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Concerns Specific to LGBT Elders

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Introduction

Although American society has gradually developed a stronger acceptance of LGBT individuals, members of the LGBT community still face discrimination and injustices. While many are familiar with hardships faced by the younger LGBT generation, the struggles experienced by senior members of the LGBT community are often overlooked or under recognized. In addition to the ongoing issues the LGBT community faces as a whole, there are several struggles experienced solely by the aging LGBT population.

The hardships experienced by the elderly LGBT community are not limited to a certain demographic or ethnic group, although "African Americans and other racial minorities are more likely than white Americans to identify as LGBT" (Kimmel 2014). As a population that is still low-key and stigmatized within our society, it can be hard to gather accurate data. Despite this, the exact numbers and diverse characteristics of this population are currently less significant than their struggles for equality (Kimmel 2014).

The first generation of openly lesbian, gay, bisexual, and transgender community members is now part of the senior population of the United States. As a result, concerns about older adult care becoming more prominent. Just as caregiving plays a critical role in the well-being of heterosexual senior citizens, it is crucial to the well-being of older LGBT adults. This paper will explore the concerns specific to LGBT elders as well as potential solutions to ensure that elderly members of the LGBT population are given the chance to age successfully.

Literature Review

Several themes remain prevalent throughout each piece of literature researched. One common theme is discrimination against the LGBT senior population. LGBT elders are significantly more vulnerable to their caregivers than their heterosexual counterparts, particularly

those in aging care facilities. Both LGBT elders and their caregivers often encounter a barrier of understanding (Webb 2017). LGBT elders remain ignorant as to how they can use the legal system to protect them and their rights, despite the fact that legal options do exist to protect the rights of LGBT elders (Webb 2017). Many LGBT elders are easily discouraged to pursue legal action to protect themselves due to their history of discrimination, as LGBT elders grew up in an environment where their lifestyle was essentially taboo and not at all similar to the environment the younger generation of LGBT individuals is part of today. Many LGBT elders experienced harassment and discrimination consistently throughout the last century (Kimmel 2016). Although tension eased with the president's declaration for same-sex marriage in 2012, the need to hide one's sexual identity and the constant fear of being "outed" were well embedded in the minds of LGBT seniors (Kimmel 2016). In addition, many caregivers working in aging care facilities are unaware of the specific needs of LGBT elders and, depending on their age and personal views, may inadvertently discriminate against the LGBT seniors they are caring for.

In a recent study that explored the experience of ten LGBT elders who were previously incarcerated, the majority of older LGBT adults in the U.S. prison system report a history of victimization, grief and loss, chronic stress, and varying levels of coping and social support (Maschi 2016). Most participants in this study shared their feelings of fear upon release and shared how re-entry programs and housing support were not LGBT friendly (Maschi 2016).

Another consistent theme is the very little attention that is paid to the aging LGBT population and the specific issues associated with them. Unfortunately, there is not an exact accurate number for the amount of LGBT older adults in the United States although the number is estimated to be 1-3.5 million people (Shankle 2003). There are a number of issues to examine that are specific to LGBT elders. The number of older LGBT elders who are out to their families

is very limited, mostly due to religious or cultural traditions associated with the family in which they were raised (Shankle 2003). Sadly, others may have to return home as they age for financial or health reasons and retreat inward for fear of rejection by their caretaker or family (Shankle 2003).

An ongoing issue amongst the elder LGBT population is isolation, primarily due to both fear and homophobia. As mentioned previously, the most vulnerable are those who must deal with the healthcare system. Elder gay couples have reported the mistreatment of their partners by healthcare staff in aging care facilities, such as staff making homophobic or derogatory comments towards their partners and subjecting their partners to harsh, unethical treatment (Shankle 2003).

Another common theme is friend and partner caregiving. Because LGBT adults are less likely to have children or other biological or legal family to care for them as they age, friend-care must be recognized as both a real and potential source of support in LGBT communities. However, this aspect of informal caregiving within the older LGBT community is often overlooked and resources for older LGBT adults caring for their friends is scarce. Because of the potential for excessive disadvantages throughout their lifetime, older LGBT are much more likely to have chronic health issues than their heterosexual peers (Shiu 2016). In a researched sample of LGBT elders, more than half were receiving care from their partner and about a quarter from a close friend (Shiu 2016). When compared with their heterosexual counterparts, LGBT caregivers were more likely to develop poor physical and mental health and less likely to use formal healthcare services or receive assistance from family (Shiu 2016). Unfortunately, the support services currently available for informal caregivers were specifically designed for

heterosexual partners or biological family members, leaving older LGBT older adults who provide informal caregiving to friends with little to no resources (Shiu 2016).

Each theme highlighted throughout each article researched is critical to social work practice as it highlights discrimination based on LGBT sexual orientation has a tremendous impact in meeting their needs in health and social services. In addition, it becomes evident through the research presented that resources for LGBT older adults is very limited in comparison to the elderly heterosexual population and that the unique needs and issues associated with the aging LGBT population are not well-known.

Despite knowledge obtained, there were several gaps and weaknesses throughout the literature. Because research was very limited pertaining to this particular community, it was hard to determine how many elderly LGBT individuals were currently receiving care. It was even clarified throughout several articles that it was necessary for more research to be conducted in order to better determine current conditions and issues within the aging LGBT community. Another weakness presented was the lack of suggested solutions to the current issues among LGBT elders. Though several obstacles were pointed out and clarified, further research must be conducted in order to find proposed solutions to the problems and specific needs presented.

Interview Comparison

Beverly is a seventy-six-year-old woman originally from Sacramento, California. She has resided in Chattanooga for the past twenty years with her partner of forty years, Anne. Anne has suffered from a debilitating illness for the past seven years, with Beverly being her primary caretaker. Both women were living in San Francisco around the time Harvey Milk was elected as a city official in 1977, a huge milestone for the LGBT community. They participated in the various efforts of the San Francisco community in the fight for gay rights. Though they

both recognize how far gay rights have come over the last several decades, both Beverly and Anne have faced great adversity throughout their life, primarily because of their sexuality.

They continue to encounter several obstacles as they age. Despite the stigma that those who identify as homosexual are completely different than those who identify as heterosexual, the hopes and desires of LGBT elders directly correlate with those of their heterosexual counterparts. Although their needs might differ, what they consider most important is the same: the right to age with dignity with the ones they love, as well as access to healthcare that adequately meets their needs.

As Kimmel points out in his research, many LGBT elders become part of what is called a "chosen family" (Kimmel 51). This term refers to a family made up of close friends and, occasionally, biological family members. In comparison, this is something Beverly and Anne have gradually acquired a chosen family over the years. Initially isolated from her family members, Beverly spent many years incredibly lonely. Although many LGBT individuals are living more openly in society, this was not always the case, particularly for LGBT individuals who grew up in the time period that Beverly grew up in. Though some of her family has come around in recent years, in the words of Beverly, it is "too little, too late".

Beverly's group of chosen family has assisted her tremendously in the care of her partner, Anne. As Kimmel reiterates in his research, "LGBT seniors are four times less likely than heterosexual elders to have children" (51). This is the case for Beverly and she relies greatly on assistance from her close-knit tribe of friends. Beverly has sought out formal care a couple of times when she became overwhelmed but the way in which she was treated discouraged her from ever considering it as an option again.

It is known within the LGBT community that LGBT elders encounter many issues in obtaining health and aging services, primarily due to discrimination (Shiu 527). Beverly encountered this issue several times when attempting to find assistance for Anne's care. This led her to seek assistance from close acquaintances, a practice very common among LGBT elders. Beverly's friends assist with taking Anne to doctor's appointments, preparing meals, and ensuring all the housework is completed. This type of caregiving, referred to as "informal caregiving", is vital to ensure the well-being of older adults, especially in regard to LGBT elders (Shiu 528). Although informal caregiving by a spouse is common in both heterosexual seniors and LGBT seniors, research has shown that LGBT elders receive "less traditional support outside of their partners, such as children" (Shiu 528). This has proven true for Beverly and Anne and they are incredibly grateful for the assistance provided by their friends.

Although elevated levels of stress and depression are associated with informal caregiving, Beverly reiterated several times throughout the interview that she would not have it any other way. After seeing the way Anne could potentially be treated by formal caregivers, Beverly was unable to find peace with the decision to allow it until absolutely necessary. She hopes that day is "in the far, distant future". She is more than willing to continue to devote her time to Anne's 24-hour care. As both women are retired and receive social security, their income is sufficient to support Beverly as the primary caretaker. With help from their friends, any temporary stress Beverly experiences is often relieved.

In the literature reviewed for aging concerns among LGBT elders, many factors were presented. A primary factor is that although there has been significant process in the acceptance of homosexual individuals, many LGBT elders are scarred from their past experiences and are hesitant to disclose important health information to physicians for fear of discrimination

(Kimmel 54). Sadly, many LGBT elders fear that they will have to retreat "back to the closet" should they need formal health care once they reach old age. A recent national survey found that the LGBT population "suffers from disproportionately high rates of depression, functional disability, substance abuse, and HIV risk" (Kimmel 54). Consequently, LGBT elders presently remain at a higher risk for isolation, poverty, and homelessness.

Like heterosexual individuals, LGBT elders have "a continuing need for relationships, intimacy, and love" as they approach old age and reside in a long-term facility (Kimmel 56). Though the expression of these needs varies greatly among LGBT elders, close human connection and direct permission to show affection are vital (Kimmel 57). A main concern among LGBT elders is that health care providers will fail to understand the characteristics of relationships within the LGBT community as well as the importance of an LGBT elder to remain connected to an LGBT community (Kimmel 57).

Summary

According to the literature reviewed, several concerns and issues specific to the LGBT elder community remain widespread. Of the many problems and areas of concern presented, a theme that remains prevalent is discrimination, particularly in aging care facilities as there is often an understanding barrier between LGBT elders and their caregivers (Webb 2017). Discrimination leads to other issues among the LGBT population, such as isolation, an attribute that is mostly due to both fear of rejection and homophobia. Often LGBT elders are hesitant to place their loved ones in aging care facilities because they fear they will be mistreated by staff, another common problem among the LGBT elder community as many caregivers in aging facilities are not trained or educated on how to care for LGBT elders (Shankle 2003). This is

largely due to the very little attention that is paid to the aging LGBT population and specific issues unique to them, as well as the ongoing stigmatization of this community.

As a social work major, the central focus of my profession is society's most vulnerable populations. Although American society has progressed significantly in recent years, members of the LGBT community still face discrimination and injustice. It is my personal goal as an aspiring social worker to translate the findings obtained from this research into effective social work practice and to continually educate myself on the aging concerns of LGBT elders. In addition, I will strive to implement the aforementioned approaches to ensure this community has an equal opportunity to age with as much dignity as their heterosexual peers.

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