

LGBT OLDER ADULTS – THE INVISIBLE MINORITY

The situation of ageing lesbian, gay, bisexual and transgender people in the Czech Republic and the perspectives of LGBT-friendly health and social care,

by Mgr. Jolana Novotná, based on the final report on the “Situation of LGBT People in Facilities Providing Care to Older Adults” research conducted for PROUD, z.s. by PhDr. et Mgr. Naděžda Špatenková, Ph.D. and Mgr. Ivana Olecká.

The research was carried out as part of the “Invisible Minorities” project, attempting to make LGBT youths, families and older adults more visible. The project was supported from the Norwegian Funds.



What do LGBT older adults imagine their own old age will look like? Do they think about what will happen when they are not able to take care of themselves? What do they expect from professional caregivers?

Are institutions ready to provide LGBT-friendly care? Are they capable of or willing to comply with the specific needs of these people?

Is there anything that distinguishes the care of LGBT older adults and the attitudes towards them?

Is the care of LGBT older adults a relevant topic for debate in professional discussions?

DEFINITIONS

LGBT

The abbreviation for lesbian, gay, bisexual and trans people. However, LGBT+ is used more often as it also includes other sexual and gender identities such as gender-queer, intersexual and asexual people.

LGBT older adults

The research targeted LGBT older adults aged 50+. Although the age of 65 could be considered as an imaginary line where “old age” begins, experts on endangered older adults emphasise that 50 years is the significant age limit for deciding what an individual’s life in old age will be like.

Homosexual

A term used to describe people preferring a partner of the same sex. It is considered to be obsolete and inadequate. In Czech, it has been replaced by the more commonly used terms of “gay” and “lesbian”. “Homosexual” is not a synonym for gay. Lesbians are also homosexually oriented persons.

Bisexuality

A term meaning persons with a sexual and partner preference for both the same and opposite sex (gender). Bisexuality is rejected in certain concepts of sexology and therefore people often devalue it, taking it as just a transient period of sexual experimentation.

Trans people (trans*)

This term includes transgender, transsexual, gender-queer and other persons crossing the border between what is generally considered to be female and male specific. Nevertheless, there is a widespread and simplified belief that trans people are either transsexuals or transvestites.

Transsexuality (transsexualism)

This term is used particularly in medicine where it characterizes people striving to achieve a change (or those that have already achieved a change) of their primary and/or secondary sex characteristics through medical interventions (hormonal and/or surgical), usually also accompanied by a permanent change in their gender role. From the medical point of view, transsexual people are divided into male-to-female (transitioning to female) and female-to-male (transitioning to male).

Transvestitism (cross-dressing)

The term ‘transvestitism’ is also used in medicine. ‘Transvestite’ means a person who wears the clothes, make-up, etc. considered to be significant for a gender other than their own. Nowadays, this term has been replaced by the more preferred term ‘cross-dresser’, applying only to a part of trans people. ‘Cross-dressing’ can occur on a permanent basis or just during certain periods of time or in specific situations.

Transgender

This term has several meanings. It is often used to describe people whose inner feeling of affiliation to a certain sex (or more precisely gender) is not in accordance with the sex (gender) assigned after birth (for example a person defined as a man who after birth feels like a woman). Some transgender people feel their existence does not correspond to any of the standard gender categories (male-female), but somewhat feel like they are standing somewhere in the middle or across these two genders or even outside them.

Gender

A term referring to the differences between man and woman or men and women or also male and female. Many of us perceive these differences as something given, normal or even natural, hence unchangeable. However, in fact, this is a human “creation”, our (human) construct. Seen from the gender point of view, the differences between man and woman are not predetermined biologically and/or genetically in an unequivocal manner, but originate and are conditioned culturally, historically and socially; they are given and formed in particular and mainly by our social experience. Therefore gender as a social construct does in fact influence, form or modify individual characteristics and abilities of entirely specific men and women as well as their attitudes, opinions and behaviour towards the established standard for individual “sexes” (or rather genders), this means towards “typically male” or “typically female” and so they can finally seem to be natural to us and we can perceive them as such.

Coming out

Is the awareness and acceptance of one’s own non-heterosexuality and/or another gender identity, usually resulting in informing other people about it. A person usually “comes out” first to his or her close ones. Coming out is often associated with the word “confess”, which can suggest a person did something wrong.

IN THE DARKNESS, IN THE FOG, IN THE GLOOM

“LGBT who? Older adults? It’s just young people we are talking about, isn’t it?”

“LGBT? I don’t know what it means, much less who they are...”

(a potential participant in the research)

“We keep shaking with fear all the time that, God forbid, someone could find out about it.”

(a participant in the research - L)¹

LGBT older adults are not visible in the Czech Republic. An overstatement? Yes, just a little. Situations when an ageing LGBT person has been hiding his or her sexual orientation or gender identity from their family or has suffered impaired relationships because of it are not exceptional. The facilities providing health and social care to older adults are usually not aware of such clients or do not reflect their specific needs. LGBT people who have thus far lived openly, start hiding their orientation once again upon entering a facility due to their fear of discrimination (“they return to the closet”²). Ageing has only slowly been coming to the attention of LGBT communities, and ageism has not avoided them either. The media are virtually silent when it comes to LGBT seniors. This topic has only just started to be covered in expert discussions.

This paper deals in particular with the situation of ageing LGBT people from the point of view of providers of health and social services to older adults.

THROUGH THE WRONG LENS OR WITH GOOD MIMICRY

The reasons why ageing lesbian, gay, bisexual and trans people are practically invisible at facilities providing health care and social services are complex, sometimes even having a paradoxical nature. Each of the involved parties has their own reasons that condition one another.

LGBT older adults

- **are cautious because of their bad life experience** as they were exposed to more inequality regarding law, homophobia and discrimination than younger generations of LGBT people (same sex intercourse has been legal in the Czech Republic since 1962; homosexuality was excluded from the International Classification of Diseases (ICD) on

¹ We use quotations herein from the final report on the “Situation of LGBT People in the Facilities Providing Care to Older Adults” qualitative research conducted for PROUD, z.s. by PhDr. et Mgr. Naděžda Špatenková, Ph.D. and Mgr. Ivana Olecká

² “To be in the closet” is the opposite of “to come out”.

the basis of a decision of the World Health Organisation (WHO) in 1993; in 2000, the Labour Code was amended by integrating the ban on discrimination at work due to sexual orientation; the civil partnership has been in force since 2006)

- **distrust institutions** due to their experience with the totalitarian regime
- **mimicry as a prevention of discrimination** - LGBT older adults protect themselves in situations when they think that as members of the LGBT minority they could fall victim to discrimination or harassment; however, when they fail to come out where they feel support, the staff at facilities will not as such be able to work with them and thereby eliminate the aforementioned risks.

Facilities providing health and social care to older adults

- **focus on a problem (an illness or social situation)** of older adults, while sexual orientation or gender identity are not taken into account (*"it takes all sorts to make a world"*); this attitude can mean both a respectful approach and an approach that overlooks or trivializes a complex life situation of LGBT older adults
- **LGBT people are the same clients/patients/service users as other older adults** (*"we are all people"*); this can mean both an accepting approach and a lack of knowledge, overlooking or ignoring the unequal legal status of LGBT people and the practical impacts of such
- **prejudices** - LGBT are only young people, older people are not LGBT

LGBT older adults and facilities providing health and social care to older adults

- **the tendency to reduce complex LGBT identities and experience to sexuality** (*"own sexual orientation is not an issue for older adults any more", "then it doesn't matter"*), not to take into account emotions and relationships as an essential part of life that endures in the deepest structure of the personality and that can be worked with in a therapeutic manner (for example in basale stimulation, in the psychobiographical model of care, etc.)
- **tabooisation of sexuality and sexual behaviour in older adults in general and LGBT older adults in particular** (*"sexual orientation is a private matter for every person"*), however, this can also be an expression of respect for a person's privacy

LGBT organisations

- **insufficient attention paid to LGBT older adults**, not enough raising of awareness and support oriented at both LGBT older adults and facilities providing health and social care to older adults

WHY SHOULD FACILITIES PROVIDING SERVICES TO OLDER ADULTS TAKE LGBT CLIENTS INTO CONSIDERATION?

- **Human rights reasons:** the requirement of a just and equal approach to all older adults and respect for individual needs and differences.
- **Reasons of authentic and respectful relationships among people:** to be able to age among people where they feel they can be themselves and relate to those around them with trust and sincerity provides a feeling of safety and fulfilment to all participants in these relationships.
- **Demographic reasons:** the population is ageing, and the number of LGBT older adults will also grow (their percentage of the population is hard to estimate: the usually stated data range around 3-5%; the estimates of the share of homosexuals in the population has increased up to 16 or even 20% among men and 12 to 15% among women (Možný, 1999).

What do LGBT clients have in common with heterosexual older adults?

They also need psychical and physical well-being, to maintain independence, to age "among one's fellows" and in their home environment; they need respect, safety and support, active involvement with social networks. They fear losing their health, independence, dignity, mobility, social isolation, losing friends and their close ones, and having financial difficulties.

In what ways do (or can) they differ?

LGBT older adults cannot usually rely on being provided with care by their children because they either have not established a family at all or they have but their relationship with their family of procreation or even their original family may be tense or problematic due to their sexual orientation, sexual behaviour or lifestyle. Some have more intensively developed 'families of choice'³. Not all LGBT older adults have a partner, let alone a partner who could provide support and be their caregiver in their old age. The inequality before law has a negative impact on LGBT older adults. Consequences: more intense loneliness, a higher absence of caregivers, poverty (in particular in lesbians).

"Not everybody has a family, have they..."

"Not even your own children are a guarantee...I have two children and the relationships are, well, complicated."

"Because I live with a woman I am not even allowed to be in touch with my own grandchildren. I might perhaps mess them up or something."

⁴ "...commitments that are not traditionally based on blood ties or formal relationships but friendly links and sharing of liabilities" ("Homoparentality." Wikipedia: The Free Encyclopaedia. 8. 02. 2016, 14:08 UTC. 2. 03. 2016, 18:49 <<https://cs.wikipedia.org/w/index.php?title=Homoparentalita&oldid=13326525>>.)

Selected legal aspects regarding the life of LGBT people in the Czech Republic

Constitutional and international legal basis

The Charter of Fundamental Rights and Freedoms, Article 3 (1): "Fundamental human rights and freedoms are guaranteed to everybody irrespective of sex, race, colour of skin, language, faith, religion, political or other conviction, ethnic or social origin, membership in a national or ethnic minority, property, birth, or other status"

EU law

The EU Charter of Fundamental Rights and the European Convention for the Protection of Human Rights and Fundamental Freedoms (The Council of Europe Convention): Article 8 – Right to respect for private and family life, Article 14 – Prohibition of discrimination

National law

Act No. 115/2006 Coll., on Registered Partnership

Act No. 198/2009 Coll., on Equal Treatment and on the Legal Means of Protection against Discrimination and on amendment to some laws (the Anti-Discrimination Act)

Act No. 262/2006 Coll., the Labour Code

Act No. 435/2004 Coll., on Employment

Act No. 99/1963 Coll., the Civil Procedure Code

Act No. 89/2012 Coll., the Civil Code

Act No. 372/2011 Coll., on Health Services and the Terms and Conditions for Providing Such Services

Act No. 373/2011 Coll., on Specific Health Services

Act No. 117/1995 Coll., on State Social Support

Act No. 155/1995 Coll., on Pension Insurance

Act No. 586/1992 Coll., on Income Tax

Act No. 40/2009 Coll., the Criminal Code

The Anti-discrimination Act

The Anti-discrimination Act is the first complex legal regulation defining every individual's right to equal treatment and the prohibition of discrimination in the areas of the right to employment and access to employment, access to an occupation, business or other self-employment, membership of and involvement in, trade unions, workers' councils or employers' associations, access to and provision of education, access to and provision of healthcare, the granting and provision of social advantages, etc.

The Anti-discrimination Act defines direct and indirect discrimination (including discrimination on the basis of sexual orientation), harassment, including sexual harassment, admissible forms of different treatment, the principle of equal treatment for men and women in occupational social security schemes, and provides for the legal means of protection against discrimination.

Registered partnership (Act No. 115/2006 Coll., on Registered Partnership)

- Registered partnership is an officially recognized bond between two persons of the same sex, creating a number of rights and obligations for them and being reflected in many areas of life. Although it may seem that registered partnership is equal to marriage, the opposite is true because there are a number of considerable differences. Registered partnership in particular allows partners to be automatically recognized as dependents, which is reflected in a number of other areas and registered partners, contrary to an unregistered couple, do not have to prove that other conditions have been met.

The rights and obligations of registered partners:

- maintenance obligation** - both partners should share the same standard of living and they are obliged to support each other to that end; also in the case that a registered partnership has been terminated, one of the partners may require and be entitled to maintenance payments under some circumstances,
- property relations** - no properties are created for partners by operation of law and they acquire the assets gained during their partnership either into their individual ownership or shared co-ownership equally,
- flat lease** - joint tenancy is not created automatically, and partners must rely on an agreement with the lessor; however a partner is entitled to use the other partner's flat and the flat lease will be transferred to the other partner after a partner's death,
- inheritance** - the surviving partner inherits under law in the first group of heirs in equal shares together with the children of the deceased,
- information about the state of health** - medical staff may inform a partner about the nature of an illness and necessary medical procedures,
- members of the same household** - for the purpose of the provision of some social allowances, registered partners are considered to be members of the same household,
- relation to children** - the other partner is obliged to protect a child's interest and participate in his or her upbringing when they live in the same household; a child may be entrusted to one of the partners to foster or a partner may become a child's legal guardian, however, he or she is not allowed to adopt a child nor have access to artificial insemination.
- widow(er)'s pension** – unlike married couples registered partners are not entitled to widow(er)'s pension.

Parenthood

According to Czech laws, a child may be adopted only by a married couple or, exceptionally, an individual, regardless of his or her sexual orientation. However, the Act on Registered Partnership expressly excludes the possibility of adopting for persons living in a registered partnership. Nevertheless, homosexual couples are allowed to provide foster care; a case has been recorded, when children were fostered by a homosexual couple. However, the situation of actually existing homoparental families who raise children together is that only one of the parents is acknowledged by law to be the legitimate parent.

Health care

According to the Act on Health Services (Section 28), patients are entitled, among other things, to the presence of their close ones or a person they themselves identify, and to receive visits. The Czech legal code explicitly grants a partner the right to be informed by doctors about the nature of an illness and necessary medical procedures.

Trans people

The Czech legal code has allowed sex-change operations since the 1960s. The sex change is provided for by the Civil Code in its Section 29, containing the general provisions for the rights relating to personality and subjecting a sex-change completion to the termination of marriage and a registered partnership. The related procedure itself, such as the application, expert committee and other conditions, is then governed by the Act on Specific Health Services. Officially a sex-change is subject to a surgical sex-change, while the reproduction function must be disabled at the same time, which may be carried out only on the basis of a positive opinion issued by an expert committee.

PERSPECTIVES OF LGBT-FRIENDLY CARE FROM THE POINT OF VIEW OF FACILITY MANAGERS, DIRECT CAREGIVERS AND LGBT OLDER ADULTS THEMSELVES⁴

Managers, experts:

Their answer to the question of whether LGBT older adults should have their own specialized facility or be integrated into the existing facilities is unambiguous. They fear the possibility of segregation therefore they do not support the idea of a special home for LGBT older adults. In their opinion, the need will probably become relevant (*"the young are different"*) with time (in 30-40 years).

They recommend opening up the topic of LGBT older adults in specialized discussions.

Direct caregivers:

They have minimum or no experience with LGBT older adults. They need to discuss the topic and be educated regarding it. They recommend that special LGBT community centres be established.

LGBT older adults:

They consider homecare to be ideal (*"to live and to die at home"*). They want to have LGBT-friendly outreach services and caregivers (gay men prefer men, lesbians prefer women) at their disposal. Although LGBT older adults confirm a relatively good experience with health and social care facilities, it is necessary to pay increased attention particularly to the situation of trans people.

"I was going to be operated on and I was completely drugged by the sedatives. Two orderlies were carrying me on a trolley, talking about me, "Is it a woman or a man?" And, believe it or not, they lifted the bed sheet to have a look! I was under sedatives, unable to do anything, but it just crossed my mind that I would rather not wake up after the operation. It was disgusting..."

They experience little attention from the side of LGBT organisations and the community ("talk to us"). They feel excluded in the groups of heterosexual older adults and in the facilities providing care ("most importantly, I would like to have a chat with one of us, about our issues").

RECOMMENDATIONS FOR PRACTICE

Open discussion

- to inform in particular the **professional public** about the topic
- to open the topic up to the **general public**, to publicize the issues in the media in a positive manner
- to have discussions about LGBT older adults in the **LGBT community itself**

Raise public awareness and educate

- to encourage members of the **LGBT community to bear personal responsibility ("you reap what you sow")**; to educate them for example in preparing for old age, in the areas of financial literacy, communication and psychology (in particular building good relationships with other people)
- to establish an **information centre for LGBT older adults** that would cover and coordinate activities for LGBT older adults, offering services (information, lectures, supervision) to care providers, LGBT older adults themselves as well as the wider community
- to inform the **general public about inequality regarding LGBT older adults in terms of law**
- to ensure **educational materials about LGBT people** and methodical recommendations for providers of health and social services
- to prepare **educational possibilities for the providers of direct care, specialists, educators or managers of health and social institutions**

Seek systemic solutions

- to seek **comprehensive solutions of the issue within the context of an ageing population (the whole population is ageing, including LGBT people)**
- to include the topic of LGBT older adults in existing political discussions (**not forgetting about the requirements and needs of LGBT people in the promotion and communication of other interests of the LGBT community**)

Prepare and implement services for LGBT older adults

- to support the development of community or outreach services for **LGBT older adults**
- to prepare and elaborate the idea of **special homes for LGBT older adults** or a community centre for LGBT people (the issue will probably become relevant with time)

Meet together and communicate

"A few warm words, what else could one wish for..."

⁴ Broken down by the target groups according to the report on the "Situation of LGBT People in the Facilities Providing Care to Older Adults" research.

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WEBSITES OF LGBT ORGANISATIONS (SELECTION)

<http://www.proudem.cz/>
<http://www.queerpamet.cz/>
<http://www.logoscr.cz/>
<https://www.praguepride.cz/>
<http://www.trans-fusion.org/>
<http://www.transparentprague.cz/>

Links to other on-line sources of information about LGBT

<http://www.proudem.cz/mimo-proud/odkazy.html>

Facebook page about LGBT ageing

Stárnout (v) teple, pohřbít vřele: <http://bit.ly/Starnout-v-teple>

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