

What are you really afraid of? Gay, lesbian, bisexual, transgender and intersex ageing, ageism, and activism

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As a researcher in gerontology with a background in education, advocacy and policy development, it has long been apparent to me that gay, lesbian, bisexual, transgender and intersex (glbti) older people almost never rate a mention in aged care in Australia. The nature of the field of gerontology itself could have something to do with this. Gerontology is a somewhat bizarre hybrid, a cross-disciplinary field, not even purely of research or academia. It spans social and health sciences, cultural studies, medicine, physiotherapy, occupational therapy, nursing, social work and education, often belonging everywhere and nowhere. It also incorporates training, research, policy development, direct care work, effectively incorporating any activity where aged care is addressed or takes place. As such, it can be significantly influenced by geriatric medicine, while incorporating concepts from social science. Identifying and rectifying shortcomings in such an unwieldy creature can provide a serious challenge.

This paper identifies some key shortcomings within Australian gerontology literature and practice, refers to significant issues of concern around the present situation and points to options for action to bring about change. It refers to overseas initiatives that may have implications for local change. In Australia, despite several informal initiatives, there has been no broad based, co-ordinated, funded attempt to address glbti ageing at a systemic level, either within the gerontology and aged care advocacy field, or within the gay and lesbian political or historical context. The gerontology field in Australia remains seriously heteronormative. Heterosexist assumptions, as exemplified in terms such as 'the never marrieds', 'the widowed' and 'spouse carers', litter gerontology literature, conference papers and discussions. The deafening silence around glbti issues is compounded by the reality of the invisibility of sexual and gender minorities amongst consumers of the aged care industry itself.

Lack of Australian research

There is a serious lack of Australian research which addresses ageing issues for gay, lesbian, bisexual, transgender or intersex people. Not unlike older glbti people, literature addressing sexual and gender minority ageing issues is almost invisible. However, a small number of very significant texts and other documents do contribute to a developing understanding of relevant issues. Of outstanding significance is that the literature emphasises the extent to which contextual issues such as homophobia and heterosexism affect the way glbti people interact with the aged care sector.

Australian aged care literature, including literature addressing sexuality, takes an overt or implied heterosexist viewpoint, in almost all publications. Authors such as Waite (1997, 1995), Minichiello and others al (2000, 1996), Jackson (1995) and Harrison (2001) have emphasised this heteronormativity. Similarly, the literature almost invariably adopts a medicalised perspective on sexuality and focuses on sexual behaviour (Minichiello and others 1996). Literature related to menopause and nursing is heterosexist (Jackson 1995; Kelly in progress; Myers and Lavender 1997). Distinctions between mid-life (often referred to as baby boomer) and older glbti experience are rarely made, even when a research sample group encompasses both groups. This, in itself, is evidence of a limited history of research which explores differences rather than similarities around glbti ageing.

On the other hand, it is also a reflection of the extent to which contextual issues play a similar role, across age groups, in questions around access to services, fear of homophobic discrimination and personal coping strategies. The literature emphasises the role of these contextual factors as the paramount concern related to glbti older people's experience. In regard to health concerns, as Lavender and Myers (1997) and Waite (1997) state, it is not so much the health incident or episode itself which is of concern to older lesbians, but, rather, the anticipated response of homophobic service providers coupled with the stress of encountering and

negotiating a heteronormative ageist health or social service provision system.

That the amount of literature is so limited is an indication of the extent to which research and action around issues for older glbti people has not taken place in Australia. Research which is currently underway in Australia will hopefully contribute significantly to the growing picture of glbti ageing, and provide a basis for action to redress the ageism, homophobia and abuse which are currently experienced (ALSO Foundation, Kelly, Robinson, all forthcoming; Sharpe 1997; Harrison 2001; Hockley 2001). It may also address the tendency amongst Australian geriatricians and gerontologists to claim a lack of 'proof' of a need to address glbti issues in older age. This burden of proof is particularly difficult to fulfil where the group in question is largely invisible. Future research may prove to be particularly valuable in this respect where glbti older people's own narratives are presented (Davis 2001; Scutt 1993).

Invisibility and coming out

Past research in Australia has been limited by difficulties accessing a sample group, because glbti older people, particularly those over 75, have proven to be hidden and not necessarily linked to existing community networks. This is seen as particularly the case for older lesbians (Horsley 1995), although certainly the older lesbian may not be invisible to herself or her own network of support (Waite 1995; Sharpe 1997).

For older glbti people, invisibility is a particularly crucial issue, in that for many people who grew up and lived through adulthood prior to Stonewall and gay liberation in Australia, coming out may never be a feasible option. A lifetime of oppression and passing as heterosexual may mean that promoting visibility is a redundant strategy for change (Anike 1995). On the other hand, there are increasing, though limited, numbers of glbti over 60 who are finding ways of having their concerns heard, both through being out and through insisting on the development of accepting non-homophobic and potentially community controlled environments which do not necessarily require people to be out (Buckdale 1999; Buckdale and Johnstone 1999; Mature Age Gays 2001; Olderdykes 2001).

This contrasts strongly with the experience of mid-life gays and lesbians, often referred to as the baby boomers, who are more likely to have been through or to be experiencing a coming out process, and constantly make choices regarding disclosure throughout their lives in many settings including health and community services. Of vital importance, however, is the need to avoid assumptions which limit opportunities for coming out, while respecting diversity around identity, life history and self-understandings. This includes understandings around choices *not to identify* as lesbian, gay, or even 'different'. Overseas evidence indicates that many older lesbians, for example, do not consider themselves lesbians, or apply the labels which are understood by post-Stonewall lesbians to their own same-sex relationships or life arrangements. Australian research findings indicate similar experiences for older gay men (Hockley 2001).

As overseas research by Raphael and Robinson has indicated, the most effective pathway to knowing older lesbians' situations and needs involves facilitating making their voices heard, where they so desire (1980, 1988). One could argue the applicability of this view to gay, bisexual, transgender and intersex ageing experiences. Knowing about needs may also involve those who provide services enabling consumers to remain silent but never-the-less reassured and confident within a non-homophobic environment. This can involve the use of admission, referral, assessment and similar processes which are not heteronormative and the screening and education of staff around attitudes and behaviours.

Thus, the onus is on the provider of services to keep open the option of coming out, without threatening, enhancing fears, or making incorrect assumptions about older glbti lives. Assumptions about mid-life, compared to older age, glbti can severely limit prospects for positive change to be made to enhance health and well-being. A process of empowerment which enables self and systemic advocacy to operate may result in unexpected outcomes and new options for action not previously considered (Raphael and Robinson 1988).

The cycle of invisibility serves to ensure that glbti issues remain unacknowledged and individual consumers remain hidden. Service providers who insist that they do not discriminate and have had no complaints, while perpetuating heterosexist assumptions and practices, reinforce invisibility and avoid having to seriously address prospective or apparent homophobia (Tanith 2001).

The lack of discussion and action around ageing issues from within gay and lesbian organisations and groups also serves to reinforce the cycle of invisibility. For example, while there has been an increasing interest in researching and documenting glbti collective history in Australia, this has not extended to encompass recognition that history is being suppressed and hidden by the workings of the cycle of invisibility in aged care. Access to life stories and oral histories, as well as opportunities for inter-generational exchange of narratives, are severely restricted by the lack of attention to glbti ageing experience. Living history and personal biographies are suppressed and potentially lost when items of personal significance and lifetime mementos are hidden out of sight, due to fear of homophobia experienced by the custodians of that history.

The recognition of the connection between interest in glbti history and concerns around ageing is essential if we are to develop a complete understanding of our collective history, including histories of passing and experiencing hostility. Much of the current discussion around issues affecting baby boomers implies that this cohort will be loud future older self-advocates, while neglecting to address the issues affecting those glbti who are confronting and negotiating the aged care industry at the present time.

The construction of fear - ageist and homophobic stereotyping

The social construction and stereotyping of ageing as a negative, lonely experience of obsolescence and exclusion have been identified as a serious barrier to overcoming ageism within the glbti community. Oliver (1996) examines the image of ageing of younger gay men, finding contradictions to assumptions of ageism on the part of young gays. Authors such as Waite (1997) Horsley (1995) and Sharpe (1997) have provided evidence and information which challenges this stereotype, while not denying that health and related concerns do occur and are significant in the ageing process (Anike 1995). Research by Bennett and Thompson (1991) investigates and problematises the correctness of notions of accelerated ageing, where gay men experience themselves as old earlier in life than heterosexual men. Fortunato's research (1993) strongly contradicted notions of older gay men as lonely, isolated and without networks of support and relationships.

As Oliver (1996) points out, assumptions around the existence of extreme ageism on the part of younger gay men need to be further explored so that such assumptions, if incorrect, do not necessarily form the basis of action. Arblaster (2001) indicates that connection to the gay community and enhanced self-esteem contribute to a positive mid-life experience. Arblaster calls for further inquiry around gay men's experience of mid-life in order to investigate concerns around loneliness, dependency, relationship formation and future health issues. There is also a need to investigate processes of empowerment and intergenerational communication that ensure that older gay men are enabled and encouraged to take action on their own behalf (Lovett 2001).

The matter of disclosure of sexual orientation, transgender, or intersex identity under oppressive circumstances is a persistent theme throughout the existing Australian literature (Davis 2001, 1995, 1994) as is the commonly expressed fear of nursing home admission in older age. This fear permeates research and informal discussion around glbti issues, even where the mainstream literature points out that less than 5% of the Australian aged population ever require nursing home accommodation and this figure is predicted to decline to less than 3% in the future, as preferences and economic climates change. This fear has led to a situation where fear of being 'forced back into the closet' by virtue of requiring residential care often dominates discussions and action plans. It also serves to deflect attention from the need to address priorities around advocacy, policy, networking, home support services and legal concerns, which

are often lost in the fog of discourse around 'old dykes homes' and 'old poofs villages' as idealistic solutions to perceived threats of persecution.

It is significant that within the USA there are widespread glbti ageing education, legal, advocacy, activist and support networks and organisations, but very few dedicated glbti residential facilities. While groups still work on housing and accommodation proposals and developmental work is taking place, the current and future demand for such facilities within a glbti separatist model have to date not proven strongly financially or socially desirable.

Networks of support

Discussions around institutionalisation provide a strong contrast to the exploration and description of informal support networks which older glbti people develop either in conjunction with, or as a replacement to, family of origin networks (Hockley 2001; Baum 1983). Such networks have been demonstrated to potentially enhance the likelihood of successful adjustment to ageing on the part of glbti people. So, too, has contact with a glbti community (Fortunato 1993). Similarly, organisations which have been established to deliver care, co-ordinate networks and provide advocacy and support to people living with HIV or AIDS have been identified as a basis on which systemic and individual advocacy and support services could be developed for older glbti people (Harrison 1999).

Mid-life glbti people are providing significant support, care and advocacy for older parents, as well as for each other (Waite 1995). The impact of the role of caring and the nature of encounters with the aged care industry which take place within this caring context are unexplored in Australian research. There has been no Australian investigation addressing models for service development and advocacy which would focus on meeting glbti aged care needs. Harrison (2001) refers to advocacy, legal, policy, accommodation, research and education initiatives which have taken place in various overseas locations.

Abuse and discrimination within the aged care industry

Referring to the construction of fear around ageing and the proliferation of ageist stereotypes which impact on glbti understandings does not, however, imply that serious issues of concern around abuse and discrimination do not warrant attention and action. Australian research which refers to potentially serious homophobia and raises the prospect of abuse, neglect and discrimination against glbti within the residential or home and community aged care industry in Australia is rare. Aged care and advocacy organisations which monitor and educate around abuse do not currently refer to glbti related abuse in literature, training or advocacy guidelines. Anecdotal evidence provided to the author by aged care professionals indicates that abuses are occurring in residential aged care and related support services in Australia, even though there are no documented formal complaints to government bodies, an obvious outcome of serious invisibility and silence.

One such anecdotal example involved a Director of Nursing (DON) threatening to refuse service to a client of a day centre, an elderly man who had recently come out to a staff member. He came out when an Occupational Therapist interviewed him on intake and rather than asking whether he was married and the name of his wife, as indicated on the admission sheet, asked whether he had a partner and for his or her name. Out he came along with his fear, and out came serious concerns which would have been left unsaid and unattended to otherwise. After coming out to her, he no longer fought to hide his flamboyant personal style while at the centre.

What also came out was the DON's demand that he wear latex gloves at all times when attending the centre, so as not to put other clients and a pregnant worker at risk of HIV infection. As a result of action taken by the Occupational Therapist, particularly around education of staff, the gloves stayed off and he wasn't denied service. Achieving this was a struggle and the Occupational Therapist had limited support.

The story outlined is only one of many such stories. For example, a social worker reported that

an elderly gay man was transferred from a retirement village to a psychiatric hospital because management disapproved of his 'younger male visitors'. Overseas documented cases include nurses refusing to bath a 'suspected lesbian' and writing this on her file in a nursing home and threats to out a client whose sexuality is 'discovered' by care workers if he complains about the care.

Overseas writers such as Witten and others (1997), Cook-Daniels (2000) and Minter (2000) have raised such concerns around service provider attitudes when providing personal care for transgender or intersex older people, whether in residential or home care environments. Not unlike older gays and lesbians, many transgender and intersex older people refuse to seek medical care or social service support due to fear of persecution and judgmental attitudes. Anecdotal evidence reported by these authors includes serious physical, psychological and emotional abuse of transgender and intersex people within the aged care sector. Legal and social discrimination and persecution include denial of services, forcibly preventing cross-dressing and service providers causing deliberate physical violence when external anatomy and gender identity are discovered to be different.

One case is reported of a transgender man who did not visit a doctor for 50 years (Minter 2000). Serious issues relating to biological ageing for transgender and transsexual people are raised by Witten and others (1997), and include female to male experience of menopause, osteoporosis, breast and ovarian cancer, as well as male to female experience of prostate cancer. In the case of intersex people, similar serious concerns around maltreatment by health providers and discrimination and abuse within the aged care sector are documented and being discussed overseas (Cook-Daniels 2000). Authors in Australia, including Noble (2001), have referred to the lifetime of hiding and persecution by the medical system experienced by intersex people. While not specifically referring to ageing issues, the broader contextual issues affecting intersex people are likely to be exacerbated as people age. There is an urgent need for research, consultation and advocacy around these issues.

Legal and policy issues

Compounding a situation of potential and actual abuse is the Australian aged care industry's Code of Ethics, of August 2001. The Code was produced by an industry committee responding to a much-publicised breach of standards by a nursing home which bathed a resident in kerosene. The Code's authors were unable to agree to outlaw discrimination on the grounds of sexuality, and reached a compromise position which enabled providers to decide individually whether or not to include such a non-discriminatory statement. This decision, publicly condemned by Australian Medical Association (AMA) president Kerry Phelps, is indicative of the extent to which the industry has not addressed glbti issues and concerns.

It also demonstrates a lack of accountability to glbti organisations and consumers for a decision which would have been met with an immediate and concerted angry response had it occurred in the context of HIV/AIDS related services. In itself, the decision reflects the serious lack of policy and legal protections provided to glbti consumers in the aged care sector. That the AMA President responded critically provides a glimmer of hope that the industry could become increasingly accountable to professional and community organisations in the future.

The extent to which church domination of the aged care industry could seriously impact on prospects for non-judgmental treatment by service providers has been the subject of limited discussion. There has been no published study of service providers' attitudes in aged care, although Lamley-Brown does partly address this (1998). Activists interviewed by Harrison (1999) raised concerns about churches being involved in aged care. Discussions have referred to the need for anti-homophobia education of all service providers, policy officers and educators in aged care (Matrix 1997; Wilson 1999).

There is a serious lack of Australian research which addresses legal and policy concerns specifically in terms of their impact on glbti older people. Australian government policy documents in aged care, including advocacy policies are heteronormative and fail to incorporate

glbti concerns. Waite (1995) mentions the discriminatory provisions which were present in the now defunct residents' rights charter and agreement exemptions, agreed to by the former Labor Party federal government. Conversely, whilst religious exemptions were in place, sexual orientation was at least briefly mentioned in Australian government documents now withdrawn from application to the aged care industry. Whether or not 'bad publicity' was better than complete invisibility is indeed a debatable issue. Waite (1997) also refers to the significance of superannuation, wills, next of kin, and power of attorney provisions as having an impact on the lives of older glbti people both where there is a fear of publicly declaring a relationship, or where illness, dementia or death may be significant issues.

Whilst legislative change has taken place in Victoria, New South Wales, the Australian Capital Territory, Tasmania and Queensland which addresses some of these concerns, the special situation of older glbti people who have lived a long life of non-disclosure needs to be taken into account. Special provisions may need to be made to ensure that such reforms do not only benefit younger people and baby boomers. Federal and State reforms relating to issues such as superannuation are critically important in this context. Overseas experience has demonstrated the extent to which legal protections and advocacy are crucial to older glbti people in the prevention of discrimination, abuse and violence, as well as the enhancement of well-being (Lambda 2001; Seniors Active in a Gay Environment 2001; NGLTF 2001; Cahill and others 2000; White House Conference on Aging 1996).

Glbti ageing issues are currently almost completely ignored by policy and legislative initiatives in aged care at all levels of government in Australia. This includes legislative and guideline frameworks which govern standards monitoring, protection of legal rights, consumer protection from abuse, aged advocacy services, special needs groups, complaints procedures, home and community care, residential care facilities licensing and inspection, documentary requirements of providers and priority areas for funding and action. Understanding and influencing the development of aged care policy and legislation in Australia is a priority if older glbti people are to see any real positive changes in the future. So too is the development of education programs which aim to redress homophobia and heterosexism within the industry.

Education and training initiatives

The education of service providers within aged care services is vitally important. Overseas initiatives in this area could provide valuable information to glbti people and organisations in Australia seeking to develop appropriate programs. It may be the case that without legal compulsion, the providers who most require education will be those who do not participate. Initiatives which have been based on empowerment and peer education models have proven particularly successful overseas (Spectrum 2001; Rainbow Train 2001; Seniors Active in a Gay Environment 2001; Skinner 2000). The establishment of speakers bureaux of older glbti trainers as well as structured training curricula in various locations have assisted the process of change. Speakers bureaux of older educators have served to provide an all-important human face to the discussion of glbti ageing, which has proven to be the key to successful training.

Close involvement of glbti professionals from within organisations, particularly residential facilities, has been shown to greatly enhance the education process. There is a need to examine existing models and materials used within both gerontology and anti-homophobia training both in Australia and overseas, to begin to develop appropriate programs, with adequate resources for this being provided. There is also a need to consider the significant role of church and charitable organisations as providers of care, and the implications of this for both education and service development.

Models of training in anti-homophobia which have proven successful or are under development in Australia need close examination for their relevance (Miller and Mahamati 2000; Crossroads Centre 1999). The development of glbti related curricula within education in undergraduate and postgraduate health, gerontology and ageing related programs also is needed, so that people enter the professional field educated around glbti issues (Fitzpatrick 2000; Raphael and Robinson 1988).

There is also a need to examine options for training and educational support of mid-life glbti people who are dealing with aged care related concerns of parents or older friends, which bring them into contact with the aged care industry. Overseas initiatives may also serve to inform this process by providing support which reduces the negative health effects of the caring role (Pannor and MacLeod 2001; Adelman 2000). It is vital that glbti older people be provided with educational information around age-related policies and legislation in Australia which impact on their legal rights. Advocacy services which currently provide mainstream training in aged consumer rights may prove to be valuable in this process, as may glbti legal and advocacy organisations.

Options for activism - lessons from overseas experience

While the need for further research in Australia cannot be questioned, it is vital that glbti older people and their advocates have an opportunity to determine the type of research and action that is most useful to furthering their own well-being. Research which serves to stereotype and undermine attempts at change could set back the change process, as has been the subject of heated debate overseas (Adelman and others 1993; Healey 1994; Raphael and Robinson 1988; Martin and Lyon 1992; OLOC 1992; Macdonald and Rich 1983). Issues around the distinct situations of mid-life baby boomers and older people have served to cause conflict and misunderstandings between mid-life and older lesbians in particular.

In the overseas context, a process of activism which excluded mid-life lesbians from direct participation in decision making and consciousness raising was seen by older lesbians as essential to reclaiming their own power and control in the face of mid-life and younger professionals and activists whose priorities and experience were different to those of lesbians over 60. The importance of 'doing it for and by ourselves', with younger lesbians facilitating that process, underpinned action for change and continues to do so in glbti age-related activism in the USA (OLOC 1992; Pride Senior Network 2001). This could have significant implications for the process of change in Australia, and the steps which are taken to create the change. Discussion of issues around ensuring community control of the change process needs to take place amongst glbti people and within glbti organisations with an interest in ageing related action.

Activists interviewed by the author in the USA, in the context of gerontology research currently underway, referred to three critical factors in activism addressing gay and lesbian ageing:

- **The burden of proof**
Advocating for a population that is invisible is particularly difficult and involves coming up against doubt that a problem exists at all, because you can't point at it or 'prove it' with numbers or cases. Activists emphasised the importance of not being daunted by this contradiction between invisibility and a desire for proof.
- **The coming out question**
According to the activists, the population group that are now over 65 are more than likely to not ever come out publicly, although some will. Nor will they necessarily identify with terms such as gay or lesbian. This puts the onus on the providers of service to be non-homophobic, non-discriminatory and insist that their employees are trained to be such. Education and advocacy are the keys to change, and the government, providers of service and teaching institutions need to act on this.

An initiative of the San Francisco organisation, Gay and Lesbian Outreach to Elders (GLOE), involved working with glbti staff in a large residential facility. Management of the home claimed there were no gay or lesbian residents. GLOE worked with glbti staff to the point where they met with the residents together with the GLOE workers. They told the residents: 'We are here for you, we are out, you don't have to be, but we are here if you need us, and you know who we are'. Within days people started approaching the staff in confidence, talking about their fears and needs.

- Who leads the struggle

Activists emphasised that gerontologists and aged care activists who are not over 60 need to take the lead from gays and lesbians who are both older and out, few of them as there may be. According to them, not doing this, and trying to impose some other agenda, whether liberationist, queer or another, on another generation, will only backfire and cause conflict. The process must be 'by us and for us' older activists said, with younger gerontologists as supporters and facilitators, not leaders.

Examination of papers held at the GLBT Historical Society of Northern California, the American Society on Aging and in personal collections, revealed much of the story of struggle that underpinned this advice. As activists such as Del Martin, Phyllis Lyon, Sharon Raphael and Mina Meyer related, the many achievements around glbti ageing were not made without tension and conflict. A crucial factor in activism was addressing ageism in all its hideous private and public manifestations. Without that, they insisted, there can be no prospect for activism around ageing to succeed.

Martin and Lyon emphasised this in their own lives, relating that, when first asked to be involved in a West Coast Old Lesbians Celebration in the 1980s, they responded by asking what ageing could possibly have to do with them, at the time in mid-life. 'We had to get turned on to a political consciousness on that', they said. They are currently involved with: the National Centre for Lesbian Rights and the Lambda Legal Defence and Education Fund's aging legal projects; policy development through the National Gay and Lesbian Task Force's Aging Initiative; the organisation Old Lesbians Organising for Change; the service organisation GLOE; the American Society on Aging's Lesbian and Gay Aging Issues Network, and the 1995 White House Conference on Aging, where, against considerable hostile opposition, they pushed through a resolution opposing discrimination against glbt elders. They did this through inter-generational links with younger gay and lesbian aged care activists, who were on the ground at the conference, but, as they put it: 'We did it by and for ourselves, with younger gerontologists supporting us, not bossing us around'.

The Australian response

These experiences, narratives and factors influencing activism may or may not prove to be appropriate and relevant to the Australian experience. There is no doubt, however, that we can draw on overseas experiences of glbti ageing activism, research, service development and advocacy dating back more than two decades, in order to reflect on the lessons learned and plan an appropriate course of action to take place locally.

It is vitally important to challenge ageist stereotyping and represent glbti older people as they really are in all their diversity and complexity. The experiences of groups such as Matrix NSW (Olderdykes 2001) and the Mature Age Gays group (Mature Age Gays 2001) as well as social support groups such as Vintage Men, OWLS and Matrix in the ACT, Victoria and others, are vital in this regard, so that a picture of genuine needs and realistic prospects and priorities can be developed. Patterns and networks of current community support and informal assistance, as well as anticipated and preferred options, need to inform activism, as do previously mentioned research studies currently underway in Australia investigating needs. Prior to its collapse, the Satellite Corporation had identified aged care as an area of potentially financially profitable interest. The outcome of focus group research conducted for the Corporation has not been made publicly available. The ALSO Foundation has conducted similar research in Victoria, which will be available. That the Victorian Ministerial Advisory Committee on Gay and Lesbian Health identified age-related issues as a matter of priority is a significant development which might result in positive outcomes in both policies and programs (McNair and others 2001).

There is certainly a need to canvass as many options as possible across all areas of glbti ageing activism, including ideas which may be completely unprecedented. The creation of choice and a range of options for older glbti people in the development of initiatives may well serve to enhance positive personal and political outcomes. A clear picture of the diversity of

experiences, needs and aspirations of older glbti people, in which older people themselves control the process to the greatest possible extent, will result in bringing about change which is realistic and appropriate to the Australian context.

Acknowledgment

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