



Social Work and Social Policies for LGBTI+ Elders

LGBTI+ Elders and Social Policies Meeting

Final Report

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Introduction

In the changing world conditions, it is gaining importance to consider aging and being LGBTI+ in an intersectional context in social work practices and when developing social policies. In this context, needs of LGBTI+ elders have been put on the agenda based on the literature of the field in order to make good social work practices and social policy suggestions for elderly LGBTI+s more understandable in the scope of this report. As a result, at first, international studies addressing the needs of elderly LGBTI+ people and, secondly, how the centers established to meet these needs across the world work and what their policies are will be discussed in the report.

Conceptual Framework

As a general trend across the world, age and aging terms are discussed within health sciences and psychological contexts due to their medicalized references. However, with the effect of current studies, the term of elderliness has also been discussed in sociology field for the last 40 years. When elderliness is addressed in sociological studies, these are the most common facts and terms mentioned: changes in social statuses of individuals in the

lights of their aging experiences, changing meanings of elderliness in accordance with individual's social identities, discrimination and exclusion practices like ageism that they are exposed to, and institutionalization practices towards biological/ psychosocial well-being of elders. In the lights of those, key notions in the field of aging and elderliness are listed as follows:

- *Social isolation*
- *Health and care services*
- *Dementia*
- *Retirement and insurance systems*
- *Social networks*
- *Civil rights*

Although general framework of elderliness is shaped through those notions, such frame itself can be stereotypical and generic about the situations and experiences of aging and elderliness. At that point, considering elderliness and LGBTI+ together in the literature, cultural-critical frameworks such as queer gerontology or feminist gerontology can be adopted. On the other hand, when literature is reviewed quantitatively, it can be seen that articles on aging/ elderliness of LGBTI+s are only 2% of all aging studies (Fredriksen-Goldsen & Muraco, 2010). Parallel with this situation, producing models in social work and social policies comes to the fore for LGBTI+ elders, because as they get older, difficulties they experience differentiate from their heterosexual counterparts due to the isolation from their social networks and the fact that they cannot benefit from heteronormative structures such as social work (Brown, 2009). For elderly LGBTI+s, the inability to benefit from partnership

rights, low income, lack of economic security and the discrimination they experience differently and more intensely than their heterosexual peers in accessing social support mechanisms can be given as examples to this situation. Similar to this narrative, gender equality dynamics function differently for elderly LGBTI+s. That is, it can be seen in the literature that older gays have a higher income than older lesbians; on the other hand, they do not have the social capital and partner welfare that older lesbians have (Grossman, 2000). Additionally, in the field researches (Fredriksen-Goldsen & Muraco, 2010), it can be observed that LGBTI+ people with high self-confidence and better financial conditions in their younger ages have a relatively comfortable aging experience. In the lights of these issues, it can be said that aging itself is not a stereotypical experience and it is experienced differently for many individuals under the LGBTI+ umbrella.

- **Social Groups and Social Isolation**

For many elderly people, the fact of social isolation comes to the fore at some stage in their lives, whether they are LGBTI+ or not. In a study conducted within the framework of the concept of social isolation that is important for the biological / psychological / social well-being of the elderly (Leahy & Chopik, 2020), it is observed that the more the social networks of LGBTI+ people grow, the more their anxiety and depressions levels reduce. Additionally, it is indicated (Grossman, 2000) that LGBTI+s who are out of closet and involved in organizations have relatively less social isolation than their LGBTI+ peers who are closeted and not involved any LGBTI+ organization. As a result, being involved in an LGBTI+ organization and living their lives open (regarding their SOGIESC) are important points for their aging experiences.

- **Biological/ Psychological/ Social Well-being and Healthcare Services**

Although aging and elderliness are not addressed from a medicalized perspective in the axis of this report, well-being and health / care services are important for LGBTI+ people in social aspects. Due to the fact that health and care services are established on heteronormative and family-oriented basis in Turkey and the world, problems in accessing the services encountered by elderly LGBTI+s are differentiated from their heterosexual counterparts. For instance, in a study (Chae & Ayala, 2010), it is indicated that elderly LGBTI+s have higher rates of “depression” and “stress disorder” compared to their cisgender and straight peers, and that these conditions trigger other chronic diseases, resulting in higher rates of medical indications. Additionally, it is seen in the literature that especially trans people experience different difficulties in accessing health and care services compared to their cisgender peers, and it is also observed that the suicide rates of transgender persons increase more with age (Brown ve Jones, 2016).

In a study conducted with 55+ LGBTI+ people in Israel (Shnoor & Berg-Warman, 2019) in the context of applying and benefiting from healthcare services, 35% of the participants stated that they cannot reveal their SOGI to doctors, and 30% stated that they give a little or no information about their personal lives. Similarly, in a study conducted by Fredrick-Goldsen et al. in 2011, it was observed that 4 out of 10 transgender people were denied healthcare service requests. Due to the fact that discrimination and harassment towards trans people become visible, it is suggested that aging and gender equality studies have to be carried out with health care personnel in another study conducted specifically for trans people (Kattari & Hasche, 2016).

As the information produced for LGBTI+ in the field of elderliness is insufficient, the scarcity of studies on dementia in terms of both academic studies and social services / policies comes to the fore. Dementia, by definition, can be considered as the presence of a group of symptoms that affect dementia, split personality, extreme dysmnesia, and social skills¹.

Lastly, when sexually transmitted infections (STIs) are considered, in a study conducted by Fisher et al. in 2010, it was observed that STIs increased in the elderly, just like in the younger generations. However, it would be appropriate to state that sexuality is generally ignored for elderly people; therefore, there are violations in terms of the sexual health of elderly LGBTI+ people. Supporting this view, it is stated in the literature that elderly LGBTI+s are less aware of sexual rights than young LGBTI+s, it is difficult for them to be "open" due to generational differences and there is the lack of reporting of risky behaviors, so that older LGBTI+s constitute a risky group for STIs (Ritter & Ueno, 2019).

Social Work and Social Policy Suggestions for Elderly LGBTI+s

Considering the abovementioned literature review and frame covering biological/ psychological/ social well-being, what should and can be done in the face of the difficulties experienced by elderly LGBTI+ people comes to the agenda. Here, a group of academics (Erdley, Anklam, & Reardon, 2014) made the following suggestions:

- Widen the definition of GAP (Gay Affirmative Practice) for all LGBTI+s
- Annual forums and symposiums in the field of elderly LGBTI+ to be organized

¹ For detailed information: [Demans Nedir, Demans Hakkında Bilinmesi Gerekenler \(acibadem.com.tr\)](http://www.acibadem.com.tr)

- Increase the number of studies to be conducted together with LGBTI+ organizations, organizations working on elderliness/ aging, academics and healthcare workers
- Strengthen elderly LGBTI+s and make them active actors

In this context, following suggestions were discussed and made in this meeting:

- Reforming current regulations and finding gaps in order to develop laws / social policies for LGBTI + people,
- Organizing activities to change the cultural / social perceptions of healthcare workers and social workers in health services (societal awareness/ self-awareness= two biased)
- Besides SOGIESC and age, any other social identities such as socioeconomic situation, ethnic origin, disability, etc. have to be included in academic studies and to make a needs analysis covering the abovementioned fields

Finally, in the UK, social work professor Liam Concannon discussed a regulation published by the British Ministry of Health in 1993 in the context of social policy on sexual orientation and gender identity. In his review, he stated that in terms of social work practices and social policies, empowering elderly LGBTI + s and reforming budgeting systems should be put on the agenda (Concannon, 2009).



Visual 1. Elderly LGBTI + Empowerment Scheme



Visual 2: Budgeting

Best Practices in the Context of Social Work and Social Policies

In the meeting, three international organizations and their practices were discussed as a good example. These organizations are as follows; SAGE, Gay and Lesbian Elder Housing (GLEH), National Resource Center on LGBTI + Aging.

First of all, SAGE is a non-governmental organization founded in 1978 with the motto “we refuse to be invisible”. Their working areas are basically; advocacy for elderly LGBTI+, HIV and aging, long-term care services, hotline and the National LGBT Housing Commission². At this point, SAGE is a successful LGBTI + rights organization in terms of both social work practices and policy making.

Secondly, GLEH is an LGBTI+ non-governmental organization founded in 2001 in the United States. Three main working areas of the institution are as follows: Social activities for LGBTI + elderly people, case tracking and management and safe space creation training. At this point, GLEH focuses on housing and generally implements social work practices with a focus on empowering LGBTI+ elderly people³.

As the last example, “National Resource Center on LGBTI + Aging” can be given. This organization differs slightly from other good examples and works on services such as collecting data, organizing trainings and peer counseling on the basis of empowering elderly LGBTI+s⁴.

² For detailed information: [SAGE – Advocacy & Services for LGBT Elders \(sageusa.org\)](http://sageusa.org)

³ For detailed information: [GLEH - Gay & Lesbian Elder Housing](http://gleh.org)

⁴ For detailed information: [National Resource Center on LGBT Aging \(lgbtagingcenter.org\)](http://lgbtagingcenter.org)

Evaluation and Discussions

At the end of the speeches, audiences asked their questions or made comments/ suggestions about the mentioned topics. Here, some of those highlights will be listed:

- One participant from 40+ Lubunya Initiative told about their need to form this initiative. In order to have a better life after 15 years, they emphasized that freedom and comfort are the most important for their elderliness; therefore, retirement processes and insurance suddenly become important for LGBTI+ elders.
- The agism in online dating platforms and how it makes them feel that they would be lonely in their older ages
- "Elderliness become an early agenda for LGBTI+s than straight/ cisgender people, so we can find ways to survive earlier and it can make us happier elders."
- Due to the high importance of night life and entertainment in gay culture, they start to feel older or lonely (if they would not get involved in this life), and it causes social isolation, generational difference and even depressions. But communal lives can be a solution for this.
- "Menopause is also important factor for LGBTI+ aging just as a heterosexual peer. Also STIs such as HPV is important and there is not regulation or free or low price HPV cure in Turkey. We have to make advocacy for this."
- "We should not consider elderliness/ old ages in a negative aspect. The situation itself would make you feel worse. We have to change our perception about elderliness."
- Sex work and elderliness. There is a different relationship between trans women sex workers between generations.



- Refugees/ migrants and elderliness

Conclusion

All of these points mentioned in the meeting shows that there is a lot to learn and do in Turkey in this field for LGBTI+s. In this journey, it is important to improve the situation at least with social policies and social work practices, this would be transformative for both elders and young people.