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Isolated and Underserved: Reaching Lesbian, Gay, Bisexual, and Transgender Seniors

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Symposium on Diversity

Isolated and Underserved: Reaching Lesbian, Gay, Bisexual, and Transgender Seniors

Elders with diverse sexual orientations typically have spent a lifetime in the closet. Though many would benefit from professional advice that would assist with estate and financial planning and other issues raised by their non-traditional relationships, an attorney may never know unless the firm takes the first steps and lets the public know that LGBT elders are welcome and respected. This article is based on the author's presentation at the Annual Meeting of the Elder Law Section of the Association of American Law Schools in January, 2001 in San Francisco.

By Nancy Flaxman

I am a social worker, and I've worked for the past ten years on behalf of and with lesbian, gay, bisexual, and transgender (LGBT) seniors. It has been a wonderful journey for me. In the past, I worked with young children and families. I decided a number of years ago to go back to school in gerontology—I thought, "At some point I'm going to work with seniors. This is what I want to do."

At the same time, I had a transformation in my own life that led to my coming out as a lesbian. Somehow, these two paths intersected, and I got an offer to work at Spectrum Center for Lesbian, Gay, Bisexual, and Transgender Concerns in Marin County, California, to reach out to LGBT seniors. At the time, I had no idea whether there were any LGBT seniors in Marin County, and I didn't even know what the issues were. My outreach began with one person, a lesbian who was about eighty years old. She led me to other people who, in turn, told

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others. My colleague was working with the men's program, and within a year we had two hundred LGBT seniors participating in our program.

Hidden and Isolated

Most LGBT people, no matter what their age, are in the closet. This is even more true for seniors. Lesbian and gay seniors are a hidden and isolated population. Human service professionals who provide services to seniors are often unaware that there are LGBT seniors in the community. They are unaware that most of these seniors do not access the services that are available to all seniors, for fear of what will happen if their sexual orientation is revealed. With few exceptions, the LGBT seniors who do access services do not reveal their sexual orientation.

Until recent years in this country, homosexuality was considered a crime or a mental illness. It was not until 1973 that the American Psychiatric Association removed homosexuality from the Diagnostic and Statistical Manual of Psychiatric Disorders. Lesbian and gay seniors today (some of whom were also seniors in 1973) have lived most of their adult lives knowing that it was not safe to access mainstream health and social services, or our justice system. Most LGBT seniors have experienced the loss of jobs, housing, family, and friends when their sexual orientation became known. Some were put in jail or a mental institution for being gay. Now in their seventies, eighties, and nineties, these seniors are still in hiding from community services, although they need the services as much as their heterosexual peers.

Increasing Access to Services

One of the main things I do in my job is visit health and social service agencies that serve seniors to train professionals who serve seniors including nurses, lawyers, social workers, and teachers on LGBT aging issues. I tell them that I am not the only one working with LGBT seniors—anyone who works with seniors is working with LGBT seniors, whether they know it or not. No matter whom you are working with or who you are teaching, you are working with LGBT students, coworkers, and clients. For the most part, I would guess that you do not know who they are. Most people do not feel comfortable coming out.

When we provide training, we try to present this in as nonthreatening a way as possible. First of all,

we recognize that sexual orientation is a subject matter about which people have strong thoughts and feelings. We let people know that we are not here to change their thoughts and feelings about sexual orientation. So if they don't feel that homosexuals should be in the Boy Scouts, they can walk away after the presentation with the same feeling. If they do not feel that gays and lesbians should get married, that's okay too. But because I assume that we all work for and with LGBT seniors, I also assume that they want to reach out to all seniors and to serve all of their clients as effectively as possible. So I speak about who this population is, how they can be reached, and how professionals can better serve them. And those serving LGBT elders can still feel that we should not have gay marriage, or that gays should not be in the Boy Scouts or the military.

Lesbian and Gay Seniors Speak

In the past two years, I have been very fortunate to be involved in a special San Francisco Bay Area project, the Lesbian and Gay Senior Services Collaborative, a joint effort of Spectrum, Lavender Seniors, and New Leaf Outreach to Elders. I have been training LGBT seniors to speak on panels to people like you about their lives.

When we had the idea for the panels, we did not know whether we would be able to find any LGBT seniors who would be willing to stand in front of a group like this and say, "I am a lesbian" or "I am a gay man." I began training the speakers by bringing together LGBT seniors to share their lives and their stories with each other. They knew they did not have to decide at that point if they would go out to speak on a panel. All the potential speakers said at the initial meeting that they did not think they would go out and speak, because they have been in the closet all their lives.

In small groups, we shared our lives first with each other. We laughed and cried together. Coming together, hearing other LGBT people's stories, and realizing they were not alone, they felt empowered. By our third meeting, the seniors felt that maybe they would speak, and that is what we have been doing for over two years. It is very moving and has been very effective because when people speak from their hearts, it changes you in a way that statistics do not.

Lynn, a seventy-year-old woman who speaks on a panel, always had these feelings as a child but did not know what they were. One of the things I have

learned in talking with people is that there was not even a word for it when they were growing up. They just knew that they had the feeling. Somehow, Lynn knew that these feelings were not ones that she should talk about with anybody, and she did not think she was going to act on them. She did not know that there were others like her. She went to nursing school and, as a student, she worked in a state psychiatric hospital. She was assigned to the ward for electric and insulin shock therapy and saw them bussing in gays and lesbians from New York City to get shock therapy. Lynn remained in the closet for the next 37 years. She married and had children. It was only after her husband died suddenly that she started to look at who she is.

We have had people turn down meals programs because they did not even want the driver coming to the door and handing in the meal, for fear that the driver would be able to tell. I met a gay man in his seventies a couple of weeks ago who will not even come to our group programs. He will not even come into an LGBT group, because he is afraid someone will see him walking in. Most LGBT elders are not accessing services.

Some time ago, we spoke at a commission on aging meeting to sensitize the commissioners to why this is an underserved population, and to encourage them to have their contracting agencies receive our training. After the presentation, a lawyer approached me with a story. She said that she wanted to share this story with me because it has affected her emotionally and professionally. She was working in a long-term care facility, providing assistance in making wills and handling whatever other legal matters the residents might need. There was a woman resident who the lawyer thought might be a lesbian. While the lawyer tried to create a climate where this woman could come out to her, as is often the case, there was no way that this woman was going to come out to her. The resident wound up having a fairly trusting relationship with a social worker. She indicated to the social worker that she wanted to be buried with her partner when she died. Her partner had already died, she wanted to be buried with her partner, *but she would not tell this to the lawyer*. The lawyer kind of knew about it, but the woman would not talk with her about it.

When the woman died, the lawyer wanted to find out where her partner was buried. By that time, the social worker, who was the only person who knew

where the partner was buried, had left the long-term care facility. The lawyer searched for months, for leads to try to find the social worker, or any family member, to no avail. The woman was not buried with her partner of over thirty years. This is the closet that is so tight that it follows people to their deaths.

I could go on and on with stories. We have our panel speak, we have our panel tell the stories, and then we let health and social services providers, lawyers, and teachers know what they can do to reach this population, and what they can do when LGBT seniors come in seeking your services.

How to Reach LGBT Seniors

Two helpful resources for LGBT Seniors are

1. *When You're Gay and Gray: Planning Ahead and Fighting Discrimination*, published by the Lambda Legal Defense and Education Fund, provides information to LGBT seniors on advance life planning.
2. *Outing Age*, available from the National Gay and Lesbian Task Force, goes into all of the issues that I didn't go into today. For example, the publication discusses the issue of a partner's ineligibility for Social Security, even when the gay person and his or her partner may have been together for fifty years.

Here are simple suggestions that really work. Sometimes you hear that gays and lesbians want "special rights." You should know how grateful we are just for a word. Just, for example, "partner" on a form, rather than only husband or wife. I was recently at a new dentist, and I got the new patient form and it had "() *single* () *married* () *divorced*." I have a partner, and I've been married and divorced, and I'm trying to figure out, should I check off "*single*" or should I check off "*divorced*"? I suddenly got so frustrated and I said to myself, "I'm not either one. I have a partner!" I put in my own little square and put in "*partner*" and checked it off. If I had seen "*partner*" on the form, this would have been a big deal to me.

Fifteen Practical Suggestions for Working with Lesbian, Gay, Bisexual, and Transgender Clients

1. Don't assume heterosexuality, even when you know the client is married or has children and grandchildren.

2. Make sure your intake forms include the category of “partner” or “significant other.”
3. When talking with clients, affirm the importance of whoever it is who is special to them. When you do not know if a significant other is male or female, use “he or she” rather than the pronoun that is the opposite of the client’s gender. For example: “Is there someone who is important to you whom you would like included in this discussion? *He or she* is welcome to join us.”
4. Remember to think beyond traditional interests and topics of conversation based on gender roles. Not all men want to talk about sports, and not all women want to talk about cooking.
5. Respect the privacy of clients you think might be lesbian, gay, bisexual, or transgender. Do not expect total disclosure from them about their sexual orientation. You may have to accept only vague references from them about their personal lives. Many LGBT seniors have experienced a lifetime of judgment, rejection, persecution, and loss when their sexual orientation was revealed.
6. Not all gay people know each other. When you are “in the closet,” you are hidden from everyone. Unless you have prior permission, never reveal the sexual orientation of one client to another client just because you know they are both gay.
7. Recognize the diversity of relationships among people: long-term monogamous; open; long-term open; lifelong partners who do not live together; marriage; etc.
8. Advertise your program and services in the gay press. Send your literature to LGBT organizations.
9. Include relevant LGBT pamphlets and literature in your office waiting area or reading room. Add LGBT services to your agency or office resource guide. If you do not have LGBT resources in your local area, there are many national resources that you can list.
10. Add sexual orientation to your nondiscrimination statements. When you hear homophobic jokes and remarks in the workplace, let your coworkers know that such comments hurt people and are not okay.
11. Invite a speaker from a LGBT organization to do a presentation to your agency or group. Even a half-hour presentation at a regular staff meeting can increase awareness.
12. Hang pictures or posters on your walls of nontraditional families and couples.
13. Put gay-friendly statements in your brochures and other program materials. Use words such as “nontraditional family,” “partner,” and “companion.” These are words that many LGBT people will recognize as welcoming and appreciate.
14. Advocate for your LGBT clients. Be familiar with legal documents that can provide protection for them. Unless they have completed power of attorney documents, gay people have *none* of the legal protection that married heterosexual couples enjoy.
15. Remember: the best way to make LGBT people feel comfortable is to learn as much as you can, and make yourself as comfortable as possible with the diversity of sexual orientation.