



Gay and Grey

If you have more than a few dozen older clients, chances are pretty good that some of them are gay or lesbian.

Although the exact figures are uncertain, it is generally recognized that people who are lesbian, gay, transsexual, or bisexual represent between 2 and 5 percent of the general adult population. The number of older “gays” has been increasing with the general trend to “population aging” but at a somewhat slower pace.

In recent years, there have been major strides made to assure that gays and lesbians enjoy the same rights as other people, and are protected from intolerance, discrimination, and harassment. Social tolerance, however, was not a part of many older gays’ and lesbians’ lives while growing up in the 1930s and 1940s. Nor was it part of life as they became young adults in the 1950s and 1960s—or when they started heading into middle age.

Reflecting Back

The modern gay movement in Canada is a relatively recent phenomenon that developed in the early 1970s in response to overt discrimination, along with public and police harassment against gays and lesbians. Homosexuality was a crime in Canada until 1969.

Prior to 1973, it was classified as a mental disorder by the American Psychiatric Association. People frequently lost their jobs if their sexual orientation was discovered; their names were published in the newspapers and police regularly raided places such as bath houses that gays frequented. Victimization throughout this period was common, but when gays or lesbians reported incidents to the police, the crimes were often dismissed or ignored.

The antigay sentiment has not completely disappeared in Canada.

The antigay sentiment has not completely disappeared in Canada. Research and crime statistics continue to indicate that openly gay people are much more likely to be threatened or assaulted than other people. These harms can come from strangers, neighbours, partners, or family members. A 2001–2002 Canadian pilot study indicated that 10 percent of all hate crimes were committed against gays and lesbians.

Many older gays and lesbians have been ostracized, stigmatized, marginalized, and victimized at various points in their lifetime. As seniors, gays and lesbians are likely to continue

to encounter strong negative attitudes from their same-age peers.

For example, a 2003 poll by the Centre for Research and Information on Canada found that women and men, age 55 and over, were 2 to 3 times less likely than younger people to support gays or lesbians being able to marry.

Out of View

Today, many older gays and lesbians have been (or are) married to a person of the opposite sex, and may have children from that relationship. Others remain single or live with a “room mate.” A significant number of older adults have found it safer to remain “in the closet” throughout their lives, keeping their sexual orientation a carefully guarded secret, and for good reason.

Gays and lesbians who have disclosed their sexual orientation, even to close family or friends, have risked a lot to do so, often experiencing longstanding hostility.

Heading into Later Life

As gays, lesbians, and other members of sexual minorities age, they are likely to need health care and other supportive services. Canadian studies reveal that over 50 percent of gays and lesbians have never disclosed their sexuality or gender identity to their health care provider.

Many older gays and lesbians are concerned they will be judged or receive a poorer standard of care if they let others know their sexual orientation or gender identity and that they will feel “pushed back into the closet.”

Today it is still fairly common for gays and lesbians seeking professional services to encounter hostility or condescension.

For example, a 1998 American survey of nursing students showed that

- 8% to 12% “despised” lesbian, gay, and bisexual people;
- 5% to 12% found them “disgusting”; and
- 40% to 43% thought people should keep their sexuality private.

Some gays and lesbians have been refused service, treated with detachment, and had their confidentiality breached.

Canadian researcher Shari Brotman has found service providers’ reactions can include excessive curiosity, pity, harassment, embarrassment, anxiety, inappropriate reactions, and direct rejection of the person. In some cases, older gays and lesbians are ostracized or people will avoid physical contact.

But, there are broader systemic issues that can effectively marginalize gays and lesbians and treat them as if they are invisible. For example, often intake forms for health care or other professional services are worded in ways that inadvertently assume everyone is heterosexual and exclude the possibility that some people may be in a same-sex relationship.

Left Out at a Particularly Vulnerable Time

Some gays and lesbians have found that their partners are not permitted to visit in hospital or longterm care settings, much less permitted to make life-and-death decisions for their loved ones. This is often the case if the blood relatives object to their lifestyle or the particular partner.

An essential part of cultural competence means offering services in a nonjudgmental and nondiscriminatory manner.

- Health care consent law in BC clearly identifies that same-sex couples have the right to make decisions on behalf of their partner if the person becomes mentally incapacitated.
- Provincial human rights law in British Columbia also prohibits all individual and public and private bodies, who are offering services, accommodation, or facilities customarily available to the public, to discriminate against a person because of his or her sexual orientation.

Older same-sex couples, however, can experience more problems asserting and enforcing these or other rights. Some have found it useful as a preventive step to arrange a Representation Agreement or other legal documentation to assure the rights will be respected.

Many older gays and lesbians are concerned they will be judged or receive a poorer standard of care if they let others know their sexual orientation or gender identity and that they will feel “pushed back into the closet.”

Nonetheless, gays and lesbians point out the extraordinary lengths they sometimes have had to go to in other jurisdictions. For example, one man describes carrying multiple copies of his partner’s medical Power of Attorney. Each day he had to replace it because the Power of Attorney magically kept disappearing from his partner’s chart overnight.

In the Lower Mainland, recent special efforts such as the Generations Project are beginning to help raise the awareness of longterm care providers about the needs and rights of lesbian, gay, transsexual, or bisexual seniors.

Improving Services

Today, it is important more than ever for professionals including Notaries and others to provide “culturally competent” services to older adults, including those who are part of sexual minorities. At a minimum, this means acknowledging that some of their clients will be gay or lesbian—and recognizing that people in same-sex relationships can come from any ethnic or cultural background.

It means asking questions of clients in ways that do not make assumptions about being heterosexual. It means steadfastly protecting their privacy and confidentiality.

Cultural competence includes being knowledgeable about the care and legal issues facing older gay clients and offering services that can help clients plan for the future and help reduce problems from arising in the future.

For professionals, it also means being aware of their own beliefs and values around homosexuality and same-sex relationships and around the nature of families and how these personal beliefs may affect clients’ service needs.

An essential part of cultural competence means offering services in a nonjudgmental and nondiscriminatory manner. ▲

Charmaine Spencer is a lawyer and Adjunct Professor at the Gerontology Research Centre of Simon Fraser University in Vancouver, BC. She conducts research in vulnerable populations, focusing on a range of “risk” and older adult abuse issues. Ms. Spencer has been a member of the Centre’s staff since 1991.

Voice: 604 291-5047
cspencer@shaw.ca<char_cuba.jpg