're honest with yourself and since I've become honest with myself life is beautiful.* Others, like Pam, report taking *no shit from anybody* and Noel took great pride in a recent press article about his work to have prior criminal convictions relating to sexual conduct between consenting male adults expunged.

*The other day I posted on the Facebook, after The Age newspaper article on me came out, I posted you never reach an age where you're too old to stop fighting for what you believe in (Noel).*

While there can be no doubt that older LGBTI people have had to be strong simply to survive, it is important to conclude with a reflection on the importance of creating services where older LGBTI people no longer have to fight to be safe. In the preparation for the *Health in Difference* conference described earlier, Noel was asked what he envisioned for the future. He replied:

*Young people can now come out. People like Val [from Val's 1950s Coffee Lounge] made it possible for them to come out. It was really important because there was no other place for gay people to go and sit and talk to each. Val created a milieu, a gathering place. You could have a gay conversation without worrying about being overheard. Gay people could go there and be themselves. It was the start of something. If you were gay people would say: he's the kind of person that goes to Val's. Young people should be celebrating the fact that they are free. We have created a better world for young people, now we need them to make a better world for us. They need to make sure that elders are treated properly (Noel).*

We hope that the stories documented in this report will help to create a better world for older LGBTI Australians. We hope that these stories will inspire aged and mental health services to implement the *National Standards for LGBTI-inclusive practice* developed by Gay and Lesbian Health Victoria and so doing affirm the dignity of older LGBTI people's sexuality and gender.

## Recommendations

The following recommendations have been developed in response to the powerful stories of the 12 lesbian, gay and transgender people interviewed in this study and, in particular, their experiences of heterosexist discrimination and its effects on their mental health and wellbeing. They have also been informed by a growing body of research detailing inequities in the provision of mental health and aged and community services for this population. Together, this study and the research on older LGBTI people, have implications for government, policy makers and specialist and mainstream service providers.

## Policy

The stories documented in this report highlight the need for the development of LGBTI-inclusive services for older people. The recently released *National Strategy for LGBTI Ageing and Aged Care* (DoHA, 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.

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

4. The *Standards and Guidelines for Residential Aged Care* are revised to include the needs of LGBTI residents. This will mandate the development, implementation and ongoing review of LGBTI-inclusive residential aged care services
5. The *Community Care Common Standards* are revised to make explicit reference to the needs of older LGBTI people receiving home care and services. This will mandate the development of LGBTI-inclusive community care; and
6. 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

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 impact of systemic discrimination on the mental health and wellbeing of their older LGBTI clients.

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

7. 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

8. Include information on the institutionalised nature of discrimination experienced by older LGBTI people and the pressure on older LGBTI people to 'Straighten up' when accessing services (which renders many older LGBTI people invisible)
9. Include information on the needs of older LGBTI people's partners and carers
10. Address the beliefs and values of mental health and aged and community care workers (particularly those from culturally diverse backgrounds and faith-based service providers) and ensure that these do not compromise the delivery of person-centred care that recognises the value and dignity of older LGBTI people's sexuality and gender identity
11. 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
12. Not treat older LGBTI people as a homogenous group but acknowledge the differences that exist *among* this population, including differences in religious and cultural beliefs, ability and socio-economic status.

There is also a pressing need for the inclusion of older LGBTI people's voices, images and experiences in public education campaigns aimed at reducing the prejudice and discrimination that underpin higher rates of anxiety, depression and related disorders among LGBTI people.

## Service provision

In addition to the reforms outlined in the *National Strategy for LGBTI Ageing and Aged Care* it is important that mental health and aged and community care service providers:

3. Understand that the onus of responsibility for developing LGBTI-inclusive services rests with the organisation and not with the individual LGBTI client; and
4. 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.

Clearly, there is a need to ensure that mainstream mental health and aged and community care services are inclusive of older LGBTI people. However, there may also be a need for some specialist services this population. This may be particularly true in the provision of mental health services for given the links between heterosexist discrimination and experiences of anxiety, depression and related disorders, including attempted suicide, documented in this report.

## Research

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. It would also enable:

5. A more detailed exploration of the richness and diversity of older LGBTI people's lives
6. 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

7. Greater engagement with older transgender people who are underrepresented in this and other ethnographic and population-based surveys of LGBTI health and wellbeing.

Finally, the absence of any older intersex respondents in this project suggests the failure of current approaches that include intersex as part of sexual and gender diverse minorities (GLBT). 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.





## Attachments

### Attachment 1: The narratives

#### Dawn – above all things, to thyn own self be true

I was married in 1964 as part of the expectation of my family, I suppose you could say and I was in that marriage for 14 years.

Back then I didn't even know what a lesbian was. Never even really entered into my thinking or my world at all. I was a country kid, sheltered; just had a normal sort of an upbringing. So it really came as a surprise to me that I had these attractions. I was so busy being the perfect mother, the perfect wife, the perfect everything that I put my needs on the shelf. But looking back now it's as though I was marking time. Everything in preparation for something else.

Then I met Ann and it was like the first time I'd ever really felt strong emotions of love and affection and wanting to be with a woman. It wouldn't go away regardless of how I knew that this would devastate everybody's lives and really severely affect a lot of people. It was affecting me more than it was affecting other people I can assure you.

#### Responses of family

The word lesbian was never mentioned. What was mentioned was that I was leaving my family and that I was going to live with Ann.

I just said I was leaving with Ann and the response I got was just "you're insane". My parents actually came over to where I was living at the time, got me into the car and said: we've got an appointment with of all people, Pell [Cardinal George Pell]. They said: You're a sick person; we're going to take you to Pell. Almost hijacking me, but I refused to go. And they said: Oh, we're so disillusioned. And I remember saying: Maybe you should go to a group for disillusioned parents. I wouldn't get back in the car. Oh definitely not. God, no, no. No. That would not have been something that I would have readily done because I was happy within myself.

That was the first time I've ever been disrespectful to my parents. Because outwardly it was absolute chaos and turmoil but inwardly I was very, very calm and strong with where I was. All that they could see was all the outward chaos, not the calm inside. I was very distressed at the fact that I had left two children and a husband, who would have walked over hot coals for me to stay. There was an awful lot of emotional blackmail.

My father said to me: You know, you're not who you think you are. Like, how would he know? He just couldn't cope with the fact of who I was. It was really hard to repair my broken spirit in a sense. Everything inside was okay but the rejection of so many people really broke my spirit. Love had conditions attached to it.

I nearly went insane, because I'd been brought up to be this conservative, dutiful person and to be confronted with these sorts of decisions was just - was too much. I used to sort of go into a waking coma I call it. Well, I could hear noises around me but I couldn't really respond. It sounds pathetic.

### Leaving town

I'd never worked after I was married and neither had Ann but we were both very involved in our communities. Our husbands had prominent positions in a small country town. I think if we hadn't have left we would have got run out of town anyway. There was no room for anything in-between either leaving or staying. A well-meaning good friend said: Well, it's no use you fighting this to get the children because you'll just drain all your money and you won't win. And that came from a social worker actually.

I thought that I wouldn't win because I was the unstable one whereas my former husband had a very good job. I mean, I wouldn't have left the children if I didn't think that he was capable of looking after them, but I knew he was. He was very responsible and capable.

When we left town we just threw a few things in the car and drove. We didn't know where we were going, we had I think saved about \$100 between us and we just drove. So we didn't know where we were going, what we were going to do, but we just knew we had to go. And I think we went to a caravan park the first night and it was just so surreal; so surreal. I just felt like - I wasn't even - I was so sheltered the way I was brought up that this was terrifying. I'd never gone anywhere by myself and here I was putting so much trust in Ann and that this was going to work. If it hadn't have worked I don't know, what would have happened.

### Mental health

Outwardly I was very unstable because I was trying to deal with all these things. You just think of the list of stresses in your life - I had a loss of identity for a start, a loss of children, a loss of home, a loss of income, a loss of parents and family a loss of friends. When you add all of those up that is a major stress for someone who had lived a very sheltered life.

That affected my mental health. I was really very, very ill mentally. Not doing anything stupid or anything like that, but it was like I was a zombie. Before we left our husbands, a doctor had recommended a psychiatrist in the city. My expectation was that the psychiatrist was going to rap our knuckles. I was blown away to think that she didn't do that. She virtually just empowered us, I suppose, to believe in ourselves. We knew but we just needed some sort of confirmation that it was okay; you're not really just naughty girls running away for an experience. I can remember my parents saying one time: It'll pass, it'll pass; she'll come back, expecting it just to be some sort of a whim. But here we are 35 years later.

### Access to the children – having rights

We found another country town not terribly far from where we had been living with the idea that the children would be able to come and visit easily. That was the agreement; just a verbal agreement when I left and I believed that that's what would happen. But then there was a lot of interference and pressure on my former husband to not allow the children to see me. It would be - what's the word - they would become corrupt I think. Corrupted by our relationship. That was their biggest fear, that I would corrupt the children and they would be deviants or something. I was encouraged by my parents 'to butt out'. Leave them alone.

My parents were not happy. They were speaking to my ex-husband and saying that the children shouldn't be allowed to see me. Then I heard on the grapevine that my ex-husband had found somebody else, after saying he would live alone for the rest of his life.

So things started to change, I didn't even know that he was remarried. I had to find it out from somebody else, so my children had a stepmother who I knew nothing about. So I could have been very dissatisfied with her coming into the home with a male child. But I wasn't consulted

at all; I had no rights. I might have had rights but I wasn't able to exercise them. And the other thing, I dare say I limped away, I'm not a fighter. I limped away thinking well, I want to do the least amount of damage I can to my kids and if it means that there's going to be all this drama over visits - visitation, I'll be the one that will suffer. I'll take the pain of not seeing the children if it means that the children can get on with their lives and make a new life with the stepmother. I saw my children I would say once a year for a couple of years.

And that was also very full with emotion. There was never a tear or anything like that but I was to be at a meeting point where my former husband would be. When I arrived he was sitting there on the seat with one of my children, and looking all forlorn. When I took my child in the car and we drove off she was looking back the whole time at dad still sitting there with his head down and looking all sad. She was distressed seeing her dad like that, feeling sad for him, so I thought what am I doing this for, you know.

### Reconciliation

Well, when my mother died quite a few years later I went to her funeral, only at my father's request because I thought well, I've done all my grieving for the person I thought was my mother years ago. So my sister and my father decided that I should be there. So, with dark glasses on I bravely walked into the church by myself and a cousin who I'll never forget said: Come and sit with me.

One other thing I need to say is that after mum died, dad suffered from Alzheimer's disease and I would go over and clean his house. And one day he said to me, even in his state where he was at: You know, mum and I were wrong, and he was instantly forgiven. After both my parents had died I went back with my sister to clean out the house. All my photos had been removed from photographs albums and everywhere, so that was another painful episode.

My mother's funeral I met what I presume was my daughter again, because I hadn't seen photos of her for years, but I thought, well that long hair it had to be her. Later, she was doing a course in the town where we were living and she would come around to visit. Well, they were the best times for about 12 months that her course lasted. We were having a great time. She'd come to the house after classes and we would have lovely dinners round the fire, the three of us. It was just a beaut time, and we formed quite a nice relationship. It's been a bit rocky from time to time like all mother/daughter things are but on the whole it's still very strong.

When my daughter was married, she said she couldn't invite me as she didn't want to upset her father. She sent me flowers on the day though. Tough times to rise above the hurt.

I met up with my son after 30 years. It wasn't until his wife started letting their children come to see me, because they wanted to get to know their grandma. He was sort of pressured. Now it's fine. I tell him he's a smarty if I need to. I'm not walking on eggshells that's for sure.

My sister apologised profusely for not being there when I needed her and she still feels guilty about it. We have the closest relationship. If we go anywhere my sister will introduce Ann as my partner without any hesitation, she has no issues with it, nor does my son and daughter and kids.

### From the edge - rebuilding

The first year we separated was like as though I was watching somebody else living, it wasn't really me. At one stage my partner was contacted by so called good friends who said that her former husband was very sick and she needed to get up there to see him. So, torn between the two, she did go and I felt really threatened and things sort of slipped away for us a little bit there. Not the love, but the confusion and the insecurity I suppose of the whole thing. What if I'm left with nothing and a little bit of trust was gone, sort of - and that's hard to build back again.

After a time I was so distraught I can remember taking my old little car out in the bush with a few sleeping pills and tried to kill myself. So I know what alone feels like. What stopped me killing myself was I didn't have any water and I couldn't swallow the bloody pills could I? And I was crying and vomiting so much. Yeah, but lots of people go through those sort of things. I'm certainly not solo in that.

You do what you have to do at the time. I've never ever thought of myself as strong ever and I still don't. But I think it's just a belief that what you're doing is okay. It's not wrong. I'm not an axe murderer; I'm not a person that would hurt another person if I could avoid it. I love life and all that sort of thing but sometimes you just get so alone - and I don't mind being lonely. It's different to being this absolute loneliness where I suppose the dark takes over.

What I did when the dark took over was write. Write. Yes. Write, write. Write letters to everyone, write down how you feel, write poetry, anything that gets your feeling out of yourself and onto paper. Nothing was ever posted though. I think sometimes in sharing it there's - when you're so fragile there's a danger that that person is going to say something which exacerbates what you're feeling. But writing doesn't.

And when you're strong you can go back and re-read it and say: oh my God I lived through that. You can share that writing with somebody later on if you want to, as I did. But it's so personal that a conversation really gets in the way, if you know what I mean. Some people would go to counselling and find that really helpful and that's good for them but for me it is too personal, so writing it down gets it out.

Getting it out, yes. It's got to go somewhere. Those pent up feelings of injustice have to go somewhere, like anger. If you don't express it, you just blow up and it's a bit like that with some of the injustice and the pain that I was feeling. You don't want to take it out on other people. Not all of us can run to a counsellor and we can't always find one that you can have a rapport with either.

### **A place for us**

My values are something like the colour of my eyes, I don't change those. I can change my opinions and I can change my beliefs even, not that I have many of those but - because I just believe that all things are possible. Before we left I can remember saying to Ann: you know somewhere, sometime, somehow there's a place waiting for us to find it. We built a little stone house, there it was. That was the time, the place and it all happened. So it's about looking outside that immediate bubble that you're in and working towards that. So you're not running away from something, you're running to. I find that that's really, really important.

The way I can probably explain it is if you were a little boat bobbing around in a harbour, in Port Phillip Bay and you're bobbing around there - are you prepared to bob around for the rest of your life, or do you want to brave going through the heads and the turbulent water for what lays beyond, which is a whole new big, open scary world. And that's the perfect analogy

for me.

I had values that I stuck to. As I say, I don't think you have a lot of choice. I just don't think you throw out values willy nilly like the garbage. And you know it's a funny thing, when I was trying to work out whether I should go or stay, what are all the consequences and the fall out and all that sort of thing, trying to weigh everything up. When that was happening I was cleaning out a cupboard and I found an autograph book that as a kid was all the fashion. You got everyone to write in it: hey diddle diddle - I'm in the middle, stuff. And I found one from my father and he wrote: Above all things else to thyn own self be true. At the time I thought: oh God dad, I wanted a joke. But it wasn't until I found that book again and I reread it that I knew 'that's it', that's what I've got to do. Thanks dad.

I can feel sorry for people that have been hurt but I can't apologise for who I am. I don't really think that there's a lot else that I can add except I have got a couple of poems, which I can send to you about the family pain.

Allusive is love,  
It cannot be perused  
When found,  
It cannot be discarded





On the outside now looking in,  
I choose to walk in the sun  
Avoided, of the shame of sin.  
Heads turn away one by one.  
What did they know of my pain and grief,  
They cared but for themselves.  
To be alone now is a relief,  
A forgotten piece on their shelves.



## **Pam: I don't take shit from anybody**

The big difference between me and lots of other people is that I have had to deal with disabilities all my life. I had damage to my hearing and I have had to battle that all my life.

### **Social expectations – women**

When I was out I was out. I was not in your face about it. I had never conformed to the supposed feminine. One I was really tall and skinny. Two, I looked really androgynous and I rode motorbikes. Tall women are really common now, but when I was in my 20s they were really thin on the ground. When I had my bike gear on I was treated like a man. I never really looked and I never really dressed feminine. I had really, really big feet.

If I was more classically feminine it might have been different. The expectations would have been more. The level of expectation would have been higher. When I was young the biggest role for women was marriage and children. The opportunities for women were incredibly limited. They just weren't there. I would have made a fabulous naturalist, but the opportunities weren't there. Universities weren't free.

### **Coming out to family**

I decided this day that I had to tell my mother that I was a lesbian. I rode up on my motorbike. I went to see my mum. She had a visitor, and the visitor was a bit of a conservative. So there was no way I could say anything. You need to realise that as far as Catholics are concerned lesbianism and the rest of it are sins, big sins, not menial ones. They are the mortal sins. Mum hated the fact that the word gay had been taken from being cheerful and happy and bright. She hated the fact that the word had been taken by homosexuals. She hoped that I wouldn't be one of those **out** gay people. I said to her: What do you mean by out lesbian? And she said: Go along and do marches and that sort of thing. Well, I didn't say to her: of course I am.

The other thing that happened was that my family gave me the flick after I came out. That's what happened. My sister in law and I had a good relationship. I was the only one that she thought she could talk to. The rest intimidated her. I was godmother to her child. As soon as she found out that I was lesbian she could not even bear to be in the same room. This was extreme behaviour as far as I'm concerned. I was persona non grata: you stay away - evil. The only one who supported me was my sister immediately next to me. I thought for my own self I had to distance myself from my family completely. This was the worst part – nobody said anything. Nobody said anything. No one said to my face: You're an evil witch. Because if they had, it would have been more acceptable. But they just said nothing.

When I was growing up I had some warped idea about what a family is. We were never close. I had alcohol and violence in my family. We are all damaged people. I am a thriver by the way. I'm not just a survivor, I'm a thriver. I found that I recognised, before I came out, that being with my family was really toxic. It had a negative effect on me. I reverted back to this snivelling thing. I was the child who was bullied. It had a negative effect on me.

All those things happened in my thirties. Then my family didn't want to have anything to do with me. My sister told me they were very, very upset with me. Because I had a relationship it made it so much worse. If I wasn't in a relationship they could have glossed over it. It had an effect on me. I had so many years being really depressed and really lonely. I don't know if it was because of the discrimination. It's in the genes with us. I know when I was travelling I used to wonder if I was in fact myself bipolar, I seemed to be on a pendulum - I used to feel really high or really down.



### Going overseas

The really funny thing is when I was in my 20s I went overseas and it wasn't until I got to England that I saw my first dinky die lesbian. You know, I thought that I was the only one in the world. I didn't know much, because with the problem with my hearing and I was incredibly shy. So I didn't have much of a social life as a teenager. I was basically unschooled in many ways. One of the best things I had done was go travelling. I learnt a lot.

When I came back to Australia I put myself through photography school and I met a woman there she was an out lesbian. She introduced me to her household of other lesbians. These were the first lesbian women that I socialised with. I was in my 30s before I met an out group of lesbians.

### Depression

I am on pills; I am on medication for depression. Actually, in my family we do have mental illness. I've had years and years of psychiatry. I discovered Reiki. That was a significant factor in me turning my life around. At that stage I was on a really, really bad downward slope, I may not even have survived. I went through kill myself state. That's how bad things were. I went through thinking about killing myself stuff. I went through the suicide bit. The funny thing was when I stepped back from wanting to wipe myself off the face of the earth - I knew I would not do that again. I have always believed in guardian angels. I tell you mine has been working hard. When I think now of some of the circumstances I have been in. Oh my god. But I have always been protected I have always had this sense of being looked after.

We are here for a reason. I don't believe in this one lifetime crap. You only have to look at humans and think about all the work that has gone into that, I do believe in reincarnation. I have always been interested in spiritually. I have always had an inquiring mind.

Because I had a disability I had to learn, despite the fact that I was bullied relentlessly and despite the fact that I was a snivelling mess. That didn't change till I went overseas and then I discovered that people really liked me. I didn't have any people skills; I had to learn those along the way. These days I have learned to stand up for myself, I don't take shit from anybody.

I had the realisation that every single thing that happened to me, all the horrible, dreadful stuff that I would just query and say why? Every single atom had gone into the creation of how I was. It all formed who I was and from that point I could move on.

### Caring for my partner

I was the full time carer of my partner. We had been together 25 years at that stage. I left my job to provide her with full time care. When I left work we moved to the country, because we couldn't afford a house in Melbourne. About four years ago she flipped her lid completely. Totally and utterly and turned into a monster. She really did turn into a monster. I finished up being the worst person in the world. I was a liar and a thief and all the worst things that you can think of. I thought this person was going to be it. You know. However, that's changed.

When we moved down to [the country] I had to give up my job and take on a carer's pension. The really strange thing was when we moved my partner would get really paranoid. She wanted to jump right into the closet again. To the point of telling me off that we shouldn't do things like holding hands. I had to mind my 'p's and 'q's and not be so obvious. My attitude was that if people couldn't accept me for who I was that was their problem. I said: Why? Why

should it be different now? The reality is that I have never had a problem. Within 12 months of moving, her health deteriorated rapidly and she became bedridden so it was not as if we were out and about all that much. She was really foul about it.

We had home care, people coming to do shopping. I don't know if they knew we were lesbian. I don't know. They may not have. Actually, they might have been pretty astute to guess. You can always count on the heterosexual bias. The assumption is that you are straight like everyone else unless you are really obviously not. It's there. It never occurs to them. Different for the younger people I would imagine, I am talking about people of my generation.

I have come to the conclusion that I am not going to have any more relationships. Been there, done that. I was a 24/7 carer and it was a big mistake. I think that taking on the carer's role led to the destruction of our relationship. I overdid it. So now I am doing things for myself.

### **Social networks & home services**

When we moved here, my partner felt really uncertain. So when home services came to the house I never did anything different, but the chances are they never realised. Because we didn't have lezzo posters scattered around the house and we had our own bedrooms. You can count on the heterosexual bias. You know what happens to older women – you become invisible. Things change when you reach 60.

The big issue for older lesbians; the need to be secret is the biggest thing for them because when you are in care of any description you are incredible vulnerable. I have seen this with my own mother. You are subject to the staff and whatever. You got no means of looking after yourself. You become dependent in some ways. You have no means of protecting yourself. Who hasn't heard of the terrible, terrible abuse that goes on? You add a different sexuality and it's much, much worse. They are not going to be obvious and out. A lot of them have tended to hide their sexuality anyway, because of the generations they grew up with. Not everyone is bold and brave and out. I probably wouldn't have described myself like that I was just being myself and if you didn't like it, tough. I have always been different. I was really quite strange in many ways, irresistible in others.

Things like depression is huge with older lesbians because of all the discrimination and all that. You'll find it's a lot higher there than the average. There is a lack of support. There is a lack of societal support. It's just not there. The abuse that happens, the name-calling and all that. The number of times that, especially young women, they are told: A good root will fix you, that's all you need, you haven't met the right bloke. This heterosexism is ever present and there is no room for any difference and that has changed so little. The effect that has there is you and the rest of them and you are trying to make your own little space.

### **Contemporary differences and needs**

Vilification has an effect on mental health. If you keep hearing all this negative shit what is it doing to your self-esteem? Think about it for half a second. It's undercutting your self-esteem continuously. When I was young and growing up we had feminism, it was a really active force. We were out here fighting. Too many young people think that the battle has been won. It hasn't. They didn't learn any of the Herstory or they have forgotten it. All the so called rights can be taken away in a heartbeat. They forget that you've got to keep working at it. I think for a lot of lesbians that they start to question themselves. Who am I really? They don't have a clear sense of who they are. I have even heard lots of young lesbians are questioning not just their sexuality but whether they really are women. The lesbian movement, if you like, is very fragmented and people watch their language. For crying out loud, we all have a common

enemy for heaven's sake. Why all this infighting. The common enemy is men; the patriarchy. I associate with lesbians now, that's my choice.

*beyondblue* need to develop an awareness, they need to be aware that we don't all come out of the same mould. All people, all lesbians. They need to have a non-judgemental recognition. The non-judgemental is critical. Because so many people have internalised homophobia including lots of lesbians. They must have respect for the person, doesn't matter what the sexuality.

## Amanda: A flexible, rounded woman

When I came out in about 1970 it was a very hush-hush scene in Perth. You had to be invited to places and get signed in almost. It was very much different than it is now. Even private parties, you had to be invited by somebody that could vouch that you were okay, that you were a lesbian. That was my first experience of the gay scene.

I was a nurse before I was a teacher. There were a couple of women, young women that were obviously having a relationship together, and there was a lot of hush-hush talk about them. People were quite nasty to them and nasty about them and made homophobic-type comments. And I used to think: Why? Why does it matter? But you didn't speak up, of course.

Things were fairly hidden. Mmm, absolutely. Well, as far as I knew they were. I went to England in '68 and ran slap-bang into the Women's Liberation Movement, which we hadn't heard of in Australia. That was a liberating experience because anything went in the '60s in London. So, I suppose that was quite liberating. There was a lot more going on than there was here in Melbourne.

### Coming out

When I told my mum I was a lesbian, she said she'd had her suspicions because she wasn't a silly woman. I went home and said I was having a relationship with a woman and you know the usual throwing up her hands in the air: What have I done wrong? et cetera, et cetera. Then poor old dad walked in and mum said: She's homosexual. And Dad said: What? She's home sick? What's wrong? I've laughed about that for years. I guess it was hard for them to cope.

I've basically, not had anxiety or depression. Well, if I've been discriminated against I'm not sure when. I mean in the workplace I don't think I have been, but then it was never an issue because I was never out at work, because I was in the Catholic system as a teacher. I would never have my photo taken at lesbian events until I retired. It probably wasn't a wise thing to do, to be out as a teacher in the Catholic system. Quite possibly you could have lost your job. It just was never an issue and I just never, ever talked about it. So, in that sense I don't think I faced discrimination at work.

I guess the women that talk the loudest about being discriminated against, the ones that I know, are often stridently feminist, stridently lesbian and who almost spend their life challenging people to discriminate against them because they are lesbian. I don't know whether that sounds mean on my part or not. But I mean do you know the sort of women that. It's that: I'm a lesbian, what are you going to do about it? So, perhaps I'm too easy - you know. I'm quite easy going and I'm very flexible. I'm sure that things like that make you much more resilient.

### Compartmentalising

I suppose what you get used to doing is compartmentalising your life. What I mean by compartmentalising is being different depending on which social or work situation you're in. That's not really discrimination, is it? That's just compartmentalising your life to make it easy. I don't think there were other parts of my life that I compartmentalised. Or if it is, it becomes second nature to you to compartmentalise it just to keep it all a little bit separate. But I don't think it caused me any anxiety or grief, you know, it just became second nature to do it. And I'm sure that's true for a lot of older women and men as well, not so much for younger people, I don't think, because it's much more acceptable.

Aged care is something that some older lesbians worry about. But once again it depends on your social environment, doesn't it? I honestly don't know. Maybe because I'm so good at compartmentalising, you know it wouldn't be an issue.

### Flexibility

It sounds like I've absolutely organised my life around my job, but I didn't. I would work for four years and then I would travel for a year, so it wasn't as if I was frightened of losing my job or not working you know. I worked for a time and then I would travel and when I travelled it was carefree. So, maybe that's how I survived. Having those breaks meant that I didn't have to worry about losing my job. Maybe that's how I did it. It was okay. It was about flexibility. Being resilient is about being flexible. I think if you're flexible you can fit in anywhere really. I didn't ever feel that I lost sight of who I was being flexible. So, maybe that's just a sense of self that's pretty strong; I don't know.

I didn't feel like I was losing any part of me. Everyone has to play - you know, what is it? Put a face on - to meet the people that we meet sort of thing, don't they? So, I mean I'm sure that everybody in circumstances is different from what they've been in other circumstances. So, I didn't ever associate that with sexuality. I don't know whether it's really different for young folk now. They don't have that sense of need to have that flexibility; I wonder whether it's different?

I am not just a lesbian; possibly one of the things that maybe is important for me is that I have lots of interests, lot of things that interest me. Like, I follow [football], I have dogs that I breed and show and I live on five acres, so we've got have chooks and goats. I have a whole range of other interests that I think that are just as important to me as being a lesbian really. I am sure that helps with being a much more rounded person. I didn't deliberately set out to do all that, that's just who I am. I'm not just a lesbian. I am not defined totally by my sexuality. Heterosexual people aren't and I think you can fall into the trap if you are a lesbian and that defines your whole being. Then I think it becomes very insular.

I have a tendency all my life to be flexible. Maybe I thought that if I was going to survive in the world as a person I had to be flexible. If you are going to live as good a life as you possibly can then I think being flexible is good. It makes it more difficult for other lesbians if they are not flexible. I don't know how you can get everything you need in life from one person or one situation, I think you need a lot of input from a lot of different areas. I think it is good for us as women to have contact with whole different range of people. Otherwise it just implodes on itself if all you ever do is just sit around and talk to someone with the same ideas, the same sexuality, the same lifestyle experiences.

The imploding, unless you actually actively trying to renew ideas, new ways of looking at the world, different experiences into your life, it just becomes very boring. You would just be sitting around getting depressed and thinking about why is life so limiting. If you let your life be limited by anything, whether it's your sexuality or you lose a leg or whatever then I think it becomes more difficult.

It stands to reason that if you only have one thing in your life and it is not going well you could get depressed about it. When things go wrong, if you've got half a dozen other things in your life you can draw on those until things pick up or don't. A lot of women get depressed because their relationships break up or things happen. If the relationship is all you've got then it stands to reason that the sadness will become a depression, overriding depression. Because there is nothing else that is working. But for me, I will go to the football or I'll go to a dog show or I'll

go and talk to this group of people and I am sure that helps.

Some lesbians, will just have contact with other lesbians. Maybe it's the people you meet; maybe its relationship you get into. Maybe it's a very claustrophobic relationship where you start to rely on each other just too much. I think I found the relationship that I was in was too claustrophobic. You just cannot get everything you want and need in life from one person. So you need to have a range of interests and heaps of people around you. I have friends who got married and seem to get everything that they needed from each other. That's all very well at the while it's going along fine, but if something happens?

I joined [a lesbian group] because I wanted some sort of connection with the lesbian community because I really had lost touch in a lot of ways and I thought that was a way of reconnecting, I guess. I don't go out of my way to join social groups and things. Maybe I should; I don't know, but I don't, because my life is good. It's not as if I'm lonely or isolated or anything. So, that's enough, I think.

Some lesbians, who just mix with other lesbians, might think: okay I am safe here, let's put up the wall. I think it's a huge mistake because in the end, I suppose there are some women that can survive together for many years without a lot of contact but it relies on a lot of things and it can become quite manipulative. I believe that in relationships you should get out and grow. You don't want to become inward looking only because you just won't survive.



## Gerri: Heart of hearts

### Early life – Coming out, mixed reactions

I had a battle at first with my best friend because, I had originally been going out with her brother and became very close to the whole family and when they saw that I was going out with Loretta I copped a fair bit of backlash from them saying: Don't, what are you doing?' She's probably taking advantage of you and they were literally trying to turn me round from having so much to do with her, which I was at that stage. Eventually I had to turn around to them and say: Look, get off my back this is the way things are and if you can't handle it then I'm going to have to say goodbye to you all. Which was a great pity you know, that hurt me greatly. They had to come to grips with it too just as I was trying to sort of say this is what I am. I had to say: Loretta's my friend. This is literally what you had to go with, it was all hidden.

Mum was getting suspicious but I never ever told her. Mum's a very intelligent woman. She could go to the bowls club, look someone in the eye and if they said: I think your daughter's gay, she could look at them in the eye and say: Bullshit. You know. Because I'd never said anything. But I think in her heart of hearts she knew, because if we did all go across to the bowling club or something she'd say: This is my daughter Gerri and this is my pommy daughter Loretta. She swung it that way but I think she was always grateful that we never actually said it. When Loretta and I moved into a flat she was really upset, I think she just she accepted it quietly but I still couldn't tell her. I couldn't have broken her heart.

I never ever did tell my mother. My step brother sort of sussed it and a couple of others have, but yeah it was mum, she could look at someone as they tried to have a crack about Loretta and I being together in some manner or form. You know: Oh they're always together they must be lesbians. Mum could turn around and say: Oh shut up, don't be so ridiculous and be honest about it. But she knew, she definitely knew and she also supported me yeah, yeah.

I think one of the hardest things I always found was like at my niece's wedding, you all come to the wedding with partners and what do you do now? I thought: well, I don't want to go by myself. So, you quietly make an excuse not to go. But in those days I just literally had to say: well we can't go together 'cause I don't want them to know. You'd get some people like my bosses who were terrific and then you'd get others and you didn't really know what they were going to be like, so you erred on the side of caution.

### Work

In one way I was pretty lucky because I became a [names profession] and there were another couple of girls who were also gay and through them I met a few other people and that set me on my way of realising I wasn't the only gay in the town. Plus the fact that they were so established in the [profession], the owners weren't the least bit perplexed and it was through driving that I also met Loretta. She was also [in the same profession] and became my first partner. The owners were really tolerant and very, very good. It was unusual for the time, but they had found that, that Mandy and her partner had set a good precedent at being very, very good workers and I think also then they found out that Loretta and I were too and they just really didn't care. Once they said they're good workers and they were just glad to have us and our private life didn't worry them.

I had one case where we'd actually gone on the Pride Parade float; I was working at [names a store] at the time. At work one of the boys said to the assistant store manager and another manager: Oh guess who I saw at the Pride Parade? It was Gerri and she's up there on one of



these floats, she's got to be a lesbian. Well, the assistant store manager turned around and he got into him, he said: So what? The other said: Good on her, that's terrific, that's great. But they were the only two people who knew at work and I never told anyone about it there.

See Sarah, my partner, is in a situation where she's in an all male work situation at the moment and she hasn't told them. They just come up and say: Are you and your husband coming?' She still hasn't told them because there will be some bigots amongst these big macho men who are going to make snide remarks behind your back, laughing and all that. Sarah's not saying anything at work because you just get these macho men, she's [in a male dominated profession] so there's other men. While some will be absolute loves about it, there's got to be the big homophobic, macho guy. So that's why she won't tell them. The discrimination laws are there, but you still couldn't use that could you?

### Discrimination – The fear

In our days, when I was a lot younger, your sexuality would have been a big stick for them to hit you with, so you just ducked it everywhere and stayed in the closet and only came out when you did your own thing and that was very frustrating. I think you feel, you feel boxed in, you can't open up. Like going to weddings, you just can't do it, you're in this box and do I come out? Now, I don't care, I'll just go along with it but back then, no you didn't say anything you know.

I think the fear is of being ridiculed, ostracised, people using it [my sexuality] as a bit of a weapon against you. You always get these bullies who might try it. I was a security officer and I didn't want anything that could be used against me in any manner or form, not that I would have succumbed to anything but at the same time I thought: No, I'm not giving you any ammunition. But, lots of friends and I did have some troubles. One good friend committed suicide. She was a very respected health professional and so you know very popular in the gay community but her parents were very against it. She went back to being straight and even got married and next thing we knew she'd committed suicide. She was a very smart, well-respected lass, but it was the juggling between the two. They're very, very open in the gay community and then when we came to work she was entirely different. I think there was persecution there she always felt that.

People like to throw the words poofta and gay and lesbian at you and the sniggering behind your back. I haven't really felt as if at any stage I've been hindered in what I've wanted to do to a certain extent, but it's been my choice, I think probably lots of times I could have been quite okay. I think a lot of it does come from our own fears of holding back.

You hear it so often with other people saying: Oh you know if I'm coming to that party I better stand up against the wall if there's going to be gays there. For God sake you know, he's got the most gorgeous partner why would he look at you, just 'cause you're straight. And I think this is a big thing that needs to be put out there that it's, it's not all, it's not the sexual side for God's sake it's the mental, they need to get more understanding of that side of it. They just seem to immediately think we're in the bedroom.

It's the not being able to share so much of what you've got that I found was very hard. You're very happy to be with someone that you love and you want very much, especially in the early stages and you want the people around you to know them, but you can't and that pisses you off. It does make you angry and sad at the same time and I think if you let yourself dwell on it too much it can be very hard. But I've found that being in the gay groups was a great release. Getting with family. Yeah we are family. And consequently that is a real outlet it's very, very good.

It's not a purely physical attraction it is a mental attraction. It gets people together and you can't stop your mind and your heart, the old heart does have something to do with it. If you're really comfortable with someone like you feel like you've come home sort of thing that's the feeling you get you know and think, why would I want to be anywhere else you know, this is what I want, I'm safe here and love grows, it definitely grows.

### Changes – Future – Aged Care

I'd be worried about a retirement village. I think if we both moved in we'd probably have to put up with people looking down their noses because they would be of an age when it was taboo. I'd go into one but it would only be my own determination to say bugger you and hold your head up high and go through and sit with those who accept you and to hell with those who don't. It worries me a little bit.

There wasn't a lot of talk about gays or anything when we were younger. Now we can step into one of those pubs and they're as open and as blatant as anything because they brought anti discrimination in and that just smacked it on the head. Absolutely smacked it on the head. When I said this lad had a go about me being on the Pride float you know, this manager turned around to him and said: You watch yourself because if you utter one more word you'll be up for discrimination, I'll have you in that office so quick. He never uttered another word and that I think has been the single biggest thing to have helped. If anyone tries it now in their work or anything like that they know they're in big trouble.

### My partner's death

My partner died, fortunately I had a good group of gay friends around me and the funniest thing is, mum's best friend, Agnes her name, never knew even though she was always coming down and staying with me. It was always Sarah and Gerri, Sarah and Gerri you know but when Sarah died Agnes came down to the house and it was only a day or something after she said to [a friend]: I know they were close, but I can't understand why Gerri is so devastated' and my friend said: She was her partner. I just thought isn't it good they're living together and share expenses [she said]. That was hell at work. How the hell was I going to get around this being so devastated and having time off work and what was I going to say? At that point I wasn't ready to tell anybody anything. I had to hold it in and that was, that was really hard.



## Larry: life is beautiful

When I was 14 my mother knew there was something different but she spoke to my father and they went to a doctor and they put me in [a psychiatric institution]. I was in [that institution] for nearly four months having shock treatment to try and cure me of being the way I was feeling - 'cause I was depressed and I was more or less more interested in playing with dolls and that type of thing. I can assure you that because after shock treatment I can't remember hardly anything from my childhood. They stick a big piece of rubber in your mouth and give you shock treatment and you don't wake up for 24 hours and you don't even know who you are, and then you wander around in these corridors. I've still got foggy parts of my brain back then.

So the shock treatment was supposed to have worked and when I got out of [the institution] my father and I still didn't see eye-to-eye, so I joined the navy. I was in the navy for 12 years and I still realised I was different.

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

I confessed to a chaplain that I was gay and I got discharged from the navy. When I came home I met a chap there and he told me there's nothing wrong with you and then I thought: Yeah, okay. Fine.

### Entrapment

I went into a toilet once for quite a legitimate reason and there was a man in there playing with himself, so I started to walk out and he says: Eh, what do you think of this? And I said: Well I think you'd better put it away hadn't you. Next thing somebody came in behind me and said: You're under arrest. That was a set up. And that used to go on time and time again. A lot of the gays used to meet in toilets because there was no other place for them to meet.

I've been arrested, I've been taken to jail, I've been questioned but I couldn't do a damn thing about it. I had to get bailed out. I've got dozens of friends who were in the same boat as being picked on by police because people used to complain. Everybody is judged like as if we were a paedophile or something really strange or something sick.

### Don't tell your father

I went home one weekend and mum says: Sit down and she showed me a newspaper and it had where this friend of mine had been put in jail because he went to a drag party dressed as a nun and there were three of them and they had a pretty stiff prison sentence. And mum put this paper in front of me and she said: Larry have you read this? And I read it and I was quite shocked. Anyway she says: Larry I want you to make me one promise, I love you dearly, you are my favourite, and she says but please never ever, ever tell your father. And I said okay, as far as I'm concerned that's fine.

### Soul mates

When I was 24 I met John, my partner of 44 years. We were soul mates. We started to have difficulties here, in [the city]. We wanted to settle down, we were a partnership, there was poofta bashings going on. You couldn't go down the street together or, you couldn't go out to work together, we both worked and John would be ashamed to see me, to be seen with me

with his work mates. I was never ever ashamed of John so I did not worry, wherever I went he could go, even to my family. My mother treated him as him my father hated him.

### Caring for my mother

So John and I decided that we'd go to [move interstate] and we bought a lovely home on 2.5 acres. Then my mother had a stroke and my father wrote me a letter saying the family couldn't do anything with my mother because she was fretting and she wouldn't get out of the wheelchair, she wouldn't do anything to help herself. He wanted to know if I would come home and nurse her. I spoke with John and John said: Well she's your mother so let's go. So we sold up there and we went to live [close to mum] in a dilapidated old school house [out of the city]. My father promised that he would buy a lovely farm for John and I if we did that. He said that, if we came back here and looked after my mother he would set us up with our horses 'cause he had race horses as well. John thought: Oh that'll be great.

So when we came back I got my mother fit, she was walking again, she was everything and my father gave me an option. He says: right John's got to get off the property. I said: I beg your pardon. He said: I don't want him here, he's not welcome here and he's got to get off the property. I said: He doesn't get off the property. So we had an argument and dad came out and approached John and when dad saw red he saw red and John says: Oh drop dead. Dad picked up the axe and it was flying towards John and that's when I, I think it's the only time I've ever lost my temper and I stood in front of my father and I says: You touch him and I'll put you six feet under.

So John and I packed up and left and we came back to [to the city]. My father wouldn't allow my mother to loan me any more money for buying a house so we had to start from scratch again, which we did. We ended up with nothing. That's how so many fathers were to the, our age group 'cause they couldn't understand it. They didn't even think that there is a different gender.

Anyway when my mother died John and I went to the funeral, dad told him that he couldn't come in. And then John died and my father had a stroke. My sister was looking after him and she wanted a break so I said: All right I'll come up and look after him. So I used to go up there and look after him and all of a sudden he looked at me and he apologised. He says: Larry I'm sorry. I said: What dad, what's wrong? He said: I'm sorry because you were so much like your mother, you were identical to your mother and she loved you so much I was jealous. And that shattered me but anyway, not long after that he died. That is how it was in those days.

### Telling my sisters

My older sister Gina was staying with John and I because I was looking after her because she was having a nervous breakdown. And my sister Gina says: Larry, I love being with you, why don't you come and live with me? And I says: Gina, Gina I live with John. [She said:] No, no, no, no, no don't worry about him you come and live with me. And I says: Gina I am homosexual and she looked at me and she said: What's that? And I said: Gina you are heterosexual, you and [Ted] are husband and wife, okay. You were married, you've got kids, you live together. Gina, John and I are homosexual, we are married, John and I are homosexual, we are two men, we live together, we are together. And she let out a scream, ran out of the canary room, got in her car, drove across to my sister Sally's crying her eyes out and couldn't understand why I was so sick.

It, it blew me away completely when my sister did that. Then my sister Sally ring up and said: Larry what's this about you being homosexual? I said: Sally what do you mean? She says: Gina says you're a homosexual. I says: I am. She says no: you're a man.

My older sister Julie says: What are you two going to do for Christmas? I said: Oh we don't know yet. So she says: Well you're welcome to come up here. And I said: Oh no, well I don't know because we've got John's family, and some other friends who are a little different Julie, that's the way I put it. And she says: So, they're homosexual. And I said yes.

### Discrimination

We had a friend Barry and his wife, they used to come over and play cards with us. They never ever queried our sexuality and we used to have some marvellous Christmas parties and they used to come over. Then all of a sudden Barb fell pregnant and she had a little boy. We never saw Barry and Barb again because she says: I'm not taking my son anywhere near those two queers. That is the words that she used to Barry 'cause I approached Barry and I says: What the hell's wrong Barry? And he said: Well Barb won't allow us to bring our son anyway near you. I said: Why, because we're homosexual? And he said: Yes. And I said: Yes okay we're homosexual but we're not paedophile. I said: You go and learn your history before you bloody well come back near this house again.

Many an argument did we have with people about being paedophile or homosexual and they are two different things. Far different things and if there's one thing that I hate and John hates is a paedophile.

### Discrimination is

Discrimination is when you walk out on the street and walk up the street and the ladies across the road are out in the garden, they will walk inside or if they've got children, boys in particular they call them in and won't let them. Discrimination is having something painted on your front wall, poofa in big black letters when it's a white brick. Discrimination is little notes put in your letterbox. Its having people running a screwdriver down the side of your car or writing poof across the back, and those I have had happen.

You feel like sitting down and crying. You just feel so, why me? Why me? But I was lucky, I was so lucky that John and I had each other and we used to draw on each other. We were a strength within each other.

When we went to go to a restaurant and we didn't have a booking, neither did anybody else as far as I was concerned. But we were standing at the door, there were two of us, just John and I said: Could we have a table for two please? The guy said: Oh yes, could you hold on a moment. And came back and took the two behind us and left us standing there.

### Problems at work

We found so much problem with work colleagues, people at work, I was manager of a hardware section of a store. I was manager there and I managed to work my way up. The man in charge he was an ex footballer and he was homophobic and he would never ever allow me to get any further, so I ended up staying as a manager. You could never ever get ahead unless you were married with three or four kids and that's the way it was all those years, so you know. It didn't bother me because I used to do my job and yet John used to feel down trodden because he wanted to go ahead

### A nervous breakdown

I had a nervous breakdown not that long ago, it was well before John died but at work because of the harassment or the way they were riding me and the way they were picking on me and they way they were grinding me into the dirt I'll put it that way. Giving me all the shit jobs and they used to call me 'the axe man' because if they wanted somebody put off they used to put him in my staff and then I'd have to work it that way and then they would undermine me because they knew I would do what they wanted and I would do it and then they would fill in the forms that I would fill in and put in the report and it got to the stage where, it got so much that I had a nervous breakdown so I was off work for 3.5 months on Prozac. I've been taking Prozac for 12 years, 14 years now.

When people didn't treat me well, I managed that with difficulty because it wasn't right for a man to cry as far as my father was concerned. But I used to go away and cry; and many a times I've cried. You would cry, you would cry yourself to sleep some nights because of some of the things that are said to you. And you think: Oh I wonder if they're right. Or you didn't know if you were sick or not. And all this used to burn its little tentacles into your brain and it stays there; believe me it stays there. But I think I've cried myself out. When John died I cried myself out.

### Being a carer

And the big one was when John was ill and to get me through, but I used to stay strong for him and yeah but I used to go away and cry. But that is the mental stress of caring for somebody or something and you do. You just can't help it and as far as mental stress is concerned you don't think it's taking a toll but it does take a toll.

You either become a nervous wreck or you become a, like John was, he was a little different but he still had this nervous streak about him. He had this worrying whether somebody's going to see him or somebody's going to find out. I've got friends who what bugs them more than anything is coming out and saying I am a homosexual.

I was feeling it from John. He was ashamed of being found out he was a homosexual so I thought I could not tell anybody I was a homosexual because I didn't want to hurt him.

Your mental stress is worrying about what other people are thinking and you worry about it all the time.

John was lucky I was here for him. I've got somebody coming in doing the cleaning this week because I'm starting this new drug Monday and chemo on Tuesday and then radiotherapy on the 17<sup>th</sup>. So I've got to try and get through the best way I can.

And so while I'm capable I will live my life here and hope that people can keep me here for another 10 years and after that well okay I've had my three score years and ten and I'm on six years bonus and the devil's not going to have me and God doesn't want me so yeah. If I was a multi-millionaire I would start a unit for gays that they could move in, live their life and be looked after. It would be a Godsend to have their own little space.

### Beautiful world

But no to me its, it's a great world if you don't weaken and if you're honest with yourself and since I've become honest with myself life is beautiful.

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

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

Yeah but since I've been honest with myself my eyes dance a lot more. It takes in so much more. They dance around and look at, you hear a bird and you think oh God yes and you don't ignore it yeah.





## Noel Tovey: the sort of person who goes to Val's

No part of this interview to be printed without the consent of Noel C Tovey. The story of Noel's early life growing up in Melbourne is told in full in his autobiography "Little Black Bastard"



My sister and I were taken away from our parents. We were stolen generation. We were given to a man and the police knew that he'd been in gaol on seven charges. That man raped my sister and I for five years. I was also raped by a drunken uncle when I was four.

Being indigenous was not valued. No, not at all. I have people saying to me today: Oh, but you know, we didn't have any indigenous problems. I said: That's because indigenous people weren't recognised. If you were my colour you did everything other than admit to being indigenous. I was vilified as an Aboriginal, you know, and grew up - and having to sit in the back of the classroom and beaten up and called a 'Little black Bastard', which is the title of my autobiography

I come from a very dysfunctional family. So it didn't mean anything that I was gay.

### Witch hunt – the police & the press

I was arrested in 1951. It's the era for the witch hunt for gay men. The police were actually going out and actively looking for men they thought were gay. Entrapment was very big. I knew several men who committed suicide rather than come out.

For instance, in the very early fifties - there was a place called Kelvin Hall in Melbourne. Johnny Prince was getting married to a sailor. They had a fake wedding. All of my friends were there as matrons of honour in drag and someone told *Truth* newspaper. And they came and took photographs when everyone was pissed of course, and doing high kicks and the Cancan. And that was splashed across the front of the paper that weekend was 'The wedding of a painted doll'.

I can't tell you the number of people who lost their jobs because of the *Truth* newspaper

## My trial

In 1951 I was at a party at the home of Max du Barry, a notorious female impersonator. The police arrived at two in the morning and I was the youngest person, I was 17, so they pounced on me, didn't they? They took me down South Melbourne Police Station and coerced me into signing a confession saying I'd had sex with Max. There were two detectives one actually dictated the confession as I wrote it down, but he told me that I'd get off if I signed it. But I didn't get off, did I?

God knows how I survived Melbourne. The trial was 1951. That was the year Val opened her cafe. I was vilified by the press. They printed stories like: North Melbourne dancer on serious charge. Blah, blah, blah, you know, all of that. Week, after week, after week, after week. The trial went on for a number of weeks.

The police didn't want me; they wanted Max because he was a notorious female impersonator, out and flamboyant. My mother came down to the police station and bailed me out. The next day the two detectives went to see my mother and said they were only interested in Max. They said that if I pleaded guilty, I'd be let off. And I said to my mother I hadn't had sex with him, so I pleaded **not guilty** and we were both sent for trial by jury. Eventually Max and I were both found guilty and I was sent to Pentridge again to await sentencing. I don't know how long I was in there for, maybe three months.

## Drag queens

There weren't drag queens in my days; they were female impersonators and lived as women. They worked as hostesses in illegal clubs in Melbourne, because the drinking finished at six o'clock. There were illegal gambling clubs in Melbourne and the female impersonators were the hostesses. The police didn't like it. Well, it was considered abnormal, for one thing. And it was against the law to be gay or a female impersonator. In my book I say that drag was the ultimate defiance. You know, drag parties were where respectable bank managers during the day, could get into a frock at night. They were great parties; we'd all whoop it up. Drag was the ultimate defiance against society.

I've been out since 1951, not that I was ever in. As I said to an interviewer recently, we were too poor to have a closet. They were pretty turbulent times for me and nothing was easy even though I changed my name. I found out I was illegitimate and was able to change my surname from Morton which was my father's surname, to Tovey which was my mother's surname and the one on my birth certificate.

## Brazen – an act I taught myself

[While I was in prison] the woman next door abused my mother for having given birth to' a son like me. My really good gay friends didn't fall by the wayside, but some did for fear of being implicated. Well, because I was a known criminal and they could have been charged with consorting.

It was difficult; it was really difficult, but I brazened it out, didn't I? My great grandfather on my father's side, was a slave in Georgia. My father was African and my mother - the Aboriginal side. I struggled all my life with my identity. I always wanted to be accepted and it was only eventually through my work that I was.

I had to change my persona. I've just written about it in the second volume of my autobiography. I had to really change my personality, my persona. Garry Janes said to me: Oh God, you know, when I first knew you, you had more front than Myers. Well, it's true in a way.

But that was an act that I actually taught myself. I would stand in front of the mirror and I would practise the way I stood and walked and talked.

### The theatre

I made my debut at Her Majesty's Theatre as a dancer in 1954. I was walking past the theatre and my friend Jenny Liddell came out of the stage door, she told me that Ron Ray - he was the principal dancer - had broken his leg that morning and they need another dancer. I was in a suit - my one and only suit, I was about to meet Mary Hardy actually, we always met on Fridays. Jenny took me into the theatre, introduced me to the English choreographer, I did some high kicks and all that and I got the job.

Unbeknownst to me, I arrived for our first day of rehearsals and eight of the boys went up to Maggie Maxwell and told her they didn't want to work with me, that I was a notorious homosexual, that I'd been in gaol and that I was an Aboriginal. I found out from one of the dancers just a couple of years ago - he said to me: Well, you know, she came to us and said 'I can get eight more of you, but not one more of him', and made me the understudy for the principal dancer. It wasn't easy. Many, many years later I wanted to repay her, so when she was towards the end of her career, when I was working in London and was very successful, I made her my ballet mistress.

When I did the choreography for The Boyfriend in the West End, I couldn't believe that the audience were cheering to me. I was an actor as well, and singer to boot. I studied singing with Rita Godfrey, who was a famous teacher. In fact, I made my singing debut in the West End in 1966. I was trained as a dancer in Melbourne by Madam Boravansky, and then when I got out of gaol, some kind people had me study singing and music at the Melbourne Conservatorium with Joan Arnold.

### Coming home – being invited back

In 1963, I came home from England. I was in a production of Showboat at the Tivoli Theatre and one of the singers rather bitchily said to me: Aren't you Noel Morton? I said: I was once. And again just recently I was invited to a big opening at the Arts Centre and this dancer I'd worked with on television and known 50 years or more - said to me rather loudly: Good heavens, It's Noel Tovey, What have you been doing all these years? I said: Becoming famous, dear, what of you?

I didn't come back to Australia again until I was invited back. Once I'd started being a success in the West End in London and Europe, the newspapers forgot my past, didn't they? In fact one of the newspapers wrote an article about me called: Local boy makes good.

There are still people around today of my generation who remember me, and the trial of Noel Morton and all that. That's why when I came home to Australia I didn't want to live in Melbourne. I lived in Sydney first, until I wrote my autobiography, and then I had to come down to Melbourne and deal with all the Welfare department stuff here. The government wouldn't release my papers, so I threatened to take it to the High Court in Brussels if they didn't.



1957: Melbourne. Review. Further off the Reach.  
 Noel starring with Mary Hardy.  
 Photo courtesy of Screen Australia.



1966: London. The Boyfriend at the Comedy Theatre.  
 Noel starring with Susan Kerchiss and choreography.  
 Photo courtesy of Real Time Arts Magazine.

I wrote a play about my life. It's called Little Black Bastard, the same title as my autobiography. I have performed the play here at all the major festivals and I've done it in London and the Edinburgh Festival. I've been asked to do it in Amsterdam later this year, which I may do - but

I'm thinking of doing a farewell season in Melbourne first.



I bought this little flat when I was writing the book and then I got involved in all sorts of issues like - I'm now trying to have my - not only mine, but all men who were charged with sex offences, quashed. Member of Parliament Clem Newton-Brown read my book and realised that there are gay people still alive that have criminal records. I inspired him to fight the good fight to have the convictions quashed. I always assumed that whatever criminal record I had was expunged when I was 21, but I was told that's not the case.

I had my own program on the gay radio 'Coming Out with Uncle Noel' and I would play all sorts of music like Fred Astaire and all - you know, and the letters that came in - and kids used to ring me about how they

could come out and what should they say. I said: Sit down and tell your mother or father, tell them both, you can't go on hiding it. My main thing was: There's never the right moment. I used to get mothers ringing me as well saying: Oh, thank you, my son came out, and blah, blah, blah and: We listen to you on the radio and you're so wise.

### Val's Coffee Lounge

In the 1950s Val's Coffee Lounge was the only place where people could go, and everyone mixed very well and it didn't matter whether they were criminals, whether they were gay, whether they were prostitutes. Everyone was called Bohemian. That meant that we were the people outside the norm of Melbourne. Val also had a dance academy in Howie Court called the Benny Lee Dancing Academy and she was very much into modern dance. She was incredible, because I mean in Europe in the thirties there was a whole group of women who were openly gay women. At Val's, there was a long table at the back and if you were a friend of Val's, then that's where you would sit. There would be Frank Thring and Peter Gordon and John Lewis and Cheska and me and the others were all dying to sit at our table.

Val wanted to be a dancer. The coffee lounge was an accident in a way. It was just that this friend of hers - a rather wealthy Greek who owned a series of coffee shops called the Robur Tearooms - said to her one day that he had this space on a mezzanine floor and did she want it? She took it, but then when it became a success, he kept putting the rent up.

People used to say: He's the sort of person that goes to Val's. it was a pseudonym for being gay. I can remember Val in a sort of pale grey woollen suit, trousers, jacket and open neck shirt. I think Val was unique inasmuch as she knew she was gay, and she wasn't going to compromise. I think - I think once you start compromising, you start losing it.



## Perceptions of HIV

I was in hospital recently. There's - a young doctor in front of a whole lot of students - and I was in a public ward – said: I've been reading your health file and you're homosexual. I said: Yes. He said: Well, then we should take blood and test you for HIV. So, I put up my arm and gave blood. He came back a bit later on that day and said - almost whispered it – said: Oh, you're negative. I said: Young man, not all gay men are HIV positive. There's a lot of ignorance out there, and the changes I've seen are only in the sophisticated cities. You go out into the bush, and they're exactly the same.

You know, Middle America is so homophobic. When the AIDS epidemic broke out - I was in New York and there was a guy preaching, saying it was God's way of destroying homosexuals. I helped set up the AIDS training clinic at St Mary's hospital in London, we wanted to dispel the myths surrounding AIDS. It was really difficult telling mothers and fathers that their son was going to die and there was no cure. In those days the drugs weren't working.



1968: London, Anti Vietnam War Protest.

David Hawkins, Noel (holding banner), Tariq Ali and Vanessa Redgrave.

Photo courtesy of [m.artgallery.nsw.gov.au](http://m.artgallery.nsw.gov.au)

My long-term lover in London, Dave died in 1986, we'd been together 17 years. I lost so many good friends when I told them Dave had AIDS, his mother wouldn't even have a cup of tea when she made one of her rare visits. I notice huge changes because there's a whole generation of younger men living with HIV. Most of the retroviral drugs they take speed up the ageing process; the government's going to have a huge problem in a few years.

## Discrimination - changes



The main changes I've seen are with the young, they have no conception of what it's like to have been entrapped, or they have no idea about what it was like to be in gaol, or be hounded by the police.

A friend of mine who I've known since I was 12, has lived with his friend now - nearly 60 years and still refers to him as his roommate, such is his embedded fear of coming out. I think people of my age are always going to be in that space. When I was young, you didn't know when you smiled at some man in a public place and he smiled back, he was not a policeman and going to arrested you. There were known beats around Melbourne where the police would go - like St Kilda Road. The female impersonators worked one side as prostitutes and the gay boys the other. Opposite where the Arts Centre is now.

### Centrelink

Did you ever see the letter I wrote to Kevin Rudd? I wrote and I said: I come from a time when there was no safe place to come out and I do not want to go into Centrelink and say I'm gay to a 23 year old. That letter helped get those reforms through and 85 laws were changed.

### Diversity in Australia

I just think that there has to come a time when everyone is considered equal, Muslims, Catholics, Jews, Palestinians, LGBTI people. There has to be room for everyone on equal footing. If not I think what we're going to see is a huge depression amongst refugees.

When I was a little boy in Australia, if you didn't have blonde hair or red hair and freckles and blue eyes, you were different. Chinatown was somewhere you went on Sunday night and had - you know, banana fritters. Then little by little there was change - a Viennese restaurant opened in Russell Street next to the Savoy Theatre, which was called the Old Vienna. From the mid-fifties when immigrants started coming in, that's when the changes really started. I think possibly in Melbourne, multiculturalism works better than anywhere else in Australia.

There's a scholarship in my name, the Noel Tovey Scholarship for underprivileged children in association with The Flying Fruit Fly Circus. The Noel Tovey Achievement Award given to an underprivileged child who pulls - well, not a child really - somebody who pulls themselves up out of the shit in the gutter and starts their career again. This award is given by Melbourne based theatre company called Phunktional. The recipient of the first award was a Maori boy who'd leant to dance in goal

### A big Depression

I had a big depression in London, and I was on Prozac. I went to see a very good New Zealand psychologist. He said: I want you to use the Prozac and think you're walking up a set of steps, and when you get to the top and you find your equilibrium, we're going to come down the other side. He got me through the depression. And now I know all the warning signs, like I've been in a big depression the last few weeks because I live with pain. And there's nothing more debilitating than living with pain. And for me who has walked in every major city in the world to be suddenly diagnosed with cancer and then told that the radiation has destroyed the arteries, and wearing a colostomy bag, which was reversed and then to find out that the sphincter muscle had been destroyed as well - a nightmare.

On another occasion in London my doctor sent me to see a psychoanalyst. I went to see this woman, she said to me: You're very astute, you've just spoken to me at length about your life, but now we have to find out why you left all your feelings outside. Two years later she had put me back in touch with my childhood and the pain that I had experienced - I had developed when I was very young was a disassociation complex. I could step outside myself and watch Noel being beaten up. Eventually she put me and my other self back together again. She was wonderful.

It's depressing getting old, speaking of depression. If I was well, I'd do something with *beyondblue*, I'd like just to be able to talk to people about the different levels of depression, the different areas of depression. But also I'd like to talk about the - about the other side of depression. You can come through it. I did. I also have a theory that a lot of people suffering from depression are over medicated. If you've lived as long as I have, then you know that when Valium came on the market it was going to be the panacea and cure all emotional problems - you know. Before that, it was: Have a Bex and a cup of tea and lie down. And then they discovered that people were addicted to Bex, that's why they took it off the market.

### Ageing

I've got friends younger than me who've given over to old age, and are dodderly and stutter. I had the experience in rehabilitation one of the physiotherapists came and said, very loudly and very slowly: Good morning, how are you? I said: Please treat me like an adult, not like someone who's suffering senility. I said to her: Why do you all equate people of my age with senility? Why can't you just treat us like human beings instead of this?

From my own experience in hospital over the last four years - if you surrender control, you've had it. I must admit that some older people do behave as though they're senile. But the way to turn things around is to not treat them like that. Modern medicine is keeping people of my generation alive a lot longer.

### Aged care

I have home help. I certainly haven't told anyone that's come in here that I am gay, but it'd be great if you could be more yourself. I think that if there was some GLBTIs specific services that'd be popular. This place doesn't need two hours cleaning; we could have a cup of tea and a bit of a chat. Whereas you can't if someone doesn't speak your language.

Recently I helped to launch the National Strategy for LGBTI Ageing and Aged Care. Well, I never expected to stand in Melbourne ready to congratulate the Government of Australia for recognising LGBTI people as human beings. I think specialist care is needed for specialist groups

The other day I posted on the Facebook, after The Age newspaper article on me came out. I posted: You never reach an age where you're too old to stop fighting for what you believe in.

## Cliff: I've seen a lot, I've done a lot

I needed to tell my children that I was gay, I didn't want them finding out from somebody else. It wasn't necessarily easy for them because they were used to the family unit and things like that and they probably felt that our marriage was breaking up anyway. But my daughter sort of suffered quite a bit through the family break up and she decided to leave home to live with another family because they attended the same church as she did.

When I came out I was working in a very non-judgmental area – the Social Work Department of a hospital in Canberra. I think that eased the actual transition of admitting to myself that I was gay. And from there I never really had a great problem.

It was hard at times not to feel guilty. But you felt a need that you had to come out and I wanted people to know - rather than live a double life, which is also very difficult. Once I began living on my own I was able to rethink actually how I felt and I decided it was silly to try and follow a path of heterosexuality when that really wasn't an option for me.

### Mental health

The advantage of working at a hospital at the time I came out was that the social workers knew of a gay psychiatrist. I went to see him. I was pouring out my life feeling very stressful and he dozed off during the interview. He said: Look don't worry about it. To him it wasn't a big deal, but to me it was at that time. It was the support of the people around me that gave me the confidence to just keep going. It was a time when you didn't want to admit to being gay because it was such an undercover thing. It was amazing the people you started to meet as you joined that community. I found a doctor at that time who was gay so I felt at ease talking to him. A few years later we were all devastated when he and his beautiful dog were murdered in a red neck homophobic attack. Fortunately the red necks were caught and jailed.

I haven't had mental health problems. But I understand how debilitating depression and other mental health problems can be. I would say I've had some down periods which you may not class as medically depressed but you either work through it or a friend helps you through it.

### Coping with life

My previous partner and I were together for about 16 years. We had a relative stable and happy relationship. No relationship is smooth sailing all the time but we were quite well adjusted to each other. He came out to people at work in the 90's and suffered discrimination. That impacted on him because he was in middle management so he was getting a hard time from one or two people who were working for him but he received no support from his supervisors. In the end he said: I can't go to work any longer. So he was pensioned out of the Federal Public Service on mental health grounds.

He had suffered depression for a long time and was on medication. He was a very clever man academically but had trouble coping with life. Also the fact that his mother was very homophobic didn't help, although he actually didn't let her get away with too many sarcasms. It got to the stage where he had come off medication because he wanted to. Paranoia was also involved, so he went back to the psychiatrist and just one flippant remark passed by the psychiatrist may have been what pushed him over the edge. There was an article in the local newspaper about a man wanted for a number of offences. My partner felt that the hand drawn sketch of the wanted man resembled himself and made him very uneasy. The psychiatrist said jokingly: Don't worry we will be able to visit you in jail.

I don't blame the Doctor for this, as at times we all make jokes to lighten up a situation but this was one of those times it was ill timed. The next morning, I knew he'd had a bad night, so I said: Let's go out and cycle a bit. It's always good to get out of the house when you're down and get some exercise. He said: No I'm really tired, I'll just have a rest while you're away. So I cycled off but when I came back he was hanging from the rafters in the raked ceiling of our home.

That was something I'll never forget. I remember saying previously to him at times: If you don't like it here in [this state] we can go away from your family, we can go anywhere you want to. I was retired so we both had means to do that. But he didn't seem to want to shift and just had trouble coping with life - unfortunately he took his own.

I was really devastated and never realised the grieving process was so painful – to the point of almost physically feeling pain. Suddenly I was all alone in this empty house. Like everyone else I've had losses and problems but previous experiences hadn't equipped me for this trauma. You can't put a time on the grieving process, but the first 12 months were very hard.

### Relationship recognition

I was a bit upset with his family because the minute he died that same week they were there with a piece of paper saying that we want half of his possessions. This wasn't what his Will decreed but because we were in a gay relationship to fight this would have meant a long protracted nasty business and there was no way I was emotionally able to cope with extra stress at that stage. It would also mean I'd have to stay in the house until things were settled sometime down the track and the house held too many terrible memories for me to do this. We settled out of court and I then sold the property.

### Dishonourable discharge

My current partner knows about depression and has suffered from it. He has fought with it over many years. He joined the Army in his younger days and loved the life. He is very good at what he does and was soon moving up through the ranks. Unfortunately after having a liaison with someone, this person dobbed him in, and also others, and they was thrown out of the Army. This was the days when being gay meant a dishonourable discharge. They threw the guys involved into jail overnight and then told them to pack their bags and find their own way home. At the time he was stationed in [an isolated area] so it was a long way back to [home]. He is a lovely man and highly respected by his colleagues who work with him in [his field]. He keeps his sexuality to himself and as we say it's nobody's business but your own.

### Vulnerability and aged care services

Personally, I may feel a bit apprehensive in going into a nursing home, which eventually I will have to do if I'm still alive because I don't want my children looking after me. I would not be hesitant to do this, but I'd be cautious of how I presented myself and seeking out people.

I tend to think the staff now may be more experienced towards gay people. But I'm sure you'll still get pockets of discrimination to gay residents. I've heard of an episode where one of the staff members came in and saw a photo that showed a man's partner was male and they threw the photo away. That will happen, I suppose, depending on the staff. So you could experience discrimination by the staff against certain people they either don't like or don't feel that you should be the way you are. This means then that you virtually go back into the closet and that probably has happened to a number of gay people in this environment. So it very much depends on the staff themselves. I certainly think people will still be very hesitant about coming out. You're vulnerable to the people that are looking after you.

Like everyone else, I hate the thought of losing my independence. I just hope I will be strong enough to assess the situation and people around me. There are some people you will feel you can be open with and others you are more cautious in revealing your sexuality.

It could certainly create more stress to someone if they're feeling uncomfortable or uncertain in the environment they're in. So they must mentally be on edge that they're careful of what they're saying or doing or friends visiting them. I suspect that because nursing homes mean a lot of hard physical work their staff turnover is large. Also, and this is a very general statement as I don't really know, but I suspect we are employing a lot of overseas people who are prepared to do the work as they appreciate a job. Some would be from countries where homosexuality is punishable by law and they may have a very strong view against gay people, which could mean they treat gay people very differently. If the staff lack understanding, vulnerable people will tend to withdraw a lot and it then means moving back into the closet. Sad really.



## Kathy Noble: to Frank from Kathy



I think I knew from the age of about six but at that time I was dodging bombs in the blitz in London, I had more serious things to think about. But I didn't know a damn thing about it until I was in the Royal Air Force doing national service in 1953 and then read about Christine Jorgensen and then Roberta Cowell and the whole thing seemed to click.

Being able to transition was difficult. We didn't know a damn thing about it. I mean back in those days it was true to say that you thought you were the only one like it. I know there's a lot of youngsters who feel that way now but there was nothing, nothing at all. And consequently because of that, you know, you just simply looked at it and got on with your life. And because of that I got married in the air force and I was cross-dressing and all the rest of it afterwards,

yeah, the whole thing. And then having a son and losing him at a year and a week old.

I knew of people who went to Casablanca to have surgery. The cost then was phenomenal. Some went to Cairo, as it was cheaper, but it was very risky, based on what they've told me.

### One or the tother

Well, you can't be one or you can't be tother, you know. At the moment you're in a situation of limbo where you're both. Until you become one, which means to say you give away the other person, until you come to that happy stage, yes, it's very, very difficult. And most people don't seem to comprehend this in any way, shape or form. The depth of hurt and fear, financial difficulties, the thought of being thrown out of home, out of work, having no family, no connections and all this sort of thing, and the only connections and support you've got are other trans people or groups for trans people.

It's fear, fear, fear going through their mind and because of that, that leads to health problems and mental health problems and suicidality of course. Myself, I tried suicide on several occasions way, way back. It didn't work so there must have been some reason for it not to or some reason for me to still be here but I don't know, I don't know, you know. I think one of the big factors involved in all of this, is the fact when it comes down to talking about trans people in governments, in *beyondblue*, in academia, in anywhere like that one missing factor are the voices of trans people.

### Stealth

I am very proud to have lived two lives. And I think until we get that message through to trans people in general, and especially the older ones who are coming up to having to face going into care or hospital or whatever, they don't stand a cat in hell's chance.

There's a horrible word called Stealth. I had one girl say to me: Oh I'm going into Stealth; I've [re]written my history from day one, I don't want anyone to know what I was before. I said: Are you proud of the person you were, because that person has given birth to who you are now. So I said: Think about it; you go from being a man to a woman and what you've actually done is you've killed off the man.

In the front of my copy of my book I wrote to myself a little piece saying: To Frank with love,



from Kathy. It's on my website and it's called: Two Lives A Transsexual's story and the fight for recognition.

### **Discrimination, thick skin and educating others**

I've got a website called changeling aspects. A changeling was a nasty baby put in the place by nasty fairies. The reason that came about was because my first GP that I went to, he didn't like the idea of us being called transsexual, he had five of us and he called us changelings.

Go to the hairdressers and the girls there, they start asking me about oestrogen and all this sort of stuff and one wanted to have bigger boobs and we discussed that, and these sorts of things. It's - to me it's just fascinating.

Discrimination bounces off me for the simple reason, you know, I just look at someone and say: Well, if that's it, that's what you want to think, that's your choice. I'm not going to scream discrimination at them and take them to court or anything like that for the simple reason that I look on it more as I should be educating them to what is happening.

Well, I could have been screaming discrimination for many years. Some of the things that I came across and some of the words that I was called and all the rest of it because, you know, not seemingly doing the right thing by people. And I think that thickened my skin very definitely. [With screaming] discrimination, if you're not careful, I think can put you in a worse situation than it was before.

I think some people jump up and down and in doing so they're drawing attention to themselves. I look on things that I've always tried to practice the idea that I will forgive people, and in doing that it eases my conscious and I come to the better understanding and a better person, if that's the right way of looking at it. I think they work themselves into a hissy fit and in actual fact they make it worse for themselves. They look on it and gradually it gets out of all proportion and I mean it's just innocuous little things that crop up and look, I mean when you think that some of the people they come into contact with and it's the first time they've met a transsexual person, how they hell are they going to know?

### **Fear & encounter with health practitioners**

I knew a trans woman who told her GP she was transsexual and he said: Oh, just sit there and I'll go and get the local reverend to come and exorcise you.

I get people phone me and say: Look, I've got to have a hernia operation, I'm scared absolutely stiff because is there such a thing as a tranny GP or a tranny surgeon. I have to say to them: No, sorry, there is no such animal. They say: Oh no, I don't want to do that, you know, look I'm outing myself. I say: Well, for God's sake, do you want to die? I've been amazed sometimes, some people have said: Yes, I'd sooner die. And it's not just older ones, it's younger ones as well but you know from the standpoint of the aging. Yes, this is - this is the fear that they encounter and I've put this into a paper called Fear.

### **Older trans people**

I mean if you're not presenting, and a lot of us don't, don't forget, but if you're not presenting fully as a woman then they're going to look at you a bit quizzical and start wondering just what the hell is stood in front of them. Age care facilities and respite have told me: We think we've seen it all or we accept the way that the person presents.

I don't think you're going to get that era of older trans people to talk to you. The biggest

problems we've got is that people are now coming up to retirement age and they're fearful of going into care facilities and retirement villages and this sort of thing, because they may be picked on or whatever. And you know I mean if you're going to start being fearful about going into these places, you may just as well curl up and get in your box, you've got no life.

I know some of the people who are in their late 60s and 70s; they had surgery nearly 40 years ago some of them. The point is that if those people can't stand up and talk about the situation and put across their point of view, without being fearful about the whole thing - the first thing is of course to be able to stand up and do it. But they just simply won't.

#### **Aged care services**

We've had a couple of girls go into respite and you know we've had to sort of explain to them what it's all about and so on. And once respite knew, everything was fine. If you'd gone in there and you'd covered it up it most probably would have been entirely different. I suppose it could be scary to the staff or something like that, and frightening to the trans person who was in respite. So if you can overcome that and alleviate those problems then it's going to be a damn sight easier, and this is how we've approached it, and it's worked.

Please, please, please don't forget the trans people support; that's the parents, the wives, the spouses, the partners, the family. Because they all suffer.

#### **Woman of the year**

I was recognised by the Queensland Government Communities Department in 2011 and included in the 100<sup>th</sup> International Women's Day. That came out of the blue. I was absolutely gobsmacked. I got a very nice little button and also a certificate and all the rest of it and so on, really chuffed.

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## Attachment 2: List of support services

### ***beyondblue***

Visit the *beyondblue* website for information and resources about depression and anxiety, including information specific to LGBTI people. *beyondblue* also have a counselling line that is accessible 24 hours a day, 7 days a week. All calls and chats are one-on-one with a trained mental health professional, and completely confidential. Although we may ask for your first name and some general details, you can let us know if you'd like to remain anonymous. Call: 1300 22 4636 or visit the website: [www.beyondblue.org.au](http://www.beyondblue.org.au)

### **Lifeline**

Lifeline provides access to crisis support, suicide prevention and mental health support services. Call them for support 24 hours a day, 7 days a week on 13 11 14

### **Qlife service**

Life exists to enable LGBTI communities to work towards our own better health by providing a place to talk about our mental health and experiences of negotiating the medical system, relationships, isolation, coming out, people assuming our genders and a whole host of other concerns. Phone: 1800 184 527 or visit the website: [qlife.org.au](http://qlife.org.au)

### **Gay and Lesbian Switchboard (VIC & Tas)**

Gay and Lesbian Switchboard is a volunteer organisation which provides a free and confidential telephone counselling, referral and information service for the Victorian and Tasmanian GLBTI communities. Call Mon - Thurs 6-10pm (Wed 2-10pm) Fri, Sat, Sun & public hols 6-9pm Melbourne call: 9663 2939 Regional Victoria and Tasmania call: 1800 184 527

### **Gay and Lesbian Community Services (WA)**

As WA's main community based GLBT service provider our main focus is on providing essential services to the gay, lesbian, bisexual and transgender communities, including our peer counselling phone line and social support groups. Call their information and support line, weeknights 7pm – 10pm on 9420 7201

### **Gay and Lesbian Community Services (SA & NT)**

GLCSSA provide free, reliable and culturally appropriate information, peer telephone support, advocacy and referral services in matters relating to sexuality and sexual health, to empower individuals to make informed decisions in these areas of their lives. Available every night from 7pm to 10pm, call: 08 8193 0800

### **Gay and Lesbian Community Services (NSW)**

The Gay and Lesbian Counselling Service of NSW (GLCS) is a volunteer based community service providing free, anonymous and confidential telephone counselling, information and referral services and support groups for gay men, lesbians, bisexual and transgender persons (GLBT) and people in related communities throughout New South Wales (NSW) on sexuality and life issues. Call 7 days a week from 5:30 – 10:30 pm, regional call: 1800 184 527

### **Gay Line / Lesbian Line (QLD)**

A completely anonymous phone service, call for information, support and referrals (7pm–10pm) (07) 3017 1717 Freecall 1800 184 527

### Attachment 3: Glossary of terms

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

**Coming out**: The process through which an LGBTI person comes to recognise and acknowledge (both to self and to others) his or her sexual orientation, gender identity or intersex status.

**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.

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

**Heterosexism**: The belief that everyone is, or should be, heterosexual and gender normative and that other types of sexuality or gender identity are unhealthy, unnatural and threat to society.

**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.

**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.

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