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Growing Old and Being Gay or Lesbian in Malta: Anticipating Care in a Heteronormative Society

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Abstract

Malta presents a unique paradox for sexual minority elders: it boasts some of the world's most progressive LGBTIQ+ legislation, yet retains a deeply rooted, religiously conservative social fabric. This article explores how this paradox shapes the ageing experiences and anticipated care needs of older gay men and lesbian women. Drawing on critical gerontology and utilising the Biographic-Narrative Interpretive Method (BNIM), to collect the data, using Thematic Analysis this study examins the life histories of participants aged 58 to 72. Findings reveal a pervasive fear of 're-closeting' upon entry into long-term care, driven by a lifetime of navigating heteronormativity. A distinct gendered divergence emerged: while male participants largely embraced a gay identity, female participants frequently rejected the 'lesbian' label, adopting strategies of protective silence. The study challenges normative models of 'successful ageing,' highlighting instead the resilience found in 'families of choice.' The article concludes that despite legal equality, the lack of culturally competent care creates a precarious future for Maltese sexual minorities, necessitating urgent policy interventions and affirmative staff training to support ageing in place.

Introduction: The Background Context

Research on the intersection of sexuality, gender identity, and ageing is comparatively limited (Sussman et al., 2018). Scholarship regarding the multifaceted discrimination experienced by older adults—particularly where age intersects with gender, disability, sexual orientation, or migration status—remains sparse throughout the European Union. Given that the ageing population is highly diverse, possessing distinct needs and preferences, it is crucial to recognise these intersecting inequalities. A nuanced understanding of how these factors overlap is a prerequisite for developing robust policies that effectively protect the dignity of all older individuals (FRA, 2018).

Within gerontology, this lack of focus has historically rendered older Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer (LGBTIQ) persons socially invisible, particularly within formal support systems (Fredriksen-Goldsen & Muraco, 2010). Many service providers are unaware that LGBTIQ persons are potential users of their services (Hughes et al., cited in Fredriksen-Goldsen et al., 2014) or may not acknowledge the sexual orientation and partners of lesbian, gay, and bisexual (LGB) persons (Utamsingh et al., 2016).

This systemic invisibility is built upon a foundation of assumed heterosexuality and cisnormativity within health and social care systems (Caceres et al., 2020). Where heterosexuality is the default, individuals are less open to disclosing their sexual orientation to healthcare professionals (Rose et al., 2016). This has resulted in older LGBTIQ persons becoming medically underserved and facing a higher risk of health problems than their heterosexual counterparts (Erdley et al., 2014; Frimprong et al., 2020). As this growing demographic of sexual and gender minority (SGM) individuals increasingly requires long-term services and supports (LTSS), the development of culturally responsive care has progressed at a glacially slow pace (Rosser et al., 2024).

When providing care to older persons, it is critical to consider their unique historical backgrounds (European Union, 2017) and how this history has shaped their identity (Fredriksen-Goldsen et al., 2019). Today’s older LGBTIQ adults came of age in eras where their identities were pathologised, criminalised, and heavily stigmatised (Pereira & Banerjee, 2021). Many lived their adulthood in constant fear of exposure, risking their housing, employment, and families (Haber, 2009; Knocker, 2012; Vella, 2013). Their environment often attempted to "normalise" them through psychological or medical treatment, physical and psychological abuse, and the denial of healthcare access (Witten, 2012).

These lifelong experiences of discrimination and victimisation, termed 'minority stress' (Meyer, 2003), have profound and cumulative effects on mental and physical health (Correro & Nielson, 2020). This fear persists into older age, manifesting as a deep distrust of mainstream institutions (Phan et al., 2023). Many older LGBTIQ adults anticipate prejudice from staff and residents in care facilities, leading them to conceal their identities (McMullen-Roach et al., 2025; Rosser et al., 2024). This 'retreating into the closet' is a protective mechanism that can lead to social isolation, poorer mental health, and a reluctance to seek necessary care (Pachankis et al., 2020). Data on LGBTIQ older persons in long-term care indicates that the care provided is often inadequate and damaging, forcing entire generations ‘back into the closet’ during a time of great need (Fasullo et al., 2022).

Malta presents a unique paradox for ageing sexual minorities. In legal terms, the country is a global leader in rights, having topped the ILGA-Europe Rainbow Map for ten consecutive years with a score of approximately 89% in legal and policy protection (ILGA-Europe, 2026). Yet, despite this status, the voice of the older LGBTIQ community has been largely absent from public and academic discourse. This legislative progress contrasts sharply with the lived reality of older generations who grew up in a deeply conservative, Catholic environment (Boissevain, 1993; Abela, 1994).

It is only recently that older LGBTIQ persons have been explicitly featured in key state frameworks, such as the National Ageing Policy (Ministry for Health and Active Ageing, 2023a), the National Dementia Strategy (Ministry for Health and Active Ageing, 2023b), and the National LGBTIQ Equality Action Plan (Human Rights Directorate, 2023).

However, the enduring impact of historical stigma remains visible in recent data. The 2021 national Census, which recorded sexual orientation for the first time (Table 1), revealed that within a total population of 447,456, only 2.5% of the Maltese population aged 16 and over identified as having a non-heterosexual orientation. This disparity is even more pronounced among older cohorts: of the 128,930 individuals aged 60 and over, only 645 (0.50%) identified as LGB or another minority sexuality (National Statistics Office Malta, 2024). This pattern mirrors international trends regarding the ‘statistical invisibility’ of older cohorts. For instance, data from the United Kingdom reveals that while roughly 3.2% of the general population identifies as LGB+, this figure drops significantly to approximately 0.8% for those aged 65 to 74 (Office for National Statistics [ONS], 2023). The similarity between the Maltese (0.50%) and UK figures suggests that these low self-identification rates are likely not a reflection of demographics, but of a shared generational hesitancy to disclose sexual orientation.

Table 1: Maltese population aged 16 and over by sexual orientation, district and age

District and age	Straight/ Heterosexual	Gay or Lesbian	Bisexual	Other sexual orientation	Total
Total	**436,383**	**8,541**	**2,229**	**303**	**447,456**
Malta	**403,022**	**8,073**	**2,110**	**285**	**413,490**
Gozo and Comino	**33,361**	**468**	**119**	**18**	**33,966**
Total	**436,383**	**8,541**	**2,229**	**303**	**447,456**
16-19	17,302	257	256	58	17,873
20-29	69,365	2,166	816	94	72,441
30-39	89,581	3,129	598	48	93,356
40-49	73,891	1,658	288	34	75,871
50-59	57,959	849	156	21	58,985
60-69	59,320	336	66	4	59,726
70-79	47,570	106	33	25	47,734
Over 79	21,395	40	16	19	21,470

Source: National Statistics Office, 2024.

Local research focusing on older LGBTIQ persons has only begun to emerge over the past decade. As Vella and Hafford-Letchfield (2019: 59) observe, "whilst the gay community seems to have gained greater visibility, nevertheless little is known about those LGBT persons entering later life, and much needed policy and practice developments to enable a sense of continuity in keeping with the concept of active ageing". Their study further highlighted that equal rights provide a necessary level of safety, reassurance, and recognition within social care and housing, whilst also emphasising the critical importance of robust social networks.

Other local research into the experiences of older transgender persons has highlighted significant anxiety regarding the ageing process. Concerns particularly centred on the loss of youthful physical traits, which are often tied to their acceptance as women, and a lack of adequate healthcare, with few medical providers trained in the specific physiological and health needs of ageing trans women. Furthermore, the study identified issues of loneliness and social exclusion in later life, as well as anxiety surrounding admission to long-term care facilities due to fears of discrimination or neglect by staff and fellow residents. A profound sense of disconnection was also reported within the local LGBTIQ community; many older individuals felt sidelined and misunderstood, perceiving younger activists as prioritising visibility and media representation over the tangible support and care needs of the older generation (Cekic & Formosa, 2024).

Ultimately, much like feminism’s historical struggle to integrate the perspectives of older women, contemporary LGBTIQ activism in Malta appears to pay scant attention to its older members, prioritising instead the concerns of younger generations (Formosa, 2021).

Notwithstanding a growing acceptance of the LGBTIQ population, this is not sufficient to secure an environment free from negative attitudes, stigma, and discrimination (de Vries, 2015). When an individual reaches older age, a person-centred care approach demands that one cannot provide an adequate care plan if their history and future fears are disregarded (Pugh, 2012). This paper addresses this gap by giving voice to the stories of older gay men and lesbians in Malta, exploring how they experience older age and, specifically, how they perceive their future needs for health care and social support.

Study Objectives

Given the scarcity of empirical data on sexual minority ageing in the Mediterranean region, this paper aims to bridge the gap between Malta's broad legislative progress and the individual lived reality of its older citizens. While situated within the wider discourse of LGBTIQ+ ageing, this research focuses specifically on the narratives of gay men and lesbian women.

In alignment with the exploratory nature of the Biographic-Narrative Interpretive Method (BNIM), the study pursues three primary objectives:

1. **To explore biographical pathways:** To document how older lesbian and gay individuals in Malta construct their life histories, specifically examining how they have navigated identity formation within a historically conservative and religious society.
2. **To examine the anticipation of care:** To investigate how past experiences of stigma or discrimination influence current perceptions and fears regarding future dependency, particularly the prospect of entering long-term care facilities (ageing in place vs. institutionalisation).
3. **To identify barriers to inclusive practice:** To analyse the disconnect between Malta's top-tier equality legislation and the 'on-the-ground' social reality, identifying specific gaps in service provision that may force older adults to 're-closet' themselves to access safe care.

Methodology

This research adopted a qualitative methodology, which provides a deeper meaning and understanding of social phenomena (Braun & Clarke, 2013). Specifically, a narrative inquiry approach, that of the Biographic-Narrative Interpretive Method (BNIM), was utilised for data collection. This method allows for the exploration of lived experiences in the participants' own

words, capturing the complexities of their life stories (Wengraf, 2001). The procedure followed three distinct sub-sessions (Wengraf, 2001):

1. **Sub-session 1 (The Single Question):** Participants were asked a single overarching question: *' 'Can you please tell me your story of how today as an older adult identifying as lesbian/gay man, you have come to experience ageing, how you manage your everyday lifestyle now that you are of older age, keeping in mind your health care needs as well as social support. All the events and experiences which were important for you up to now. Start wherever you like. Please take the time you need. I'll listen first, I won't interrupt, I'll just take some notes for after you've finished telling me about your experiences.'* The interviewer did not interrupt, allowing the Gestalt of the participant's story to emerge.
2. **Subsession 2 (Narrative Follow-up):** Following a 15 minute break, the researcher asked follow-up questions based strictly on the notes taken in Sub-session 1, using the participant's own order and key words to elicit 'Particular Incident Narratives' (PINs).
3. **Sub-session 3 (Optional)**: This sub-session, which is considered optional was conducted after the preliminary analysis of both previous sub-sessions. Here a set of questions were developed, not restricted to sub-session one and two, but composed of questions about topics which may have not been mentioned in the narrative and more to do with the theory. Unlike the previous subsections the third sub-section is more structured (Wengraf, 2008).

The resulting narratives were analysed using Thematic Analysis.

Ethical approval was granted by the University of Malta Research Ethics Committee. Given the small size of the Maltese LGBTIQ community, anonymity was paramount. All participants were provided with information sheets and signed informed consent forms. To prevent deductive disclosure—a significant risk in small-island states (Damianakis & Woodford, 2012)—pseudonyms were assigned, and specific biographical markers (e.g., exact professions or village names) were obscured in the final transcripts.

Participants

The study originally set out to inquire into the lives of lesbian and gay men in Malta above the age of sixty-five. Despite the general accepted age bracket defining older person is 65 and above (World Health Organisation [WHO], 2026), which was achievable for gay men, it proved challenging for the lesbian group, possibly due to compounded invisibility, fear, or discomfort in being interviewed. This difficulty concurs with other gerontological research, which notes that lesbians can be more likely to hold reservations about their identity and are

often an ignored and invisible sub-population (Averett & Jenkins, 2012; Heaphy, Yip, & Thompson, 2004). Furthermore, critical gerontology suggests that 'social age' often accelerates for minority groups; due to 'minority stress' (Meyer, 2003) and the lack of heteronormative milestones (such as grandchildren), LGBTIQ individuals may anticipate ageing-related care needs earlier than their heterosexual peers.

Eventually, a total of six participants who identified as lesbian or gay, were over the age of fifty-eight, and were living in Malta were interviewed (see Table 2). The cohort included two women aged 58 and one aged 66, and three men aged 58, 67, and 73. The inclusion of the 58-year-old participants was deemed highly relevant as their narratives were deeply embedded with experiences and future concerns related to health care and social support.

Table 2: Participant Demographics

Pseudo Name	Gender identity	Sexual Orientation	Age	Occupation
Joseph	Male	Gay	73	Sugar craft cake decorator (Retired)
Karl	Male	Gay	67	Activity coordinator (Retired)
Peter	Male	Gay	58	Hairdresser (Retired)
Charlotte	Female	Lesbian	66	Teacher (Semi-retired)
Therese	Female	Lesbian	58	Marketing officer
Elisabeth	Female	Lesbian	58	Accountant

A striking divergence regarding identity labelling emerged during the interviews. While male participants were comfortable self-identifying as ‘gay’ and exhibited a strong affiliation of their identity, female participants expressed significant discomfort with the term ‘lesbian’. . One female participant felt more comfortable identifying as 'gay' rather than 'lesbian', while others avoided labels entirely, associating the term with negative connotations. This divergence underscore that, to avoid the error of treating older LGB adults as a monolithic group, care assessments must account for the intersection of sexual orientation with other key identity markers, such as gender, ethnicity, and physical ability (King & Cronin, 2013).

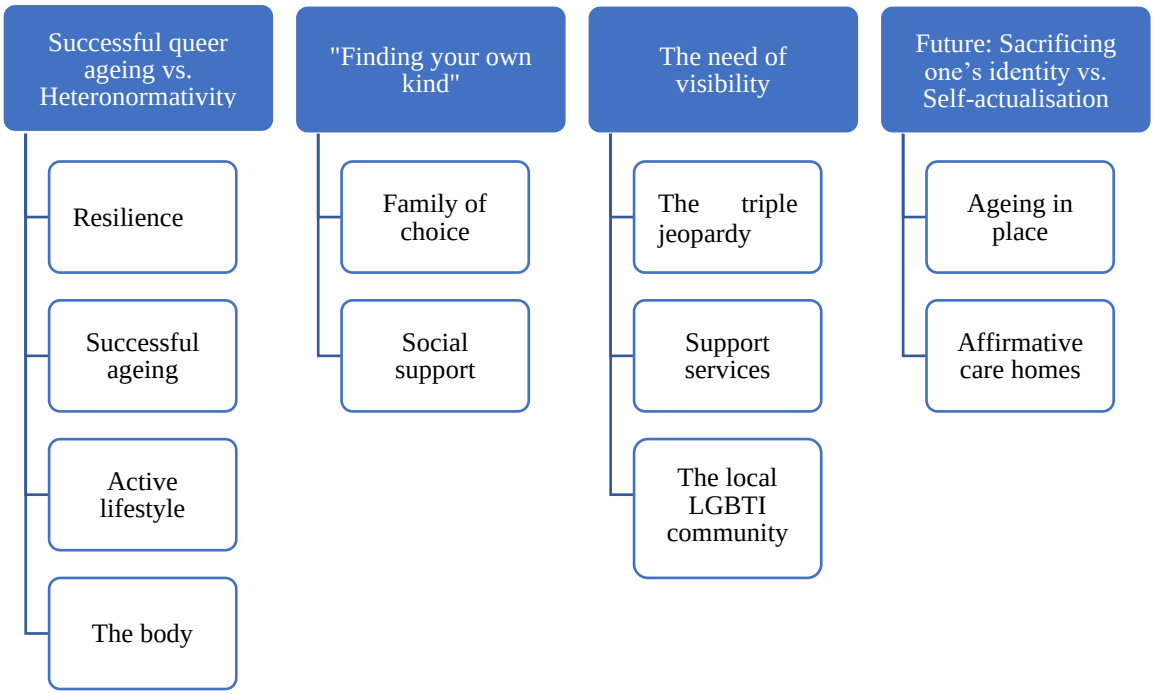
Key Findings and Discussion

A rigorous thematic analysis of the participant narratives revealed an array of themes (Braun, & Clarke, 2006). These themes (see Diagram 1) illuminate the lived experiences of the participants and are discussed below, integrating findings from the broader literature to contextualise the Maltese experience.

Balance was considered during the design phase by securing an equal number of participants (3 men and 3 women). However, the analysis acknowledges that the lesbian sample

was harder to reach due to 'invisibility, fear and discomfort', resulting in a younger age profile for the female participants (mostly under 65). This composition shaped the results by highlighting a distinct contrast: while the male participants were 'gay affirmative,' the female participants were more 'private and reserved,' often rejecting the label of 'lesbian' entirely. To ensure lesbian experiences were equally represented despite this 'invisibility,' the findings incorporated specific themes such as 'The Triple Jeopardy' to address the intersectional economic and social challenges unique to the female participants.

Diagram 1: Emerging Themes and Sub-themes



Successful Queer Ageing vs. Heteronormativity

All participants disclosed how, throughout their lives, they subscribed to the idea that the heteronormative culture and discourse were the socially appropriate and acceptable ways of life. Deviating from this norm was not an easy route. Some participants spoke of having to "escape the system" by leaving the island, while others, like Elisabeth, endured psychological distress due to sociocultural climate regarding homosexuality. She described attempting to convince herself that being gay was not a sin, stating: "I always said to myself that this was not a sin."This aligns with findings from Vella (2013) on the historical pressures faced by gay men in Malta. Such deviation resonates with the concept of queer temporalities, which embrace a 'messiness' that defies the pressure to act one's age or follow a linear progression (Brown, 2009; Sandberg, 2008).

Despite these historical challenges, a common trait that emerged was 'resilience'. Participants remained active within their sphere of life and demonstrated successful adaptation to older age. Therese spoke of anticipating the future role of acting as the primary caregiver for her parents, placing her within the heteronormative adult child-parent dynamic described by Muraco and Fredriksen-Goldsen (2014). This sense of duty aligns with Maltese cultural norms where family caregiving is considered an obligation (Bonnici, cited in Formosa, 2015). Similarly, Peter stated, "I do my share of volunteering despite my various conditions."

In the strict context of successful ageing, defined by Rowe and Kahn (1997) as high active engagement, high physical functioning, and low risk of disease -these participants appear to lead active lives. However, while Rowe and Kahn's model has been influential, it is increasingly criticised for its exclusionary nature. Rubinstein and de Medeiros (2015) argue that the model posits the individual as the sole locus of responsibility, ignoring the impact of biography and marginalisation. Similarly, Katz and Calasanti (2015) warn that this framework flattens the diversity of the ageing experience and overlooks intersecting social inequalities.

This critique is particularly relevant for individuals like Peter, whose engagement occurs alongside health conditions. For LGBTIQ elders, 'success' is rarely a linear trajectory of physical optimisation but rather a practice of 'crisis competence' (Kimmel, 1978). Consequently, this article pivots to a critical gerontological lens, viewing ageing not as a physiological test but as a complex navigation of a heteronormative care landscape (Sandberg, 2011).

The resilience demonstrated by the Maltese participants challenges the heteronormative lens of "successful ageing" —often depicted as heterosexual couples with grandchildren (Sandberg & Marshall, 2017)—by creating alternative narratives of success. Elisabeth further highlighted her strategy: "[My] Approach is to be as self-sufficient as possible, but to always keep friends close to you as much as possible" This "crisis competence" (Kimmel, 1978) is theorised to be a capacity cultivated from a lifetime of navigating adversity and stigma (Heaphy et al.,2004; Jurček et al., 2022).

In the context of active ageing, all women interviewed spoke of how they will continue to work, even though two are approaching retirement. However, a good part of the reason for remaining in paid work is also the financial motive, as all female participants stated how nowadays employment has become imperative to maintain a relatively good lifestyle. They acknowledged how important it is to remain part of the workforce, a point of view that is worthy of note as 76% of the general Maltese population view older persons as great contributors to the workplace (European commission, cited in Formosa, 2015). In this context, it is thus

imperative that workplaces remain safe places and that equal opportunities are provided, irrespective of one's sexual orientation.

While Fabbre (2015) outlines that the concept of successful ageing is built upon a heteronormative framework, this theory is contested by queer individuals who feel such a structure strips away the unique, non-conforming nature of their lived experience (Ramirez-Valles, 2016). This viewpoint was confirmed by the study participants, whose life stories demonstrated that a sense of successful ageing was achieved through unique experiences rather than conformity. Karl, for instance, refused to subscribe to heteronormative tenets, describing equal marriage, monogamy, and reproduction as merely replicating heterosexual norms.

However, Higgs and McGowan (2012) maintain that this popular culture has also rendered images of successful ageing as the ability to defer old age as much as possible, often by maintaining a fit body. This is a consumerist approach championed by the baby boomer generation, where biomedicine and bodily modifications—once primarily the domain of women—are increasingly consumed by men to remain sexually attractive (Leonard et al., 2012). Karl invests heavily in maintaining a good body image and monitoring his testosterone levels, particularly as he is attracted to younger men. As he states:

"I keep myself active through sports and make sure my testosterone levels are maintained. I keep a healthy diet."

This correlates with findings by Hajek (2014), who notes that many gay men over the age of 50 base their self-worth on body image, physical attraction, and sexual vitality. Consequently, this preoccupation with youth and sex suggests that for some within the gay culture, successful ageing is intrinsically linked to the manipulation of the body to delay the visible signs of ageing.

"Finding Your Own Kind"

This theme is a direct quote by Therese, highlighting the importance of a good support network was deemed imperative by all participants. This support consisted of two types: a close circle of friends and, ideally, a life partner. Having experienced a lifetime of misunderstanding from mainstream society, the participants have established strong ties of friendship that function as a 'family of choice' (Knauer, 2016).

Joseph explained how, even though he is legally married to his husband, his close circle of friends continues to be a great part of his life. These friendships are characterised by longevity, safety, intimacy, common values, trust, and reciprocity, fitting Gabrielson and

Holston’s (2014) definition of 'family of choice' as a support system that often replaces or supplements the roles of blood relatives.

Partnership was also highlighted as an ideal, conferring better overall health benefits (Goldsen et al., 2017). Joseph explained how his husband brought him peace of mind and security, stating: "Thank God for my husband, that is a great help to me as now I don’t work any more." This echoes Vella's (2013) earlier findings that such bonds bring a sense of security. Both Joseph and Peter legally formalised their relationships through marriage soon after it became law in Malta, seeing it as a way to gain the same rights and benefits as heterosexual couples and avoid the 'disenfranchisement'—a loss that cannot be publicly acknowledged or supported—that comes from an unrecognised relationship (Doka, 2002).

Therese described how her group of friends acts as a support system to one another by being in constant communication. She brought an example of how in the span of four years she lost five people and during the time of study another of her closest friends was battling for her life and further explained how such notions affect all her friends forming part of the group and how together they organised visits in making sure to be available and of support as best they can. This falls in line with Houghton, (2018) who stated that perhaps the most age-related concern faced by many older LG persons is the fear of not having adequate support as they further into age.

The Maltese participants' emphasis on 'families of choice' is a cornerstone of LGBTIQ ageing research. For older LGBTIQ adults, who are more likely to be single, live alone, and be estranged from biological families (Guasp, 2011; Houghton & Quartey, 2020), these chosen families are not ancillary but are the primary source of support, intimacy, and care (Hull & Ortyl, 2019). These networks are crucial for resilience, providing a space for identity expression and a sense of security (Knauer, 2016). The participants' move to legalise their unions demonstrates a desire to protect these vital relationships, particularly as they approach older age and anticipate future care needs.

The Need of Visibility

A significant gendered disparity emerged within the narratives regarding identity management and visibility. Although not all participants subscribe to the heteronormative culture, and are aware that they lead somewhat different lives to the norm, Charlotte and Elizabeth, in particular, did not want to stand out in any way or had to adhere to a particular label. In fact they refused to identify as lesbian due to the stigma and negative connotation it holds, with Elizabeth going a step further in stating that she did not need to identify as anything.

As highlighted by Westwood, (2013), in researching older lesbians this study also faced significant gendered disparity within the narratives regarding identity management and visibility. While the male participants generally embraced the label ‘gay’ and demonstrated a degree of comfort with public visibility, the female participants exhibited a distinct reticence, explicitly rejecting the term ‘lesbian’. This divergence must be theorised not merely as a personal preference, but as a reflection of the ‘double invisibility’ faced by older women who love women (Traies, 2016).

Averett and Jenkins (2012), highlighted how older lesbians are an invisible and ignored sub-population, which places them at a triple threat of marginalisation and oppression - that of being women, lesbian and of older age. Indeed, Charlotte only conveyed her acceptance to partake in this study because the researcher identified himself as a gay man, thus avoiding to“opening up” to a straight person - and addressed her partner as her friend “habibti”, when disclosing her narrative, thus denoting a certain fear. This aligns with Heaphy et al. (2004) who stated that lesbians are seen as being more ‘hidden’ as regards to how they manage their support networks, holding reservations about their identity in ‘going public’.

In the context of Malta’s historically patriarchal and Catholic society, women have traditionally been positioned as the guardians of family morality (Cutajar et al., 2023). Consequently, female sexual deviance has often been policed more rigorously—or silenced more effectively—than male homosexuality (Cassar, 2003). The rejection of the political identity ‘lesbian’ by the female participants can be understood through the lens of feminist gerontology as a strategy of protective silence (Fullmer et al, 1999). As Kitzinger (1987) argue, for older cohorts, the term ‘lesbian’ may hold multiple meanings for those who do not identify with it. Westwood (2013) elucidates that lesbian identity is not a monolith, but rather a spectrum defined by varying combinations of politics, performance, and desire.

By reframing their lives through narratives of ‘friendship’ or private companionship rather than public identity politics, these women navigate a care system that assumes heterosexuality (Rose, 2000). However, this invisibility is a double-edged sword; while it protects them from immediate discrimination, it renders their specific care needs—such as the recognition of a same-sex partner as next-of-kin—unseen by service providers. This finding underscores the necessity for care training that looks beyond identity labels to recognise the diverse forms of ‘families of choice’ that exist among older women (Dorfman et al, 1995; Fredriksen-Goldsen et al., 2023).

While legal rights have advanced, a sense of visibility was not equally felt. Lesbians, like other women, face income limitations due to historical career disparities (Orel, 2004),

which can impinge on health and leave care needs unmet (Heck et al., 2006). This places them at a 'triple jeopardy' of marginalisation based on age, gender, and sexual orientation (Averett & Jenkins, 2012), however Therese denotes a possible fourth intersection, that of being ‘single’. As she questions:

“…government policy[ies] they allow for single mums, married couples, tax rebates…they seem to help a lot of families but what happens to the people who are (single) fifty and older?”.

Therese further explained how social housing is a struggle for older single women, as preference is always given to women with children. She also mentioned that nowadays with the prices in rent always rising and the wages remaining the same, it is becoming nearly impossible to keep up with housing costs and daily struggles, "trying to live a healthy lifestyle comes at quite an expense," noting that basic necessities for a healthy diet have become expensive. This reflects the local context where older women are at a greater risk of poverty (Gialanzè, 2025), and poverty has a disabling effect, impacting nutrition and well-being (Formosa, 2015). She stated that there are other lesbians her age who are single, without kids and struggling, rendering also the reality of older single women deserves a seat at the table in policy discussions. Peter spoke of the need for more visibility and understanding of older lesbian and gay (LG) persons' needs from health and support services. While he opined that health services provided are generally good, they lack specific provisions for senior LGBTI care. This aligns with findings of the AARP1 survey (Houghton, 2018), with stressed that policies should cater to better access for LGBT-sensitive and specific care. Peter disclosed that he was discriminated against and denied a male carer. Initially, an employee informed him that since he was married, his partner was duty-bound to assist with his care needs, dismissing his specific context. Even though he was eligible for services as a person with disabilities requiring support for daily living activities, he was placed on a long waiting list. When he eventually found a male carer, the department rejected the solution. He was told that because he is gay, he was not allowed a male carer and would be paired with a female carer, despite his discomfort. As he stated:

“[The support service]… did not accept my request, since I am gay, and under no circumstances was I to have a male carer. That means that it has to be a woman who washes

[1] The AARP is an American charitable organisation dedicated to enhancing the quality of life for all. It leads positive social change and deliver value to those 50 and over with emphasis on those at social or economic risk.

me, it has to be a woman to help assist me with personal matters, an option which I could not accept".

This sense of invisibility was also felt within the local LGBTIQ community itself. Almost all participants felt discriminated against on the basis of their age, noting that gay spaces and activities in Malta are geared towards the younger generation. As Karl expressed, "Don't expect me to just turn up, because if I don't find that the event appeals to me, I won't go." Therese further pointed out that "We are not a united gay and lesbian scene at all, and that's a shame!".

This corresponds with Heaphy 's (20120) findings, which state that gay men are subjected to ageism as they interact with younger members. The findings of Albo (2018) also denote the stereotype of the 'sad, old, lonely, bitter queen', and the overall idea of being 'old' is bad, and to be younger than one's chronological age is good, with such pressures to fit in and feel part of the gay community leading older gay man to take a covert route in "passing" as younger (Slevin & Linneman, 2010). Beyond ageism, a possible fear persists among older members of the LGBTIQ community living in a small island state, as Charlotte stated "In Malta I don't go for the fact that someone would bash you, Malta is too small".

The participants' feelings of invisibility are multi-layered. They face societal invisibility, where services are heteronormative, and also intra-community invisibility, where ageism within the LGBTIQ community alienates them from the very spaces meant for support (Willis et al., 2022). This 'minority within a minority' status can impact the formation of new relationships and increase isolation (Willis et al., 2019). The concern for sensitive and specific care (Hafford-Letchfield & Roberts, 2023; Sussman et al., 2018) is not just an abstract wish but a direct response to a lifetime of being overlooked by the very systems they will one day depend on.

Future: Sacrificing One's Identity vs. Self-Actualisation

The above theme denotes that, if the current climate of heteronormative culture in long-term care does not become more inclusive to all sexual identities, participants feel that they must sacrifice their true identity, whereas if the future proves otherwise, participants may continue to age and grow, reaching self-fulfilment in an affirmative manner with the possibility of reaching the final stage of Maslow's hierarchy of needs, that of self-actualisation. (McLeod, 2007).

When considering the future, all participants expressed that 'ageing in place'—remaining in their own homes, surrounded by partners and friends (Knocker, 2012)—was the

only viable option for retaining their sense of self and well-being. As expressed by Karl: “the future is one of my preoccupations, as to whether I will be able to remain living at home or not. I retrofitted the home when it went through the restoration process, so that I can remain in it”. While Therese was convinced that she would not enter into institutional care as she expressed: “Allow me to die here… bring me meals on wheels, whether I eat or not is not a problem… But I feel like I am going differently somehow.”

This preference was driven by a deep-seated fear of institutional care. Participants expressed helplessness and hopelessness at the thought of ending up in a nursing home, believing they would have to sacrifice their true selves. Karl conveyed that older LG persons end up "totally institutionalised, with no liberty of expressing their true selves". Peter elaborated on this fear: "...what concerns me is that you would not be able to talk about your life story. You would be living among people with a different mentality, those which maybe do not accept something like this.

This fear of retiring into a heteronormative residential setting re-awakens anxieties of their sexuality identity not being recognised, tolerated or accepted (Margolis, 2014), ending up being a target for humiliation or not feeling safe (Caceres et al., 2020; Leyerzapf et al., 2019; Margolis, 2014). This leads to the phenomenon of 're-closeting' to avoid hostility, and passing as heterosexual (Purvis, 2018; Ramirez-Valles, 2016; Willis et al., 2016).

When asked about alternatives, the idea of a 'gay affirmative care home' was raised as a way to live in a safe environment, free from judgement. Charlotte explained:

"I think the next thing is a home for these people who are ageing and would like to be together… They will be happy... and no one will be looking at them wondering about their sexual orientation... I think it’s about time that the government does this next step."

Therese also in agreement with Charlotte, further proposing that a wing will be allocated for LGBTIQ residents in St Vincent de Paul Residence SVPR, Malta’s largest state long-term facility:

“Definitely and the worst part of that is when you start to get old and you end up in an old people’s home. That scares the hell out of me, and it scares the hell out of a lot of us…So, it would be nice if there could be a little wing at SVP, for LG persons.”

The participants' profound fear of long-term care facilities is strongly supported by international literature. This fear is not irrational but is based on documented experiences of abuse, neglect, harassment, and discrimination in care settings (Justice in Ageing, 2015; Knocker, 2012; Stein et al., 2010). The assumption of heteronormativity and cisnormativity in care homes forces LGBTIQ residents to navigate a system that renders them invisible (Caceres

et al., 2020; Fasullo et al., 2022). The 'price' for this concealment is high, leading to isolation, depression, and a faster progression of cognitive decline (HCpro, 2017; McGovern, 2014).

Charlotte's call for an affirmative home aligns with research showing that older LGBTIQ persons would feel more comfortable if providers were specifically trained on their needs (Houghton, 2018). While some advocate for LGBTIQ-specific facilities, the broader call is for all mainstream services to become genuinely inclusive (Alzheimer Europe, 2022; Buczak-Stec et al., 2023). This requires more than simple non-discrimination policies; it demands proactive cultural change, visible signs of inclusion, and staff trained in affirmative practice (Cummings et al., 2021; Hafford-Letchfield et al., 2018).

Conclusion and Implications

This collection of narratives provides a critical, in-depth look into the lives of older lesbian and gay individuals in Malta. The results delineate the importance of understanding their unique life histories, the societal factors that shaped them, and how this has impacted their outlook on social and health care support.

The 'gayby boomers'[2] have brought a new demographic to population ageing in Malta. From these six narratives, a sense of uncertainty emerges, revealing an unconscious conflict between living an affirmative LGBTIQ life and the inherent need to conform to heteronormativity to be adequately cared for. This fear becomes more pronounced when contemplating later life. The denial of one's true self is perceived as the potential price for entry into institutionalised care built around a heteronormative culture.

The findings from this Maltese study underscore a significant knowledge gap and, more importantly, a gap in service provision. What is known from the international literature is now confirmed within the Maltese context: older LGBTIQ persons fear for their future. They fear that the systems designed to care for them will instead strip them of their identity, their history, and their dignity.

The implications are clear. There is an urgent need for Maltese healthcare agencies, long-term care providers, and government bodies to move beyond simple tolerance. They must proactively adopt inclusive, person-centred care approaches for LGBTIQ residents. This includes:

1. **Policy and Visibility:** Implementing robust anti-discrimination policies that explicitly name sexual orientation and gender identity. This must be complemented by visible

[2] This term refers to LG persons who form part of the Baby boomer generation (Ramirez-Valles, 2016).

markers of inclusion, such as rainbow badges or affirmative posters, as highlighted in UK initiatives (Hafford-Letchfield et al., 2018).

2. **Staff Training:** Mandating comprehensive training for all staff (from management to frontline carers) on the unique histories, needs, and language relevant to older LGBTIQ adults. This training must move beyond a 'tick-box' exercise and aim for genuine cultural change (Westwood & Knocker, 2016).
3. **Affirmative Practice:** Updating intake forms to be inclusive of SOGI and 'families of choice'. Staff must be trained to use inclusive language, respect chosen family as legitimate decision-makers, and create an environment of trust that allows residents to share their biographies safely.
4. **Supporting 'Ageing in Place':** Recognising the strong preference for ageing in place, support services must be equipped to be LGBTIQ-affirmative in the community, ensuring home-care workers are trained and informal 'families of choice' are supported.

This study, while small in scale, opens the door to a critically under-researched area in Malta. It demonstrates that for older LGBTIQ Maltese, the fight for recognition does not end in old age; it merely shifts to a new, and perhaps most vulnerable, frontier: the care home.

Intersectional Limitations

It must be acknowledged that the participants in this study represented a 'resource-rich' segment of the population—articulate, community-connected, and largely middle-class. This reflects a limitation in recruitment common to narrative inquiry. Consequently, the findings may inadvertently privilege a form of 'successful queer ageing' that is not accessible to those facing intersecting inequalities, such as those with disabilities, lower socioeconomic status, or those living in rural Gozo. Future research must specifically target these 'hard-to-reach' voices to avoid replicating the marginalisation found in mainstream gerontology.

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