ENSURING THE GOOD TREATMENT OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER OLDER ADULTS

INFORMATION GUIDE
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OBJECTIVES OF THE GUIDE

This guide is part of Fondation Émergence’s Aging Gayfully program. Created in 2009, this program has received the support of many partners, including the Ministère de la Famille et des Aînés du Québec. It is intended for anyone who works or interacts with older adults.

The guide has the following objectives:
• to inform about realities and needs of lesbian, gay, bisexual and transgender (LGBT) older adults;
• to offer solutions to ensure that these people have access to more welcoming and safe environments.
Although it is generally estimated that LGBT people represent approximately 10% of the population, among older adults, these people remain largely invisible. Why?

LGBT older adults are afraid to reveal their sexual orientation or gender identity mostly because of their past experiences. In fact, most had to hide to avoid prison or sexual reorientation therapy. Nearly all of them have experienced some type of rejection from their family, workplace, religious community, etc.

These experiences of exclusion have left their marks and several studies confirm that LGBT older adults are a particularly vulnerable population. In addition, despite recent legal advances, prejudice persists, including in older adult settings. Many LGBT people are afraid to grow old and find themselves alone in unwelcoming settings where they would feel compelled to go back into the closet.

Whether or not they want to disclose their sexual orientation or gender identity, LGBT people need to be able to live in environments where they feel accepted. This is where you can intervene!

One of the keys to their well-being is having daily interactions with people who have positive attitudes. The management, staff and volunteers of your organization have essential roles to play in creating more inclusive environments and this guide can help you achieve this.
In 2017, there were approximately 1.5 million people aged 65 and over living in Quebec\(^1\). This number is expected to double by 2061\(^2\).

It is generally estimated that LGBT people represent approximately 10% of the population, which would put the population of LGBT older adults in Quebec in 2017 at 150,000. This number should increase to nearly 300,000 within about forty years.

In 2009, the Minister responsible for Seniors, Marguerite Blais, was scandalized by the invisibility of sexual minorities among older adults. She considered it a form of abuse.

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1 Institut de la statistique du Québec, Bilan démographique 2017
2 Institut de la statistique du Québec, Perspectives démographiques du Québec et des régions, 2011-2061 - Édition 2014 (demographic outlook for 2011 – 2061: Quebec and regions)
This is the estimate generally agreed on by community and LGBT advocacy groups. Taken from the much-touted Kinsey Report which was published in 1948, it still tends to meet with consensus today.

It is clearly difficult to precisely evaluate the number of LGBT in the population. Many people are hesitant about answering surveys, one reason being that they have doubts about the confidentiality of the information they provide.

According to a survey commissioned by Fondation Émergence in 2016 among a sample of 1,513 people representative of the Canadian population:

- 88% of respondents stated that they were heterosexual;
- 7% stated that they were homosexual or bisexual;
- 4% refused to answer;
- 1% didn’t know.

- 92% of respondents stated that they were cisgender* (i.e., that their gender identity corresponds to the sex they were assigned at birth);
- 5% refused to respond;
- 3% didn’t know;
- 1% stated that they were transgender*.

(*See glossary, p. 25)
### SOME KEY DATES:

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1969</td>
<td>Decriminalization of homosexuality in Canada. Before this date,</td>
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<tr>
<td></td>
<td>homosexual activities between consenting adults in private constituted</td>
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<tr>
<td></td>
<td>a crime punishable by imprisonment.</td>
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<tr>
<td>1977</td>
<td>Prohibition on discrimination based on sexual orientation in Quebec.</td>
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<td></td>
<td>It took until 1996 for Canada to adopt a similar law.</td>
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<tr>
<td>1990</td>
<td>Homosexuality removed from the list of mental disorders by the</td>
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<td></td>
<td>World Health Organization (WHO). This important date, May 17th,</td>
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<tr>
<td></td>
<td>is now the International Day Against Homophobia and Transphobia.</td>
</tr>
<tr>
<td></td>
<td>See homophobiaday.org</td>
</tr>
<tr>
<td>1999</td>
<td>Recognition of equal rights between homosexual common-law partners</td>
</tr>
<tr>
<td></td>
<td>and heterosexual common-law partners in Quebec.</td>
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<tr>
<td>2002</td>
<td>Recognition of civil unions in Quebec. This measure gave same-sex</td>
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<tr>
<td></td>
<td>couples an institution equivalent to marriage and recognized their</td>
</tr>
<tr>
<td></td>
<td>right to be parents.</td>
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<tr>
<td>2005</td>
<td>Recognition of marriage between people of the same sex in Canada.</td>
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<tr>
<td>2015</td>
<td>Removal of the statute requiring transgender people to have medical</td>
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<tr>
<td></td>
<td>treatments and surgical interventions (causing irreversible sterility) in order to obtain ID cards corresponding to their gender identity.</td>
</tr>
<tr>
<td>2016</td>
<td>Prohibition on discrimination based on gender identity or gender</td>
</tr>
<tr>
<td></td>
<td>expression by the Quebec Charter of Human Rights and Freedoms. A</td>
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<tr>
<td></td>
<td>similar bill was passed in the Canadian Senate in June 2017.</td>
</tr>
<tr>
<td>2017</td>
<td>Official apology from the Canadian Government to federal civil</td>
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<tr>
<td></td>
<td>servants and members of the Canadian Armed Forces for injustices</td>
</tr>
<tr>
<td></td>
<td>suffered because of their sexual orientation.</td>
</tr>
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</table>
PEOPLE BORN IN 1940
This generation grew up in a world where it was almost impossible to be openly LGBT. A lot of these people married a partner of the opposite sex and had children. Others entered religious communities or chose the single life.

PEOPLE BORN IN 1960
This generation benefited from a degree of openness from the legal system with respect to sexual orientation. As a result, some people were able to express their homosexuality or transgender identity a bit more openly. However, these people were already 45 years old when same-sex couples were fully recognized. Compared to people of the previous generation, there was less pressure to enter a heterosexual marriage and fewer of them had children.

PEOPLE BORN IN 1980
This generation benefited from major legal advances. However, up to the age of 25, these LGBT people lived in a society that did not fully recognize same-sex couples. They had to deal with persistent negative perceptions.

PEOPLE BORN IN 2000
Equal rights were almost always a reality for this generation. But customs change a lot more slowly than laws, and forms of social rejection persist; as a result, these people still face prejudice related to sexual orientation and gender identity and are sometimes victims of verbal and physical abuse, which continue to hinder their full development.
Through the years, LGBT older adults have experienced various forms of discrimination. Note that the older they are, the more intense were their experiences of rejection.

**LEGAL**
- Up to 5 years of imprisonment for acts committed privately between consenting adults
- No legal protection against discrimination based on sexual orientation or gender identity (work, housing, service, etc.)
- No legal recognition for same-sex couples

**MEDICAL**
- Institutionalization of LGBT people
- Aversion therapy (by using emetics or electric shocks)
- Frontal lobotomies and electroshock therapy

**RELIGIOUS**
- Rejection by most religions, notably by the Catholic Church, at a time when it played a key role in Quebec society
- Excommunication, exorcism, etc.

**SOCIAL**
- Loss of employment or discrimination during the hiring process
- Rejection by one’s family, sometimes resulting in homelessness
- Rejection by friends, schoolmates, coworkers and society in general
- Verbal and physical abuse
- Harassment and blackmail
These forms of discrimination are interrelated and could have left permanent marks:

- Internalization of negative images about LGBT people (internalized homophobia)
- Low self-esteem
- A feeling of losing control over one’s life
- Frustration at seeing a part of one’s humanness denied
- Mental health affected
- Increased social isolation
- Stress resulting from pressure to conform to a heterosexual or cisgender model

(*see glossary, p. 25)

The many sources of stigmatization

Many other discriminatory factors exist in addition to stereotypes based on sexual orientation, gender identity and age, such as race, skin colour, gender, Aboriginal identity, ethnic or national origin, religion, social condition, illness, handicaps, appearance, language and civil status.

Therefore, it’s important to take into consideration all the forms of discrimination that LGBT older adults can experience. A profile of older adults living on the island of Montreal reveal the following characterics:

- The majority are women;
- 42% of those living on the Island of Montreal were born outside Canada;
- 20% have low incomes, especially women;
- 56% have a disability.

Homophobia and transphobia affect more than just LGBT people:

People whose appearance and behaviour do not fit gender stereotypes may be thought to be homosexual or transgender and suffer from discrimination as well.
FACTS AND STUDIES

LGBT older adults are no different from other seniors. However, society’s lack of understanding and the discrimination they have suffered have often marked them. Studies of LGBT older adults reveal a population that is both vulnerable and resilient.

ISOLATION AND SOLITUDE

• LGBT older adults have less family support⁴.

   This can be explained by the fact that some have been rejected by their family and that they tend to have fewer children than heterosexual people.

   The chosen family:
   Long-time friends and (ex-) partners play important roles in the lives of LGBT older adults. All these people make up what’s called the “chosen family” (as opposed to the biological family). They are the main source of support for many LGBT older adults who broke ties with their biological family after having been rejected because of their sexual orientation or gender identity⁴.

   ➜ Apart from their partner, 59% of LGB older adults indicate that friends are the first people they contact in emergencies, whereas only 9% say that they contact a family member⁵.

• Fewer of them are married or living with a partner.

   Compared to the general population of older adults, it appears that 2.5 times fewer LGBT older adults are married or live with a partner⁶.

   This can be explained by the lack of social and legal acceptance of same-sex couples and by the fact that the LGBT population is limited, which makes it harder to form couples. And making matters worse is the ambient homophobia in society, which makes people hide or deny their sexual orientation.

• More of them live alone.

   LGBT older adults are 50% more likely to live alone, compared to the older adult population in general⁶ and 53%⁷ of them claim to be living in isolation.

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of respondents state that they received differential treatment, felt hostility or felt a lack of understanding on the part of health professionals.

**MISTREATMENT**

- **65%** of LGB respondents state that they had been victims of homophobia:
  - Verbal abuse or threats
  - Physical or sexual assault
  - Threats to reveal their sexual orientation
  - Discrimination

- **10 to 20%** of older adults living in communities are exposed to peers’ bullying behaviours. Because individuals considered different are more often targeted, LGBT older adults probably experience bullying on a regular basis.

- **8.3%** stated that they were neglected or abused by a health or human services worker because of homophobia.

> “Bullying of LGBT people can have serious consequences. This distress is not something that affects young people alone. Some older adults are also afraid of being judged on the basis of their sexual orientation.”

**Francine Charbonneau**
Minister responsible for Seniors and Anti-bullying.

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HEALTH

- Gay men are said to be two times more likely to have mental problems than heterosexual men and lesbian women are three times more likely than heterosexual women. These problems can range from depression and anxiety to suicidal thoughts.

- LGBT older adults are more distrustful of social and health services. This distrust stems from their experiences with discrimination, as well as from the fact that the organization of services is not always adapted to their social realities.

- 39% have given serious thought to taking their life.

- Dependence on psychoactive substances (drugs, alcohol and tobacco) is more frequent than in the general population.

FEARS

- Like most older adults, LGBT individuals have concerns about living in residences. But they have additional concerns:
  - being unable to share their life experiences with the other residents
  - being rejected if the other residents find out about their sexual orientation
  - not receiving the same attention from staff because of their sexual orientation or gender identity.

INDEPENDENCE AND RESILIENCE

- The hardships endured by LGBT older adults have certainly marked them, but have also allowed them to develop qualities for successful aging.

Being forced to rely on their own abilities in order to survive in hostile environments has made LGBT people more independent. Lacking social acceptance, they have also had to build strong relationships with their own kind. Over time, they established networks where they felt accepted and understood.

16 Alcohol and Seniors: Alcohol Dependence and Misuse among Older Gay and Lesbian People Aging in Canada, (Global Action on Aging, 2006).
SPECIFICITIES WITHIN THE LGBT COMMUNITY

For several years, the acronym LGBT was used to refer to the main groups with respect to sexual orientation and gender diversity. By distinguishing them this way, it is easier to understand the specific problems and needs of each group. More recently, with an eye to better reflecting sexual and gender diversity, other letters have been added to the acronym. These letters correspond to the following groups:

<table>
<thead>
<tr>
<th>I</th>
<th>: Intersex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
<td>: Questioning</td>
</tr>
<tr>
<td>A</td>
<td>: Asexual</td>
</tr>
<tr>
<td>Q</td>
<td>: Queer</td>
</tr>
<tr>
<td>2S</td>
<td>: Two-spirited/bispiritual</td>
</tr>
</tbody>
</table>

Sometimes the + symbol is added to bring all these groups together without necessarily naming each one. See the glossary on page 25 for the definition of each of these groups.

L – LESBIAN

Lesbians experience double discrimination: sexism as women and lesbophobia as lesbians.

The older lesbian community has the particular characteristic of being hardly visible, even within the LGBT community. A lesbian couple is not always perceived to be lesbian – instead, they are seen as friends or sisters.

According to a UQAM study, older lesbians reveal their sexual orientation only within a limited circle where they feel safe. In residences for older adults, where private space is limited and people live in close proximity, their presence is hardly noticed. This creates a vicious circle. On the one hand, management sees no value in adopting measures specifically for these clients, because they don’t think they have any lesbian residents. On the other hand, the lesbian residents hesitate to make themselves visible if there are no proactive inclusion measures in place.

18 Chamberland, L., Paquin, J. Le défi de l’adaptation des services résidentiels aux besoins des lesbiennes âgées (The challenge of adapting residential services to the needs of older lesbians), Chaire de recherche sur l’homophobie (research chair on homophobia), Université du Québec à Montréal.
G – GAY

Although they constitute the most represented and visible group of the LGBT community, gay men (and transgender people) generally face more violent discrimination, especially if they do not conform with standards of masculinity.

→ 3/4 of the LGB older adults who claim to have been physically assaulted because of their sexual orientation were men.\(^\text{19}\)

This group was particularly affected by the HIV epidemic, especially when it began. The high rate of mortality in the gay community at that time and society’s stigmatization were major sources of trauma, which persists today. Today, they still tend to be linked, sometimes systematically, to HIV. See the appendix, page 24.

B – BISEXUAL

It must be acknowledged that the literature on bisexual people is very limited.

Bisexual individuals face rejection on two fronts: from the heterosexual majority, who do not understand their attraction for both sexes; and from the gay and lesbian communities, who suspect that they are not completely owning their homosexuality.

T – TRANS OR TRANSGENDER IDENTITY

Transgender identity has always existed. In Canada, transgender people have only just gained recognition legally and socially. Within the LGBT community, they are the group that experiences the most discrimination and stigmatization.

Is a transgender person a homosexual person?

Gender identity is the way a person feels inside: male, female, somewhere between the two or neither one or the other. This is different from sexual orientation. Transgender people have sexual orientations as varied as others do.

Some facts about transgender people, based on a compilation of studies:

- 42% reported having experienced forms of physical violence or abuse;
- 35% reported having been victims of sexual assault;
- 37% reported being homeless (rejected by their family at a young age, faced discrimination at work and in the housing market);
- They don’t feel safe in public restrooms and locker rooms.

- “Older transgender people are often misunderstood and treated badly in their relationships with health professionals. As a result of these experiences, they neglect important health care and social service needs.”

- The discomfort experienced by certain transgender people with respect to parts of their body can be one of the reasons that prevent them from seeking health care at any stage of their life.

- Older transgender individuals can tire of always having to teach their doctors and of generating curiosity.

- Many health problems seem to be linked to hormone therapy (especially over the long term) and can worsen or become more frequent with age:
  - cardiovascular disease in transgender men that receive hormone therapy
  - thromboembolic complications and osteoporosis in transgender women who receive hormone therapy
  - certain types of cancer


22 Cook-Daniels, L. (2008). Trans Elder Health Issues
HOW TO ENSURE BETTER TREATMENT?

The aim of good treatment is to ensure a person’s well-being, respect for dignity, personal development, self-esteem, inclusion and safety. It takes the form of attentions, attitudes, actions and practices that respect the values, culture, beliefs, life choices, uniqueness, rights and freedoms of the older person.

Definition from the 2017-2022 Governmental Action Plan to Counter Elder Abuse (translated from the French).

We all have roles to play to ensure the well-being of the older adult population. But special measures must be taken to offer lesbian, gay, bisexual and transgender older adults a more inclusive environment. Here is some advice to achieve this goal.

AVOID ATTITUDES THAT LEAD TO EXCLUSION

Certain attitudes tend to shut down discussions, because they send a message of reluctance about sexual and gender diversity. You can create a more welcoming environment by refraining from making statements that deny the existence of LGBT people.

“There are no LGBT older adults among our clients.”

This isn’t very likely, unless yours is a very small business. Don’t forget that the LGBT population represents about 10% of the total population. It is important to ask yourself if an older person would feel comfortable revealing their sexual orientation or gender identity in your establishment. Are there measures that could be established that would facilitate openness? You’ll find ideas in the “Good practices” section that may inspire you!

“We don’t need to adapt – we already treat everyone the same way.”

Different factors necessitate the provision of services adapted to each older adult. Race, gender, level of independence, language, religion – these are all aspects that professionals and workers need to be mindful of. Sexual orientation and gender identity are among the specific identity characteristics that need to be taken into consideration.

“We don’t get involved in what goes on in the bedrooms.”

This attitude may seem respectful, but it reduces sexual orientation and gender identity to a privacy issue. However, being a lesbian, gay, bisexual or transgender person is key to a person’s existence, past, identity and affective relationships. Respecting privacy in people’s bedrooms is a good practice, but it cannot replace a sexual diversity and gender plurality policy.
DEMYSTIFYING PREJUDICES

Even if society’s perception of sexual minorities has changed, prejudices remain. They are still expressed by many people, regardless of their education, age, origin or social level. Most prejudices result from ignorance about sexual orientation and gender identity. You can help break down preconceived notions!

Prejudice: “It’s unnatural.”

UNTRUE. Sexual minorities have existed in all civilizations and eras. This confirms that sexual and gender diversity are integral parts of human existence.

Because homosexual couples cannot reproduce without the intervention of a third party, they were long considered to be “against nature.” This argument ignores the fact that procreation is not the only goal of human sexuality, and also reduces homosexuality to sexual expression alone, excluding feelings of love and affection.

Finally, homosexuality occurs in many animal species – in fact, some even change sex during their life.

Prejudice: “Homosexuality disappears as a person ages.”

UNTRUE. For many people, sexuality among older adults is taboo. Some people mistakenly believe that desire, sexual relations and loving feelings are absent from the lives of older adults. The supposed disappearance of desire and sexuality with age would imply that homosexuality would also fade with time.

This ageist vision does not align with reality. We know today that older adults can have active sex lives, even though sexuality may be expressed differently.

Moreover, this idea involves a homophobic prejudice that reduces homosexual to sexual acts alone. In fact, neither sexual orientation nor gender identity disappear with age. They remain essential components of a person’s overall identity and go well beyond the physical expression of sexuality.

Prejudice: “Gays are effeminate and lesbians are masculine.”

UNTRUE. Gays are not necessarily effeminate, no more than lesbians are masculine. Gender conformity is in no way a reliable indication of sexual orientation. (See also “Homophobia and transphobia affect more than just LGBT people” on page 9).
Prejudice: “Same-sex couples are less stable than heterosexual couples.”

UNTRUE. To date, no study has proven that same-sex couples are less stable. The perception is flawed because a majority of same-sex couples are not perceived as couples, especially among lesbians. There is also the fact that legal recognition of these couples is recent.

Prejudice: “Being homosexual is fashionable.”

UNTRUE. The ratio of homosexual people has stayed unchanged throughout the ages. More people dare to own their homosexuality today because the social context is somewhat more accepting. Young people tend to come out more quickly and not hide. In the past, many lesbians and gays chose to remain single or went ahead and married a person of the opposite sex.

Prejudice: “Being LGBT is a choice.”

UNTRUE. You don’t choose your sexual orientation or gender identity. Given society’s non-acceptance of LGBT people, if it were a choice, it wouldn’t look very attractive.

Prejudice: “Gays and lesbians are richer because they have no children.”

UNTRUE. First, sometimes lesbians and gays have children and dependent families and there is no proof that they have above-average social and professional levels. In addition, this prejudice leaves out all those who experience financial hardship for reasons directly or indirectly related to the discrimination they face as LGBT individuals, especially at school and on the job, and those who were rejected by their family when they were young.

Prejudice: “A child raised by a same-sex couple has a greater chance of becoming homosexual.”

UNTRUE. Several studies conducted with children raised by same-sex couples show that the parents’ sexual orientation has no effect on that of the children. In addition, there is no evidence that these children have more emotional and mental development problems than children raised by heterosexual couples. The only notable difference is the stigmatization that these children may experience at school and in society.
If you work with older adults or if you spend time with them, you can help create a more welcoming environment for LGBT people! You can even play a crucial role in this respect. In fact, all you need to do is adopt a few good practices. Fondation Émergence provides many tools for this purpose.

Adopt an inclusive approach.

Avoid assuming by default that everyone is heterosexual or cisgender. Otherwise this is experienced as an uncomfortable situation by LGBT people who are then forced to either hide their truth or come out at a time that’s not of their choosing. For example, instead of asking a woman if she has a husband, use open questions that allow for more choice. Ask her instead if she has someone in her life or ask her if she has a partner.

Be careful not to use terms that marginalize LGBT people, such as “those people”.

Don’t presume a person’s sexual orientation (or gender identity).

If you believe that an older adult is LGBT and you believe that you’re close enough to them, start by showing interest in their past and the people close to them.

React to homophobic or transphobic remarks.

As with sexist and racist remarks, it is important to react and show your disapproval of these attitudes. A person should not be discriminated against on the basis of their sexual orientation or gender identity. Unfortunately, homophobic and transphobic remarks are too often considered insignificant. Ignoring them means letting a hostile climate develop.

Talk about homosexuality and gender identity!

When the opportunity presents itself, don’t hesitate to talk about it to staff and users so that this reality surfaces from time to time and no longer remains taboo. For example, you can talk about what you learned from this guide!

Specific points for transgender people:

- If you are in doubt about a person’s gender identity, ask them to introduce themselves or to tell you how they would like to be addressed. Respect this preference by using the right gender when you talk to and about the person.

- Avoid being too curious. Ask questions related to the problem at hand tactfully and discreetly.
Show your openness to your LGBT coworkers.

You might have LGBT people among your coworkers. Do you think that they feel comfortable at work? Having openly LGBT staff members can have a very positive influence on the environment.

Remember that being LGBT is only one of the many facets of the lives of the older adults in question.

Avoid attributing all their problems to their sexual or gender identity or focusing too much on this aspect of their identity.

Show your openness to sexual and gender diversity.

- Download/order free of charge the Aging Gayfully toolkit. It contains posters, stickers, and brochures that allow you to display your openness. We also offer travelling exhibitions, an inventory of studies, a filmography, video clips, etc.
- Celebrate the International Day Against Homophobia and Transphobia every May 17th. In 2016, our campaign focused on older adults. It can be ordered free of charge on our website: homophobie.org

Respect LGBT people’s privacy.

Never disclose the sexual orientation or gender identity of a person without their consent. If the person realizes that this has happened, they may lose confidence and isolate themselves even more. This could also discourage others from speaking openly.

Recognize the place of the “chosen family” (see box, p. 8).

Relationships with members of the “chosen family” are often very strong; approach them the same way you would if they were the biological family.

AT YOUR ORGANIZATION

Have an anti-homophobia and transphobia policy.

If your organization doesn’t have one yet, talk about it with management, your coworkers, or during a team meeting. To show how important a policy is, invite them to answer the following question: “What would you do if you witnessed homophobic or transphobic words or actions?” Once the policy is adopted, you need to regularly evaluate its implementation. If necessary, Fondation Émergence is available to provide advice.

Ask Fondation Émergence to give your workers a training session.

Accompanied by the testimonial of an LGBT older adult, this free workshop raises workers’ awareness, informs them and provides answers to all practical questions. Once the training session has been completed, your organization can join the members of our Charter of Good Treatment for lesbian, gay, bisexual and transgender older adults.

Join our Charter of Good Treatment.

By joining the Charter of Good Treatment for lesbian, gay, bisexual and transgender older adults, your organization promises to abide by 11 principles to ensure a more inclusive environment. It has been endorsed by several residences and organizations, as well as by the main actors in Quebec’s older adult sector. Member institutions are invited to display the Charter in common areas. We publish the list of those who have endorsed the charter on our website to create a directory of establishments who are allies of LGBT older adults.
THE TOOLS OF THE “AGING GAYFULLY” PROGRAM

- Training upon request for workers and management
- Membership in the Charter of Good Treatment
- Posters
- Brochures
- Stickers
- Filmography
- Video clips
- Inventory of studies
- Fact sheets
- Travelling exhibitions

Visit fondationemergence.org to view or order material.

Contact Fondation Émergence to request training and to join the Charter of Good Treatment.

Signed by Marguerite Blais, the Minister responsible for Seniors, during a press conference on August 9, 2011, then signed by Stéphanie Vallée, the Minister of Justice and the Minister responsible for the fight against homophobia on May 16, 2016.
TAKE ACTION
AGAINST ACTS OF
HOMOPHOBIA AND TRANSPHOBIA

HELPLINES

Mistreatment of older adults:
Ligne Aide Abus Aînés
www.aideabusaines.ca
Greater Montreal: 514 489-2287
Toll-free: 1 888 489-2287

Sexual diversity:
Interligne
www.interligne.co
Greater Montreal: 514 866-0103
Toll-free: 1 888 505 1010

Transgender people:
Aide aux Trans du Québec (ATQ)
www.atq1980.org
855 909-9038

FILING A COMPLAINT

People who are victims of homophobia or transphobia can turn to different organizations to file a complaint:
• The Commission des droits de la personne et des droits de la jeunesse
  www.cdpdj.qc.ca
• The Canadian Human Rights Commission
  www.chrc-ccdp.ca

REGISTRE DES ACTES HOMOPHOBES
(REGISTER OF HOMOPHOBIC ACTS)

People who experience homophobia and people who witness such acts (loved ones, family members, professionals, workers), as well as third parties, are invited to report the situation to:
Interligne
www.interligne.co
Greater Montreal: 514 866-0103
Toll-free: 1 888 505 1010

It’s important to report situations so that things change. Reporting is anonymous and confidential. Reports made to the register are collected for analysis only and have no legal consequences.
BRIEF HISTORY OF THE LGBT MOVEMENT

Homosexuality has existed throughout history in all societies.

Antiquity
We have good records of the existence of homosexuality in antiquity, especially among the Greeks and Romans, where it was accepted if it met certain criteria. However, over the course of history, and in most societies, homosexuality was often condemned, as much by religions as by different political regimes, a situation which continues today in far too many countries.

The 20th century
At the end of the 19th century, doctors began to study homosexuality and, with insights from psychology and psychoanalysis – then in their infancy – homosexuality began to be viewed as a pathology that needed to be explained and cured.

The sixties
It was only after World War II, and especially in the late sixties, that gays and lesbians formed advocacy groups to fight discrimination. These groups were part of the rise of feminism and the African American civil rights movements, which peaked in the seventies.

Stonewall
In June 1969, exasperated by the constant police raids on bars, transgender and gay people spontaneously started a demonstration to oppose a raid by the police at New York City’s Stonewall Inn. This was followed by several days of rioting, which received much TV coverage. This episode represents the beginning of the LGBT rights movement, first in the United States, and then in other Western countries.

Similar events took place in Montreal, particularly the much publicized 1977 police raid on the Truxx bar, during which 114 people were arrested.

The birth of the LGBT movement
Many associations were created after the Stonewall events. These groups had no qualms about taking to the streets to get their messages heard. Newspapers were founded, publishing information and reflection papers about sexual orientation and gender identity. An increasing number of gays and lesbians began to reveal their sexual orientation outside the private sphere. Places for socializing – often hidden bars – set up shop. This contributed to the development of an LGBT culture, with symbols recognized by the wider public (pink triangle, rainbow flag), mostly thanks to a succession of artists who became icons for all of society.
Early 80s: AIDS arrives

The openness of the previous years came to a screeching halt with the beginning of the HIV epidemic. First, because homosexual men in particular were affected and secondly, because a portion of public opinion crushed the LGBT community by holding them responsible.

Legal equality

At the beginning of the 1990s and at the height of the HIV/AIDS epidemic, many activist groups and groups fighting AIDS started to make demands for marriage or, at least, legal recognition for same-sex couples. In the late 90s and early 2000s, several countries adopted legislation recognizing same-sex couples.

Today

Nowadays, LGBT people are relatively well represented in the public space. Films, TV series and ads feature LGBT characters who are less and less depicted as caricatures. Many personalities from the arts, media and politics no longer hesitate to make their sexual orientation or gender identity known. The visibility that was so lacking in the LGBT community not so long ago is now more present than ever.

However, there are still forms of discrimination and violence towards LGBT people. Homophobia, and especially transphobia, continue to harm people, particularly in certain environments such as sports, rural and suburban areas, at work, at school, in health and social services, or in older adult settings.

Health fact: In Canada, the proportion of HIV cases diagnosed among people at least 50 years old increased from 15% in 2009 to 21.9% in 2014; this proportion is higher than that for the 20-29 year age group (21.4%)23. This could be explained by the fact that the older population is less informed, which may result from a certain taboo about sexuality.

23 HIV and AIDS in Canada: Surveillance Report to December 31, 2014
Warning: Keep in mind that the definitions and distinctions mentioned in the glossary are theoretical. In practice, every individual experiences their sexual orientation and gender identity differently. The choice to use a label or not and the reasons for this choice are personal.

A
Allies: People who sympathize with the cause of LGBTQ+ people.
Asexual: A person who feels no sexual attraction. These people sometimes feel marginalized by society, which is highly sexualized.

B
Bisexual: A person who feels emotional and/or physical attraction towards people of both sexes.

C
Cisgender: A person whose gender identity corresponds to the sex that was attributed to them at birth. This is used to describe a person who is not transgender.

D
Sexual diversity: Covers all groups whose sexual orientation or gender identity or expression does not conform with the heterosexual and cisgender norms.

E
Gender expression: The externalization of one’s gender identity. It can be independent of the sex assigned to a person at birth.24

G
Gay: A male-identified person who feels emotionally and/or physically attracted to some members of the same gender. The term “gay” is also used by certain lesbian women to define themselves.

H
Heteronormativity: System of norms and beliefs that reinforce the imposition of heterosexuality as the only legitimate sexuality or way of life.24

Homophobia: In the Quebec Policy against homophobia, homophobia is defined as “all negative attitudes towards homosexuality that can lead to direct or indirect discrimination towards gay, lesbian or bisexual people or people perceived as LGB individuals”.

Internalized homophobia: The taking in of negative messages about homosexuality. In LGB people, it can lead to self-hatred and/or discomfort in the face of sexual diversity that can go as far as disparagement and rejection.

Homosexual: A person who feels a loving or sexual attraction more or less exclusively for people of the same gender24.

24 Chambre de commerce LGBT du Québec, Lexique sur la diversité sexuelle et de genre en milieu de travail (Quebec LGBT Chamber of commerce, Glossary of sexual and gender diversity in the workplace)
Gender identity: The way one feels inside: man, woman, somewhere between the two or neither one nor the other. This private and personal experience is specific to each person. It is not determined by the person's sex.

Intersex: A person whose sex naturally has characteristics that are not strictly masculine or feminine.

Many intersex people underwent irreversible medical interventions in their childhood to impose one of the two sexes on them.

Lesbian: A person who is female-identified and who has an emotional and/or physical attraction for other women.

LGBT: An acronym referring to people identifying as lesbian, gay, bisexual or transgender people.

Lesbophobia: Disgust, hatred, fear or rejection of lesbianism or lesbians.

Non-binary: Term describing a person whose gender is neither strictly “female” or “male”.

Queer: A person who does not adhere to the traditional binary division of gender and sexualities and who self-identifies with a nonconformist or fluid gender identity or sexual orientation. This term has been appropriated by LGBT communities as a symbol of self-determination and liberation rather than an insult. It refers to anyone whose identity or practices run counter to the norms that structure the heteronormative social model.

Questioning: Describes people who are questioning their sexual orientation or gender identity.

Transphobia: In the Quebec Anti-homophobia Policy, transphobia is defined as “negative attitudes that can lead to rejection and direct or indirect discrimination towards transsexual, transgender or transvestite people, or such attitudes with respect to anyone who transgresses gender, sex or gender-related norms and representations”.

Transgender identity, trans: A person whose gender does not correspond to the sex assigned to them at birth.

Two-Spirited//bispirtual: In some North American Aboriginal communities, a person who embodies characteristics and qualities considered to be both masculine and feminine. The term is also used, in some Aboriginal communities, to refer generally to transgender people.

Some transgender people prefer the term transsexual and others prefer the term transgender. Historically, these terms made it possible to distinguish between people feeling the need for surgical modifications and those that did not. Today, this dichotomy is considered outdated and people use one or the other of these terms, or simply the word “trans”, depending on their personal choice.

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25 Chambre de commerce LGBT du Québec, Lexique sur la diversité sexuelle et de genre en milieu de travail (Quebec LGBT Chamber of Commerce, Glossary of sexual and gender diversity in the workplace).

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Founded in 2000, Fondation Émergence’s mission is to inform and raise the awareness of the public at large about the realities and challenges that lesbian, gay, bisexual and trans (LGBT) people face. It was the instigator of the International Day Against Homophobia and Transphobia, celebrated every year on May 17th, as well as other programs, including Pour que vieillir soit gai (Aging Gayfully).