

Unique challenges faced by the LGBT community as they age

Lesbian, gay, bisexual, and transgender (LGBT) older adults are often described as an “invisible” or “hidden” segment of the aging population (Brotman, Ryan, & Cormier, 2003; de Vries & Blando, 2004; Jenkins Morales et al., in press). This invisibility is multiply determined and derives from both stigma and neglect (as reported across the array of mental and physical health settings, National Senior Citizen’s Law Center, 2011) as well as concealment or being “in the closet” (an understandable response to having endured being labeled as anti-family and immoral by religious groups and a security risk or morale threat by military leaders, e.g., Kochman, 1997). Croghan et al (in press) note that a consequence of this invisibility is disregard for the needs of LGBT older adults, which are both different and more numerous than among the general population, as noted below.

Owing to this stigma and discrimination, changing norms and a variety of other social conditions, estimates of the prevalence of LGBT persons in general, and older persons in particular, vary widely. Among the best estimates (from General Social Surveys and other such efforts), are that about 4 to 6 percent of the adult population identify as LGBT (Gates & Newport, 2013; Institute of Medicine, 2011; MetLife, 2010).

Research has begun to explore the lives of these disfranchised older adults

almost half of a large sample of community-dwelling older LGBT persons reported a disability (Fredriksen-Goldsen et al., 2011).

These many serious and life-limiting health conditions are exacerbated by the demographic characteristics referenced above, reflecting a potential isolation with direct and important caregiving implications. That is, much research reveals a heteronormative pattern of support seeking (e.g., the Hierarchical Compensatory Model, Cantor & Mayor, 1978): care is both expected and first sought from spouses, then adult children or other family, then more distant kin and friends, followed by formal organizations and services. Substantial research notes the suspicion and fear with which older LGBT adults approach formal (health care) institutions (National Senior Citizens Law Center, 2011) and consequently delay seeking formal care (MetLife, 2010). Conversations about care are rare but are largely family-centered. By virtue of the demographics reported above, and all that flows into and from these characteristics, LGBT persons are less likely/able to turn to kin for support and are even less likely to have conversations about care; less than half of a national sample of LGBT boomers had completed advance directives (MetLife, 2010). Friends are both more prominent and influential in the lives of LGB

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