WELCOMING SOCIAL WELLNESS: A QUALITATIVE EXPLORATION OF OLDER GENDER AND SEXUALLY DIVERSE WOMEN’S WELLBEING AND SENSE OF BELONGING

Dune T1,2, Ferfolja T3, Hanckel B3, Ullman J1

1School of Science and Health, Western Sydney University
2School of Psychology, University of Wollongong
3School of Education, Western Sydney University

FUNDDED BY A LIVEABLE COMMUNITIES GRANT (2016/17)
AIM

This research sought to examine and understand GSD women’s experiences and their health, aged-care and social support needs.

SIGNIFICANCE

Ageing individuals are often perceived as desexualised—asexual—and, when an individual’s LGBTQ identity is added to the formula, it is argued that the effects of homophobia are compounded (Hinrichs & Vacha-Hasse, 2010).

Both staff and residents of aged care can be potential sources of sexuality-related discrimination (Johnson, Jackson, Arnette, & Koffman, 2005).

Hinrichs and Vacha-Hasse (2010) found that aged care staff members tended to rate scenarios relating to same-sex couples more negatively than opposite-sex couples.

Missing are tangible links between women’s experiences with local health and social services and their overall wellbeing and social belonging, two known predictors of depression and suicidal ideation in older people.
METHOD

**Interviews**  -  1 hr phone interview

**Online forum and Facebook comments**  –  project website and Facebook page

**Open-ended survey questions**  –  within and online quantitative questionnaire

The questions broadly explored the participants’ needs and experiences of engaging with health care, aged-care as well as support services.
RECRUITMENT

Gave out postcards at a stall at the Sydney Gay and Lesbian Mardi Gras Fair Day -

Sent out postcards to healthcare services to display

Sent out postcards using the AvantCard displays across the state (12960 postcards were on display across 128 venues)

Advertised using LOTL (Lesbians on the Loose) newsletter’s online platform - a link to the article advertising the study on LOTL can be found here: http://www.lotl.com/News/Seeking-Supportive-Services-for-Older-LGBT-Women-1862/

SAMPLE: INTERVIEWS

<table>
<thead>
<tr>
<th>Name</th>
<th>Sexual Identity</th>
<th>Gender Identity</th>
<th>Location</th>
<th>Metro/Suburban/Regional</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Beth</td>
<td>Gay</td>
<td>Woman</td>
<td>Gymea (Sutherland Shire)</td>
<td>Suburban</td>
</tr>
<tr>
<td>2 Carol</td>
<td>Heterosexual</td>
<td>Transwoman</td>
<td>Central Coast</td>
<td>Regional</td>
</tr>
<tr>
<td>3 Joan</td>
<td>Lesbian</td>
<td>Woman</td>
<td>Sydney City</td>
<td>Metro</td>
</tr>
<tr>
<td>4 Linda</td>
<td>Lesbian</td>
<td>Woman</td>
<td>Central Coast?</td>
<td>Regional</td>
</tr>
<tr>
<td>5 Melanie</td>
<td>Lesbian</td>
<td>Woman</td>
<td>Sydney City</td>
<td>Metro</td>
</tr>
<tr>
<td>6 Olive</td>
<td>Lesbian</td>
<td>Woman</td>
<td>Summer Hill (Inner West)</td>
<td>Suburban</td>
</tr>
<tr>
<td>7 Penny</td>
<td>Lesbian</td>
<td>Woman</td>
<td>Lismore (Northern Rivers region)</td>
<td>Regional</td>
</tr>
<tr>
<td>8 Ursula</td>
<td>Lesbian</td>
<td>Woman</td>
<td>Marrickville (Inner West)</td>
<td>Suburban</td>
</tr>
</tbody>
</table>

In total 8 interviews were undertaken with S&GD women over 55 years of age.

This included participants based in suburban (n=3), regional (n=3) and metropolitan areas (n=2) of NSW.
SAMPLE: ONLINE FORUM & FACEBOOK

Total page likes

250 Total likes

NSW Location | Frequency | % |
-------------|-----------|---|
Central & Northern Sydney | 35 | 23.6 |
Hunter & Central Coast | 20 | 13.5 |
Illawarra & South East NSW | 12 | 8.1 |
New England | 5 | 3.4 |
North Coast & Mid North Coast | 25 | 16.9 |
Southern & South Western Sydney | 15 | 10.1 |
Western NSW | 5 | 3.4 |
Western Sydney & Blue Mountains | 27 | 18.2 |

SAMPLE: ONLINE QUESTIONNAIRE N=148

Identified Sexuality | Frequency | Percentage |
---------------------|-----------|------------|
Lesbian | 119 | 80.4 |
Bisexual | 13 | 8.8 |
Straight/Heterosexual | 6 | 4.1 |
Queer | 6 | 4.1 |
Questioning | 1 | 0.7 |
Other (Please Specify) | 3 | 2.0 |

Audience by age

Age of Participants

Audience by gender

96% Women | 4% Men
FINDINGS — MAIN THEMES

Heteronormative frameworks and practitioner comfort with GSD
Practitioners’ and knowledge of gender and sexual diversity
Concerns about homophobia and aged-care services
Being and feeling connected
Social engagement

HETERONORMATIVITY AND PRACTITIONER COMFORT WITH GSD

Two years ago I was diagnosed with breast cancer and underwent surgery, chemo and radiotherapy. I live on the North Coast of NSW. I found that information supplied and the support network available were focused on straight women (i.e., information for partners talked [about] husbands/wives, information re sexuality talked straight sex only and so on) … I am surprised by the general lack of acknowledgement in areas outside the major cities. — Shirley

I was surprised by the level of obvious discomfort some medical staff had with my sexuality and felt I had to out myself about 300 times during the process. — Dafne

You always end up feeling like you have to explain stuff that you don’t want to have to explain. Then there’s all the aging stuff which is another layer on top of that as well. — Ursula
PRACTITIONERS’ KNOWLEDGE OF GSD

Being a transsexual, or transgender individual, there’s a profound void of knowledge out there to the extent that you may have to actually establish eye contact with the health profession[al] and say okay, this is how things have gone about, and this is how things happen, yadda, yadda, yadda. Are you on board or not? And essentially determine whether they’re going to exhibit some sort of self - I wouldn’t say self-deprecating, but some sort of discrimination...when they see a patient, particularly patients like me. Thinking oh, God, this is the last bloody thing I wanted to do today. We never studied bloody transgender when I was doing my RN. So, you get the vacant look of despair, and people think oh God, that’s just what I needed today isn’t it. You know, and you’re the last one here too...You can read the expressions on their face, and you think okay, righto, it’s relationship 101 is it? Okay, well let’s get down and start dealing with this. A, are you interested. B, okay. - Carol

CONCERNS ABOUT HOMOPHOBIA AND AGED-CARE SERVICES

Home Based Care:

I’ve know of a couple of incidents where women have felt like they have to de-dyke their house before someone comes to help them out with the cleaning or help with some basic health issue. - Joan

Residential Aged Care Facilities:

I have...turned my mind to this matter...as a future challenge over recent years... just in a purely speculative way. No plans are laid, but I suspect if I ever found myself needing one of these facilities it would likely go badly for me... to the extent that I currently favour removing myself from the stage [ending my own life] prior to the question even arising in earnest. Some people seem to be discomforted by talk like that, which I never understand. - Aufgegeben
BEING AND FEELING CONNECTED

With [name of venue], I just like that there’s a whole variety of people that come through, people who aren’t very swishy, people who are older, people who are younger. So [name of venue] is really a complete, across the board, variety of lesbians or bisexuals or people who are just figuring themselves out. – Pru

I mean the Older Women’s Network is a very good organisation I know. Yes … my decision to move [closer to LGBTQ community] is based on my sexuality and also my experience of having to end what was a lovely relationship which became dreadful very quickly. So it is all related to being gay, yes. I wish I was straight. It would be much easier. - Beth

BEING AND FEELING CONNECTED

My partner and I find it very difficult to meet other lesbians for social activities where we can exchange thoughts, ideas, experiences, have fun, dance, laugh, etc. We have several gay male friends and we love them however it would be nice to speak to other women of our age, etc. - Sally

The other thing is your lifestyle changes a bit because things take a bit longer to do and money’s a bit shorter perhaps. You can’t go out for meals so often or to the best restaurants that you might have gone to once or twice a year before. You kind of fall out of the social circles a bit. – Linda

Sometimes it was at the venues - I just have hearing problems now, so if something is too noisy at a venue, it’s no use my going, because I can’t follow a conversation. - Olive
SOCIAL ENGAGEMENT

The older you [are you] become invisible. Some of my friends have been telling me this - which is fascinating - but it's true. You can walk through - walk along somewhere and be invisible. – Melanie

I'm not very much a group person, so I go to these things very occasionally. So they do offer a really good social network and if you wanted any information - like, recently there's a woman at Hurstville who felt isolated, so without identifying her, she sent something into Contact saying she'd like to meet up with other lesbians in the area. So it does serve a really good, valuable social and networking role. - Olive

What I’m saying is I think it would do a lot of services good to have either a continuing reference group - ongoing is the term they use these days - or at least to run consultations from time to time. - Eddi
CONCLUSION

There is a clear need for:

- Culturally safe & LGBTIQ+ training
- Visible LGBTIQ+ affirming services/practitioners
- Visible LGBTIQ+ friendly facilities
- Accessible Events & Social Opportunities for Older Women

Thank you – t.dune@westernsydney.edu.au & www.silvergsdwomen.com