

Diversity in older age – Older Lesbian, Gay and Bi-sexual people and Older Transgender people

Lesbian, Gay, Bisexual and Trans* (LGBT) older people

Background

Lesbian, Gay, Bisexual and Trans* individuals, both throughout life and in older age, are often grouped together (LGBT) but actually form a diverse and heterogeneous group with varied and disparate needs.

While the terms ‘lesbian’ and ‘gay man’ may suggest a clear sexual orientation, in reality sexuality can be much more fluid in individual lives.¹

Trans* (T*), which does not indicate sexual orientation, is an umbrella term which is increasingly employed to cover the gender identity spectrum including (but not limited to) transgender, transsexual, transvestite, genderqueer, gender-fluid, non-binary, genderless, agender, non-gendered, third gender, two-spirit and bigender.¹

Quite separately, *Intersex* is the presence of intermediate or atypical combinations of physical features that are usually seen to distinguish female from male.²

It has been argued that the experiences of older LGBT individuals in the UK has been tempered by growing up in a period when homosexuality was illegal, or only recently legalised and, along with transgender, was classified as a form of ‘mental illness’.³ None-the-less, many of the concerns of the older LGBT population are the same as for all other older people namely adequate income, good health and access to decent transport.⁴

Lesbian, Gay and Bisexual older people

Demographics

Relatively little is known, with any certainty, about the demographic composition of the LGB population in the United Kingdom. No question on sexual orientation was included in the 2011 census and most surveys of this population are purposive, self-selecting or convenience samples from which results cannot be readily generalised⁵. One survey, the 2007 Citizenship Survey (England and Wales) indicated that the gay and lesbian population are more likely to be educated to degree level or above (51%) when compared with the heterosexual population (37%) and, on average, have much higher incomes and partners incomes.⁵

¹ Westwood S and Price E (eds) (2016) *Lesbian, Gay, Bisexual and Trans* Individuals Living with Dementia: Concepts, Practice and Rights*, Routledge

² Withall L, Alzheimer’s Australia (2014) *Dementia, Transgender and intersex people: Do service providers really know what their needs are?*

³ Musangarimi P (2008) *Older gay, lesbian and bisexual people in the UK: A policy brief*, ILC-UK

⁴ Knocker S (2012) *Perspectives on ageing: lesbians, gay men and bisexuals*, Joseph Rowntree Foundation

⁵ Aspinall P (2009) *Estimating the size and composition of the lesbian, gay and bisexual population in Britain*, EHRC

In the Integrated Household Survey (2014)⁶, overall 1.6% of adults in the UK declared their sexual identity as lesbian, gay or bisexual but this declined steadily with age from 2.6% for those aged 16-24 to 0.6% for people aged 65 and over.[Figure 1]

The reasons for this decline with age are unclear. It may be that an increased prevalence of health issues results in lower life expectancy for the LGB population or it may be predominantly a cohort effect with social pressures causing the current older population to have been less likely to recognise a non-heterosexual persona throughout life.

There are no clear available estimates of life expectancy and healthy life expectancy for the UK LGB population but these communities are more likely to experience health inequalities in areas of public health, with a likely impact on mortality.⁷ The higher prevalence of smoking, alcohol use and drug use and the lower uptake of screening programmes are likely to contribute to an increased risk of preventable ill health.⁷ There is also a body of evidence indicating a high rate of suicide attempts in the LGB population.⁷ Internationally there has been evidence of lower life expectancy in LGB populations, both as a result of HIV/AIDS and more recently from other causes.^{7,8}

Despite this, the Integrated Household survey in 2010, reported that overall, the Gay/Lesbian population of the UK was more likely to self-report as being in good health than the heterosexual population, although bisexual individuals were less likely to report being in good health.⁷ [Table 1]

Table 1 - Integrated Household Survey (2010)

Sexual Orientation	Percentage in good health
Heterosexual	78.8
LGB (Combined Gay/Lesbian and Bisexual)	78.1
Gay/Lesbian	80.4
Bisexual	73.6
Other	72.8

⁶ ONS (2015) *Integrated Household Survey, January to December 2014: Experimental Statistics*

⁷ Williams H et al (2012) *The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document*

⁸ Frisch M and Brønnum-Hansen H (2009) *Mortality Among Men and Women in Same-Sex Marriage: A National Cohort Study of 8333 Danes* American Journal of Public Health, 99 (1)

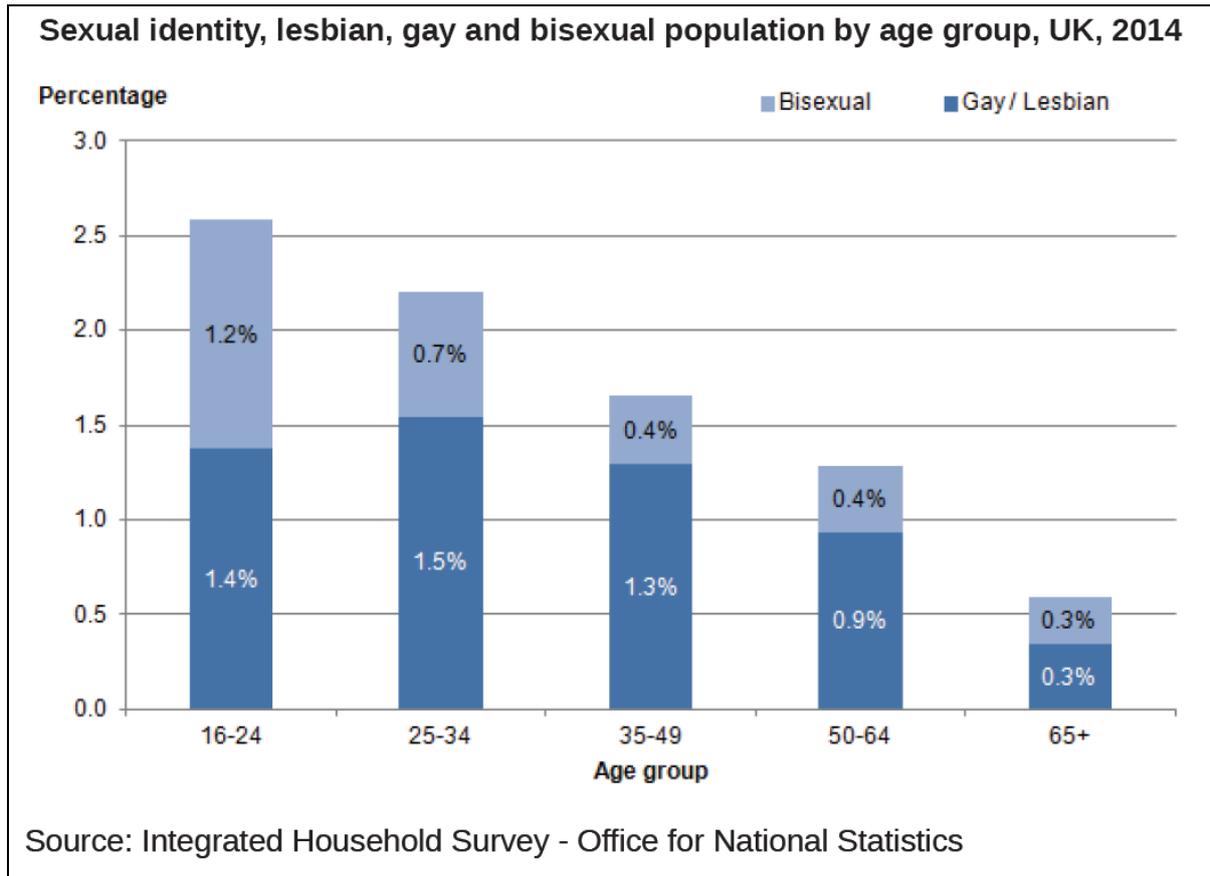


Figure 1

This pattern of a decline in declared non-heterosexual sexuality in older age is confirmed by the National Survey of Sexual Attitudes and Lifestyles (2010-12). In this survey however, the combined percentages within each age group are higher than for the Integrated Household Survey and closer to the 5-7% of the population estimated by Stonewall to be gay or lesbian.⁴ [Figure 2 -Figure 4]

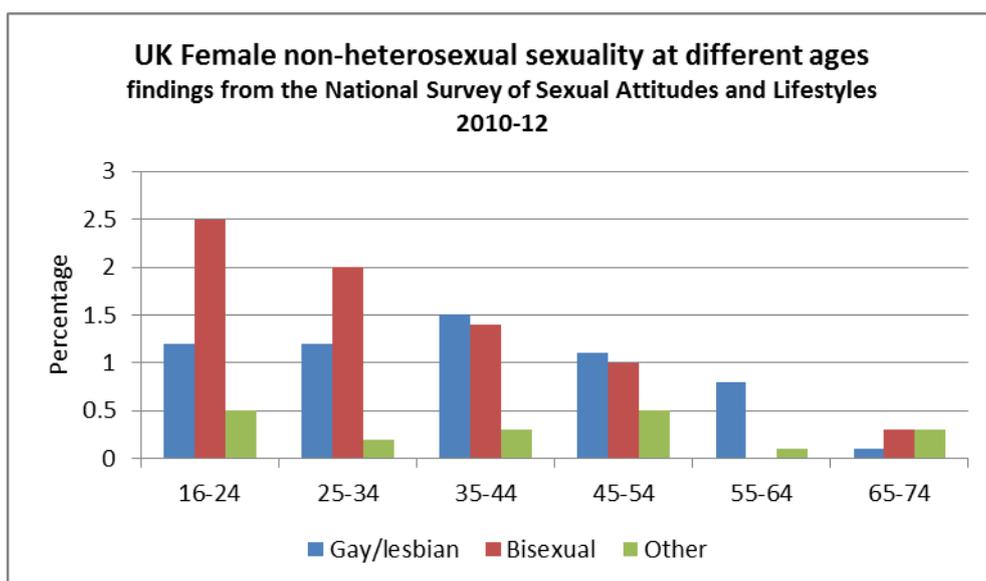


Figure 2

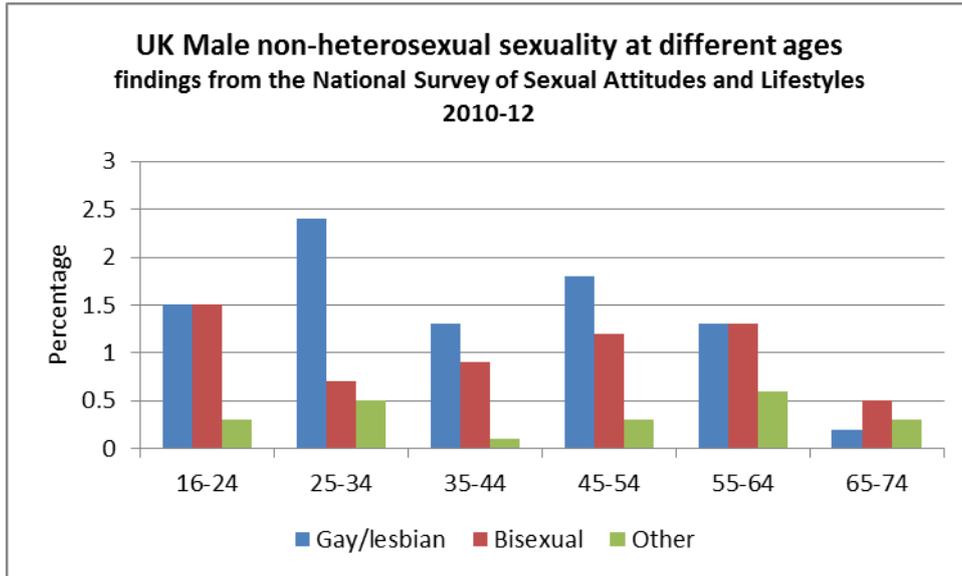


Figure 3

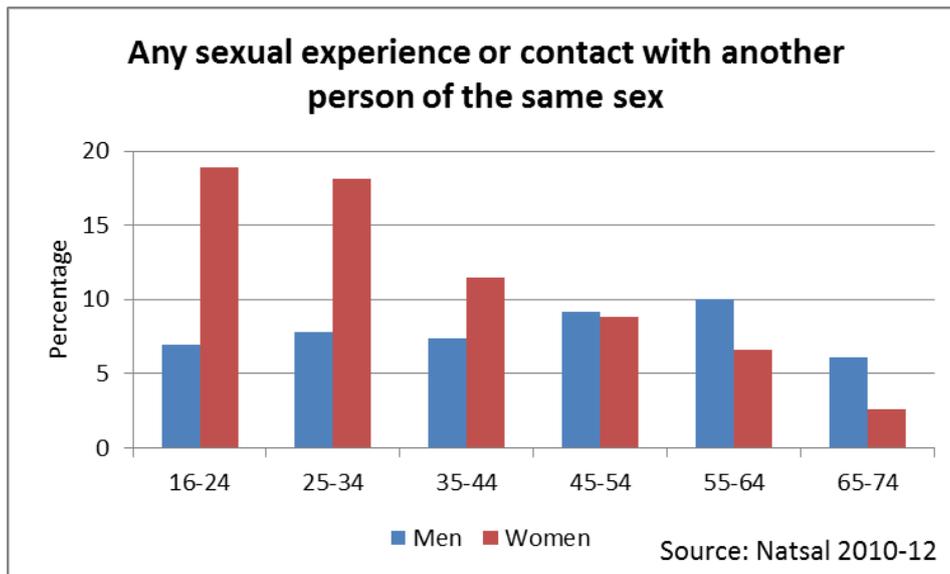


Figure 4

A survey of over 2,000 heterosexual and lesbian, gay and bisexual individuals over the age of 55, commissioned by Stonewall and carried out by YouGov in Britain in October 2010⁹, identified the following key characteristics:

- LGB older people are more likely to be single and live alone, less likely to have children and less likely to see their biological family frequently.
- LGB older people are more likely to drink alcohol, take drugs, have a history of poor mental health with concerns about future mental health and to have been diagnosed with depression.

⁹ Guasp A, Stonewall (2011) *Lesbian, gay and bisexual people in later life*

- Over 60% of LGB older people are not confident social care and support services will understand and meet their needs and over 40% are not confident mental health services will understand and meet their needs but LGB people are more likely to turn to a friend for help when ill. [Table 2]

Table 2 Lesbian, Gay and bisexual people in Later Life (aged 55 and over) survey, Britain, October 2010

Characteristic	LGB	Heterosexual
Single	30% (women) 40% (men)	26% (women) 15% (men)
Live alone	41%	28%
Have children	49% (women) 28% (men)	88% (women) 87% (men)
See family at least once a month	43%	76%
Would turn to a friend if ill and needed help around the home	52% (women) 42% (men)	19% (women) 14% (men)
Never take exercise	13%	28%
Smoker	12% 20% (Social class C2DE)	12% 14% (Social class C2DE)
Drink alcohol 5 or more days per week	19% (women) 35% (men)	15% (women) 25% (men)
Have taken drugs in the last year	9%	2%
Worry about mental health	49%	37%
Diagnosed with anxiety	33% (women) 29% (men)	26% (women) 13% (men)
Diagnosed with depression	40% (women) 34% (men)	33% (women) 17% (men)
Confident in social care and support	39%	49%
Confident in housing services	42%	49%
Confident in mental health services	57%	67%
Confident in health services and GP	83%	87%

This reflects the results of an earlier ‘snowball’ sample of over 2,000 gay and heterosexual men and women of all ages, carried out in England and Wales between 2000 and 2002 which found that gay men and lesbians were more likely than heterosexuals to have consulted a mental health professional, deliberately harmed themselves or used recreational drugs, and that lesbians consume

more alcohol than heterosexual women and were more likely to have experienced verbal and physical intimidation.¹⁰

Relationships, families and communities

As is the case for all older people, support from family and friends is an important aspect of life in older age. Older non-heterosexual individuals are more likely than heterosexuals to have strained relationships, or even be estranged from, their ‘family of origin’.¹¹ Evidence from ‘Understanding Society’ in the UK confirms that older LGB adults have significantly weaker kinship networks than older heterosexual adults with around one third never seeing members of their family.¹²

Many, but not all, say ‘My friends are my family’¹³, establishing a distinct ‘family of choice’. There is often a lasting importance given to friendships and social structures, formed earlier in life against a background of stigmatisation, homophobia and heterosexism.¹⁴

While some would argue that ‘couples’ is an inherently heterosexist concept, most older non-heterosexuals value a ‘couple’ relationship¹¹.

Same sex relationships often place a high value on reciprocity and an ‘egalitarian ideal’ or ‘friendship model’¹¹ and, as non-heterosexual individuals age, the ‘friendship’ aspects of relationships is seen as increasingly important.¹¹

Older non-heterosexuals, particularly men, are more likely than heterosexual individuals to live alone^{9,11}, increasing the relative importance of outside friends and community and perhaps increasing the likely need for formalised social care.

Social isolation and loneliness

The 2016 ELSA study *Connected Communities* found that older LGB people are less likely than heterosexual individuals to have seen a friend on the previous day.²¹ This complements findings from ‘Understanding Society’ that older LGBT adults have weaker kinship networks and, although LGBT people have more friends on average, these friends tend to live further away¹². These factors may indicate an increased potential risk of social isolation and loneliness.

Financial wellbeing in older age

Older LGB people have a higher proportionate representation (2.1%) in managerial and professional social groups,⁶ are more likely than the heterosexual population to have made financial plans for their needs in older age and less likely to see a partner, children or family as a source of financial support.⁹ Lower levels of home ownership for LGB individuals may however mean that they are less likely to have available housing wealth from which to ‘draw down’ in older age.²¹

¹⁰ King et al (2003) *Mental health and quality of life of gay men and lesbians in England and Wales*

¹¹ Heaphy B, Yip A and Thompson D (2004) *Ageing in a non-heterosexual context*, *Ageing and Society* 24 (6) 881-902

¹² Green M (2016) *Do the companionship and community networks of older LGBT adults compensate for weaker kinship networks?* *Quality in Ageing and Older Adults*, 17(1) 36 - 49

¹³ Westwood S (2013) *‘My Friends are my Family’: an argument about the limitations of contemporary law’s recognition of relationships in later life*, *Journal of Social Welfare and Family Law* 35 (3) 347-363

¹⁴ Traies J (2015) *Old lesbians in the UK: Community and friendship*, *Journal of Lesbian Studies*, 19(1) 35-49

Physical and mental health

There are indications that older LGB individuals experience significantly poorer health outcomes than the heterosexual population. A large US survey of over 96,000 participants, the 2003–2010 ‘Washington State Behavioral Risk Factor Surveillance System on health outcomes’, found LGB older adults had higher risk of disability, poor mental health, smoking, and excessive drinking than did heterosexuals. Lesbians and bisexual women had higher risk of cardiovascular disease and obesity, and gay and bisexual men had higher risk of poor physical health and living alone than did heterosexuals. Lesbians reported a higher rate of excessive drinking than bisexual women. Bisexual men reported a higher rate of diabetes and a lower rate of being tested for HIV than did gay men. These findings are consistent with the findings of many previous surveys.^{15,16}

HIV and AIDS are becoming increasingly manageable and have changed from being quickly fatal to being long term controllable conditions. In 2013, over one in four (27%) of the estimated 100,000+ people living with HIV in the UK were over the age of 50 and the proportion is growing. [Figure 5] These are predominantly men who have sex with men (MSM).¹⁷

Number of people diagnosed with HIV seen for care by age group: UK, 2004–2013

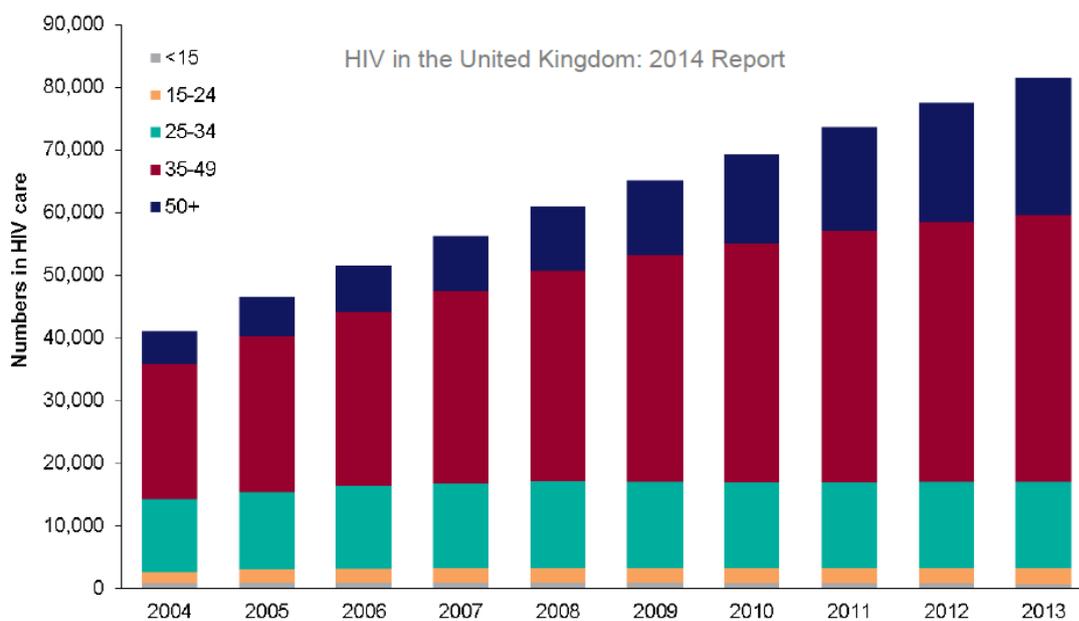


Figure 5

Older lesbian, gay and bisexual people in the UK are more likely to have a history of mental ill health and have more concerns about their mental health in the future. In the UK in 2010, 49% of lesbian, gay and bisexual people were found to worry about their mental health compared to 37% of

¹⁵ Fredriksen-Goldsen K I, Kim H-J, Barkan S E, Muraco A and Hoy-Ellis C P (2013) Health disparities among lesbian, gay, and bisexual older adults: Results from a population-based study., *American Journal of Public Health* 103 (10) : 1802-1809

¹⁶ Addis et al (2009) The health, social care and housing needs of lesbian, gay, bisexual and transgender older people: a review of the literature. *Health and Social Care in the Community* 17(6) 647-658

¹⁷ Public Health England (2014) *HIV in the United Kingdom: 2014 Report*

heterosexual people.¹⁸ Older LGB men are at least twice as likely as heterosexual men to have been diagnosed with anxiety or depression¹⁸ [Table 2].

Bisexual populations have significantly higher levels of distress and mental health difficulties than equivalent heterosexual or lesbian/gay populations.¹⁹

Despite this, on the whole, lesbian, gay and bisexual individuals mostly adjust well to ageing, with mediating influences including self-acceptance and connection with peers. Challenges include ageism and heteronormative health and social care services, but intimate friendships, social support and respectful professionals mitigate such threats and facilitate successful ageing.²⁰

Housing and neighbourhoods

A recent study based on data from the English Longitudinal Study on Ageing (ELSA) found that, while little evidence was uncovered of a link between being LGB and experiencing exclusion from decent housing, public transport or neighbourhood amenities, significant differences were uncovered in levels of home ownership with LGB individuals less likely to be home owners.²¹

LGBT people have heightened concerns about moving into specialist housing.²² Current housing and support services for older people are often not seen as offering LGB people the type of safe, welcoming accommodation and support they need.²³

“What is obvious to us is that it is not bricks and mortar that older LGBT people are concerned with in relation to housing later in life per se, but the social relationships that those structures contain. Housing is a space where social networks, connections, questions of trust and reciprocity converge; in short, a site concerning questions of social capital.”²²

In the UK, mixed or specialist options for LGB older people are rare or non-existent. This has led to older LGB people responding to service marginalisation by beginning to explore ways of doing things for themselves, based on the traditions of mutual support that often exist in LGB communities.²³ Examples include Opening Doors London, hosted by Age UK Camden and the Anchor LGBT group.²³

Although a number of LGBT only housing communities exist and flourish internationally, they may prove more difficult to sustain in the longer-term than mixed, LGBT-friendly housing communities.^{24,28}

¹⁸ Guasp A, Stonewall (2011) *Lesbian, gay & bisexual people in later life*, Stonewall

¹⁹ Barker M, Richards C, Jones R, Bowes-Catton H and Plowman T (2012) *The Bisexuality Report: Bisexual inclusion in LGBT equality and diversity*,

²⁰ McParland J and Camic P M (2016) *Psychosocial factors and ageing in older lesbian, gay and bisexual people: a systematic review of the literature*, Journal of Clinical Nursing

²¹ Kneale D (2016) Connected communities? LGB older people and their risk of exclusion from decent housing and neighbourhoods, *Quality in Ageing and Older Adults* 17 (2) : 107-118

²² King A and Cronin A (2016) Bonds, bridges and ties: applying social capital theory to LGBT people’s housing concerns later in life, *Quality in Ageing and Older Adults* 17(1) 16-25

²³ Carr and Ross (2013) *Assessing current and future housing and support options for older LGB people*.

²⁴ Musingarimi P (2008) Housing issues affecting older gay, lesbian and bisexual people in the UK: A policy brief, ILC-UK

Care and support

As for all older people, when care is required, older LGB people would prefer to be cared for in their own homes. Failing that, they would like an environment that is LGB friendly, in which there may be other LGB individuals, and the possibility of being LGB is fully recognised.^{23,25}

The fear is that care homes may be a heteronormative environment, where heterosexuality is the norm and alternative sexualities are not recognised. An environment in which LGB people are heterosexualised and their sexuality becomes invisible.^{25,26}

Also of concern are issues of confidentiality and the inadvertent or deliberate/threatened, 'outing' of an older LGB person by care staff. Of particular concern are the attitudes of some care workers with deeply held religious convictions.²⁷

There is a call for the provision of LGBT affirmative services that include having robust anti-discriminatory policies, effective complaints procedures, access to internal and external LGBT networks and a zero-tolerance approach to both staff-to-client and client-to-staff discriminatory attitudes and practices.²⁸

Within the care environment a number of practical issues lead to an LGBT-friendly experience including the use of appropriate images in promotional material and the full recognition of LGBT partners and families of choice.²⁹ Practitioners should keep an open mind about social networks and family relations and shouldn't make assumptions about sexual orientation or gender identity. Non-judgemental, relationship-based working is key.³⁰

End-of-life care

End-of-life can be particularly difficult time for older LGB individuals and their friends and carers. Hospital systems often relate to 'next of kin', even where the older LGB person has, for a long time, been estranged from their birth family and developed a 'family of choice'. It is argued that the legal framework in these circumstances is currently inadequate.³¹ As well as the need for the use of appropriate language and the avoidance of heterosexual assumptions in care, there is a need for an awareness that not all older LGB people are 'out' and to avoid the risk, by care staff, of a breach of confidentiality by inadvertently 'outing' an older LGB person.³²

²⁵ Westwood S (2015) 'We see it as being heterosexualised, being put into a care home': gender, sexuality and housing/care preferences among older LGB individuals in the UK, *Health and Social Care in the Community*

²⁶ Willis P, Maegusuku-Hewett T, Raithby M and Miles P (February 2016) Swimming upstream, *Ageing and Society*, vol 36, no 2 : pp 282-306

²⁷ Knocker S (2012) *Perspectives on ageing: lesbians, gay men and bisexuals*, Joseph Rowntree Foundation

²⁸ Ross D S (2016) *Learning from international experiences – developing older LGBT affirmative housing and care options in England*, *Quality in Ageing and Older Adults* 17(1) 60-70

²⁹ Opening Doors London (2014) *Supporting older Lesbian, Gay, Bisexual & Transgender people: A checklist for Social Care providers*

³⁰ SCIE (2011) *Personalisation briefing: Implications for lesbian, gay, bisexual and transgender (LGBT) people*

³¹ Westwood S (2013) 'My Friends are my Family': an argument about the limitations of contemporary law's recognition of relationships in later life, *Journal of Social Welfare and Family Law* 35 (3) : 347-363

³² Fuller A, Turner S, Delacour M (2011) *Open to all?: Meeting the needs of lesbian, gay, bisexual and trans people nearing the end of life*, London: National Council for Palliative Care

Religion and spirituality

LGB members of faith-based communities may experience tensions between their religion and sexuality. This can precipitate a move away from a formal involvement in religious practice to a more private, informal approach. As people grow older however, the conflicts experienced by religious and/or spiritual LGB persons ‘work towards resolution’ and there is European evidence that older people may show higher levels of spiritual wellbeing (religious and existential) and lower levels of concealment concerns, identity uncertainties and internalised homonegativity.³³

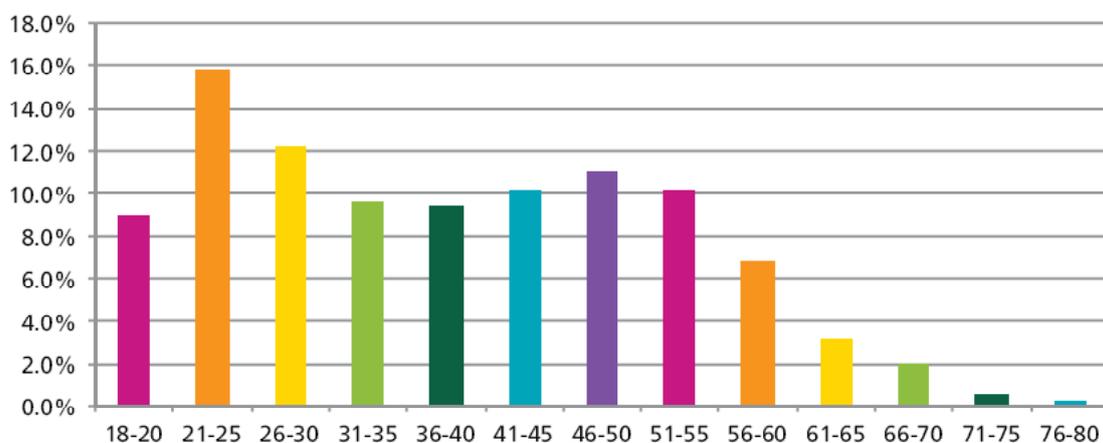
Transgender people in later life

The Gender Identity Research and Education Society estimate that around 1% of the population of the UK may be experiencing some degree of gender variance while 0.2% may, at some stage, undergo transition.^{34,35}

Within the trans* population, a new wave of older people is emerging, some of whom transitioned a number of years ago and some who have decided to transition later in life.³⁶

Over 23% of participants in a recent large scale UK trans mental health study were aged 50 and over. This may be indicative of the presence of a significant older transgender group, although the non-random nature of the sample prevents generalisation about numbers and ages.³⁷

Age distribution of participants in the Trans Mental Health Study 2012



Source: McNeil et al (2012) Trans Mental Health Study 2012

Figure 6

³³ Moliero C, Pinto N and Freire J (2013) Effects of age on spiritual well-being and homonegativity: Religious identity and practices among LGB persons in Portugal, *Journal of Religion, Spirituality and Aging*, 25(2):93-111

³⁴ Reed et al, GIRES (2009) *Gender variance in the UK: Prevalence, incidence, growth and geographic distribution*

³⁵ GIRES (2011) *The number of gender variant people in the UK – Update 2011*

³⁶ Bailey L, *Trans Ageing In Ward R, Rivers I and Sutherland M (eds) Lesbian, Gay, Bisexual and Transgender Ageing: Biographical approaches for inclusive care and support*

³⁷ McNeil et al (2012) *Trans Mental Health Study 2012*

The older trans population faces the issues of poorer physical and mental health, prejudice, a lack of awareness and sensitivity by professionals and increased risk of estrangement from family of origin, faced by the older lesbian, gay and bisexual population. The older trans population however faces additional challenges.

There are indications that transphobia may be stronger than homophobia. A fear of prejudice and transphobia makes older transgender individuals more reluctant to present with medical conditions.³⁶ International studies have shown that transgender older adults are at significantly higher risk of poor physical health and disability and of showing symptoms of depression. This is influenced by a fear of accessing health services, a lack of physical activity, internalised stigma, victimisation and a lack of social support.³⁸

Personal care by nurses and agency home care staff is a particular issue for transgender and intersex older adults. It requires appropriate awareness training for, and sensitivity by, those charged with providing care, who may never previously have encountered an intersex or transgender person.²

Health

As for other LGBT groups, the trans population as a whole has poorer physical and mental health than the general population. Although not broken down by age group, the 2012 Trans Mental Health Study found that 58% had a disability or chronic health condition and 36% identified as having mental health issues.^{37,39} Within the LGBT population, internationally, the older trans population has been shown to have a significantly higher risk of poor physical health, disability and depression than the older LGB population.³⁸

Health care

Although after transition and legal recognition, trans people can change the gender marker on NHS records, this may affect an automatic call to appropriate cancer screening programmes. Other health issues for older trans people include the unknown long-term effects of hormone therapy and the specific long-term effects of individual transition surgery.⁴⁰ Older trans people who have transitioned will have different experiences depending on the age at which the transition took place.⁴³ Trans people who take on transition treatment later in life are at increased risk of complications from pre-existing health conditions.⁴¹

End-of-life care

As in other areas, the issues arising in end-of-life care for LGB older people in general may be different from those for the trans population. For a trans individual it is important to have

³⁸ Fredriksen-Goldsen et al (2014) *Physical and mental health of transgender older adults: an at-risk and underserved population. The Gerontologist 54 (3) 488-500*

³⁹ Varney J (2013) *Minorities within Minorities - the evidence base relating the minority groups within the LGB&T community*

⁴⁰ Bradley J (2014) *Trans Ageing: Future Research Directions*
<http://actionfortranshealth.org.uk/2014/10/23/trans-ageing-future-research-directions/>

⁴¹ BBC News Magazine (October 2015) *The challenges of being transgender and over 60*
<http://www.bbc.co.uk/news/magazine-34454576>

reassurance that one's womanhood or manhood will be respected after death or when incapable of expressing one's wishes.⁴² However, distinct policies and separate services are not what is needed, but instead, the elimination of unconscious assumptions and behaviours. *"Sometimes the smallest omissions leave someone feeling missed and misunderstood"*⁴²

Financial wellbeing

The 2010 Equality Act precludes discrimination against trans people in employment and the provision of goods and services.⁴³ There is however some evidence of a continuing problem.⁴¹

Although older trans individuals are better educated on average than the general population, they are less likely to have been able to maintain employment and more likely to have been self-employed. This has a knock-on effect on pension provision and income levels in later life.³⁶

Many of the practical issues of coping with a transgender identity in later life are covered by the Age UK factsheet *Transgender issues and later life*.⁴³

⁴² Fuller A, Turner S and Delacour M (2011) *Open to all?*, London: National Council for Palliative Care

⁴³ AgeUK (2015) *Factsheet 16: Transgender issues in later life*

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