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Information placed in trust: Older gay men and social workers on talking about sexual identity in aged care

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ABSTRACT

As more men who openly identify as gay approach older age, it is important for health and aged care professionals to consider the appropriateness of talking with these men about their sexual identity. This paper reports findings from a pilot study that examined how sexual identity should be acknowledged in aged care practice.

The paper draws on qualitative data from two focus groups; one with older gay men and one with social workers. An analysis of the themes that overlapped the two groups highlighted the extent to which participants thought sexual identity should be discussed openly, the value placed on skilled interviewing, and the impact of privacy and a sense of trust on talking about sexual identity.

For both groups there was a recognition that aged care professionals need to provide opportunities for older gay men to talk honestly and openly about their sexual identity.

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Introduction

How sexuality is negotiated and discussed in health and aged care settings is a relatively new issue in gerontology. Concerns have been expressed that where sexuality is acknowledged, that this understanding is limited to the act of sexual intercourse (Chandler, Margery, Maynard, Newsome, South, Panich & Payne, 2004). Thus much of the debate has been about the opportunities and appropriateness of sexual relationships and other forms of sexual expression in residential aged care facilities. However, sexuality also involves an expression of identity and, for non-heterosexual people, attachment to gay, lesbian, bisexual, transgender and intersex (GLBTI) communities and cultures (Hughes, 2003). As increasing numbers of men who publicly identify as gay approach older age, it seems important for health and aged care workers to consider the appropriateness of talking with older gay men about their sexual identity, their specific needs and how they can best access services. Kochman (1997, 2) argues that:

(o)ne of the greatest grievances with the helping professions has been the way older gay men and lesbians have been relegated to a land where they are never seen or heard. ... Homosexuals do not self-destruct at the age of forty.

Being open about sexual identity is widely regarded as having a positive effect on gay men's emotional well being (see, for example, Elizur & Ziv, 2001). However, at least in Western societies, older gay men may face particular difficulties expressing their sexual identity due in part to a denial of all older people's sexuality (Deacon, Minichiello & Plummer, 1995) and having grown up in an era when homosexuality was less publicly accepted (Rosenfeld, 1999). Additionally, not all older men who are sexually attracted to other men identify as gay, homosexual or bisexual. This may be due to a denial of this aspect of their identity, to an inability to identify with the (Western) cultural construction of these terms, or to a political stance in which an essentialist gay identity is rejected (Hughes, 2003). Not all older men who are open about their sexual identity feel connected to a real or imagined gay community. Some older gay men – often those

who came out before the 1960s – dislike what they individually perceive as the public flaunting of homosexuality by the gay community (Rosenfeld, 1999).

Older non-heterosexual people's preparedness to talk openly about their sexuality and its impact on their care needs and access to services is also affected by service providers' preparedness to acknowledge sexuality as important. Harrison (2001) argues that workers' sense that sexual identity is solely a private matter and this impacts on their ability to discuss this dimension of older clients' lives. Bayliss (2000) argues that practitioners must guard against treating older people as a homogenous group and must actively seek holistic accounts of clients' situations to ensure that their sexual identity does not remain invisible. Importantly it has been argued that health and human service workers should not ignore sexual identity, but rather provide opportunities for older non-heterosexual people to disclose this aspect of their identity, if they wish (Hughes, 2003).

The focus of this pilot research is on how older gay men and professionals wish to talk about sexual identity. It is likely that there will be complexities and dilemmas for both parties in these discussions, not least in terms of the negotiation of privacy. The framing of the research topic in this way does not address the wide range of issues relating to older non-heterosexuals' experiences in the health and aged care systems that need researching, such as the specific needs of older gay, lesbian, bisexual, transgender and intersex (GLBTI) people, experiences of discrimination, and barriers to effective service use. However, it is argued that before examining such issues, the first step is to develop a way of talking with older non-heterosexuals about sexual identity.

Methods

This exploratory study comprised two separate focus group interviews. One group involved four older gay men, while the other involved five social workers. A focus group interview involves a small group, led by a facilitator, discussing a particular topic in a way that generates opinions and creativity. Focus group data can also provide insight into the meaning

underlying the opinions expressed, including the ambiguities, uncertainties and group processes that lead to the formation of these opinions (Bloor, Frankland, Thomas & Robson, 2001).

The focus group of four older gay men was held in conjunction with the MAG (Mature Age Gays) group meeting, which is held fortnightly at ACON (AIDS Council of New South Wales) in central Sydney. The men's ages ranged from 62 to 84 years. Three had retired from professional jobs, while the fourth continued to work part time at a university. Three were Sydney residents, the other was visiting from an interstate regional city.

The main questions in the interview guide were broad and designed to generate in-depth discussion:

- How do you describe your own sexual identity?
- What is your experience disclosing your sexual identity to others, particularly to professionals?
- How would you want health and aged care professionals to discuss your sexual identity with you and in what contexts?

The social worker focus group was held as part of a workshop during a national social work conference. The group included three gay men and two heterosexual women. Each member of the group had current or previous experience in aged care. The interview guide included the following key questions:

- In what situations have you (or would you) discuss sexual identity when working with an older man? In what situations wouldn't this be appropriate?
- How is it appropriate to talk with an older man about sexual identity?

The data from both focus groups were analysed thematically. In particular, emphasis was placed on identifying themes that emerged across both groups. The project was approved by the Human Research Ethics Committee at the University of New South Wales.

Being up front

From the outset of the interview, each of the older gay men agreed that, when appropriate, they should take responsibility to inform health and aged care professionals of their sexual identity. Being up front and honest was seen as important in forming a relationship with the professional and would ensure that the professional would work in their best interests with all the relevant information to hand.

I'm of the opinion that one has to be very open and honest with one's doctor, for example. There's no use going to the doctor and try to hide the fact of your sexuality. Because the doctor can only work in reaction to the input which you give.

The social workers seemed more circumspect in considering how up front they should be in talking with a client about their sexual identity.

You can't be completely open and ask direct questions because a lot of the time you had to come at it from a very side way before you could actually get them to open up and talk about a lot of things.

For one of the social workers the key issue was gaining an understanding of how the men chose to identify themselves. He acknowledged that not all people identify as gay and that some married men have anonymous homosexual sex at cruising grounds or sex venues such as saunas).

It's difficult to get ... my idea about being gay and knowing what's out there these days for men to access and then asking them the right sort of questions so that they will feel comfortable to disclose what's going on for them; what sort of risks are they taking.

In contrast with the group of older gay men, at no point did the social workers claim that it was the responsibility of older clients to explain their sexual identity openly.

Skilled interviewing

While emphasising their responsibility for being open about their sexual identity, the older gay men also

recognised that health and aged care professionals have a responsibility to provide opportunities for them to disclose their sexuality. For both older gay men and social workers, skilled interviewing was central in enabling disclosure and to avoid making assumptions about the client.

I think if you're in a situation where a social worker is having contact with you then by definition you'd be dependent on that worker for some things. I think it would be very important to make clear what your sexual identity is. Otherwise the social worker is going to make a whole lot of assumptions, which may be completely in the wrong direction. But normally this would come clear as the worker asked the initial introductory questions. About 'Are you alone?' 'Do you have a partner?' Etc, etc. That's normally right at the beginning and that's where it would come up. And I think very important to establish what your identity is. [Older gay man].

According to one of the social workers, disclosure is facilitated by the agency context. That is, some agencies, such as HIV/AIDS organisations, are more likely to facilitate disclosure because sexuality is a more explicit dimension of their remit. For each of the social workers the availability of resources (particularly time) was also seen as critical in providing the opportunity for the in-depth and meaningful interviews that are likely to facilitate disclosure.

It's part of a holistic conversation that takes time to set up, time to create, time to enrich, time to engage; [it] is a whole process that needs respect and time and trust. And I just don't think that at this stage our service providers are in a position to offer that apart from doing the tick boxes as they quickly scoot from person to person.

Privacy and trust

Both groups identified as important the impact of privacy on people's feelings about the appropriateness of disclosure. While the older gay men presented themselves as being up front and public about

their identity, they also saw that a discussion of their sexual identity depended on the context. For two men this related to the role of the worker they were in contact with, the nature of the tasks being carried out, and the quality and permanence of the relationship being formed.

I'd be loathe to tell all these social workers all the details. A chap came and looked at the house and put in a few bars and things like that. My future is not dependent on him or his organisation. So I wouldn't tell him. [Older gay man]

The role of the worker in providing or negotiating access to personal care was seen as a factor that could distinguish between those who needed to know about their sexuality and those who didn't. This was thought to be particularly important when a professional would need to act on their behalf if they became incapacitated. Although, as one older man indicated, this might not necessarily involve providing detailed information about one's sexuality.

I think it's a question that you've reached a stage where you can't do everything and someone has got to take charge. ... You're not going to talk about your private life with these people. You're purely stating one thing: that you're gay.

For a couple of social workers there were remaining questions about the appropriateness of talking openly with a client or with other workers about a person's sexual identity. One felt that he needed to balance his own potentially voyeuristic interest in a client's sexual identity with the client's right to privacy. One of the female social workers spoke of a situation in which she did not engage in a discussion with a client about his sexuality because of the amount of gossip within her organisation.

I was constantly being asked [of a HIV positive client], 'How did he get it?' 'Is he gay?' And I just kept saying, 'I don't know. I haven't asked.' And I didn't take it upon myself even to, at this point, discuss this issue with him because I don't think it was the issue at the time.

In deciding to record information about a client's sexual identity, the social workers felt that such information would need to be clearly relevant to the client's situation.

I think we have to be very, very careful what you record; especially what you record on documents, especially hospital documents. Because assumptions can be made all along the way. I guess, if it's relevant then you record it.

All the older gay men thought that their sexual identity should be recorded by professionals involved in their care. For one man this was important to ensure continuity of service between workers. Nevertheless they expected that this information would be treated with respect.

You have to place the trust. And part of that information, placed in trust, should be your sexuality.

Discussion

There is increasing recognition within Australia of the rights and needs of older lesbians and gays (Harrison, 2006). How health and aged care services are provided is a key area of concern, especially given fears that older lesbians and gays may be forced to return to the closet when they have contact with aged care workers or if they enter a residential facility. This may be initiated by a fear of physical or emotional abuse if they were to disclose

their sexuality (Chandler, Panich, South, Margery, Maynard & Newsome, 2005). Research in the United States indicates that a majority of gays and lesbians expect to be discriminated against in aged care environments (Johnson, Jackson, Arnette & Koffman, 2005). Fear of discrimination may lead to a failure to access health and aged care services in a timely manner which, in turn, may lead to late presentation of illness, premature hospitalisation and self neglect (ACON, 2006).

In the pilot study reported in this paper, there was a recognition that older gay men and aged care professionals need to talk openly about clients' sexual identity to ensure the delivery of appropriate and high quality aged care. Nonetheless both social workers and older gay men reported that this discussion should be carefully facilitated by aged care professionals and should provide opportunities for clients to express their own understanding of their sexuality. According to Hughes (2003) one way this can be facilitated is by encouraging older clients to develop personal narratives in assessment interviews.

Social workers and older gay men also reported concerns about privacy, an issue which is well documented in the literature (Harrison, 2001; Chandler, Margery, Maynard, Newsome, South, Panich & Payne, 2004; Hughes, 2004). For the older men in this study, this related to the context in which disclosure takes place. In some situations, such as an

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assessment for home modifications, the nature and anticipated length of the contact between workers meant that a discussion of sexuality would have been inappropriate and a breach of privacy. In other situations, such as when an older gay man may need to rely on a professional to make decisions on his behalf, disclosure seemed important in establishing a trusting and open relationship with the worker. In expressing concern about older gay men's privacy, social workers highlighted the importance of avoiding a voyeuristic interest in a client's sexuality and the participation in gossip.

It seems important that aged care professionals develop relationships with clients that are based on trust and respect for clients to feel able to disclose sensitive information, such as their sexual identity. Agency support for the development of such relationships is essential. This involves restructuring assessment procedures so that they reflect gay people's patterns of relationships (Langley, 2001), providing opportunities for clients to disclose their sexuality (Hughes, 2003), and presenting positive representations of older people's diverse sexualities and relationships in public documents, such as advertising material (Phillips & Marks, 2006). It also involves the development of closer partnerships between governments, aged care organisations and GLBTI community organisations in the researching and planning for the effective and non-discriminatory delivery of services to older non-heterosexual people (Chandler et al., 2005).

Talking about sexual identity enables people who were previously invisible to become visible. This is the starting point for more detailed assessment – in policy, service delivery and research contexts – of the specific needs of older non-heterosexuals and the issues they face when accessing health and aged care services. This should include evaluating the impact of current and past experiences of discrimination and the effects of heteronormativity or the assumption that all older people are heterosexual. Importantly we need a better understanding of how health and aged care services can become more welcoming of older GLBTI people.

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