

LGBT Elder Abuse: An Invisible Problem within an Invisible Community

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The statistics on elder abuse are staggering. Each year, at least 5 million older Americans are abused, neglected, and exploited, and these numbers will likely rise with the continuous, rapid growth of the aged 65 and older population. However, elders do not experience abuse in a vacuum. The elder community, like the rest of the nation, is a diverse one, and factors like gender, race, class, ethnicity, and sexual orientation are critical to experiences of elder abuse as well as to experiences of aging generally. While elder abuse is one of the most serious and unacknowledged problems for all seniors in America, this is especially true for lesbian, gay, bisexual, and transgender (LGBT) elders, who often age invisibly and in isolation. Thus, part of our work here at the Elder Abuse Prevention Project has been exploring the intersection of sexual orientation, gender identity, and age in the context of elder abuse and identifying the unique risk factors and barriers to help facing LGBT elders.

The LGBT rights movement has undoubtedly advanced and gained visibility in recent years, but many LGBT elders still spend their last years alone, closeted, and scared. It's estimated that there are about 1.5 million LGBT adults aged 65 or older in the United States today, and most of these elders came of age at a time when LGBT people faced stigma, discrimination, and rejection in all areas of life. Being LGBT subjected a person to potential arrest, mental institutionalization, and estrangement from friends, families, and religious communities. This history of legally, medically, and socially-sanctioned discrimination has had profound and lasting effects.

Self-Neglect

While LGBT elders experience all forms of elder abuse, unique risk factors and barriers to help render them particularly vulnerable to self-neglect and institutional abuse. Self-neglect, considered a form of elder abuse in Massachusetts, occurs when an elder fails to access or puts at risk one or more necessities of life such as food, shelter, and medical care. LGBT elders are at high risk of self-neglecting because of factors such as social isolation, fear of discrimination, and internalized homophobia and/or transphobia.

Many LGBT elders age in isolation, without children or a family support system. Often they don't feel comfortable with traditional aging and healthcare services or in the LGBT community at large. For those LGBT seniors who have been rejected by their families or alienated by their communities, there is a heavy belief in self-reliance and mistrust of others. This, coupled with fears of anti-LGBT bias and discrimination from caretakers or service providers, makes LGBT elders far less likely to seek out or accept the help that they so often need.

Lastly, and perhaps most tragically, many LGBT elders self-neglect because of internalized homophobia and/or transphobia. Again, these elders lived during a time when families, the medical community, and the legal system rejected and discriminated against them based on the belief that being LGBT was abnormal, a mental disorder, or illegal. Many LGBT

elders have internalized these beliefs and think they are somehow unworthy or undeserving of help.

Institutional Abuse

Despite the tendency to avoid seeking help, LGBT elders often still end up in institutional care settings and therefore are also at high risk of institutional abuse. Many LGBT elders do not have traditional support systems for caregiving and thus are increasingly reliant on nursing homes and other institutions for long-term care. Institutional abuse takes various forms, ranging from ignorance and intolerance to outright hostility. Commonly, for example, staff members treat all elders as straight or refuse to use the preferred names or pronouns of transgender residents.

While LGBT elders in some institutional settings are simply invisible or ignored, others face open disapproval and harassment, such as in one nursing home where staff members condemned homosexuality as “gross” and grew angry whenever they discovered a resident was LGBT. In another nursing home, staff members refused to bathe an LGBT elder because they did not want to touch “the Lesbian.” Elsewhere, aides at a healthcare facility insisted on wearing gloves before opening room doors or making the beds of LGBT patients despite evidence of patients’ HIV-negative status. Faced with wide-ranging abuse and neglect, LGBT elders often remain closeted in institutional care settings and live in fear of discrimination. Sadly, many LGBT elders who previously left the closet return to it once they need help from outsiders or strangers for long-term care.

LGBT elders also experience institutional abuse at the hands of heteronormative policies and procedures. Heteronormativity is the assumption that heterosexuality is normal, desirable, and expected, and this belief is inherent in our social, institutional, and legal practices. In a heteronormative culture, all people, including elders, are presumed to be straight and to exist within the bounds of the gender binary. Policies and practices favor straight people and straight relationships, while ignoring and sometimes stigmatizing sexual and gender minorities.

Many service providers operate on such heteronormative premises, and their practices reflect this. Intake procedures usually do not ask basic questions about sexual orientation or gender identity, so LGBT elders are often closeted as they begin care whether they wish to be or not. Further, while nursing homes allow opposite sex couples and related persons to live together in one unit, many nursing homes do not allow same sex couples or non-related persons to share a room or even live together. Other practices are more outwardly discriminatory; some nursing homes prohibit same sex partners from visiting their resident partners at all. Different homes, while allowing same-sex partners to visit, do not afford these couples the same private spaces for conjugal visits that are offered to opposite sex couples.

So what can be done?

Cultural Competence

Anyone who works with and cares about LGBT elders can utilize specific engagement strategies to break through the barriers to seeking help. To combat LGBT elder abuse, it is critical to identify how and why LGBT elders are at greater risk of abuse. This requires that

providers be culturally aware and sensitive to the needs of LGBT elders. Providers and staff must undergo training about the experiences of LGBT elders and the unique challenges they face. Such training must be more than a review of today's LGBT rights issues. Staff members must understand the profound effects that a history of pervasive discrimination has had on LGBT elders. This means understanding that LGBT elders are less likely to have traditional support systems, that they often are closeted or decide to stay closeted when dealing with health and aging service providers, and that fears of anti-LGBT bias and discrimination make living a constant struggle.

At the most basic level, all helpers must recognize that LGBT elders exist. Don't assume every elder you meet is straight. Use intake procedures that have simple demographic questions about sexual orientation and gender identity. Foster relationships at the outset with LGBT elders so as to enable them to discuss and access needed assistance, as well as address any potential abuse issues.

Additionally, service providers must self-evaluate to identify where and how they ignore and/or fail to protect LGBT elders. Comb through policies and practices for evidence of heteronormative assumptions and amend them. Draft anti-discrimination policies that take a clear stand against abuse of LGBT elders by staff members and by fellow residents. In fact, draft policies that condemn abuse and protect all marginalized groups of elders by specifically prohibiting discrimination based on not only sexual orientation and gender identity, but also race, class, and ethnicity.

Lastly, providers must learn to value the diverse experiences of LGBT elders. Conduct outreach that is marketed toward LGBT elders. Display a rainbow flag in a common room. Encourage LGBT elders to tell their stories. Don't silence them. Such proactive measures and comprehensive training will help change the ways in which LGBT elders want to and are able to access services and interact with providers, making them less vulnerable to abuse and more likely to age with the dignity they deserve.

Elder abuse is a complex and serious issue, particularly when it involves groups who are already marginalized, such as LGBT elders. However, the diversity of LGBT elders' experiences with elder abuse and with aging generally goes beyond sexual orientation and gender identity and touches upon race, class, and ethnicity as well. The LGBT community, like the elder community, is not uniform. LGBT elders who are poor or who belong to racial and ethnic minorities have different experiences from those who are not. We cannot truly understand and better the experiences of LGBT elders, and of all elders for that matter, without considering other forces of inequality.

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