

The Invisible Population

Lesbian, Gay, Bisexual, Transgender Elderly Adults



LGBT Seniors

Have a history of purposely not revealing their identities to healthcare and social services professionals due to fear of discrimination.

(Brotman, Ryan, & Cormier, 2003; Czaja et al., 2016; [Gratwick, Jhanian, Holloway Sanchez, & Sullivan, 2014](#); [Kimmel, 2014](#); [Orel, 2004](#); Smith, McCaslin, Chang, Martinez, & McGrew, 2010).

Learning Objectives

- ◆ Recognize four issues that may be unique to the LGBT aging experience.
- ◆ Identify four historical considerations that may contribute to the reluctance of LGBT elderly adults to be open about their identity.
- ◆ Describe ways occupational therapists can demonstrate compassionate care for LGBT elderly adults.

LGBT Seniors

- ◆ 3 million older adults identify as LGBT (Farmer & Yancu, 2015).
- ◆ 1 in 5 LGBT seniors do not disclose their sexual identity to their primary care doctor (Fredriksen-Goldsen et al., 2011).

Why secrecy?

LGBT Seniors: Why Secrecy?

- ◆ **Client Factors:** What beliefs reside in LGBT seniors regarding greater society, especially health care and social services providers?
- ◆ **Environment:** What environment has shaped the relationship of LGBT clients with health care and social services providers?
- ◆ **Cultural Context:** What expectations are accepted by LGBT seniors?

Occupational Therapy Practice Framework, 3rd Edition (AOTA, 2014)

LGBT Seniors: Why Secrecy?

Occupations

- ◆ Health management and maintenance
- ◆ Home establishment and management
- ◆ Retirement preparation and adjustment

Occupational Therapy Practice Framework, 3rd Edition (AOTA, 2014)

Generational Differences

Historical Context is key to understanding the LGBT client's perspective and fears.

- Baby Boom Generation, 1946-1964.
- The Silent Generation, 1925-1945.
- The Greatest Generation, 1901-1924 (Silverstein, 2009).

Generational Differences

Today's elderly LGBT adults came of age in a time when LGBT individuals:

- ◆ Could be arrested and charged with a crime.
- ◆ Were widely viewed as immoral, sinful, and mentally ill.
- ◆ Quickly learned as children and young adults to conceal or deny their sexuality.
- ◆ Were forced to conform to heterosexual norms to have societal acceptance (Farmer & Yancu, 2015).



LGBT Seniors and Identity Preservation

- ◆ Worry about the need to give up their identity to peacefully and safely live in long-term care.
- ◆ Worry that the amount of energy it takes to assess risk and manage discrimination will be too taxing in old age.
- ◆ Worry they will not have capacity to advocate for themselves or their loved ones.

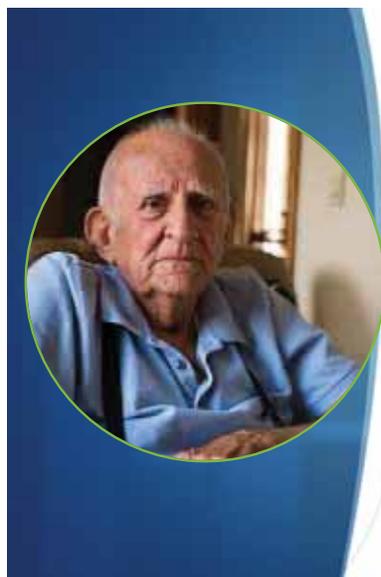
LGBT Aging Vs. Heterosexual Aging

Differences in Experiences



Unique Challenges: Fear and Anxiety

- LGBT seniors have a need for services, like many seniors, but are also burdened with an anxiety of reaching out in fear of discrimination or even abuse.
- Some may experience renewed or relived trauma (Smith et al., 2010).



Unique Challenges: Delayed Care

LGBT seniors may be in a more deconditioned state once care services are finally initiated (Brotman et al., 2003)



Unique Challenges: Less Support

- May not have children and grandchildren of their own to turn to (Czaja et al., 2016; Fredriksen-Goldsen et al., 2013; Kimmel, 2014; Orel, 2004; Smith et al., 2010);
- Four times more likely to be childless (Farmer & Yancu, 2015).
- Twice as likely to be living alone (Farmer & Yancu, 2015).
- May rely on “families of choice” (Chapman et al., 2012; Farmer & Yancu, 2015)



Unique Challenges: Healthcare Inequities

LGBT seniors are at greater risk of disability, poverty, isolation, and mental health issues compared to heterosexual seniors ([Gratwick et al., 2014](#))

Our Duty as Clinicians

Occupational Therapy Code of Ethics (AOTA, 2015)

- ◆ **Beneficence** (Principle 1): Clinicians must demonstrate concern for the safety and well-being of clients, which includes preventing harm and defending their rights.
- ◆ **Justice** (Principle 4): Clinicians must demonstrate objectivity and fairness in delivering services and ensure all clients have equitable opportunities.
- ◆ **Fidelity** (Principle 6): Clinicians shall treat all clients with fairness, respect, integrity, and discretion.

Historical Overview

The LGBT Experience



Historical Overview

- ◆ Homosexuality classified as a mental illness by the American Psychiatric Association until 1973.
- ◆ Classifying homosexuality as a mental illness was used to justify federal and state laws barring gays and lesbians from employment and serving in the military.
- ◆ Homosexuality was a condition that was “cured” through psychotherapy, hormone treatment, castration, and electroshock (Kite & Bryant-Lees, 2016).



Phyllis Lyon and Del Martin

- Founded the first lesbian civil rights organization in the United States, Daughters of Bilitis, in 1955.
- “Sexuality was not talked about in those days, let alone homosexuality. I didn’t find out about lesbians until I met Del in 1950. I knew vaguely there were such things as male homosexuals, but that was about it.”

-- Phyllis Lyon
(Kite & Bryant-Lees, 2016)

Special to THE OUTPOST
The Outpost, May 20, 1950;
Original Newspaper: The New York Times (1852)

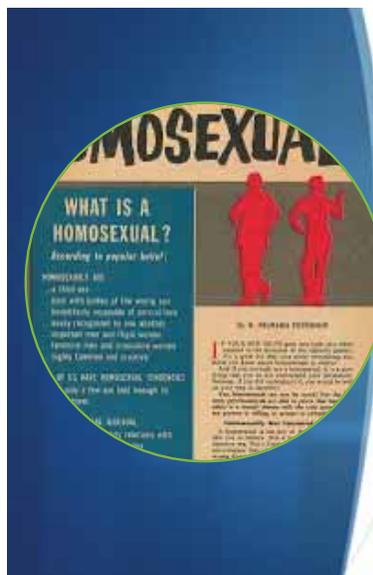
**INQUIRY BY SENATE
ON PERVERTS ASKED**

Hill and Wherry Study Hears
There Are 3,500 Deviates in
Government Agencies

WILLIAM S. W...

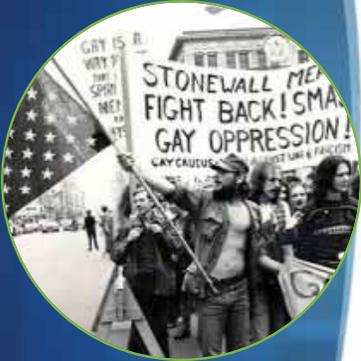
Antigay Hysteria, 1950s

- U.S. politicians found a new enemy along with communists: LGBT individuals, who were called “perverts” or “deviates.”
- LGBT individuals employed in government were said to be willing spies for Communist enemies.
- “Sexual perversion” became grounds for termination from government employment, including the military (Miller, 1995).



Antigay Hysteria, 1950s

- FBI gathered information on government employees and potential employees.
- Compiled lists of gay bars and individuals arrested on morals charges by local police.
- U.S. Post Office, until 1966, compiled lists of those who received physique magazines (Miller, 1995).
- Gay “witch-hunting” or “queer-baiting” acceptable practice (Miller, 1995).



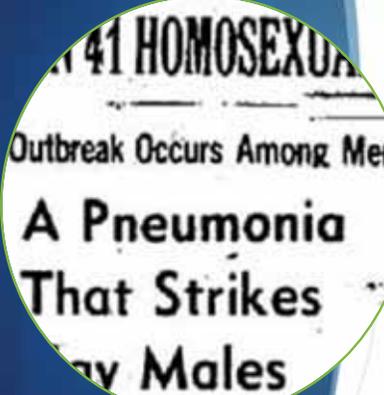
The Stonewall Riots, New York City, 1969

- In response to police brutality and harassment, LGBT patrons at the Stonewall Inn rioted in the streets.
- The riots sparked political organization in the community and the founding of the Gay Liberation Front.
- The last of the great 1960s revolutions (Miller, 1995).



The AIDS Epidemic, 1980s

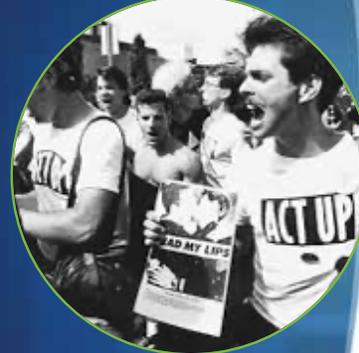
- Acquired Immunodeficiency Syndrome (AIDS) poorly understood in the early 1980s.
- Infected individuals faced a death sentence.
- Hospitals viewed AIDS patients as a financial and public relations threat.
- Hospitals did not want to be viewed as "AIDS hospitals."
(Volberding, 2017)



The AIDS Epidemic, 1980s

- Out of necessity, Gay Men's Health Crisis (GMHC) formed in New York City in 1982.
- With no city financing, GMHC became the sole provider of direct services for individuals affected by AIDS.
- Governmental leaders continued to stay silent in response to the AIDS epidemic.

(Volberding, 2017)



AIDS Coalition to Unleash Power (ACT UP)

- Founded in 1987 to force change.
- Became known for disruptive public displays, such as blocking Wall Street and the New York Stock Exchange with "die-ins."
- Pivotal in forcing new drug trials and speeding up the FDA's drug approval process.
(Volberding, 2017)

AIDS Coalition to Unleash Power (ACT UP)

- The LGBT community had nothing to lose in challenging the medical and political communities.
- ACT UP key in developing AIDS treatment guidelines for the medical community.
- “Silence = Death”
(Volberding, 2017)



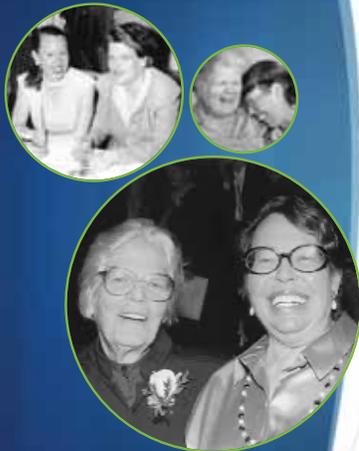
Recent Landmark Advances in LGBT Civil Rights

- ◆ Lawrence v. Texas in 2003 invalidated remaining sodomy laws in the United States that criminalized same sex sexual activity.
- ◆ Obergefell v. Hodges in 2015 assured marriage rights between same sex couples in U.S. states and territories.

In 2001, 65 percent of U.S. citizens opposed same sex marriage. By 2015, that number had dropped to 39 percent (Kite & Bryant-Lees, 2016).

Phyllis Lyon and Del Martin

In 2008, 58 years after they first met, Phyllis and Del became the first same sex couple to legally marry in California when the state supreme court legalized same sex marriage.



Continued Challenges & Discrimination

- ◆ 34 percent of Americans categorize gay and lesbian behavior as “morally wrong” (Kite & Bryant-Lees, 2016).
- ◆ 34 percent of LGBT physicians report witnessing discriminatory care of an LGBT client (Sabin et al., 2015).
- ◆ Preference for heterosexual patients over LGBT patients is pervasive among healthcare providers, especially among male heterosexual healthcare providers (Sabin et al., 2015).
- ◆ Of all health care providers, practitioners in mental health held the weakest preference for heterosexual patients, while nurses expressed the strongest preference for heterosexual patients (Sabin et al., 2015).



Prejudice and Barriers to Care “Prevalent” for LGBT

May include:

- Refusing to treat based upon sexual orientation or HIV status.
- Unnecessary physical roughness or abuse.
- Lack of touching or using excessive precautions.
- Harsh language.
- Blaming the patient for their health condition (Farmer & Yancu, 2015).

Compassionate Care

Practical Steps to Improve LGBT Senior Care



Compassionate Care

Eliminate heterosexist assumptions regarding elders.

- ◆ Lack of self-disclosure by LGBT seniors perpetuates the misconception that all older adults are heterosexual (Jackson, 2000; Kimmel, 2014; Orel, 2004). Clinicians should not assume all clients are heterosexual.
- ◆ Be sensitive to other individuals living with the client and the nature of the relationships.
- ◆ Ask the client who they would like included as part of caregiver or family education.

Compassionate Care

Encourage sensitivity trainings for health care and social service providers.

- ◆ Education regarding LGBT individuals in combination with group contact reduces sexual prejudice (Sabin et al., 2015).
- ◆ Fenway Health and Health Professionals Advancing LGBT Equality provides free cultural competency training to health care providers.
- ◆ “Creating Safe Spaces for LGBT Seniors” offered by the Los Angeles LGBT Center.

Compassionate Care

Update assessment tools and use inclusive language.

- ◆ Include the word “partner” or “significant other” as an option for relationship status.
- ◆ Use “spouse” rather than “husband” or “wife.”
- ◆ Include “transgender” as an additional option for “male” or “female” (Gay and Lesbian Medical Association, 2006).

Compassionate Care

Update assessment tools and use inclusive language.

- ◆ Allow the client to lead and use the same language they use to describe themselves and loved ones.
- ◆ Be honest and explain inexperience treating LGBT clients but willingness to learn more.
- ◆ Honesty will set the current encounter apart from negative experiences a client may have had in the past (Gay and Lesbian Medical Association, 2006).

Compassionate Care

Develop outreach programs that cater to LGBT seniors.

- ◆ LGBT elders do not feel they would be welcome in LTC, SNF, senior centers, or retirement communities (Orel, 2004; Smith et al., 2010).
- ◆ Residential facilities designed for LGBT seniors expand social networks and sense of community (Sullivan, 2014).

Compassionate Care

Create a welcoming LGBT environment.

- ◆ LGBT clients may scan environments for welcoming symbols.
- ◆ Post a rainbow flag or other LGBT friendly symbols.
- ◆ Include same sex couples and transgender individuals in marketing materials (Gay and Lesbian Medical Association, 2006).

Compassionate Care

Create a welcoming LGBT environment.

- ◆ Post a non-discrimination statement that includes sexual orientation and gender identity.
- ◆ Acknowledge important yearly events, including LGBT Pride Day and World AIDS Day.
- ◆ Have a least one gender-neutral “restroom” in your facility (Gay and Lesbian Medical Association, 2006).



Resource:

The National Resource Center on LGBT Aging

Provides cultural competency training, technical assistance, and educational resources to individuals and health care and social services providers.

<https://www.lgbtagingcenter.org/index.cfm>

The Invisible Population

Conclusion

LGBT Elderly Adults

Today's LGBT elders grew up in a time when being LGBT was:

- ◆ Criminal under sodomy laws;
- ◆ Classified as a mental illness;
- ◆ Widely considered “immoral” and “perverse”;
- ◆ Grounds for employment termination;

LGBT Elderly Adults

Compared to their heterosexual counterparts, LGBT elders:

- ◆ Express fear and anxiety about discussing their personal lives;
- ◆ Delay needed medical care longer than other seniors;
- ◆ May have less reliable support networks;
- ◆ Are at greater risk of health care inequities.

LGBT Elderly Adults

Occupational therapists and other health care providers can support compassionate care by:

- ◆ **Eliminating heterosexist assumptions regarding elders.**
- ◆ **Participating in sensitivity trainings for health care and social service providers.**
- ◆ **Updating assessment tools and using inclusive language.**
- ◆ **Creating a welcoming LGBT environment in our clinics.**



LGBT Elders:

Deserve
Compassionate
Care Just Like All
Seniors

Thank You

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