**Concordia University Chicago**

**Master’s Program**

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| **Assignment Title:** | Final Assignment: Aging in and out of the Closet: Challenges Facing the LGBT Community |
| **Date of Submission:** | 3/5/2016 |
| **Assignment Due Date:** | 3/5/2016 |
|  |  |
| **Course:** | Diversity in Aging |
| **Section Number:** | GERO-6510 |
| **Semester/Term:** | Spring, 2016 |
| **Course Instructor:** | Victoria Russo |
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*Certification of Authorship:* I certify that I am the author of this paper and that any assistance I received in its preparation is fully acknowledged and disclosed in the paper. I also have cited any sources from which I used data, ideas, or words, either quoted directly or paraphrased. I certify that this paper was prepared by me specifically for the purpose of this assignment, as directed.

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# Aging In and Out of the Closet: The Challenges Facing the LGBT Community

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# Aging In and Out of the Closet: The Challenges Facing the LGBT Community

Introduction

Experts estimate that between 1.75 and 4 million Americans ages 60 and over are lesbian, gay, bisexual or transgender (LGBT) (U.S. Department of Health and Human Services, 2016). However, measuring the exact number of LGBT individuals in the U.S. is difficult, primarily because of the hesitation for many individuals to report sexual orientation or gender identity due to factors such as fear of discrimination and the stigma associated with it. While LGBT individuals face many of the same challenges that all people face as they age, LGBT elders face an array of unique barriers and inequalities that can hamper the ability to live a healthy and rewarding life in later years. Members of the LGBT community who are aging now have come through many years of struggle and challenges.

It is not surprising that the challenges faced throughout a lifetime have been shown to have negative consequences on the overall health of a LGBT individual in later life. Research, albeit limited, has shown that many LGBT elders live solitary and closeted lives, “plagued by fear of disclosure and financial insecurity” (Knauer, 2009, p.303). LGBT elders often face aging in isolation because they are separated from family, disconnected from the younger LGBT community, and virtually ignored by the mainstream aging initiatives (Knauer, 2009). LGBT elders are particularly vulnerable in their later years because of the negative stereotypes of aging held by the LGBT community at large, as well as the homophobia of the mainstream senior community (Knauer, 2009). In light of the progressive political and legal policies to advance the rights of the LGBT community, there is a need for broad-based reform “to ensure equity in aging regardless of sexual orientation or gender identity” (Knauer, 2009, p.304).

# LGBT as a diverse population

Just as the aging population in the United States is becoming more diverse with regard to race, ethnicity, identity, and socioeconomic status, the population of LGBT elders encompasses the same diversity with regard to race and class (Butler, 2004). Sexual orientation and gender identity are important and complex components within the diversity spectrum. The sexual orientation or gender identity of an individual influences a person’s psychological perspective and social experience throughout a lifetime and impacts the experience of aging.

LGBT refers to lesbian, gay, bisexual, and transgender persons. As Graham (2011) points out: “the various populations represented by “L,” “G,” “B,” and “T” are distinct groups, each with its own special health-related concerns and needs” (p. 1). Lesbian, gay, and bisexual are terms that identify a person’s sexual orientation while transgender is term that identifies a person’s gender identity. While society seems more accepting of LGBT individuals, heterosexism remains still remains quite prevalent and homophobia has not disappeared. Sadly, transphobia, or prejudice against transsexuals, appears to be even more intense than the prejudice directed at lesbians and gay men (Cook-Daniels, 1997 as cited in Butler, 2004).

LGBT has become the “catchall” term for a population that is not at all homogeneous, but is also quite diverse beyond sexual orientation and gender identity. The LGBT community is a mixture of intersecting identities of gender, race, socioeconomic status, disability, and age. In many cases, LGBT individuals often face “triple jeopardy” as an LGBT person can be a member of two or three diverse categories, such as lesbian, female, and Hispanic. Interestingly, although the population is diverse, people of color are missing from the portrayals of the LGBT community (Mehrotra & Wagner, 2009).

The heterogeneous nature of the LGBT community is an important aspect in addressing the needs of the aging LGBT population. As Mehrotra and Wagner (2009) note sexual orientation “adds another layer of complexity to aging, as much of our society is not designed to accommodate anything other than heterosexual orientation” (p. 7). Because of the heterosexual bias of many of the social institutions that are designed to help the aging population, these institutions are not able to easily serve the aging LGBT community. Thus, many LGBT seniors feel marginalized and alienated (Kimmel, 2014).

LGBT and Aging

The field of gerontology has been slow to recognize the diversity of the aging population in terms of sexual orientation and gender identity (Kimmel, 2014). If the present body of literature is any indication, the lack of research on LGBT aging illustrates the true complexity of the issues facing the LGBT community.  This lack of research on LGBT aging is evidence that we know very little about the way LGBT individuals experience aging.  However, there is a glimmer of hope that more attention will be paid to the aging of the LGBT community, as they have been recently included in the national health priorities by the Department of Health and Human Services as a distinctive segment of the population (Fredrikson-Goldsen et al., 2015).

            While there have been some advances in the field of LBGT rights in recent decades, there appears to be quite a long way to go.  The recent United States Supreme Court decision granted same-sex couples a constitutional right to marry in all states.  The effect of this ruling will allow same-sex couples to provide for each other financially and be eligible for crucial federal social benefits and entitlements as they age.  However, as we know, financial stability in aging is only one component of a successful aging experience.

            There is still a great deal of social stigma associated with LGBT identity within the United States.  A large number of LGBT individuals have had to live through many years of discrimination and social isolation and the effects of this likely has taken a toll on health and well-being in later life.  For many older members of the LGBT community, they have had to contend with social stigmas throughout their entire lifetimes.  It is hard to imagine the path a seventy-year old gay man or woman must have taken so far, especially given that homosexuality was criminalized up until the 1960’s and was considered a mental illness as late as the 1970’s.

From a societal perspective, the LGBT elders are generally at greater risk of social isolation in later years.  This is primarily due to the lack of traditional family structures that the mainstream aging population relies on to provide support in later life (Abatiell & Adams, 2015).  Furthermore, although LGBT elders frequently rely on families of choice, those networks tend to weaken during the aging process (Abatiell & Adams, 2015).

Ageism is an added challenge to the already difficult road that many LGBT individuals face, as they grow older. Research shows that the LGBT community tends to fear aging and be predominantly “youth-focused” (Knauer, 2009). The stigma associated with aging, however, is less of a stigma than being gay or bisexual (Bulter, 2004).

Gerontological Research on LGBT Aging

In a report issued in 2011, the Centers for Disease Control and Prevention identified research on sexual orientation as one of the most insufficient areas in health disparities research. It is important to identify and understand the prevalence of health disparities within the LGBT community in order to address the unique factors that influence the health and well-being of LGBT individuals as they age (Fredriksen-Golden, 2011). Since the report issued in 2011 by the CDC, there have been strides made in advancing the research on LGBT health and well being in later years.

Historically, research on LGBT elders has been based upon small non-representative samples with most of the studies involving gay men, along with a small number of lesbians, and very few, if any, bisexual or transgender individuals (Butler, 2004). Butler (2004) further notes that the small samples utilized in the studies did not reflect the racial or socioeconomic diversity within the LGBT community. Ineffective methodologies, as well as the unwillingness for individuals to disclose sexual identity for fear of discrimination and retaliation, have been barriers to obtaining diverse participants in LGBT studies.

Historical Events that have impacted LGBT Community

Stonewall Inn Riot

Many activists consider the Stonewall Inn Riots the birth of the LGBT movement for civil rights in the United States. On June 28, 1969, the unrest began six days of clashes between young gay, lesbian, and transgender individuals and the New York City Police Department. The uprising, as some have called it, was prompted by a raid on the Stonewall Inn by the police that lead to the arrest of thirteen individuals. The Stonewall Inn was one of several popular gay bars that operated essentially as an illegal saloon because the New York State Liquor Authority refused to grant the bars licenses to establishments that serve predominantly LGBT patrons. Hundreds of protestors gathered outside the Stonewall for the next six nights to protest the oppression towards them that had been building for many years (Armstrong & Crage, 2006). At a time in the United States when tensions were building up over Civil Rights and protests against the Vietnam War, the LGBT community felt compelled to come out of the shadows and to stand up against homophobia. This was a critical time for many in the LGBT community, as the riots gave momentum to a fluttering movement and the yearly commemorations that were spawned throughout the country gave rise to the Gay Rights Movement. More members of the LGBT community felt comfortable to “come out” about their sexuality after Stonewall. Over the next forty years, public policies have been modified or adopted that allow LGBT individuals some of the same rights and freedoms as non-LGBT individuals, such as the right to serve in the military and the right to marry same-sex partners.

HIV/Aids Epidemic

Sadly, some of the traction gained during the Stonewall era would be somewhat overshadowed by the AIDs epidemic during the 1980’s. In 1981, the first cases of AIDS were diagnosed in gay men (Graham, 2011). Since its discovery, the AIDS epidemic claimed the lives of a large portion of the gay and bisexual population that came of age after World War II (Graham, 2011).

The loss of so many from the AIDS epidemic had devastating consequences for the LGBT community. The LGBT community experienced collective trauma as a result of the loss of so many individuals and the tremendous impact upon social order (Graham, 2011). In addition, the AIDS epidemic spawned greater amount discrimination and stigmatization toward the LGBT community (Graham, 2011).

While HIV treatments have allowed many affected with AIDS to live and thrive, the epidemic has had long-term consequences on the health and well being of LGBT elders. Many with AIDS have aged more quickly and need care earlier in their lifetimes. Also, many LGBT elders have lost partners and members of their family of choice to the epidemic and have lost the social networks in later life (Graham, 2011).

Supreme Court Ruling on Same Sex Marriage

Until the Supreme Court ruled in the case of Obergefel v. Hodges in 2015, LGBT individuals could “choose to order their lives and their relationships” in any manner they wished, however, the law continued to “privilege those relationships defined by blood, marriage, and adoption” (Knauer, 2009, p. 343). In the decision, the Court held that the Fourteenth Amendment required every state to perform and to recognize marriages between individuals of the same sex (Yoshino, 2015).

Allowing LGBT individuals to marry affords them the same rights under the law as heterosexual couples. Same-sex couples now have the ability to be legally wed. From tax and estate planning standpoints, this is a huge victory for the LGBT community. LGBT couples and their children can now be fully recognized under the law.

The Social, Economic, and Political Status of the LGBT Community

The LGBT community is as socially and economically diverse as the population at-large. Members of the LGBT community come from all walks of life. Traditionally, LGBT individuals have faced discrimination in the work place because there were no laws in place to prevent such discrimination until recently. Many years of discrimination in the workplace has prevented many in the LGBT community from attaining financial security. As Abatiell and Adams (2011) note:

“A lifetime of being denied employment opportunities and spousal benefits, coupled with the lack of access to legal protections around inheritance and property rights, vastly diminishes the ability of LGBT individuals to accumulate the resources needed for healthy aging and to plan for their financial futures”(p. 881).

In recent decades however, the LGBT community has seen society become more accepting of homosexuality. There have been significant advances made in the area of LGBT rights (Abatiell & Adams, 2011). Laws have been passed prohibiting discrimination in the workplace based upon sexual orientation. As a result of the repeal of The Don’t Ask, Don’t Tell Policy within the U.S. Armed Forces, LGBT individuals can openly serve in the military. The positive effects of these anti-discrimination laws, as well as the removal of the barriers to employment opportunities, will likely have a positive effect on the financial well-being of younger cohort of LGBT individuals.

The political status of the LGBT population is still fairly precarious. As more socially conservative forces gain power within the U.S. legislature, laws protecting the LGBT community are at risk of being repealed. The issue of same-sex marriage is one such area that might be challenged in the future. This is a risk despite the fact that a majority (55%) of Americans support same-sex marriage (Pew Research Center, 2015).

Perceived Cultural Characteristics of LGBT Community

From a cultural perspective, there seems to be an important generational element within the LGBT Community, divided somewhat by the Stonewall era (Knauer, 2009). Those in the LGBT community who lived and came of age well before Stonewall have faced greater adversity regarding their sexual identity than the post-Stonewall individuals, who have come of age in a more supportive society and have come out about their sexuality “loud and proud”. Many of the pre-Stonewall LGBT individuals who aging today are still dealing with the “corrosive legacy” of many years of living in fear and retribution because homosexuality was viewed as criminal act, as well as a mental disorder (Knauer, 2009, p. 304).

Historical events play a large part in shaping an individual’s psychological perspective of life. As Fredriksen-Goldsen and Muraco (2010) found in their extensive examination of twenty-five years of literature on aging and sexual orientation, a life-course perspective is essential in understanding LGBT aging. Life-course perspective brings to light how social interaction and social structure shape the human experience and the corresponding developmental processes (Fredriksen-Goldsen & Muraco, 2010). As a result of the historical treatment of homosexuality, LGBT elders who are sixty-five today, have had to endure harsh characterizations such as “sick by doctors, immoral by clergy, or unfit by the military, and a menace by the police” which has led many to learn the importance of hiding their identity (Butler, 2004). More importantly, this lifetime of abuse and discrimination has lead to many within the LGBT community to adopt negative health and lifestyle behaviors, like smoking, drug use, and alcohol abuse. Over time, these negative health behaviors have impacted the overall physical and mental health of the LGBT community (Baker & Kehely, 2011).

Research also shows that LGBT individuals are more likely than their heterosexual counterparts to live alone (Butler, 2004). As Butler (2004) further stresses, it is important to distinguish living alone from lonely. Some research has shown that LGBT elders may have an advantage over their heterosexual counterparts given the broad base of support they have in well-developed networks of choice (Barranti & Cohen, 2000 as cited in Butler, 2004). LGBT elders often rely less upon family of origin or spouses for support in times of loss and need (Butler & Hope, 1999, as cited in Butler, 2004). The advantage is that LGBT individuals often have greater self-reliance and have the opportunity for taking a conscious creative approach to aging (Kimmel, 2014).

However, the downside to relying upon networks of choice is that these networks tend to weaken during the aging process (Abatiell & Adams, 2011). Another downside is that societal institutions tend to only recognize family of origin as the primary source of support in health care situations. In addition, for older members of the LGBT community the network of support has been disrupted by the AIDS epidemic (Graham, 2011).

Another important part of the cultural discussion involves the stigma associated with sexuality and aging. LGBT elders face the both ageism and homophobia. There is a tendency within the mainstream society to view negatively associate sexuality in later life, as well as over-exaggerate the sexual nature of the LGBT culture (Knauer, 2009). Given this stereotyping of homosexuality and sexuality, it is no doubt that long-term care institutions do not know how to integrate the LGBT community within its systems.

Health behaviors and services in LGBT community

Health care access and barriers to utilization

Many older members of the LGBT community have lived lives “reluctant to declare themselves and demand equal treatment from policy makers and health care providers” (Knauer, 2009, p. 304). As Witten and Eyler (2012) note, the older cohort of LGBT individuals were often subjected to treatments that sought to “normalize” them through psychological or medical treatment. For those who did not conform, attempts were made to suppress them through harsh treatment such as physical or mental abuse or denial of health care access (Witten & Eyler, 2012). Given the harsh and negative treatment at the hands of health care providers, many LGBT individuals are afraid to seek health care services.

From a health perspective, LGBT older adults experience also experience age-related challenges in their physical and mental health (Fredrikson-Goldsen et al., 2015). Overall, the LGBT community has been underserved in the healthcare arena.  Many medical professionals have not been adequately trained and are ill equipped to understand the unique needs of this population.  The LGBT community is often at greater risk of facing discrimination and alienation by closed-mined medical professionals.  This leaves access to proper medical care quite difficult.

LGBT cultural competency and health care service providers

Cultural competency is a critical element that is needed in health care settings so that LGBT individuals can have safe access to the care they need. As Meyer (2011) outlines, cultural competency within the health care setting must entail specific dimensions. These dimensions include: (1) attaining knowledge about what LGBT individuals require when accessing services; (2) recognizing and respecting that the LGBT individual knows best for him or herself; and (3) be willing to learn new patterns of behavior and apply them in the institutional setting (Meyer, 2011). By adopting this approach, health care providers can bridge the gap between the medical and LGBT communities.

Informal care and formal care for LGBT community

As previously discussed, by and large, members of the LGBT community rely solely on informal care supports and many LGBT individuals create care support through families of choice rather than of families of origin. In terms of caregiving, research shows that a large portion of the LGBT community is providing care, as LGBT individuals care for their aging parents and each other (Kimmel, 2014). In addition, the care LGBT individuals provide to others is similar to the care that heterosexual individuals provide, including hands-on care, care management, and emotional support (Kimmel, 2014).

In the 1970’s, the American Psychiatric Association removed homosexuality from the list of mental disorders. However, some health care professionals continue to harbor ant-LGBT attitudes. The stigma of this still exists as many LGBT individuals do not utilize preventative services, and are hesitant to go to the doctor for treatment of illness. Fear of discrimination and intolerance prevents many LGBT caregivers and care recipients from utilizing the formal care they need (Mehrotra & Wagner, 2009).

As LGBT individuals tend to be less financially secure, many individuals could not afford the high cost of medical treatments or prescription medications before the enactment of the Affordable Care Act (Baker & Kehely, 2011). The ACA has afforded health insurance coverage to many LGBT individuals who would not otherwise have had it. Under the ACA, there is promise that greater cultural competency will be expanded within the health care workforce enabling the LGBT community to utilize formal healthcare services with fear and stigma (Baker & Kehely, 2011).

LGBT and long-term care

LGBT elders fear institutionalization and the loss of independence (Dickey, 2012). Many LGBT elders fear the prospect of going into a long-term care facility where staff might discriminate against them or fail to consider their sexual orientation (Claes & Moore, 2000 as cited in Dickey, 2012). Despite these fears, many LGBT elders must eventually depend upon formal long-term care supports and services due to an absence of traditional support networks.

Because of the negative effects of a lifetime of discrimination on health, many LGBT elders need long-term care services and supports. In addition, many older LGBT individuals suffering from HIV/AIDS need care as well.

Sexuality, not to mention sexual orientation, in later life is often a sensitive and unacknowledged subject. Protecting the right to sexual expression in long-term care residential settings has long been a challenge for the long-term care industry. As LGBT elders and their partners begin to move into residential settings together, the long-term care industry has slowly begun to implement policies to protect LGBT residents from discrimination and harassment from the staff, as well as other residents.

Conclusion

           A large portion of the members of the LGBT elder community has come through many years of struggle and challenges based upon their sexual orientation and gender identity.  The likelihood that these challenges have affected their aging process is quite great.  As social policy and public mindset continues to turn more favorably and accepting toward the LGBT community, there will be a greater chance for more support in later life, as well as an opportunity for successful aging.

Understanding the impact of the historical events on the LGBT community is vital to understanding how cumulative disadvantage impacts the experience and needs of an aging population. The experience of the LGBT community is unique and while great strides have been made to protect their liberties and civil rights, there is a great deal of opposition to allowing LGBT individuals all the same rights as heterosexuals, particularly with regard to marriage. It is possible that the progress that has been made in public policy could be overturned as socially conservative groups gain power and influence with the legislature. In this way, the LGBT is a much more vulnerable position with regard to civil rights than any other minority group.

LGBT individuals experience greater health issues in later life. This is due, in part, to the cumulative disadvantage experienced over a lifetime of discrimination and struggle. In order to adequately address the needs of the aging LGBT population, service providers will need to develop cultural competency on the needs and issues unique to LGBT individuals. Health care providers must be open to implementing supportive programs and policies that allow LGBT elders to achieve a high quality of life, with those they love, in their later years.

Finally, research needs to continue to be conducted to illuminate the challenges faced by the LGBT community and the impact the overall health and well being of LGBT individuals. Great strides are likely to be made in the coming years with regard to addressing the health disparities of the LGBT community, as LGBT individuals receive greater attention through key public initiatives, such the U.S. Department of Health and Human Services’ *Healthy People 2020*. It is time for all LGBT individuals to have full and safe access to all of the supports and services that are available to the mainstream, heterosexual community.

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