African-American and Black LGBT Elders

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Abstract

This chapter discusses issues relevant to African-American and Black LGBT elders, including historical influences that frame these issues, demographic and cultural contexts, and sociopolitical considerations that impact policy and service delivery. This chapter describes the cultural capital of the African-American community and examines Black homo–bi–transphobia, the intersection of identities is presented along with multiple oppressions and gay racism, and the ways in which historical hostilities influence help-seeking by older African-American LGBT persons are presented. Information is presented on health disparities and services. The ways in which service models nationally, cross-culturally, and multidisciplinarily work to promote effective interventions are discussed. Finally, the impact of policy on African-American LGBT elders is presented within the context in which by this population perceives services.

Keywords

African-American · Aging · Black · Health disparities · Intersectionality · LGBT

Overview

The purpose of this chapter is to discuss issues relevant to African-American and Black LGBT elders, including historical influences that frame these issues, demographic and cultural contexts, and sociopolitical considerations that impact policy and service delivery. This chapter begins with information on characteristics that comprise older African-American and Black adults. Next, relevant research is infused throughout the chapter. The chapter then describes the cultural capital of the African-American community, including perceptions about homosexuality and gender nonconformity, how elders are viewed, issues of acculturation and assimilation, and strength-based concepts. Subsequently, the chapter examines

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Black homophobia and other phobias and "isms" about sexual identity, including the attitudes and practices of the Black Church toward sexual minorities. Because African-American LGBT elders have multiple *positionalities* in society, the intersection of identities is presented along with multiple oppressions and gay racism. The ways in which historical hostilities influence help-seeking by older African-American LGBT persons are presented. In addition, information is presented on health service disparities of African-American LGBT elders. The chapter examines ways in which service models nationally, cross-culturally, and multidisciplinary work to promote effective interventions. Finally, given that the manner in which services are perceived is, in part, influenced by policy, the impact of policy on African-American and Black LGBT elders is presented within the context. The reader is reminded that the information in this chapter is not presented as absolute or definitive of all African-Americans or Black people. There is great intercultural, intracultural, and cross-cultural diversity within African-American, African, Caribbean, and other populations of African descent.

Learning Objectives

By the end of the chapter, the reader should be able to:

1. Identify relevant characteristics of African-American culture that influence attitudes and behaviors.
2. Discuss the concepts of homo–bi–transphobia in the African-American/Black community.
3. Describe sociocultural issues, healthcare disparities, and health-seeking patterns of African-American LGBT elders.
4. Explain service models and intervention strategies that are effective with African-American/Black LGBT elders.
5. List areas in which policy development is needed to address concerns of African-American/Black LGBT elders.

Introduction

An accurate estimate of the number of African-American and Black LGBT persons is not known, and the number of elderly LGBT among them is unknown because of an inability to determine an exact number of the total lesbian, gay, bisexual, transgender, and questioning (LGBTQ) population of all ages in the USA. Approximately 3.4 % of Americans identify LGBT and 4.6 % of African-Americans. Regardless of ethnicity, younger Americans are more likely to identify as LGBT, and among those aged 30–64, LGBT identity declines with age (Gates and Newport 2012). It is difficult to glean how many African-American or Black LGBT persons are elderly because of reasons such as the rate of non-disclosure, the limited research on sexual minorities of color, a lack of national surveys that ask about sexual orientation or gender identity, reluctance to coming out, and of variation in responses to surveys due to the methodologies used (Bostwick 2007; DeBlaere et al. 2010). However, the number of LGBT older adults is projected to more than double in size to approximately 3 million by 2050 (2009). In 2012, African-Americans made up 9 % of the older population and the African-American older population is projected to increase to 12 % by 2060 (Administration for Community Living 2012). The rapid growth of the aging population in the USA offers the opportunity to embrace diversity as it appears at all stages of life (National Hispanic Council on Aging 2013), and "understanding their differences in health and addressing disparities are critically important for improving the nation's overall health and well-being" (Today's Research on Aging 2013, p. 1).

As the reader proceeds in this chapter, one is informed that the terms African-American and Black are used sometimes interchangeably to reflect common themes across groups. At other times, the terms are used separately to reflect distinctiveness between groups. African-Americans are descended from slaves who were brought to America during the eighteenth and nineteenth centuries. The term Black

is more inclusive and is comprised of diverse groups of ethnicities and cultures, including those who immigrated from Africa and the Caribbean (Welch 2003) and may include multiple heritage individuals with Black ancestry (e.g., biracial, multiracial) who experience life and development differently from monoracial minority and majority individuals (Henriksen and Paladino 2009). Persons of African descent may identify as African-American, Afro-American, Black Hispanic, Black Caribbean, Black American, and Black African (Lewis and Marshall 2012). It is not uncommon for older African-Americans to refer to themselves as *Colored*, *Negro* (both terms were used derogatorily), or *Black*, which are terms that were commonly used to refer to them for a substantial portion of their lives. These terms emphasize skin color, not cultural heritage (Paniagua 2014). In addition, while it is acceptable to use lesbian, gay, bisexual, and transgender or LGBT when referring to African-American and Black sexual minorities, it is an error to assume that all people use these terms to describe themselves. The Communities of African Descent Resource Kit (2014, http://www.glaad.org/publications.coadkit) indicates that many individuals have adopted the term "Same Gender Loving" (SGL) or other terms that are more inclusive of both sexual orientation and race, and others may not identify with any terms at all.

Elderly (age 65 and over) African-American and Black LGBT persons represent multiple classifications of minority statuses, and each of their identities dictates certain social positions in society and further relegates them to positions of marginality. For many African-American and Black LGBT elders, addressing issues of racism in general and within the LGBT community specifically, heterosexism and homophobia both internal and external to their ethnic group, emotional isolation (Kuyper and Fokkema 2010), and internalized oppression (Szymanski and Gupta 2009) have been the hallmark of their experiences. Even with the distinction of being a minority (ethnic) within a minority (sexual orientation), transgender (see Chap. 14 in this text) and bisexual (see Chap. 15 in this text) persons are further marginalized. In fact, Dworkin (2006) refers to bisexual LGBT elders as the "invisible of the invisible minority" because as they enter into romantic relationships, they sometimes begin to identify as lesbian, gay, or heterosexual and thus become invisible as a bisexual aging person (p. 36).

Characteristics of Older African-American/Black Adults

African-American and Black older adults are heterogeneous, multidimensional, and diverse in their cultural identities and social affiliations. They represent various levels of educational attainment, socioeconomic statuses and financial stability, beliefs and values, marital status, sexual orientation and gender identity, and so forth. However, older Black adults share commonalities. Overall, older African-Americans are more highly educated than previous older generations. In 2013, 71 % of African-Americans age 65 and older had finished high school and 15 % had a bachelor's degree or higher compared to the fact that only 44 % were high school graduates and 7 % had a bachelor's degree or higher in 1998 (Administration for Community Living 2012). In employment, many were overrepresented in low-wage positions, resulting in economic insecurity in retirement. Social security benefits constitute the largest share of income of older African-Americans, but are modest in size. Many Black elders grew up in southern states during a time of legal segregation and overt discrimination, which imposed limits on their earnings, educational attainment, poor living conditions, and health outcomes (Social Security Administration 2011). A residential shift has occurred as to where the majority of older African-Americans currently live. The largest percentage of Black residents per total population in 2012 was in the District of Columbia (51.6 %) and Mississippi (28 %), with the largest total number of Black residents in New York (3.7 million) (Centers for Disease Control 2010). Table 6.1 lists the states with the largest percent of older African-Americans.

Table 6.1 States with highest percent of older African-Americans

New York	320,127
Florida	271,554
Texas	241,356
California	237,924
Georgia	236,463
North Carolina	210,772
Illinois	190,521
Maryland	166,186

Administration for Community Living (2012)

In a study of self-rated health status in 2010–2012, 62 % of older African-American men and 61 % of women reported "good," "very good," or "excellent" health status compared to 78 % for White older men and 80 % for women. Positive health evaluations decline with age, with 67 % of African-American men ages 65–74 reporting "good," "very good," or "excellent" health compared with 52 % among those aged 85 or older. Similarly, 65 % of African-American women ages 65–74 reported "good" to "excellent" health, with 58 % at ages 85 or older (Administration for Community Living 2012). African-Americans have a disproportionately higher rate of chronic illnesses and lower survival rates. The most frequently occurring health issues among African-Americans include AIDS/HIV, asthma, cancer, diabetes, heart disease, hypertension, obesity, and stroke (Centers for Disease Control 2013). In addition, African-Americans have higher rates of HIV and AIDS, many of whom were infected at a younger age and who are now living longer (Baker and Krehely 2012). A combination of health inequities and financial and cultural barriers to receiving health care in later life negatively affects the health of African-American older adults. Table 6.2 compares the most frequently occurring conditions among older African-Americans compared to all other older persons. In comparison to White elders, Black elders have severe limitations in daily tasks requiring assistance with housework, personal care, and preparing meals. The life expectancy for Blacks, at any age, tends to be lower than that for Whites. In 2010,

Table 6.2 Frequently occurring health conditions of older African-Americans

African-Americans	All older persons (%)
Hypertension (85 %)	72
Diagnosed arthritis (52 %)	50
Heart disease (26 %)	30
Diagnosed diabetes (40 %)	20
Cancer (17 %)	24

Adapted from Administration for Community Living (2012)

Table 6.3 Leading causes of death for African-Americans

Heart disease
Cancer
Stroke
Diabetes
Unintentional injuries
Nephritis, nephrotic syndrome and nephrosis
Chronic lower respiratory disease
Homicide
Septicemia
Alzheimer's disease

Adapted from Centers for Disease Control (2010)

a 65-year-old African-American male was expected to live another 15.9 years, compared with 17.7 for White males, and a Black female at age 65 was expected to live another 19.3 years, a full year less than a White woman. Comparatively, Latino males (additional 18.8 years) and Latina females (additional 22 years) are expected to liver longer than Black or White males and females (National Center for Health Statistics 2013). Interestingly, these data do not disaggregate outcomes for LGBT persons. The leading causes of death for all African-Americans are in Table 6.3.

African-American LGBT elders face challenges similar to those in both the African-American and the older adult populations as a whole. Collectively, more than 68 % of African-American elders are poor, marginally poor, or economically vulnerable, are more than one and a half times as likely as White elders to live below the poverty line, and more than one in four

African-American elders have incomes that fall below the poverty line. Some gender disparity exists among older African-American women and men with regard to living arrangement. More older African-American women are vulnerable to social isolation and economic hardship, with nearly 40 % of women ages 65 and older living alone compared to 19 % of men (Administration on Aging, n.d.). The circumstances of older LGBT African-Americans are difficult to discern and separate from the Black population at large because of their covert existence in the Black community (Harley et al. 2014). Many years of living, secretive or closeted lives often lead to a heightened sense of isolation for Black LGBT elders. Yet, as a separate group, less is known about unique challenges faced by African-American transgender persons or those who identify as queer, even though they were intricately involved in the Civil Rights Movement of the 1960s and have been active contributors to history (Roberts 2012). One of the earliest documented cases of an African-American transgender person is that of Lucy Hicks Anderson who was born in Waddy, Kentucky, in 1886, as Tobias Lawson. See Discussion Box 6.1 for information on Anderson and on Carlett Angianlee Brown, who was scheduled to become the first African-American to have sex reassignment surgery (SRS).

Discussion Box 6.1: Historical Transgender African-Americans Lucy Hicks Anderson (1886–1954): Born in Waddy, Kentucky, as Toias Lawson. When Lawson entered school she insisted on wearing dresses and began calling herself Lucy. Upon the advice of a physician, Lawson's mother raised her as a girl. After leaving school at age 15, Lucy worked as a domestic. She eventually married and then moved to California. After a divorce in 1929, she remarried in 1944 to a soldier. Eventually, when the Ventura County district attorney discovered that Lucy was biologically male, he decided to try her for perjury. Lucy was convicted of perjury and placed on probation for 10 years. Later, the federal government prosecuted Lucy and her husband for fraud for receiving allotment checks as the wife of a member of the US Army. After her release from prison, she lived the remainder of her life in Los Angeles (http://www.blackpast.org/aaw/anderson-lucy-hicks-1886-1954).

Carlett Angianlee Brown (1927): She was born as Charles Robert Brown. In 1953, Carlett was a 26-year-old female illusionist and shake dancer from Pittsburgh. She had served in the Navy, during which time she was examined for an issue with recurring monthly bleeding through her rectal area. The medical exam revealed that she was intersex and had some female sex organs. She declined to have surgery to remove the female organs and opted for SRS instead. Her plan was to get marry after completing SRS. In order to do so, Carlett had to renounce her US citizenship because laws in countries where the surgery could be performed did not allow foreign nationals to obtain SRS. Her US passport was issued with her name as Carlett Angianlee. On July 9th, she was arrested for cross-dressing. She postponed her departure to get a feminizing face-lift in New York in August. Eventually, she was ordered not to leave the USA until $1200 in back taxes were paid. Unable to make payment, she worked as a cook at Iowa State's Pi Kappa frat house to earn money. Additional information regarding her final outcome is not found. If Carlett is still alive, she will be into her mid- to late 1970s (http://www.racialicious.com/2009/07/15/the-story-of-carlett-brown/).

Discussion Questions:

1. What sociopolitical issues are in play for Anderson and for Brown?
2. Compare and contrast the challenges facing transgender African-Americans in the 1940s, 1950s, and today.
3. How accepting was the Black community of transgender persons within the community? Civil Rights Movement?

4. Have the attitudes of the Black community changed toward transgendered persons?
5. In what ways can the Black community promote advocacy and equality for Black transgendered persons?

In 2007, a national survey of transgender and nonconforming gender populations was conducted by Trans Equality to determine discrimination experiences (www.transequality.org/PDFs/BlackTransFactsheetFINAL_090811.pdf). Of the 6456 respondents, 381 were Black or Black multiracial. While the focus of the survey was on anti-transgender bias, the results also show the complex interactions of bias with race and socioeconomic status. The survey did not identify those experiences by age. Nevertheless, "the combination of anti-transgender bias and persistent, structural and individual racism was especially devastating for Black transgender people and other people of color" (p. 1). Black transgender persons live in extreme poverty with 34 % reporting a household income of less than $10,000 per year. These data indicate that for Black transgender persons, this is more than twice the rate for transgender people of all races (15 %), four times the general Black population rate (9 %), and over eight times the general US population rate (4 %). In addition, more than half of Black respondents were HIV positive. Although African-Americans have a significantly lower suicide rate than other racial groups, nearly 49 % of Black transgender persons indicated they had attempted suicide at some point. On a more positive note, the study found that those who were "out" to their families found acceptance at a higher rate than the overall sample of transgender respondents.

Research and Practice

The National Alliance on Mental Illness (2007) acknowledges that to date, most research on LGBT populations has been done with predominately White samples and the mental health (MH) concerns and needs of LGBT of color are still largely unknown and vastly understudied. In addition, health disparities and disabilities among African-Americans are higher than their White counterparts, with women experiencing early onset of disease and disability and increased mortality (Jones 2009; Lekan 2009). LGBT older adults and LGBT elders of color deal with significant health disparities across domains related to physical and mental health, including chronic conditions and HIV/AIDS, depression, suicide, and substance abuse (Administration on Aging, 2013; Fredriksen-Goldsen et al. 2011; Institute of Medicine, 2011).

The long-term financial stability of many LGBT elders of color is shaped by employment discrimination. Many LGBT elders of color are concentrated in employment sectors with low wages, no labor unions or few labor protections, routine discrimination, and limited health and savings options. Economic security is core to the health and well-being of LGBT elders of color (Auldridge and Espinoza 2013).

Lekan (2009) emphasizes that African-American women experience more stress and health disadvantages than their White counterparts because of the interaction and multiplicative effects of race, gender, socioeconomic status, and age. Although there is a growing body of research about health concerns among African-American women in general, there exists a dearth of information on African-American lesbians (Dibble et al. 2012). Similarly, African-American gay men are rarely researched outside of a focus on HIV/AIDS. African-American transgender persons also experience many health and socioeconomic challenges including substance abuse, HIV infection, difficulty in obtaining housing and employment, and reliance on commercial sex work for survival (Clements-Nolle et al. 2001; Wilkinson, nd). Understanding bisexual Black women and men within the context of culture and community is difficult because they experience isolation from heterosexual as well as lesbian and gay communities, which may affect aspects of

identity development, internalized binegativity, and access to social and psychological resources (Isarel 2007). While LGBT people of color experience the worst outcomes and receive the least institutional attention, the aging concerns of LGBT of color are virtually absent in national policy discussions on aging health and economic security (Auldridge and Espinoza 2013). Because of the limited research on LGBT elders of color, there is reliance on the literature concerning LGBT elders in general, from which information is glean about African-American LGBT elders. However, additive research for African-American LGBT should be avoided because it does not equal research applicable to this group (Bowleg 2008). As author of this chapter, I suggest that additive research may offer some comparative insight; however, should at least approached with caution.

In advancing the research of LGBT persons of African descent, Lewis and Marshall (2012) offer several considerations. First, research on Black LGBT populations should not attempt to separate the various aspects of the individual's identities into mutually exclusive categories and expect to understand their experiences. Second, research must incorporate questions of the participants that do not force them to respond to items as to which identity is more important, which identity causes more stress, or rank identities in order of concern on a daily basis. Questions such as these assume an additive value to the multiple identities, and further marginalizing as opposed to an intersecting relationship among the identities (Bowleg 2008; Lewis and Marshall). According to Wheeler (2003), researchers must realize that the intersecting identities of sexual orientation, gender, race, and ethnicity are more likely to be geometric rather than additive. Finally, Afrocentric theorizing, which has "secured its own identity among dominant Eurocentric thought" (p. 13), must stop being neglectful of prevalent sexual realities in African-American culture.

All too often, research methodologies on African-Americans and Black LGBT populations involve a comparison to White LGBT groups, with whom they share few similarities beyond sexual orientation and gender identity. Moreover, most studies on sexual minorities do not include sufficient numbers of African-American or Black participants to perform adequate or sophisticated statistical analyses. In addition, research on LGBT African-Americans focuses on urban populations and ignores those in rural setting or smaller cities (Deblaere et al. 2010). For additional information on LGBT persons in rural settings, the reader is referred to Chap. 25 in this text. LGBT persons in urban areas have the privilege of anonymity, access to more services and supports, and the opportunity to belong to an LGBT community. The language used in many research studies present another barrier to instrumentation design. Much of the terminology that is used is characteristics of the White LGBT community (e.g., "out"), which involves identification by labels, whereas in Black culture, the approach is more a use of descriptions. Researchers will need to develop measures that are consistent with indigenous structures in the Black community. Finally, limited research exists that examines African-American LGBT issues and concerns across the life span (Harley et al. 2013).

Cultural Capital

The African-American community is known as a collective society that provides support and refuge to its people. The cultural characteristics of the community consist of strong kinship bonds, valuing education, strong religious orientation, high achievement orientation, strong work ethic, self-reliance, and adaptability of family roles (Brown Wright and Fernander 2005). Table 6.4 consists of value characteristics of the African-American community. Homosexuality and nonconforming sexual identity are largely considered incompatible with values in the Black community. Lewis and Marshall (2012) suggest factors that may influence the attitudes and perceptions among Black people about LGBT persons of African descent, including racism and ancestral baggage (i.e., rejection by some in their

Table 6.4 Value characteristics of the African-American Community

Self-reliant
Oral traditions
Strong work ethic
Unity and cooperation
Flexibility in family roles
Present-time orientation
Firm child-rearing practices
Educations as a means of self-help
Strong work and achievement ethic
Strong spiritual and religious values
Respect for elders and authority figures
Collateral interpersonal relations are highly valued
Giving people status as a function of age and position
Strong kinship bonds with family, extended family, and friends
"Strong Black Woman" (pride in racial identity, self-reliance, capability in handling challenges)
Nonverbal communication patterns (body movement, postures, gestures, facial expressions)

Adapted from Robinson-Wood (2009)

own race in an attempt to project noticeable "normal" Blackness), a lack of promotion of historically accurate information on diverse Black sexuality, and selective attention bias regarding interpretations of specific biblical scriptures. Some evidence suggests that more ambivalence, tolerance, and acceptance have emerged in African-American families for LGBT family members (Hunter 2005). Hunter suggests that family instructions such as "be silent and invisible" may allow the family to accept a LGBT member without having to deal with his or her sexual orientation and the issues associated with it. In fact, the lack of disclosure increases acceptance of their sexual orientation for older LGBT Black persons. However, the circumstances for African-American LGBT elders are difficult to discern and separate from the general Black population because of their cover existence in the Black community.

Although African-American culture may be inclusive of other Black families and communities, it is a misnomer to assume that it is representative of those other diverse Black groups. There is no one description that can accommodate the various identities, behaviors, and perceptions among African-Americans (Wilson 2005). Similarly, the terms used in the African diaspora are different, with some being highly derogatory (Lewis and Marshall 2012). LGBT issues of people of color play out differently in families and communities of different backgrounds, yet many communities of color share cultural bias against homosexuality and gender nonconformity (Somjen 2009). The way in which an individual expresses his or her gender and/or sexuality may be defined by cultural values such as whether the culture focuses on the individual or the group; the level of acceptance in talking about sexuality; the degree of separation of public and private domain; the social organization and definitions of gender; the role of religion within their own culture; and the degree of assimilation into the dominate society (Rust 1996). LGBT persons of color, regardless of age, share the common experience of being a minority within a minority, which may contribute to an increased vulnerability to psychosocial issues.

African-American and Black LGBT persons have always been part of the Black community. The roles and impact of LGBT persons in the Black community was in part demonstrated

through involvement in the Civil Rights Movement. On April 1, 1998, in the *Chicago Tribune*, Coretta Scott King acknowledged the role of sexual minorities stating, "gay and lesbians stood up for civil rights in Montgomery, Selma, in Albany, Georgia and St. Augustine, FL., and many other campaigns of the Civil Rights Movement. Many of these courageous men and women were fighting for my freedom at a time when they could find few voices for their own, and I salute their contributions." Although the rate of homophobia and heterosexism is high in the Black community, especially in the Black Church (which is discussed later in this chapter), most African-American LGBT persons indicate that they still find more support and refuge in the Black community, especially against the tyranny of racism in the White gay community (Boykin 1996; Green 1994; Savage and Harley 2005). For African-American LGBT people, there is "a perceived link that connects its members regardless of other differences that might also exist" (Moore 2010, p. 17). In fact, some researchers suggest that African-American lesbians, having learned to handle their ethnic minority status, have developed a great deal of resilience and personal strength and may be better equipped to also handle their status as a sexual minority (Cooper-Lewter 2007; Dibble et al. 2012; Hall and Fine 2005). Yet, gender discrimination is not equal for LGBT persons in the Black community. Lesbians often face disproportionately more ridicule in the Black community, and based on their multiple subordinate-group identities, Black lesbians have "intersectional invisibility: as targets of sexism, heterosexism, homophobia, and racism within the dominant culture and the Black community" (Purdie-Vaugns and Eibach 2008, p. 377).

Views Held About Elders. From a cultural perspective, elderly African-Americans are revered and entitled to respect within the African-American community, and a position of age carries with it a high level of cultural capital (Harley et al. 2014). Ageism is not a prevalent characteristic in the Black community; however, it is in the gay community, especially with regard to physical attractiveness. However, the reader should be aware of some generational changes within the Black community about attitudes and behaviors toward their elders. For example, elders in the Black community are increasingly targets of violence and crime, mistreatment, and assault. This shift in attitudes toward African-American elders must be placed within a culturally sensitive context and considered alongside culturally specific risk factors (Teaster et al. 2014). For example, in the African-American community, a single incidence of yelling or hitting an elder is not viewed as elder abuse, whereas physical abuse is extreme abusive behavior. Extreme abusive behavior toward elders is considered as unacceptable in the Black community (Tauriac and Scruggs 2006).

African-American elders hold the distinction of being the family historian. The elders continue the oral tradition of passing on cultural meaning, legacy, and knowledge. Within the Black community, elders are not referred to as old, but as wise, illustrating that they have reached the "age of wisdom." Although aging is associated with lived experience, chronological age is not the only criterion for ascension into the "age of wisdom." The experience that one has accumulated allows one, especially women to gain this wisdom. Experience may include emotional and spiritual support, information, advice, and service. Old age for Black women is a matter of the functions they carry out (e.g., teaching values, convening the family on certain occasions, religious role model). Thus, wise women gain prestige and power, and important matters are brought to them (Brown Wright and Fernander 2005; Peterson 1990). Peterson summarized the important role of older Black women in the family and church, "they move beyond the potential constraints of class, money and blood relationships to reinforce cultural values of the importance of children, the significance of fictive kin, the problem of clinging to possessions and the wisdom derived from lived experience" (p. 227). Given that the family and church are considered to be the two most important institutions in the Black community and a high degree of respect for elders, the question is raised, what is the role of LGBT elders within these institutions?

Deutsch (2006) suggests that through *civilized oppression* (the experience of repeated, widespread, systematic injustice), Black LGBT persons receive unequal treatment, are relegated to invisibility, and are silenced, condemned, shamed, and forbidden from participation in activities afforded to heterosexual couples.

Acculturation and Assimilation Issues. Numerous definitions of acculturation exist to explain the multifaceted ways in which changes occur at the group and individual level. Riva (2010) offers the definition of acculturation as "a dynamic process of change that individuals undergo as they interact with and adapt to a new or different cultural environment; it is an interactive process that occurs along different life domains at different rates of change" (p. 331). Inherent in the practice of acculturation is the concept of inequality and the lack of mutual respect that the dominant culture tends to project, consciously or unconsciously, on racial minorities (Wilson 2005). Assimilation is viewed more as voluntary aspiration to identify and integrate with and adapt to the ways of the dominant, Anglo-Saxon mainstream. The intent of presenting information on acculturation and assimilation is not to debate if Black LGBT elders are one or the other, but rather to illustrate that acculturation and assimilation involve changes in both values and behaviors related to identity (Schwartz et al. 2007). Cultural identity is the sense of belonging that one derives from membership in groups that provide knowledge, beliefs, values, traditions, attitudes, and ways of life (Jameson 2007). Although acculturation and cultural identity are not totally uncorrelated, an individual who is highly acculturated can have a high level of ethnic identity or a low level of ethnic identify (Moore et al. 2010). It is important to point out that race and culture are not synonymous.

For Black people in America, the assimilation model is most useful for understanding voluntary immigrants, not native-born Black who entered the USA involuntarily who were selectively incorporated through enslavement, coercion, and Jim Crow laws (Lacy 2004). Wamwara-Mbugua et al. (2006) contend "the experience of Black immigrants in the United States is different from that of other non-white groups because of the existence of a large African-American population and the complexities of race relations" (p. 428). Black immigrants may conform more to segmented assimilation (Portes and Zhou 1993) in which they take three paths of adaptation: (1) the White middle class, (2) identify with the Black underclass, and (3) carve out a path by deliberately retaining the culture and values of their immigrant community. Frequently, older Black immigrants and subsequently generations take the third path, relying on their ethnic communities for social capital, employment leads, and relief from discrimination. Segmented assimilation allows the individual to maintain an ethnic identity as an invaluable resource (Lacy).

The question of whether Black LGBT elders more acculturated because of their sexual orientation and gender identity is not known. The extent to which Black LGBT elders are acculturated or assimilated has not been studied, and, at best, one can glean from the research on acculturation of African-Americans in general. Furthermore, the reality may be that neither acculturation nor assimilation is the issue, but more one of cultural immersion in which individuals reject mainstream culture and their emotional needs are met exclusively in their ethnic or in the gay community. Where one lives may be a major determinant of cultural immersion. For example, LGBT persons who live in urban areas may immerse themselves in LGBT communities; however, this is not an option available to most LGBT people who must live in many worlds/cultures and communities.

Black Homophobia, Biphobia, Transphobia, and Heterosexism

African-American LGBT elders often face social stigma in the Black community. Historically, the Black community view homosexuality as a characteristic of European culture, and they deny, or at least overlook its existence in their own community. Many in the Black community believe that homosexuality and any form of

alternative sexual identity is a strategy to destroy Black people and the Black family, is a moral sin, and goes against the values of the Black community. The Black community values privacy, which is in contrast to the White LGBT community's value of "coming out." Strong family and kinship ties stress that marriage and family always come first, and the family may present a united front against the LGBT member or disown him or her, resulting in a loss of the sense of unity that helps the LGBT member form cultural and/or race identity (Savage and Harley 2005). The National Black Justice Coalition (2009) found that while statistically African-Americans are more disapproving of marriage equality for sexual minorities, these attitudes do not arise from simple homophobia; rather, they come from their diverse experiences, opinions, and beliefs and are influenced by factors such as geographic location, age, class, and other markers of differences. Often, this moral disapprobation is linked to the pulpit and rhetoric of the conservative right that suggests that the gay rights movement has appropriated the civil rights philosophy and incorrectly equated racial oppression with oppression based on sexual orientation and gender identity (National Black Justice Coalition). As a historically oppressed group, African-Americans have placed great importance on reproductive sexuality to ensure continue existence of the group in face of racist, genocidal practices by the dominant White group (Greene and Boyd-Franklin 1996). Thus, Black LGBT individuals are seen as a threat to the social structure of the family (Battle and Bennett 2000; Boykin 1996; National Black Justice Coalition 2009).

Research suggests that homophobia is greater in the African-American community than in the European American community (National Black Justice Coalition2009; Savage and Harley 2005; Stanford 2013). The existence of homophobia among Black people in America is largely reflective of the homophobic culture in which we live (Clarke 1999). According to Clark, Black Americans assimilated the Puritan value that sex is for procreation, occurs only between men and women, and is only valid within the confines of heterosexual marriage. The result of this assimilation is that Black people have to live with the contradictions of this restricted sexual system by repressing or closeting any other sexual or erotic feelings or desires. However, the whole African-American community is not homophobic or heterosexist, and the "accusation of homophobia" directed toward the whole Black community is inaccurate (Boykin 1996, p. 185), and studies on the African-American community's attitudes and perceptions of sexual minorities continue to unfold. Nevertheless, it cannot be denied that the existence of homophobia has always been a reality in Black life (Hooks 2001). Today, the invisibility of homosexuality in the Black community remains prevalent and is synonymous with its own form of "don't ask," "don't tell." Despite the sometime disapproving attitudes and religious condemnation, the majority of Black LGBT individuals remain in predominantly Black communities and social contexts and negotiate daily with family and community. They remain because they trust in racial solidarity and racial group membership (Moore 2010), which often provide protection from racial discrimination in the larger society.

Religion and Spirituality in the Lives of Black Elders. The Black Church is recognized as the oldest and one of the most influential institutions of the Black community. Both religion and spirituality are vital components of African-American racial and cultural activities (Harley 2005a). Laderman and Leon (2003) suggest that religion supplies perhaps the best vantage point from which to describe the development of African-Americans in relationship to themselves, others, and the larger universe. National research data indicate that approximately 97 % of African-Americans identify some religious affiliation (Pew Center 2006). The church is more than a place of worship and fellowship; it is a place of advocacy, empowerment, personal and psychological support, socialization, emotional outlet, social status, political action, cultural affirmation, and connection to the community (Evans and George 2008; Loue 2014) and is essentially impossible to separate from Black life for most African-American

elders. Research Box 6.1 contains a study of older African-Americans' perception of spirituality and its role in dealing with depression. The amount of support and assistance provided by the Black Church is second only to that provided by the family (Robinson-Wood 2009). In many ways, the Black Church takes on increased significance as a source of support because LGBT seniors, especially gay men, do not have children who can care for them as they age. Within the LGBT population, child rearing is much more common among racial and ethnic minority women (41 % of African-Americans) compared with White LGBT women (28 %) and less so among African-American men (14 %). However, these data include younger average ages of racial and ethnic groups in the USA (Gates and Newport 2012). In fact, lesbians and gay men are twice as likely as their heterosexual counterparts to grow old un-partnered and almost ten times more likely not to have a spouse, child, or other family member to care for them in old age (Albelda et al. 2009).

Research Box 6.1: Depression and Spirituality Wittink, M. N., Joo, J. H., Lewis, L.M., & Barg, F. K. (2009). Losing faith and using faith: Older African-Americans discuss spirituality, religious activities, and depression. *Journal of General Internal Medicine, 24*(3), 402–407.

Objective: This study aimed to understand how spirituality might play a role in the way older African-Americans conceptualize and deal with depression in order to inform possible interventions aimed at improving the acceptability and effectiveness of depression treatment.

Method: A cross-sectional qualitative interview design was used with older African-American primary care patients. Forty-seven patients were recruited from primary care practices in Baltimore, DM area, and interviews were conducted in the homes of participants.

Results: Participants in this study held a faith-based explanatory model of depression with a particular emphasis on the cause of depression. Specifically, participants described depression as being due to a "loss of faith," and faith and spiritual/religious activities were thought to be empowering in the way they can work together with medical treatments to provide the strength for healing to occur.

Conclusion: Older African-Americans are more likely to identify spirituality as important in depression care.

Questions

1. How are spiritual/religious activities facilitative of depression treatment?
2. How would you evaluate the extent to which the findings of the research represent insider versus outsider perspective?
3. What do you see as the limitations to this research methodology for Black LGBT elders?

Although reference is made to "the Black Church," the church is heterogeneous, non-monolithic, and disparate collective of churches that reflect the diversity of the Black community itself and are diversified by origin, denomination, doctrine, worship culture, spiritual ethos, class, size, and numerous other factors. Yet, Black Churches share a common history and function as a unique role in Black life, which attest to their collective identify as the Black Church (Douglas 2006). The Black Church, with its heterogeneous character, is more monolithic in its attitude toward homosexuality. The Black Church adheres to traditional religious values, which condemn homosexuality and gender nonconformity. Some Black ministers hurl condescending insults in their sermons to express distain toward non-heterosexuals (Ward 2005). African-Americans attend religious services

more frequently than Whites and are less supportive of gay rights (Pew Center 2006). According to Douglas (2006), "the Black Church community, even with all of their diversity, the Black Church people are regarded as strikingly similar in their attitudes toward non-heterosexual sexualities. Black Church people are viewed as not simply homophobic but more homophobic than other populations of society" (p. 12). Although the majority of Black people in America regard themselves as Christians, growing numbers are counted among Islamists, Buddhists, Jews, and agnostics (Robinson-Wood 2009).

In a study of Black lesbian spirituality, Betts (2012) found that African-American lesbians continually strive for a sense of spiritual wholeness. While the lesbians in Betts' study had no difficulty connecting to Black culture, they did report difficulty connecting with their initial religious roots within the churches of their childhood and actively sought alternative spiritual outlets. Other studies suggest that for certain populations of Blacks, perceived religiosity is related to faith healing (Harley 2005b; Mitchem 2002; Lawson and Thomas 2007), and elderly Black women have higher religiosity (e.g., prayer, giving thanks to God, reading the Bible, going to church) than Black men (Taylor et al. 2004). Black people who may not go to church or even have a church home may still pray to the Lord when confronted with difficult times (Boyd-Franklin 2003). Even Black persons who denounce religiosity often note religious ideology as important to their moral beliefs and practices (Dyson 2003; Ward 2005). With the importance placed on religion and spirituality by African-Americans and their disapproval of homosexuality, transgender, and nonconforming gender persons, Black LGBT persons may be denied the sense of community and support afforded to others within the community when the church denies them fellowship. Many LGBT African-Americans often face the same ignorance within the very institution that has for so many been the centerpiece of their community as they face from the larger society (Harley et al. 2014). Because many LGBT persons have encountered condemnation from churches, they often esteem personal faith in a higher power other than their religious institutions, and spirituality maintains their formal connections to religious establishments (Ward 2005). While homonegativity is not unique to Black Churches, it has dire psychosocial consequences for Black LGBT persons (Jeffries et al. 2008).

The presence of homophobia and heterosexism are persistent in the Black Church and Black community as a whole, but not in all Black Churches or all of the Black community. Clark (1983, 1999) warned that the "accusation of homophobia" should not be directed toward the whole African-American community. Nevertheless, the continual stance of many Black Churches to both condemn homosexuality and to deny fellowship to LGBT African-Americans appears to be in direct opposition to the mission of religion to be accepting of all people. Moreover, such opposition contradicts beliefs and values of the Black community as collective and communal (Harley et al. 2014). According to Greene (2000), because of the importance of family, community, and church as buffers against racism and as sources of tangible support, homophobia in the Black community often leaves LGBT persons feeling vulnerable and less likely to reveal their sexual orientation or gender identity.

Intersection of Racial/Ethnic and LGBT Identities

Frequently, Black LGBT persons are challenged to choose between their sexual and racial identities. Black LGBT persons are confronted with a dichotomy of allegiances. Meyer (2010) argues that the intersection of racial/ethnic and LGBT identities contain several basic truths. First, Blacks and other racial/ethnic minorities in the USA do not form a different culture; they are surrounded, contribute to, shape, and are affected by mainstream American culture; thus, the notion of a gay community is not alien to them. Second, many LGBT of color in the USA were raised in the same culture as their White counterparts.

Third, among immigrants to the USA, many tend to acculturate and adopt local sociocultural norms. Finally, the gay liberation movement has had a great impact globally on cultures. Although Meyer acknowledges that local cultures matter in the analysis of LGBT populations and that subculture differences and clashes with White American culture exist, a fundamental challenge to these truths is that they fail to account for social and historical contexts in which a myriad of cultural variables affect the lives of elderly African-American LGBT persons. However, this is not to say that elderly Black LGBT persons cannot have several, even seemingly, conflicting identities while maintaining a coherent sense of themselves (Meyer 2010; Singer 2004). In fact, Purdue-Vaughns and Eibach (2008) use the term *intersectional invisibility* to refer to the failure to fully recognize people with intersecting identities as members of their constituent groups. Because Black LGBT persons do not fit the prototype of their constitute group, they are likely to experience social invisibility (Lewis and Marshall 2012).

Gibson (2009) explored the behavioral and psychological strategies used by lesbians of African descent to negotiate relationships within their families of origin while simultaneously developing and maintaining an affirmative lesbian identity. The results showed that lesbians of African descent negotiated multiple identities of race, sexual orientation, disability, and gender through application of several identity management strategies (e.g., cultivate LGBT community and support systems, educate others about lesbian identity, maintain visibility, and engage in LGBT activism), including ways to manage conflicting loyalties between the community and Black community without any loss of significant relationships and cultural ties.

In a similar study, Moore (2010) examined strategies that Black LGBT people used in Black environments to proclaim a gay identity that is simultaneous with a Black identity. Moore found three distinct features: (a) Black gay protest takes on a particular form when individuals are also trying to maintain solidarity with the racial group despite the treat of distancing that occurs as a result of their sexual minority status, (b) Black sexual minorities who see their self-interests linked to those of other Blacks use cultural references to connect their struggles to historical efforts for Black equality and draw from nationalist symbols and language to frame their political work, and (c) they believe that increasing their visibility in Black spaces will promote a greater understanding of gay sexuality as an identity status that can exist alongside, rather than in competition with race. Conversely, Bates (2010) found African-American lesbians who were once married and bisexual women expressed difficulty assimilating into the African-American community since coming out. Each of these studies focused on young to middle-aged LGBT.

As is the case for any individual or group, the intermingling of identities for older Black LGBT persons represents a degree of integration. Identity models conclude with integration of sexual identity into the personality as a seamless whole, when in reality one's social circumstances change constantly and dictate priority of awareness and identity importance (Eliason and Schope 2007). For example, depending on what is occurring in society, for Black lesbians, the race may be the priority in the face of discrimination. Yet, in another situation, the murder of sexual minorities may pose greater importance than race. And still, ageism may be the salient factor. The point that Eliason and Schope make is that all people have multiple intersecting identities, and while people seek validation of all parts of their identity and not just one facet, full integration all the time is unrealistic.

Multiple Oppressions. African-American LGBT elders, unlike their younger counterparts who experience their young adult development within a dual identity or bicultural framework, experience their development through three distinct cultural perspectives: race/racism, homo-prejudice, and aging. African-American LGBT persons tend to construct their experiences in two distinct minority environments: (a) a racial minority within the dominant White culture and (b) a sexual minority within the mainstream heterosexual culture (Burlew and Serface

2006). Racial minority status appears to be a significant variable in determining the quality of life of people of color in the USA (Wilson et al. 2001). It is through the intersection oppressions of race and sexual identity that African-American and LGBT persons experience multiple oppressions. On the one hand, they are subjected to racism and oppression from mainstream society, and on the other hand, they face prejudice because of their sexual orientation from mainstream heterosexual society of all races (Burlew and Serface). In addition, African-Americans/Blacks are subjected to "colorism," a differential treatment based on skin hue, in which individuals with lighter skin color are seen as more intelligent or attractive (Kelly and Greene 2010). A lifetime of discrimination (e.g., racial inequality, anti-LGBT policies) has adversely affected African-American LGBT elders (Francis and Acey 2013).

Gay Racism. Experiences of racism by ethnic minority LGBT people in the White LGBT community are well documented in the USA and internationally (Asanti 1999; Boykin 1996; Brown 2008; Harley et al. 2013; Loiacano 1989; Plummer 2007; Stansbury et al. 2010). Smith (1999) asserts that the racism that has pervaded the mainstream gay movement only intensifies the perceived divisions between Blacks and LGBT persons. The majority of African-American LGBT persons are exposed to racist and heterosexist messages in their daily lives, and they frequently internalize these negative messages about being both a Black person and a sexual minority person (Szymanski and Gupta 2009). According to Parham et al. (1999), "irrespective of how one comes to understand the concept of racism, there is little doubt that its origins, promotion, and continuation are anchored in the context of how Whites relate to African-descent people and other people of color on individual, institutional, and cultural levels" (p. 134). It has and remains necessary to dehumanize African ancestral people and to cast them as inferior beings to enforce White, heterosexual superiority (Gibson 2009). In Cuba's LGBT community, lesbians, especially Black lesbians, continue to be one of Cuba's most socially marginalized populations (Sanders 2010). The exposure to the tri-vector of racial and sexual orientation microaggressions, and ageism are likely to manifest as health-related problems and mental health issues.

In a review of the intersections of sexual orientation, race, religion, ethnicity, and heritage languages, Van der Meide (2002) found a common theme; the assumption by developed Western nations that non-Western/non-White communities and cultures are more homophobic than the dominant Western/White communities. The basis of this assumption is not one of research, but rather one of simplistic racist and ethnophobic assumptions about the lack of sophistication or the cultural and religious backwardness of non-Western/White cultures. In this review, Van der Meide (2002, p.9) incorporates an observation by Gunnings that:

> Too often White folk in the lesbian and gay community want to latch on to statements or intimations that the Black community is more homophobic maybe because it releases them from some of the hard and painful work of dealing with their racism, personally as well as organizationally. Perhaps, it allows them to avoid becoming multicultural and multiperspectival.

The descriptive (tell how people in a group supposedly behave) and prescriptive (tells how certain groups should think, feel, and behave) beliefs (Fiske 1993) continue to shape the partnership between discrimination and prejudice, allowing them to maintain a constant course in subordinating the minority race status and preserving the majority race privileges.

World View and Historical Hostilities' Influence on Help-Seeking

African-American elders and their LGBT counterparts tend to have a high degree of suspicion of institutions and healthcare institutions because of becoming of age in the 1930s, 1940s, 1950s, and 1960s when institutional bigotry, hatred, and stigma were commonplace. They lived during an era of "forced segregation and enforced Jim Crow etiquette" (Cooper-Lewter 2007, p. 214).

Elderly Black LGBT persons may exhibit a disproportionate rate of historical hostility (Vontress and Epp 1997) relating to past dealings with Whites and systems of oppression and discrimination. For example, the Tuskegee Syphilis experiments in which Black men were infected with and untreated for syphilis and allowed to die during the 40-year study remain fresh in the minds of many African-American elders. The United States Public Health Service (USPHS) designed the Tuskegee Syphilis Study, and during its existence, the men in the study were not provided with treatment and, in some instances, were prevented from obtaining treatment (Loue 2014). The Tuskegee study is a reminder that of how Black people may be at risk from the medical community and it serves to increase distrust of health professionals and researchers, as well as decrease participation of Blacks in clinical trials. The historical devaluation of Black bodies (Lemelle 2003) continues to produce significant negative health outcomes of African-Americans. Even with social transformation, African-American LGBT elders continue to possess vivid memories of institutional and structural discrimination associated with race, gender, gender identity, socioeconomic status, and sexual orientation (Francis and Acey 2013). Like for all LGBT elders, Black LGBT elders had the additional experience of coming of age at a time of acute homophobia at every level of society (Funders for Lesbian and Gay Issues 2004) and being medically classified with a psychiatric disorder and being subject to criminal charges because of their sexual orientation (Woody 2012). Until 1973, the American Psychological Association (APA) considered homosexuality to be a mental illness.

The reaction of individuals with distrust toward an individual or group who have acted in a discriminatory way toward them is commonplace. In general, LGBT persons mistrust heterosexuals; LGBT persons of color may distrust White LGBT individuals; transgender and bisexual persons may distrust gays and lesbians; lesbians may distrust gay men; older LGBT persons may distrust young LGBT individuals; and so on. "The oppressor and the oppressed are changing social phenomenon, dependent on context" (Eliason and Schope 2007, p. 21). The impact of dual or multiple identities of race, age, class, gender, gender identity, and sexual orientation intersects in diverse ways, which depending on rigidity of labels allows adaptations to changes in one's cultural and sexual landscape (Rust 1996).

Frequently, African-American LGBT elders are cautious about where they seek services whereas to avoid discrimination (Redman and Woody 2012). Table 6.5 identifies some concerns LGBT elders have about healthcare environments, which are magnified twofold for African-American and other ethnic minority LGBT persons. African-Americans across the age spectrum tend to underuse mental health services to the exclusion of needed mental health specialist for the following reasons: (a) reliance on personal connections such as family members, friends, and other community members, (b) reliance on primary care providers or other non-specialists, (c) dependence on emergency departments for diagnosis and treatment of mental health concerns, and (d) use of folk remedies, faith leaders, herbalists, and other nonstandard modes of care (Primm and Lawson 2010). Regardless of race, studies consistently find that LGBT persons have negative interactions with their healthcare providers and are less likely to disclose their sexual identity and behavior (Bernstein et al. 2008; Fredriksen-Goldsen et al. 2011; Funders for Lesbian and Gay Issues 2004; Mayer et al. 2008; Somjen 2009). Discrimination related to race/ethnicity and sexual orientation or gender identity can be considered a social risk for Black elderly LGBT persons' health and well-being

Research suggests that older LGBT persons are generally well adjusted (Graham 2011); however, compared to the general population, gay and bisexual men are twice as likely to have mental health concerns, and lesbian and bisexual women are three times as likely (Grant et al. 2009). However, the number of Black LGBT participants in theses studies is low. Although Black older adults have lower rates of psychiatric illness, including depression, than older White adults (Jimenez et al. 2010), substantial

Table 6.5 Concerns of behaviors from healthcare providers

Hostility
Rejection
Invisibility
Denial of care
Stigmatization
Anti-gay violence/safety
Multiple forms of discrimination
Reduction or poor quality of care
Inadequate/substandard health care
Refrain from touching a patient who is LGBT
Careless management of private information and identity disclosure
Inappropriate verbal and/or nonverbal responses from providers and office staff
Refusal of service providers and healthcare systems to recognize extended families within the gay community
Unfamiliarity of healthcare providers with the unique care needs of the LGBT population and ethnic minorities

Adapted from Auldridge and Espinoza (2013) and Hughes et al. (2011)

ethnic/racial disparities exist in the care given to Black older adults with depression (Shellman 2011). In comparison with other groups, Black older adults are less likely to seek help from mental health providers, are less likely to be identified as depressed, and often delay or fail to seek treatment until their symptoms are severe (McGuire and Miranda 2008; Neighbors et al. 2007). Nevertheless, a lower number of African-Americans in general seek mental health services. There are several explanations for lower rates of service participation, including culture-specific beliefs about the causes of mental illness, lack of awareness of mental health services, poverty, stigma, inadequate insurance coverage, lack of access to transportation, lack of culturally relevant approaches, and mistrust of service providers (Bailey et al. 2009; Connor et al. 2010; McGuire and Miranda 2008; Morrell et al. 2008). Even after entering the mental healthcare system, older Black adults are less likely to receive quality care.

Another potential explanation for underutilization of mental health services by older Black adults is the notion of "positive marginality" (Mayo 1982), which suggests that for those who exist and live in the margins of social arrangements result in strength, resilience, and vibrancy. Mayo explains that for people who are situated at the social margins do not necessarily internalize their exclusion or devaluation, but instead embrace differences as a source of strength and sometimes as a source of empowerment. The application of positive marginality to Black LGBT elders and their tri-vector of microaggressions, one can deduce that they may demonstrate more positive psychosocial adjustment than their younger, heterosexual, and White counterparts. In fact, Hall and Fine (2005) assert that positive marginality is the cornerstone of the Black experience that provides psychological and political tools that teach survival skills for successive generations.

Healthcare and Service Disparities

Older LGBT adults in general are an at-risk population experiencing significant health disparities (Fredriksen-Goldsen 2011), which is further exacerbated for ethnic minorities. Older adults in the general population and among LGBT groups tend to be the most frequent users of healthcare services in the USA. For older LGBT adults, health concomitants of aging may

be exacerbated by factors associated with gender and sexual orientation (Institute of Medicine Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues 2011). Historically, disadvantaged groups (e.g., ethnic minorities, LGBT adults) within the older adult population continue to have higher levels of illness, disability, and premature death (Fredriksen-Goldsen and Muraco 2010). LGBT people of all ages are much more likely than heterosexual adults to delay or not seek medical care (Institute of Medicine Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues 2011) because they usually encounter two unique obstacles in navigating healthcare, social, and human service: homophobia and heterosexism. Fear of discrimination causes LGBT elders five times less likely than non-LGBT seniors to access services (Funders for Lesbian and Gay Issues 2004). In addition, LGBT seniors of color and transgendered elders feel unwelcome even among other LGBT elders, and many view LGBT elder programs as hostile to their participation (Plumb and Associates 2003/2004). Navigating those services can be further complicated by the degree to which LGBT elders self-disclose to others (Maccio and Doueck 2002). Racial and ethnic disparities in health care exist in the broader historic and contemporary social and economic inequality and in evidence of persistent racial and ethnic discrimination in numerous sectors of American society (Institute of Medicine of the National Academies 2003). African-Americans receive necessary health care and mental health intervention at half the rate of their White counterparts (Neighbors et al. 2007). These inequities create additional barriers that do not exist for most White heterosexual older adults.

African-American and Black LGBT persons are at risk for a variety of poor physical health outcomes. Over the years, data collected have consistently demonstrated significant health disparities between minority and non-minority groups in the USA. With the passage of the Health Disparities Act, increased visibility and funding went to interventions created to address health disparities between persons of different racial/ethnic groups; however, the act neglected to place attention on the special health needs of LGBT persons. Moreover, work has been done to increase the importance of understanding and eliminating health disparities across race categories, and little work has focused specifically on the healthcare needs of ethnic minority LGBT persons (Wilson and Yoshikawa 2007). According to Wilson and Yoshikawa, "most attention to health disparities has been placed either on the needs of ethnic minorities or LGBTs, but not the needs of persons who belong to both groups" (p. 609) an, certainly not on those belonging to both groups who are elderly.

For all adults, later life is known as a period of both growth and decline, with studies overwhelmingly focused on the latter (Institute of Medicine Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research 2011), yet we know very little about the healthcare needs of African-American LGBT elders and health issues specific to aging, disability, health, and sexuality (Comerford et al. 2004; Dibble et al. 2012). Given the projected growth in the number of older African-Americans, numerous questions are raised about the health status, quality of life, and service delivery for Black LGBT elders. Some of the most urgent questions are as follows: Why are ethnic minority LGBT populations at heightened risk for poor health outcomes compared to other populations? Why are ethnic minority LGBT persons less likely than White LGBT persons to receive high-quality health care (Wilson and Yoshikawa 2007)? What are the long-term effects of discrimination, oppression, and homophobia on the lives of ethnic minorities?

Ethically, only culturally appropriate testing instruments and procedures should be used in the assessment of people of color. In addition, measure and scale used must be psychometrically reliable and valid and culturally sensitive within the LGBT communities. Disparities in service delivery for African-American LGBT elders may also be as a result of cultural bias or culturally insensitive assessment instrument and measures. Clinicians serving Black LGBT persons should be familiar with instruments or scales recommended to assess racial/ethnic identity,

acculturation, acculturative stress, sexual identity/orientation, and internalized homophobia (Chung 2007). When assessing and treating older Black LGBT persons, circumstances that are unique to them should be part of the protocol. Consideration should be given to the impact of ageism, lifelong discrimination, and racism. In addition, the role of sexism becomes more pertinent as a covariant of ageism and racism for African-American/Black LGBT elders because of cultural gender role expectations, as well as the value (lack of) that society places on women of color.

Models for Service

The provision of services to African-American and Black LGBT elders is based on theories, concepts, and methods, which have emanated largely from Western countries and with primarily White populations, despite the fact that Afrocentric and culturally specific interventions have been recommended. Scholars from various health and human services disciplines, including psychology, counseling, gerontology, social work, medicine, public health, and others, have developed and advocated for alternate paradigms and models to understand the realities in the contexts of people of African descent. In a study of LGBT health and human services needs in New York State, one reason that high rates of barriers to care were reported is attributed to current LGBT-specific and general services that do not provide culturally sensitive services to the full range of people of color.

Great emphasis has been placed on service models being inclusive of all people. However, for LGBT populations, especially in mental health services, substantial barriers exist because of a care system that is completely unprepared to deal with their needs. In addition, LGBT persons face harassment in general and participate minimally in mental health programs, and they go off their medication, spiral down, and in a few months are back in the hospital. For these reasons, a specialized system of care is needed to meet the needs of LGBT elders of color; thus, an ethno-specific system appears to be more appropriate. Mainstream services are not always welcoming to Black LGBT persons. It is important to recognize that treating people in the same way does not account for difference and in treating people equally may tantamount to discriminatory treatment. In essence, treating everyone in a uniform way ignores differences. The aim should be to treat every individual with the same level of dignity and respect (Social Care Institute for Excellence [SCIE] 2011). Ethno-specific programs and services do not imply an acceptance of the need for separate services for all ethnic elderly LGBT. Nevertheless, moving beyond the controversy over the pluralistic versus assimilative nature of American society, a pluralistic or multicultural model allows for inclusiveness. In the post-separate but equal era, one of the primary objections to separate programing is that if all ethnic groups subscribe to a common core of American values, it should be possible for ethnic groups to benefit from mainstream programming (Gelfand 2003). Unfortunately, this oversimplification often ignores the long-standing historical hostilities (Gelfand 2003) that have existed among LGBT Black elders, as well as mistrust and justified paranoia toward discrimination and microaggressions (Sue and Sue 2013) of which they are subjected.

According to Social Care Institute for Excellence (SCIE), LGBT persons do not necessarily feel they need special treatment, but they do not want to have to explain or justify their lives or relationships; instead, they want to be in an environment in which service providers understand issues related to LGBT persons and are competent to work in an inclusive, anti-discriminatory way. For African-American and Black LGBT elders, this sentiment becomes magnified with the addition of race and age. Thus, person-centered approaches are recommended as a means of service delivery. The multiple and intersecting identities of Black LGBT elders can come into play when designing person-centered services because they have usually experienced homophobia,

transphobia, and racial discrimination in their lives and have concerns of losing choice and control over their care. For LGBT elders to have choice and control over their care and support, "they need to have accessible, sensitive mainstream services as well as the opportunity to get support from specialist services" (SCIE, p. 3).

Another emphasis of service model is on cultural competency of service providers. Too often, Black LGBT elders enter a system in which they experience the tri-vector barrier to race and ethnicity, age, and sexual orientation and gender identity. In the USA, the Affordable Care Act (ACA) may benefit LGBT populations in a variety of ways since it requires the development of a culturally competent and diverse healthcare workforce that has expertise providing care to underserved populations such as the LGBT communities. The ACA prohibits insurance companies from denying coverage based on pre-existing conditions, which would be beneficial to Black LGBT elders, of whom have many chronic conditions (Fredriksen-Goldsen et al. 2011). The ACA affords access to healthcare services, which for older Black LGBT populations may provide consistency of care (e.g., a routine annual checkup) and health outcomes (e.g., early detection, providers who are familiar with medical histories), remove barriers, and foster trust in healthcare settings (American Medical Association 2009). The reader is referred to Chap. 19 for additional information on the impact of ACA on LGBT elders.

Older adults disproportionately experience isolation. A complex set of circumstances and factors that exist at the individual, social network, community, and societal levels contribute to isolation (Elder and Retrum 2012). Elder and Retrum suggest that many disciplines, including sociology, psychology, social work, nursing, public health, gerontology, medicine, social neuroscience, public policy, and urban planning, have recognized isolation and offer approaches to isolation in older adults. There is extensive overlap across disciplines in how isolation among older adults is conceptualized (see Elder and Retrum 2012). LGBT elders have risk factors for isolation that are compounded by less support from family members and fear of facing stigma and discrimination in the health and legal systems (Muraco and Fredriksen-Goldsen 2011). In a study of African-Americans and White older Americans, Troxel et al. (2010) found that African-Americans were the most isolated. Among older African-Americans, Black women are most likely to be socially isolated and to possess the lowest amount of social support and capital, to not to have a source of reliable transportation, to being limited in life space, to limiting activities for fear of an attack, and to not being married (Locher et al. 2005). As a marginalized group, social isolation might be intensified for African-American LGBT elders, who may be isolated from their racial community as LGBT older persons and isolated from the mainstream LGBT community as people of color (Fredriksen-Goldsen et al. 2011). In response to social isolation among LGBT elders of color, GRIOT Circle developed an intervention program called Buddy-2-Buddy. The program pairs elders who are homebound or in facilities with more active elders for visits and invites them to join in activities. The objective is to promote independence and self-reliance among LGBT elders by countering isolation and restricted mobility. Buddy-2-Buddy distinguishes itself in work with elders of color who are often reticent about discussing personal problems with strangers or outsiders (http://www.asaging.org/blog/reducing-isolation-community-engagement-service-model.pdf). In general, African-American populations, especially elders, do not share their problems with outsiders because of a high degree of distrust and privacy.

Because of multiple medical and psychosocial issues among Black LGBT elders, a team approach or collaborative model in the treatment of persons from this age, race/ethnic, and sexual orientation/gender identity group should always be used (Paniagua (2014). In addition to the clinician, physician, or mental health professional, Vazquez et al. (2010) recommend the inclusion of social workers, cultural healer, at least a family member, nursing home of care facility administrator, and the religious leader (if requested by the person and/or family as members of a

multidisciplinary team. Conversely, a continuum of care is frequently used to classify services for the elder in the USA (Gelfand 2003). This continuum entails moving from placing no restrictions to becoming more restrictive. Gelfand explains that serious problems underlie the concept of the continuum of care because it does not represent the reality of American programs and services for elders. The continuum of care model is based on the faulty assumption that elderly persons have only one need at any one point-in-time. As mentioned previous in this chapter, elderly persons have multifaceted needs, and these needs may be extensive. Older persons in general and African-American LGBT elders specifically need a combination of services, and the components of these services may vary over time.

Finally, the Black community has a helping tradition and "being part of a unique community has long dominated the social consciousness of African-Americans," which emerged from a commonality of experience related to racism and oppression (Rasheed and Rasheed 2004, p. 142). Although the Black community is considered to be more homophobic than the general population, African-American LGBT persons contend to have always had more of a sense of belonging to the Black community than LGBT communities. Therefore, a consolidated approach of community-based, outreach, gatekeeper, and case-find model might offer a practical approach to identification of LGBT elders in need of services and service delivery. In fact, the Gatekeeper Model of Case Finding was created in 1978 by Raymond Raschko, a social worker in Spokane, Washington, as a community-wide system of proactive case finding to identify at-risk older adult who remain invisible to the service delivery systems created to serve them. Gatekeepers are people in the community (e.g., postal service worker, apartment manager, meter reader, code enforcement workers, emergency response teams, business owners) who come into contact with older persons through their everyday activities. They are trained to look for signs and symptoms that might indicate that an older person needs assistance (http://Spokane.wsu.edu/researchoutreach/wimhrt/A7.pdf). Using the gatekeeper model as the core of the consolidated approach offers Black LGBT elders an informal response and referral system that they may trust. The more service models that are available to deliver programming to African-American LGBT elders might increase their options to get assistance. Community-based programs have proven to be effective with in the Black community.

Policy Issues

The role of gender and sexuality is increasingly critical to policy development and implementation. The Black Racial Congress has incorporated gay rights issues as part of its agenda. One of their principles, "Gender and sexuality can no loner be viewed as a personal issue but must be a basic part of our analyses, politics, and struggles," underscores the importance and urgency to integrate gay rights into broader issues affecting the African-American community (National Black Justice Coalition 2009). Leaders in the Black community support the rights of LGBT persons as civil rights and as public policy issues. In 2005, Julian Bond as chairman of the NAACP emphasized that gay rights are civil rights, and the Rev. Al Sharpton, founder of the Harlem-based National Action Network, stated, "unless you are prepared to say gays and lesbians are not human beings, they should have the same constitutional right of any other human beings" (National Black Justice Coalition 2009, p. 4).

Health disparities among African-American elders and their LGBT counterparts are alarming, and these populations remain largely invisible in services, policies, and research (Fredriksen-Goldsen and Muraco 2010; Metlife 2010). Research suggests that knowledge of health and health disparities is crucial to inform the development and implementation of effective services and public policies (Auldridge and Espinoza 2013; Comberford et al. 2004; Fredrikson-Goldsen et al. 2011; MetLife 2010; Wilson and Yoshikawa 2007). Fredriksen-Goldsen et al. (2011) assert that in order to develop policies and effective interventions to

Table 6.6 SAGE recommendations for policy and practice for older LGBT of color

Include specific provisions for LGBT elders in the Older Americans Act (OAA), ensuring that vulnerable LGBT elders of color are able to age in good health and with broad community support
Ensure that community services and supports in the OAA are offered in a culturally and linguistically competent manner, better reaching LGBT elders of color
Increase federal funding for organizations and programmatic interventions targeting LGBT elders of color
Ensure that implementation of the Affordable Care Act engages LGBT elders of color as advocates, so that new health reform effectively reach communities of color and LGBT communities that are dealing with aging challenges
Strengthen Social Security and increase access for LGBT elders and elders of color who experience diminished economic security in their retirement years. A stronger, more inclusive Social Security will enhance the lives of millions of LGBT people of color
Improve data collection on sexual orientation and gender identity to better identify and address health disparities among LGBT elders of color
Decrease elder abuse among more vulnerable and socially isolated elders by strengthening outreach and community support to LGBT elders of color
Increase federal funding for safe and affordable senior housing and housing supports, while expanding the development of culturally and linguistically competent senior housing communities
Strengthen the federal response to HIV and aging, which includes public awareness about the issue, equipping aging, and healthcare providers with the skills to effectively serve older adults with HIV, and specifically addressing the impact of the epidemic on LGBT elders of color
Eliminate discriminatory exclusion of medically necessary transition-related care from federally funded health programs impacting LGBT older people of color

Adapted from Auldridge and Espinoza (2013)

address the needs of LGBT elders, we must first understand the conditions and factors that result in health disparities and lack of access to aging and health services. Formation of policy will continue to be compromised until we have a thorough understanding of the needs of Black LGBT elders.

Questions on sexual orientation and gender identity are rarely asked in Federal surveys or by state and local aging service providers, resulting in limited ability to understand the nature of health disparities among older Black LGBT persons. Auldridge and Espinoza (2013) recommend the federal agencies (e.g., AOA, Centers on Medicare & Medical Services) should include uniform questions on sexual orientation and gender identity in their national survey instruments and encourage state and local agencies to follow suit through their aging systems. Other recommendations by Auldridge and Espinoza on policy and practice for older LGBT persons of color are presented in Table 6.6. Equitable distribution of program resources requires consideration of the relative needs of Black LGBT elders. For example, elderly Black persons have a shorter life expectancy than White or Latino elderly. The equity argument has been put forth that because of this shorter life expectancy, African-Americans should qualify for programs and services at an earlier age (Gelfand 2003).

In the UK, the Equality Act of 2010 provides protection against discrimination for protected classes, including sexual orientation and gender identity. Comparable legislation in the USA includes Title VII of The Civil Rights Act, the Protection of Freedom Act (2012), and the Employment Nondiscrimination Act (ENDA). Some individuals will argue that the Constitution of the USA is the ultimate legislation that includes rights and protections for all persons, including LGBT persons and African-Americans. Other legislation varies state-by-state.

Barriers to effective and appropriate services for African-American LGBT elders can be eliminated through policy reform at institutional,

community, and system levels. Thus, to improve healthcare access and health outcomes across the population of Black LGBT elders, we must implement policy that can reach entire communities (Wilson and Yoshikawa 2007). Policy makers should explore best practices and evidence-based practices to develop policy for African-American LGBT elders. Cost of implementation should not be the only or primary determining factor in policy development and implementation.

Summary

African-American and Black LGBT elders in the USA have been victims of a dualistic and bias system of health care and service delivery. These individuals have come to distrust service providers and the system of care that are designated for their care. Research suggests that these mistrusts, cautions, and suspicions continue to have credence. In fact, Sue and Sue (2013) refer to this mistrust as a "healthy cultural paranoia" by African-Americans that can serve as a coping strategy with respect to racism (p. 375). While various disciplines have begun to study the cultural, psychological, wellness, and resilience of elderly African-American and other LGBT persons of color, more understanding of their circumstances, life experiences, and needs is needed. Just as African-American and Black LGBT populations have differences and distinctions from White LGBT communities, there are numerous commonalities and convergences (Meyer 2010). However, recommendations for inclusion of African-American and Black LGBT elders in policy must move beyond an additive approach in which race and ethnicity are incorporated as the "other."

Healthcare and human services providers have the responsibility to make available appropriate and effective services to all consumers, regardless of minority status (Maccio and Doueck 2002). The need and advocacy for equity in services for LGBT elders are well documented (e.g., American Society on Aging; Auldridge and Espinoza 2013; Fredriksen-Goldsen et al. 2011, 2013; Movement Advancement Project [MAP]; MetLife 2010; Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders; Wilson and Yoshikawa 2007), and with the rapid expansion of both aging and ethnic minority populations, the time is now to increase the quality and quantity of services for those among them who are LGBT.

Learning Exercises

Self-Check Questions

1. What types of challenges do African-American LGBT elders face that differ from those of their White counterparts?
2. How do historical hostilities influence help-seeking behavior of older African-American LGBT persons?
3. What type of income constitutes the largest share of income of older African-Americans?
4. Who was one of the first documented cases of an African-American transgender person?
5. Explain how the long-term financial stability of many LGBT elders of color is shaped by employment discrimination.

Experiential Exercises

1. Identify a Black Church that is accepting of LGBT persons and volunteer to help to establish a senior program and resources that is inclusive of LGBT elders.
2. Develop an anthology or documentary of older LGBT African-Americans.
3. Identify one way in which you can change the life of an LGBT African-American elder and work with him or her to implement it.

Multiple-Choice Questions

1. Which of the following African-American group is rarely researched outside of a focus on HIV/AIDS?
   a. Gay men
   b. Lesbians
   c. Bisexual men
   d. Heterosexual men
2. Which of the following increases acceptance of sexual orientation for older LGBT African-American/Blacks in their families?
   a. Coming out at an early age
   b. Strong religious ties
   c. Lack of disclosure
   d. Partial disclosure
3. In which community does the majority of older African-American/Black LGBT persons find more support and refuge?
   a. LGBT community
   b. Black community
   c. Both of the above
   d. Neither of the above
4. Which of the following is not as prevalent a characteristic in the Black community as it is in the gay community?
   a. Sexism
   b. Ageism
   c. Heterosexism
   d. Internalized homophobia
5. Unlike their younger counterparts, in which of the following cultural perspectives did African-American/Black LGBT elders experience their development?
   a. Dual identity framework
   b. Bicultural framework
   c. Racism, homo-prejudice, and aging
   d. Integration, social visibility, and aging
6. The statement, "Gender and sexuality can no longer be viewed as a personal issue but must be a basic part of our analyses, politics, and struggles," is attributed to which of the following Black organizations?
   a. Southern Christian Association
   b. National Association for the Advancement of Colored people
   c. National Black Justice Coalition
   d. Black Racial Congress
7. Which of the following are reasons as to why African-Americans underuse mental health services?
   a. Reliance on primary care providers
   b. Reliance on family members, friends, and other community members
   c. Dependence on emergency departments for diagnosis and treatment of mental health concerns
   d. All of the above
   e. None of the above
8. Which of the following approaches should be used in the treatment of African-American/Black LGBT elders?
   a. Multidisciplinary
   b. Continuum of care
   c. Selective service model
   d. Consciousness model
9. Which group among older African-American/Black adults tends to be the most economically insecure and isolated?
   a. Men
   b. Women
   c. Gay men
   d. Baby boomer
10. Which of the following is a primary barrier to quality services for African-American /Black LGBT elders?
    a. Lack of control over their care
    b. Limited transportation
    c. Lack of culturally competent service providers
    d. Prohibitions of insurance carriers

Key

1-a
2-c
3-b
4-b
5-c
6-d
7-d
8-a
9-b
10-c

Resources

BGRG (Black Gay Research Group): BGRG was developed to address the paucity of research regarding the disproportionate HIV infection rates among Black MSM. BGRB is made up of Black gay men who engage in interdisciplinary research in the fields of African diaspora studies, gender studies, sexuality studies, and public health (http://www.thebgrg.org).

Diverse Elders Coalition: The DEC advocates for policies and programs that improve aging in communities as racially and ethnically diverse people. The Coalition is made up of five national organizations representing a growing majority of millions of older people throughout the country (www.diverseelders.org).

GLAAD'S Communities of African Descent (COAD): COAD provides a Resource Kit with guidelines, terminology, and contact information for leading Black LGBT organizations and individuals as tools for more inclusive, fair, and balanced coverage of the Black LGBT community (http://www.glaad.org/publications/coadkik).

GMAD (Gay Men of African Descent): (gmad@gmad.org).

GRIOT Circle: An intergenerational and culturally diverse community-based social service organization responsive to the realities of older LGBT and two-spirit people of all colors (www.griotcircle.worldpress.com).

NBGMAC (National Black Gay Men's Advocacy Coalition): NBGMAC is committed to improving the health and well-being of Black gay men through advocacy that is focused on research, policy, education, and training (http://www.nbgmac.org).

NBJC (National Black Justice Coalition): (http://www.nbjcoalition.org).

ULOAH (United Lesbians of African Heritage): (http://www.uloah.com).

ZAMI NOBLA *(National Organization of Black Lesbians on Aging):* ZAMI is an organization for lesbians of African descent based in Atlanta, Georgia (http://www.zami.org).

ZUNA Institute: Organized in 1999, ZUNA Institute is a national nonprofit organization for Black lesbians that address issues on health, economic development, education, and public policy and strives to eliminate barriers and other forms of social discrimination (www.zunainstitute.org).

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