

Lesbian, gay, bisexual, trans, queer, two-
spirit, and other sexual and gender
minority (LGBTQ2S+) older adults:
Experiences, issues, and supports in long-
term care

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Land Acknowledgement

We are gathered today on the traditional, ancestral, and unceded territories of Coast Salish peoples, including the territories of the Squamish, Musqueam, Sto:lo, and Tsleil-Waututh peoples

Presenter disclosure

- No conflicts of interest to declare

About me

- Hannah Kia (she/her)
 - Assistant Professor at the UBC School of Social Work
- BSW/MSW degrees from UBC, and PhD in Social and Behavioural Health Sciences at the Dalla Lana School of Public Health, University of Toronto
- Experience as a social worker in acute care and hospice palliative care settings
- Transgender woman of Iranian descent

Thank you!

Agenda

- Key terms
- Brief overview of intersectionality as a framework for understanding LGBTQ2S+ aging
- Experiences and issues of older LGBTQ2S+ adults
- Strategies for supporting older LGBTQ2S+ adults in long-term care
 - Important note: focus on psychosocial support

Key Terms

- Lesbian/gay/bisexual: identifiers typically used by sexual minorities to refer to expressions of non-heterosexuality, meaning either sexual attraction primarily to the same sex (i.e., lesbian/gay), or attraction to more than one sex (i.e., bisexual)
- Queer: a term reclaimed by some LGBTQ2S+ people to refer to expressions of non-heterosexuality and/or trans identity with greater fluidity

Key Terms

- Pansexual: an identifier typically used by individuals whose sexual orientation may not be limited to people with specific sex characteristics, and/or people with particular gender identities or expressions
- Asexual: an identifier typically used by persons who do not experience sexual attraction, but may experience attraction in other ways (e.g., romantically and/or emotionally)

Key Terms

- Trans/transgender: descriptor for individuals who do not identify with their assigned sex at birth; cis/cisgender means non-trans
 - Non-binary identities → often used by individuals who do not exclusively identify with the categories of “man”/”male” or “woman”/”female”
 - Can include: non-binary, genderqueer, genderfluid, bigender, agender, among others
 - Concept of ‘biological sex’ often complex in relation to trans bodies and identities
 - Term “assigned sex at birth” often preferred
 - Includes both those who ‘transition’ psychosocially, legally, and/or medically, along with those who do not

Key Terms

- Two-spirit: refers to the presence of a male and female spirit – sometimes used by some Indigenous people to refer to identities falling outside straight and/or cisgender norms. May have specific social, cultural, and spiritual meanings depending on community context (2 Spirited People of the 1st Nations, 2014)
 - Relationship between two-spirit and other LGBTQ+ identities

Key Terms

- Significant heterogeneity in terms/definitions
 - Important to follow person's lead in how they use terms and define them

Defining “older age” in the context of LGBTQ2S+ aging



- Often highly complex
 - Influence of HIV/AIDS history in some sexual and gender minority communities (Rosenfeld et al., 2012)
 - Notion of ‘early planning’ for older age (Finkenauer et al., 2012)
 - Role of accumulated disadvantage in accelerating aging for some LGBTQ2S+ adults (Crystal, 2006)



Intersectionality

Intersectionality as a framework

- Often foregrounds how multiple systems of oppression “intersect,” or come together, to create unique conditions of marginalization in certain groups (Hill Collins, 2009; Yuval-Davis, 2006)
- Centres the social conditions and experiences of groups marginalized on the combined basis of race, gender, class, sexual orientation, ability, and other dimensions of difference as relevant areas for practice, policy, and research (Davis, 2008; Hankivsky et al., 2014)

Intersectionality and LGBTQ2S+ aging

- Significant heterogeneity in experiences and issues of sexual and gender minority adults across broad spectrum commonly referred to as “LGBTQ2S+” (Addis et al., 2009; Fredriksen-Goldsen & Muraco, 2010)
- Salient distinctions in experiences and issues of older LGBTQ2S+ adults who are, in addition to encountering pervasive homo/bi/transphobia, affected by factors such as racism and poverty (Finkenauer et al., 2012)

Intersectionality and LGBTQ2S+ aging

- Intersectionality:
 - Helps us tease apart distinct experiences/issues reflected across communities of aging LGBTQ2S+ adults
 - Enables us to “notice” issues we may otherwise dismiss
 - E.g., trans people’s experiences of violence in health care often not believed because of current climate of legislative protections for gay/lesbian populations



Experiences and issues of LGBTQ2S+ older adults

LGBTQ2S+ Identities and “Older Age”

- LGBTQ2S+ older adults often considered sexual and gender minorities ages 50 and over (Addis et al., 2009; Fredriksen-Goldsen & Muraco, 2010)
- Context of LGBTQ+ aging often marked by:
 - Increased susceptibility to violence, stigma, and discrimination (Brotman et al., 2015; Finkenauer et al., 2012)

LGBTQ2S+ Identities and “Older Age”

- Relative to same-age heterosexual counterparts, LGB older adults more likely to experience disability, and poor self-reported physical and mental health
 - These health outcomes are associated with lifetime exposure to homophobic/biphobic victimization (Fredriksen-Goldsen et al., 2013)
 - More specifically → elevated rates of CVD, asthma, diabetes, depression, anxiety, and suicidality in LGB older adults, relative to heterosexuals of the same age (Lick et al., 2013; Ploderl & Tremblay, 2015)
- Relative to same-age cisgender LGB counterparts, trans adults report greater lifetime exposure to violence/victimization and, not surprisingly, even poorer physical and mental health (Fredriksen-Goldsen et al., 2014)
- Significant lack of research on aging in two-spirit adults

LGBTQ+ Identities and “Older Age”

- Exposure to systems of oppression based on gender (Brotman et al., 2015), race (Finkenauer et al., 2012), and class/poverty (Cronin & King, 2010) likely to increase susceptibility to poorer physical and mental health in LGBTQ+ older adults
 - Significant gap in literature on these intersections



Substantive Knowledge of LGBTQ2S+ Aging: Experiences and Issues



Specific issues affecting LGBTQ2S+ older adults

- Isolation and limited social networks (Fredriksen-Goldsen & Muraco, 2010)
- Ongoing experiences with physical and sexual victimization, stigma, and discrimination (Addis et al., 2009; Finkenauer et al., 2012)
- Expectations and fears of mistreatment in health care and social services (Addis et al., 2009; Kia et al., 2018)

Specific issues affecting LGBTQ2S+ older adults

- LGB adults often fear potential transitions to long-term care:
 - Historical relationships of these populations with ‘mainstream’ health care providers (Hughes, 2008)
 - Expectations of similar hostility in residential care environments
 - Actual mistreatment of older LGB adults by primary care providers and emergency responders (Brotman et al., 2015)

Specific issues affecting LGBTQ2S+ older adults

- Exceptionally high frequency of adverse health care experiences in trans populations of all age categories:
 - Trans PULSE study → survey of 433 trans respondents in Ontario:
 - 52% reported negative experiences with health care providers in emergency departments
 - 21% reported having avoided emergency departments due to fears of mistreatment
 - 10% reported having care stopped due to their gender expression/identity in the context of seeking/receiving emergency medical care (Bauer & Scheim, 2015)
- Despite relative lack of quantitative evidence on trans older adults in health care, qualitative data suggest possibility of similarly (if not more) pervasive patterns of mistreatment within this age cohort (Finkenauer et al., 2012)
 - Significant trepidation over transitioning into long-term care

Specific issues affecting LGBTQ2S+ older adults

- Near-absence of data on experiences of LGBTQ2S+ in inpatient long-term care settings
- However, some preliminary insights on home care (Brotman et al., 2015; Daley et al., 2014; Hughes, 2008; Kia et al., 2018)
 - Home care often a contentious issue for LGBTQ2S+ adults
 - Experience of being institutionalized in one's home (Brotman et al., 2015)

Specific issues affecting LGBTQ2S+ older adults

- Need for more empirical inquiry on long-term effects of medical and surgical interventions sought by older trans adults
 - Important to note → for many (but not all) older trans adults, threshold of acceptable risk, in relation to transition-related health care, often higher than what is assumed by health care providers (Williams & Freeman, 2009)
 - Psychosocially, long-term provision of hormone therapy associated with improvements in psychological functioning and quality of life (White Hughto & Reisner, 2016)

Specific issues affecting LGBTQ2S+ older adults

- On the one hand:
 - Voices/needs of LGBTQ+ older adults have historically been silenced in contexts of health care policy and practice (Brown, 2009)
- On the other hand:
 - Climate of changing norms and associated policy change makes some LGBTQ2S+ older adults more visible than ever, and potentially more exposed to violence and discrimination, particularly in health care (Kia et al., 2016)
 - Smaller social networks – combined with poorer health – often imply greater reliance on formal systems of care among LGBTQ+ older adults, and therefore potentially an increased likelihood of living in unsafe/hostile conditions (Kia et al., 2016)

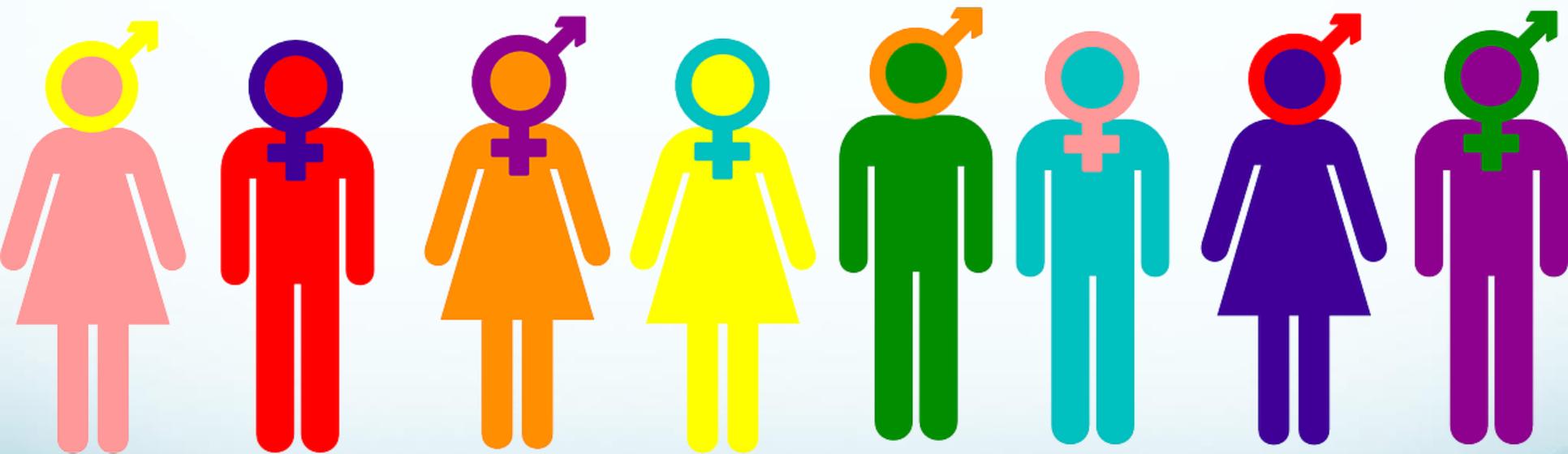
Resilience at the intersection of LGBTQ2S+ identities and “older age”

- Some LGBTQ2S+ older adults have robust families of choice and, given the opportunity, can draw on these families to develop their own communities of care (Hughes, 2008)
 - Some may have been instrumental in constructing community-based networks of support and advocacy (Rosenfeld et al., 2012)
- Important to acknowledge agency and resilience required to live authentically in later life (Fabbre, 2017)

Opportunities for improved practice with LGBTQ2S+ older adults in long-term care

- Health care consent legislation recognizes same-sex partners
 - Broad, inclusive definition of ‘common-law’
 - Importance of ‘normalizing’ same-sex relationships for sexual minority older adults to be able to publicly identify their same-sex partner as next of kin
- Bill C-16 → provision to amend Canadian Human Rights Act to include gender identity and expression as protected categories
- BC Human Rights Act also prohibits discrimination based on gender expression and gender identity
 - Previously implicit under “physical or mental disability” → now a separate category

Strategies for supporting LGBTQ2S+ older adults in long-term care



Strategies for supporting LGBTQ2S+ older adults in long-term care

- Direct practice
 - Create interpersonal safety
 - Believe historical and present experiences with homophobia, biphobia, transphobia, and with other forms of oppression (e.g., ageism, ableism, racism, sexism, poverty), that clients may recount
 - Relevance of advance care planning and exploration of goals of care, particularly with respect to place of care and risk tolerance
 - Help clients identify and build networks of LGBTQ2S+-positive support, if appropriate
 - Importance of correct name/pronoun use
 - Importance of gender-affirming language to describe trans bodies/trans anatomy

Strategies for supporting LGBTQ2S+ older adults in long-term care

- Direct practice
 - Remember that LGBTQ2S+ older adults are uniquely susceptible to physical and sexual violence on the basis of sexual and/or gender identity
 - Ensure that you take complaints about mistreatment seriously
 - Connect with social worker(s) or other designated responders to address potential issues related to abuse and neglect

Strategies for supporting LGBTQ2S+ older adults in long-term care

- Organizational practices
 - Ensure that policies and practices do not render LGBTQ2S+ older adults' issues and needs invisible
 - Example: gender segregation in long-term care
 - Importance of explicit LGBTQ2S+ inclusivity policies
 - Relevance of educational opportunities for staff, both in inpatient and community-based long-term care environments, on LGBTQ2S+ inclusivity

Strategies for supporting LGBTQ2S+ older adults in long-term care

- Practices beyond the level of the organization:
 - Research → leads to the creation of an evidence base, which can then be used to justify and inform programs, policies, and practices that respond better to the issues of aging sexual and gender minorities
 - Research on older bi and trans adults, as well as two-spirit and other racial minority LGBTQ+ people, is lacking
 - Importance of partnerships with researchers to help build an evidence base
 - Coalition-building → use of research, practice knowledge, and partnerships across sectors, to effect change
 - Example of cross-facility working groups to address LGBTQ2S+ issues

Relevant resources

- QMUNITY's older adults' and seniors' programs:
 - 604-684-5307 ext. 110
 - seniors@qmunity.ca
- Dignity Seniors Society
 - www.dignityseniors.org
- Trans Care BC
 - 1-866-999-1514
- Contact me any time!
 - 604.822.6073
 - hannah.kia@ubc.ca

Questions?



THANK YOU!

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