

LGBT Aging:

A Fact Sheet for Psychologists

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Historical Context

Lesbian, gay, bisexual, and transgender (LGBT) older adults have historically been invisible to most health care providers, including psychologists. Decades of discrimination, criminalization, violence, social stigma, estrangement from family, and unequal treatment at federal state, and local levels fueled invisibility for LGBT older adults. However, invisibility to the outside world did not necessarily result in isolation. Many LGBT older adults created “families of choice.” These social networks offered a solid sense of belonging, resilience, and support.

Over recent decades, there has been a steady increase in social acceptance and legal rights for LGBT individuals in select cities and states. Before the partial overturn of the Defense of Marriage Act (DOMA) in 2013 by the United States Supreme Court, the federal government was not able to recognize legal rights for same sex couples in the same way as for heterosexual couples. Older LGBT couples were unable to fully benefit from federally sponsored aging programs, such as Social Security, which translated into a lack of spousal, survival, and death benefits.

Although groundbreaking, the partial overturn of DOMA is only a start in securing comprehensive LGBT rights¹. Most states still do not recognize same-sex marriage. Even fewer states prohibit discrimination on the basis of gender identity and gender expression, thereby offering no protections for transgender individuals. Without full legal protections, LGBT people are vulnerable to discrimination in the workplace, in health care encounters, in family care giving situations, in national and international travel, and elsewhere. Even where legal protections exist, habits and attitudes take longer to change than do laws.

In summary, significant social and legal changes have prompted increased visibility for LGBT older adults but legal rights are not yet uniform across all states or equivalent across sexual orientation and gender identity areas. Many health and behavioral health providers remain ill-prepared to comprehend and to discuss meaningful topics such as relationships, sexuality, and families of choice with LGBT older adults and their loved ones.

¹ The landscape of LGBT rights is rapidly changing, and psychologists should contact their state LGBT and psychological organizations to learn of current state-specific rights or lack thereof. National organizations, such as Lambda Legal, also offer important information regarding the shared and distinct civil and human rights protections for LGBT individuals.

Recommendations for Psychologists

Psychologists can prepare to provide effective and ethical treatment for the estimated 5-10% of older adults who identify as LGBT. Psychologists may consider how LGBT aging issues are directly or indirectly related to their specialty areas. For example, the child psychologist can be open to learning of LGBT grandparents. The psychologist working with veterans may include families of choice in treatment plans. The organizational psychologist can address workplace climate issues related to LGBT aging. The recommendations below apply to all psychologists.

➤ **Create A Welcoming Environment**

An environment that includes overt and positive LGBT pictures and language on websites, brochures, and in waiting rooms is critical. Intake forms that address variations in sexual orientation, marital/partnership status, and gender identity help to accomplish this goal. Resources for learning about LGBT friendly intake forms are available through the Gay and Lesbian Medical Association and the National Resource Center on LGBT Aging. It is encouraged that all staff and team members will need training.

➤ **Understand Variations in Ages, Cohorts**

Older adults are represented by age span of 50-100+ years. Within this range, there are clear distinctions among the younger-old and the older-old. For example, there are profound differences between the Baby Boomer cohort and those in older cohorts. Consider the differences in gender expression experiences or coming out at age 25 in 1930, at age 25 in 1970, and at age 25 in 2010. Along with shifts in social attitudes and legal rights, language has changed. The term *queer* is affirming now, although may have negative connotations for older adults. The term *homosexual* is much less likely to be used now, yet those adults age 70+ may prefer that phrase. Younger providers may use language common to their cohort and thereby overlook *if and how and when* older adults wish to identify themselves. Providers are encouraged to build trust, ask questions, and recognize disclosure processes are replete with nuances.

➤ **Recognize Complexity of Identities**

An LGBT identity may not be life-long. In the absence of an affirming LGBT community or societal acceptance, some LGBT adults married and raised children with heterosexual partners. At midlife or later, acceptance of an LGBT identity may have become more urgent or possible. LGBT older adults also hold additional identities and minority statuses: age, race, ethnicity, military status, SES, and religion/spiritual orientation. Experience in navigating one stigmatized identity may assist in navigating other minority identities and add to resilience. These intersections are critical to understanding LGBT older adults. Psychologists should *avoid* assumptions about the primacy of any one minority identity and inquire about *options for* garnering support from diverse social networks.

➤ Practice with Health Care Teams

Psychologists are often members of integrated health care teams. This presence is an excellent position from which to advocate for improved health care for LGBT older adults. Across numerous reports and surveys, LGBT older adults report previous negative experiences with health care providers, report fears about health care facilities, and report decisions to delay or avoid health care in general. These reports also note that LGBT individuals experience numerous health and behavioral health disparities. Thus, it is essential to make health care settings LGBT friendly.

Disclosure of LGBT status or identification of partners and “families of choice” may be especially difficult for LGBT older adults given the historical context of invisibility with health care providers. Discussing the rationale for asking such questions as “I want to know who is important to you?” and clearly addressing confidentiality limits is key in developing relationships over time with LGBT older adults.

➤ Make Distinctions Among L-G-B-T

Compromised legal rights and social stigma are shared by all LGBT older adults, yet it is critical to become informed about distinctions *among* each of the four groups. For example, bisexual men and women may feel marginalized by both heterosexual and LGBT communities. Transgender individuals often report experiencing significant bias and discrimination across health care encounters and have fewer legal protections than do LGB people. Older gay men have watched AIDS transform from a fatal to a chronic illness and have outlived many other gay men killed by the HIV/AIDS epidemic. In keeping with gender differences regarding longevity, lesbians are more likely to encounter the hardships associated with long-term care settings and face additional biases. Given the dearth of research about such distinctions, the above comments are offered only as possible areas of practice considerations.

➤ Consult with Peers and Seek Training

Our final recommendation highlights the importance of following the most recent guidelines developed by the American Psychological Association (APA) for working with LGB individuals and guidelines for working with older adults. Of particular note, psychologists are encouraged to read APA’s report on sexual orientation change efforts. Guidelines for working with transgender and gender diverse people are forthcoming from APA. As always, psychologists should consult with peers as questions arise. Empirical research is underway to better understand LGBT older adults. Finally, more continuing education opportunities for psychologists are needed in the area of how to effectively work with LGBT older adults.



Key References

- American Psychological Association. (2011). *Guidelines for psychological practice with lesbian, gay, and bisexual clients*. Washington DC: American Psychological Association. Retrieved from: <<http://www.apa.org/pi/lgbt/resources/guidelines.aspx>>
- American Psychological Association. (2013). *Guidelines for psychological practice with older adults*. Washington DC: American Psychological Association. Retrieved from: <<http://www.apa.org/practice/guidelines/older-adults.aspx>>
- American Psychological Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). *Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Washington, DC: American Psychological Association. Retrieved from: <<http://www.apa.org/pi/lgbt/resources/sexual-orientation.aspx>>
- De Vries, B. and Herdt, G. (2012). Aging in the gay community. In T. M. Witten & A. E. Eyler (Eds), *Gay, lesbian, bisexual, and transgender aging* (pp 84–129). Baltimore, MD: Johns Hopkins University Press.
- Fredriksen-Goldsen, K. I., Kim, H. J., and Emlen, C. A. et al. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*. Seattle, WA: LGBT National Health and Aging Center. Retrieved from: <<http://depts.washington.edu/agepride/wordpress/wp-content/uploads/2012/10/Full-report10-25-12.pdf>>
- Institute of Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. National Academy of Sciences, Washington DC. Retrieved from: <<http://www.iom.edu/lgbthealth>>
- Kimmel, D., Rose, T., and David, S. (Eds.). (2006). *Lesbian, gay, bisexual, and transgender aging: Research and clinical perspectives*. New York: Columbia University Press.
- San Francisco Human Rights Commission. (March, 2011). *Bisexual invisibility: Impacts and recommendations*. San Francisco, CA: Author. Retrieved from: <<http://www.sfgov.org/sfhumanrights>>

Organizations Addressing LGBT Aging

APA: Division 44 Committee on Aging

<http://www.apadivisions.org/division-44/leadership/committees/index.aspx>

APA: Office of Sexual Orientation and Gender Diversity

<http://www.apa.org/pi/lgbt/resources/aging.aspx>

Gay and Lesbian Medical Association

<http://www.glma.org/>

Lambda Legal

<http://www.lambdalegal.org/search/node/aging>

National Resource Center on LGBT Aging

<http://www.lgbtagingcenter.org/>

Services and Advocacy for GLBT Elders

<http://www.sageusa.org/>

World Professional Organization for Transgender Health

www.wpath.org