

# LGBT Aging: Understanding and Supporting Us

Whether they are marketing or providing client support, professionals need to have a sound knowledge of factors that may influence gay older adults.

*By Walter Coffey, MPA, MA*



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# LGBT Aging: Understanding and Supporting Us



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BY WALTER COFFEY, MPA, MA

Lesbian, gay, bisexual, and transgender (LGBT) older adults have many of the same desires and concerns as most older Americans as they age. Even though there are common themes, LGBT older adults are specifically “more concerned than non-LGBT older people with regard to personal finances, physical decline, remaining independent, loneliness in older age, support systems, and physical attractiveness” (SAGE, 2015).

These issues are important, however there are additional considerations to truly understand the LGBT community, especially when it comes to some of the challenges related to older adults. On a personal note, I will share some of my own experiences and observations, as both a member of the LGBT aging

community and a professional in the field of aging. Reviewing some of the history of this community will set the stage for a better understanding of a lifetime of challenges. It may help explain some of the choices we make, and why some of the community have not had the opportunity to save for retirement and are concerned about adequate healthcare, for example.

As I think seriously about it, I do not know anyone in the LGBT community who has not had negative or painful experiences as a result of being gay. Even in childhood, if it was acknowledged and accepted by their families, there have still been issues in society at large that have caused many of us to struggle. As a child, I knew I was different, and like many others, thought I was the only one. Then I started hearing

that being gay was immoral and a choice. I was told if people “chose” to live the “homosexual lifestyle,” they would never be accepted and from a religious perspective, would be condemned to hell.

Estimates of the number of LGBT adults varies as there are so many not counted. This is because many are not comfortable reporting or identifying as part of the LGBT community. According to a 2017 Gallup poll, “the portion of American adults identifying as lesbian, gay, bisexual, or transgender (LGBT) increased to 4.1 percent in 2016 from 3.5 percent in 2012” (Gates, 2017).

There are an estimated 1.5 million adults over age sixty-five who identify as lesbian, gay, or bisexual. By 2030, those estimates rise to nearly three million. And while no precise data exists on the number of transgender older people nationwide, it is estimated that there are hundreds of thousands of older adults who are transgender — and many more coming over the next few decades (NRC, 2012). For the purposes of this article, the LGBTQ (the “Q” stands for “queer” or “questioning”) community will be referred to as “LGBT” and/or the broader “gay community.” There are now expanded initials (QIO, Plus, etc.) that are often added for a clearer representation of the community.

It is important to note that we are as diverse as the general population at large, and LGBT people are everywhere. We have always been your dentists, teachers, lawyers, retail sales staff, accountants, sports stars, school teachers, surgeons, firefighters, actors, architects, ministers, and siblings. Also, many times, we have been your partners in heterosexual relationships as society pressured us to stay “*in the closet*,” and fit into what many call mainstream society. “The closet” is where the LGBT community has found itself for many years. It involves hiding one’s gay identity, therefore pretending to be heterosexual. Many LGBT older adults have lived most or all their lives in the closet. When we have disclosed our identity, many of us have lost blood family connections, jobs tied to a successful career, and more.

At the same time, some of us have always been what some would call stereotypical “artsy” types, such as hair dressers, musicians, artists, florists, designers, dancers, etc. It is often assumed that all gay people know each other and that we all have the “artsy” flair. Personally, I have a diverse group of friends from a variety of cultures and ages, and most are not gay. Also, I cannot arrange flowers and I am often teased about my lack of ability to be a cool dancer.

The LGBT community is one with a variety of different generational experiences. For example, many

of the older gay community born into the silent generation (1925 to 1945) have lived through difficult times where they were expected to stay in the closet, presenting as heterosexual. Otherwise, they were labeled “homosexual,” which was tied to mental illness, institutionalization, and physical and medical abuse. In some cases, declaring one’s true self was life-threatening.

Many LGBT baby boomers (born 1946-1964) had experiences similar to those of the silent generation. Both generations played a significant role in the gay rights movement (beginning in the late 60s) as well as personally experiencing the AIDS crisis (that began in the early 80s). HIV/AIDS stands for human immunodeficiency virus infection and acquired immune deficiency syndrome, a spectrum of conditions caused by viral infection (NIH, 2018). It was not known at first that saliva and tears cannot transmit the disease (and later the fact was often ignored), and hysteria ensued as some heterosexuals promoted ostracizing the gay community, or worse, to protect the rest of society. Especially during the 1980s and early 1990s, many in the gay community experienced the loss of LGBT friends and chosen family (people who are as close or closer than blood relatives). As of 2017, more than a million people had died from the disease, and another 36.9 million live with it globally (Avert, 2018).

Participating in the 1992 March on Washington political rally for gay rights and seeing the enormous AIDS quilt ceremonially displayed on the Washington mall is a moment in time I will never forget. The quilt is made up of more than 48,000 individual panels, most commemorating the life of someone who died of AIDS, and sewn together by friends, lovers, and family members (NAMES, n.d.). It was overwhelming to see section after section representing tens of thousands of lost lives. As a community, we were aware that the AIDS epidemic was being ignored by many parts of society since it was originally labeled a “gay disease.” It was so real and so painful facing the reality of all the talent, expertise, and passion of so many lives — all gone. There are aspects of this one crisis that have affected especially the older members the gay community on many levels.

Within the LGBT community itself, we have many different life experiences, perspectives, values, and levels of socio-economic status and education — just like society at large. However, it is often some of the stereotypical, more flamboyant LGBT personalities that gain public attention. Just like any other movement around human rights, there is a major focus on “equality.” Simply put, we are all human beings

and have the right to a great quality of life.

Even though there have been positive advances where more and more of the gay community now feel accepted and less threatened, many have had (and continue to have) challenging journeys, especially individuals who are now older adults. Many older adults in the LGBT community have experienced a lot of negative messages via mainstream parts of society. The areas most often identified include health care (mental illness until 1973, institutionalization), public safety (entrapment, harassment), housing (harassment, even eviction), faith community (immoral, sin), and military service (ban on serving, dishonorable discharge) (SAGE, 2014). Just like other minority groups, LGBT community members sometimes lack trust, continue to be judged for simply being different, and often find and stay within their own community.

### Pivotal Moments in Our History

There are many pivotal moments in our history that can help answer questions regarding the fear and lack of trust among gays that have led to their being less likely to access services and supports. Some of the important ones include the McCarthy Trials (1954) that targeted “sexual perverts” who were harassed and terminated from government jobs. At that time, a variety of medical and psychological treatments offered a “cure” for being gay. These included ice pick lobotomies, electroshock treatments, and chemical castration.

Shortly after, in 1956, psychologist Evelyn Hooker presented research at the American Psychological Association comparing the psychological health of gay and heterosexual men, which she initiated after forming a close friendship with a former student who introduced her to the gay subculture (Miller, 2011). Her research involved administering a variety of psychological tests to groups of self-identified gay males and straight males and then asking experts to identify who was gay and rate their mental health. The results showed that even skilled research experts found no differences in the mental health of these two groups, exploding the myth that “homosexuality” was a mental illness (Miller, 2011). Hooker’s work eventually led to the removal of homosexuality as a form of psychopathology from the Diagnostic and Statistical Manual III of the American Psychiatric Association.

In 1962, Illinois became the first state to decriminalize homosexual acts between two consenting adults in private. The famous Stonewall Riots (1969), took place in New York City when police unjustly raided the Stonewall Inn (a historically gay establishment). Most agree this defining moment, exactly fifty

years ago, propelled the LGBT movement forward. It was not until 1973 that the American Psychiatric Association removed homosexuality from the list of psychiatric disorders. Even now, there are many who still consider homosexuality a mental illness. Many of us were told, even by members of our blood family, that we were mentally ill.

Many other significant moments and events unfolded over time.

- The election of openly gay officials (late 1970s)
- Marches on Washington
- The identification of the AIDS virus (1981)
- The Don’t Ask Don’t Tell military policy (1993)
- The 1996 Defense of Marriage Act (DOMA)
- The adoption of state domestic partnership laws
- The legalization of civil unions and then same-sex marriages (early 2000s)
- DOMA repealed (2013)
- The expansion of marriage equality
- Marriage between same-sex couples recognized in all states (2015)

Marriage equality (many of us do not refer to it as “gay marriage” as it is about equality for all) was an incredible moment for the LGBT community. For the first time, we had the same rights as any married couple. Most importantly, legal protections such as access to our spouses in healthcare settings were celebrated. Prior to the law’s passage, LGBT individuals could be turned away from the hospital room of our dying loved one because we were not recognized as family. Now, gay partners can legally inherit from their spouse, where before literally everything could be taken away by blood family members. We can jointly file taxes, have family status acknowledged for insurance, various memberships, and more. For me, it was an awesome experience to marry my partner after twenty years together, and to begin checking the married box on forms, and refer to David as my spouse. It took our relationship to a new level. There was a new sense of safety and equality that I, like many of my friends and chosen family, never expected to experience in my lifetime. There are many positive implications of our



married status that will be important to us as we grow older together.

### LGBT Older Adults and Service Utilization

Almost all data has shown that LGBT older adults are less likely to access social services, supports, and healthcare. As a result, the gay community is now more vulnerable due to frail health and/or not having the support system needed. Even earlier research found significant health disparities among LGBT older people in areas related to physical and mental health, including high blood pressure, cholesterol, diabetes, heart disease, HIV/AIDS, depression, and more (Fredriksen-Goldsen, 2011).

These health disparities have been linked to “a lifetime of stigma, discrimination, violence, and victimization; higher poverty rates; a lack of access to LGBT-competent providers; and low rates of health insurance coverage” (SAGE, 2014). Many LGBT older people report that their primary health-care providers do not know about their sexual orientation, and many feel reluctant to discuss their sexual orientation and gender identity with other health-care providers for fear of being judged or receiving inferior care.

Further, LGBT older adults are “less likely than heterosexual elders to access aging network services and providers, senior centers, meal programs, and other entitlement programs because they fear discrimination or harassment if their sexual orientations or gender identities become known” (NRC, 2012). Because of this distrust, support can become limited,

self-reliance is deemed paramount, and one of the strongest identified ways of coping is *becoming invisible* (MAP, 2017).

### Back in the Closet

It is probably safe to say that most of the LGBT community, especially those who are single, living alone, and with limited support networks, feel vulnerable when there is a need to receive some kind of care. As a result, some go back in the closet, hiding their LGBT identity because they are afraid of being abused, neglected, and simply not treated with love and respect. This often happens when loved ones are no longer around (maybe via the death of a spouse or partner) and/or we may begin to need more services and supports from outside our “chosen family.” Also, we are less likely to have children who could provide care support as we age. Legal and insurance barriers and challenges may exist, and the lack of access to government “safety nets” that are centered around married couples (SAGE, 2012 July).

Over the last few years, I have had several experiences that point to the need for more awareness and education. I received a call from a gay man living alone who wanted to be connected with a gay-friendly (or gay-inclusive) home care agency. He was afraid for caregivers to come into his home, see photos of his gay loved ones, his artwork, etc. and not give him the full support he needed. Perhaps they would tell him he was immoral, attack him with negative judgement, or even expose him to physical abuse. This is not an isolated case. I have received calls from families whose gay loved ones were having to move into nursing home

care, and they were afraid of abuse and/or neglect. Sadly, since I was not sure of consistently safe places, I had to call a gay ombudsman for a recommendation of homes she found to be currently gay-friendly. However, that doesn't always solve the problem. Once, a gay co-worker did move into a nursing home and he reported that although staff did not directly abuse him, he noticed they avoided checking on him and helping him like they did the other residents.

## Connecting to the LGBT Aging Community

As the older adult population grows in the United States and ten thousand people a day turn sixty-five (SAGE, 2014), the field of aging services is being challenged to move away from a totally medical-focused, institutional model to one that is person-centered. This is an approach that frames care through the eyes of the person receiving that care. Choices and actions are based entirely on the unique needs, desires, and preferences of this person. Person-directed care embraces these same ideas, but takes them one step further, by saying that all decisions belong in the hands of the person receiving the care, or, at the very least, in the hands of those closest to that person (Eden, n.d.).

To be truly person-centered, one has to deeply know the person being served. It is about meaningful engagement and continuing companionship, where staff in a nursing home or assisted living setting, for example, really get to know the resident as an individual, developing a nurturing relationship — a true *care partnership*. The Culture Change Network of Georgia ([www.CultureChangeGA.org](http://www.CultureChangeGA.org)) is developing and providing basic information in this area. The federal government, Centers for Medicare and Medicaid Services (CMS), has started releasing person-centered guidelines for nursing homes as well.

The following suggestions are valid signposts to guide all professionals, gay or straight. When trying to find any LGBT-inclusive providers, it is important for us to see ourselves reflected. The first thing we notice is if marketing and other materials reflect language and photos, for example, that are inclusive. Simple things like having more choices than “married” or “single” on forms, send us positive messages. It is nice to see openly gay people who are comfortable talking about themselves (not having to hide their identity) working in the organization. This lets potential LGBT clients know that there are more than likely policies and procedures that demonstrate the organization does not discriminate in hiring, for example. Along with updating policies, organizations must change their practices and operations, and invest

## LANGUAGE TO AVOID IN LGBT COMMUNICATIONS

Following is a list of eight words and phrases to generally avoid that are nevertheless commonly used, even in an effort to be inclusive of the LGBT community (Chupick, 2009). As in all minority communities, there are a variety of language preferences. If you are not sure, it is best to ask. Asking lets the LGBT community know you are interested in using the language that is most supportive.

- **Lifestyle or “the gay lifestyle”** — Terminology commonly used by anti-gay groups, and even mistakenly in materials designed to attract LGBT consumers, implying choice over characteristic.
- **Sexual preference, or preference** — Implying that people choose to be LGBT (or can be changed or cured) which undermines equality efforts, yet marketers and media often make the mistake of using it in outreach and coverage.
- **Choice** — A word that often follows “lifestyle” or “preference,” as if being LGBT was a choice in the first place.
- **Homosexual** — Anti-gay organizations slyly use “homosexual” to denigrate the LGBT community as somehow odd, strange, or uncomfortable. The term has a negative connotation, especially for the older LGBT community. Until 1973, homosexuality was considered a diagnosable psychological disorder, and the word still carries stigma and fear.
- **Alternative** — The most overused marketing term. Though less offensive than other anti-gay code words such as “preference,” alternative should be applied to things like music, not people.
- **Tolerance** — An antiquated, anachronistic term. Why merely “tolerate” the equally acceptable?
- **Special rights** — As if giving an LGBT person rights is somehow awarding an undeserved prize, rather than equal footing.
- **Friend** — A term used to half-acknowledge a significant, same-sex relationship.
- Finally, though younger LGBT people are reclaiming the word “queer” and use it in a positive way, this term still carries a negative connotation to many older adults. Don't use this word unless the older adult has made it clear that it is acceptable.

in the development of their staff.

Staff must be educated and demonstrate their ability to separate their personal beliefs from company policy to honor the preferences of the ones being served. Just as with many minority groups, subtleties matter. There are often situations involving “unconscious bias,” which is generally defined as decisions and actions that happen automatically and are influenced by the background, experiences, and societal stereotypes of the person exhibiting it, as well as various cultural contexts. This is a significant concern for LGBT older adults and why it is critical for this issue to be an ongoing discussion, not only in the field of aging but in our society at large. Approaching older LGBT individuals with respect and sensitivity to their lived experience, as well as understanding and responding to their current needs, wants, and expectations, will increase opportunities for understanding and engagement.

Staff should understand the idea of care partnership, where older adults direct their own care needs. Their expectations should be met in a safe and supportive way by competent, compassionate care partners. Specifically, organizations and agencies must invest in LGBT Cultural Competency training in order to create a more responsive workforce prepared to support this community. More than eight in ten LGBT survey respondents say they would feel more comfortable with providers who are specifically trained in LGBT needs (88 percent), use advertising to highlight LGBT-friendly services (86 percent), have some staff members who are LGBT themselves (85 percent), or display LGBT-welcoming signs or symbols in facilities and online (82 percent) (Houghton, 2018). One of the best resources for this and other information is the National Resource Center on LGBT Aging ([www.lgbtagingcenter.org](http://www.lgbtagingcenter.org)).

### **LGBT-Friendly, Welcoming, and Inclusive**

More organizations and agencies are identifying as “LGBT-friendly” or “LGBT-welcoming.” However, in the gay community we may be most interested in the idea of “LGBT inclusive.” I am personally concerned as I notice proprietary organizations, and even some mission-driven non-profits, give lip service to the LGBT community and other minority groups in order to gain business. It is critical that this identification is not just adopted as a marketing tool. When promoting inclusivity to the LGBT community, providers of aging services and supports must be prepared to demonstrate their readiness. This includes showing they take into consideration the effects of a lifetime of

stigma, discrimination, and rejection faced by the gay community.

Most of the LGBT community rely on the internet, as well as on family and friends, for resources related to aging. Also, nonprofit organizations and professionals are sought out to access this information (SAGE, 2014). With this knowledge, organizations should be encouraged to improve their outreach, messages, and overall information related to aging and retirement. The language used in this information is often telling. Please refer to the sidebar for a list of eight common words or phrases to avoid.

### **LGBT Retirement Communities**

The idea has been around for a long time, and more LGBT-inclusive retirement communities are being developed in a variety of settings and providing a variety of care and support. My experience has been that many times, they occur naturally in the community at large and may not actually be LGBT-specific. For example, a retirement community may be in a large metro area where there are many LGBT citizens and the community in general is less concerned about an individual’s sexual orientation. That said, the Big Apple is debuting the city’s first-ever LGBT elder housing project. New York City’s first affordable LGBT-welcoming senior housing development is opening this summer in conjunction with the fiftieth anniversary of the Stonewall riots (Teeman, 2018).

Even though there is data showing large percentages of LGBT older adults are at least interested in living in LGBT-friendly housing (Houghton, 2018), it has been my experience that many LGBTs do not want to be separated/segregated into a LGBT-only community. Over the last fifteen years, I have been asked to speak to groups who say they want a LGBT-specific retirement community built in their area. However, when asked the question, “How many of you would leave your current living situation and move into such a retirement community?” hardly anyone wants to do it. It seems to me, it’s simply the idea of being in a safe, accepting, comfortable environment that is key. Also, this conversation may still be tied to reports that “LGBT older people continue to experience and fear discrimination in housing and assisted-living environments” (SAGE, 2014).

### **LGBT Older Adults Today**

A national health study on LGBT older people found that 74 percent are satisfied with their lives, though that same study also found significant disparities in areas related to community belonging, social support, internalized stigma, health behaviors, caregiving, and

more (Fredriksen-Goldsen, 2011). As generations of the LGBT population continue to age, this cohort is very aware of the ongoing struggle. Even as we trust there will be less fear and negative experiences, we must acknowledge our vulnerability in light of the changing political climate. There will always be challenges as long as sections of our society want to see LGBT rights repealed (Bramham, 2017). Over the last three years, there have been more reports of negative backlash and less acceptance of the LGBT community in the U.S. This is a cause for concern with LGBT older adults as they age and become more vulnerable (Harris, 2018).

That said, many LGBT older adults have had incredible, successful careers, are financially comfortable, and have everything they need for a safe, purpose-filled retirement. Studies show that LGBT adults are multifaceted and more likely to be mentors than their non-LGBT peers. They also rely on their knowledge and networks for information related to aging, and aspire to live an older life of “leisure, travel, and volunteering” (SAGE, 2014).

Everyone has heard the famous Gandhi quote, “We must be the change we want to see.” The challenge is for each and every person to continue learning, growing, and modeling respect for all people. As Americans grow older, from an aging point of view, this calls on every individual to be engaged in creating the kind of care and services we want for ourselves and the ones we love. •CSA



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Walter has served in leadership roles throughout the spectrum of aging services. He is an advocate for individuals living with dementia. He has led the development of programs, regulations, and legislation that positively affect the lives of older Americans and is now working internationally with his spouse, David Sprowl, do to the same. Contact Walter as [WDintl@bellsouth.net](mailto:WDintl@bellsouth.net).

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