

# Mistreatment of Lesbian, Gay, Bisexual, and Transgender (LGBT) Elders

## RESEARCH BRIEF

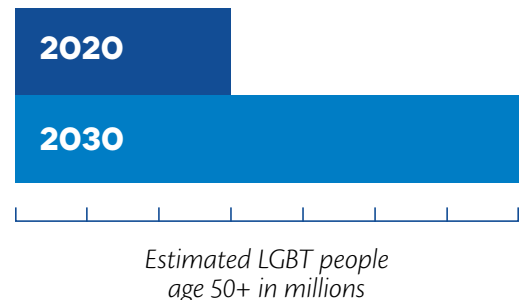
### KEY TAKEAWAYS

- Many LGBT older adults are at high risk for elder abuse, neglect and exploitation.
- A pressing need for LGBT elders is dealing with social isolation as isolation is a risk factor for elder abuse.
- Fear of homophobia or transphobia keep LGBT elders from seeking help and services.
- Internalized homophobia or transphobia may affect an LGBT elder's willingness to seek help and put them at risk of self-neglect.
- Some LGBT elders choose to hide their LGBT identity and disclosure of that identity against their wishes can cause problems.
- Older gay men and lesbians place high value on self-sufficiency and may be reluctant to accept help.
- Be sensitive to an LGBT elder's lack of legal protections, desires, relationships, and potential need to be connected to the LGBT community.

### Population Estimates of Older LGBT People

It has been estimated that there are nearly 3 million lesbian, gay, bisexual, and transgender people age 50 and older, **rising to approximately 7 million** by 2030.<sup>1</sup>

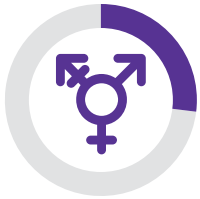
It is difficult to estimate the number of older LGBT people due to a lack of data, differing estimates by experts in related fields, and stigma that causes under self-identification and under-counting of LGBT populations in the U.S. SAGE estimates upwards of 7 million LGBT age 50 and over by 2030 based on the following data and reports.



This **RESEARCH BRIEF** synthesizes the latest available information and research relating to the mistreatment of LGBT elders. Overall, there is a paucity of research on the mistreatment of LGBT elders and a limited availability of data. Information is provided on the occurrence of abuse, isolation as a risk factor, issues affecting help seeking, and tips for working with LGBT elders.

## LGBT Older Adults Face Multiple Challenges

LGBT elders face the typical challenges of aging, including the possibility of elder abuse or domestic violence, in combination with the threat of discrimination and abuse due to their sexual orientation or gender identity.<sup>2</sup> In a 2006 study by MetLife Mature Market Institute, **27% of LGBT Baby Boomers reported that they had great concern about discrimination** as they age.<sup>3</sup> A 2014 national study by SAGE found that **34% of LGBT older adults live alone** with **40% indicating they have a shrinking support system**.<sup>4</sup> Additionally, **20% report using online platforms for dating** and **32% did not want to age alone**. A lack of social connectiveness, ongoing concerns and experiences with discrimination are all challenges faced by LGBT older adults.



Fear discrimination



Live alone



Have shrinking support system



Use online dating platforms



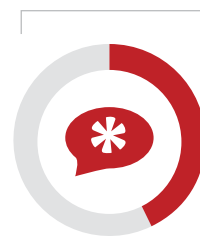
Do not want to age alone

## RESEARCH FINDINGS ON *Occurrence of Abuse*

Unfortunately, prevalence and incidence studies regarding the abuse and neglect of LGBT older adults continues to be sorely lacking. The Caring and Aging with Pride Study is providing new insights through a longitudinal study of 2,560 older LGBT adults age 50-94.<sup>5</sup> Available data and information relating to the occurrence of abuse includes:

- **68% of had experienced verbal harassment.**
- **43% were threatened with violence.**

### Occurrences among LGBT older adults



Verbal harassment



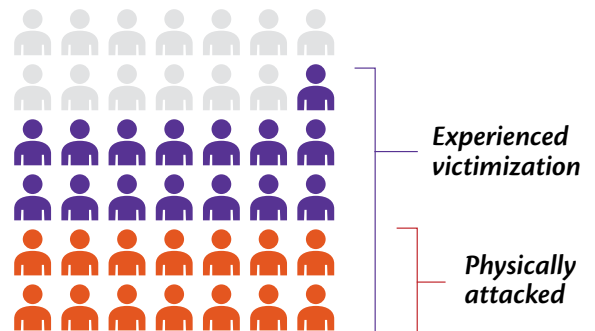
Threat of violence

Additional analysis of the Caring and Aging with Pride study found transgender older adults experience higher rates of discrimination and victimization than cisgender LGB older adults. The researchers conclude, that interventions aimed at increasing “individual and community level social supports” are needed to address the unique health and aging needs of transgender older adults.<sup>6</sup>

**“African-Americans reported the highest levels of lifetime LGBT-related discrimination, and both African-Americans and Hispanics reported lower levels of household income, education, affirmation of their identities and social support compared to non-Hispanic white LGBTQ older adults.”**

– Dr. Karen Fredriksen-Goldsen, lead researcher on the *Aging With Pride: National Health, Aging and Sexuality/Gender Study*

In a survey of 416 LGB elders, aged 60 or older, **65% of respondents reported experiencing victimization due to sexual orientation** (e.g. verbal abuse, threat of violence, physical assault, sexual assault, threat of orientation disclosure, discrimination) and **29% had been physically attacked**. Men were physically attacked nearly three times more often. Those who had been physically attacked reported poorer current mental health. Many in the study were still closeted from others. Serious family or personal problems can result from disclosure of an older adult’s LGB identity.<sup>7</sup>



Many LGBT older adults fall into multiple categories of caregiving at the same time. With LGBT individuals more likely to provide care to non-relatives and their family members seeing them as more available to provide care, LGBT individuals may be going through multiple caregiving experiences and therefore have **increased caregiving-related stress**.<sup>8</sup>

**Prejudice and hostility encountered by LGBT elder persons in institutional care facilities create difficult environments.** Staff may deny an LGBT elder's visitors, refuse to allow same-sex couples to share rooms, refuse to place a transgender elder in a ward that matches their gender identity, or keep partners from participation in medical decision making.<sup>9</sup>

Transphobia, or social prejudice against transgender persons, may be more intense than that of homophobia with a very high rate of violent victimization.<sup>10</sup> High rates of victimization and discrimination continues to be a concern as reported in the 2015-2016 U.S. Transgender Survey, a study of 27,715 respondent age 18 and older.<sup>11</sup> The survey found **48% of transgender respondents experienced denial of equal treatment, verbal harassment or physical assault** in the past year. **47% reported being sexually assaulted** in their lifetime and **54% experienced intimate partner violence**. **Unequal treatment** including denial of services, verbal harassment and physical attacks were **experienced by 31% in places of public accommodations** and **14% in nursing homes or extended care communities** when employees knew or assumed a person's transgender identity. **20% did not use one or more places of public accommodation** in the past year because they thought they would be mistreated as a transgender person.

Cross study investigation reveals that transgender people, in general, are at high risk of abuse and violence. Initial data reported by MAP state that an average of **42% of transgender people have experienced some form of physical violence or abuse**. Further, an average **80% of transgender people have experienced verbal abuse or harassment**.<sup>12</sup> An analysis of 3 surveys of transgender people age 50 and over found that a majority experienced sexual violence and elder abuse.<sup>13</sup> Therefore, it is a reasonable assumption that transgender elders may have experienced some form of abuse.

Many transgender older adults have experienced mistreatment in long term care facilities. Examples include physical abuse, denial of personal care services, psychological abuse, being involuntarily "outed", and being prevented from dressing according to their gender identity. Others are refused admission into long-term care facilities. **The fear of discrimination and its reality result in underutilization of services.**<sup>14</sup>

*Denied equal treatment, verbally harassed or physically assaulted*



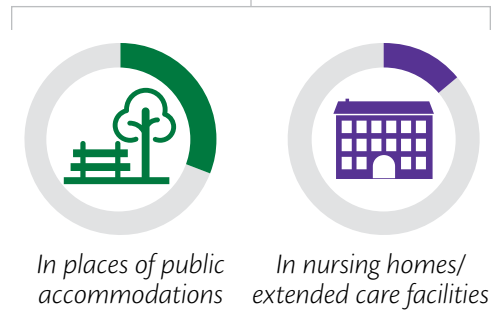
*Sexually assaulted*



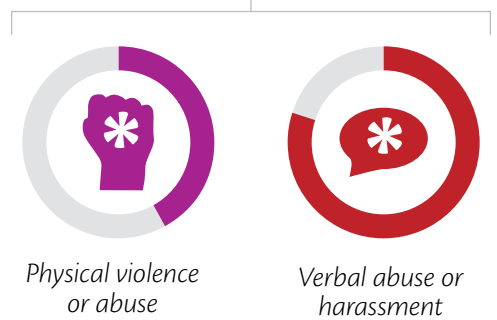
*Experienced intimate partner violence*



**Unequal treatment**



**Abuse and violence**



**Summary of What's Happening Inside Institutional & Long Term Care Facilities**

**Types of discrimination experienced by LGBT elders:**

- Denial of visitors
- Refusal to allow same-sex couples to share rooms
- Refusal to place a transgender elder in a ward that matches their gender identity
- Keeping partners from participation in medical decision making

**Types of mistreatment experienced by transgender elders:**

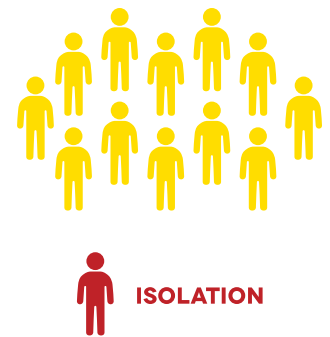
- Physical abuse
- Denial of personal care services
- Psychological abuse
- Being involuntarily "outed"
- Being prevented from dressing according to their gender identity
- Refused admission



## RESEARCH FINDINGS ON *Isolation as a Risk Factor*

The 2017 MAP and SAGE report highlights the risk of isolation for LGBT older adults<sup>15</sup>:

- This lack of legal recognition, reliance on chosen family, and lack of funding for LGBT-specific aging resources mean that LGBT elders are **susceptible to isolation**.
- Due to isolation, vulnerability, and reliance on others, LGBT elders may face abuse, neglect, or exploitation.
- Service providers should watch for signs of elder abuse among LGBT older adults and take necessary steps to prevent and remedy the abuse.



“Many LGBT older adults are at high risk for elder abuse, neglect, and various forms of exploitation because of living in isolation and fear of the discrimination they could encounter in mainstream aging settings.”<sup>16</sup>

## RESEARCH FINDINGS ON *Issues Affecting Help Seeking*

- In growing up in a homophobic or transphobic environment, some LGBT elders may go to extraordinary measures to **hide their sexual orientation**. There may be such significant stigma for these elders that they will not label themselves. This may affect an abuse victims willingness to seek help, out of fear of needing to “out” themselves to authorities and face possible hostility. This may also affect their desire to enlist home care services out of fear of abuse.<sup>17</sup>
- LGB adults from older generations lived under **severe stigmatization** of their identities. 34% reported concerns that they will need to hide their identify if they need to seek supportive housing. 67% reported fear of neglect, and 60% feared verbal and physical harassment. 52% believed they would have been forced to hide their LGBT identity in long-term care settings.<sup>18</sup>
- Victimization because of sexual orientation can lead to internalized homophobia manifested as **guilt or shame**. Victims may come to believe that they are not worthy people and deserve loneliness, poor living conditions, and ill health. They may not want to seek or accept help and are at risk of self-neglect.<sup>19,20</sup>
- For a victim of abuse in a same-sex relationship, it may be difficult to seek help because of the personal, familial, and societal **risks in coming out** as gay or lesbian and as a victim of domestic violence.<sup>21</sup>
- Abusers may use victim fear of homophobia or **threaten to “out”** their victims to others as tools of control.<sup>22</sup>
- Identified barriers from LGBT older adult focus group participants include lack of information about who to call for help, lack of LGBT welcoming housing options and using **denial as a coping strategy**.<sup>23</sup>
- The growing population of LGBT older people is unique having experienced the spectrum of oppressive institutional stigma and discrimination in younger years, and unprecedented social change to understanding and acceptance of LGBT individuals in older adulthood. Still LGBT older adults are largely ignored in gerontology and sexual and gender minority research and by the agencies and stakeholder that serve these groups.<sup>24</sup>



## TIPS FOR WORKING WITH LGBT ELDERS<sup>25,26</sup>

- It is imperative that all who interface with LGBT older adults respect the person's gender identity and gender expression by using the name and pronoun (e.g. he, she, they) used by the older adult, regardless of identity documentation or appearance. When in doubt, ask the older adult what name and/or pronouns they use.
- Connect and build rapport with LGBT older adults by asking about their career/profession, friends, interests and personal effects.
- Listen especially carefully to LGBT older adults input and desires.
- Be aware that not all LGBT couples have legally married or adopted the heteronormative terminology of wife and husband. Use the same terminology used by the older adult (e.g. partner, roommate, friend, spouse) when referring to the other member of the couple. Ask the older adult if the partner, roommate, or friend can be counted on to provide care or financial assistance to them. Keep in mind that a large age gap between partners in a LGBT couple doesn't necessarily imply an exploitative relationship.
- Be prepared to connect the person to community resources for LGBT older adults should they so desire (e.g. LGBT community groups, hotlines, counseling services).
- LGBT older adults may have close networks of friends that may serve as a protective factor. Be open to expanding definitions of family caregivers and including people identified by the older adult in any support meetings.
- Be aware that intimate partner violence is at least as frequent among LGBT couples as heterosexual and cisgender couples. Be familiar with some of the unique ways in which LGBT identity and culture can be weaponized against an LGBT partner.

### **A Call to Action**

“More research is needed to determine the extent of LGBT elder abuse in its various forms, by individual partners, caregivers, and family members, and by institutions. Much more action is required to address it through appropriate initiatives, such as targeted training for health and social service providers and police, and the adaptation of policies and procedures to make elder abuse services more LGBT friendly. **It is essential that LGBT individuals, communities, and organizations be regarded as essential partners in processes of institutional change, and that their voices are heard, recognized and celebrated.**”<sup>27</sup>



“Service providers can help and be involved in identifying and treating abuse. Notable improvements can include: Interviewing older adults alone, being persistent in asking about their home life, believing older adults when they do report, and treating the mental illnesses of perpetrators. In addition, using systems already in place to improve medical care, such as using a morbidity and mortality review format for complaints or incidents of discrimination in healthcare.”<sup>28</sup>

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