



MAIN REPORT

Visible Lives

IDENTIFYING THE EXPERIENCES AND NEEDS
OF OLDER LESBIAN, GAY, BISEXUAL AND
TRANSGENDER PEOPLE IN IRELAND

Visible Lives

Identifying the experiences and needs
of older Lesbian, Gay, Bisexual and
Transgender (LGBT) people in Ireland

Age is opportunity no less,
Than youth itself, though in another dress,
And as the evening twilight fades away,
The sky is filled with stars, invisible by day.

Henry Wadsworth Longfellow (1875), *Morituri Salutamus*

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FOREWORD

by Kathleen Lynch T.D. , Minister for Disability, Equality, Mental Health and Older People

Huge progress has been made in recognising and supporting lesbian, gay, bisexual and transgender (LGBT) people in Ireland. In the space of twenty years we have seen the decriminalisation of homosexuality and the introduction of a sophisticated equality infrastructure, with the Employment Equality Act 1998 and the Equal Status Act 2000 having been at the forefront internationally in naming sexual orientation as a specific equality ground and in extending its scope outside the field of employment. More recently, in 2010 comprehensive Civil

Partnership legislation was introduced and the Government is determined to bring forward legislation later this year to provide for the recognition of the acquired gender of transgender people, on the basis of the recommendations of the Gender Recognition Advisory Group published in June.

This report is the first comprehensive study of the lives of older LGBT people in Ireland. It offers unique insights into the lives of those people who have lived through and been most personally affected by these changes in Irish society. It shows the negative consequences for LGBT people of living through a period where a fundamental aspect of their identity - to be themselves and to live openly and securely with the person they love - was stigmatised, criminalised or even viewed as an illness.

But the stories revealed in the study are also hopeful and inspiring, especially as they demonstrate the resilience of many LGBT people in overcoming adversity and in meeting the challenges they faced. It is also really interesting that the participants in this study take pleasure and strength from the progress that has been made and from seeing a younger generation of LGBT people able to live their lives more openly.

In common with other older people, the participants in this study want to be as independent as long as possible as they age and are fearful as to how they will be treated or what options will be available to them when they are no longer able to look after themselves.

An extra dimension of concern for LGBT people however, is the fear that services for older people, such as nursing homes or retirement communities will not recognise or respect their LGBT identity or their key relationships, especially with their partners. It is also notable that a large number of older LGBT people in this study still fear that disclosure of their identity will lead to the loss of friendships or even harassment.

The specific concerns that have been raised in the report suggest that further work is necessary to ensure that health and other services are open and responsive to the particular needs of older LGBT people.

As Minister with responsibility for older people, I am tasked with bringing coherence to Government planning, policy and service delivery for older people, in the context of a Government commitment to complete a National Positive Ageing Strategy that will set the strategic direction for future policies, programmes and services for older people.

The findings and recommendations of this report will inform progress of the broader agenda of enhancing the status and visibility of older people in Irish society and promoting the positive ageing of older people in Ireland - including older LGBT people. The cross-sectoral approach used in the study provides an important model for future work in this area, to ensure the diverse range of issues and needs identified in the report can be addressed.

I would like to congratulate GLEN, their partners in Age and Opportunity and the Health Service Executive, and the research team from Trinity College Dublin on the production of this significant study, the outcome of a very positive partnership.



FOREWORD by Catherine Rose, CEO, Age & Opportunity



I welcome the publication of *Visible Lives*, this ground-breaking research, which makes dramatic and compelling reading. Older LGBT people often experience a double invisibility, constituting an invisible minority within the minority constituted by older people, already marginalised by the western emphasis on youth, physical beauty and economic productivity. A consciousness of this provided the motivation for Age & Opportunity, through its Get Vocal programme, to support this research. We are pleased with how the research has gone on to richly illuminate many

aspects of the experience of older LGBT people.

With little international research on the subject of older LGBT people, and none in an Irish context, this study provides a valuable insight into the lives of people aged 55 and over who grew up in a context where their LGBT identity was characterised as unacceptable, abnormal and sinful, and where concealment was often considered necessary to avoid bringing shame on families. The exclusion experienced often 'in turn led to employment discrimination and disempowerment and, for many, marginalisation from family and community.'

Unsurprising then that sadness and grief is palpable in the stories that emerge as the participants reflect on their lives. They talk of being shunned by family and friends and describe loss and grief arising from the circumstances of their lives or the deaths of loved ones.

Nonetheless, the narratives are imbued with individual stories of courage, resilience, ability to move beyond adversity, to integrate negative experiences and live a fulfilled life. It is also obvious that many of the respondents experience a sense of pride in being the first generation of out LGBT people, and rejoice in being true to their authentic selves.

There are, however, fears expressed about what older age will bring - fears that they will be unwelcome within mainstream ageing programmes, and excluded from LGBT organisations due to a youth-orientated culture. Other fears focus on the potential loss of independence that accompanies deteriorating health and the possibility of living in long-term care settings that would not respect LGBT identity. The sentiment, 'I would go out of my mind if I wasn't independent. I would hate to be a burden on anyone,' expressed by one respondent is no different to what many older people feel in the non-LGBT community. Despite, for the most part, having very different experiences in youth and early adulthood we all have a lot in common with advancing age.

The Report makes many important recommendations for policy changes. We at Age & Opportunity would wish that the Report also provide an impetus for older people with LGBT identity, particularly experienced campaigners, to become vocal about ageism and age discrimination, and, indeed, that age organisations and community services aimed at older people actively ensure that they are inclusive of LGBT people. The campaign for equality for older people will benefit from including the full range of life experience and expertise, and together we can work towards improved policies and services.

As well as colleagues at Age & Opportunity, in which I include the members of the Get Vocal Steering group, I would like to acknowledge the work of GLEN and the authors of this report. I also wish to take this opportunity to acknowledge the Atlantic Philanthropies, funders of our Get Vocal programme, without whose support this research would not have been possible.



FOREWORD

by Kieran Rose, GLEN Chair

The Visible Lives study is the first study of its kind in Ireland. It documents the experiences and needs of older lesbian, gay, bisexual and transgender (LGBT) people and draws on these experiences to identify effective strategies to support positive ageing among older LGBT people.

This hugely important report gives a detailed description of the lives of the participants, who grew up at a time when they faced considerable prejudice and stigma. For too many, this led to marginalisation from family and community as well as

discrimination and exclusion in key areas of their lives.

The report also documents the resilience of the participants in dealing with the difficulties they experienced. They expressed a strong sense of pride about being the first generation of 'out and older' LGBT people and in seeing a younger generation of LGBT people living their lives in a more open and supportive environment.

As they enter the later years of their lives, older LGBT people can be faced with a double invisibility both as older people and as LGBT people. While some of the issues facing older LGBT people may be similar to those for all older people, there is a growing awareness of the need to identify the specific issues older LGBT people face. Participants were particularly concerned that older age services may not recognise or respect their LGBT identity, may not respect their partners in decision-making or may discriminate against them as LGBT people.

The participants' stories are a powerful reminder of the importance of the legislative and social progress of the last twenty years, and the profound impact this has had on their lives and on LGBT people more generally. In particular, the introduction of the Civil Partnership Act in 2010 has radically increased the rights and responsibilities, and the social status, of lesbian and gay couples, especially in areas crucial for older couples such as pensions, health care, social welfare and taxation. This progress is a strong platform from which the recommendations made in this report can be implemented.

GLEN would like to thank each of the participants for taking the time to share their stories, which at times are deeply moving and inspiring. Their stories will provide a very valuable insight for policy-makers and service providers into how positive ageing can best be supported among the LGBT population for years to come.

GLEN was able to commission this study with the generous support of Age and Opportunity under their innovative Get Vocal programme. This programme aims to spark initiatives that will help society to understand and respond to older people's needs and hopes. We welcome Age and Opportunity's leadership and commitment to championing greater participation of older people in Irish society including older LGBT people and look forward to continuing our partnership with Age and Opportunity and other older age organisations.

GLEN is also grateful for the support of the Health Service Executive and all of the agencies and individuals who participated in the Research Advisory Group whose support and expertise has been of great assistance. Finally GLEN would like to thank Prof. Agnes Higgins, Danika Sharek, Edward McCann, Fintan Sheerin, Michele Glacken, Marianne Breen and Mary McCarron who have produced an exceptional research report and did so with great professionalism and sensitivity.

I would also like to pay particular tribute to Odhran Allen, GLEN's Director of Mental Health who has played a pivotal role in the design and delivery of this excellent report.

GLEN looks forward to the time when all LGBT people are fully supported to grow, thrive and age at the heart of Irish society.

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ACKNOWLEDGMENTS

By Agnes Higgins, Professor Mental Health,
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We thank all those who have assisted the project team in carrying out this research. In particular, the participants who gave their time to complete the survey, shared their stories and experiences in the in-depth interviews, and gave us a wealth of information for future direction.

We are also indebted to all the organisations and individuals who assisted us in advertising and recruitment for the study.

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LIST OF TERMS

Advance directives are instructions given by a person should they become incapacitated and no longer able to make decisions regarding their healthcare. Examples of advance directives include living wills and assigning power of attorney. As there is no legislation that directly recognises and enforces advance directives in Ireland, their legal status remains unclear.

Ageism is the stereotyping of or discrimination towards people due to their age.

Bisexual is a term used to describe someone who is sexually and romantically attracted to both males and females.

Coming out is a process that involves a lesbian, gay, bisexual or transgender person developing an awareness of an LGBT identity, accepting one's sexual orientation or gender identity, choosing to share the information with others and building a positive LGBT identity (King and Smith 2004). It not only involves coming out, but staying out and dealing with the potential challenges that one might encounter as an LGBT person.

Families of choice, or 'friendship families', refer to non-familial social networks, which have been highlighted as playing a larger role in the lives of LGBT people when compared to heterosexual people.

Female-to-Male (FTM) Transgender refers to a person assigned 'female' at birth but who identifies as male.

Gay is a term traditionally used to describe a man who is sexually and romantically attracted to other men. While the term 'lesbian' is typically used to describe women who are attracted to other women, many women with same-sex attractions self-identify as 'gay'.

Gender identity refers to how a person identifies with a gender category. For example, a person may identify as either male or female, or in some cases as neither, both or something else.

Gender identity disorder is a controversial term. Within the medical world it refers to a formal medical diagnosis for the condition in which a person experiences persistent discomfort and disconnect with the biological sex with which

they were born. It was included in the Diagnostic and Statistical Manual of Mental Disorder (DSM-IV) in 1994 as a replacement for the term 'transsexualism'.

Gender reassignment surgery refers to a variety of surgical procedures by which the physical appearance and function of existing sexual characteristics and/or genitalia are altered to resemble that of another sex.

Heteronormative, or the 'heterosexual norm', refers to the assumption that heterosexuality is the only sexual orientation. It is closely related to 'heterosexism' (see below) and can often cause other sexual orientations to be ignored and excluded.

Intersex refers to a person born with biological sex characteristics that are neither exclusively male nor female.

Heterosexual is a term used to describe someone who is sexually and romantically attracted to a person of the opposite sex.

Heterosexism is the assumption that being heterosexual is the typical and 'normal' sexual orientation, with an underlying assumption that it is the superior sexual orientation. This assumption often results in an insensitivity, exclusion or discrimination towards other sexual orientations and identities, including LGBT.

Homophobia is a dislike, fear or hatred of lesbian and gay people.

Internalised homophobia is the homophobia of a lesbian, gay, or bisexual person towards their own sexual orientation. It has been described as the conscious or unconscious incorporation of society's homophobia into the individual. It can be recognised or unrecognised by the individual but has been found to lead to struggle and tension, sometimes severe, for a person when dealing with their sexual orientation and identity.

Intersex is an umbrella term used to describe a variety of conditions in which a person is born with anatomy or physiology that does not fit societal definitions of female or male (e.g. sexual or reproductive anatomy, chromosomes, and/or hormone production).

Lesbian is a term used to describe a woman who is sexually and romantically attracted to other women.

LGB is an acronym for 'lesbian, gay and bisexual'.

LGBT is an acronym for 'lesbian, gay, bisexual and transgender'.

LGBT-friendly refers to services, programmes, groups and activities which recognise, are inclusive of and welcoming to, LGBT people.

LGBT-specific is a term used to describe services, programmes, groups and activities that are aimed at and cater specifically to LGBT people.

Mainstream is a term used to describe services, programmes, groups and activities which are not aimed at or do not cater specifically for LGBT people.

Male-to-Female (MTF) Transgender refers to a person assigned 'male' at birth but who identifies as female.

Minority stress is based on the premise that LGBT people, like members of any minority group, are subject to chronic psychological stress due to their group's stigmatised and marginalised status. While LGBT people are not inherently any more prone to mental health problems than other groups in society, coping with the effects of minority stress can be detrimental to LGBT people's mental health.

SD is an abbreviation for 'standard deviation', a statistical term describing the variation of values around the mean. A low standard deviation means that the values tend to be very close to the mean, whereas a high standard deviation indicates that the data are spread out over a larger range of values.

Self-harm refers to the act of harming oneself in a way that is deliberate but not intended as a means to suicide. Examples of self-harm include cutting, scratching, hitting, or ingesting substances to harm oneself.

Sexual identity refers to how a person identifies whom they are sexually and emotionally attracted to. It includes a wide range of identities, with the most typical being gay, lesbian, bisexual and heterosexual. A person's sexual identity may be

different than his or her sexual behaviours and practices.

Sexual orientation refers to whom a person is sexually and emotionally attracted. It includes a wide range of attractions and terms, the most common being gay, lesbian, bisexual and heterosexual.

Transgender is an umbrella term referring to people whose gender identity and/or gender expression differs from conventional expectations based on the gender they were assigned at birth. This can include people who self-identify as transsexual, transvestite, cross-dressers, drag performers, genderqueer, and gender variant.

Transphobia is a dislike, fear or hatred of people who are transgender, transsexual, or people whose gender identity or gender expression differs from the traditional binary categories of 'male' and 'female'.

Transsexual is a controversial and contested term. It refers to a person whose gender identity differs from the sex assigned to them at birth. It was removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) in 1994 and replaced with gender identity disorder.

Transitioning is the process through which a person takes steps to live in their preferred gender. This can include changing appearance, mannerisms, name/pronouns, legal documentation, and other personal, social, and legal changes. This may also include undertaking hormone replacement therapy and/or gender reassignment surgery.



EXECUTIVE SUMMARY

INTRODUCTION

Internationally, there is agreement that older LGBT people are a ‘doubly invisible group’; hence, research that specifically addresses their lives, needs, and aspirations is sparse. As no Irish studies exist that explore issues for older LGBT people, this research aims to fill this gap in knowledge by examining the circumstances, experiences and needs of LGBT people aged 55 and over living in Ireland.

The objectives of the study were to:

- Examine the general circumstances of older LGBT people in Ireland (aged 55+) including demographics, living circumstances, relationship status and employment status and to assess the subjective well-being and quality of life of this group.
- Gather information on positive and negative LGBT-related experiences such as coming out, family, friends and support networks, parenting, LGBT-community participation and experiences of discrimination or social inclusion among older LGBT people in Ireland.
- Ascertain the views of older LGBT people on how services and support agencies can be inclusive of their needs.
- Identify recommendations in terms of policy, practice and future research.

RESEARCH DESIGN

The research design adopted for the study was an exploratory design using a mixed method approach. Both quantitative and qualitative data were collected using two different, but complementary, methods:

- An anonymous survey that could be completed either online, over the telephone, or in hardcopy and returned via the post or email.
- In-depth face-to-face interviews with a sample of participants who had completed the survey.

Ethical approval to conduct the study was received from the Research Ethics Committee of the Faculty of Health Sciences in Trinity College Dublin.

PARTICIPANT PROFILES

SURVEY SAMPLE

- In total, 144 surveys were included for analysis in the final dataset.
- The mean age of participants in the survey was 60.3 years with the range between 55 and 80 years of age. Four out of five of the survey participants were under 65 years of age.
- Men were overrepresented in the survey sample with 65.0% of the participants identifying as male and 27.3% identifying as female. Seven percent of the participants identified as transgender (MTF). No participants identified as female-to-male (FTM).
- Approximately 60% of survey participants identified their sexual orientation as gay and 20% as lesbian. Nine percent of the sample identified as bisexual and 2% of the sample identified as heterosexual/straight. A further 2% identified as other and the remaining 6% did not use a term to identify their sexual orientation.
- Nearly 75% of the survey participants were born in the Republic of Ireland and nearly 90% indicated they were White (Irish).
- Approximately seven out of ten survey participants reported that they had completed third-level education.

- Approximately two-thirds of the survey participants reported living in towns or cities of more than 5,000 people. Participants from 25 counties out of the 26 counties within the Republic of Ireland were involved in the survey. Nearly seven out of ten survey participants reported owning their own home. Less than 1% of the sample lived in a nursing home/continuing care residence.
- There were relatively high rates of survey participants who were single (43.1%) and living alone (45.8%).
- The majority of those under 65 years of age, the typical age of retirement in Ireland, were working, while the majority of those over 65 years of age were retired.
- There was a large variation in reported household income with almost one-quarter indicating that their household income was under €19,999 per year and more than one-third reporting it to be over €50,000 per year. By far the most common source of income for participants was work or self-employment.
- Nearly 14% of survey participants were providing care to a variety of people including parents, children, siblings, partners and friends.
- Only 10 of the survey participants were not out as LGBT to anyone.

INTERVIEW SAMPLE

- In total, 36 people participated in the in-depth qualitative interviews.
- Roughly three-quarters of the interview participants were born in Ireland.
- The mean age of interview participants was 59.6 years with the range between 55 and 70 years of age.
- Twenty two of the interview participants identified their gender as male and 11 identified as female. Two participants identified as female transgender and one female participant identified as having gender identity disorder (GID).
- Most of the males in the sample identified as gay or homosexual. Most of the female interview participants identified as lesbian, with one transgender female identifying her sexual orientation as bisexual.
- About two-thirds of the interview participants were from urban areas.
- Of the 36 participants interviewed, 17 were working and 11 were retired.
- Only two interview participants were not out as LGBT to anyone.

LIVING IN IRELAND: THE EXPERIENCES OF OLDER LGBT PEOPLE

I would have known from a very early age of my orientation but I was cute [clever] enough. In actual fact, it made me very shy and very shrewd. I had the survival skills before I had the knowledge of anything else and I would have watched myself in every area of life and nobody would have known. (06 GM 70 See page 41 for an explanation of these codes)

The participants in the study provided evidence of growing up in a strongly conservative culture in which issues around sex and sexuality, even 'normative heterosexuality', were considered off-limits; subjects that were brushed aside and hidden. Within this context, the language and role models for LGBT identity were virtually absent, with participants left to struggle alone with what they perceived as 'being different' and 'other'. While some people managed to come-out successfully as an LGBT person, others kept their LGBT identity hidden or suppressed. Interview participants spoke of developing a range of strategies for concealing or hiding their sexual orientation and gender identity struggles including: cautiousness, discretion, developing divided lives, voluntary exclusion, living a 'straight life' and emigration. Although the vast majority of survey and interview participants were currently out as LGBT to at least one person, the findings suggest that many participants went through the whole of their

adolescence and early adulthood without disclosing their LGBT identity to anyone and without contact with other LGBT people who knew of their LGBT identity.

- The mean age of survey participants' awareness of LGBT identity was 20 years of age (SD = 10.4) and the mean age for coming out was 31 years (SD = 12.6). The mean age of first socialising with another LGBT person who knew of their LGBT identity was 33 years of age (SD = 11.5).
- One in ten survey participants was not out to any of their close family. One in four was not out to any of their neighbours or work colleagues and a smaller proportion was not out to any of their friends. Survey participants rated the reactions they received to coming out from friends, work colleagues and neighbours as most positively. The most negative reactions to coming out came from family.
- There was a high degree of reported comfort with sexual orientation (80.4%) and gender identity (92.3%) within the survey participants. Participants felt less comfort telling others, however. A considerable minority of participants (20.6%) were uncomfortable coming out about their LGBT identity. For many, their discomfort related to a fear of harassment (26.6%) and the fear of friends rejecting them (34.6%).
- Although the benefits of coming out were described by many as the freedom to express one's sexual orientation and be true to one's gender identity, the potential losses that could ensue seemed to slow the decision to come out. For those participants who were out, the process of coming out and disclosure of their LGBT identity had varying consequences, ranging from acceptance, denial, and invalidation to complete rejection. For some participants, disclosure meant loss of relationships with parents, siblings, spouses, children and friends.
- Participants who were married and had children faced immense difficulties in making the decision to reveal their LGBT identity to their spouse and children. Participants who had children experienced deep struggles prior to eventually divulging their LGBT identity to their children, and worried that their children would be stigmatised or discriminated against.

MENTAL HEALTH AND EMOTIONAL WELL-BEING

I often think if I was to go back 15 or 16 years to the way I was, living in the environment I was living in...I was very unhappy...My health would give. I'd be completely stressed out; I couldn't handle it. So today, I'm totally relaxed and I'd tackle anything. I have no problems and I just am who I am. (28 TF Bi 62)

MENTAL HEALTH

The majority of survey participants considered their mental health to be good and rates of reported mental health problems within the study were relatively similar to or lower than rates reported amongst older people in Irish society.

- One in three survey participants (32.6%) reported having a mental health problem at some point in their lives and one in ten (11.1%) was currently taking prescribed medication for a mental health issue.

SUICIDE AND SELF-HARM

- One in ten survey participants (11.4%) reported that, at some time in their lives, they had seriously thought about ending their life and 4.5% reported that they had self-harmed in the past year.
- Qualitative findings from this study suggest that participants' suicidal and self-harm tendencies were associated with their struggles to come to terms with their LGBT identity in a society that they found discriminating and alienating, or as a result of the loss of a relationship after disclosing their LGBT identity.

SUBSTANCE MISUSE

- Approximately four-fifths (82.8%) the survey sample were current alcohol drinkers, with nearly four out of ten (38.8%) consuming alcohol on a weekly basis. Fourteen percent (14.2%) reported worrying

about their drinking and 17.2% drank five or more times a week.

- The interview findings suggest that participants used alcohol to help them cope with shyness around their sexual orientation or gender identity, to numb painful emotions and to give courage and boost confidence around coming out.
- Six survey participants (4.5%) reported using illicit drugs recreationally within the last year, with four of these reporting having done so in the preceding month.

EXPERIENCES OF VIOLENCE

- Nearly half (47.3%) of the survey participants reported being verbally insulted and 19.1% reported being punched or kicked on the basis of their LGBT identity. One-quarter (24.8%) had been threatened with physical violence and one-fifth (20.3%) had people threaten to out them.
- 15.8% of survey participants experienced domestic violence in their relationships and 6.7% of participants reported experiencing sexual violence.
- Six of the participants interviewed spoke of experiencing some form of physical and sexual violence, including stranger and date rape.

LOSS AND GRIEF

- Loss and grief was a significant part of both the survey and interview participants' lives. Nearly one in ten (8.7%) of the survey participants reported surviving the death of a partner or spouse of the same sex. One in four (25.5%) of the survey participants and ten of the interview participants were divorced or separated from a person of the opposite sex. Some of the interview participants highlighted the disenfranchised nature of their own grief and the grief of other LGBT people who had experienced the death or separation from a same-sex partner. In addition, interview participants spoke of the distress and grief experienced when friends died during the AIDS epidemic or by suicide.
- For many participants, grief was also experienced during the coming out process because of the subsequent rejection by parents, siblings and spouses. In addition, some participants initially experienced rejection from their children. For a small number, this rejection was ongoing and resulted in loss of contact with grandchildren, extended family, and consequently, the intergenerational support that other grandparents may receive as they age.

COMMUNITY PARTICIPATION AND QUALITY OF SERVICES

There's not much for anybody over a certain age...It's harder for older people...They have to make a hell of an effort compared to the younger crowd. (14 LF 59)

COMMUNITY INVOLVEMENT

In keeping with international literature, the findings of this study support that view that a high percentage of older LGBT people live alone, are non-partnered and face barriers to community involvement.

- Almost two-thirds of the survey participants (64.1%) were involved in mainstream community activities, with 53.9% reporting that they felt were part of their local community. Many interview participants described how their involvement in local community activities decreased as they aged due to lack of interest, physical health issues, employment and work issues, living in remote rural areas and, for some, the belief that 'straight' people were not accepting of LGBT people.
- Four out of five survey participants (82.6%) were involved in some form of LGBT activity. Despite the high level of involvement, only 50.0% reported feeling part of an LGBT community. Interview participants described barriers to involvement in the LGBT community, including difficulties with access for people living in rural areas, few social networks outside of urban locations,

- lack of variety for social opportunities outside of bars and clubs and the perceived youth-orientated nature of the LGBT community.

SOCIAL NETWORKING AND USE OF TECHNOLOGY

- More than 90% of participants reported regular access, use and comfort with using a computer. In terms of using the computer for social networking, there appeared to be a divide amongst participants. Some viewed the internet as a great opportunity for social networking and others expressed concerns over confidentiality, anonymity or the sexually explicit nature of some websites.

ORGANISED RELIGION

- A high percentage of the survey participants reported no religion (50.4%). Several of the interview participants considered the Catholic Church to be a major source of the discrimination experienced by LGBT people. A small number of interview participants described a movement away from the Catholic Church and a search for a more accepting church or the development of a more spirituality-based belief.

QUALITY OF SERVICES RECEIVED FROM ORGANISATIONS

- Two out of five survey participants (41.9%) reported having received poor quality service from civic and community services due to being LGBT. The most frequently reported places with poor quality of service in the previous three years were: places of worship (14.3%), hotels and B&Bs (12.2%), restaurants and pubs (9.7%) and shops (6.5%). It is notable that for some of the services listed, reports of incidences of discrimination and poor service due to LGBT identity had actually *increased* in the past three years.

EXPERIENCES OF HEALTH SERVICES

- Ninety percent of survey participants were involved with some form of health service. Nearly one-quarter of survey participants reported receiving poor quality of treatment. Two-fifths of these participants reporting their negative experience to be at least somewhat related to being LGBT.
- Roughly six out of ten survey participants were out as LGBT to either some (34.2%) or all (26.5%) of their healthcare providers. Two out of five participants (43.8%) did not feel it was necessary for health professionals to know their LGBT identity and one in five (22%) reported that they did not reveal their LGBT identity to healthcare providers for fear of a negative reaction.
- Within the interviews, several participants discussed positive stories of coming out to their healthcare service providers. This suggests that the attitudes and reactions of healthcare professionals towards LGBT people are changing; however, other participants described how healthcare practitioners assumed heterosexuality and were not responsive to their specific needs.
- Just one in three survey participants (32.5%) believed that healthcare professionals had sufficient knowledge about LGBT issues. In addition, less than half (42.9%) felt respected as an LGBT person by healthcare providers.

STRENGTH OF SPIRIT AND RESILIENCE: PATHWAYS TO COPING AND SUPPORT

We're resilient...I think the way I've coped is about a sense of balance...You need a whole range of different ingredients...You need to mix the different elements to deal with it. (o8 GM 64)

- Despite many adverse experiences, interview participants described an ability to move beyond the negativity, integrate their experiences and embrace their lives in a fulfilling manner with the majority of the survey participants (78.5%) reporting their quality of life as good or very good.
- Findings from the in-depth interviews indicated that participants used individual, as well as group processes and strategies, to help build their strength of spirit and resilience. This strength of spirit and

resilience was not something that occurred at a particular phase or time in the person's life but was something that occurred as a result of a complex convergence of factors over time, some inevitable and others fortuitous.

- Accepting oneself, letting go of negative feelings and emotions and remaining positive were central to many people's ability to integrate their experiences and embrace their identity. Other important aspects included developing self-awareness and confidence through education, having the space to explore one's LGBT identity, maintaining peer and professional support networks, experiencing accepting relationships with family, friends and colleagues, as well as keeping busy and staying active.

LOOKING FORWARD AS AN OLDER LGBT PERSON: REFLECTIONS AND CONCERNS

We are the generation who are giving meaning to being "older LGBTs", so there is challenge, adventure, a degree of excitement and surprise – and tremendous freedom! (Survey participant)

There was, in both the surveys and the interviews, a sense of pride among participants at being the first real generation of 'out and older' LGBT people. They rejoiced at their ability to be true to, or at '*one with their authentic self*'. For many, this increased comfort led to a greater sense of confidence and freedom. Participants also described the experience, wisdom and maturity they had gained over time. For some, their experiences of living and surviving as LGBT persons during times of illegality and discrimination resulted in them feeling like '*warriors*'. Participants who had been involved in LGBT politics and activism in their early years, spoke of the excitement, fulfilment, challenge and learning that had occurred. Participants recalled, with satisfaction and nostalgia, the solidarity, validation and fulfilment they felt when their political campaigns resulted in real and measurable successes. For some, having lived to witness the changes within society was considered to be the best thing about being an older LGBT person. Participants took pleasure and strength from seeing a younger generation of LGBT people live their lives in a more open context.

ATTITUDES TOWARDS GROWING OLDER AS AN LGBT PERSON

- Some participants expressed the feeling that more significant changes would be needed for LGBT people to be fully accepted in Irish society. Participants perceived that ageism, evident both in wider Irish society and within the LGBT community, led to negative outcomes for older LGBT people, including an invisibility characterised by a lack of role models and a lack of appreciation of older LGBT people. Participants were of the view that this invisibility impacted most negatively on older LGBT people who had not yet come out.
- While three-quarters of the survey participants (72.1%) did not consider themselves 'old', half (52.8%) were conscious of getting older all the time, and a considerable minority felt depressed when they think about getting older (21%) and lonelier as they aged (30.9%).
- Approximately four out of five participants felt they appreciated things more as they get older (78.7%) and that they continued to develop as they aged (85.2%).

PREPARATION FOR AGEING

- Many participants had not made any significant preparations for the future. Only one out of ten survey participants (10.9%) had written a living will and just one in four (24.6%) had given someone power of attorney. Higher percentages had discussed their final wishes with someone (47.5%) and written a last will and testament (61.5%).

PREFERENCES, CONCERNS AND PRIORITIES FOR OLDER LGBT PEOPLE

- By far the most preferred option for survey participants for older age accommodation was to live in their own homes. The least preferred option was to live in a nursing home. Some interview participants expressed the preference for living in an LGBT-exclusive retirement community or an older-age facility that was sensitive and respectful of LGBT needs.

- A major concern for participants was a fear that their LGBT identities would not be recognised or respected by older-age services. Participants expressed concerns that services might ignore their sexuality, not protect their LGBT identities, not respect their partners in decision-making or discriminate against them as LGBT people.
- Participants also worried about isolation and loneliness as they aged, particularly those living in rural areas and for those who had not come out.
- While only 7% of survey participants were receiving care, interview participants expressed concerns around physical dependency. In addition, one in four survey participants (24.0%) were either just about getting by or struggling financially.
- The majority of survey participants felt safe or very safe walking alone in their neighbourhood after dark (77.0%) and being alone in their own homes after dark (97.9%). About one in five, however, felt unsafe or very unsafe holding hands with a same sex partner in public (22.6%) and showing affection with a same-sex partner in public (21.6%).
- Participants prioritised two main areas that would improve the lives of LGBT people over age 55: service development and the promotion of equality and rights. Specifically, participants supported the development of more social events for the over 55 LGBT, particularly away from the pub scene; increasing access to and providing more information about available social services; and developing older LGBT-specific services and supports. Priorities identified for health and social care services included the need for services to be more inclusive, particularly for staff to be aware of and educated about issues for older LGBT people. In addition, participants highlighted the importance of promoting and advertising services that were LGBT-friendly. Many participants prioritised the importance of determining, recognising and raising awareness of the needs of ageing LGBT people. They also emphasised the importance of ensuring that organisations do not discriminate against older people, both LGBT and otherwise. The overall priority described by many participants was a need for services, both LGBT and otherwise, to 'make visible and be more overtly inclusive of LGBT older people'.

RECOMMENDATIONS

These findings highlight the need for a cross-sectoral approach to supporting positive ageing among older LGBT people. Drawing on the expertise of older people services, LGBT organisations, health and social services and wider civil society organisations, this report identifies the need for the development of appropriate responses to the health and social needs and circumstances of older LGBT people in Ireland. In order to achieve this cross-sectoral approach to supporting positive ageing among older LGBT people, the following **priority actions** are required:

- Create a dedicated role to progress the implementation of the recommendations of the Visible Lives report.
- Engage with policy makers to ensure that the National Positive Ageing Strategy and other relevant policies and strategies are inclusive of the needs and circumstances of older LGBT people.
- Engage in capacity building work with the older people's sector and mobilise this sector to respond to the needs of older LGBT people.
- Engage with the HSE and HIQA to establish standards for the care of older LGBT people and ensure that nursing homes and residential care services communicate a positive message of inclusiveness and respect for older LGBT people.
- Engage with health and social care services to ensure that policies and practice are responsive to the needs of older LGBT people and are embracing the principles of equality, inclusion and respect for diversity.

In addition to the priority actions, recommendations are also made around six central areas: policy development and implementation; increasing visibility; inclusion and participation; service and information development; education of service providers; and future research.



CHAPTER 1: OLDER LGBT LIVES IN CONTEXT

INTRODUCTION

Worldwide, people are living longer and ageing populations are increasing rapidly. Policy makers and service providers are required to consider how best to respond to this reality in terms of health and social care. According to the latest figures, there are 874,981 people over the age of 55 living in the Republic of Ireland and this figure is expected to increase in the coming years (Government of Ireland 2008). Currently, it is estimated that approximately 5-7% of the population may be lesbian, gay, and bisexual (LGB), accounting for roughly 43,749-64,249 LGB people over the age of 55 in Ireland (UK Department of Trade and Industry 2003; Government of Ireland 2007a). The size of the transsexual and transgender population in Ireland is unknown, but a recent report suggests that the prevalence of people with gender identity disorder in Ireland is consistent with international estimates (De Gascun *et al.* 2006). International data from the Netherlands estimates transsexual prevalence rates at approximately 1 in 11,900 individuals assigned male (trans woman) over the age of 15 years and 1 in 30,400 for individuals assigned female (trans man) over 15 years of age (Health Service Executive 2009). Transsexuals and/or individuals who have been diagnosed with gender identity disorder account for only a small percentage of the wider transgender community, however. Many transgender people will not seek formal diagnosis or medical interventions which therefore makes the prevalence difficult to determine. As there is currently no epidemiological data available, it is safe to assume that there are more transgender people than generally assumed.

This chapter will examine some of the issues that have been explored within international literature in relation to the health and social care needs of older LGBT people. Whilst some of the issues may be similar for all older people, there is a growing awareness of the specific issues faced by LGBT people (Age Concern 2002; Equality Authority 2002). 'Support for older LGBT people' was ranked as one of the top ten priorities for the LGBT community in the Burning Issues report by the Irish National Lesbian and Gay Federation (Denyer *et al.* 2009). In addition, the recent public consultation, conducted as part of the process for the development of a National Positive Ageing Strategy for Ireland, highlighted the need for older LGBT people's needs to be fully recognised and incorporated into the strategy. One submission argued that '*lesbian, gay and bisexual people should be given significant visibility within the National Positive Ageing Strategy recognising their resilience, their life-long relationships and the broad range of positive ageing needs of this diverse group*' (Office for Older People 2010: 18).

OLDER LGBT PEOPLE: A 'DOUBLE INVISIBILITY'

There is general agreement that older adults, LGBT or heterosexual, are an invisible group in a western culture that emphasises youth, physical beauty, and economic productivity (McGlone and Fitzgerald 2005). If a person is older and LGBT, there is a 'double invisibility' (Genke 2004: 85), as LGBT people may be considered an 'invisible minority within a minority' (Health Service Executive 2009: 36), a 'hidden' segment of the ageing population and 'hidden or forgotten' within research studies (Crisp *et al.* 2008). This invisibility may be attributable to many causes including the historical context of older LGBT people's lives. Historically, 'homosexuality' (as an all-encompassing term) was seen as an illness, considered unlawful and deemed sinful or immoral. As a result, many of the LGBT people aged 55 and over now living in Ireland grew up in an environment where they were pathologised, criminalised and demonised, facing heterosexism, homophobia and stigmatisation (Slusher *et al.* 1996; Barrett 2008; Knauer 2009). This, in turn, led to employment discrimination and disempowerment, and, for many, marginalisation from family and community (Kimmel *et al.* 2006; Phillips and Marks 2008; Health Service Executive 2009; Hughes 2009). Considering this context, it is hardly surprising that many LGBT people, for safety and economic reasons, hid their sexual orientation and gender identities (Knauer 2009; Rivers *et al.* 2010). The failure of national studies to enquire about sexual orientation and gender identity, difficulties in recruiting older LGBT adults into research because of fear of disclosure, problems in defining what constitutes 'older', and a lack of funding for research on sexual orientation and gender identity have all contributed to the invisibility of this group (Phillips and Marks 2008). In addition, most of the early research within the LGBT community focused on the younger LGBT age group, with commentators, within Ireland, noting that the health and social care needs of older LGBT people have been overlooked or even ignored (Denyer *et al.* 2009). Older bisexual and transgender people are

rendered even more invisible resulting in a dearth of literature on their specific ageing needs (Grant *et al.* 2010). The lack of research on older bisexual and transgender people is reflected throughout this report as many of the studies cited focused on the gay and lesbian community.

Concern has also been expressed about the invisibility of older LGBT people in the health and social care sector, which no doubt is due in part to the heteronormative assumptions made by service providers, the treatment of sexuality as a private matter and the perceptions that all older people are asexual beings (Bayliss 2000; Hughes 2009). Phillips and Marks (2008), in their analysis of advertising brochures for older age care facilities, highlight how the dominance of the 'heterosexual norm' marginalises the identities of LGBT people through the absence of any representation or mention in the brochures and policies of services for older people. In their view, these gaps operate as silencing mechanisms, which fail to recognise or value difference, thus marginalising older LGBT people, exacerbating social exclusion, whilst reinforcing the 'heterosexual norm'. Indeed, many health and social care textbooks on older people fail to mention the needs of the LGBT population (McFarland and Sanders 2003); thus ignoring the need to consider sensitive, safe and inclusive practice for this group of people. Older LGBT people's concealment of their sexual orientation and gender identities because of internalised homophobia or fear of discrimination may lead to the mistaken assumption that LGBT people do not use existing services (Health Service Executive 2009).

LGBT ISSUES: A CHANGING LANDSCAPE

LGBT people face many forms of prejudice, harassment and discrimination, which are rooted within the heterosexist structures of society and societal homophobic attitudes (Wilton 2000). In the past 20 years, however, a number of key changes have taken place that should have a significant impact on the lives of older LGBT people into the future. In 1992, homosexuality as a mental illness diagnosis was removed from the International Classification of Diseases (World Health Organisation 1992)¹. In 1993, homosexual acts between consenting male adults, of 17 years or more, were decriminalised in Ireland². Since then, changes in the Employment Equality Acts 1998-2008 and the Equal Status Acts 2000-2008 have outlawed discrimination based on sexual orientation and gender. In 2010, the Civil Partnership Act was passed, allowing same-sex couples to have their partnerships legally recognised for the first time (Ireland Department of Justice Equality and Law Reform 2009). In addition to this, a recent poll in the Irish Times found that 67% of people believe that same-sex couples should be able to marry and that 91% of people would not 'think less of a person if they were lesbian or gay' (O'Brien 2010).

Irish laws affecting transgender people have also been changing in the past few years. In 2007, the High Court ruled that the State was in breach of Article 8 of the European Convention on Human Rights (ECHR) by not issuing a new birth certificate to Dr. Lydia Foy, a male to female transsexual. Although the decision was appealed and is still with the judiciary, this declaration of incompatibility with the ECHR means that the legislation, if passed, must go to the Oireachtas, the Irish parliament. A further development came in 2008 with the new Passport Acts which allowed for transgender people to receive passports in their preferred gender. More recently in 2009, the Government of Ireland (2009: 19) took a major step towards transgender equality in its Renewed Programme for Government by committing to 'introduce legal recognition of the acquired gender of transsexuals'.

Even in the face of what appear to be positive advances towards equality for LGBT people in Ireland, led by the legal system, paradoxically, the everyday acceptance of LGBT people may continue to have shortcomings. Irish research continues to highlight that LGBT people of all age groups are subjected to ongoing prejudice and discrimination in all areas of life (Equality Authority 2002; BeLonG To 2005; Layte *et al.* 2006; Norman *et al.* 2006; Gibbons *et al.* 2007; Mayock *et al.* 2009).

1 In 1973, homosexuality was removed from the Diagnostic Statistical Manual (DSM); however, it was replaced with Ego-Dystonic Homosexuality in the DSM-III to include individuals distressed by their orientation (American Psychiatric Association 1980). The American Psychiatric Association eventually dropped Ego-Dystonic Homosexuality in the DSM-III-R which was published in 1987.

2 Homosexual acts between consenting male adults of 17 years or more was not decriminalised until 1993. Upon Ireland's entry to the European Union in 1973, the state was bound by the EU Convention on the Protection of Human Rights and Freedoms (1950). This allowed Senator David Norris, a rights campaigner and member of the Oireachtas (Irish parliament), to take a case in the European Court of Human Rights on the grounds that the various Irish anti-homosexual laws were an infringement against his right to privacy which was guaranteed under section 8.1 of the EU convention. Senator Norris won this case in 1988 and in so doing forced the Irish Government to introduce the Criminal Law (Sexual Offences) Act (1993) to remove the laws criminalising homosexuality.

LGBT AGEING: RESILIENCE & COPING

Myths and negative stereotypes abound in relation to LGBT ageing. The image and negative stereotype of the older lesbian or gay man as unhappy, isolated and celibate, is not supported by the scientific evidence (Woolf 2000; Orel 2004; Hughes 2008). Many studies have highlighted the range of diversity among the life courses and life experiences of older LGBT people. Research has demonstrated that there is no single normative older LGBT lifestyle. Rather, there exists a wide variety of life course trajectories and attitudes to ageing that are influenced by gender identity, sexual orientation, coming out histories, marital status and friendship networks (Herdt *et al.* 1997; Heaphy *et al.* 2004; Schope 2005; Hughes 2008). Many of the factors influencing ageing in LGBT populations are similar to those experienced by heterosexual people. Similar to the heterosexual population, self-acceptance, having a purpose in life, the presence of a life partner, and financial security are all predictors of good quality of life for LGBT people (Johnson *et al.* 2005).

Most studies, however, suggest that older LGBT people adjust to ageing more successfully than their non-LGBT counterparts (Bradford *et al.* 1994; Brotman *et al.* 2003; Orel 2004). Kimmel (1978) coined the term 'crisis competency' to describe how the stress and challenges of the coming out process may buffer the LGBT person against later crises. Other theorists assert that, in contrast to the older heterosexual population, who have not previously come across active discrimination, LGBT people have become adept at dealing with prejudice, stigma and loss throughout their lifetime. As a consequence, LGBT people have developed a range of coping mechanisms to deal with discriminatory experiences and environments (Woolf 2000; Jones and Nystrom 2002; Schope 2005). The participants in Jones and Nystrom's (2002) study viewed the adversity and hardships they experienced as having made them stronger. Similarly, Gabbay and Wahler (2002) found that the experience of repeatedly coming out fosters the development of adaptive coping strategies that help deal with the challenges of ageing.

Identified strengths that LGBT people bring to the ageing process include: well-developed coping skills; acceptance of diversity; creation of families of choice; and flexibility in gender roles (Healey 1994; Dorfman *et al.* 1995; Jones 2001; Berlin 2008). In addition, researchers have reported higher levels of life satisfaction, greater flexibility in gender role definition, lower self-criticism and fewer psychosomatic problems among the LGBT population as compared to the older heterosexual population (Humphreys and Quam 1998; Barranti and Cohen 2000). Mayock *et al.*'s (2009) Irish study suggests that resilience is something that develops over time, as opposed to being a trait possessed by some individuals and not others. They identified friends, family, LGBT communities, and school and workplace environments as key sources of social support in the development of resilience. Heaphy *et al.* (2004) are sceptical of an overwhelmingly positive picture of older LGBT coping and resilience, as in their view most of this research has been based on small samples or young (40-60 years) middle-class populations. They also assert that too much emphasis in these studies has been placed upon personal coping mechanisms as the primary determinant of 'successful ageing', thus neglecting the influence of economic, material, physical, social and cultural factors on living as one ages.

FRIENDS AND FAMILY AS A SOURCE OF SUPPORT

The role of social supports has been a variable associated with the study of older LGBT people. Existing research affirms the view that older LGBT people have significantly less traditional forms of support when compared to the heterosexual older population. They are more likely to live alone, be non-partnered, not have children, and to lack a family member to call on in a time of need (Brookdale Center on Aging of Hunter College and Senior Action in a Gay Environment 1999). It should be noted, however, that same-sex relationships and heterosexual relationships are not necessarily independent of each other. In a report by Herdt *et al.* (1997), about one-third of gay men over 55 and nearly half of lesbian women over 55 reported a previous marriage to a spouse of the opposite sex. LGBT people may also have biological children from heterosexual relationships, biological children from LGBT relationships and adopted children from both heterosexual and non-heterosexual relationships (Patterson 2000).

In the context of accessing family support, the research indicates that older LGBT people's relationships are more friend-based, rather than family-based (Cahill *et al.* 2000; Grossman *et al.* 2000; Nystrom and Jones 2003). Cahill *et al.* (2000) found that older LGBT people tend to have stronger non-familial social networks than heterosexuals. These 'friendship families' (Dorfman *et al.* 1995) or 'families of choice' (Jones and Nystrom 2002), which could include current and previous partners and friends, were found to play a crucial role in providing care-giving and social support for older gay men and lesbian women (Kosberg and Kayne 1997; Weinstock 2000). McFarland and Sanders (2003) highlight the dependence on LGBT friends as a particular concern for older LGBT people, especially when the person is living in a small town or rural community, where the lack of visibility and networking among the LGBT community make the amount of social support available scarce. Other research challenges the notion that family relationships are not sources of support for older lesbian and gay people. While describing the ways in which friends and 'families of choice' were often the primary sources of support, researchers have also found that family relationships can play a role in the support networks of older lesbian and gay people (Shippy *et al.* 2004; Richard and Hamilton-Brown 2006).

COMMUNITY INVOLVEMENT AND PARTICIPATION

In recent years there has been a growing interest in community involvement among older people (Martison and Minkler 2006). Community involvement can be defined as 'actions wherein older adults participate in activities of personal and public concern that are both individually life enriching and socially beneficial to the community' (Cullinane 2006: 66). Reported benefits of community involvement for older people include: improved self-reported quality of life; increased self-reported health and functioning levels; a decrease in depression; and improved mortality rates for those who volunteer or engage with their community on a regular basis (Putnam 2000; Lum and Lightfoot 2005; Cullinane 2006; Martison and Minkler 2006; Barry *et al.* 2009).

Studies have illustrated the importance of LGBT community organisations and networks, both formal and informal, for older LGBT people (Berger 1984; Heaphy *et al.* 2004; Richard and Hamilton-Brown 2006; Health and Mulligan 2008). In many cases, these networks or organisations (which have often stemmed from strong friendship ties and a shared experiences of ageing as an LGBT person) offer support, friendship, resources, and a sense of community that can act as a 'buffer' against potential stigma and discrimination (Nystrom and Jones 2003; Masini and Barrett 2006; Richard and Hamilton-Brown 2006). Despite this, little is known about the level of community involvement among older LGBT people. Relevant studies suggest that involvement is higher among LGBT people than their heterosexual counterparts (Masini and Barrett 2006; Richard and Hamilton-Brown 2006). This relates to the engagement with LGBT community activities rather than the non-LGBT community (Richard and Hamilton-Brown 2006). In a study of LGBT people (not specifically older) in Scotland, 35% of respondents were part of an LGBT group and stated that they used these organisations to support and help others or to meet others and socialise (Beyond Barriers and FMR 2003). In contrast, another study found that older LGBT people are less likely to be 'socially embedded' than their heterosexual counterparts, and, as a result, are more likely to experience loneliness (Fokkema and Kuyper 2009). Few studies address community engagement among older transgender or bisexual people. One such study suggests that transgender people feel that both the lesbian and gay community and the wider community exclude them (Beyond Barriers and FMR 2003). This sense of exclusion from the lesbian and gay community was also reported among the bisexual community (Rust 2001; Beyond Barriers and FMR 2003).

According to the LGBT Movement Advancement Project (2010), LGBT older people may lack support from, and feel unwelcome in, mainstream ageing programmes because of a heteronormative culture. Older LGBT may also feel excluded from LGBT organisations due to the youth orientated nature of the broader LGBT community (Jacobs *et al.* 1999; Fox 2007; LGBT Movement Advancement Project and Services and Advocacy for Gay 2010). In conjunction with this sense of isolation, older LGBT people may lack sufficient opportunities to contribute and volunteer in the LGBT community (Alexander 1999; LGBT Movement Advancement Project and Services and Advocacy for Gay 2010). Ellis (2007) noted that in recent years there has been a movement away from LGBT social groups based on political activism to a depoliticised mainstream pub culture. This has led to the disappearance of LGBT spaces and organised social activities.

Consequently, many groups within the LGBT community, including older people and those living in rural areas, have become socially excluded. Ellis (2007) also argued that there is a need for LGBT-specific spaces that can facilitate public meetings, act as an access point to information, and be a support centre or a social venue for older people.

There is also a considerable lack of information on the use of the internet and other technologies among older LGBT people as a means of community engagement. According to Rowan (2009), the use of internet-based technologies for older LGBT people (specifically caregivers) could have a number of advantages including: providing a means to increase outreach to older LGBT people, facilitating greater access to specific support groups and older LGBT groups, and providing easy access to information and services. Rowan (2009) proposes that the effective use of these technologies could lead to an overall improvement in the quality of life for older LGBT people.

LGBT AGEING: FEARS AND CONCERNS

Many of the concerns around ageing expressed by LGBT populations appear similar to those experienced by the non LGBT people. Key concerns in the literature for older LGBT people centred on health, housing, financial security, and legal issues, plus concerns around dependency and loss of control over their lives. Hughes (2009) examined the concerns of a group of lesbian and gay men aged between 25 and 76 years (63 were over 56 years) in Australia. The most frequently cited health concern in relation to ageing was a decline in the standard of health (57%), followed by a loss of independence/mobility (54%), and a deterioration of mental health and cognitive ability (42%).

The ability to maintain social networks is a significant theme in the gay and lesbian literature (Heaphy 2007; Hughes 2009). In one study, 59% of the gay and lesbian participants reported a fear of being alone and 43% were concerned about not being able to maintain social networks (Hughes 2009). In addition, nearly 40% were concerned about marginalisation from the lesbian and gay community (Hughes 2009). Concerns about ageism and isolation from, or non-acceptance by, the LGBT community were also reported in other studies (Beyond Barriers and FMR 2003; Heaphy 2007). Ageist attitudes appeared to be a specific and more pronounced issue for gay men (Genke 2004). Some writers suggest that this can be explained with reference to 'the accelerated ageing theory', which proposes that gay men view themselves as older at a time when heterosexual men do not (i.e. during their thirties) (Hajek and Giles 2002; Schope 2005). Conversely, there is very little reference to accelerated ageing in relation to older lesbian women. Studies that do exist found that lesbian women feel positive about being lesbian and ageing, with older lesbian women reporting feelings of acceptance, achievement, and satisfaction with their lives (Kooden and Flowers 2000; Jones and Nystrom 2002; Schope 2005).

Economically and financially, the media has often portrayed the gay and lesbian community as wealthy (Albelda *et al.* 2009). Research indicates that lesbian and gay people do not earn more money than their heterosexual counterparts and are just as likely face the same economic challenges in old age (MetLife Mature Market Institute 2006; Albelda *et al.* 2009). People on low incomes are concerned about having adequate finances to access health and social care services (Bayliss 2000; Hughes 2009). Indeed, in one study of older gay men and lesbian women in the United States, 70% of participants indicated that they did not have the financial resources to assist them in meeting their physical and psychological needs (McFarland and Sanders 2003). A study conducted in Ireland with a predominately younger sample of 159 lesbian women and gay men found that one out of five participants were living in poverty and more than half (57%) were finding it difficult to make ends meet (Gay and Lesbian Equality Network and NEXUS Research Cooperative 1995).

Given the historical context of LGBT people's lives, it is understandable that the concerns of older LGBT people about finances, health, and loss of independence or mobility are set against the backdrop of fears of discrimination and further exclusion should they need to access health or social services (Hughes 2009). Older LGBT people have repeatedly aired their fears that such discrimination will be present within existing health and social services (Mays and Cochran 2001; Johnson *et al.* 2005; Jackson *et al.* 2008; Fish and Bewley 2010). For example, Cahill and South (2002: 52) state: 'Heterosexism and

homophobia are widespread in nursing homes and are symptomatic of a larger reluctance among care providers to address the sexual concerns of older people'. Furthermore, a study by Hughes (2009) found that nearly two-thirds of the participants (64%) identified the lack of lesbian and gay specific accommodation as one of their main concerns. Over half (55%) of respondents indicated that they were concerned that their same-sex relationship would not be recognised; 46% reported a concern that service providers would be prejudiced or display discriminatory behaviours and attitudes; and 42% worried that services would be provided by religious-based organisations (Hughes 2009). Discriminatory practices have been documented, with heterosexism and homophobia evident in many settings (D'Augelli and Grossman 2001). This may be evident explicitly, through the refusal to accept LGBT people in services, or implicitly, through service providers' heteronormative assumptions (D'Augelli and Grossman 2001; Knauer 2009; Fish and Bewley 2010). Furthermore, there may be a non-responsiveness or negative responses to the needs of older LGBT people (Jackson *et al.* 2008). Some of the negative reactions and responses reported include: embarrassment; rejection; hostility; suspicion; pity; condescension; ostracism; avoidance of physical contact; or the refusal of treatment (Butler 2004).

Within the literature there is concern that fear of discrimination may lead to mistrust and poor uptake of health and social services by older LGBT people, thus impacting on their quality of life as they age (King *et al.* 2003; Shankle *et al.* 2003). This concern is not without foundation. McFarland and Sanders (2003) surveyed lesbian and gay people between the age of 49-86 (mean = 59, SD = 7.4) in the United States to explore the types of services they would access as they grew older. While 58% of the participants indicated a willingness to utilise and access home healthcare services, 88% indicated that they would not use a care manager or any type of care management service. Furthermore, 81% indicated that they would not reside in a nursing home, 78% would not utilise adult day care, and 54% said they would not move to assisted living facilities. The main reasons given for not utilising these services were a fear of discrimination from the healthcare system, and a fear that the role of their partner would not be recognised. In addition, over 57% believed that the limited legal rights of a partner served as a major barrier to them accessing services. In the Irish context, a lower proportion of those over 65 (not necessarily LGBT) reported that they would not consider moving into a nursing home (34% in the rural sample; 47% in the urban sample) or sheltered/group accommodation (29% in the rural sample; 30% in the urban sample) (O'Hanlon *et al.* 2005).

Transgender people may also have specific issues with services as they get older. The concerns of older transgender people include anxiety, fear, and resentment of services that are unresponsive or ignore their needs (Israel and Tarver 1997; Meyer *et al.* 2001). The idea of 'incongruent bodies' can lead to health practitioners being wary, feeling uncomfortable and even hostile towards transgender people in their care (Brown and Rounsley 1996), with incidences of discrimination having been documented (Davis 2001). Consequently, Witten (2002) highlights the importance of educating health and social care providers on the specific needs of older transgender and intersex people, including their physical health (especially related to medical transitioning), emotional health, social health, community services, and sexual intimacy needs (Witten 2002). Thus, it appears that LGBT people's experiences of exclusion and discrimination may further increase as they age; the sources of such discrimination often located in health and social care service providers (Balsam and D'Augelli 2006; Knauer 2009).

Housing concerns typically centre on whether lesbian and gay couples will be able to live together in retirement facilities or at least to live in a community that is sensitive to their needs (Woolf 2000; Hughes 2008). Research participants in all studies indicated that their first preference is to live in their own homes followed by gay and lesbian only retirement communities that would be responsive to their needs (Quam and Whitford 1992; Jones and Nystrom 2002; Orel 2004; Hash and Netting 2007; Neville and Henrickson 2010). Most participants, however, were unaware of such facilities in their locality. In some studies, rather than expressing a need for lesbian only spaces, or non-heterosexual spaces, lesbian women expressed a preference for a safe women's only retirement space (Ferfolja 1998; Phillips and Marks 2008).

A central issue for older LGBT couples is the legal status and rights afforded their partnerships (Human Rights Campaign *et al.* 2004; De Vries *et al.* 2009; Minter 2010; Rosenfeld 2010). Concerns have centred

on the status of next-of-kin for hospital visits and medical decisions, automatic inheritance of jointly owned property, bereavement or sick leave to care for a partner, and decision-making power in relation to burial or cremation. The inability to openly grieve for a partner or be involved in funeral arrangements if someone is not out to family, friends or work colleagues was also a major concern (Orel 2004). For the first time in Ireland, however, same-sex partnerships have now been recognised by the introduction of the Civil Partnership Act 2010 (Ireland Department of Justice Equality and Law Reform 2009). Although the Act does not equate to full civil marriage (especially for those with children), it does offer, for older LGBT people in particular, a most significant advance allowing couples to address all of the above concerns, as well as most issues related to taxation and pensions.

LGBT MENTAL HEALTH ISSUES

Whilst many LGBT people have learned to adjust to society's prejudices and have developed positive coping strategies, tensions exist between needs and experiences that can result in minority stress (Meyer 1995). The concept of minority stress is based on the premise that LGBT people, like members of any minority group, are subject to chronic psychological stress due to their group's stigmatised and marginalised status (Meyer 1995). While LGBT people are not inherently any more prone to mental health problems than other groups in society, coping with the effects of minority stress can be detrimental to LGBT people's mental health. There is a dearth of data on the specific mental health needs of older LGBT people (Health Service Executive 2009). Many studies reveal links between minority stress, emotional distress, and mental health problems in the general LGBT population (Meyer 1995; King *et al.* 2008; Health Service Executive 2009; Kuyper and Fokkema 2009).

King *et al.* (2008) completed a meta-analysis of 25 studies that investigated mental disorder, suicide and self-harm in LGB people. Results indicated a two-fold excess in suicide attempts and a 1.5 times higher risk for depression, anxiety disorders and alcohol dependence among LGB participants. The meta-analyses also revealed that lesbian and bisexual women were particularly at risk of substance dependence, while lifetime prevalence of suicide attempts was especially high in gay and bisexual men. In a study on suicide risk among transgender people ($n = 153$), 41% of transgender men and 20% of transgender women reported suicide attempts (Maguen and Shipherd 2010). Within Ireland, Mayock *et al.* (2009) reported that 86% of the LGBT participants they surveyed experienced depression at some point in their lives, with 25% taking prescribed medication, and 27% indicating that they had self-harmed at least once in their lives. Reasons suggested for the rates of mental health issues within the LGBT population included problems of dealing with societal oppression, stigma, homophobic bullying, and the use of alcohol and drugs as a means of coping (Robertson 1998; Farquhar *et al.* 2001; King and McKeown 2003). In addition, lesbian and gay people with mental health problems often suffer a double or combined stigma, the stigma of their mental health problem and their sexual orientation (National Disability Authority 2005).

VIOLENCE AND DISCRIMINATION

Many international studies report on the hate crimes, violence and discrimination that LGBT people experience because of their sexual orientation (Herek *et al.* 1999; Huebner *et al.* 2004) and gender identity and/or expression (Lombardi *et al.* 2001; Stotzer 2009). In D'Augelli and Grossman's (2001) survey of 416 older LGB people in the United States, 29% reported having been threatened with violence, while 11% told of having objects thrown at them and 16% were attacked and physically assaulted. The threat of being 'outed' was also a significant fear for the older population of LGB people, as this would expose them to the possibility of violence or significant discrimination. Cook-Daniels (1997) suggests that transphobia may carry with it even more intense reactions than those directed towards lesbians and gay men. Within Ireland, Gleeson and McCallion (2008) reported that 50% of LGBT participants in their study had experienced verbal abuse, while 20% had been physically attacked because of their sexual orientation and gender identity. Mayock *et al.* (2009) also reported a high incidence of anti-LGBT violence and discrimination, with 80% of their participants reporting being verbally insulted and 25% being physically assaulted. Considering this context, it is hardly surprising that many older LGBT people live in fear of their own safety and hide their sexual orientation and gender identity (Knauer 2009; Rivers *et al.*

2010), thereby, increasing their risk of isolation from the LGBT community and possible loneliness (Cahill *et al.* 2000).

INFORMAL CARERS

A large proportion of older LGBT people are caregivers to other adults. In the United States, Cantor *et al.* (2004) found that 46% of older LGBT people in their study had provided care to a family-of-origin member or a family-of-choice member in the past 5 years. A unifying theme in the existing, albeit scant literature on LGBT people as carers, is that LGBT carers have issues and experiences similar to the general caregiving population. These concerns include disrupted sleeping patterns, poor physical health, social isolation, conflicts with work and other family roles (Hash 2001; Moore 2002; Hash and Cramer 2003; Cantor *et al.* 2004; Shippy *et al.* 2004; Hash 2006; Brotman *et al.* 2007). In addition to this, however, LGBT carers identified a number of unique issues. These include issues with accessing LGBT friendly services; fear of disclosure of an intimate relationship; difficulties in accessing support from family and friends; negative attitudes from professionals; unfriendly institutional policies; as well as actual and anticipated discrimination in healthcare services (Hash 2001; Cahill and South 2002; Moore 2002; Brotman *et al.* 2003; Hash and Cramer 2003; Coon 2004; Shippy *et al.* 2004; Cohen and Murray 2006; Hash 2006).

PREPARATION FOR AGEING

There is limited research that explores older LGBT people's preparation for ageing. What is available focuses on gay men and lesbian women. These studies indicate that the majority of participants have made legal and financial plans (Jones and Nystrom 2002; Hash and Netting 2007). In McFarland and Sanders' (2003) study conducted in the United States, 73% of their sample had started to make plans for growing older and these included getting life insurance (70%), making a will (73%), appointing a power of attorney (54%), getting nursing home insurance (15%), financial planning (53%) and estate planning (25%). Similarly, most of Jones and Nystrom's (2002) sample of lesbian women ($n = 62$) who had partners reported that they had made provisions to protect the right of inheritance for partners. Moreover, all but four of the sample ($n = 19$) in Hash and Netting's (2007) study of gay men reported having advance directives.

SUMMARY

This chapter provided an overview of the research on older LGBT populations. Internationally, there is agreement that older LGBT people are a 'doubly invisible group'; hence, research that has specifically addressed their lives, needs and aspirations is sparse. Although older LGBT people are not a homogeneous group, the limited international research available suggests that there are a number of issues specific to this group as they age. They all grew up in a time when they were perceived to be deviant, criminal or mentally ill and those who were open about their sexual orientation and gender identity were liable to encounter negative experiences and attitudes. In this context, despite hiding their sexual orientation and/or gender identity, many LGBT people became adept at dealing with prejudice, stigma and loss and developed positive coping mechanisms throughout their lifetime. Despite this, as they enter the later years of their lives they do so with significantly less traditional forms of support when compared to the non-LGBT older population. In addition, given the historical context, it is understandable that their concerns about finances, health and loss of independence or mobility are set against the backdrop of fears of discrimination and further exclusion should they need to access health or social services. As no Irish studies exist that specifically explore issues for older LGBT people, this research aims to address this gap in knowledge and understanding by examining the circumstances, experiences and needs of LGBT people aged 55 and over living in Ireland. The next chapter will discuss the research design and methods used within the study.



CHAPTER 2: RESEARCH METHODOLOGY

AIMS AND OBJECTIVES

‘Visible Lives’ research set out to examine the circumstances, experiences and needs among the lesbian, gay, bisexual and transgender (LGBT) population aged 55 and over in Ireland and to make policy, service and practice recommendations that address positive ageing, full participation and inclusion of older LGBT people in Ireland. The objectives of the study were to:

- Examine the general circumstances of older LGBT people in Ireland (age 55+) including demographics, living circumstances, relationship status and employment status and to assess the subjective well-being and quality of life of this group.
- Gather information on positive and negative LGBT-related experiences such as coming out, family, friends and support networks, parenting, LGBT-community participation and experiences of discrimination or social inclusion among older LGBT people in Ireland.
- Ascertain the views of older LGBT people on how services and support agencies can be inclusive of their needs.
- Identify recommendations in terms of policy, practice and future research.

In this chapter, an overview of the research design is presented.

RESEARCH DESIGN

The research design adopted for the study was an exploratory design using a mixed methods approach. Both quantitative and qualitative data were collected using two different, but complementary, methods:

- An anonymous survey that could be completed either online, over the telephone, or in hardcopy and returned via the post or email.
- In-depth face-to-face interviews with a sample of participants who had completed the survey.

INCLUSION CRITERIA AND SAMPLING

Any person who identified as LGBT, was over 55 years of age and living in the Republic of Ireland at the time of data collection was eligible to participate. A non-probability sampling technique was used for the survey. Subjects in a non-probability sample are selected on the basis of their accessibility as opposed to any randomised process. Non-probability sampling is recognised as necessary to maximise the response rate in research involving hard-to-reach populations, such as older LGBT populations (D’Augelli and Grossman 2001; Hughes 2009). It is not without limitations, however, as findings *cannot* be used to infer from the sample to the general population. A purposive sample of participants who had completed the survey was interviewed.

RESEARCH ADVISORY GROUP

The research project was supported by a Research Advisory Group convened by the Gay and Lesbian Equality Network (GLEN). This group was comprised of people from voluntary bodies and state agencies with expertise on LGBT issues, older LGBT issues and older people’s issues. Both GLEN and the advisory group provided support and advice on the research design, advertising and recruitment.

ANONYMOUS SURVEY

Surveys have advantages over some other methods of data collection in that they are inexpensive, easily administered, and do not require as much effort as in-depth individual interviews. The survey method is particularly appropriate in obtaining data from potential participants located within a wide geographical area and from those who may wish to remain completely anonymous to researchers. In an attempt to reach as many people as possible and to achieve a response rate representative of the older LGBT population, the survey instrument was developed for on-line completion, self-completion or telephone-interviewer completion.

In order to facilitate on-line completion, a website was designed specifically for the study (www.visiblelives.ie). The website included details about the study and provided options to take the survey online, request a postal survey, download a copy of the survey to return either by Freepost or email, or request a researcher to call the participant so the survey could be completed as a phone interview. To enable people who may not have internet access to participate, all advertising information included telephone details inviting people to request a free return postal version of the questionnaire.

Designing the survey instrument

In conjunction with the Research Advisory Group, various local, national and international survey tools were reviewed for the development of the survey. While some questions employed in the survey were sourced directly, other questions were modified from their original sources or developed by the researchers. The follow were the primary sources included: Supporting LGBT Lives (Mayock *et al.* 2009), national surveys from the Central Statistics Office (including the Census and the Quarterly National Household Survey), the Survey of Lifestyle, Attitudes and Nutrition (SLÁN) (Economic and Social Research Institute 2007), Survey on the 50+ Living with HIV (Terrence Higgins Trust *et al.* 2010), Gay Men's Sex Survey (Gay Men's Health Service *et al.* 2008) and the Alcohol Use Disorders Identification Test (AUDIT) (Babor *et al.* 2001). (A complete list of sources is included in Appendix I on page 156)

The final survey, following the pilot, had 84 questions on a variety of topics, including demographics, living situations, relationships, sexual orientation and gender identity, realisation of LGBT status, experiences of coming out, violence and safety, health and well-being, service use and experiences, physical/mental/general health, community involvement, views and preparations for getting older and community involvement (see Appendix II on page 158).

In the demographics section, participants were asked to provide information regarding their age, racial/ethnic identity, education level, annual income, religion, employment status and location of residence. In terms of living situations and relationships, participants were also asked to provide information regarding their past and present relationship status, household living situations and parental status. Participants were asked about when they first became aware of their LGBT identity and experiences of coming out. Survey items that addressed experiences with social inclusion, discrimination, violence and safety were also included. A variety of questions asked about health and well-being, including overall quality of life, physical and mental health, self-harm and use of drugs and alcohol. Participants were also asked about community participation, both in the LGBT community and their local community, and their use and experiences of health and other services in Ireland. Questions enquired about participants' views on getting older, their preparation for ageing and their preferences for living arrangements in later years.

In relation to sexual identity or sexual orientation, de Vries (2007: 18) notes the term 'LGBT' has become a 'ubiquitous acronym' that, '...suggests an inclusive community united by sexual identity or sexual orientation'. He highlights how the term has been recently challenged in light of an 'increased knowledge and social awareness...a renewed appreciation of the complexity of sexual lives' (2007: 18-19). This 'complexity' surrounding sexual lives may be heightened for participants with non-traditional gender identities. This includes people who may present themselves as female or male or both, depending upon the context. It may also include people who identify as transgender¹ (male or female), male-to-female (MTF), female-to-male (FTM), transsexual, a person with gender identity disorder (GID)², or none or a combination of these terms (see List of Terms for definitions).

1 There are various descriptions and definitions of 'transgender'. Hines (2007: 1) offers the following definition: 'Used broadly, the concept of transgender is extensive – incorporating practices and identities such as transvestism, transsexuality, intersex, gender queer, female and male drag, cross-dressing, and some butch/femme practices...An umbrella term to cover a diversity of practices that involve embodied movements across, between, or beyond the binary categories of male and female'.

2 'Gender identity disorder' replaced the term 'Transsexualism' in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) in 1994. It is defined as, 'a strong and persistent cross-gender identification...[and] persistent discomfort with his or her sex or a sense of inappropriateness in the gender role of that sex' (American Psychiatric Association 2000). The use of the term 'gender identity disorder' has been critiqued, however, as pathologizing for transgender people, limiting their experiences to a medical model (Romeo 2005; Hines 2007).

Most of the survey questions only required participants to tick a response. For some questions, however, participants were permitted to write-in answers in the event that the ones provided were not applicable to their circumstances. For example, while pre-defined responses categories for questions about sexual orientation, sexual attraction and gender identity were provided, participants were also afforded the opportunity to write-in responses in free space text boxes, if they considered that the categories provided did not apply to them. In addition, open-ended questions were included asking participants about the ways in which services might be improved to better address their needs and whether they had any additional concerns about growing older as an LGBT person. The survey took approximately 15-20 minutes to complete.

Piloting the survey

The survey was piloted among nine LGBT people. Overall, their comments were very positive regarding ease of completion, clarity, user-friendliness and relevance of the questions asked. Only minor changes to the sequence of content and wording were made following feedback.

Advertising and recruitment for survey

The study team anticipated challenges in recruiting an adequate number of participants in light of the low response rate (5%; $n = 58$) from older LGBT people (50+) in a recent Irish study involving 1110 LGBT people (Mayock *et al.* 2009). Furthermore, the researchers were conscious of the number of authors who highlighted the inherent difficulties in accessing this population due to the invisibility of LGBT identities in society and LGBT people's fears of discrimination should they disclose their sexual orientation or gender identity (McFarland and Sanders 2003; Shankle *et al.* 2003; Grossman and Hollibaugh 2008). In rural communities in Ireland, LGBT people over 55 years of age may be invisible to LGBT organisations, having chosen to remain silent about their sexual orientation or gender identity as a self-preservation mechanism in a society that stigmatised, pathologised and criminalised them (Health Service Executive 2009). In order to maximise the number of people that were informed of the study, and thus afforded the opportunity to participate, a multi-pronged recruitment approach was employed. Hyperlinks were created to the Visible Lives website and survey within other websites. More than 100 organisations were contacted via e-mail or telephone and requested to assist with promotion of the study. These included older people's organisations, LGBT associations and venues, LGBT websites, universities, carers' associations, trade unions and community organisations. These groups were asked to upload the study website banner, forward information on to e-mail lists, and to promote the study through the organisation's office and events. Many organisations supported and promoted the study (see Appendix III on page 182). Online advertisements were also placed on the homepage of the Health Service Executive, Gumtree Cork, Gumtree Dublin, Gaire message board, www.activelink.ie, GLEN E-Zine, Gaelick magazine, Buy & Sell and Gay Community News. Print advertisements were also placed in Gay Community News, THE Magazine, Ireland's Own, Farmer's Journal and Buy & Sell.

Packs with surveys, information sheets and study posters were sent by mail to 80 organisations across Ireland, including older people's organisations, LGBT venues and organisations, as well as hospitals/clinics. The research team also promoted the study and made the survey available at a variety of events including the 8th Annual All Ireland Gay Health Forum in Dublin Castle, the Dublin LGBTQ Pride Festival, other Pride festivals (including Northwest Pride), as well as the Dublin Gay and Lesbian Film Festival. Material was also made available at LGBT venues, such as pubs and clubs. A media campaign was led by GLEN and members of the project team on local and national radio stations. The Research Advisory Group took an active role in promoting the study within their networks that included a wide range of LGBT and older people's organisations.

Data collection for survey

The survey and Visible Lives website went live online on 16 June 2010. The survey data was collected during a three and a half month period from 16 June 2010 to 27 September 2010. Overall, 144 people completed the anonymous survey.

QUALITATIVE IN-DEPTH INTERVIEWS

The second phase of the study involved semi-structured interviews with a number of participants who had completed the survey component of the study. The interview, as a data collection tool, was considered to be an ideal method to explore, in a more in-depth manner, people's experiences, perceptions and understandings of being an older LGBT person in Ireland. In-depth qualitative interviews allow each person to tell their own unique story, thus placing the narrator, rather than the researcher, at the centre of the process. To facilitate and help participants' stories to unfold, it was decided to use semi-structured interviews. Semi-structured interviews combine the flexibility of unstructured interviews with some of the structure of an interview guide. They are sufficiently flexible to allow participants to lead the pace and direction of the interview and raise issues, not on the topic guide, but of personal relevance, while providing interviewer support to the narrator. Semi-structured interviews also provide a common framework for analysis, whilst permitting flexibility in the order and phrasing of questions.

Designing the interview guide

An interview guide was developed arising from the findings of the literature review and in conjunction with the Research Advisory Group. The interview guide comprised a number of areas that participants might discuss such as: growing up as an LGBT person; realisation of LGBT status and experiences of coming out; social networks and relationships; experiences within school, work, church, services and community, including LGBT community; concerns about growing older, preparations for old age; and suggestions for improving older LGBT people's lives (see Appendix IV on page 185).

Following consultation with the Research Advisory Group, a modified interview schedule was also developed for transgender participants. It addressed similar topics to those listed above. It also included additional questions on experiences with transitioning and issues specifically related to being transgender.

Recruitment for interviews

Participants who completed the survey were informed about the interview at the end of the survey. They were given the following options should they have been willing to participate in the interview aspect of the study:

- Return an expression of interest form.
- Ring an identified number.
- Email a member of the research team.

Each expression of interest received from participants was followed-up by the researchers and face-to-face or telephone interviews were arranged.

Interview process

The interview data was collected over a three month period from early August 2010 to late October 2010. In total, 36 participants who had completed the survey participated in the in-depth interviews. Participants were interviewed at a time and location convenient to them. The initial question was typically descriptive or exploratory in nature and invited participants to share their story, in whatever order they wished. Depending on the participant's response, the interviewer then decided to use other types of questions such as: follow-up questions; experience/example questions; simple clarification questions; structural/paradigmatic questions; and compare/contrast questions. This provided the interviewer with the opportunity to clarify views and opinions expressed, thus enabling a depth and breadth of views to be both expressed and explored.

The researchers were aware that it is only within a relationship of mutual trust and respect that participants will risk voicing their feelings. Therefore, at the beginning of each interview participants were assured about confidentiality. They were also informed of their right to stop the interview, not to answer any questions if they so wished, and their right to request any aspect of the recording be deleted.

if they did not wish it to be used in the study. Throughout the interview, considerable attention was focused on the participant's well-being, as a number of people became visibly upset as they shared experiences. Time was also spent at the end of the interview answering any questions that arose as a result of participating in the interview. On average, the interviews lasted between 60 and 90 minutes. A small number, however, lasted several hours due to the depth of story shared by these participants.

DATA ANALYSIS

Survey data: The quantitative data generated from the survey was analysed using SPSS (Version 17). Descriptive statistics were primarily employed to meet the study objectives. The subsequent findings are presented in both tabular/graphical and written form. Percentages have been rounded to the nearest tenth. Some questions allowed participants to tick multiple response categories and, where appropriate, the analyses reflect this. The textual data from the open-ended survey questions were entered into an Excel spreadsheet and thematically analysed in relation to the question asked.

Interview data: All face-to-face interviews were tape recorded and transcribed in full. Prior to analysis, transcripts were reviewed and any identifying information was removed (names of people, organisations, locations or places). The computer software package, NVivo 8, was used to assist in the organisation, management and retrieval of the qualitative data. Following open-coding of the first four interviews, a coding guide was developed which was used by the researchers for coding the remaining transcripts. The coding framework allowed sufficient flexibility for any new concept/codes to be incorporated into the analytical process.

The second phase of analysis involved examining and comparing data within the codes for any overlap in meaning. In some cases, similar codes were collapsed to form higher order codes. This constant comparative process continued throughout the data analysis process, until a number of major categories that accounted for the data developed.

The final phase of data analysis involved a synthesis phase, where findings from the interviews were reviewed in light of findings from the survey. Throughout the analysis the research team has striven to value and acknowledge the contribution of each individual. While the research team have attempted to draw greater attention to the more commonly experienced issues, unique issues are also reported.

ETHICS, CONSENT AND PROTECTION OF PARTICIPANTS

Ethical approval to conduct the study was received from the Research Ethics Committee of the Faculty of Health Sciences in Trinity College Dublin. Traditional ethical review processes used in science, medicine and most of the social sciences emphasise a rationalist approach and could be described as 'procedural ethics'. Using this approach, the emphasis is placed on ensuring that the information brochure includes sufficient details of the study. Within this study, all potential participants were given both written and verbal information about the study. Written information sheets included information on the aims of the study, study procedures, potential risks and benefits, mechanisms to maintain confidentiality and anonymity, the right to refuse to complete any part of the surveys, to answer any question during the interviews or to withdraw from the study at any stage without explanation. All participants were provided with a list of support services that was developed in conjunction with the Research Advisory Group (see Appendix V on page 187).

In order to protect confidentiality, audio recordings, transcripts and surveys were given code numbers. Participants were also advised not to write their name on the survey instrument. Each participant was asked and agreed to sign a consent form prior to the interview, which included consenting to be interviewed and tape recorded. Completion and return of the questionnaires was taken as consent. In addition, given the sensitive nature of the data, the interview transcriber was asked to sign a confidentiality agreement. All data files were password protected and stored in accordance with the Data Protection (Amendment) Act 2003.

Care has been taken to ensure that no information cited in the report (e.g. biographical and geographical data) identifies the participants involved in the study. The codes used in the report identify the participant's sexual orientation, gender identity, age and interview number. Codes for sexual orientation include 'G' for gay, 'L' for lesbian, 'Bi' for bisexual and 'H' for homosexual. Gender identity codes include 'M' for male, 'F' for female, 'T' for transgender, and 'GID' for one participant who did not wish to be identified as transgender, preferring to be identified as a person with gender identity disorder. In situations where the research team were concerned that an aspect of an interview code or interview quote might identify the participants, he or she was contacted and given an opportunity to review the information and decide whether or not it should be included in the report. The term 'survey participant' is included to denote that the quote has been taken from the survey.

Ethical tensions and obligations are increased within studies that involve investigating sensitive topics and involve vulnerable people who may have experienced discrimination. The use of the interview process has the potential to invade the person's psyche, as it may involve recalling painful emotional experiences (Lee 1993; Elam and Fenton 2003). The researchers, therefore, were very conscious of the need to show appropriate respect and care for the participants, their time and their stories. In all engagements with participants, emphasis was placed on fostering a collaborative dialogue about issues as they emerged, accepting all comments without judgment, and being sensitive to any fears and anxieties regarding the topic being discussed. Emphasis was also placed on engaging with consent as a 'process' issue that needed to be negotiated throughout the study (Usher and Arthur 1998). Therefore, at the beginning of each individual interview, time was spent listening, clarifying, making explicit the implicit and genuinely attending to the person. Participants were facilitated to retain control of the interview and to set boundaries regarding how much they wished to share and for how long the interview should continue. When participants became upset, the interview was stopped and time was given to the person. The most helpful intervention for participants who became upset was the researcher's ability to be present as a silent witness to the person's anguish. All participants were contacted following the interview, either by post, email or text to express the team's gratitude for their involvement.

CONCLUSION

This research set out to examine the circumstances, experiences and needs of the lesbian, gay, bisexual and transgender (LGBT) population aged 55 and over in Ireland. Ethical approval to conduct the study was received from the Research Ethics Committees of the Faculty of Health Sciences in Trinity College Dublin. The research design was exploratory in nature and involved the collection of quantitative and qualitative data through the use of an anonymous survey and in-depth interviews. A multi-pronged approach towards recruitment was employed to maximise the number of people who were informed of the study. The anonymous survey was designed to be completed online, over the telephone or in hard copy. The final survey, following pilot, had 84 questions on a variety of topics including: demographics; living situations; relationships; sexual orientation and gender identity; realisation of LGBT status and experiences of coming out; violence and safety; health and well-being; service use and experiences; physical/mental/general health; community involvement; and views and preparations for getting older. The focus of the interview was on exploring in a more in-depth manner people's experiences, perceptions and understandings of being an older LGBT person in Ireland, as well as discussing their views on how services could be enhanced to meet the needs of LGBT people aged 55 and over. A non-probability sampling technique was used for the survey and a purposive sample of participants who had completed the survey was interviewed.



CHAPTER 3: PARTICIPANT PROFILES

“I just take today for today...Yesterday I had a wonderful day, the day before I had a wonderful day and that’s the way it has been and that’s the motto I have in life...What I have is today.”

INTRODUCTION

This chapter provides an overview of the profile of the people who participated in the study. In total, 144 survey responses were included for an analysis and 36 people participated in the in-depth interviews.

SURVEY SAMPLE

The survey findings from this study are based on a non-probability self-selecting sample. In total, 160 people responded to the survey. The majority of participants (78%) responded via the online survey; 34 (21%) through the postal survey; and 1 (<1%) through email. One-tenth of the surveys completed ($n = 16$) were excluded from the final dataset as participants either did not meet the inclusion criteria (living in Ireland, being over 55 years of age, and identifying as LGBT) or their surveys were incomplete to the extent that they did not provide any information on the areas being addressed. Thus, the final response sample for analysis was 144. Questionnaires that had some data missing were included in the analysis. Where this occurred, percentages were calculated out of the number of responses to the question.

Age profile

The mean age of participants in the survey was 60.3 years ($SD = 5.0$, range = 25 years) with the range between 55 and 80 years of age (see Table 1). Four out of five (82.6%) of the survey participants were under 65 years of age. When compared to 2006 Census nationwide statistics, which indicated that people between the ages of 55 and 65 years account for only 46.6% of the people over the age of 55 years in Ireland, the age profile of the survey participants in this study could be considered to be relatively young (Government of Ireland 2007a).

Place of birth

Nearly three-quarters of the survey participants were born in the Republic of Ireland (73.1%).

Ethnic and cultural background

Almost nine out of ten survey participants (86.2%) indicated they were White (Irish). Very small percentages of the sample were White (Irish Traveller), Asian or Asian Irish, and Other (mixed background), with no survey participants indicating they were Black Irish or Black (see Table 1). These figures are approximately similar to those from the 2006 Census that reported the ethnic and cultural background of all adults over 65 years of age living in Ireland, with 95% identifying as Irish, 2% as another White background and less than 0.5% as another background (including Irish Traveller) (Government of Ireland 2007e).

Highest level of education

Approximately seven out of ten survey participants (69.0%) reported that they had completed third level education (see Table 1). This figure sharply contrasts with the Census figures on the education levels of the entire population of over 55s in Ireland (Government of Ireland 2007f). In the 2006 Census, just 10% of the over 55 population nationally reported having completed a third level degree or higher compared to the nearly 70% in this sample (Government of Ireland 2007f).

Table 1. Demographics of survey sample

Variable	Number	%
Age (n = 144)		
55 – 59 years	85	59.0
60 – 64 years	34	23.6
65 – 69 years	17	11.8
70 – 74 years	6	4.2
75 – 79 years	1	0.7
80 + years	1	0.7
Place of Birth (n = 130)		
Republic of Ireland	95	73.1
Northern Ireland	9	6.9
Great Britain (England, Scotland, Wales)	13	10.0
Other	13	10.0
Ethnic and Cultural Background (n = 130)		
White (Irish)	112	86.2
White (Non Irish; any other White background)	14	10.8
White (Irish Traveller)	1	0.8
Asian or Asian Irish (Chinese; any other Asian Background)	1	0.8
Black Irish or Black (African or other Black background)	0	0
Other (including mixed background)	2	1.5
Education (n = 129)		
Some primary education or less	7	5.4
Completed primary education	9	7.0
Completed lower secondary level education	8	6.2
Completed upper secondary level education	10	7.8
Completed third level education	89	69.0
Another level of education	6	4.7

Gender identity

Men were over-represented in the survey sample, with 65% of the participants identifying as male and just over one-quarter identifying as female (27.3%) (see Table 2). The 2006 Census population statistics report indicates that 53% of the over 55 population are male and 47% are female (Government of Ireland 2007a). Consequently, this survey sample over-represents males over 55 years of age and under-represents females over 55 years of age in Ireland. The gender identity of this sample is very similar to that of the Supporting LGBT Lives study in which 64% identified as male, 34% as female and 2% as 'something else' (Mayock *et al.* 2009).

Ten (7.0%) of the participants identified as transgender (MTF), similar to the 4% in the Supporting LGBT Lives study (Mayock *et al.* 2009). No participants identified as female-to-male (FTM). One participant ticked the 'other' category for gender identity and responded, '*above all I am a person*'.

Sexual orientation

Approximately six out of ten survey participants (60.8%) identified their sexual orientation as gay. Roughly two in ten participants (19.6%) reported being lesbian. Of the 9% of the sample who identified as bisexual, six identified as male, two as female, two as transgender and three as MTF. One transgender MTF and two females who reported being attracted to both men and women identified as heterosexual / straight (2.1%). A further 6.3% of participants reported that they did not usually use a term to refer to their sexual orientation. These figures are nearly exactly the same as those reported in the Supporting LGBT Lives study in which 81.3% of the sample were either gay or lesbian, 11.2% were bisexual and 0.8% identified as heterosexual (Mayock *et al.* 2009).

Sexual attraction

Roughly eight in ten participants (81.3%) reported being only attracted to people of the same sex (see Table 2). Of these participants, 68.4% were male, 29.1% were female, and the remaining were transgender or had other sexual identities. Another 15.3% indicated they were attracted to both men and women of whom 12 identified as male, five as female, and five as transgender. Of the two participants who were only attracted to people of the opposite sex, both identified as MTF transgender. A further two participants were not sexually attracted to anyone.

The percentages of males in this sample reporting only attraction to the same sex (86.0%) or attraction to both sexes (12.9%) are very similar to the 90% and 9%, respectively, reported in Supporting LGBT Lives study (Mayock *et al.* 2009). The number of females who report only attraction to the same sex is higher in this study at 87.2% compared to 71% in the Supporting LGBT Lives study (Mayock *et al.* 2009). In addition, twice as many females (26%) in the Supporting LGBT Lives study (Mayock *et al.* 2009) reported being attracted to both sexes compared to the 12.8% in the current study.

Relationship status

Roughly equal proportions of the survey sample were either single (43.1%) or in a relationship (38.9%) (see Table 2). The proportion of survey participants in this study who were single was much greater than 15% reported for the entire over 55 population in Ireland in the 2006 Census (Government of Ireland 2007c).

Table 2. Gender identity, sexual orientation, sexual attraction, and relationship status of survey sample

Variable	Number	%
Gender identity (n = 143)		
Male	93	65.0
Female	39	27.3
Transgender	10	7.0
Other	1	0.7
Sexual orientation (n = 143)		
Gay	87	60.8
Lesbian	28	19.6
Bisexual	13	9.1
I don't usually use a term.	9	6.3
Heterosexual	3	2.1
Other	3	2.1
Sexual attraction (n = 144)		
I am only attracted to people of the same sex.	117	81.3
I am attracted to both men and women.	22	15.3
I am only attracted to people of the opposite sex.	2	1.4
I am not sexually attracted to anyone.	2	1.4
Other	1	0.7
Relationship status of survey sample* (n = 144)		
Single	62	43.1
Relationship	56	38.9
Dating	11	7.6
Married	10	6.9
Other	3	2.1
Civil Partnership	2	1.4

*Participants able to tick multiple response categories.

Work status

As expected, the majority of those under 65 years of age, the typical age of retirement in Ireland, were working (67.2%), while the majority of those over 65 years of age were retired (72.0%). These figures, however, contrast somewhat with the nationwide statistics for the over 55 population as shown in Table 3. It is noteworthy that in comparison to national statistics, a higher percentage of people over 65 in this study sample were working and a lower percentage was looking after home or family (Government of Ireland 2007b).

Table 3. Work status of survey sample compared to entire over 55 population in Ireland

	Current study 55-64 years	Census 2006¹ 55-64 years	Current study 65+ years	Census 2006² 65+ years
Working for payment/profit (full-time or part-time)	67.2% (n = 80)	51.3%	24.0% (n = 6)	7.2%
Retired from employment	15.1% (n = 18)	13.9%	72.0% (n = 18)	66.8%
Unemployed	8.4% (n = 10)	4.9%	0% (n = 0)	0%
Unable to work due to permanent sickness or disability	5.9% (n = 7)	10.5%	0% (n = 0)	5.3%
Other	1.7% (n = 2)	.4%	4.0% (n = 1)	0.5%
Looking after home or family	.8% (n = 1)	18.8%	0% (n = 0)	20.2%
Student	.8% (n = 1)	.2%	0% (n = 0)	0.1%
Total	100% (n = 119)	100% (n = 407,055)	100% (n = 25)	100% (n = 467,926)

Caring roles

Nearly 14% of survey participants were providing personal help for a friend or family member with a long-term illness, health problem or disability (see Table 4). This compares to roughly 5% of the population over 55 years of age in Ireland who are in a caring role (Government of Ireland 2007g).

Table 4. Caring roles of survey sample compared to the entire over 55 population in Ireland

	Current study	Census 2006³
No, I am not providing help.	86.2% (n = 119)	94.8% (n = 829,746)
Yes, less than 15 hours per week.	8.7% (n = 12)	2.4% (n = 20,981)
Yes, between 15 and 42 hours per week.	3.4% (n = 5)	0.8% (n = 7,091)
Yes, more than 43 hours per week.	1.4% (n = 2)	2.0% (n = 17,163)
Total	100% (n = 138)	100% (n = 874,981)

Area living

Approximately two-thirds of the survey participants (65.9%) reported living in towns or cities of more than 5,000 people (see Table 5). In total, participants from 25 counties out of the 26 counties within the Republic of Ireland were involved in the study. Of the 136 participants who indicated a county, half of the participants (50%; n = 68) resided in Dublin, 8% (n = 11) lived in Cork, 4% (n = 6) in Galway and 4% (n = 5) in Limerick. The other counties had between 0 and 4 participants each.

Housing

Nearly seven out of ten survey participants (68.1%) reported owning their own homes and 15.2% rented their home privately (see Table 5). Less than 1% of the sample lived in a nursing home/continuing care residence and no participants were renting their home from a local authority. These figures of home ownership are less than those reported by Prunty (2007) in a sample of adults over 65 in Ireland from the 2004 EU-SILC data in which 89.3% were home owners. In that publication, however, only 10.7% of respondents were renting either privately or from local authority.

Living situation

Almost half of the survey participants (45.8%) reported living alone (see Table 5). Although not directly comparable, this high rate of solitary living contrasts sharply with the 29% of over 65 year old people who reported living alone in the 2006 Census (Government of Ireland 2007d).

Table 5. Area living, housing, and living situation of survey sample

Variable	Number	%
Area living (n = 138)		
A town or city of 10,000 people or more	82	59.4
A town of 5,000-10,000 people	9	6.5
A town of 1,500-5,000 people	10	7.2
A village of less than 1,500 people	11	8.0
Open country	26	18.8
Housing (n = 138)		
I own my home.	94	68.1
I rent my home privately.	21	15.2
I am purchasing my home from local authority.	9	6.5
I live in a nursing home/continuing care residence.	1	0.7
I rent my home from local authority.	0	0
Other	13	9.4
Living situation* (n = 144)		
Live alone	66	45.8
Live with same sex partner	47	32.6
Live with family	16	11.1
Live with opposite sex partner	8	5.6
Live with friends	3	2.1
Live in another situation	3	2.1
Live in nursing home / continuing care residence	1	0.7

*Participants able to tick multiple response categories.

Income

There was a large variation in reported household income with almost one-quarter (22.7%) indicating that their household income was under €19,999 per year and nearly 40% reporting it to be over €50,000 per year (see Table 6). The HeSSOP II equivalised scale¹ was used to calculate the income levels of participants and classed according to three levels: 'low' for participants who had income of €158.50 weekly or less; 'medium' for participants who had an income between €158.51 and €239.16; and 'high' for participants who had a weekly income greater than €239.17 (O'Hanlon *et al.* 2005). According to these classifications, nearly nine out of ten participants who completed the survey (87.0%) were in the high-income bracket, a further 11.6% were in the medium-income bracket, and just 1.4% were in the low-income bracket. The income levels of this survey sample is much higher than the income levels of the HeSSOP II study of older people (65+) in Ireland in which roughly one quarter of participants from the Eastern Region Health Board were in the low-income bracket and just about half were in the high-income bracket (O'Hanlon *et al.* 2005).

Income sources

By far the most common source of income for participants was work or self-employment, with one out of two survey participants reporting it as a main source of income (50.3%). Participants were able to tick more than one source for their main income and roughly 15% did report that they had more than one main income source (see Table 6 for more detail).

Table 6. Income and income sources of survey sample

Variable	Number	%
Income in Euro per year (n = 141)		
Under 10,000	11	7.8
10,000-19,999	21	14.9
20,000-29,999	23	16.3
30,000-39,999	15	10.6
40,000-49,999	17	12.1
50,000 or more	52	36.9
I prefer not to say.	2	1.4
Income sources* (n = 171)		
Work or self-employment	86	50.3
Occupational or personal pension	26	15.2
Social welfare payments	21	12.3
Investment or savings	19	11.1
State contributory/non-contributory pension	13	7.6
Other	4	2.3
Carer's allowance	2	1.2

*Participants able to tick multiple response categories.

¹ The equivalence scale used in HeSSOP II gives the first person in the household a weight of 1.00, with a weight of 0.66 attached to each subsequent adult.

INTERVIEW SAMPLE

In total, 36 people participated in the in-depth qualitative interviews, of which 34 were face-to-face. One participant was interviewed over the phone and one through the use of online telecommunication (Skype).

Age profile

Of the interview participants, the mean age was 59.6 years with the youngest participants aged 55 years and oldest participants aged 70 years (see Table 7 for more detail).

Place of birth

Roughly three-quarters (77.8%) of the interview participants were born in Ireland. The mean number of years the participants who were born abroad had been living in Ireland was 16.3 years (range 2.5 – 50 years).

Area living

About two-thirds (69.4%) of the interview participants were from urban areas. About two-fifths (38.9%) of the participants were living in Dublin and another one-fifth (19.4%) in Cork. The remaining participants were living in twelve other counties in the Republic of Ireland.

Table 7. Demographics of interview sample

Variable	Number	%
Age (n = 36)		
55 – 59 years	22	61.1
60 – 64 years	9	25.0
65 – 69 years	3	8.3
70 – 74 years	2	5.6
75 – 79 years	0	0
80 + years	0	0
Place of birth (n = 36)		
Republic of Ireland	28	77.8
United Kingdom (Northern Ireland, England, Scotland, Wales)	4	11.1
Other	4	11.1
Area Living (n = 36)		
Urban	25	69.4
Rural	11	30.6

Gender identity

In terms of gender identity, 22 of the interview participants identified as male and 11 identified as female. In addition, two female participants identified as female transgender and one female participant identified as having gender identity disorder (GID).

Sexual orientation

Most of the males in the interview sample (n = 22) identified as gay or homosexual. Most of the female interview participants (n = 13) identified as lesbian with one transgender female identifying her sexual orientation as bisexual. (see Table 8)

Table 8. Gender identity and sexual orientation of interview sample

Variable	Number	%
Gender identity (n = 36)		
Male	22	61.1
Female	11	30.6
Female transgender	2	5.6
Female with gender identity disorder	1	2.8
Sexual orientation (n = 36)		
Gay / Homosexual	22	61.1
Lesbian	13	36.1
Bisexual	1	2.8

Work status

Of the 36 participants interviewed, 17 were working and 11 were retired. Four of the participants were unemployed and seeking work, while two participants were unable to work due to permanent illness or disability, including one who was retired. One of the participants was a student and two were doing voluntary work.

Caring roles

The majority of interview participants (n = 32) were not currently in a caring role, although four had previously been in caring roles.

Proportion of people who knew about LGBT identity

The vast majority of interview participants (94.4%), with the exception of two, were out to at least one other person. The interview participants reported most often being out to family (n = 29) and friends (n = 26). Half of the interview participants (n = 18) were out to all or almost all of their work colleagues while five were out to none and for a further five this was not applicable. The other participants were out to some of their work colleagues (n = 8). Approximately equal numbers of participants were either out to all or almost all (n = 15) of their neighbours or out to none (n = 12) of them. Four participants were out to some of their neighbours and for five participants, this category was not applicable.

STUDY LIMITATIONS

When interpreting the findings, the following study limitations require consideration. Firstly, the findings are based on a non-probability sample of older LGBT people. Therefore, it is impossible to determine how statistically representative the survey sample of 144 is in terms of age, education, socioeconomic status and other demographic variables. Secondly, participants self-identified as LGBT people and self-selected to participate in the survey and interview. In other words, they actively volunteered to participate in the research. This biases the sample towards people who may be secure in their sexual orientation and gender identity. Thirdly, the profile of people who participated in the survey suggests that they were well-educated, of higher income, computer literate and mainly under 65 years of age. Similarly, participants who were interviewed were self-selecting and mainly under the age of 65 years.

The sample under-represents certain groups, including:

- People over the age of 65, particularly those over 70.
- Women.
- The travelling community and Black or Asian backgrounds.
- Bisexual and transgender people.
- People living in nursing home/residential care and in rented local authority housing.
- People with lower levels of education.
- People on lower incomes.
- People whose first language is not English.

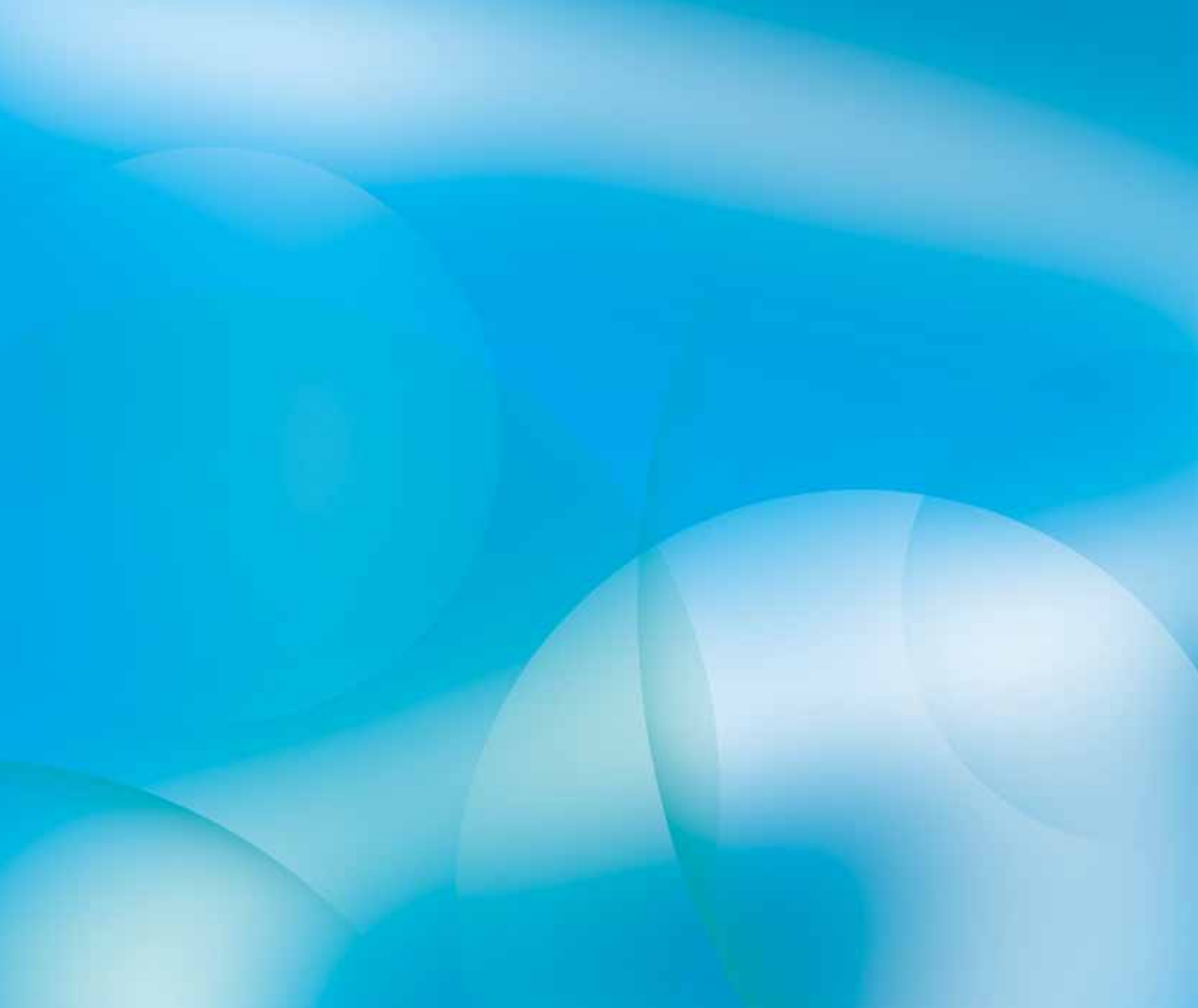
It must also be acknowledged that the recruitment strategy may have resulted in people with reading difficulties and people not familiar with technology being unable to participate. Consequently, the views and opinions captured within the findings represent a small number of unique experiences that cannot be generalised across a population as diverse as LGBT people over the age of 55 living in the Republic of Ireland.

CONCLUSION

This chapter provides a profile of the 144 people who participated in the survey and the 36 people who were interviewed. Both samples were similar in that the ratio of male, female and transgender participants was roughly 6:3:1. Approximately three-quarters of the participants were born in Ireland and about two-thirds were from urban areas. The mean age of participants in the survey was 60.3 years with the range between 55 and 80 years of age. The mean age of the interview participants was similar (59.6 years) with the range between 55 and 70 years of age. More than 90% of the survey participants had told someone they were LGBT while 7.3% had not. Only two interview participants had not come out to anyone. The proportion of survey and interview participants who were single and living alone was much greater than for the entire over-55 population in Ireland. The profile of survey participants suggests that they were well-educated and of higher income.

The nature of the advertising and recruitment may have biased the sample towards people who were secure in their sexual orientation and gender identity and computer literate. Furthermore, as the findings are based on a non-probability sample of older LGBT people, it is not possible to determine how statistically representative the survey sample is. In addition, there are a number of groups under-represented within the sample and findings cannot be statistically generalised to the total population as diverse as LGBT people over the age of 55 in the Republic of Ireland.

Although it was hoped to have more variety in the samples, and despite the limitations identified, the quantitative and qualitative findings combined do provide a rich and in-depth insight into the experiences and complex stories of the lives of these older LGBT people living in the Republic of Ireland. The next five chapters present the findings of the survey and in-depth interviews.



CHAPTER 4: LIVING IN IRELAND: THE EXPERIENCES OF OLDER LGBT PEOPLE

Our stories need to be told. Our stories deserve to be told to a world that's not easily able to hear them. (16 GM 58)

INTRODUCTION

While there is no single normative older LGBT experience, the participants in this study grew up in a culture and a time when the heterosexual experience was seen as the only legitimate worldview, and sexual relationships between people of the same-sex was considered a mental illness and a criminal, immoral and sinful act (Inglis 1998). These views set the context of the participants' lives against a background of stigma, social exclusion, marginalisation, discrimination and invisibility (Phillips and Marks 2008). These perspectives also played a fundamental role in influencing, shaping and regulating the participants' thoughts and feelings about themselves, as well as their concealment or coming out behaviours. Whilst the vast majority of the participants became resilient in the face of society's prejudices and minority stress, which will be discussed in a later chapter, understanding the historical context, tensions and challenges that existed and how these influenced the life trajectories of participants involved in this study is fundamental to understanding the lives of older LGBT people. This chapter draws on the survey data and narrative interviews to set the context of the participants' lives.

FEELING DIFFERENT AND 'OTHER'

All of the interview participants who were born and grew up in Ireland (n = 28) spoke about the absence of discussion around any type of emotional issues, including sex and sexuality. Many participants described the way in which sex and sexuality were unacknowledged or simply not spoken about. Consequently, participants did not acquire a comfort, or indeed a language, to speak about sex and sexuality in an open and confident manner. Participants quickly internalised a perspective, not unique to LGBT people in Ireland, that the discussion of sex and sexuality was 'private, personal, delicate and dangerous' (Higgins *et al.* 2009: 359), and this often led to feelings of embarrassment, fear, confusion or complete avoidance of discussion:

So I think yes, I suppose we were very fearful, fearful in the sense of speaking out, fearful in the sense of showing emotion and any talk about emotion. There was no discussion in any sort of emotion qualities or behaviours, for example. It was being seen and not heard. (09 LF 56)

I find that whole language around sexuality as like...we're all so hugely so afraid to talk about it, not just in the gay community...We just can't talk about sexuality in the broad sense. (08 GM 64)

Sex was something not to be talked about and certainly being gay was not to be talked about or admitted. (34 GM 61)

In view of the fact that even privileged 'normative heterosexuality' was not discussed, being LGBT was seen by participants as the ultimate cultural taboo. Even if family members were aware of or had suspicions about the person's sexual orientation or gender identity, it usually was not openly acknowledged. Consequently, several participants described feeling, from an early age, like an 'outsider' or 'different' within the family and community. Coupled with this feeling of being different or 'other' was a heightened need to hide their sexual orientation or gender identity for fear of 'bringing shame on the family'. One participant, who had never come out to anyone, described the way in which his fear of letting down his family influenced his decision:

I mean if we did anything out of the way, even minor things, we were disgracing the family. Now I would have known from a very early age of my orientation, but I was cute [clever] enough [at hiding it]...The environment in which I grew up, admitting orientation would have been untenable. I was born 70 years ago and that means that acknowledging my orientation wasn't even a possibility. People will say, "Of course, it was", and so on, but not for me. In the family and the circumstances in which I was born, it would have meant that I would be ostracised...I would have been beheaded because there was no understanding. (06 GM 70)

One gay man spoke of the perceived shame that he might have brought upon his family should he have come out earlier in his life:

I always put it [not coming out as a young man] down to...I didn't want to embarrass my family. I didn't want to be an embarrassment to them. (11 GM 65)

Unsurprisingly, messages from the Catholic Church around sex and sexuality were inextricably linked with many participants' experiences of growing up as an LGBT person in Ireland. Participants described the way in which the Catholic Church, whether formally, through church and school attendance, or informally, through messages from parents, served to create and reinforce the discourse of avoidance and 'sin' around sex and sexuality. This simultaneously characterised an LGBT identity as unacceptable, abnormal and sinful. These messages, for many participants, were the beginning of their 'internalised homophobia' (Meyer and Dean 1998) and resulted in some participants feeling guilt and shame, even years later, around their sexual orientation or gender identity:

I was outed in school, with my friend in school, [we] kind of fell in love, teenage blissful love and the nuns outed us and handed us the Bible and told us...to first of all look up [in a dictionary] the word "homosexual" and see what it means and then look up the Bible and find out where you're going if you continue on in this...That was, I suppose, the origins of my own homophobia, if you like. It was all very nice and blissful up to that but I suppose at that stage, yeah, I took it on board because it was just so completely and absolutely and utterly abnormal and wrong...and that kind of became entrenched in me and stuck with me. (21 LF 59)

Two participants discussed issues around being Protestant and Irish with both echoing the idea of being a 'double outsider' (12 GM 59). For one participant, being Protestant and lesbian (03 LF 56) was a source of feeling doubly stigmatised in the dominant Irish Catholic culture. The other participant felt that being in the Protestant minority also helped in coping with being LGBT, and described feeling 'so excluded that we just simply lived in our own little bubbles' (12 GM 59).

All the participants in this study grew up in an era when homosexual acts between consenting male adults, of whatever age, were illegal.¹ For some of the gay male participants in the study, this legal discourse which criminalised them, left them feeling vulnerable not just to prosecution, but also to loss of career, as this man explains:

I was always conscious in the background. It was like a sort of black cloud on a relatively distant horizon that you knew could come and affect you....It seemed most unlikely that you were going to suddenly be hauled out of bed or anything like that, but there was always the potential that in your work you could be told....I mean, [names a partner] was effectively constructively dismissed. His work was made so intolerable when they found out he was gay...When the law changed I felt that [there] was this weight on my shoulders suddenly lifted and suddenly I felt free and a citizen of the country. I was always conscious that the country regarded me as a criminal. (32 GM 70)

ABSENCE OF ROLE MODELS

Several of the lesbian and gay participants specifically described a complete absence of LGBT role models that they could identify with during their early years. The lack of role models further exacerbated their isolation, confusion and sense of difference:

I didn't know any other gay people at all...I had nothing to do with the gay community, didn't know it existed, in fact. Just saw that I was just this odd ball that loved women...I just thought it was me that I was totally odd and strange and this was something I had to fight and overcome; end of story. (21 LF 59)

My big problem in the Leaving Cert. years was the only concept I had of a gay, not "gay" because I didn't know the word, but "queer", and I was going to become a queer and the only queers that I was aware of were dirty old men in public lavatories, and that was my dread, was that what I was going to be condemned to? That was a pretty difficult thing because there were no role models. (33 GM 61)

When gay men or lesbian women were portrayed within the media, gay males were generally presented as 'camp' or feminine, characteristics to which most of the men in the study did not feel they could relate. Some lesbian women equally felt that they could not identify with the traditional portrayal of lesbians as 'butch' or masculine:

One of the things about, "Am I or am I not gay?" I remember Larry Grayson. I remember John Inman and they were somewhere around the time that I was a young man and Quentin Crisp and whoever were the other stereotypical gays in those days and saying to myself quite honestly, "Well, whatever I am it's not that" because I'm very straightforward. I'm not camp. At least I don't believe I'm camp. I can do camp things for fun and that sort of thing but it doesn't come naturally to me. I'm just an ordinary bloke and therefore the stereotypes didn't fit as far as I was concerned and those days you didn't have an ordinary person being portrayed in the media in any way as being also gay. (16 GM 58)

CONCEALING ONE'S OWN LGBT IDENTITY

Participants responded to the historical context and culture in a variety of ways. The most frequently used strategy was to keep their sexual orientation or gender identity struggles hidden:

I'm one of these people who totally rejected the whole idea of being gay. I tried to live a straight life and was in denial as much as I could be. (21 LF 59)

You're hiding all the time. You can't come out with it. You don't know what reaction you're going to get. (35 L TF 55)

Many participants spoke of developing, from an early age, cautiousness towards their lives, their sexual orientation and gender identity. This caution included becoming adept at reading the situation and identifying potential people or situations that might result in discriminatory experiences:

Two lads from my class came down the street. They started shouting up at my window, "Queer, queer". I was in the room paralysed...It made me conscious from an early age [14 years] that I was not part of the pack. I was different...I addressed it by removing myself from mainstream, like sport. I became a loner and hid in the academic side of things. I identified very skilfully those [people] that were potentially going to be dangerous...So I learnt those skills very early...I was always aware that some might sneer at me. (36 GM 64)

One of the primary strategies described by interview participants for managing their sexual orientation and gender identity was discretion. This involved a combination of selective disclosure and 'not calling attention to' one's sexual orientation or gender identity, for fear that others might judge them unfairly or discriminatorily:

I don't say it [about being a lesbian] to everybody as well. I don't go round saying, "Oh, by the way"....So I suppose I select who I come out to. (30 LF 58)

I do not speak about my sexuality. I am me who happens to have this sexuality. It is an aspect of my person and I think that has helped me to survive. (33 GM 61)

I'm very careful who I say it to. That's just me because I don't want a label hung around my neck. I'm very conscious of people being labelled; I don't like it...and I think it just affects a relationship with someone if they're focusing on your being gay rather than anything else; they're not actually focusing on you as a person. (23 LF 57)

The other strategy closely linked to discretion centred on 'voluntary exclusion'. This involved the person making a conscious decision to exclude themselves from situations in which their sexual orientation or gender identity might be a problematic issue:

I think homophobia is mostly internalised and I suppose I would have restricted myself, even unthinkingly, wouldn't have done things that would have given rise to the possibility of discrimination. (12 GM 59)

Others spoke of developing secretive or divided lives and becoming adept at concealment, especially if attending LGBT events or venues:

It's very hard because you tend to...I found myself being very secretive, telling lies about where I was going, what I was doing, very secretive about my friends... (24 GM 56)

You had to be so careful going into pubs and you'd be very cautious in case anyone would see you going in. You would check around the corner to see if there was anyone watching you going into the pub...Most people were the same way, very cautious. It was awful when you think about it. (04 LF 55)

It's like another room. You stay in that room and you come out to where the safe people are...and hide your pain as best you can. (36 L TF 55)

This concealment was heightened for people who were involved in certain careers, such as education:

You never really came out...You remained respectable. You remained discreet. You remained careful, and especially when you were in the area of education, and especially with the Catholic Church and with parents. (33 GM 61)

Others lesbian and gay participants described a period where they tried to live what they called 'the straight life', including having partners of the opposite sex. For a number of participants, both in the interviews and survey, the conscious and unconscious desire to lead the 'straight life' culminated in marriage. Eleven of the 36 interview participants had been married to a person of the opposite sex and over a quarter (26%; n = 36) of the survey participants were divorced or separated from a person of the opposite sex. Within the interviews some participants indicated that they married out of fear of exposure, whereas others felt that marriage was the best option available to them at the time and the only hope of having a 'normal' life:

Do you know how hard it was, in the 1960s or 1970s? I mean you were just regarded as I don't know what...You were laughed at...Where I worked I got a lot of abuse and a lot of bullying when people started to find out [I was lesbian]. Then, well, they began to realise that you weren't just quite the norm...God, it was so hard and I suppose that's what drove me then to do what I done [marry] because there was no other way out of it or whatever...Then, of course, I suppose I began to panic and I got afraid and then I got married, which I probably shouldn't have done, but I did anyway and stuck it out for another 25 years and I had children, and I mean it was really stupid in a way to get married and to ruin someone else's life then, as well as my own. (14 LF 59)

Others, having been exposed to ideas of sexual orientation being 'a lifestyle choice' and 'curable', convinced themselves that they could make themselves 'straight':

I just thought it was me, that I was totally odd and strange, and this was something I had to fight and overcome; end of story...[So] I found a nice man and married him and hid in a marriage for about 10 years. (21 LF 59)

Why did I get married? I honestly really, really believe that it [attraction to other men] was a phase I was going through and when I got married everything would change and I would be normal, and that's all I ever wanted to be, was normal and to have a family and to just have a normal family life. (25 GM 57)

Some participants responded to the negativity and discrimination surrounding being a LGBT person by emigrating. A number of interview participants had emigrated in their younger years and described the

freedom and anonymity they felt abroad compared to living in Ireland. Furthermore, they contrasted the ‘hidden’ or ‘small’ nature of the LGBT scene in Ireland to the visible LGBT scene and opportunities abroad, where, from their perspective, they had an easier experience of coming out:

So I decided I needed to get out of Ireland ...I needed that space, and I thought all my problems stemmed from being Irish and Catholic and that. If only I weren't Irish and weren't Catholic, I would be happy ever after. So I ended up quitting the job and going to [names a city outside of Ireland]. (02 GM 55)

So yeah, I think it was definitely easy coming out being outside the country because I didn't have the whole religious thing for one thing. It was more anonymous. I didn't worry about someone I knew seeing me or someone who knew my grandmother. You know those kinds of things? So I had a lot more freedom and a lot more events to go to. (03 LF 56)

Despite modern Ireland's more inclusive stance and progress towards developing a culture of equality, recognition and acceptance of LGBT people, one interview participant spoke about how his younger partner had emigrated in the recent past due to his sense of shame around being gay and his inability to be out to parents and family:

He [partner] wasn't out to his family, his parents. He could not cope with the duplicity...He was at the age when you are to present the girlfriends, the question, "When are you giving us the big day?"; that sort of thing...His family were deeply conservative, rural and Catholic...He said, "How can I tell them [parents] I am gay and into older men?" They would think it was commercial – he was a rent boy. So he left Ireland. We are still in touch. (36 GM 64)

Approximately a quarter of the survey participants (27.2%; $n = 37$) also indicated that their LGBT identity had influenced where they had lived. In addition to emigrating, survey participants wrote about moving to urban areas within Ireland and avoiding areas such as small towns, rural villages and council estates that they felt might be homophobic, intolerant, hostile and prejudiced.

‘COMING OUT’ AND ‘BEING OUT’

Coming out usually refers to the open disclosure that a person is Lesbian, Gay, Bisexual or Transgender (LGBT); however, it is not purely about declaring one's sexual orientation or gender identity. It often involves developing an awareness of an LGBT identity, accepting one's sexual orientation or gender identity, choosing to share the information with others and building a positive LGBT identity (King and Smith 2004). It not only involves coming out, but staying out and dealing with the potential challenges that one might encounter as an LGBT person. The circumstances that impact and shape people's decisions around coming out and staying out are multifarious and for the participants in this study, the process of coming out and staying out was strongly influenced by their experiences of growing up in a culture with considerable discriminatory attitudes. This section presents findings from the survey on age of awareness, age of coming out and participants' openness about their LGBT identity and comfort with telling others. This is followed by a more in-depth exploration of the coming out experiences as described by the interview participants.

Age of awareness of LGBT identity

In the present survey, the mean age of awareness of LGBT identity was 20 years of age ($SD = 10.4$), six years older than the findings of (Mayock *et al.* 2009) in which the mean age of awareness was 14 years ($SD = 5.6$) and the most frequent age of awareness was 12 years (see Table 9).

Age of coming out as LGBT

The vast majority of survey participants were out to at least one person. Of the 137 participants who responded to the question on coming out, more than 90% (92.7%; $n = 127$) had told someone they were LGBT while 7.3% ($n = 10$) had not. These figures compare with the Supporting LGBT Lives study where 96% of participants were out to at least one person (Mayock *et al.* 2009). In the present study, the mean

age for coming out was 31 years (SD = 12.6) (see Table 9). In the Supporting LGBT Lives study, however, the mean age for telling someone was 10 years younger at 21 years of age (SD = 7.1) with the most common age being 17 years (Mayock *et al.* 2009). The difference in age of coming out most likely reflects the participants in this study reluctance to come out in a culture that criminalised and pathologised them.

Age of socialising as an LGBT person

Survey participants were also asked whether they had ever socialised with other LGBT people who knew about their LGBT identity. The vast majority (93.8%; $n = 122$) reported that they had, while 6.2% ($n = 8$) said that they had not. The high rate of participants who socialised with other LGBT people who knew about their LGBT identity needs to be interpreted in the context of the relatively young age of the survey sample, the high level of education, and the computer literacy level of the participants. All of these might positively influence the opportunities and networks available to this group to socialise with other LGBT people.

Of the survey participants who had socialised with people who knew about their LGBT identity, the mean age of first socialising was 33 years of age (SD = 11.5), with the most common age being 30 years of age (see Table 9). These findings suggest that many of the survey participants in this study went through their adolescence and early adulthood without disclosing the sexual orientation or gender identity to anyone and without contact with other LGBT people who knew of their LGBT identity.

Table 9. Age of awareness of LGBT identity and age of coming out as LGBT for survey sample

Variable	Mean age	SD	Most common age	Youngest – oldest age
Awareness of LGBT identity ($n = 134$)	20	10.4	16	4 – 53
Coming out as LGBT ($n = 127$)	31	12.6	30	11 – 68
Age of first socialising as LGBT ($n = 112$)	33	11.5	30	14 – 57

Openness about one's LGBT identity

Survey participants reported being most out to their close family (68.8%), followed closely by friends (62.9%) (see Table 10). One in ten participants (10.2%), however, were not out to any of their close family and 7.3% were not out to any of their friends. Approximately three-quarters of participants reported being out to at least some neighbours (72.1%) and work colleagues (77.1%). Approximately one in four participants were not out to any of their neighbours (27.9%) or work colleagues (22.9%). Compared to the Supporting LGBT Lives study, the figures are relatively similar. In Mayock *et al.*'s (2009) study the percentage of people being out to all were as follows: siblings (68%); parents (67%); friends (67%); and work colleagues (43%).

Survey participants who had come out to family, friends, neighbours, and work colleagues were asked to rate the reaction they received after telling about their LGBT identity on a scale ranging from mostly negative to mostly positive. The average reaction received from participants was a 2.6, corresponding to about halfway between some positive/some negative and mostly positive for all four groups. Participants rated the reactions they received from friends and work colleagues most positively, followed closely by neighbours. The most negative reaction came from family (see Table 11).

Table 10. Proportion of close family, friends, work colleagues, and neighbours who know about the LGBT identity of survey sample

	All or almost all	More than half	About half	Less than half	None
Close family (n = 128)	68.8% (n = 88)	5.5% (n = 7)	3.9% (n = 5)	11.7% (n = 15)	10.2% (n = 13)
Friends (n = 124)	62.9% (n = 78)	13.7% (n = 17)	5.6% (n = 7)	10.5% (n = 13)	7.3% (n = 9)
Neighbours (n = 104)	35.6% (n = 37)	15.4% (n = 16)	1.9% (n = 2)	19.2% (n = 20)	27.9% (n = 29)
Work colleagues (n = 109)	43.1% (n = 47)	14.7% (n = 16)	8.3% (n = 9)	11.0% (n = 12)	22.9% (n = 25)

Table 11. Reactions survey sample received to coming out from close family, friends, neighbours, and work colleagues

	Mostly positive	Some positive and some negative	Mostly negative	Mean reaction, SD
Friends (n = 114)	76.3% (n = 87)	20.2% (n = 23)	3.5% (n = 4)	2.7, .52
Work colleagues (n = 84)	71.4% (n = 60)	23.8% (n = 20)	4.8% (n = 4)	2.7, .57
Neighbours (n = 68)	61.8% (n = 42)	33.8% (n = 23)	4.4% (n = 3)	2.6, .58
Close family (n = 112)	48.2% (n = 54)	42.0% (n = 47)	9.8% (n = 11)	2.4, .66

Comfort with one's own LGBT identity

There was a high degree of reported comfort with sexual orientation and gender identity among the survey participants. Approximately four out of five survey participants (80.4%) reported being either very comfortable or comfortable with their sexual orientation (Table 12). This finding is nearly exactly the same as that reported by Mayock *et al.* (2009) in their recent study of LGBT in Ireland.

In addition, approximately nine out of ten participants (92.3%) reported being either very comfortable or comfortable with their gender identity (Table 13).

Interestingly, this comfort with sexual orientation and gender identity did not transfer into comfort in telling others. Survey participants were not always comfortable revealing their LGBT identity and feared some negative reactions to coming out (see Table 14). Only six out of ten participants (62.6%)

were comfortable with telling others, including their non-LGBT friends (60.3%), about their LGBT identity, suggesting a high degree of discomfort among the survey participants when it comes to revealing their LGBT identity.

Table 12. Comfort with sexual orientation of survey sample compared to findings from Supporting LGBT Lives

	Current study	Supporting LGBT Lives
Very comfortable or comfortable	80.4% (n = 115)	81% (n = 904)
Neither comfortable nor uncomfortable	11.9% (n = 17)	11% (n = 125)
Uncomfortable or very uncomfortable	7.7% (n = 11)	> 7% (n = 71)
Total	100% (n = 143)	100% (n = 1100)

Table 13. Comfort with gender identity of survey sample

	Number	%
Very comfortable or comfortable	131	92.3
Neither comfortable nor uncomfortable	7	4.9
Uncomfortable or very uncomfortable	4	2.8
Total	142	100

This discomfort was related to fear of rejection and discrimination. About one in four participants (26.6%) were afraid of losing friends by revealing their LGBT identity and one in three (34.6%) agreed that they were afraid people would harass them if they came out more publicly about their LGBT identity.

Written comments by survey participants also described fears of rejection, embarrassment or isolation that might result from coming out. A number of survey participants (n = 54) who had not come out to people within the various categories (close family, friends, neighbours, or work colleagues) responded to the question, 'If you have not told anybody or certain people about your LGBT identity, what are your main concerns about telling them?' Typical comments included: '*fear of being rejected and isolated*', '*fear of homophobia*', '*they might not want to know me*', '*they would disown me*' and '*they would laugh or believe it was ridiculous at my age*'. Participants also noted that they did not come out to people at work for fear of '*professional repercussions*'.

Table 14. Statements regarding comfort with telling others about LGBT identity

	Agree somewhat or strongly agree	Neutral	Disagree somewhat or strongly disagree
I am generally comfortable telling others about my LGBT identity. (n = 131)	62.6% (n = 82)	16.8% (n = 22)	20.6% (n = 27)
I am comfortable letting my non-LGBT friends know about my LGBT identity. (n = 126)	60.3% (n = 76)	15.1% (n = 19)	24.6% (n = 31)
It is important for me to let people know about my LGBT identity. (n = 128)	40.6% (n = 52)	30.5% (n = 39)	28.9% (n = 37)
I am afraid people would harass me if I came out more publicly about my LGBT identity. (n = 130)	34.6% (n = 45)	13.1% (n = 17)	52.3% (n = 68)
If people of my age knew of my LGBT identity, I am afraid that many would not want to be my friend. (n = 128)	26.6% (n = 34)	12.5% (n = 16)	60.9% (n = 78)

INTERVIEW NARRATIVES ON COMING OUT TO FAMILY, FRIENDS, COLLEAGUES AND NEIGHBOURS

The qualitative interviews revealed a more in-depth picture of participants' experiences with coming out to close family, friends, work colleagues and neighbours, and support the quantitative data that participants experienced mixed reactions when they came out.

Coming out to family and friends

A number of the interview participants had not come out to their parents prior to their death, even though some suspected that their parents knew of their being LGBT. Those who did come out to parents and siblings described their coming out experiences as deeply personal journeys that involved much emotional and psychological soul-searching. In the few cases when a participant was open with parents about their LGBT identity, some parents were immediately accepting:

[At a family gathering], some dull little aunt or aunt-in-law turns up and does that usual thing that happens to teeny [teenagers] people, "Oh you're a very good looking boy. I bet you're winning all the girls' hearts", and all that kind of stuff, and I remember my mother just announcing very gently from the far end of the dining room table, "No, [participant name] is artistic", and that simply finished the conversation. So it saved me coming out. My mother outed me in front of the entire family in a very gentle way. That, at the time, I was very fortunate. (12 GM 59)

My mum was wonderful about it...So when the people nearest to me, if it doesn't upset them, why the hell should it upset me really? (20 LF 55)

Accounts suggested, however, that in the majority of cases reactions ranged from rejection and denial, to wanting the person to seek treatment:

I came out when I was 19. Within a year I had come out to my parents, a classic how not to come out way, which was sitting down at the dinner table as the eldest son of four children saying, "I have something to tell you. I am gay", and my mother saying, "What's he talking about"? And, my father saying, "Into the front room, I'm going to talk to you". He insisted I see a psychiatrist. (02 GM 55)

Several people spoke about both positive and negative reactions they encountered from siblings. In the majority of situations, siblings were supportive and responded by affirming the person or saying that they already knew or had guessed about the person's sexual orientation or gender identity:

Well, I was out to friends years ago, who were also gay as well. When I came out to my family [siblings] about 15 years ago, maybe more, they knew. They said: "We just knew." I thought I was telling them this big news and I told them and they said, "Yeah, we know that". They just said as long as you're happy. It just means nothing to them really...but in a good way. (04 LF 55)

In a small number of situations, however, siblings either rejected the person or did not want to discuss the issue:

The same as my father and mother, brushed under the carpet, don't say anything about it. We don't talk about it, not particularly interested. Don't go down that road with him [brother] and I don't discuss it. (24 GM 56)

"Good God! Have you lost it all together? Don't do anything rash now. Stay away from those awful people and you'll be grand. You'll get over it"...That's her [sister]. (21 LF 59)

Many participants spoke of having friends in their life that knew of their sexual orientation or gender identity and were supportive:

I have a wide social circle of friends. I'm involved with outside organisations. I find, quite honestly, that people accept me for who I am; there's no issues. (28 Bi TF 62)

In contrast, some participants also spoke of feeling that they needed to manage their LGBT identity with particular friends and mourned the costs of the silence on friendships, as explained by this woman:

So it [not telling her friends she is a lesbian] does mean, too, that you can't make very close friends because to be close to somebody you need to let them know who you are and if you are covering up aspects of yourself, then you can't really have close, honest friendships. So that has been another aspect of it, which is a pity. (21 LF 59)

Coming out to work colleagues

Several interview participants spoke of positive experiences of being out at work and the support and approval they received from at least some of their work colleagues. One man noted how his work colleagues, 'just accept you for who you are' (24 GM 56). Another gay man described bringing his partner to a company social event and the positive way in which his boss reacted:

I've never had a bad experience [of discrimination at work] that I can remember. At work, while all the people I worked with knew, the wider office probably didn't and I don't think it's a gossipy office and I sort of came out by bringing my boyfriend to [a company social event]. I did take the precaution of telling the boss in advance...But again, not only did he take it very well but it had been [partner's] birthday the previous day, so he wished him a happy birthday. (17 GM 61)

Some, however, perceived an anti-LGBT undercurrent in the workplace. This woman described her perception of anti-LGBT rhetoric that influenced her decision to keep her lesbian identity hidden from her work colleagues:

I wouldn't let it be known at work...because I know the prejudice that there still is within the [place of work]...We've had gay [clients] and I've heard the comments so I just keep my head down and mind my own business. (21 LF 59)

One man, although very comfortable with his sexuality and out at work, did allude to the possibility that his acceptance is actually superficial:

I would be completely open and everybody that knows me knows I'm gay and...I no longer experience it as an issue. The people I work with...it's [acceptance] partly because I'm their boss that they can't make it an issue. (08 GM 64)

Other participants who were not out at work provided examples that portrayed a climate of exclusion and discrimination within their workplace. In some cases, this occurred in the context of covert verbal comments and banter by colleagues. These comments, however, sent a powerful message to participants of the need to remain in the closet:

There's a lot of homophobia where I work. Although it's frowned on by management, it still exists...I'm very...straight acting...occasionally I will wear a very light pink [shirt]. "That's a bit gay looking"...The things they say are very vile and nasty about the gay lads [who are out]. (25 GM 57)

Some participants spoke about the obstacles they faced coming out due to the prevailing prejudicial attitudes. For example, this woman recounted her experience having returned to work following her gender transition surgery and name change:

I said to my boss that I wanted Monday off because I wanted to change my name. He said, "I'll tell you what. Come in on Tuesday [name]. Everybody knows now." So I went in as [name] on Tuesday and then on Friday I took the flu and I was off for the next week and a half...Back in...in about an hour, "Come here, I want to talk to you". He [boss] takes me into the back office and he said, "Listen, I want you to be back in the male mode or I want you to work from home"...So eventually after four months, and I'm working from a bedroom table with my own PC, their PC, their desktop underneath, looking at the wall, no stimulus, nothing...I kept complaining, "I want to go back to the office, I want to work in an ordinary environment", blah, blah, blah. "No." So eventually in the middle of July he turned round and he said: "Listen, you've got two weeks to bring more business in otherwise I'm firing you. Or you can go and get a job." So [in] the middle of August I gave him my resignation. (28 Bi TF 62)

One gay man, who came out five years ago at the age of 52, when asked about what may have stopped him from coming out earlier in his life responded:

Because I was in the army then...The army is [a] very straight organisation then. If you were known to be gay, you were stamped lower in physical stamina and out the door. A general cover up term...They call it the BAPS regime [Below Acceptable Physical Standards]. They'll find some way to get you out. (05 GM 56)

Coming out to neighbours

The majority of participants who were out to all, or some, neighbours within the local community spoke about acceptance by them.

My neighbours know I'm gay as well and that's no problem. If I'm sick they come over and look after me. I mean if I can't get out of bed or something after an operation. I've no issues like that at all. (04 LF 55)

My neighbours have accepted...The older neighbours sometimes make a mistake and they say "[Birth Name], oh sorry, [Name following transition]"...They correct themselves and you don't take exception to that. They've had a lifetime of the other person and that can be respected. (26 LF GID 58)

Several interview participants opted not to come out to their neighbours because they did not feel the need to name their sexual orientation or gender identity, or were of the view that the neighbours may actually be aware of their LGBT identity. At the same time, however, they felt that to belong and integrate into the community they should not 'flaunt' their relationships or their LGBT identity. So, for a number of participants, community engagement occurred under a 'veil of secrecy' or 'tacit acknowledgement', where neither party acknowledged anything about the LGBT person's sexual orientation or gender identity:

I wouldn't be very public and I'd be very protective and private, as is my partner, and living in the rural area dictates that as well. You want to be part of that community, so you're not going to...I'm too long in the tooth to be flaunting anything and it wouldn't be me anyway...I find it difficult being open with people where they are half interested and not interested, and they don't ask or acknowledge...I tend to be selective about who I would say it to because I know where they are at. I don't know whether they [neighbours] know or not. They can deduce it themselves... They're a bit stupid if they don't because we live together and we go everywhere together. (19 LF 58)

Married participants coming out to spouses and children

Another essential aspect to consider, particularly for older LGBT people who married in order to have what they perceive as a 'normal' life, is the experience of coming out to their spouses and, if applicable, their children. The interview participants who had married spoke of the deep struggles they had with themselves prior to eventually divulging their LGBT identity to their spouses. For the majority of the participants, telling their spouse occurred after a long period of personal anxiety, which in some cases lasted for years. Some participants spoke of being no longer able to live the 'lie' and the cost of living a 'lie' to their mental and emotional health. The stories of these participants provide richness and depth to a topic that has remained largely unexplored in the literature. In all but one case, the marriage broke up subsequent to the disclosure:

I think I finally came to the realisation that I couldn't continue living a lie [was having a relationship with a man]; I just couldn't continue doing it. It became too much for me and no matter who I had to hurt, and so my wife said to me one day: "Look, I think something's going on. Are you having an affair?" So I said, "Yes", and she said: "Who is she? Who is she? I'll kill her!" And I said, "Actually, it's not a she, it's a he". (07 GM 66, Married 22 years)

Then in the finish up things got so bad that I had.....well, I just had to tell somebody or I don't know what was going to happen because I went into a hell of a depression or a low, if you like, and it went on for nearly 12 months...So I told him [husband]. (14 LF 59, Married 26 years)

Most of my younger life I attempted to be something that I wasn't. I came to the point of getting married to a woman that was my best friend and I loved dearly and still love dearly, and for 20 years of that marriage we almost succeeded and for three years of that marriage we both went through hell, and the outcome of that situation [telling her] led to a separation about 10 years ago...Well, certainly I needed to do it [come out to wife]. Whatever was the driving force precisely or whatever the judgement of what I did might or might not come from, it was something for my own sanity I absolutely needed to do, but the trouble with it was that every inch of progress I made was another added difficulty for my best friend [wife], who was somebody that I loved very, very dearly. So often the coming out process is very healthy for the gay person; in this particular situation there's a downside to it, as well as an upside to it, is the simple way of saying it. (16 GM 58, Married 23 years)

The decision to come out as LGBT may be further complicated if the person has children. Participants in the study recounted similar painful struggles around disclosing their LGBT identity to their children. Eleven of the 36 people interviewed were parents and more than one-third of the survey participants (36.1%; n = 52) were parents. In all cases, the interview participants spoke of the emotional impact of telling their children and the varying degrees of personal shame, guilt and inner strife that they experienced prior to telling their children. Men spoke of experiencing a greater difficulty in telling their sons, with all having struggled to find the ideal time, age and language to tell. In some cases, it was the spouse that informed the children. In other cases, participants were unsure if their children knew the real reason the marriage broke up, although they suspected that they did. Similar to reactions from other family members, there were very mixed reactions from children, ranging from transient negative feelings to subsequent rejection and loss of contact:

And so then when we talked about it he [nine year old son] went mad. He went into his bedroom and he hid under the bed and he wouldn't come out and he was silent. He was just silent and he wouldn't talk about it for years and he wouldn't talk to [names partner] really. He didn't want to be around her. He didn't want to be in the house when she was here. He wouldn't bring his friends home if she was going to be here. Even if she was going to pop in, he wouldn't bring his friends home. (10 LF 58)

Some participants delayed their coming out until their children were reared:

I'm a fairly spiritual person and the idea of living a dishonest double life didn't sit very well with me either but I had two children at that stage and I was going to see them reared and that and as soon as they were reared and my parents were safely dead I went into counselling and basically left home and came out and here I am. (21 LF 59)

A transgender woman spoke of how her two sons were told and the subsequent rejection that followed:

I didn't have a chance to tell my children about my transgender issues. They were told by their mother and I'm presuming that the spin that their mother put on the situation didn't help, to put it mildly...I've lost my conduit to my two kids because on Facebook I had one of them that I was keeping an eye on but I tried to contact him and gradually he closed his Facebook down. (28 TF BI 62)

In contrast, others spoke of experiencing immediate acceptance and understanding from their children, with some older children, stating that they knew or had their suspicions, prior to the disclosure:

So I told my kids the story and they were frightfully grown up and 21st century about it...And they were grateful to know why the marriage broke up and they were very accepting of it all. (21 LF 59)

I never once had a hint of negativity from my children...He got up from the table and came across and put his arm around me and said, "Dad I love you". I told him before he went to secondary school. (36 GM 64)

I remember she [daughter] said to me... "You know Dad, if I put you on an ironing board I couldn't straighten you out", and that was acceptance. (25 GM 57)

Having come out to children and family did not end the worry for the participants as many spoke of their ongoing anxiety and fear that their children would be subjected to derogatory and discriminatory comments:

I would be more worried about family [children] than I would about myself, that there would be anything said to them. That's what I'd be really worried about, but not so much myself because I'm gone past caring now...I wouldn't like for anything to be said to them. (14 LF 59)

I worry about [names two of his youngest children]...because prior to telling them, [names child] was taunted in school about his gay father. (36 GM 64)

The struggles described by the participants in this study add support to Lynch and Murray's (2000) study on the difficulties an LGBT parent face in making the decision to reveal their LGBT identity to their children. The main concerns of the parents in Lynch and Murray's (2000) study was related to the effects their decision would have on their children and the fear of losing custody or visitation rights. Similar to the parents in this study, the parents in Lynch and Murray's (2000) study managed their LGBT identities by not revealing their identity until their children had reached a certain age, concealing their identity in certain situations that might cause upset for the children, or generally trying to respond sensitively to the concerns and fears of their children.

SUMMARY OF KEY FINDINGS

- The participants in this study grew up in a culture where their LGBT identity was pathologised, criminalised and considered sinful. Consequently, they internalised a feeling of being 'other' and 'different' from an early age. This sense of feeling 'other' was exacerbated by the heteronormative culture and the absence of LGBT role models within the media or community.
- To cope within this context, participants developed a range of strategies to conceal and hide their sexual orientation and gender identity struggles. These strategies included cautiousness, discretion, developing divided lives, voluntary exclusion, living a 'straight life' and emigration. Approximately one in four (26%) of the survey participants and 30.6% of the interview participants had married. A quarter (27.2%) of survey participants indicated that their LGBT identity had influenced where they lived.
- Many of the survey participants in this study went through their adolescence and early adulthood without disclosing their sexual orientation or gender identity to anyone and without contact with other LGBT people who knew of their LGBT identity. The mean age of awareness of LGBT identity was 20 years of age and the mean age for coming out was 31 years of age. The most common age reported for first socialising with other LGBT people was 33 years of age.
- The vast majority of survey participants were out to at least one person. Ten of the survey participants and two of the interview participants had not told anyone they were LGBT.
- One out of ten survey participants was not out to any of their close family. One out of four participants was not out to any of their neighbours or work colleagues. A smaller proportion was not out to any of their friends. Survey participants rated the reactions they received to coming out from friends, work colleagues and neighbours most positively. The most negative reactions to coming out came from family.
- There was a high degree of reported comfort with sexual orientation (80.4%) and gender identity (92.3%) within the survey participants. This comfort, however, did not transfer into comfort in telling others. A considerable minority of participants (20.6%) were uncomfortable with telling others about their LGBT identity. For many, their discomfort related to a fear of harassment (26.6%) and a fear of friends rejecting them (34.6%).
- Many interview participants spoke about concealing their LGBT identity from their parents, although several believed that their parents knew of their LGBT identity. For the few participants who did come out to their parents, reactions received were often negative and ranged from rejection to denial. Siblings, however, tended to react more positively and supportively, although in some cases siblings, too, rejected the person.
- Several interview participants spoke of positive experiences of being out at work and the support and approval they received, while others spoke of a perceived anti-LGBT undercurrent within their work environment.
- Participants who were married and had children faced immense difficulties in making the decision to reveal their LGBT identity to their spouse and children. Disclosure most frequently resulted in loss of the spousal relationship and emotional pain on all sides. Participants who had children experienced deep struggles prior to eventually divulging their LGBT identity to their children and worried that their children would be stigmatised or discriminated against.



CHAPTER 5: MENTAL HEALTH AND EMOTIONAL WELL-BEING

“I just take today for today...Yesterday I had a wonderful day, the day before I had a wonderful day and that’s the way it has been and that’s the motto I have in life...What I have is today.”

INTRODUCTION

The internalisation of society's negative attitudes, as well as the constant monitoring and censoring of one's thoughts and actions in social situations as described in the previous chapter, can result in feelings of social alienation, anxiety, loss of self esteem and an inability to express the 'true self' (Hetrick and Martin 1987; Robertson 1998; Friedman 1999). This, in turn, can lead to minority stress and mental health issues. While most LGBT people develop positive coping strategies to manage the ensuing stress, a large body of research supports the relationship between minority stress and mental health problems, especially depression, amongst LGBT people (Fergusson *et al.* 1999; King *et al.* 2008). In addition, studies point to an increased incidence of suicide and substance misuse (Robertson 1998; Farquhar *et al.* 2001; King and McKeown 2003). Other studies indicate a high incidence of hate crimes, harassment and victimisation experienced by the LGBT community (Berrill 1990; King *et al.* 2008). There is a scarcity of research that specifically examines the life experiences of older LGBT people and how these experiences might impact on their mental health and emotional well-being. This chapter addresses the mental and emotional well-being of the study participants and explores the impact of life experiences on mental health and emotional well-being.

MENTAL HEALTH SELF-ASSESSMENT

As outlined in Table 15, three-quarters (75.3%) of survey participants reported that their mental health was very good or good. This was slightly higher than the 68% who rated their mental health as very good or quite good in Gleeson and McCallion's (2008) needs analysis of LGBT people in the West of Ireland. This figure, however, is lower than the 88% of respondents who rated their mental health as very good or good in a Health Research Board national sample of adults aged over 18 in Ireland (Tedstone Doherty and Moran 2009). Of the 24.6% ($n = 33$) in this sample who rated their mental health as fair or poor, 10 indicated that it was sufficiently severe to interfere with their physical activities some or all of the time and 12 indicated that it interfered with their social activities some or all of the time. Participants overall satisfaction with their mental health was also reflected in interview narratives. The following are indicative of some of the comments made:

I'm in a very good place [emotionally]. I'm very happy. (O7 GM 66)

It's just that I'm very comfortable in my lesbian skin. It's a fundamental part of me. To be perfectly honest, it's one of the few things that I am extremely comfortable with. (23 LF 57)

I just take today for today...Yesterday I had a wonderful day, the day before I had a wonderful day and that's the way it has been and that's the motto I have in life...What I have is today. (24 GM 56)

I'm able to deal with things myself in my own way and I try to get through things no matter what happens. (14 LF 59)

One-third of the survey participants (32.6%; $n = 44$) reported having experienced a mental health problem at some point in their lives. Roughly one in ten (11.1%; $n = 15$) of the survey participants was currently taking prescribed medication, suggesting that their mental health issues are ongoing. Although not directly comparable, a recent study based on data from the Health Research Board's National Psychological Wellbeing and Distress Survey collected in 2005 and 2006 in Ireland reported that 19.9% of those aged 50-64, and 11.2% of those aged over 65 years, reported that they had experienced a mental, nervous or emotional problem in the previous year (Tedstone Doherty *et al.* 2008).

Similar to the findings from other studies (King *et al.* 2008; Mayock *et al.* 2009), the most frequently reported mental health issue experienced was depression ($n = 20$), followed by anxiety problems ($n = 12$), which included panic attacks and Post-traumatic Stress Disorder (PTSD). Other mental health issues listed by survey participants were drug addiction, anorexia nervosa, bipolar disorder and gender identity disorder. Although some survey participants related their mental health issues to a 'fear of gay life', others suggested that it was 'associated with other past experiences', including childhood abuse, being in a violent relationship, loss and bereavement, as well as stresses related to family ill health, work and finances.

Table 15. Self-assessed mental health of survey sample

Mental health self-assessment	Number	%
Very good	66	49.2
Good	35	26.1
Fair	26	19.4
Poor	7	5.2
Very Poor	0	0
Total	134	100

SUICIDE AND SELF-HARM

Although statistical data for completed suicides among the LGBT population are skewed as LGBT identity is not recorded as part of mortality data (McAndrew 2004), there is a growing body of international research suggesting that LGBT people are at increased risk of suicidal behaviour and self-harm (Remafedi *et al.* 1998; Fergusson *et al.* 1999; Skegg *et al.* 2003).

As shown in Table 16, nearly 90% of survey participants reported that they had never seriously thought about taking their own life. One in ten survey participants (11.4%) reported that at some time in their lives they had seriously thought about ending their life and one participant reported a suicide attempt in the past year. This figure is much lower than the 52% rate reported by Mayock *et al.* (2009) and slightly lower than the 14.6% reported in a recent survey of people over 16 years of age in Ireland (Casey *et al.* 2006).

In relation to self-harm, while the vast majority of survey participants (95.5%; $n = 128$) reported that they had not self-harmed in the past 12 months, 4.5% ($n = 6$) reported that they had. Although this rate of self-harming is similar to the 6% found in the Supporting LGBT Lives study (Mayock *et al.* 2009), it is much higher than the recorded rates of self-harm in the whole adult and older population in Ireland, with just 0.3% of those between 45-63 and 0.1% of those over 65 years of age reporting that they had self-harmed in the past year (Morgan *et al.* 2008).

Table 16. In the last year, have you ever seriously thought of or attempted to end your own life?

	Number	%
No, never seriously thought about it	116	87.9
Yes, seriously thought about it	15	11.4
Yes, attempted to end my life	1	0.8
Total	132	100

Interview narratives on thoughts and attempts of self-harm

During the interviews, a number of participants talked about experiencing, at some point in their lives, a passive wish to die, while stressing that they were not suicidal at the time. The following are examples from participants:

Everyone thought I was this happy-go-lucky [person], yet inside I was dying and, in fact, every night before I went to bed I'd always put all my books and stuff in order and then I'd ask God to take me in my sleep. I certainly don't want it anymore; I really want to live, but I would never have done anything. I never considered suicide or anything like that, but life was so painful. (30 GM 60)

Certainly suicidal ideation, thoughts, feelings are more common among gay populations because of that issue [loneliness] and there were very lonely moments, absolutely. (29 GM 63)

In many cases interview participants' distress was associated with their struggles to come to terms with their LGBT identity in a society that was discriminating and alienating or with the loss of a relationship as a consequence of their disclosure:

I believe because I was suicidal, it's not because of my gender identity disorder. It was because of the disorder of society not accepting me. (26 LF GID 58)

When I moved into the apartment [after breakup of marriage], I would go to the roof and think of throwing myself off, the thought of the children...to do that is to put a greater burden on them...It's to say I don't love or care about them enough. (36 GM 64)

SUBSTANCE MISUSE

Research suggests that mental health issues, such as alcohol and drug abuse, in the LGBT population are at least two to three times more prevalent than in the general non-LGBT population (Robertson 1998; Farquhar *et al.* 2001; King and McKeown 2003). This may be related to the problems of dealing with societal oppression, using alcohol and drugs as a means of coping with depression and the limited range of social activities outside of bars and clubs (King *et al.* 2003).

In recent studies from the Republic of Ireland investigating alcohol use within LGBT groups, one study found that 92% of an LGBT sample were alcohol drinkers (Mayock *et al.* 2009), with another reporting 88% of a sample of gay men to be alcohol drinkers (McCartney *et al.* 2009). Within this study, the prevalence of alcohol use for the survey sample was slightly lower at 82.8% (see Table 17). This figure is relatively similar to the rate of alcohol use amongst those aged 45-64 years in Ireland (79%) but higher than the rate of alcohol use for the over 65 population in Ireland (59%) (Morgan *et al.* 2008).

Of those who drank alcohol, nearly four out of ten participants (38.8%) consumed alcohol on a weekly basis (2-3 times a week and 5 or more times a week). This compares to 41% of those aged 45-64 years and 28% of those 65 years and over who reported drinking alcohol weekly in a national sample of adults in Ireland (Morgan *et al.* 2008). Fourteen percent (14.2%; $n = 19$) reported that they worry about drinking too much and seven participants indicated that their mental health problem was alcoholism with four stating they were in recovery. When the frequency of alcohol consumption is compared to Mayock *et al.*'s (2009) study, the percentage of people who never drank alcohol is greater, whereas the percentage of those who drink five or more times a week is also greater, with 17.2% of the current study sample drinking 5 or more times a week.

Table 17. Frequency of alcohol use of survey sample compared to other Irish studies

Frequency of Drinking Alcohol	Current study	Supporting LGBT Lives ⁶	SLÁN ⁶ 45-64 years	SLÁN ⁷ 65+ years
Never	17.2% (n = 23)	7.7% (n = 85)	21%	41%
Monthly or less	13.4% (n = 18)	12.3% (n = 136)	17%	16%
2 to 4 times a month	30.6% (n = 41)	32.6% (n = 360)	21%	15%
2 to 3 times a week	21.6% (n = 29)	34.2% (n = 378)	30%	18%
5 or more times a week*	17.2% (n = 23)	13.2% (n = 146)	11%	10%
Total	100% (n = 134)	100% (n = 1105)	100%	100%

*Note: In both Supporting LGBT Lives (Mayock *et al.* 2009) and SLÁN (Morgan *et al.* 2008) this response category is 4 or more times a week.

Six survey participants (4.5%) reported using illicit drugs recreationally within the last year, with four of these reporting having done so in the preceding month (see Table 18). Although the 2002 and 2003 Drug Prevalence Survey does not address illicit drug use in the over 65 age group, it does report a lower rate of prevalence than found in this survey sample. They report a 0.5% illicit drug use for those aged 55-64 years in the Irish population with a decreasing trend with age (National Advisory Committee on Drugs and Drug and Alcohol Information and Research Unit 2005).

Table 18. Illicit drug use of survey sample

Drug Use	Number	%
I have used drugs recreationally in the last month.	4	3.0
I have used drugs recreationally in the last year.	2	1.5
I have used drugs recreationally in my lifetime but not in the last year.	46	34.3
I have never used drugs or medications recreationally.	82	61.2
Total	134	100

Interview narratives on substance misuse

Although illicit drug use only featured as an issue for one of the interviewees, alcohol use and misuse was clearly evident in the majority of interview narratives. The limited range of social activities outside of pubs and clubs was commented on by a large number of interview participants. Many, especially those who had lived abroad, expressed concern about what one participant described as the ‘*appalling amount of alcohol consumed in the gay scene in Ireland*’ (12 GM 59). One woman who had married and come out later in life commented on the rates of alcoholism among the lesbian community:

I was shocked going on the internet. I met a lot of gay women and I was absolutely shocked at the state of them. I ended up thinking to myself, "Jesus Christ, I made the right decision" [marry and not come out until later]...You never get it right but I wouldn't have preferred to have been an alcoholic and feeling such low self-esteem that these women were feeling. (21 LF 59)

Some participants, mainly gay men, recalled how in their earlier years, they used alcohol to help them cope with shyness around their sexual orientation. One also spoke of the detrimental effects of alcoholism on relationships:

I'm a recovering alcoholic. I suppose I didn't accept myself or I didn't want to accept myself. I would think also it was a lot to do with meeting friends, confidence in meeting people in the pub and I wouldn't be confident enough. So I'd have to have five or six pints, and it was all around that that I became an alcoholic, and I would also probably think with breakdown of friendships and [sexual] relationships, it was all down to drinking...It didn't work out and of course I hit the bottle...But I was dysfunctional at the time and they [partners] were dysfunctional. So it wasn't healthy relationships because of the circumstances [alcoholism]. (24 G M 56)

In addition, alcohol was identified as a means of helping people to gain the confidence to come out:

I found it easier to tell people when I had a few jars [alcoholic drinks] in me. People used to think I had told them by mistake because I was drunk and didn't realise, but, in fact, I always did realise. I just found it easier. It's hard to explain. I suppose I just felt awkward. That's why I needed the few jars in me when I did tell people. (17 GM 61)

Others spoke of using alcohol in the hope of numbing painful feelings, emotions and thoughts:

I lived a heterosexual life for approaching 15 years, but all these thoughts, these feelings were there...and at times I would see myself looking at men...and, "I can't do this", and I found myself drinking a lot, drinking quite a lot. I was dependent...I felt if I drank enough that I would block out all these things that I didn't want to be in my head. I would drink on my own. I would go into the small bar...sit and feel myself slowly getting drunk and going home. (25 GM 57)

EXPERIENCES OF VIOLENCE

LGBT people are subject to the same spectrum of violence, including sexual violence, as the non-LGBT population. In addition, they may also be subjected to hate crimes and violence on account of their LGBT identity (D'Augelli and Grossman 2001).

Within this study, one-quarter (24.8%) of the survey sample had been threatened with physical violence and one-fifth (20.3%) had people threaten to out them (see Table 19). A further 15.8% had experienced domestic or partner violence in their relationships and 6.7% of participants reported experiencing sexual violence. Although all of these figures decreased when calculated for incidence of violence in the previous three years, they do demonstrate a widespread incidence of violence and trauma perpetrated on the LGBT people in this study. These findings are relatively similar to those reported by Mayock et al. (2009), with a notable exception being that 80% of participants in their study reported experiencing verbal abuse compared to the 47.3% of participants in the current study.

In a recent study on the lives of 132 LGBT people in the West of Ireland, it was reported that 50% of participants had experienced verbal abuse, while 20% had been physically attacked because of their LGBT identity (Gleeson and McCallion 2008). Within this study, the findings were remarkably similar as approximately one out of two survey participants reported being verbally insulted (47.3%) on the basis of their identity and one out of five (19.1%) reported being punched or kicked because of their LGBT identity.

Although not directly comparable, when considered alongside a recent national study into elder abuse and neglect, the rates of reported violence appear to be significantly higher. Naughton et al. (2010) estimated that 2.2% of the population over 65 years of age in Ireland experienced mistreatment in the previous 12 months, with less than 2% having been subjected to physical or psychological abuse.

Table 19. Experiences of violence and threatening situations amongst the survey sample

	No, never	Yes, within last 3 years	Yes, more than 3 years ago
Experienced domestic or partner violence in your current or previous relationships (n = 133)	84.2% (n = 112)	3.0% (n = 4)	12.8% (n = 17)
Threatened by someone else to out you (tell others that you are LGBT) (n = 133)	79.7% (n = 106)	5.3% (n = 7)	15.0% (n = 20)
Verbally insulted because you are, or were thought to be, LGBT (n = 133)	52.6% (n = 70)	16.5% (n = 22)	30.8% (n = 41)
Threatened with physical violence because you are, or were thought to be LGBT (n = 133)	75.2% (n = 100)	6.8% (n = 9)	18.0% (n = 24)
Punched, kicked or beaten because you are, or were thought to be LGBT (n = 136)	80.9% (n = 110)	3.7% (n = 5)	15.4% (n = 21)
Attacked sexually (forced to have a sexual experience, raped) because you are, or were thought to be LGBT (n = 134)	93.3% (n = 125)	2.2% (n = 3)	4.5% (n = 6)

Interview narratives on experiences of violence

Although not all people who experience violence will suffer long-term psychological consequences, a history of violence does significantly increase a person's chances of experiencing a mental health problem (Meyer 2003). Within the qualitative interviews, six participants (three gay men, two lesbian females, one transgender female) spoke of their experiences of violence, both physical and sexual. One gay man and one transgender female were physically assaulted for being LGBT. One lesbian woman had experienced domestic violence from a previous same-sex partner. Three other participants spoke of the trauma experienced as a result of sexual violence, including stranger and date rape. Talking about and reporting such violence may be the first step in dealing with the psychological consequences; however, stigma, self-hatred and shame resulting from sexual violence often lead to underreporting (McGee *et al.* 2002). In one case, the Gardaí knew and arrested the people who had assaulted the transgender woman, but she did not pursue the case for fear of her transgender identity being exposed should she have to go to court. One man who had been sexually assaulted had not reported it to the authorities or told any of his family because of a perceived shame and the belief that in some way he was responsible for the crime committed:

I said: "How could I even begin to tell them what had happened to me?" Block it; it's gone. Forget about it. (25 GM 57)

The lesbian woman in the study who had experienced domestic abuse from a previous same-sex partner spoke of the lack of support she felt from the lesbian community during this time, and challenged the notion of there being a cohesive supportive lesbian community:

I'd say there is a quasi-community around and it's great, say, if you were at Dublin Pride and

there's thousands of people, it's great, but it only goes so far...So I find there is a lot of quasi-support in the lesbian community that turns out is not supportive at all...The community, as a community, certainly wasn't supportive and didn't want to know [about the domestic abuse] because it was bringing up something that was just troublesome and difficult to deal with and everybody knew everybody and everybody knew my partner and nobody really wanted to hear about unpleasant stuff, thanks very much. (22 LF 55)

LOSS AND GRIEF

Loss and grief can have a significant impact on mental health, particularly if the grief is hidden and not acknowledged. For heterosexual people the institution of marriage yields certain guarantees in terms of public acknowledgement of the loss when a relationship ends or when a partner dies, as well as support and comfort from family, religious organisations and others. LGBT people frequently experience multiple losses, but in many cases their grief and loss goes unrecognised and unacknowledged. This has been described as 'disenfranchised grief' (Glacken and Higgins 2008). Within this study, nearly one in ten (8.7%; $n = 12$) of the survey participants reported surviving a partner or spouse of the same sex and a number of interview participants also spoke of surviving the death of a same-sex partner. The narratives of the interview participants highlighted the disenfranchised nature of their own grief as well as the grief of other LGBT people. This was highlighted by a woman who, after separating from her husband, had a relationship with an older widowed woman with children, who subsequently died:

God, it's hard...I thought that I might go to a counsellor or something after [partner's death] but then I said, like everything else, "I'll have to get through it". But it can be tough at times. The only way I could cope with it was get away into my own place at night [lives on her own], away from everyone. (14 LF 59)

Another woman, whose partner of 28 years died one year after they separated, highlighted the disenfranchised nature of the loss associated with both the breakup and subsequent death, as both were unacknowledged by family:

It was as if it was an irrelevance, if you see what I mean. "Okay, you split up with [names partner]. Well, just get on with it now." Nobody ever said to me, "Are you okay?" Yet, when my [names sibling] brother split from [names spouse], it was totally different and I'm listening to this and thinking, "You shower of bastards!" It was never actually mentioned after I split up with her and when she died nobody ever mentioned it again...Because it was another woman it wasn't the same as their relationships with the opposite sex, if you see what I mean....It was irrelevant. She was in my life for 28 years and they all knew her. She was at most of the [family] weddings...They [family] all knew her. It was bizarre!...Never mentioned...When you actually stop and think about it...by not acknowledging her, it's not acknowledging me. [Participant is emotional] (23 LF 57)

In addition to the loss and grief associated with the death of partners, this age group are also survivors of the AIDS epidemic. In this context, they experienced multiple losses, which in Ferrell and Boyle's (1992) view, may lead to chronic states of mourning, survivor guilt and intense anxiety around developing the disease. Within this study some of the male participants spoke of the intensity of the losses experienced as a consequence of AIDS and its impact on them:

I had one long-term relationship and he died during the '80s and fairly shortly afterwards I met another guy and he died fairly soon afterwards, and they were both pretty hard events and since then I haven't [had a relationship]...20 years ago when you bumped into a friend and you said, "How is [name]?" There was that awful expression: "Didn't you hear?" It was the way you were told. It was never explained. "Oh, didn't you hear?" "Oh, not him too?"...It's horrifying. The cream of Irish homosexual men was wiped out...Everybody's lost a young friend or someone's got knocked off their bike or the child died of whooping cough or whatever, but the scale of death of my contemporaries. It started when I was 30 I suppose and it's gone on since then. (12 GM 59)

This man noted that, while medical advances have been excellent and HIV is no longer a ‘killer disease’, the intensity and magnitude of the loss experienced by him and his peers is frequently forgotten:

It kind of swayed [moved] through the community and now with new medical things people seem to have forgotten just how catastrophic that whole process was. (32 GM 70)

The impact of suicide on the LGBT community was also an issue that was raised by some participants whose friends had died by suicide. Similarly to this participant, those who had experienced the death of friends by suicide not only struggled with the loss and grief but also with the many unanswered questions that arise following such deaths:

By the time he [friend] had committed suicide he had cut himself off from everybody...The other person was younger...Out of the blue he just hung himself and nobody had any explanation...no explanations. (02 GM 55)

Loss and grief were not only associated with death of partners and friends but also with the coming out process. For those participants who had come out and who had been rejected by parents and siblings, as described in the previous chapter, the experience had a profound effect on their self-image, identity and self-worth. In addition to coping with the loss associated with parent and sibling rejection, loss and grief were also major issues in relationship breakups, whether same sex or opposite sex. Of the 138 survey participants who responded to the question concerning the legal status of their past relationships, one in four (25.5%; n = 36) were divorced or separated from a person of the opposite sex and two participants had a civil partnership dissolved or were divorced from someone of the same sex. Of the 11 interview participants who had married a person of the opposite sex, 10 were now either divorced, separated or had their marriage annulled (five gay men, four lesbian women and one transgender woman). For the majority of interview participants, coming out to their spouse resulted in the loss of the relationship. Only one of the interview participants (gay man) was still living with their married partner of the opposite sex. Throughout the interviews, participants spoke of the loss associated with the breakup of relationships, some of which were of a long-term nature (20-26 years). In many cases, participants were not just distressed about their own loss but were also dealing with a deep sense of having ‘ruined’ another person’s life:

So that was very traumatic for her, terribly traumatic for her. Fairly traumatic for me but I had been expecting it for a while...I know I hurt my wife, my ex-wife. I know I hurt her and I think my sons to a certain degree were quite worried about it as well, although now they totally accept it. (07 GM 66)

It was difficult...You don’t realise...I didn’t realise it until I start talking about it. Do you know what I mean? How hard it was...And I mean it was really stupid in a way to get married and to ruin someone else’s life then as well as my own. (14 LF 59)

A small number of the participants were still in contact with their ex-spouse and one lesbian woman had taken on a caring role for her elderly ex-husband. For the majority of participants, the breakup of the marriage also meant complete loss of contact with the spouse and extended family. In addition to the loss of a spousal relationship, some participants initially experienced rejection from their children, as highlighted in the previous chapter. For a small number, this rejection was ongoing and resulted in loss of contact with grandchildren and consequently the intergenerational support that other grandparents may receive as they age. In some cases, the loss of the spousal relationship also meant loss of friendships that were developed as a couple. This exacerbated the sense of loss and isolation:

Since separation I have been excluded by married couples...The wives stick together...Some of them were my friends before we got married, so I have lost almost all my straight friends...You are just not invited to dinners, family gatherings...So that reinforces my isolation and sense of separation. I wouldn’t have many gay friends. I do have one gay friend that I speak to every day; it’s cheaper than a psychologist. (36 GM 64)

SUMMARY OF KEY FINDINGS

- Three-quarters (75.3%) of the survey participants reported that their mental health was very good or good. One in four (24.6%) rated their current mental health as fair or poor. One-third of survey participants (32.6%) reported having experienced a mental health problem at some point in their lives, with one in ten (11.1%) indicating that they were currently taking prescribed medication, suggesting that their mental health problem is ongoing. Similar to the findings from other studies, the most frequently reported mental health problem experienced was depression.
- One in ten survey participants (11.4%) reported that, at some time in their lives, they had seriously thought about ending their life and 4.5% reported that they had self-harmed in the past year. Qualitative findings from this study suggest that participants' suicide and self-harm behaviour was associated with their struggles to come to terms with their LGBT identity or with the loss of a relationship as a consequence of disclosing their LGBT identity.
- Approximately four-fifths (82.8%) of the survey sample were current alcohol drinkers, with nearly two-fifths (38.8%) consuming alcohol on a weekly basis. Fourteen percent (14.2%) reported worrying about their drinking and 17.2% drank five or more times a week. The interview findings suggest that participants used alcohol to help them cope with shyness around their LGBT identity, to numb painful emotions and to give courage and boost confidence around coming out.
- A small minority of survey participants (4.5%) reported using illicit drugs recreationally within the last year.
- Nearly half (47.3%) of the survey participants reported being verbally insulted and 19.1% reported being punched or kicked on the basis of their LGBT identity. One-quarter (24.8%) had been threatened with physical violence and one-fifth (20.3%) had people threaten to out them. A further 15.8% experienced domestic or partner violence in their relationships and 6.7% of participants reported experiencing sexual violence. Six of the participants interviewed also spoke of experiencing some form of physical and sexual violence, including stranger and date rape.
- Loss and grief were significant parts of both the survey and interview participants' lives. Nearly one in ten (8.7%) of the survey participants reported surviving the death of a partner or spouse of the same sex. One in four (25.5%) of the survey participants and ten of the interview participants were divorced or separated from a person of the opposite sex. Some of the interview participants highlighted the disenfranchised nature of their own grief and the grief of other LGBT people who had experienced the death or separation from a same-sex partner. In addition, interview participants spoke of the distress and grief experienced when friends died during the AIDS epidemic or by suicide.
- For many participants grief was also experienced during the coming out process because of the subsequent rejection by parents, siblings and spouses. In addition, some participants initially experienced rejection from their children. For a small number, this rejection was ongoing and resulted in loss of contact with grandchildren, extended family, and consequently, the intergenerational support that other grandparents may receive as they age.



CHAPTER 6: COMMUNITY PARTICIPATION AND QUALITY OF SERVICES

*There's not much for anybody over a certain age...It's harder for older people...
They have to make a hell of an effort compared to the younger crowd. (14 LF 59)*

INTRODUCTION

Family, social and community networking are considered key ways of enhancing quality of life and a means of reducing loneliness and isolation as people age (Morgan *et al.* 2008; National Economic and Social Council 2009). While many older people may experience loneliness and isolation, the risks for older LGBT people are increased for a number of reasons. LGBT people are more likely to live alone, be non-partnered, not have children and lack family support in times of need. They are more likely to face barriers to local community involvement due to the heteronormative culture and are also more likely to feel excluded from many LGBT organisations and activities due to their youth-focused nature (Jacobs *et al.* 1999; Ellis 2007; LGBT Movement Advancement Project and Services and Advocacy for Gay 2010). Despite having a greater need than their non-LGBT counterparts for formal health and social support services, older LGBT people may be reluctant to access services for fear of discrimination and anti-LGBT bias (D'Augelli and Grossman 2001; Jackson *et al.* 2008; Fish and Bewley 2010). This chapter explores the participants' community networking from the perspective of their engagement in mainstream community activities and LGBT-specific activities. Their experiences, both positive and negative, within general services, health services and structured religion are discussed. The use of computer technologies for involvement and social networking is also explored.

INVOLVEMENT IN LOCAL COMMUNITY

Some studies suggest that community engagement is higher among LGBT people than their non-LGBT counterparts as they are more involved with the LGBT community as opposed to local community activities (Masini and Barrett 2006; Richard and Hamilton-Brown 2006). Findings from this study, however, suggest that participation in local community activities, excluding LGBT-specific activities, is still higher among the LGBT participants when compared with findings from the Survey of Lifestyle, Attitudes and Nutrition (SLÁN) conducted in 2007 with a representative sample of adults in Ireland (Morgan *et al.* 2008). Overall, almost two-thirds of the survey participants (64.1%; $n = 82$) in this study were involved in local mainstream community activities. This figure is higher than those reported in the most recent SLÁN survey, with 56% of those aged 45-64 and 47% of those aged 65 plus in that sample attending at least one community activity on a regular basis (Morgan *et al.* 2008).

Of the 64.1% of survey participants who were actively involved in mainstream community activities, approximately two out of five were involved in a charitable or volunteer group (41.5%), a cultural or arts group (40.2%) or a community group (35.4%) (see Table 20). Only three survey participants reported being involved in an older person's or active retirement group, which may be a reflection of the age and pre-retirement profile of the majority of the participants (82.6% were under 65 years of age).

When asked about feeling part of the local community, about half (53.9%; $n = 69$) reported that they felt part of their local community. Although not directly comparable, and in the absence of comparative data for the Republic of Ireland, this figure is slightly lower than the 57% reported by the LGBT people (not specifically older) in Scotland (Beyond Barriers and FMR 2003).

Table 20. In the last 12 months have you been actively involved in any of the following types of voluntary or community groups?

Community Activity (n = 82)*	Number	%
Charitable/volunteer group	34	41.5
Cultural/arts group	33	40.2
Community group	29	35.4
Tenants'/residents' group	21	25.6
Sport group	19	23.2
Other group	16	19.5
Religious group	15	18.3
Political group	15	18.3
Older person/active retirement group	3	3.7

*Participants able to tick multiple response categories.

Interview narratives on involvement in local community

The narratives from interviews provided some insights into the challenges experienced by participants in engaging with community activities and why some of the participants may not feel part of the community. Similar to all people within this age group, there were a number of challenges to involvement in local community activities. As people aged, involvement in activities decreased due to lack of interest, physical health issues and the difficulties of maintaining community engagement while living in remote rural areas:

It [lack of involvement] is because where I live. It's right in the heart of the country and if I stayed in my own place, I wouldn't see a neighbour for a month. That's the type of place that I live in. (14 LF 59)

I am [names a chronic physical illness]...You know, it [illness] just doesn't let me do some of the things I want to...I miss being able to go out and run around like I did. (15 GM 66)

I had a stroke...about five years ago...it affected me. You get tired easily...I am getting older you know. (01 GM 63)

For those participants who were still in employment, competing demands also limited involvement in community activities:

But, again, so much of it [lack of involvement in community] has been my job, and hopefully, maybe I can try to change that, but it's hard to do. Almost every night I had something. (13 GM 60)

Working very hard...and still do, to the detriment of my own social life...That is something that continually comes up for me in terms of quality of life. (09 LF 56)

A minority of the interview participants continued to see themselves as 'being different' or 'other' and were of the view that non-LGBT people did not understand their LGBT identity and if they were accepting, it was superficial. Consequently, they continued with the strategy of 'voluntary exclusion' or restricted their network to LGBT people:

Friends are few and far between and what friends I'd have would be mainly lesbians as well. I wouldn't mix that much with straight people in any intimate way because you have to be careful as well...It's all everything's cool and everything but they [straight persons] have to put work in. They need to put work in to really meet you somewhere on an equal basis, but people don't. They don't even realise they don't. So, it's much easier to hang out with lesbian people actually.
(22 LF 55)

INVOLVEMENT IN THE LGBT COMMUNITY

Within this study, involvement with LGBT activities was nearly twenty percent higher than survey participants' involvement with mainstream community activities (64.1%), with approximately four out of five (82.6%; $n = 109$) survey participants reporting involvement in some form of LGBT activity in the past year. The highest proportions had visited an LGBT pub or club (57.6%), attended an LGBT social group or outing (49.2%) or participated in a LGBT community event (40.2%) (see Table 21). Less than 15% of survey participants had attended an LGBT support group.

Being involved in LGBT activities does not necessarily equate with feeling part of the LGBT community. Despite the high rate of reported involvement in LGBT activities, more than one-quarter of the survey sample (28.9%; $n = 37$) did not feel they were part of an LGBT community and about one in five (21.1%; $n = 27$) said they were not sure whether they were part of an LGBT community. Similar findings were reported in a study of LGBT people (not specifically older) in Scotland, with 55% not feeling part of the LGBT community (Beyond Barriers and FMR 2003).

Table 21. In the last 12 months have you been involved in any of the following LGBT-related activities in Ireland?

LGBT activity ($n = 132$)*	Number	%
Visited an LGBT pub or club	76	57.6
Attended an LGBT social group or outing	65	49.2
Attended or involved in an LGBT community event	53	40.2
Used a web-based LGBT discussion group/forum/dating site	46	34.8
Other LGBT-related activity or group	43	32.6
Visited an LGBT community centre	39	29.5
Attended an LGBT support group	19	14.4

*Participants able to tick multiple response categories.

Ten survey participants (six gay males, two bisexual males, one lesbian female, and one bisexual female) had not been involved in any of the local community or LGBT community activities or groups in the past year. Despite this, most of these participants rated their quality of life, physical health, and mental health as good or very good. Only one rated her mental health as poor. The demographics for these participants were varied in terms of living in urban and rural settings, ages, and working status.

Interview narratives on involvement in the LGBT community

Both the in-depth interviews and the textual response (40 responses) to the open question within the survey provided insights into the challenges participants experienced around involvement in the LGBT community and why only half the participants felt part of the LGBT community. Participants wrote and spoke of the difficulties they experienced in locating and becoming involved in LGBT social networks as they aged. The words 'invisible' and 'ignored' were frequently used. The LGBT community was perceived by some as being too youth-oriented. Others described how it centred on a social life that was alcohol and pub dependent or focused on meeting a sexual partner, as opposed to cultivating a non-sexual

friendship. There was widespread belief among participants that there was an acute lack of variety and opportunities outside of the bar and club scene for LGBT people as they aged, as depicted in the following comments:

It's all in the pubs and I hate pubs and I don't drink so what's the point? (14 LF 59)

There are not enough alternatives within the gay scene out there...Don't want to do the pub and club and dancing because I'm getting older. (12 GM 59)

It's [the LGBT community] all pubs and clubs...I can't abide night clubs! I like to go for a good meal and have a chat and that sort of socialising, quiet, not too rowdy. (23 LF 57)

Interestingly, some participants noted that some LGBT pubs and social outlets are now closing due to a lack of business. With the increasing acceptance of LGBT people within Irish society and a greater freedom to live more open and visible lives, younger LGBT people are socialising in non-LGBT specific venues. Consequently, the LGBT pubs in some localities are closing, reducing the social outlets for older LGBT people who do not feel comfortable socialising in what participants called 'straight settings'.

Accessing LGBT activities in rural areas was difficult for many participants. In the absence of a local LGBT community, participants spoke of travelling long distances to larger cities to meet other LGBT people and avail of social activities. For many, this travel had major financial implications, in terms of overnight accommodation and travel costs, especially for those who had not reached the age for free travel:

At the moment, I don't have a lesbian social life. There isn't anything where I am [living], unfortunately, for lesbians or gays. So I don't have a support group here in the way that I had there [city abroad where interviewee previously lived]. The friends who I am close to here are actually more straight, and that's something [company of lesbian women] that I really miss...I do feel kind of isolated. I think if I was living in Dublin City it would be quite different...It is all centred in Dublin...I come up on the train, but even so, it's [activity] going to go on till after the train has stopped and otherwise I have to either drive up or stay in Dublin...I wouldn't be wanting to do that every weekend. (03 LF 56)

Participants who were actively involved in the LGBT social and political scene when living in a city spoke of reduced involvement following their move to a more rural part of the country. This was due to a combination of difficulties created by distance, the ageing process and being, as some people described, 'not bothered, been there, and done that' (19 LF 58). Some participants who were involved in setting up LGBT groups or activities in rural towns spoke of the challenges and difficulties in getting other LGBT people involved, especially if they were not out within the local community. Fear of exposure and shame is still a major issue for many LGBT people within this age group, as highlighted by this participant:

We have about 16 members at the moment but the vast majority of them are not out. They don't want to come out and they don't want to really get involved in public activities because of people seeing and we have to accept that. If we organised a kind of get together, "Let's go out for a drink or go out for a meal", they don't want to attend and I've said to them, "We're not going as the LGBT group; we're just going as a group of friends", but they just don't want to be seen publicly amongst a group of people who people might think are gay. (11 GM 65)

For others, returning from living abroad also created challenges as they were unfamiliar with the LGBT scene in Ireland and in their view information on activities for older LGBT people was not easily accessible. They were also returning at an age when making new friends was perceived as more difficult:

I'd like to have some gay friends. The problem is I just don't know where to meet them [interviewee lived abroad]...It would be nice to be able to share things with somebody, to go out with a bunch of buddies where you can really be yourself...You can let your hair down...You can camp up and just be who you are...because right now I've got some great Irish friends [straight]

but it's, "Look at her", and, of course, I don't even notice her...but I can't say anything because I don't know what their reaction is going to be. (13 GM 60)

I am still not involved in the community here, in the lesbian community...The fact that I was away so long, for a significant period of my life. (09 LF 56)

Participants with physical disabilities felt that as they were getting older they were becoming more removed from the LGBT community:

I used to go out more but as I grew older I felt the pub scene is mostly for the younger crowd...I haven't been there [pub] for a number of years. They had to put a ramp [for wheelchair access] in every time I went...I don't know if I would call it discrimination but I felt a bit isolated...I was aware of my disability. (27 GM 56)

For others who had successfully struggled and overcome an alcohol addiction, returning to a social scene that involved alcohol was not possible or ill-advised:

I sort of was burnt there [pub scene]...I'm afraid of being burnt again and I have to be careful because what I've learnt through my treatment and the work I've done with counsellors. The ethos of AA [Alcoholics Anonymous] is that you don't put yourself in that situation. (24 GM 56)

According to Jacobs *et al.* (1999: 4), the concept of 'community' for older LGBT people can encompass 'factors such as common emotional ties, social interaction and cohesion and moral commitment'. In this sense, community can be more than just a place or organisation for older LGBT. The concept of a LGBT 'community' in terms of providing emotional support and commitment was challenged with some participants perceiving it as superficial and intrinsically discriminatory. The narratives from many of the gay men who participated in the interviews referenced the 'accelerated ageing theory' that proposes that gay men view themselves as older at a time when heterosexual men do not (Hajek and Giles 2002; Schope 2005). Consequently, they were of the view that there was a strong anti-age bias within the gay community that needed to be challenged from within:

I think it, ageism, is a serious problem for people in their 60s plus...The most discriminate and anti-older gay person is a young gay person. Young people have their own world, and they're entitled to have that, but invariably they will ignore, they will actually almost resent the presence of older gay people in company and older gay people are made to feel that they are outsiders...It has to be addressed within the gay community. (06 GM 70)

The interview narratives support other research that describes how intergenerational communications is hampered by age stereotypes which create boundaries between older and younger men in the gay community (Fox 2007). The impact of age on the physical body and the implications of this in a culture that emphasises the 'body beautiful' were highlighted by this man:

I don't go to [names a gay sauna] anymore. My body isn't body perfect...Most good looking guys who mind their body go there. I don't have that [good body]. So it's likely that anybody I would meet would be a rent boy or an older man who I wouldn't find attractive...The last time I went to [names a gay bar], I came out feeling more negative about myself. So, why do this? (36 GM 64)

The lack of availability of social networks for the over 55s, other than pubs and clubs, was considered to have a negative impact on the opportunities for older LGBT people to meet others and to form relationships.

The LGBT community is diverse in political affiliation and activities and this was evident within the interviews. For example, some participants mentioned attending Gay Pride and having no difficulty with it. For those who had lived with an element of secrecy in their lives, although they spoke admiringly of

other's courage, public marching was 'a big step' and challenge for them. For others still, some of the images associated with Gay Pride did not speak to them and they were concerned that it may alienate LGBT people more from their local community:

I am not against it [Gay Pride] per se but against the ostentation, kind of flippant approach that is adopted in semi-clad hollering people in totally grotesque outfits. It's selling a lifestyle that ordinary people could not accept and I think that has gone a long way in making people be anti-gay. (06 GM 70)

I do really sound like an old fuddy duddy but I do think they should think a little bit about the public image and what's appropriate. Sure, dress up in funny things, but sometimes some of the boys go over the top and it's alienating for women. It's alienating for children. (30 LF 58)

SOCIAL NETWORKING AND USE OF TECHNOLOGY

There is a lack of information on the use of the internet and other technologies as a means of community engagement and social networking among older LGBT people. Within this study, more than 90% of survey participants reported having regular access to a computer, being comfortable using a computer and using the internet on a regular basis (Table 22). These figures are much higher than Cullen *et al.*'s (2009) findings of technology use amongst the over 50s in Ireland, which found that just over half (51.9%) of their sample did not use computers and nearly six in ten (59.7%) did not use the internet. In addition, Cullen *et al.* (2009) found that those aged 50-64 years were twice as likely to be users of computers, and even more likely to be internet users, compared to those aged 65 and over. Increased rates of computer and internet use were also associated with higher levels of education (Cullen *et al.* 2009). The high rates of computer and internet use in the current study's sample are possibly related to the highly educated nature of the study sample, in conjunction with the clustering of the sample towards the lower end of the 'older age' bracket (under 65 years).

According to Rowan (2009), there could be a number of advantages of internet-based technologies for older LGBT individuals, such as increasing access to specific support groups and older LGBT groups and increasing opportunities to socialise with other LGBT people. Although over 93% of this sample indicated that they use the internet on a regular basis, just over half of the survey participants (54.3%) agreed or strongly agreed that they often use the internet to socialise with other people.

Table 22. Do you agree or disagree with these statements about your use of computers?

	Agree or strongly agree	Neither agree nor disagree	Disagree or strongly disagree
I have regular access to a computer with an internet connection (n = 130)	94.6% (n = 123)	0% (n = 0)	5.3% (n = 7)
I use the internet on a regular basis (n = 127)	93.7% (n = 119)	.8% (n = 1)	5.5% (n = 7)
I am comfortable using a computer (for e-mail, internet, etc.) (n = 130)	93.1% (n = 121)	1.5% (n = 2)	5.4% (n = 7)
I often use the internet to socialise with other people (n = 127)-	54.3% (n = 69)	12.6% (n = 16)	33.1% (n = 42)

Interview narratives on social networking and use of technology

Qualitative data from the interviews suggest that there are mixed views on the use of computer technologies as a means of socialising and communicating with others. Some participants spoke very positively about their experiences of using computer technology to access information, to keep up-to-date on LGBT issues and as a means to engage with forums and dating services. Indeed, some participants had met partners through internet dating services. Others expressed concerns and reservations about the lack of confidentiality, anonymity, the sexual images associated with some websites and their fear of exposure should they become identified through involvement with LGBT websites. The divergence of views is reflected in the following quotes:

The Internet has been fantastic. I wouldn't know [names partner] but for the internet. Where would I have gone as a 50 plus gay person to find support etcetera? I wouldn't have had a clue where to go but for the internet. I wasn't going to go to the gay clubs at 50... We have so much in common. We're both deeply spiritual people... But for the internet we'd never have run into each other. (21 LF 59)

The internet is highly important to me. I go onto it every night for social contact with gay men... It's the new way of cruising (36 GM 64)

I'd like to [use chat rooms and websites]. No, I don't... Some of them won't accept you unless they have a photo and I'm scared to death of putting my photo on it... I am so petrified... I'm always afraid, especially as I am [names profession], people are going to see it and especially some of them [websites] are more sexual in nature... I just don't want to be associated with that. I'm always afraid my nephew or someone is going to see it. (13 GM 60)

I love the computer and I love that you can go online and find out anything you want but I do feel that these social networking websites are over the top. I don't like them. I'm very wary of them. So I don't tend to go into chat rooms and that... I want some privacy here!... Maybe we're [age group] just a bit more cautious. (23 LF 57)

Others highlighted the painful nature of the rejection that may be experienced when engaging in chat rooms, especially for people who have a HIV diagnosis or a disability:

I was actually chatting to a nice guy from [names city], just purely chatting and he wanted to meet me and I said, "Look, okay I don't mind meeting you. We'll go for a drink but there's something you need to know", and I said, "I'm HIV". He was gone. He blocked me... He won't even talk to me now.... I even tried to send a message, "Look, I'm sorry. What have I done?" (25 GM 57)

It's [chat rooms] fine but superficial. It's not a good way of meeting people... I find when guys find out I have a disability, they delete, they stop; they're rejecting me. (27 GM 56)

QUALITY OF SERVICES RECEIVED FROM ORGANISATIONS

Of the 129 survey participants who responded to questions on quality of services received from public service organisations, approximately two out of five participants (41.9%; n = 54) reported that they had received poor quality service due to their LGBT identity. When results were analysed to take account of experiences in the previous three years, the percentage of those who reported receiving poor quality of service remained the same for three, and decreased for four, of the ten services identified (see Table 23). In contrast, the percentage of reported poor of quality service increased for three of the services, namely, places of worship (14.3%), restaurants/pubs (9.7%) and shops (6.5%).

Table 23. Proportion of survey sample who reported receiving poor quality of service due to their LGBT identity

	Never	Within last 3 years	More than 3 years ago
Bank/Post Office/Financial Services (n = 125)	96.8% (n = 121)	1.6% (n = 2)	1.6% (n = 2)
Insurance/Life Assurance Services (n = 122)	86.9% (n = 106)	4.1% (n = 5)	9.0% (n = 11)
Housing (n = 124)	96.8% (n = 120)	1.6% (n = 2)	1.6% (n = 2)
Education (n = 121)	90.9% (n = 110)	3.3% (n = 4)	5.8% (n = 7)
Gardaí (n = 124)	84.7% (n = 105)	2.4% (n = 3)	12.9% (n = 16)
Shops (n = 123)	90.2% (n = 111)	6.5% (n = 8)	3.3% (n = 4)
Restaurant/Pub (n = 124)	83.1% (n = 103)	9.7% (n = 12)	7.3% (n = 9)
Hotels/B&B (n = 123)	75.6% (n = 93)	12.2% (n = 15)	12.2% (n = 15)
Places of Worship (n = 105)	80.0% (n = 84)	14.3% (n = 15)	5.7% (n = 6)
Sport Club/Organisation (n = 114)	94.7% (n = 108)	1.8% (n = 2)	3.5% (n = 4)
Other (n = 49)	91.8% (n = 45)	4.1% (n = 2)	4.1% (n = 2)

ORGANISED RELIGION

Organised religion and the church have traditionally been a source of support and social engagement for people in Ireland. The participants in the survey reported much higher rates of no religion (50.4%) when compared to just 2% of the whole population over 55 years of age in Ireland (Government of Ireland 2007h) (see Table 24). Similarly, there were much lower rates of church attendance and involvement in a religious group in the past year in this study at 37.8% when compared to a recently published poll of a 70% weekly church attendance rate for those over 65 years of age in Ireland (Iona Institute 2009).

Table 24. Religion of survey participants in the current study compared to entire over 55 population in Ireland

	Current study (n = 123)	Census 2006 ⁸
Roman Catholic	39.0%	92%
Church of Ireland	2.4%	4%
Other religion	8.1%	2%
No religion	50.4%	2%
Total	100%	100%

Participants in the survey were asked to rate how important religion was to them. Of the 122 participants to respond, most (39.3%) said that religion was not at all important or that they were not religious. Roughly equal proportions said that religion was of little importance (18.0%), moderately important (13.9%), important (13.1%) or very important (15.6%).

Interview narratives on organised religion

Within the interviews, many participants discussed their involvement or non-involvement with the Church, with several believing that the dominance of the Catholic Church was one of the root causes of discrimination against LGBT people:

The mentality that they had [Catholic Church] of...getting up in the pulpit and deploring homosexuality and gay as being outright sinful and everything they [LGBT people] [are] doing it is abominable...Is the Catholic Church changing? No, it's not...Will it ever change? The hierarchy is there. (24 GM 56)

I find it [stigma and discrimination] is the Church, whether in Rome or whatever, that makes all kinds of statements and they somehow or other...give the heterosexual bigot a licence to condemn...I think the Church needs to be challenged, the Church up, not the Church on the ground. (06 GM 70)

As a result of often problematic and troublesome relationships with the Catholic Church, several participants described leaving the Church and organised religion:

I have nothing to do with the Church anymore. I refuse to have anything to do with a church that treats me as a second-class citizen and that's my attitude to it. I'm not saying I don't believe or anything but as far as the Catholic Church is concerned...no interest in the Catholic Church whatsoever. (23 LF 57)

I sent my baptism certificate back to the Pope...because I gave the Catholic Church a number of chances...When I was going down for the surgery...I asked him [the Catholic priest] to baptise me as a woman, as [GID name]...He said, "I can't baptise you because you're not [a woman]", and I remember screaming at him: "Get out you bigot! You bigot! All my life you've done nothing but reject me." (26 LF GID 58)

Most of the participants for whom formal religion and attending church was still important, had arrived at a place where they could discount the formal teachings of the Catholic Church, and relate to what they described as a 'higher God' or a spiritual connection:

While I would be practicing in the Catholic Church, to me, when I go to a church, it's the higher God rather than the man up there who is carrying out the sacraments. It would be more spiritual for me. (19 LF 58)

For others their search was about finding a church where they would feel an acceptance and connection as this man suggests:

I go to church. I am originally a Catholic and I haven't left the Catholic Church but it's no longer important to me whether it's a Catholic Church I go to. I love to go to a Church with lots of lovely music and where I feel remotely welcome. (16 GM 58)

Ganzevoort *et al.* (2010) recently explored the ways in which a sample of young gay and lesbian people in the Netherlands negotiated the potentially conflicting elements of their religious identity and sexual orientation. Similarly to the participants in the current study, they described different modes of spiritual expression with the participants shifting between modes until they found a space and a story that enabled 'them [to] connect their religious and their sexual identity' (Ganzevoort *et al.* 2010: 219).

PHYSICAL HEALTH AND USE OF HEALTH SERVICES

Almost three-quarters (73.1%) of the survey participants reported their physical health as good or very good (see Table 25). The percentage of survey participants reporting their physical health to be very good (30.6%; $n = 41$) appears to be slightly lower than those in SLÁN for the older adult population in Ireland with 52% of those aged 45-63 and 34% of those aged 65 plus reporting their health to be excellent or very good (Morgan *et al.* 2008). One in five survey participants reported their physical health to be fair (19.4%) with the remaining 7.4% rating it as poor or very poor. Again, these figures compare to recent SLÁN findings in which 6% of the sample of the over 65 population in Ireland rated their health as poor (Morgan *et al.* 2008). Of the 36 participants who rated their physical health between fair and very poor, 26 said it interfered with their physical activities some or all of the time; and 13 said it interfered with their social activities some or all of the time.

Table 25. Self-assessed physical health status of survey sample

Physical health self-assessment	Number	%
Very good	41	30.6
Good	57	42.5
Fair	26	19.4
Poor	9	6.7
Very poor	1	0.7
Total	134	100

Use of health services

Of the 134 survey participants to respond to the question on use of health services, most (89.6%; $n = 120$) were using some type of health service (see Table 26). The greatest numbers of participants were seeing a GP (87.3%), followed by a dentist (64.2%) and a medical specialist or consultant (32.1%). The 87.3% attending a GP is slightly less than the 92% of the over 65 population in Ireland who saw a GP within the last 12 months reported in SLÁN (Morgan *et al.* 2008) and the 99% of the older adults in Ireland seeing a GP reported in the HeSSOP II study (O'Hanlon *et al.* 2005). The 64.2% of survey participants in the current study who report seeing a dentist is much higher than the figure for the entire over 65 population in Ireland, with 29% reported in SLÁN (Morgan *et al.* 2008) and 20% in the HeSSOP II study (O'Hanlon *et al.* 2005) having visited a dentist in the past year. Other comparative figures from the HeSSOP II study on older people in Ireland include: public health nurse (14%), home help (9%), meals on wheels (4%) and psychological / counselling services (2%) (O'Hanlon *et al.* 2005).

Table 26. Health services being used by survey sample

Health service (n = 134)*	Number	%
GP (General Practitioner)	117	87.3
Dentist	86	64.2
Medical specialist/consultant	43	32.1
Sexual health services	12	9.0
Psychological/counselling services	8	6.0
Other health services	7	5.2
Public health or community nurse services	3	2.2
Mental health services	2	1.5
Home help/personal care attendant	1	0.7
Meals-on-wheels	0	0
Day care services	0	0

*Participants able to tick multiple response categories.

Physical health conditions

The proportionally high use of medical specialists or consultants was not surprising as just under half of the survey participants 47.4% (n = 64) reported that they had a physical health condition. The majority of physical health problems were cardiac in nature (n = 28), including hypertension, angina, atherosclerosis, pericarditis, arrhythmias and raised cholesterol. Three participants had previously experienced a stroke, six were diabetic, three had fibromyalgia and two had respiratory problems. Other physical health conditions included HIV, Hepatitis C, Hepatitis B, colitis, obesity, osteoarthritis and chronic fatigue syndrome. A small number of participants were in recovery from cancer or had surgery for hernias, hip and knee replacements. Of the 64 participants who responded to the question on medication, over three-quarters (76.6%; n = 49) were on medication for their physical condition.

INVOLVEMENT WITH AND EXPERIENCE OF HEALTH SERVICES

The literature supports the view that healthcare services are often seen as unwelcoming for LGBT people. A number of research studies in Ireland indicate that LGBT people experience inequities in the healthcare system and are reluctant to engage with health services, or disclose their sexual orientation or gender identity for fear of prejudice and discrimination (Devine *et al.* 2006; Gibbons *et al.* 2007). Almost one in four survey participants (23.1%) in the current study reported that they had received poor quality of treatment when using healthcare services in Ireland (see Table 27). Of those, almost 40% considered their negative experience to be related to being LGBT (see Table 28). For the remaining participants, this poor quality of treatment related to general issues in the healthcare system in Ireland, including long waiting times, high costs, and an overall general discomfort with doctors and the medical professionals' attitudes.

Table 27. Have you ever experienced poor quality of treatment when using any healthcare services in Ireland?

	Number	%
Yes	31	23.1
No	103	76.9
Total	134	100

Table 28. If you have ever experienced poor quality of treatment when using any healthcare services in Ireland, how much do you believe this was related to your LGBT identity?

	Number	%
Not at all	14	46.7
Not very	4	13.3
Somewhat	4	13.3
Very much	4	13.3
Completely	4	13.3
Total	30	100

Table 29. If you have experienced poor quality of treatment due to your LGBT identity, when was your last experience?

	Number	%
More than 5 years ago	8	53.3
1 to 5 years ago	6	40.0
Within the last year	1	6.7
Total	16	100

A recent study of older LGBT people in America found that 19% of the sample felt healthcare personnel would not treat them with dignity and respect if they were aware of their sexual orientation (MetLife Mature Market Institute 2006). Similarly, one out of five LGBT participants (19.7%) in the Supporting LGBT Lives study conducted in Ireland felt that healthcare professionals did not respect them as an LGBT person (Mayock *et al.* 2009). In the current study, a relatively greater proportion of participants did not feel respected as an LGBT person by health professionals, with less than half (42.9%) agreeing that they felt respected as an LGBT person by healthcare professionals (see Table 30).

In addition, only one in three participants (32.5%) felt that healthcare professionals had sufficient knowledge about LGBT issues. Furthermore, about one in four participants (28.5%) reported not being open about their LGBT identity; one in five (22.0%) feared revealing their LGBT identity to health professionals for fear of a negative reaction; and two out of five (43.8%) did not feel it is necessary for health professionals to know their LGBT identity (see Table 30). It is likely that these concerns around the attitudes of healthcare professionals towards LGBT people play an important role in whether a person comes out to their healthcare provider, and in whether they attend the doctor as promptly/regularly as they should.

Table 30. How much do you agree or disagree with these statements about your LGBT identity and healthcare professionals?

	Agree or strongly agree	Neither agree nor disagree	Disagree or strongly disagree
I would not reveal my LGBT identity to health professionals for fear of a negative reaction. (n = 127)	22.0% (n = 28)	18.9% (n = 24)	59.1% (n = 75)
I actively seek out LGBT friendly health professionals because of negative experiences in the past. (n = 123)	10.6% (n = 13)	39.0% (n = 48)	50.4% (n = 62)
In general I feel respected as an LGBT person by health professionals. (n = 119)	42.9% (n = 51)	42.9% (n = 51)	14.2% (n = 17)
I am generally quite open about being LGBT when I visit a health professional. (n = 130)	46.9% (n = 61)	24.6% (n = 32)	28.5% (n = 37)
In my opinion healthcare professionals have sufficient knowledge about LGBT issues. (n = 126)	32.5% (n = 41)	29.4% (n = 37)	38.1% (n = 48)
I do not feel it is necessary for health professionals to know my LGBT identity. (n = 128)	43.8% (n = 56)	21.9% (n = 28)	34.4% (n = 44)

Revealing oneself as an LGBT person is rarely easy and involves an appraisal of potential reactions, support available, trust, power relationships, confidentiality and attitudes of healthcare professionals (Gibbons *et al.* 2007). The decision not to come out can also have consequences for the type and quality of healthcare received. Roughly six out of ten survey participants (60.7%) were out as LGBT to either some or all of their healthcare providers (see Table 31). One out every four participants, however, was not out to any of their healthcare providers (25.6%). For the nine survey participants receiving care or help from another person, the majority (n = 7) reported that their carers/assistants were aware of their LGBT identity. These figures correspond to those reported by Gibbons *et al.* (2007), where of the 43 LGBT people interviewed in their study, 12 (28%) had never informed any healthcare practitioner, 22 (51%) had disclosed to some and nine (21%) regularly disclosed their sexual orientation to health practitioners.

Table 31. Are your current healthcare providers aware of your LGBT identity?

	Number	%
All are aware	31	26.5
Some are aware	40	34.2
None are aware	30	25.6

Interview narratives on experiences of health services

Within the interviews, several participants discussed positive stories of coming out to their healthcare service providers, which suggests that the attitudes and reactions of healthcare professionals towards LGBT people are changing:

It wasn't an issue. I didn't feel it made any difference to her [GP]. (19 LF 58)

They [medical and nursing staff] just treat you like anybody else....There was no stigmas, there was nothing attached to it....It goes on the record [medical] and it's on all my records. (24 GM 56)

Some participants also discussed positive experiences concerning healthcare providers' attitudes to their same-sex partner:

I've been seeing the consultant every six weeks since I had this [names medical condition], and [names partner] comes in with me and she accepts that completely. That's not a problem. He's my partner and that's that. No problem. (07 GM 66)

Some participants spoke of never having the need to tell their GP, but indicated that if the need arose they would have no difficulty or fears:

But if he asked me, yes I would tell him. I've no need to discuss it with him at the moment because I don't have any issues on that sort of thing. If I was in a relationship and had unsafe sex, well, I'd obviously have to tell him, you know? But that isn't a problem. (11 GM 65)

Several interview participants, however, discussed discomfort about coming out to their healthcare providers:

All the doctors I had in [capital city in another country] were gay...You'd have these forms and you could choose the doctor...This doctor I have now, I think is great but I don't know what would happen if I ever picked up an STD? I would die having to tell the doctor. I don't know what I'd do. So I wouldn't feel comfortable here at all. (13 GM 60)

No I wouldn't [tell the GP about being a lesbian]. It's a lady doctor, but I wouldn't tell her because...I don't think I'd be able to tell her. I just couldn't. I don't think she would understand. (14 LF 59)

Other interview participants talked about negative experiences they had with healthcare services in Ireland. One participant spoke of the reaction she received when visiting her partner and disclosing their same-sex relationship:

[Names partner] had to have [names major surgery] about a year ago. I went in with her and then when I went back afterwards, the nurse said, "Who are you with?" And I said her name and she said, "Do you want to wait here?" and I said, "No, I want to sit by her bed. I'm her partner." And the nurse visibly got a shock that I was so open with it, but I thought: "I'm not going to pretend." (10 LF 58)

Another participant described an interaction with a doctor:

I was seeing different doctors every time I went [to hospital]. They were on rotation; they would do six months, doctors that are still learning, and I had a bit of trouble with one of them...He said, "Oh [name], so you make love to boys, do you?" So I said, "Excuse me?" He said, "You make love to boys", and I said, "No, I would like to make love to men and have men make love to me", and he said, "Oh, okay", and he dismissed me then. So I went out of there and I said to the nurse, I said, "I'm not having this". He could say that to somebody and they could kill him. It's because I'm quite a peaceful lad and I'm not well that I never had a go at him. So she said, "Okay, we'll sort

this out". So she did. She went and had a word with him, but that was my first standing up for myself as being gay. (18 GM 55)

Similarly, another gay man described his experience when his diagnosis changed from suspected cancer to HIV:

They [hospital staff] were very nice because they thought I had cancer and they were really kind... Then totally changed...I could see it. They were organising the transfer [to another hospital for further tests for suspected cancer] and the nurses were coming in, "the ambulance will be here in the afternoon", and then this consultant came in, "I want to see you up here". [Names daughter] was there. "We'll go with you." "No, I want to see him on his own." I was brought into like a store room and I was put sitting at a small desk. "We've done blood tests and you're HIV!" I said, "No no, I can't be", and that nurse stood with her back to the door to stop anyone coming in and kept staring at me. I was scum. I was dirt and I'm going to infect everybody, and they didn't even say goodbye when I was being transferred to [names hospital]. (25 GM 57)

For interview participants who had transitioned in their gender and undergone gender reassignment surgery or hoped to in the future, the lack of healthcare facilities, including counselling, general support and aftercare for such surgeries was the primary issue of concern:

I seen the operations [gender reassignment surgery] on the BBC and all that but they never said how they went about it...They didn't say where you can get the help to do it, where you can get the money to do it or who can help. There was none of that...but as regards who to talk to or where to start, nothing. There's no help, especially when you live in the back of the beyond. There's no one going to come and tell you about it. You just have to go and find out for yourself but where do you go? (35 L TF 55)

While most of the survey and interview participants did not experience discrimination because of their LGBT identity, the majority were of the view that healthcare services were poorly informed about LGBT issues. Only one-third of the survey participants believed that healthcare professionals had sufficient knowledge about LGBT issues (see Table 30). Within the interviews, participants suggested that not only did healthcare providers ignore LGBT sexuality and identity, but they also considered all older people as asexual:

I don't know do they even think or consider the sexuality of the people they're nursing. It's rarely asked or rarely discussed with people really. (19 LF 58)

Talking about the hetero normative world, the other thing that's worth saying with regard to the over 55s, is that healthcare, and my opinion of it for older people, thinks that older people don't have any sexuality, gay or straight. (16 GM 58)

SUMMARY OF KEY FINDINGS

- There was a high level of involvement in both mainstream and LGBT-specific community activities and organisations. Almost two-thirds of the survey participants (64.1%) were involved in mainstream community activities and four out of five survey participants (82.6%) were involved in some form of LGBT activity.
- Many interview participants described how their involvement in local community activities decreased as they aged due to lack of interest, physical health issues, employment and work issues, living in remote rural areas and, for some, the belief that 'straight' people were not accepting of LGBT people.
- Interview participants also described barriers to involvement in the LGBT community. These included difficulties with access for people living in rural areas, the lack of social networks outside of urban locations and a lack of variety for social opportunities away from the pub scene. Other participants also perceived the LGBT community as too youth-orientated and feared stigma and discrimination if

they became involved.

- Despite the high percentage of involvement in mainstream, as well as LGBT-specific, activities and organisation, only half of the survey participants reported feeling part of their local community (53.9%) or the LGBT community (50.0%).
- More than 90% of participants reported regular access, use and comfort with using a computer. In terms of using the computer for social networking, there appeared to be a divide amongst participants with some feeling the internet to be a great opportunity for social networking and others expressing concerns over confidentiality, anonymity or the sexually explicit nature of some websites.
- A high percentage of the survey participants (50.4%) reported no religion. Several of the interview participants considered the Catholic Church to be a major source of the discrimination experienced by LGBT people, while a small number of interview participants described a movement away from the Catholic Church and a search for a more accepting church or the development of a more spirituality-based belief.
- Three-quarters (73.1%) of the survey participants reported their physical health as good or very good. Nine out of ten survey participants were using some type of health service, challenging the idea that LGBT people may be hesitant or unwilling to use mainstream health and social services. The greatest number were seeing a GP (87.3%), followed by a dentist (64.2%) and a medical specialist or consultant (32.1%), with very small numbers reporting using mental health (1.5%) or sexual health (9.0%) services.
- Almost one in four survey participants (23.1%) reported that they had received poor quality of treatment when using healthcare services in Ireland. Of those, two in five (39.9%) considered their negative experience to be related to being LGBT. Two out of five survey participants (41.9%) reported having received poor quality service from civic and community services due to being LGBT. The most frequently reported places with poor quality of service in the previous three years were: places of worship (14.3%), hotels and B&Bs (12.2%), restaurants and pubs (9.7%) and shops (6.5%).
- Roughly six out of ten survey participants (60.7%) were out as LGBT to either some or all of their healthcare providers. One in every four participants (25.6%), however, was not out to any of their healthcare providers. Two out of five participants (43.8%) did not feel it was necessary for health professionals to know their LGBT identity and one in five (22%) reported that they did not reveal their LGBT identity to healthcare providers for fear of a negative reaction.
- Within the interviews, several participants discussed positive stories of coming out to their healthcare service providers, which suggests that the attitudes and reactions of healthcare professionals towards LGBT people are changing. It must be noted, however, that participants also painted a picture of health services that may assume heterosexuality and are not responsive to their specific needs.
- Within the interviews, participants suggested that healthcare providers ignore LGBT sexualities. Just one in three survey participants (32.5%) believed that healthcare professionals had sufficient knowledge about LGBT issues and less than half (42.9%) of survey participants felt respected as an LGBT person by healthcare providers.



CHAPTER 7: STRENGTH OF SPIRIT AND RESILIENCE: PATHWAYS TO COPING AND SUPPORT

We're resilient...I think the way I've coped is about a sense of balance...You need a whole range of different ingredients...You need to mix the different elements to deal with it.
(o8 GM 64)

INTRODUCTION

Increasingly, within the literature, there is a move away from the assumption that adversity, loss and grief go hand in hand with a disruption in psychosocial functioning to a more positive stance that recognises and celebrates natural resilience processes. Grossman and Hollibaugh (2008) suggest that emphasis on the 'at risk' approach may unwittingly lead to LGBT identities being viewed as pathological and to a non-recognition of the natural resilience processes that underpin the lives of many LGBT people. Challenges, change and disruption are all aspects of adversity that have been noted as antecedents to resilience (Earvolino-Ramirez 2007). Despite the challenges, discrimination and multiple losses experienced by the participants, as described in previous chapters, both the survey data and the in-depth interviews highlighted the fact that the majority of participants exhibited what Bonanno (2004: 21) describes as a 'stable trajectory of healthy functioning across time, as well as the capacity for generative experiences and positive outcomes'. This is not to minimise or deny the discrimination, exclusion or sense of 'otherness' experienced by the participants or to suggest that some participants do not continue to feel that they are somehow 'other' and different. It is important, however, to acknowledge and give witness to the significant strength of spirit, fortitude, forgiveness and compassion that is evident in the stories of the participants in this study. This chapter focuses on individual, as well as group processes and strategies, participants reported as helping build their strength of spirit and resilience. Some of the strategies were emotional-focused strategies, whereas others were behavioural-oriented.

SATISFACTION WITH LIFE

The majority of interview participants spoke of arriving at a place of 'contentment', 'comfort' and 'happiness with the self'. This positivity was also reflected within the survey, with approximately three-quarters of the survey participants (78.5%) reporting their quality of their life as good or very good (see Table 32). This figure is slightly lower than that reported in the SLÁN study conducted in Ireland in which 89% of those in the 45-64 year age group and 82% of those over 65 years of age reported their quality of life as good or very good (Morgan *et al.* 2008).

Table 32. Self-rated quality of life of survey sample

Quality of Life	Number	%
Very good	47	34.8
Good	59	43.7
Average	25	18.5
Poor	4	3.0
Very poor	0	0
Total	135	100

It was clear from many of the interviews that despite the adversity, loss, homophobia and transphobia experienced, participants had developed an ability to integrate their experiences, bounce back and move on with their lives. The strength of spirit, fortitude and resilience evident was not something that occurred at a particular phase in people's lives but gradually developed over time. It was a quality that occurred as a result of a complex convergence of factors over time, some inevitable and others fortuitous. Participants talked of being on a 'journey' that involved 'moving on', 'coming to a different place' and 'creating a different self'. For some, the journey was ongoing, especially for those participants who had come out late in life and at great personal cost. Participants described multiple pathways to resilience and spoke of various personal and group protective factors and processes that fostered the development of personality characteristics, such as courage and strength, a positive sense of self and an optimistic outlook on life. The findings of this study are supported by literature that found older LGBT people had developed coping strategies and resilience after facing discrimination and adversity

throughout their lifetime (Woolf 2000; Gabbay and Wahler 2002; Jones and Nystrom 2002; Schope 2005). Some of the processes described by the participants are similar to those included in Mayock *et al.*'s (2009) study, although the processes and experiences depicted should not be stereotypically construed as factors or events that were important to all participants. What was important for one person was not always important for another, as each person's journey was ultimately unique.

MAKING A DECISION TO ACCEPT ONESELF AND LIVE ONE'S OWN LIFE

For many participants, the first step in the path towards resilience involved making a decision to accept oneself and to live life in the way that they wished. For a small minority of participants, like this woman, there was little or no struggle with acceptance:

I never struggled with it [sexual orientation] at all. As soon as I realised I was gay, I thought, "Right, that's it", and it answered so many questions for me. I knew I was different but then when it happened I thought, "Ah, makes perfect sense now. Okay, that's why I feel different and therefore, okay, it's part of me. Let's get on with it." I never struggled with it in any way, shape or form. It was just, "Okay, that's it. That's what the problem is. That's what the difference in me is to other people and let's go with it." (23 LF 57)

For others, naming, recognising and accepting their sexual orientation and gender identity occurred over time. With acceptance came a renewed vigour to live life according to one's own dreams, wishes and desires:

It's the realisation you should live your life for yourself...We've just got to grab what little bits of joy we can...I'm coming to now realise I'm this human being, this messed up creature, and I've got to work within my own ethical framework as best I can without damaging any people...It's as good as it gets. (02 GM 55)

With acceptance also came the realisation that, while sexual orientation and gender identity is core to personhood, being LGBT is only one aspect of the self and does not encompass a person's entire identity:

I don't hide it. I am who I am and that's basically it. I don't go out and tell people that I'm transgendered either, but at the end of the day, they accept me for who I am. Being a transgendered woman is only a part of who I am; it's not the whole of me. (28 TF Bi 62)

It's a very small piece but people make it to be....All they see is a gay man, a gay woman. That's all they see, but it's a human being who just so happens to be gay. (25 GM 57)

LEARNING TO LET GO AND MOVING ON

Throughout the interviews, participants spoke of having to let go of negative thoughts and emotions that were holding them in a particular frame of mind or cycle of actions. For most of the participants, the primary issue they had to address was their concern about what other people thought. Being able to reframe what some called 'the orientation and identity problem', as a reflection of other people's attitudes and 'their problem' was central to moving on:

I am very, very, very comfortable. I'm totally happy. I don't actually give a bugger about who thinks what of me. I actually couldn't care. If they [other people] don't like it, they can lump it! (07 GM 66)

I'm getting to that point where I think, "I just don't care. Grow up, get on with it!" Do you know? There's so much happening out there, what does it matter? And my life is mine. It's just mine. (10 LF 58)

I don't care about people and my sexuality. As I said, if they have a problem, it's their problem...I am what I am. (11 GM 65)

The ability to let go of feelings of hurt and anger, experienced as consequences of their sexual orientation and gender identity being positioned as deviant, criminal and 'other', featured in a number of participants' stories. Letting go of anger towards others frequently meant learning how to respond to people in a different way:

I've reconciled...Let go of some of the stuff [anger at world] and I'm very happy that I've been able to do that for myself. (09 LF 56)

When I was working...there would be odd comments. Originally...I would say, "Get a life". I would say it with a feeling of contempt or anger, but now I sort of think: "Yeah, sit yourself down there in a chair and just think it over yourself." I'm not going to rant and rave to you anymore. (05 GM 56)

Some participants who were married spoke of getting to the stage of letting go of the guilt they felt around the marriage breakup and the subsequent consequences:

I had internalised it [guilt] and was beating myself up for years...One of the little things that happened I realised about two years into our separation that I'm not responsible for her well-being and that was important because I sensed that part of her staying stuck was a punishment of me and I had to recognise that I can't accept that punishment. (16 GM 58)

For others letting go was about arriving at a position where there was acknowledgment that they could not control or change the behaviour of others. For example, this man referred to his brother who no longer wanted to have any contact with him:

You probably have heard this before, my friends know more about me than my family, and it's awful sad. It's sad circumstances but that's where it is and we have to just accept it and carry on and I can't change him [brother] whatsoever. (24 GM 56)

For others, letting go was also about reframing the anger they felt towards religion:

There was an anger inside me towards church but there's also something other than anger in the sense that I wouldn't be the person that I am today if I didn't have the journey that I had to make, and church having failed me, which it really did, it also did me a favour in a different way... because I had to take ownership and I had to deal with the various aspects. (16 GM 58)

For many participants, the ability to let go and move on was seen as part of the normal ageing process:

With the ageing thing comes this kind of adjustments and perceptions. (02 GM 55)

The older you get, the stronger you get. (03 LF 56)

ACQUIRING AN EMPOWERING PERSPECTIVE

A number of participants mentioned the role that formal and informal education had on their outlook in life. For some participants, formal education in areas such as feminist theory and philosophy gave them a theoretical base from which to analyse societal, religious and personal reactions to being LGBT, as well as a language to allow them to speak about their experiences:

I think the way I've coped is...having a political understanding of how we sit in the world, to me, it is a key element of survival...I think it is about having a political understanding, spiritual understanding and then being informed by the different strands of thinking that are our inheritance, if you like. The whole language that has developed out of gay politics is hugely important...the language around feminism...certainly I feel it allows me to cope with situations. (08 GM 64)

I was a feminist so I'm one of those people that came through my sexual orientation from my feminism. I know others have come the other way round, as well, but I would have come to an awareness of it through reading [on a degree programme] actually. (22 LF 55)

A few of the participants described the importance of their early involvement with LGBT politics, and activities both abroad and in Ireland, as a way of being able to be out:

My way of being gay was being politically gay through my activities in the gay scene. (02 GM 55)

We went to these events [women's festivals]...I remember meeting one other Irish woman at that event...I think for both of us it was a kind of a coming out event...I met quite a lot of people...that was quite a turning point. (03 LF 56)

Others spoke of developing a self-awareness and confidence from informal education sources, such as reading texts and other literature. Reading helped a number of participants develop a positive frame of reference and reframe past discourses that had positioned their LGBT identity as deviant and sinful:

One of the things I did in the late 80s when I was going through that crisis is read Feel the Fear and Do It Anyway, and I worked through that book. I still have the little note cards. "I am a beautiful person." "I am a good person." "I deserve to be happy." Put it on the mirror when you're shaving...Now it's more about an integrated life...whether you call it spirituality. (02 GM 55)

I came across a former Jesuit priest called John McNeill and he was the first man whose writings all of a sudden began to open up a whole new world for me, that said that the presumed biblical prohibitions on being homosexual maybe weren't actually what they appeared to be, and all of a sudden I began to develop a morality for myself...I can still be a bad person but it's not in terms of falling in love with somebody of the same sex that I'm going to be a bad person...but that took a hell of a lot of realising and dawning for me. (16 GM 58)

There were some dynamic people when I was coming out and they ran groups and it was personal development and sexuality and all that kind of general awareness. (19 LF 58)

MOVING ABROAD

Those participants who had emigrated spoke of this period in their life as providing them with the space, context and time to explore and come to terms with their sexual orientation and gender identity in an environment free from surveillance and oppression. This individual left Ireland as a young man and returned 20 years later:

By the time I got back I would have had an awful lot of stuff sorted in my own head and would have been able to resist the attempts to kind of being back to a space that people wanted you in. So I just said, "Well, I'm gay and that's it. If you don't like it...", and we would have been very publicly gay in Ireland or in any parts. So, that again, was very helpful because it meant that you didn't have to be telling everybody. Everybody kind of heard it. So I think life...I must say life, I find at this point in my life, I find it's a very comfortable place to live. (08 GM 64)

Others described how the freedom of being abroad allowed them the space to explore their LGBT identity:

But luckily I was in [names city in another country] for almost 20 years. For the first time in my life, there was a real balance between my sexuality and who I was...You could feel free and it was just such a liberating experience...Then you go back in the closet now I'm in Ireland. (13 GM 60)

They're much more accepting, the [names nationality of people in country she moved to] people. I don't think it means as much to them as it does here because there's wasn't that church focus... The fact that I was away was what saved me, I suppose. (23 LF 57)

Although experiences with emigrating and travelling abroad was described by interview participants in a positive light, there were also challenges associated with returning to Ireland, particularly around establishing and renewing social networks (as discussed in Chapter 6).

ACCESSING PEER SUPPORT

Peer support and mutual help services were importance sources of support in building resilience for a number of participants. About 15% of survey participants involved had attended an LGBT support group. During the interviews, participants indicated that being involved in peer support services not only helped them come to terms with their sexual orientation or gender identity and other issues, such as addiction, it also helped to affirm their self-worth because the relationships developed were reciprocal in nature.

[Names the support group with an emphasis on spiritual growth] was incredibly important from my point of view because I wasn't capable of being fully out at that stage and it nourished me for an awful long time...was hugely nourished by it...and eventually I moved on from it.
(16 GM 58)

I'm out meeting people on a day-to-day, week-to-week basis, I get a great deal of support from that [involvement in an LGBT support group] and people ring me and ask me, "What do you think of this. Is this good or is that good?" Or: "Where can I get this?" Or "Where can I get that?"
(28 Bi TF 62)

Another participant recounted the personal enrichment he got from working on a helpline:

Even on the phone [helpline] having a young gay man crying, never being able to say I'm gay myself because we can't, but being able to empathise with him and that end of it actually helps me. (25 GM 57)

ACCESSING PROFESSIONAL SUPPORTS

Approximately 7% of the survey participants reported attending psychological services for help and support. Professional support was also evident within the interviews with a number of participants describing the role of, and support received from, professional support networks, counsellors and therapists. Participants attended counsellors for a variety of reasons ranging from relationship and marriage breakdown to accepting one's sexual orientation and gender identity:

I actually went into counselling. I thought: "I can't do this [split up with same sex partner] on my own."
(23 LF 57)

I went to a counsellor in the end...Went for six months and out of that the strong feeling I had was that this had been an issue [gender identity] the whole of my life, but I had never actually known what it was or been able to identify it...Once I did the counselling...it was a lot easier. I had no doubts after that.
(28 Bi TF 62)

I've had the benefit of therapy and I'm still seeing somebody...So that's a great help to me. ...The insight you get is some fucking thing else! (31 HM 59)

EXPERIENCING AFFIRMING RELATIONSHIPS FROM FAMILY, FRIENDS, AND OTHERS

Social support, acceptance and meaningful relationships with at least one peer or family member are consistent with resilient outcomes (Grossman *et al.* 2000). Within this study, being accepted and affirmed by parents, siblings, children and friends, provided a significant support for people, especially for those who came out later in life. The acceptance of parents, particularly mothers, was of great importance to several participants. One woman, who described herself as having a gender identity disorder (GID), related the inclusive actions of her mother who, shortly before she died, asked her other

children to leave the room, ‘so that she could spend some time with her daughter’ (26 LF GID 58). For this participant, the open acknowledgment of her female gender by her mother was very affirming. Another instance of acceptance, again by a mother, was described by a woman in relation to her lesbian partner:

And my mum just said, “She is such a nice girl. I’m so glad that [name] has her in her life...I like [names partner]. She’s a nice woman.” (10 LF 58)

Acceptance from siblings was also an extremely important source of support for some people, especially for participants who had married and had lost contact with family and in-laws, such as this man:

One [sibling], hugely supportive and is the bridge builder across probably the whole family, stays in touch with [names wife], stays in touch with the children...She’s attempting to keep the bridge going on all fronts and she is the one I have the closest bond with in all of this. Two [siblings] overseas, very supportive...She came into [names city] to see the show [in a show about gay issues]...Her comment to me was, “I am so proud of you”. One of the things that I was blessed with...is that I have had a network of support that has been hugely valuable to me. (16 GM 58)

Acceptance or tacit acceptance by children, even in the absence of subsequent discussion about their LGBT identity or partners, was a major source of comfort and support. For many participants, being accepted by their children helped them cope with rejection from partners, in-laws, other family members and friends:

The older son, he said: “Well, you’re still my mother and I love you.” That’s what he said, and he didn’t mind at all and he doesn’t talk about it or mention it at all. The younger girl, she’s quite accepting; she doesn’t care and she has friends at school and everything so it doesn’t bother her that much. (14 LF 59)

I can live with it [rejection from siblings] because I’m concentrating on my family. My daughters didn’t go out of my life and they didn’t think I wasn’t suitable to mind their children...I was lucky in lots of ways...They [children] always say they’re very proud of me. (26 LF GID 58)

Work colleagues were also a frequent source of support for people, especially people with whom participants had built up close friendships prior to coming out:

I told him [friend at work] and he said, “Well, that’s fine”. We’re still friends to this day so that was actually an extremely encouraging experience and from there on I kind of let it slip out [to other work colleagues]...We were in [names pub] I remember and I started telling some story and it was relevant to the story that I was gay. So I said, “Just in case any of you don’t realise it, I’m gay.” The reaction, “Phew, we figured that out years ago. We’re glad you could tell us”, but I’d say I only fully came out in the last five years to everyone. (17 GM 61)

For some people, whose relationships with family and extended family had broken down at the time of disclosure, being able to rebuild the relationships with family members years later was also a source of strength:

I have managed to re-establish a relationship with my parents-in-law, because I am very fond of them and it’s the acceptance of people close to me [that] has done the most for me. (20 LF 55)

For two of the participants, the major source of support came from the women they had married. One participant described the support she received from the woman she married prior to her gender transition. Although now deceased, she feels that her spouse’s spirit is still with her affirming her decisions and existence:

All through this [coming out as GID] and even though she was a heterosexual woman...she just loved the soul of me, soul mates. Love is our gender. She died but she's still with me. Her spirit lives on and I'm standing here today because of her because there was nowhere else to go. (26 LF GID 58)

Although support from family and friends was very important, a number of participants mentioned the value of what appeared to be chance or serendipitous encounters with strangers at a certain point in their lives, with whom they later became friends. For these people, a chance meeting with someone that they could identify with, talk to and befriend during a significant period of life was central to their ability to cope.

This man talked about meeting someone after starting a new job:

At one stage, it was getting depressing...I tried to commit suicide. I went down to the canal to throw myself in...there was that intent, but once I started work in [names area of work]...there was a guy in there who was gay so I became a friend of his...So I thought I'd survive. (01 GM 63)

This woman spoke of a chance meeting with a gay man after her gender transition:

One night I was standing in [names an LGBT pub] and here I was, "What will I do? I don't know how to interact with anyone", and he said: "Come up here love...don't worry, you'll find your way." [Names man] became a good friend and was a good friend [he has since died]...He was like a brother to me. He was well-respected and he got me introduced to people and I started assimilating from then on, and I started getting to know girls. (26 LF GID 58)

MAINTAINING FRIENDSHIPS WITH LGBT PEOPLE

Although a number of interview participants, as identified in the previous chapter, did not have extended LGBT networks, maintaining contact with LGBT friends was extremely important to their ongoing happiness and fulfilment. This allowed participants complete freedom to 'be themselves' and discuss issues that they might not have been able to discuss with their 'straight' friends. A number of participants were involved in various LGBT groups, such as, sports clubs, political groups, drama groups, or choirs. Others maintained friendships by socialising weekly, or less frequently, in a social group context:

I meet on a Friday night with a group of gay men, a similar age to myself and that's actually more important, making a bit of a connection there...They call it men's night. It's coffee and a chat and talk if you like and don't if you don't want...This [names social group] is good for me. (31 GM 59)

It's a new organisation for women...I got in touch with them. It just happened accidentally. I found them through an ad in the [names magazine]...They organise different things, walks and things...At least you're among people that kind of understand you anyway....You can be yourself. (14 LF 59)

In some instances, maintaining LGBT friendships meant returning to a country where participants previously lived:

I've been there [names a country where she lived for a number of years] two months already this year and may go back for another month, but it's been a very important link to me and it helped my sanity, keeping up with the [lesbian] friendships there and having that kind of outlet. (03 LF 56)

REMAINING POSITIVE AND BEING THANKFUL FOR LIFE

Despite painful and challenging experiences, nearly all of the interview participants spoke of the importance of staying positive, having a sense of humour and celebrating the good things in their lives:

Looking back on it I think I'm lucky that I have within me a survival mechanism which says, "Look to the positive". (02 GM 55)

I suppose I have a fair amount of strength...The only way I could describe it is I'm able to deal with things myself in my own way and I try to get through things as best I can no matter what happens. (14 LF 59)

The majority of the participants considered that this inner strength and positive outlook on life as central to their survival. Although the majority had regrets about certain aspects of their lives, such as not coming out earlier, the breakup of marriages or long-term relationships, permeating the narratives was a sense of thankfulness for the many positive things they had received in life:

There's one thing, I am not a person to have any regrets. There is one tiny little bit of me that does regret that I didn't come out earlier in life but it doesn't bother me. You must have a little twinge of regret at some...and my personality doesn't allow me to do that because I'm an up and go person. (11 GM 65)

I have to consider myself lucky that I can be a little bit true to myself...Rather than going through my whole life any further and denying it all [sexual orientation], but it's not easy even yet. It's not easy. (14 LF 59)

There are not many decisions in my life that I look back on and say, "I shouldn't have made that decision". Partly because I'm not a person who does regret in a big way...And even grappling with being who I am for all those years and managing to do it at some level that worked for both of us. I still regret getting married because at the end of the day, the price that [names wife] paid was a too high price, and the culture that we lived in was quite happy that [names wife] and other [names wife]'s pay that price...but I wouldn't be without my children, and indeed I wouldn't be without the lovely relationship that I had with [names wife]. (16 GM 58)

If I was [19 years old again] I would like to have had the opportunity to live my life...But then I wouldn't have my family [wife and children] and I would never ever trade them, ever. I'm very lucky. The fact that my family, although I am [names a long term physical illness], that they totally accept it and never said, "You shouldn't have done that. You shouldn't be this," And, I can't ask for anymore. I really can't ask for anymore. (25 GM 57)

The two participants who had not come out to anybody also spoke about the importance of remaining positive:

I might be talking negative all the time [in the interview] but I don't really think negative. I always keep the positive thing going, more so than negative. It's like there during the week...I'll say, right, there might be something better tomorrow and at least if there's nothing tomorrow, I'll have a few bob Friday [collects social welfare]. (35 L TF 55)

STAYING ACTIVE AND KEEPING BUSY

A large number of participants spoke of the importance of keeping busy, dedicating themselves to work, community, voluntary and physical activities. Throughout the interviews, participants spoke of having used or currently using a number of strategies to maintain both their mental and physical health. These strategies included sport, study, reading, gardening and other hobbies. In addition, a number mentioned the use of complementary therapies (reflexology, massage, herbalism) and reflective writing. For some people, the coming out process meant that they discovered and developed new skills and talents from

joining groups such as LGBT choirs, drama groups, sports groups and political groups:

While I do like space, I suppose, and solitude, I'm always busy in that I've got enough that keeps me occupied and I can occupy myself...I was just having a great time! Working very, very hard... and still do...I see myself as a sort of a strong, resilient person. (09 LF 56)

Hobbies, I love cycling and walking, outdoor life. I love gardening, a fanatic for gardening, and really I just take today for today. (24 GM 56)

For one gay man, who has not come out to anyone, keeping himself busy and involved at the community level was key to his survival. Despite this, what was initially perceived as a blessing was also a double-edged sword, in that the more involved he became in the mainstream community, the harder it was for him to reveal his true self:

I could say that I've lived a most interesting and stimulating life up to a certain point. There is hardly anything in the local community that I haven't done. I've been chairman of this, that and the other, and I can say I've found enjoyment, fulfilment and some gifts. I have run organisations at local and nearly at national level and I have no issues in doing that...I've learned to cope because I have many other blessings...I have made a difference to an awful lot of people...and that's why I'm tied into the knot I'm in. They put too much trust in me, which I didn't always want, but it came and it grew, and it's unreal now and I can never see myself getting out of it and I'm not sure I want to at this stage. I have so little to gain now by coming out. It doesn't really matter. I'm not in the prime of youth and I accept that...I accept who I am and what I am. Whatever bit of loneliness I feel is inside and there are far more serious ailments and problems that people have had in the world...I've got a lot of satisfaction and fulfilment out of life. (06 GM 70)

SUMMARY OF KEY FINDINGS

- Despite the discrimination, exclusion, and sense of ‘otherness’ experienced by many, interview participants described their ability to move beyond adversity, to integrate their experiences and to embrace their lives in a fulfilling manner, with the majority of the survey participants (78.5%) reporting their quality of life as good or very good.
- Participants described multiple pathways to resilience and spoke of various emotional and behavioural-focused processes and strategies that helped them build their strength of spirit, fortitude and resilience.
- This strength of spirit, fortitude and resilience evident was not something that occurred at a particular phase in people’s lives but gradually developed over time as a result of a complex convergence of factors, some inevitable and others fortuitous.
- For many participants, the first step in the path towards resilience involved making a decision to accept their LGBT identity and to live a life of their own choosing.
- The ability to let go of negative feelings and emotions, as a consequence of being positioned as deviant, criminal and ‘other’, was central to many people’s ability to integrate their experiences and embrace their identity.
- For some interview participants, involvement in formal and informal education aided in developing self-awareness and confidence, as well as a theoretical base from which to analyse societal, church, and personal reactions to being LGBT. Through this, participants were enabled to reframe their experiences in a more empowering way.
- Moving abroad provided some participants with space and time to explore and come to terms with their LGBT identity in an environment free from surveillance and oppression.
- Peer and professional support provided some participants with a nurturing and enriching space which helped them come to terms with their sexual orientation or gender identity and affirmed their self-worth. Being accepted and affirmed by parents, siblings, children and friends provided a significant source of support for people, especially for those who came out later in life.
- For participants who had come out to their children, being accepted by their children helped them cope with rejection from partners, in-laws, other family members and friends.
- For many, maintaining contact with LGBT friends was extremely important as it allowed participants complete freedom to ‘be themselves’ and discuss issues that they might not have been able to discuss with their ‘straight’ friends.
- Keeping busy through involvement in work, community, voluntary and physical activities was important in maintaining participants’ mental and physical health. For some, the coming out process meant that they discovered and developed new skills and talents from becoming involved in various LGBT activities, including cultural, political and educational pursuits.
- Whether participants were out or not, they believed that having a positive outlook on life, having a sense of humour and celebrating the good things in their lives were central to their survival.
- While there are some commonalities in relation to resilience and coping between each participant’s story, the processes described should not be stereotypically construed as factors or processes that were important to all, as each person’s journey was ultimately unique.



CHAPTER 8: LOOKING FORWARD AS AN OLDER LGBT PERSON: REFLECTIONS AND CONCERNS

We are the generation who are giving meaning to being “older LGBTs”, so there is challenge, adventure, a degree of excitement and surprise – and tremendous freedom!
(Survey participant)

INTRODUCTION

Ageism has arguably been encouraged by the development of an increasing gap between young and old (Nelson 2005). Older persons' rights are grounded in the rejection of this conceptualisation and in the recognition that such people are individuals with unique life experiences (Treacy *et al.* 2005; International Network for the Prevention of Elder Abuse *et al.* 2010). Although older people can be defined as belonging to a distinct social group, like younger people, their lifestyles, wishes, desires and needs differ qualitatively from one individual to the next. They experience greater differences in their quality of life and in their mental and physical ability than younger people do (Dean 2003) and due to ageism, they experience more discrimination than young people (Jones and Pugh 2005; Bytheway *et al.* 2007). In the face of these challenges, both this research and other work suggests that older LGBT people are generally satisfied with their lives and have developed resilience and positive coping strategies. Some international research suggests that the concerns older LGBT people express about ageing are often the same as those identified by other older people. These include worries and concerns around: health; family and social support; housing; income and employment (Equality Authority 2002). As little is known about the concerns of older LGBT people who live in Ireland, this final chapter of findings explores the participants' reflections on growing older as an LGBT person, their concerns and their preparations. Priority areas for development in LGBT and older age services as identified by participants are also included.

REFLECTIONS ON SUCCESSES: SOCIAL CHANGE IN IRELAND

In relation to the questions on growing older the majority of survey¹ and interview participants commented on different aspects of what one person described as, 'the contentment of having a life well lived'. There was, in both the surveys and the interviews, a sense of satisfaction at being the first real generation of 'out and older' LGBT people. They rejoiced at their ability to be true or at 'one with their authentic self'. Survey participants commented on the joy of having arrived at a place where they were 'more honest' and 'more relaxed' about who they are. For many, this increased comfort led to a greater sense of confidence and freedom to, 'be yourself', 'tell the truth' and to have 'freedom from what others think'. For other participants, the best thing about being an older LGBT person was the life experience, wisdom and maturity they had gained over time. For some, their experiences of living and surviving as LGBT persons during times of illegality and discrimination resulted in them feeling like warriors:

We survived!!! We are partners. We are warriors and have faced many of ours and others challenges. (Survey participant)

Whilst recognising that the younger LGBT community was not without problems (substance misuse; suicide; homophobic/transphobic bullying and violence; stigma and discrimination), participants took pleasure and strength from seeing this younger generation of LGBT people live their lives in a more open context. For some, having lived to witness the changes within society was considered to be the best thing about being an older LGBT person:

Having coming from an age when it was illegal and unacceptable to an age now where teens feel comfortable to display their LGBT position in public. (Survey participant)

I really admire young people today because they have...if I say the derogatory word, "the balls", to go out and say, "Yes, here, I'm gay at 15 and 16 years of age". I take my hat off to them. 24 GM 56)

I think it's absolutely brilliant compared to what we had to go through...You had to be so cautious...You missed out on a social life because it had to be so hidden...All of these young lads coming out...even in the soaps. I mean you would never have that years ago. You'd be taken off the air...It makes it more normal... Brilliant that way. (03 LF 56)

Although levels of political involvement varied, participants who were involved in LGBT politics and activism in their early years, both in Ireland and abroad, spoke of the excitement, fulfilment, challenge and learning that had occurred. Participants recalled, with satisfaction and nostalgia, the solidarity, validation and fulfilment they felt when their political campaigns resulted in real and measurable successes. While participants recalled the personal and professional risks, it was clear that their sense of passion and belief in rights outweighed any of these risks. The excitement and satisfaction of having contributed to or being part of this change was echoed in the interview narratives:

Believe it or not it was actually a lot more exciting in those earlier days to be [a] lesbian coming out. It was like we were part of the grand, almost like a secret society, and there were certain places where we would leave messages about events that were happening...So any time I was in town, I would look at those places and you'd feel a kind of solidarity and whatever. I felt very connected with that. (03 LF 56)

I don't quite know where my campaigning instinct came from. Part of it was a sense that I was very conscious of the fact that I had suddenly gone from being an ordinary member of society to a criminal member of society [by publicly declaring sexual orientation]....We were certainly aware that it was putting a big downer on our careers and that it had caused quite a fuss in the office...But I felt this was a struggle worth fighting for. (32 GM 70)

While most of the participants were of the view that life for LGBT people in Ireland had changed and improved, some, whilst recognising the work of their generation, were not so sure that the LGBT movement had moved forward as much as it might have. These participants described persistent divisions within the LGBT community itself, characterised by issues of belonging and exclusivity:

We got rid of the formal exterior boundaries. We pushed the Church back. We pushed the State back to quite a large limit. We pushed most social areas back, although they still hold this silly queer joke stuff, but what we didn't do was change the head space and I think that now most young gay people, from what I see of them....a lot of the younger people wander around thinking that they're completely free, but they're actually not. I think they're carrying, within the group, I think they're just as exclusive as others and they're very often as bad about "trannies" or as bad about "transgenders" or whatever else. (12 GM 59)

Many participants also felt that that more changes would be needed to gain true acceptance of LGBT people. Several described the way in which an anti-LGBT discourse and attitude is embedded in Irish culture and that it would require more than legislative change to change hearts and minds:

We [gay activists] started out to create a revolution...We were nothing if not ambitious. We achieved much more, faster than we thought at times...We altered a huge amount and life is much better, but we didn't change the fundamentals...the attitudes...the Church. (02 GM 55)

No matter what the legislation says, the reality is that the mindset of people now is nowhere ready to accept a different orientation. (06 GM 70)

For many, this embedded discrimination and negative attitudes are still closely linked to the teaching of the Catholic Church in Ireland:

The Roman Catholic Church; I think they have a lot to do with it [discrimination]. I think if they were more open, people would accept more; I really do. I think they have an awful lot to do with it. (04 LF 55)

Despite the advances in LGBT rights, several participants were of the view that both societal ageism and ageism in the LGBT community (as highlighted in previous chapters), along with the historical discrimination of LGBT people in Ireland, has led to the isolation of older LGBT people, particularly among those who have not yet come out:

I suppose people my age don't tell people that they're gay and it can cause a lot of isolation, I suppose. So they [LGBT organisations] need to be aware of that isolation, that loneliness, because that can cause a lot of problems as well, and again, it's because of the age, it's the time they were brought up in. (23 LF 57)

A lot of them [over 55] have grown up to feel that they must hide. They mustn't be out. They must be in a closet, somewhere out of the road, and nobody sees them. (28 Bi TF 62)

Other participants were of the view that ageism has led to older LGBT people becoming invisible in society, with the knowledge that older LGBT people had gained over the years not being appreciated, acknowledged or used by the wider LGBT community:

I would think that the gay scene nowadays is categorised as the people that are coming out, the people that are in their thirties and then the over 55s...The people that are coming out and the people on the scene are getting a lot of the airways and a lot of the things that are going on, but the ones that are 55 onwards really have been forgotten about...They're being pushed out. (24 GM 56)

[The] younger gay community owe older gay men a lot in terms of what they went through to decriminalise homosexuality etcetera and younger men should recognise older gay men for this. (18 GM 55)

The lack of images or 'role models of older LGBT people' within the media or within organisational literature published was also commented on by some participants. Some were of the view that much more needed to be done by LGBT organisations and older age organisations to increase the visibility of older LGBT people in society, the community and mainstream services:

I suppose visibility is one thing. There doesn't appear to be a visible older lesbian or gay person at the moment...Around the time of the civil partnership, I just saw one on the Irish Times I think, a couple in Dublin and their two kids. That visibility doesn't seem to be happening with the older 55 plus at the moment. It would be interesting to see how that would play out in terms of attitudes to older LGBT. (09 LF 56)

I need a healthy gay positive context and [to] read positive literature and [to see] positive media, stuff that's real. I don't mean just superficially positive, real stuff and with people whom I can admire who are showing courage and generosity and fighting injustice and stuff like that. (34 GM 61)

ATTITUDES TOWARDS GROWING OLDER AS AN LGBT PERSON

Survey participants were asked how much they agreed or disagreed with a series of statements about getting older. Nearly three-quarters of the survey participants did not consider themselves 'old' (see Table 33), which no doubt reflects the age profile of the participants (82.6% were under 65 years of age). Overall, participants agreed that as they get older, they continue to develop as a person, appreciate things more and can maintain their independence. About one in five felt depressed when they think about getting older and nearly one in three reported feeling lonelier as they get older. In addition, roughly half of the participants were conscious of getting older all the time.

Table 33. How much do you agree or disagree with these statements about getting older?

	Agree or strongly agree	Neither agree nor disagree	Strongly disagree or disagree
As I get older I continue to develop as a person. (n = 128)	85.2% (n = 109)	8.6% (n = 11)	6.2% (n = 8)
As I get older I appreciate things more. (n = 127)	78.7% (n = 100)	16.5% (n = 21)	4.7% (n = 6)
I do not consider myself as old. (n = 129)	72.1% (n = 93)	10.9% (n = 14)	17.1% (n = 22)
As I get older I feel I can maintain my independence. (n = 126)	72.2% (n = 91)	19.8% (n = 25)	7.9% (n = 10)
I get depressed when I think about getting older. (n = 124)	21.0% (n = 26)	18.5% (n = 23)	60.5% (n = 75)
I feel more lonely as I am getting older. (n = 123)	30.9% (n = 38)	16.3% (n = 20)	52.8% (n = 65)
I am conscious of getting older all of the time. (n = 127)	52.8% (n = 67)	26.0% (n = 33)	21.3% (n = 27)

A small number of participants had not really considered the implications of getting older because, being in their late 50s they were ‘*only at the foothills of beginning to think about stuff*’ or as this man said, ‘*I’m not preparing for getting [older] but I’m there. I’ve no worries about my age*’ (06 GM 70). A number of participants, however, commented on the general discrimination that exists within society toward people as they age, irrespective of their sexual orientation or gender identity, as well as the poor quality of care that older people receive:

I think old people in general are discriminated against and they don’t get the care and attention that they ought to get, especially if they are in long-term care. (19 LF 58)

The State can’t do it [provide appropriate healthcare services for older people] for heterosexuals... Old people, from a State’s point of view, are a burden that need to be boxed off as quickly as possible and kept quiet within the limits of international outrage and press coverage. I’m putting it cynically but the system is, “Old people are a problem to be dealt with”...Old people are not a problem. Old people are citizens and taxpayers and they have rights. (12 GM 59)

PREPARATION FOR AGEING

Survey participants were asked about legal preparations they had made for getting older. While six in ten participants (61.5%) reported that they had written a last will and testament only a minority had written a living will (10.9%) or given someone power of attorney (24.6%) (see Table 34). Just under half

(47.5%) had discussed their final wishes with someone. Similarly, only a handful of interview participants had made legal arrangements for their future, while others discussed their intention to make wills in the near future. These figures appeared to be generally lower than the findings of McFarland and Sanders' (2003) study of lesbian and gay people aged 49-86 (mean = 59) conducted in the USA, which found that nearly 73% of their sample had started to make plans for growing older. These included: getting life insurance (70%); making a will (73%); assigning power of attorney (54%); obtaining nursing home insurance (15%); financial planning (53%); and estate planning (25%). The difference in findings does not appear to be age-related as the mean age in both studies is similar.

Table 34. Have you done any of the following in preparation for getting older?

	Yes	No	I don't know how
I have written a last will and testament (identified someone to manage your property and possessions after your death). (n = 130)	61.5% (n = 80)	38.5% (n = 50)	0% (n = 0)
I have written a living will (instructions specifying what actions should be taken if you are no longer able to make decisions). (n = 119)	10.9% (n = 13)	87.4% (n = 104)	1.7% (n = 2)
I have given someone power of attorney (identified someone to act on your behalf). (n = 122)	24.6% (n = 30)	75.4% (n = 92)	0% (n = 0)
I have discussed my final wishes with someone (in the event you are unable to look after yourself). (n = 118)	47.5% (n = 56)	51.7% (n = 61)	.8% (n = 1)

PREFERENCES FOR LIVING ARRANGEMENTS IN LATER LIFE

The desire to live in one's own home was clearly evident from the survey findings. Of the seven living arrangement options listed, the option most preferred by participants was to live in their own home, followed by living in a house with other LGBT people. The least preferred option was to live in a nursing home (see Table 35). Similarly, many of the interview participants also spoke about their preferred living arrangements. Several voiced feeling that living outside of their home was not an option:

I've told my kids I don't want to be in a home and I don't want to live with them. Just let me go mad and wild in my own home. (10 LF 58)

I would worry more about just getting old...I will hopefully live as long as I can but I'd also like to be able to be independent and look after myself...I wouldn't want to go into any institution whatsoever. No, I'd absolutely hate it. I'd rather pay somebody to come in and do it and look after me in my own home. I wouldn't like that [living out of home]. (11 GM 65)

The fear of being isolated within dependent living situations was palpable, with a number speaking of their fears of being alone with no external person to visit them:

Being alone in a nursing home and not being visited and that kind of thing, I think who would

visit me? I suppose it is a concern. (19 LF 58)

These results strongly correlate with Neville and Henrickson's (2010) study on LGB people's preferences for older age accommodation conducted in New Zealand which found living in one's own home as the most preferred option for older age accommodation and living in a non-LGB specific retirement facility as the least preferred option. In addition, they add support to other studies conducted with older people (not necessarily LGBT) that found the same desire to live in one's own home, including Croucher's (2008) study conducted in the UK and the HeSSOP II study conducted in Ireland (O'Hanlon *et al.* 2005).

Table 35. In the later years of your life, what living arrangements would you prefer?

	Score from 1-7	SD
Live in my own home (n = 122)	6.5	1.4
Live in a house with other LGBT people (n = 96)	4.5	1.8
Live in a friend's home (n = 92)	4.2	1.4
Live in a retirement community (n = 91)	4.0	1.6
Live in an LGBT-friendly nursing home (n = 106)	3.8	1.6
Live in a family member's home (n = 93)	3.5	1.9
Live in a nursing home (n = 94)	1.9	1.3

SERVICES NOT RECOGNISING OR RESPECTING AGEING LGBT IDENTITIES

Cahill and South (2002: 52) state that, 'heterosexism and homophobia are widespread in nursing homes and are symptomatic of a larger reluctance among care providers to address the sexual concerns of older people'. Echoing this statement, within the present study, one of the main concerns of the participants about being cared for in residential care facilities pertained to a perception that some healthcare practitioners viewed older people as asexual and that they held anti-LGBT biases:

If the health service is not homophobic I would think a very large percentage of the workers in it are not particularly well-informed or intuitive about gay ageing people's rights. (12 GM 59)

Your sexual orientation wouldn't be accepted and recognised and things like that [within a nursing home]. (22 LF 55)

For a small number of interview participants who were in same-sex relationships, there was a real concern that their same-sex partners would be rejected and that the role of their partner, in respect to their care, would not be recognised. In keeping with other studies (Quam and Whitford 1992; Jones and Nystrom 2002; Orel 2004; Hash and Netting 2007), participants in this study expressed a preference to live in an exclusively lesbian or gay residential care facility, which would be sensitive to their needs:

I might be in a relationship but if that doesn't happen I would like to be in a community that would be supportive, where I didn't have to hide who I was. I mean I couldn't imagine being in a nursing home here where I couldn't be myself...It's [a purpose-built lesbian community] a pretty attractive alternative to being on my own. (03 LF 56)

Furthermore, several participants were concerned that they would be unable to remain out as they got older. This fear verbalised by one individual, was that 'I may not be able to fully express myself... as a transgendered person' and by another that 'I won't have lived as the person I am', with the concern of 'not being understood by others'. One survey participant wrote of being 'unsure how I will continue to cross-dress when my freedom and mobility decrease'. Closely aligned to this was the fear of living

in a world that would not respect the LGBT identity. Several survey participants described the issue as 'being entrapped in a heterosexual world' with 'my sexuality not being taken seriously'. This perceived 'entrapment' in a world that would not respect LGBT identity, particularly when one is not out, is clearly expressed in the following comment:

I've been quoted as saying, "The day that a lesbian or gay or bisexual is in the closet and goes into one of those homes, it is a first death", because they will never be able to talk about that again if they haven't had the confidence to talk about it during their life...Defining oneself as 'gay' or 'lesbian' people within a county home or whatever would be just impossible. So parts of their lives will shut down and I find that really dreadful. (32 GM 70)

On the other hand, a few participants worried that their decision to 'remain in the closet' would not be protected as they aged. One survey participant described his 'fear of being discovered after a lifetime of being in the closet, as people would not understand or forgive what they would perceive as betrayal'. This fear was also expressed by one of the interview participants who spoke of destroying, in the recent past, some of his short story writings that referred to gay issues for fear that on his death his family might discover them, put 'two and two together' and be 'landed with his legacy'.

THE IMPORTANCE OF SOCIAL NETWORKS: COMBATting LONELINESS AND ISOLATION

Support networks are considered to be an important source of support for older people. These networks have been defined as those people available (or perceived by the older person to be available) on a day-to-day basis to provide companionship, advice and instrumental help with a wide range of tasks, and are comprised of family, neighbours and friends (Wenger 1994; Wenger and Keating 2002). These relationships are considered to have protective values throughout the life-course (O'Hanlon et al. 2005) and are invaluable when older people's circumstances change, as they can augment essential social services by providing companionship and emotional support (Wenger and Keating 2002). The two main significant indicators of loneliness, as identified by the SLÁN study, are living alone and not being in a relationship (Morgan et al. 2008). This is supported by Victor et al.'s (2000) study that described how living alone contributed to feelings of isolation and loneliness among older people. The SLÁN survey reports loneliness as an issue for the older adult population in Ireland with 13% of those aged 45-64 and 17% of those aged 65 and over reporting having felt lonely in the last four weeks (Morgan et al. 2008). Indeed, in this study the proportion of survey participants (43.1%) and interview participants (61.1%) who were single was much greater than for the entire over 55 population in Ireland (15%) (Government of Ireland 2007c). In addition, there was a high rate of survey participants living alone (45.8%).

Within the surveys and interviews many participants described their concerns around loneliness and ageing due to the absence of significant others in their lives:

The fear basically is the same...What about [the] future? What am I going to do? Who's going to take care of me?...Families are gone...What do you do? Who do you go to for help? (13 GM 60)

I'd be aware I'm on my own now and where would I get support because I'm away from home and family. I don't have any family around here. Friends are few and far between...So I'm more conscious of stuff like that now but it's through my age more. (22 LF 55)

Like all older people [the fear of] being forgotten and ignored. (Survey participant)

In addition to the loneliness associated with not having children or being estranged from their close family, others described loneliness due to a lack of extended 'families of choice' or LGBT networks in whom they could confide, be themselves with and share stories. In many cases, the lack of LGBT friends was the result of coming out late in life and not having developed LGBT friendships in the earlier years of their lives, when many lifelong friendships are formed.

For those of us who came out very late in life, it tends to be more lonely, since we are not growing old with a partner. (Survey participant)

I think for me at this point probably the biggest issue...it's just isolation and loneliness. I do everything alone...I like being by myself but since the job finished what I actually experience is loneliness...I don't go hysterical with it because I know how to deal with it...It would be nice to be able to share things with somebody, to go out with a bunch of buddies where you can really be yourself. (13 GM 60)

I don't have anybody I can call on. I don't have anybody I can confide in and I'm beginning to realise that things are not going to get better for me. (30 LF 58)

For others, the loneliness was a combination of returning to Ireland and not being well connected to either the LGBT community or their family of origin:

When I lived in [names city] we would have had a network of [lesbian] women that would be on the same wavelength as myself. I wouldn't have that down here. (19 LF 58)

In other situations, it was the result of moving from city to rural life or returning to Ireland after years of living abroad:

At the moment I don't have the lesbian social life really in this country. There's a place [names town]...I know some lesbians who eat there occasionally. They don't actually live in [names town]. I see them and we chat or whatever but I don't have close friendships with other lesbians living close by, which is something I miss. I do feel kind of isolated. I don't have close relatives. It's not just a lesbian support network I don't have...I don't have a family network either, which is something that I feel when I do go back to [names country where she previously lived]. There I have my chosen family. (03 LF 56)

Although surrounded by a vast number of friends and family, another participant, who was not out to anyone, spoke of the loneliness he experienced as a result of going through life knowing that he would never share his life in an intimate way with another person:

Going through life knowing that you can't, or won't, have a relationship...there is a loneliness there. It's not pervasive loneliness. I don't get up every day, "Oh, today's another day I have to endure"...but it's there. (06 GM 70)

Participants, particularly those who were living in very rural areas, also described feelings of isolation:

Where I live is the heart of the county, and if I stayed in my own place I wouldn't see a neighbour for a month. (14 LF 59)

Alone and no social interaction locally. (Survey participant)

I would find that...gays are single, by and large. So if it is a couple they may be able to manage together but I wonder about the high level of isolation that elderly gay people will experience once their strength begins to weaken and if they are in isolated areas or if they are in hostile areas then they have very serious problems in coping. (33 GM 61)

Approximately half of the respondents in Treacy *et al.*'s (2005) study conducted in Ireland with people over 65 years of age reported moderate to high levels of romantic loneliness. Romantic loneliness also emerged as an issue within the present study. Many of the participants who were currently not in a relationship expressed a desire for an intimate relationship. One survey participant poignantly wrote: 'I don't want to die without having loved in a deep, meaningful and intimate way'. Similarly, these interview participants described their desire for personal relationships:

The next chapter in my life...is to open my life to the possibility of a permanent partner. I've closed that off since [names partner]'s death and it's only in the past year that I've decided that, yeah, I would like someone permanent in my life for me. (26 LF GID 58)

The personal relationships thing is the big one, that's the big thing. I think that would be.... anything else is sort of secondary with me. (31 HM 59)

Sometimes I'd be a bit disenchanted with the future in that sense [intimate relationships]. All my future everywhere else is very successful and I'm very happy with my life in so many aspects, but I've passed my chance for that kind of happiness of a long-term relationship and my best friend keeps saying, "Don't want to hear it. It's not true." [Laughs]...I said, "It is. It is. It is." And then the [social networking website for younger men seeking older men] thing came up and it's like, "Oh maybe after all. Who knows?" [Laughs]...I just take it as it comes. If I do, I do end up with a good long-term relationship. If I don't, I've got my friends and so forth. (29 GM 63)

FEARS OF REDUCED CAPACITY AND DEPENDENCY

The vast majority of survey and interview participants wrote or spoke about the inevitability of a gradual 'slowing down' in physical ability and strength as they aged. Consequently, their attempts to remain physically well through health promotion activities, such as exercise, dieting, reducing alcohol intake, giving up smoking and health screening were discussed.

I do consider myself healthy. I'm aware...I'm a little bit overweight. I'm very aware of keeping control of my drinking. I stopped smoking 10 years ago. I eat very well, even if I eat too much, and I find myself getting a bit short of puff and wind and that kind of stuff and I would recognise that that is the ageing process and I could be in better form if I took a bit more care to lose a bit more weight. (12 GM 59)

In addition, a small number of male participants expressed concern about 'erectile dysfunction' as they got older:

I have one concern, that I'm not going to be able to have sex forever, and that worries me. I enjoy sex and that is a huge concern. (07 GM 66)

*Services should actively deal with erectile dysfunction for gay men – soul destroying.
(Survey participant)*

Ageing with a diagnosis of HIV also raised a number of concerns and fears, as this participant described:

I'll tell you now what I would worry about. Say I suffered a brain haemorrhage or something and I collapsed and I was taken to hospital and they couldn't get my medication. So I'd be lying there and HIV would start rearing up again. Could they give me the tablets even though I was unconscious? That may sound silly but that would be a big concern. That's a big concern of mine. The other thing is, as I get old will the medication not be as effective? The other concern is that when I do die, when I'm brought to the undertaker, will the undertaker have to know that I had HIV?...So that would be the concern, the undertaker, who would be known to the family as well, he would know. The son, who does the embalming, would know. Growing old, getting very old and very feeble in the nursing home, will I be able to take the anti-viral drug? What's going to go on my death certificate? If Dr. [names GP] is there he will just put down flu, pneumonia, whatever. He wouldn't put down HIV, but if I got a doctor like I met in [names hospital], it would probably be in big red letters, "HIV", and that's how I perceive them to be, put a big red "X", "untouchable". (25 GM 57)

Although only 7% (n = 9) of survey participants reported that they were currently receiving care or help from another person, partner, family members, friends or personal assistants, the most

commonly expressed fear was that of becoming physically dependent. Typical survey responses to the open question on concerns about ageing included: ‘becoming dependent on others’, ‘dependency... vulnerability’ and ‘lack of independence’. This fear and anxiety of losing physical independence was also echoed in the interviews. Loss of independence for many meant being a burden and not being able to live in their own homes:

I’d go out of my mind and that’s the truth. I think I’d go crazy if I wasn’t independent because I think you become very independent when you live on your own...I’d hate to be a burden on anyone. (04 LF 55)

In addition, both survey and interview participants reported ‘financial worries’ and ‘concern’ that their financial situations would affect their ability to maintain their independence and freedom and they aged. Although three-quarters of survey participants (76.0%) felt they were either living comfortably or doing alright, nearly one in four participants (23.9%) reported that they were just about getting by, finding it quite difficult or finding it very difficult to manage financially (see Table 36). Perhaps unsurprisingly, more than 90% of those in the top earning category reported they were living comfortably or doing alright compared to just 47.6% of those in the €10,000-19,999 range and just 36.4% of those in the lowest income bracket of less than €10,000.

Table 36. How well do you feel you are managing financially?

	Number	%
Living comfortably	57	40.1
Doing alright	51	35.9
Just about getting by	22	15.5
Finding it quite difficult	8	5.6
Finding it very difficult	4	2.8
Total	142	100

In the interviews, participants spoke of the challenges of maintaining an income in the current economic climate due to reduced work hours and redundancy. Others expressed worries about not having sufficient income to pay for nursing home care or that a lack of money would prevent them from travelling to see their friends:

I do [have worries] but it’s nothing to do with being gay. It’s to do with the fact of the economic situation and pension-wise and I’m on a three day week, which is why I’m here now. Those are the worries I have but those are the worries of many people I’m sure now. (17 GM 61)

I think the other [worry] would be the financial bit. There is a security in knowing that you could afford a nursing home; there is no security if you’re depending on the State. (19 LF 58)

I spent most of my life working in [names country] without building up [an] adequate pension. Nearly all my friends live abroad and I am concerned that my financial situation will prevent me from seeing them again. (Survey participant)

SAFETY AND SECURITY

The vast majority of survey participants reported feeling safe or very safe being alone in their own home after dark (97.8%) and three-quarters felt safe walking alone in their neighbourhood after dark (77.0%) (see Table 37). These results contrast with the data from the Quarterly National Household Survey

conducted in Ireland in 2010 in which 15% of those over 65 years of age reported feel unsafe or very unsafe being in their own home after dark compared to the 3% in this survey and 44% felt unsafe or very unsafe walking alone in their own neighbourhoods after dark compared to the roughly 23% in this survey (Central Statistics Office 2010). These differences may be explained by the fact that the CSO data pertains to the 65 and over, whereas the age profile of this study is lower, and mainly in the 55-64 year age bracket. While these rates of feeling safe were relatively high, however, approximately two out of five participants felt unsafe or very unsafe holding hands with a same sex partner in public (22.6%) and showing affection with a same sex partner in public (21.6%).

Table 37. How safe do you feel in relation to the following as an LGBT person in Ireland?

	Safe or very safe	Unsafe or very unsafe	Would not do it
Being in your own home alone after dark (n = 135)	97.8% (n = 132)	1.5% (n = 2)	.7% (n = 1)
Walking alone in your neighbourhood after dark (n = 135)	77.0% (n = 104)	18.5% (n = 25)	4.4% (n = 6)
Holding hands with a same sex partner in public (n = 133)	22.6% (n = 30)	40.6% (n = 54)	36.8% (n = 49)
Showing affection with a same sex partner in public (n = 134)	21.6% (n = 29)	42.5% (n = 57)	35.8% (n = 48)

ADVICE TO THE NEXT GENERATION: THE WISDOM OF AGEING

Both the survey and interview participants offered well-expressed advice to the younger generation of LGBT people. Many of their messages centred on encouraging young people to come out, to be true to themselves and to develop the strength to live a happy and healthy life. A strong message to come through from many of the participants was that younger LGBT should avoid hiding their identities and speak to someone who could support them in coming out:

If somebody realises that they're gay, I would advise them to talk because I didn't talk and I have been through tooth and nail. The most important thing is to be open about yourself and to talk to somebody, either a friend...You don't have to talk to the family; maybe you don't want to talk to the family, somebody at the other end of a phone or the gay community, GLEN, any other organisation that's out there to talk to. Pick up the phone and talk. (24 GM 56)

Be yourself. Accept who you are. Live your life authentically. Don't try and be something that somebody else wants you to be; be yourself and be comfortable with it. Once you accept who you are, in a sense it's like accepting that you're gay, exactly the same. Once you accept who you are, it's like taking a weight off your shoulders. It's like when you finish your exams after you've studied, "Oh thank God that's over with", that kind of feeling. Just be yourself. (28 TF Bi 62)

Be open and enjoy your life. Never deny who you are or what you are. Just be open about it. (23 LF 57)

Participants also urged young people not to view any rejection from family and friends as final:

If you are out and have been rejected, go back and listen and see whether all the people in your family who rejected you still reject you. (05 GM 56)

They were also concerned that with the increased success in treatment for sexually transmitted infections, young people were not being cautious or concerned about safer sex. So, several participants urged young people to engage in safer sex practices:

Be careful; just be careful...Sexually, in your sex life. It's not worth all the pain and the misery that it will cause and there are other ways to enjoy yourself without having unprotected sex. (25 GM 57)

Some participants spoke of the need for young people to move beyond the image conscious and 'body beautiful' culture that they felt permeates society and the gay community particularly:

I think sometimes gay life can be very superficial because it's so based on looks, your hair, your beauty, that you can miss the other side of a person. I know my experience was, "Why should I talk to him if he's not sleep-able? What's the point if I'm not going to get him in bed?" And yet you can miss out on so many...If I thought that way, I would have missed out on some of the best friends of my life...Realise that just because you might not have the most beautiful body, look for the heart because you can miss out on some really important things...Work on your heart and your humanity as well and not just your body. (13 GM 60)

Others highlighted and were concerned about the increased bullying of young LGBT people in schools and were of the view that this needed to be a priority issue for the future:

I think the most serious thing for a gay community is the unspeakable level of bullying of children and young people in schools. They're being brought up to fear...Nowadays everybody is sort of sexually aware from the age of about 11 onwards and any hint of gay behaviour in school, people are down on you, texting, bullying jokes, queer bashing...It has a terrible affect on people's lives in schools. (32 GM 70)

It would be awful sad if there are teenagers now that are hiding it. That's very sad and I think teachers, if they spoke about it more in school where kids wouldn't be bullied as much and all this kind of stuff. (04 LF 55)

Finally, participants wished that more education on LGBT issues would be included within school curricula:

Personally, what I think needs to happen is that the kids...[need to] learn, if they can't learn from the parents because they've got something going on in their head, if they could just be shown at school in a very unbiased way and then [names grandchild] would be able to say: "My granny's gay, you know, and so what?" (20 LF 55)

PRIORITIES FOR OLDER LGBT PEOPLE

Both survey and interview participants highlighted major priority areas for LGBT and broader services to help improve the lives of older LGBT people. In total, 70% (n = 101) of survey participants made at least one suggestion for improving LGBT services and 57% (n = 82) made at least one recommendation for how other (mainstream) services could make life better for LGBT aged 55 and over in Ireland. Recommendations from both the surveys and interviews were thematically analysed and grouped under two main headings: service development and the promotion of equality and rights.

SERVICE DEVELOPMENT

Service development focused on the need to improve services, particularly social support services, health services and older age services.

Social support services

In terms of the recommendations for social and support services, many of the participants expressed a general sentiment that there should be more social events and groups for the over 55 LGBT. Comments from survey participants included: 'organise events and social meets for the over 55s', 'make it easier for LGBT people to meet other LGBT of a similar age', and 'develop social groups that welcome older people'.

In addition to providing more activities for socialising, many participants spoke of their inability to find any social events for older LGBT people outside of pub venues: '*I was wondering, where are the groups for over 55s, where do they meet and stuff like that, other than pubs?*' (04 LF 55). Consequently, participants prioritised a number of areas in which they hoped more activities would be developed for older LGBT people and these included: sports groups, LGBT-friendly churches, volunteering opportunities, literary and cultural activities and special interest groups.

Other participants prioritised the need for organisations to make information about services more available. Survey participants suggested: 'advertise more', 'list social events' and 'be more obvious in the community'. Participants specifically recommended the need for a register or directory of support services and resources for older LGBT people.

Participants also prioritised the need for LGBT support centres and services that would help promote connections between older LGBT people. This interview participant described how as he aged his social networks were dwindling and how he would appreciate such a service:

I'm aware that I need now, as I go into my 60s, to develop my socialising skills in new directions and areas and, perhaps, if there were some kind of help or advice or counselling or whatever to do that, that would be very useful. (12 GM 59)

These support centres were described as essential in combating the loneliness and isolation that some older LGBT people might experience: '*Make it possible to meet with other LGBT people to help combat loneliness*' (survey participant). Another survey participant advised services to, '*be aware of loneliness amongst those who have been marginalised all their lives*'. One interview participant, who had come out late in life, expressed a wish for what he called a, '*foundation course...so you know where to go, where to meet, what to look out for...and go down the right path*' (31 HM 59). Other participants suggested using the internet as a means of socialisation and support: '*Provide a social network for people of similar disposition to meet and chat*' (survey participant).

Specific priorities around social supports also focused on the importance of access to activities. These included access for older people living rurally and for people who had limited access due to age or disability. During an interview this older man, living rurally, described difficulties with accessing social events:

When you reach 70 years of age being out at 3 a.m. is not an option, which means that there are very few places or opportunities where you meet people...I mean to meet people for a casual...like friendship. (06 GM 70)

Older age services

Participants also prioritised the need for appropriate and respectful older age services. This included the development of retirement services and groups: '*Provide service for pre-retirement – what should be focused on to make retirement simpler*' (survey participant). As discussed earlier in this chapter, a preference for older age accommodation that was either LGBT-exclusive or respectful of LGBT identity was seen as a major priority. This interview participant described the type of residential care he would

prefer as he aged:

One thing I'd like [is] independent living sheltered accommodation for gay men and lesbians in a square...So, it's completely open and completely secular...Then, of course, there is some kind of... warden is almost the wrong word, but there is someone who keeps an eye on you. Your lunch and dinner is available and if you don't show up for the day someone will come and have a look, but it is independent living until such time as you then get sick and then they have a little hospice for when you would get old...It wouldn't be a hospital or a hospice so much as a place where you can grow old gracefully and then when the time comes you can die gracefully. (12 GM 59)

Health services

Other participants prioritised the need for healthcare services that would be more welcoming and understanding of LGBT patients. Education for health and social care staff was considered essential. Participants urged health service managers to ensure that staff had the necessary knowledge and skills to provide an inclusive and sensitive service:

I think education is another thing...Does their [curriculum] content include LGBT communities, LGBT people? Is there anybody going into talk to students, medical students or whoever, nursing students? (09 LF 56)

All health and social care workers should be expected to have training and information on LGBT issues. (Survey participant)

In addition, participants prioritised the importance of acknowledging that older LGBT people are using health services. They recommended that health service providers, 'be consciously aware that the person they are talking to may not be heterosexual' (survey participant). The presumption of heterosexuality and the use of heterosexist language by health practitioners were viewed as reinforcing the invisibility of LGBT people, making it difficult for people to come out for fear of stigmatisation and discrimination. As described by these survey participants, it was considered of great importance that staff should consciously 'acknowledge the rights and existence of same-sex partners in decision-making and caring processes' and not 'assume that if people are married and have children they are heterosexual'.

Both interview and survey participants also prioritised the development of LGBT-specific health services. For LGBT-specific health services, participants prioritised the development of physical, mental and sexual health services that would focus specific on LGBT health needs. Priorities described by survey participants included: developing a 'support network for mental and physical health issues', providing 'more psychosexual counselling' and even developing a 'hospital run by LGBT staff'.

Several of the lesbian, female interview participants expressed a preference to have female or lesbian healthcare provider and emphasised the need for real choice within the services:

That's [gender of healthcare provider] a concern for me, I suppose. You mightn't have that choice, and can you request, for example? How many female gerontological consultants have they? I don't know of any. Geriatrician, should I say? It sounds an awful word. But the ones who I am familiar with, they are all males. (09 LF 56)

A small number of gay men interviewed also expressed the need for more gay doctors as they felt that they would be less embarrassed talking about issues and that they would not have to engage in detailed explanations.

I know on occasions when things go wrong [medically] I've gone to doctors and it's never been a problem to talk about it, but they just take it professionally understandingly, but they don't actually come back and understand. Do you know what I mean? So they handle you completely professionally, but there's no intimacy. All these words are fraught words. There is no intimacy in that relationship and I'd almost like a sensible gay man doctor to simply do the business. (12 GM 59)

he lack of services and information on transgender issues was also raised as a major priority in both the surveys and interviews. In particular, interview participants spoke of an acute lack of knowledge and sensitivity among healthcare and other professionals when they came into contact with people who were transitioning. In addition, they were of the view that there needs to be a significant improvement in the health and support service for those who were confronting gender identity issues:

Ireland is way behind...In the whole country there is only three GID experts...People outside of Dublin, even if they could afford it, have nowhere to go. They have to travel all the way up to Dublin because there is nowhere else. You go to the UK or wherever for the surgery because like no Irish surgeon and come back and there's no after care. There's no psychological aftercare... Your whole life has changed completely...They need a place their families can go together and transition together. Then they're taught how to handle their colleagues and friends and, if they have children, how to explain it to them. (26 LF GID 58)

Five years ago I got treatment for facial hair removal...It's €180 a go for 15 minutes...Facial hair removal is a very expensive thing to get done. In the North, once you're diagnosed...the health service up there pays for your facial hair removal. We don't get that....There's other bits and pieces of cosmetic surgery that I feel that the State should be providing as well...I know loads of people who have gone to Thailand. They've got loads of money to pay for it themselves. The problem is the working poor and the people who have been out of work because of the transition. They are the people that need the help that they're not getting and there's a massive gap there in terms of need. One of the big issues is the GPs don't know the issues, can't deal with them, have never been trained to deal with them, and the same with the psychiatrists...So there is a massive gap. (28 Bi TF 62)

General services

A number of participants were of the view that accessing funding for LGBT-specific services was unlikely in the current economic climate, and consequently, they emphasised the importance of promoting and advertising those services that were open and accepting of LGBT people. This survey participant perhaps summarised these recommendations best by prioritising the need for services to 'acknowledge the LGBT community in their mainstream information as a matter of course'. Furthermore, many participants encouraged 'explicit recognition' of LGBT people in mainstream services. Many advocated the need to create a register of LGBT-friendly services as indicated by this interview participant:

Let's have information available of sympathetic medical practitioners and other professionals whom one can actually get involved with..."I need a solicitor. I need a doctor. I need a whatever"... who aren't gay and who understand and who you could talk about anything with them because there's no question of having to explain. (12 GM 59)

Other suggestions for making services more inclusive included creating explicit signage or notices that would indicate that services were LGBT-friendly and representing LGBT people in the literature and advertising of services.

PROMOTION OF EQUALITY AND RIGHTS

Many participants prioritised the importance of determining, recognising and raising awareness of the needs of ageing LGBT people. Identifying and raising awareness of the needs of older LGBT people was considered an important first step by several participants: 'Develop awareness of the issues and problems facing older LGBTs and appropriate recognition of full life-cycle needs of LGBTs' (survey participant). Several participants also described the need for LGBT services to promote and make visible older LGBT people: 'Let us see more photos of older people...WE EXIST' (survey participant), 'Raise the profile of LGBT aged 55+' (survey participant) and 'I suppose visibility is one thing. There doesn't appear to be a visible older lesbian or gay person at the moment' (09 LF 56).

Specifically, several participants recommended the need to ensure organizations do not discriminate against older people, both LGBT and otherwise. One participant described how services should:

Join a protracted and very positive campaign to combat age discrimination. This has to emphasise how ridiculous it is to discriminate and identify older people as vibrant and relevant to the rest of society. (Survey participant)

Others identified the importance of combating ageism within the LGBT community as described by these two survey participants: ‘Fight ageism in the gay community’ and ‘Join with other groups to campaign against ageism’. An underlying focus of many of these suggestions was around the importance of empowering older people: ‘Devise a method of empowering older people’ (survey participant).

SUMMARY OF KEY FINDINGS

- In both the surveys and the interviews there was an overwhelming sense of satisfaction at being the first real generation of ‘out and older’ LGBT people. Participants described the fulfilment of their involvement in early campaigns for equality and the excitement of having lived to witness positive changes within Irish society towards LGBT people. Some participants, however, expressed feeling that more significant changes would be needed for LGBT people to be fully accepted in Irish society.

Participants perceived that ageism, evident both in wider Irish society and within the LGBT community, has led to negative outcomes for older LGBT people, including an invisibility characterised by a lack of role models and a lack of appreciation from the LGBT community towards older LGBT people. Participants described feeling that this invisibility impacted most negatively on older LGBT people who were not out.

- While three-quarters of the survey participants (72.1%) did not consider themselves ‘old’, half (52.8%) were conscious of getting older all the time, and a considerable minority felt depressed when they think about getting older (21%) and lonelier as they aged (30.9%). Roughly four out of five participants, however, felt they appreciated things more as they get older (78.7%) and that they continued to develop as they aged (85.2%).
- Only one in ten survey participants (10.9%) had written a living will and just one in four (24.6%) had given someone power of attorney. Higher percentages had discussed their final wishes with someone (47.5%) and written a last will and testament (61.5%).
- By far the most preferred option for survey participants for older age accommodation was to live in their own homes. The least preferred option was to live in a nursing home. Some interview participants expressed the preference for living in an exclusively LGBT retirement community or an older age facility that was sensitive and respectful of LGBT needs.
- A major concern with ageing was that older LGBT identities would not be recognised or respected by older age services. Participants felt concerned that services might not protect their LGBT identities, respect their partner’s in decision-making or discriminate against them as LGBT people.
- Loneliness, due to living alone and not being in a relationship, was a considerable worry for many participants. In keeping with international literature, there were relatively high numbers of survey participants (43.1%) and interview participants (61.1%) who identified themselves as single. In addition, almost half of the survey participants (45.8%) lived alone. Consequently, participants also worried about increased isolation as they aged, particularly for those living in rural areas or for those who were not out.
- While only 7% of survey participants were receiving care, participants expressed concerns around physical dependency. In addition, one in four survey participants (24.0%) were either just about getting by or struggling financially. Participants highlighted the importance of maintaining both their physical health and financial freedom and independence as they aged.
- The majority of survey participants felt safe or very safe walking alone in their neighbourhood after dark (77.0%) and being alone in their own home after dark (97.9%). About one in five, however, felt unsafe or very unsafe holding hands with a same sex partner in public (22.6%) and showing affection with a same sex partner in public (21.6%).

- Interview and survey participants gave rich advice to younger LGBT people, with many of the messages centred on encouraging young people to come out, to be true to themselves and to develop the strength to live a happy and healthy life.
- Participants prioritised two main areas that would improve the lives of LGBT people over the age of 55: service development and the promotion of equality and rights. Specifically, participants supported the development of more social events for the over 55 LGBTs, particularly outside of the pub; increasing access to and providing more information about available social services; and developing older LGBT-specific services and supports. Priorities identified for health and social care services included the need for services to be more inclusive, particularly for staff to be aware of and educated about issues for older LGBT people. In addition, participants highlighted the importance of promoting and advertising services that were LGBT-friendly. Many participants prioritised the importance of determining, recognising and raising awareness of the needs of ageing LGBT people. They also emphasised the importance of ensuring that organisations do not discriminate against older people, both LGBT and otherwise. The overall priority described by many participants was a need for services, both LGBT and otherwise, to 'make visible and be more overtly inclusive of LGBT older people'.



CHAPTER 9: SUMMARY AND CONCLUSION

INTRODUCTION

This chapter will provide a summary of the key findings of the study. To set the findings in context, the methodology, profile of participants and study limitations will be revisited as these are important issues to bear in mind when interpreting and drawing conclusions from the study.

STUDY AIM AND OBJECTIVES

Internationally, there is agreement that older LGBT people are a 'doubly invisible group'. Hence, research that has specifically addressed their lives, needs and aspirations is sparse. As no Irish studies exist that specifically explore issues for older LGBT people, this research aimed to fill this gap in knowledge and understanding by examining the circumstances, experiences and needs of LGBT people aged 55 and over in Ireland. It also aimed to make policy, service and practice recommendations, based on the findings, which address positive ageing, full participation and inclusion of older LGBT people in Irish society.

The objectives of the study were to:

- examine the general circumstances of older LGBT people in Ireland (age 55+) including demographics, living circumstances, relationship status and employment status and to assess the subjective well-being and quality of life of this group.
- gather information on positive and negative LGBT-related experiences such as coming out, family, friends and support networks, parenting, LGBT-community participation and experiences of discrimination or social inclusion among older LGBT people in Ireland.
- ascertain the views of older LGBT people on how services and support agencies can be inclusive of their needs.
- identify recommendations in terms of policy, practice and future research.

RESEARCH METHODOLOGY

The research design adopted for the study was an exploratory descriptive design that combined two methodological approaches, involving the collection of both quantitative and qualitative data. A combination of an anonymous survey that could be completed in a variety of ways (on-line, postal, phone) and in-depth interviews was utilised. A multi-pronged approach towards recruitment was employed to maximise the number of people who were informed of the study. This approach included hyperlinks on websites, distribution of information at LGBT events and venues, as well as, advertising on the internet, through national radio, through LGBT magazines, mainstream newspapers and other publications such as Ireland's Own and the Farmer's Journal. A non-probability sampling technique was used for the survey and a purposive sample of participants who had completed the survey was interviewed. Ethical approval to conduct the study was granted by the Research Ethics Committee of the Faculty of Health Sciences in Trinity College Dublin.

PARTICIPANT PROFILES

In total, 144 people participated in the survey and 36 people were interviewed. Both samples were similar in that the ratio of male, female and transgender participants was approximately 6:3:1. Approximately three-quarters of the participants were born in Ireland and about two-thirds were from urban areas. The majority identified their ethnicity as White (Irish). The mean age of participants in the survey was 60.3 years, with the range between 55 and 80 years of age. The mean age of the interview participants was similar (59.6 years), with the range between 55 and 70 years of age. More than 90% of the survey participants and all but two of the interview participants had told someone they were LGBT. The profile of survey participants indicates that they were highly educated, earning higher incomes and computer literate.

LIVING IN IRELAND: THE EXPERIENCES OF OLDER LGBT PEOPLE

The participants in the study provided evidence of growing up in a strongly conservative culture in which issues around sex and sexuality, even 'normative heterosexuality', were considered taboo subjects that were brushed aside and hidden. Within this context, the language and role models for LGBT sexual orientation and gender identity were virtually absent, with participants left to struggle alone with what they perceived as 'being different' and 'other'. While some people managed to come-out successfully as LGBT persons, others kept their sexuality hidden or suppressed. Some strategies for concealing or hiding sexual orientation and gender identity struggles included: cautiousness, discretion, developing divided lives, voluntary exclusion, living a 'straight life' and emigration.

The mean age of awareness of LGBT identity was 20 years of age ($SD = 10.4$) and the mean age for coming out was 31 years ($SD = 12.6$). The mean age of first socialising with another LGBT person who knew of their sexual orientation was 33 years of age ($SD = 11.5$). These findings suggest that many of the survey participants went through the entirety of their adolescent and early adult years without disclosing their LGBT identity to anyone and without contact with other LGBT people who knew of their LGBT identity. As the Supporting LGBT Lives study found the ages of awareness (mean = 14) and coming out (mean = 21) were much younger in their sample, perhaps it is safe to conclude that the age of coming out as an LGBT person in Ireland is changing (Mayock *et al.* 2009).

While the vast majority of participants were out to at least one person and reported feeling comfortable with their sexual orientation and gender identity, it is not surprising that this comfort did not necessarily translate into comfort with coming out, given the historical context of the lives of the participants. Although the benefits of coming out were described by many as the freedom to express one's sexual orientation and be faithful to one's gender identity, the potential losses that could ensue seemed to slow the decision to come out. Participants continued to fear rejection, exclusion and discrimination. For those participants who were out, the process of coming out and disclosure of their LGBT identity had varying consequences, ranging from acceptance, denial, and invalidation to complete rejection. The most negative reactions to coming out came from participants' families. Participants who were married and had children faced immense difficulties in making the decision to reveal their LGBT identity to their spouse and children. Disclosure most frequently resulted in loss of the spousal relationships and emotional pain on all sides. Participants who had children experienced significant struggles prior to eventually divulging their LGBT identity to their children. Similar to participants in Lynch and Murray's (2000) study their main concerns related to what effect their decision would have on their children. These worries included the possibility that their children would be stigmatised or discriminated against.

MENTAL HEALTH AND EMOTIONAL WELL-BEING

While many participants described having experienced low points in terms of their emotional well-being, the majority of survey participants considered their mental health to be good. It is likely that this relates to positive coping strategies and resilience developed over time (Woolf 2000; Jones and Nystrom 2002; Schope 2005). One-third of the survey participants (32.6%) reported having experienced a mental health problem at some point in their lives, with one in ten (11.1%) currently taking prescribed medication, suggesting that their mental health issues are ongoing. Although not directly comparable, this figure is slightly lower than findings from a recent Irish study that found 19.9% of those aged 50-64 and 11.2% of those aged over 65 years reported that they had experienced a mental, nervous or emotional problem in the previous year (Tedstone Doherty *et al.* 2008).

While the rates for reported self-harm and suicide attempts in the survey were relatively low as compared to another study of LGBT people in Ireland (Mayock *et al.* 2009), they were higher than those reported in a national study of older people (Morgan *et al.* 2008). Furthermore, it is of serious concern that one in ten participants had seriously thought about ending their life. Qualitative findings suggest that participants' 'wish to die' and self-harming behaviour was associated with their struggles to come to terms with their LGBT identity in a society that was discriminating and alienating or was related to the loss of a relationship as a consequence of disclosing their LGBT identity.

Substance use and misuse was also explored, with participants' narratives supporting much of the prevailing literature around substance use among LGBT people (Robertson 1998; Farquhar *et al.* 2001; King and McKeown 2003). Several interview participants explained how alcohol became a means for coping with difficulties in coming to terms with being LGBT. While the percentage of people who never drank alcohol is greater than findings found among LGBT people in other recent Irish studies (Mayock *et al.* 2009; McCartney *et al.* 2009), when compared with Mayock *et al.* (2009), the percentage of those who drink five or more times a week is also greater, with more than one in ten participants worried about their drinking. The findings for illicit drug use (4.5%) within the last year is also higher than the 0.5% illicit drug use reported among those aged 55-64 years in the national population of Ireland (National Advisory Committee on Drugs and Drug and Alcohol Information and Research Unit 2005).

Despite advances in equality legislation, findings indicate that LGBT people are still experiencing violent or threatening situations on the basis of their identity. Older LGBT people are exposed to higher incidences of violence and abuse when compared to the older general population. Within this study, one-quarter of the survey sample had been threatened with physical violence and one-fifth had been punched or kicked or had people threaten to out them. Domestic and partner violence was also an issue for 15% of participants and 6.7% of participants reported experiencing sexual violence. These findings are relatively similar to those reported in other LGBT studies (Mayock *et al.* 2009, Gleeson & McCallion 2008); however, compared to a recent national study into elder abuse and neglect among the older population in Ireland, the rates of reported violence appear to be significantly higher (Naughton *et al.* 2010).

Throughout their lives many of the participants in this study experienced multiple losses, with loss and grief being central to their lives. Nearly one in ten survey participants reported surviving a partner or spouse of the same sex and one in four were divorced, separated or had a civil partnership dissolved. In addition, this generation of LGBT people are also survivors of the AIDS epidemic and are being touched by the deaths of LGBT people who die by suicide. Similar to other studies that highlighted the nature of disenfranchised grief within the LGBT community (Glacken and Higgins 2008), participants within this study also described incidents where their grief and loss went unrecognised and unacknowledged by family, friends and the wider community. In addition to the loss and grief associated with death and the break-up of relationships, for some participants the process of coming out was also associated with periods of grief resulting from rejection by parents, siblings, spouses and children. For a small number, this rejection was ongoing and had resulted in loss of contact with grandchildren, extended family, and consequently, the intergenerational support that other older people may receive as they age.

COMMUNITY PARTICIPATION AND QUALITY OF SERVICES

Participants reported relatively high levels of involvement in both mainstream and LGBT-specific activities and events. This is positive in terms of the benefits of such participation and engagement on well-being. It is noteworthy, however, that only half of the survey sample felt part of their local community or the LGBT community. Barriers to participation included difficulties with accessing events, a lack of variety in events away from the pub scene, the youth-focused nature of activities and feeling discriminated against by perceived ageism within the LGBT community. These barriers echo recent studies that reported difficulties for older LGBT people in finding appropriate and welcoming venues for socialising (Jacobs *et al.* 1999; Ellis 2007; LGBT Movement Advancement Project and Services and Advocacy for Gay 2010).

A high proportion of participants reported regular access, use and comfort with using a computer. This is no doubt related to the highly educated status of the study sample, in conjunction with the clustering of the sample towards the lower end of the 'older age' bracket (under 65 years). With regard to using the computer for social networking, there appeared to be a divide amongst participants. Some participants perceived the internet to be a great opportunity for social networking, whereas others expressed concerns over confidentiality, anonymity or the sexually explicit nature of some websites.

The role of formal religion as a means of social engagement was also explored. A high percentage of the survey participants reported being neither religious nor involved with any particular church. In contrast, a small number of interview participants described a movement away from organised religion. This is

perhaps unsurprising when it is considered that many participants described the Roman Catholic Church as discriminatory and homophobic.

In addition, the use and experience of community and civic services by participants were also examined. Two out of five participants reported receiving poor quality of service due to their LGBT identity from such services. It is notable that for some of the services listed, reports of incidences of discrimination and poor service due to LGBT identity had actually *increased* in the past three years. A specific examination of experiences with health services was also conducted. The majority of survey participants were using some type of health service, challenging the idea that LGBT people may be hesitant or unwilling to use mainstream health and social services. Nearly one-quarter of survey participants reported receiving poor quality of treatment in health services with two-fifths reporting their negative experience to be at least somewhat related to being LGBT. Less than half of the survey participants felt respected as an LGBT person by healthcare professionals. While some participants were out and felt comfortable coming out to their healthcare providers, one in five feared revealing their LGBT identity to health professionals for fear of a negative reaction and two in three participants felt that healthcare professionals did not have sufficient knowledge about LGBT issues. Furthermore, some interview participants painted a picture of health services that supported research that services assume heterosexuality (Fish and Bewley 2010) and are not responsive to the specific needs of LGBT people (Jackson *et al.* 2008).

STRENGTH OF SPIRIT AND RESILIENCE: PATHWAYS TO COPING AND SUPPORT

It is clear from the interview narratives that despite many adverse experiences, the participants described an ability to move beyond the negativity, integrate their experiences and embrace their lives in a fulfilling manner. Similar to participants in the SLÁN study (Morgan *et al.* 2008), the majority of the survey participants reported their quality of their life as good or very good. Findings from the in-depth interviews indicated that participants used both individual and group processes and strategies, to help build their strength of spirit and resilience. This strength of spirit and resilience was not something that occurred at a particular phase or time in the person's life, but occurred as a result of a complex convergence of factors over time, some inevitable and others fortuitous.

Participants described multiple pathways to resilience that included both emotional and behavioural processes and strategies. Accepting oneself, letting go of negative feelings and emotions and remaining positive were central to many people's ability to integrate their experiences and embrace their identity. Other important aspects included developing self-awareness and confidence through education, having the space to explore one's LGBT identity, maintaining peer and professional support networks, experiencing accepting relationships with family, friends, and colleagues, as well as, keeping busy and staying active. Some of the processes described by the participants are similar to those included in Mayock *et al.*'s (2009) study. These findings also concur with other literature that found older LGBT people had developed coping strategies and resilience after facing discrimination and adversity throughout their lifetime (Woolf 2000; Gabbay and Wahler 2002; Jones and Nystrom 2002; Schope 2005). It must be stressed, however, that the processes and experiences depicted here should not be stereotypically construed as factors or events that were important to all participants. What was important for one person was not always important for another, as each person's journey was ultimately unique.

LOOKING FORWARD AS AN OLDER LGBT PERSON: REFLECTIONS AND CONCERNS

There was, in both the surveys and the interviews, a sense of satisfaction among participants at being the first real generation of 'out and older' LGBT people. Participants described the fulfilment experienced from being involved in early campaigns for equality and the excitement of witnessing changes within Irish society towards LGBT people. Some participants, however, expressed feelings that more significant changes would be needed for LGBT people to be fully accepted in Irish society. Many alluded to ageism permeating both wider Irish society, as well as the LGBT community, which they felt rendered older LGBT people invisible. Their perceptions of ageism in Ireland correspond to a recent study done with a sample of adults in Ireland over 18 years of age, which reported that despite reported positive attitudes towards people over 50 years of age, 'there is an overwhelming perception that older people are treated less favourably because of their age' (O'Connor and Dowds 2004: 31). Participants' views on getting older

were mixed, ranging from optimism to worry. While many of the survey participants did not consider themselves 'old', almost half were conscious of getting older all the time. One in five felt depressed when thinking about ageing and one in three felt lonelier as they aged. About four out of five however, agreed that they appreciated things more and continued to develop as they age. Many participants had not made any significant preparations for the future, which perhaps may be attributable to the age profile of the sample that tended towards the pre-retirement age of approximately 60 years of age.

Within the interviews, participants expressed concerns around maintaining their independence and securing their finances, accommodation, health, safety and relationships for the future. Similar to Neville and Henrickson's (2010) findings, by far the most preferred option of survey participants for older age accommodation was to live in their own homes. The least preferred option was to live in a nursing home. A major concern was that their LGBT identities would not be recognised or respected by older age services. Participants expressed concerns that services might ignore their LGBT identity, not protect their LGBT identities, not respect their partners in decision-making or discriminate against them as LGBT people. Similar to other older people in Irish society (Treacy *et al.* 2005), the participants in this study also worried about loneliness and isolation as they aged, and were particularly concerned for those living in rural areas or for those who had not come out.

Based upon their experiences, participants prioritised both service development and the promotion of equality and rights for older LGBT people. Specifically, participants supported the development of more social events for the over 55 LGBT, particularly outside of the pub; increasing access to and providing more information around available social services; and developing older LGBT-specific services and supports. Priorities identified for health and social care services included the need for services to be more inclusive, particularly for staff to be aware of and educated about issues for older LGBT people. In addition, participants highlighted the importance of promoting and advertising services that were LGBT-friendly. Many participants prioritised the importance of determining, recognising and raising awareness of the needs of ageing LGBT people. They also emphasised the importance of ensuring that organisations do not discriminate against older people, both LGBT and otherwise. The overall priority described by many participants was a need for services, both LGBT and otherwise, to 'make visible and be more overtly inclusive of LGBT older people'.

STUDY LIMITATIONS

When interpreting the findings, the following study limitations require consideration. Firstly, the findings are based on a non-probability sample of LGBT people. Therefore, it is not possible to ascertain how statistically representative the survey sample is in terms of age, education, socioeconomic status and other demographic variables. Secondly, participants self-identified as LGBT people and self-selected to participate in the survey and interview. In addition, the nature of the advertising and recruitment may have biased the sample towards people who were secure in their sexual orientation and gender identity. It must also be acknowledged that the recruitment strategy may have resulted in people with reading difficulties and people not familiar with technology not being able to participate. In addition, there are a number of groups under-represented within the sample, such as: people over the age of 65, particularly those over 70; women; the travelling community and Black or Asian backgrounds; bisexual and transgender people; people living in nursing homes/residential care and in rented local authority housing; people with lower levels of education; people on lower incomes; and people whose first language is not English. Although the findings cannot be generalised across a population as diverse as LGBT people over the age of 55 living in the Republic of Ireland, the quantitative and qualitative findings combined do provide a rich and in-depth insight into the experiences and complex stories of the lives of these older LGBT people living in the Republic of Ireland.

CONCLUSION

Despite these limitations, the findings from this study support the view that older LGBT people have the ability to move beyond the negativity, discrimination, homophobia and multiple negative experiences to embrace their lives in a fulfilling manner. Nevertheless, they are still a 'doubly invisible group', and as such, face challenges and stressors that are embedded within society's attitude to their minority status as LGBT persons, and society's attitude to older people. Consequently, older LGBT people are at risk of remaining invisible within general society and within the LGBT community. It is in this context that the recommendations in the next chapter are made.



CHAPTER 10: RECOMMENDATIONS

INTRODUCTION

Older lesbian, gay, bisexual and transgender people living in Ireland have grown up, lived through and survived the criminalisation and pathologisation of their identity. In addition, they have largely been an invisible group in policy, service delivery and research in Ireland. While they are a diverse and varied group who experience the same challenges as all older people in Irish society, this study identified a number of specific barriers and particular concerns that they face as they age. The participants in this study indicated that both structural and attitudinal barriers impacted negatively on their use and experience of mainstream and LGBT services. In addition, participants had particular concerns around accessing health and social care services as they aged, fearing a negative response to their LGBT identity and discriminatory practices. These findings highlight the need for a cross-sectoral approach to supporting positive ageing among older LGBT people. Drawing on the expertise of older people services, LGBT organisations, health and social services and wider civil society organisations, this report identifies the need for the development of appropriate responses to the health and social needs and circumstances of older LGBT people in Ireland. In order to achieve this cross-sectoral approach to supporting positive ageing among older LGBT people, the following **priority actions** are required:

- Create a dedicated role to progress the implementation of the recommendations of the Visible Lives report.
- Engage with policy makers to ensure that the national positive ageing strategy and other relevant policies and strategies are inclusive of the needs and circumstances of older LGBT people.
- Engage in capacity building work with the older people's sector and mobilise this sector to respond to the needs of older LGBT people.
- Engage with the HSE and HIQA to establish standards for the care of older LGBT people and ensure that nursing homes and residential care services communicate a positive message of inclusiveness and respect for older LGBT people.
- Engage with health and social care services to ensure that policies and practice are responsive to the needs of older LGBT people and are embracing the principles of equality, inclusion and respect for diversity.

In addition to these priority actions, the following recommendations are made around six central areas: policy development and implementation; increasing visibility; inclusion and participation; service and information development; education of service providers; and future research. These recommendations are based on an overall analysis of the data collected in both the surveys and interviews and the priorities for service development identified by participants.

POLICY DEVELOPMENT AND IMPLEMENTATION

Concern has been expressed about the invisibility of older LGBT in the health and aged care sector (Bayliss 2000; Hughes 2009). Participants in the current study had major concerns about being cared for within older age services, fearing that their sexual orientation and identity would be ignored, or they would be subjected to homophobic or discriminatory practices. These findings, in conjunction with those arising from other studies, highlight the need for policy makers and key people involved in providing health and social care services and setting standards for those services to communicate a positive message of inclusiveness and respect for the rights of older LGBT people.

- All relevant policies and strategies developed by government departments and agencies should be inclusive of the needs and circumstances of older LGBT people.
- Health and social care services and the HSE should ensure that the needs of older LGBT people are included in all health and social care policies and strategies that impact on older people.
- Bodies with responsibility for setting and monitoring standards for residential services (such as HIQA) should include older LGBT issues as one of their criteria and ensure that residential services have inclusive policies that respect LGBT people's lives.

- Professional bodies with responsibility for guiding and accrediting education curricula for health and social care practitioners working with older people have an important role to play in promoting the needs of older LGBT people and should include older LGBT issues as one of their criteria for accreditation.
- The Equality Authority continue to promote inclusive policies that respect LGBT people's lives within health, social care and wider service provision.
- Older people's organisations, including residential services and nursing homes, should review their philosophy, mission statements and publicity materials to ensure that they are inclusive of older LGBT people and presenting positive imagery of older LGBT people.

INCREASING THE VISIBILITY OF OLDER LGBT PEOPLE IN IRELAND

Despite positive advances towards equality and acceptance for LGBT people in Ireland, literature suggests that older LGBT are an invisible and 'hidden' segment of both the ageing and the LGBT population (Genke 2004; McGlone and Fitzgerald 2005; Health Service Executive 2009). This invisibility was reinforced by the stories of the participants within this study, with a number of participants indicating that increasing the visibility of older LGBT people should be a priority. As such, the following recommendations are proposed:

- Awareness raising campaigns should be conducted to raise the visibility of older LGBT people, within the LGBT community, the national media and within older people's services.
- LGBT organisations should review the imagery used in their campaigns and other publications to ensure that they are representing all age groups.
- Older people's organisations should review the imagery and language used in their campaigns and other publications to ensure that they are representing all sexual orientations, gender identities and relationship statuses.
- LGBT organisations and old age organisations should develop collaborative alliances to campaign and lobby for the rights and needs of older LGBT people.
- LGBT organisations in association with the HSE, older age organisations, and community groups should arrange conferences with the purpose of sharing current thinking and practices related to older LGBT people.

ENHANCING THE INCLUSION AND PARTICIPATION OF OLDER LGBT PEOPLE

Social and community networking among older people are considered key issues in enhancing people's quality of life as they age (Morgan *et al.* 2008; National Economic and Social Council 2009). While participants in the present study reported relatively high levels of involvement in both mainstream and LGBT-specific activities and events, they did identify a number of structural and attitudinal barriers to their involvement and expressions of identity. The data also suggests that older LGBT people are more likely to live alone, be non-partnered, not have children and lack family support in times of need. Therefore, there is a need for mainstream and LGBT services and organisations to be proactive in promoting the safety, inclusion and participation of older LGBT people; to nurture intergenerational support and to embrace older LGBT people as valued members of the community. Based on these findings, the following recommendations are proposed:

- Older people's organisations, mainstream services and civic society organisations should work to enhance the inclusion and participation of older LGBT people and recognise and respond to their specific needs and circumstances.
- Within the LGBT community and LGBT organisations, the needs and circumstances of older LGBT people should be recognised and responded to. This should include more isolated and vulnerable older LGBT people who may not be able to access other supports.
- Existing LGBT organisations in association with older LGBT people should establish supports and

- social groups specifically tailored to the needs and interests of older LGBT people.
- In addition to traditional support forums, the role and potential of technology-based social supports should also be explored. A 'National Older LGBT Network' should be established using social networking and other IT developments (e.g. Facebook, Twitter, email, Skype, internet chat rooms). LGBT organisations should also explore opportunities to improve older LGBT people's access to and use of internet technologies. This may help alleviate the isolation that sometimes accompanies ageing as an LGBT person, especially in rural areas.
- The opportunity to establish inter-generational initiatives should be explored by LGBT organisations, such as youth mentoring schemes and older LGBT people's involvement in services such as LGBT helplines. These initiatives would harness older LGBT people's resilience, wisdom and life experiences and further integrate them into the LGBT community.
- Carer organisations need to explore how they can be more inclusive and responsive to the needs and challenges faced by older LGBT carers.

LGBT SERVICE AND INFORMATION DEVELOPMENT

Similar to other studies (Quam and Whitford 1992; Jones and Nystrom 2002; Orel 2004; Hash and Netting 2007; Neville and Henrickson 2010), the participants in this study indicated that their first preference for older age residential living was to live in their own homes and the least preferred option was to live in a general residential care facility. Although participants were clear about where they wanted to live, a number had not completed formal advance planning directives, such as wills. While some people managed to come-out successfully as an LGBT person, participants who were married and had children faced immense difficulties in making the decision to reveal their LGBT. The findings indicate a need for information and support in a number of areas, including the development of information and services for transgender people who wish to access gender reassignment surgery. Consequently, the following recommendations are put forward:

- A task group should be formed to develop and implement a plan of action to ensure that retirement and residential care facilities are respectful of and responsive to the needs of older LGBT people in their care.
- LGBT organisations should develop services that provide support and information on the coming out process in later life. In addition, grief and bereavement support for same-sex LGBT couples, and family support for parents coming out to children and for children of LGBT parents should be established by LGBT organisations.
- The recommendations of the Equality Authority report, Access to Health Services for Transsexual People (Collins and Sheehan 2004), need urgent implementation to ensure access to referral and service pathways for gender reassignment throughout the country.
- Information and support for older transgender people who are considering or want to transition needs to be made more easily accessible. This should include information on financial support, medical/surgical supports, aftercare support, and counselling.
- Health, social, legal, financial, community and educational services should develop targeted information for the LGBT community and for older LGBT people in particular.
- Regional LGBT organisations should develop an information directory of services and community activities in their locality that caters for older LGBT people.
- Older people's organisations and LGBT organisations should collaborate to develop and provide information to older LGBT people on specific issues related to ageing as an LGBT person in Ireland, including legal, financial, health, and residential issues.

EDUCATION OF SERVICE PROVIDERS

Findings from both the survey and in-depth interviews also highlight participants' concerns that health and social care personnel might not protect or respect their LGBT identities or respect their partners in decision-making. A high percentage believed that healthcare professionals did not have sufficient knowledge about LGBT issues and required further education. While some participants were out and felt comfortable coming out to their healthcare providers, a considerable minority feared revealing their LGBT identity to health professionals for fear of a negative reaction. Arising from this the following actions are recommended:

- LGBT organisations in association with older age organisations should develop a good practice guide for health and social care practitioners on older LGBT issues.
- Health and social care practitioners should be provided with training on sexual orientation and gender identity, with specific inclusion of issues relating to older LGBT people.
- Intervention studies should be conducted to evaluate the impact of training on best practice in health and social care facilities for older LGBT people.

FUTURE RESEARCH

Although this study has provided some insights into the circumstances, experiences, needs and concerns of LGBT people aged 55 and over living in Ireland, it is not without its limitations. In view of the limited international and Irish research available on the older LGBT population, there is a need for further research in areas such as health status (physical, mental, sexual), the ageing process, support structures, needs and aspirations. Research in these areas is critical if services are to be developed that are truly inclusive and responsive to their needs. The following recommendations are priority areas that need to be addressed.

- Future research in this area should not treat LGBT people as a homogenous group but should instead consider research studies that explore the differences and diversity that exist between and within each group (i.e. between and within the gay, lesbian, bisexual, and transgender populations), including the very marginalised older LGBT people. In particular, studies should include those who have not fully come out, transgender and bisexual people, disabled LGBT people, those who live in rural areas, Travellers, and older LGBT carers.
- Future research with older LGBT people should be adequately funded and older LGBT people should be fully involved in all stages of the research process.
- Research questions that capture sexual orientation, gender identity and same sex co-habitation need to be included, as a matter of priority, in all research conducted with the older age population.
- The experiences of LGBT people coming out while married should be explored in greater depth, along with the experiences of LGBT parents in coming out to children.
- Further in-depth qualitative research should be conducted using life history review interviews with a small cohort of LGBT people aged 70 and over, to capture the life history of the older LGBT population.
- This survey should be carried out again in 10-15 years with this original survey serving as the benchmark.



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APPENDICES

APPENDIX I: SOURCES USED IN DEVELOPING SURVEY INSTRUMENT

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APPENDIX II: SURVEY INSTRUMENT

Dear Participant,

Thanks for taking the time to read this information about the Visible Lives study. Visible Lives is a research project that aims to explore the lives, experiences and needs of lesbian, gay, bisexual and transgender (LGBT) people in Ireland who are aged 55 and over. This study is commissioned by the Gay and Lesbian Equality Network (GLEN) and funded by Age and Opportunity and the HSE. A wide range of organisations are also working with GLEN on this study including older people's groups and a number of LGBT organisations. The study is being conducted by a group of researchers in Trinity College Dublin, led by Professor Agnes Higgins. The project advisory group and the research team are comprised of people of various sexual orientations and gender identities.

The research team has tried to ensure that the survey allows for people of diverse backgrounds, experiences, sexual orientations, and gender identities to describe their situations. We realize, however, that some people may not see a response category that describes their individual circumstance. If this is the case for you, we encourage you to write additional comments in the sections provided. We are conscious that lesbian, gay, bisexual, and transgender people have varied experiences and needs and we will analyze the responses to reflect this diversity of views and situations. In addition, we will be doing in-depth interviews with older LGBT people allowing for a more detailed discussion of their specific experiences and needs.

Please read the following information carefully.

Why are we doing this study?

Very little is known of the specific experiences and opinions of older LGBT people in Ireland, as there is a lack of specific research and older LGBT people are often underrepresented in other studies. To address this gap, we are collecting data using an anonymous survey (online, postal and telephone).

What will we do with this information?

It is hoped that the findings will have a positive impact upon services which could make things better for older LGBT people in Ireland. The findings from this study will be used to improve services and make recommendations for how best to address the identified needs of older LGBT in Ireland.

Why are we asking you to participate?

To make sure that these recommendations are based on the genuine needs of people 55 and over, we are asking as many people as we can find to complete this survey.

What does this survey involve?

The survey should take about 30 minutes to complete. Questions will ask you some details about yourself, your experiences and your views. There are no right or wrong answers. You are not required to provide any contact details, and all of the information you give us will be anonymous and confidential, so no one will be able to link your responses back to you. Your consent to participate will be assumed on completion of the survey.

What are the risks of taking part?

At all times your wellbeing is of paramount importance. It is hoped that the questions do not cause any undue upset. If there is a question you do not want to answer, you do not have to.

Who cannot participate in the study?

You may not participate in the study if are under 55 years of age, not currently living in the Republic of Ireland, or not attracted to people of the same sex or identify as LGBT.

Will I get paid for taking part?

You will not receive any form of payment for completing this survey. The study is covered by standard institutional indemnity insurance. Nothing in this document restricts or curtails your rights.

How will you ensure my privacy and confidentiality?

Your identity will remain confidential. You will not be asked to give us your name or address. Data will be stored on a password protected computer that is only accessible by the researchers.

Who gave permission to complete this study?

This study has received research ethics committee approval from the Faculty of Health Sciences Ethics Committee at Trinity College Dublin.

Support Services

Attached to the back of this document is a list of support services that can be used if you feel you need assistance or advice with any issues affecting you.

How can I participate?

If you are interested in participating, you can complete the anonymous survey through this print copy, on the internet (www.visiblelives.ie) or by phone - **If you choose to complete this printed survey, please send it back to us free of charge at Freepost Return Address: License DN6047, Agnes Higgins, Trinity College Dublin, 24 D'Olier Street, Business Reply, Dublin 2. Please be sure to include the license number.**

If you know of anyone else who might be interested in participating in this study, we would be grateful if you would pass on information about the study to them. We appreciate you taking the time to read this and hope you will consider participating. If you would like to discuss any aspect of this study with the research team, please contact Danika Sharek or Agnes Higgins on - or by e-mail: _

and

Agnes Higgins
Principle Investigator

Danika Sharek
Research Assistant

On behalf of the Visible Lives Research Team

Visible Lives

A study of the lives of older LGBT people in Ireland

Instructions for Completion of the Survey

Please read the following instructions carefully.

- This survey will take about 30 minutes of your time to complete. You do not need to complete the survey in one sitting. If there is a question you do not want to answer, you do not have to.
- Please note that most of the questions ask that you **indicate your answer by placing an 'X'** on the appropriate line or in the appropriate box. Some questions ask that you **write your answer** in the space provided.
- Unless the question states otherwise, please select only one response.
- If you do not see a response category that describes your individual circumstance, we encourage you to write additional comments in the sections provided.
- You cannot be identified by this questionnaire and we do not need your name or address. All of the information you give us will be anonymous and confidential.
- If you feel the need to speak with someone about any issues affecting you, we have provided you with a list of helplines listed at the back of this survey.

These first three questions are asked to determine if this survey is for you.

1. Do you currently live in the Republic of Ireland?

☐ Yes

☐ No - This survey is for people living in the Republic of Ireland. If you are not currently living in the Republic of Ireland please **do not complete** this survey.

2. What is your age?

☐ 55 years and over

☐ Under 55 years - This survey is for people aged 55 years and over. If you are not aged 55 years and over please **do not complete** this survey.

3. Please tell us the year you were born.

For example: 1947

The questions in this section ask for some details about you. Most of these questions are similar to what you would be asked in the census. You will not be asked for any information that can identify you.

The next four questions ask you about where and who you live with in Ireland.

4. What county do you currently live in? Please select county by placing an 'X' next to the county you currently live in.

Carlow	Kerry	Louth	Tipperary
Cavan	Kildare	Mayo	Waterford
Clare	Kilkenny	Meath	Westmeath
Cork	Laois	Monaghan	Wexford
Donegal	Leitrim	Offaly	Wicklow
Dublin	Limerick	Roscommon	
Galway	Longford	Sligo	

5. Which of the following best describes where you currently live?

- ☐ A town or city of 10,000 people or more
- ☐ A town of 5,000 - 10,000 people
- ☐ A town of 1,500 - 5,000 people
- ☐ A village of less than 1,500 people
- ☐ Open country

6. What best describes the housing you currently live in?

- ☐ I own my home
- ☐ I rent my home privately
- ☐ I am purchasing my home from local authority
- ☐ I rent my home from the local authority
- ☐ I live in a nursing home/continuing care residence
- ☐ Other

If other, please tell us

7. Who do you currently live with?

(Please select all that apply to you)

- ☐ I live alone
- ☐ I live with my same sex partner or spouse
- ☐ I live with my opposite sex partner or spouse
- ☐ I live with family members
- ☐ I live with friends or housemates
- ☐ I live with others in a nursing home/continuing care residence
- ☐ Other

If other, please tell us

The following questions ask you about your work status, household income, and if you are currently providing personal help for someone.

8. How would you describe your current work status?

- ☐ Retired from employment
- ☐ Working for payment/profit (full-time or part-time)
- ☐ Looking after home or family
- ☐ Unemployed
- ☐ Student
- ☐ Unable to work due to permanent sickness or disability
- ☐ Other

If other, please tell us

9. What are your main sources of income?

(Please select all that apply to you)

- ☐ Income from work or self-employment
- ☐ Occupational or personal pension
- ☐ State old age pension
- ☐ Income from investment or savings
- ☐ Carer's allowance
- ☐ Social welfare payments
- ☐ Other

If other, please tell us

10. Which of the following best describes the total annual income for your household? This means the total income after tax for yourself plus income from anyone else who you share income with.

- ☐ Under €10,000
- ☐ €10,000-€19,999
- ☐ €20,000-€29,999

- ☐ €30,000-€39,999
- ☐ €40,000-€49,999
- ☐ €50,000 or more
- ☐ I prefer not to say

11. Including yourself, how many individuals share this income in your household?

- ☐ 1, only myself
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more

12. How well are you managing financially?

Do you feel you are...

- ☐ Living comfortably
- ☐ Doing alright
- ☐ Just about getting by
- ☐ Finding it quite difficult
- ☐ Finding it very difficult

13. Are you providing personal help for a friend or family member with a long-term illness, health problem or disability?

- ☐ No - **skip to Question #15**
- ☐ Yes, less than 15 hours per week
- ☐ Yes, between 15 and 42 hours per week
- ☐ Yes, more than 43 hours per week

14. If yes, what is your relationship to the person you are looking after?

(Please select all that apply to you)

- ☐ Partner or Spouse
- ☐ Child
- ☐ Parent
- ☐ Brother/Sister
- ☐ Other family member
- ☐ Friend
- ☐ Neighbour
- ☐ Other

If other, please tell us

This section asks you some general questions about your sexual orientation and gender identity, including questions about your past and current relationships.

The next three questions are related to your sexual orientation. This describes who you are sexually and emotionally attracted to.

15. Who are you attracted to?

- ☐ I am only attracted to people of the same sex
- ☐ I am attracted to both men and women
- ☐ I am only attracted to people of the opposite sex
- ☐ I am not sexually attracted to anyone
- ☐ Other

If other, please tell us

16. What term do you usually use to describe your sexual orientation?

- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Heterosexual/Straight
- ☐ I don't usually use a term
- ☐ Other

If other, please tell us

17. How comfortable do you feel about your sexual orientation?

- ☐ Very comfortable
- ☐ Comfortable
- ☐ Neither comfortable nor uncomfortable
- ☐ Uncomfortable
- ☐ Very uncomfortable

The next two questions ask about gender. Most people identify their gender as male or female. Transgender people are those whose gender identity is different from the sex they were assigned at birth. For transgender participants, we have included the options of transgender, male-to-female, and female-to-male.

18. What gender do you identify as?

(Please select all that apply to you)

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ MTF (male-to-female)
- ☐ FTM (female-to-male)

If you identify as something else, how do you describe yourself?

19. How comfortable do you feel about your gender identity?

- ☐ Very comfortable
- ☐ Comfortable
- ☐ Neither comfortable nor uncomfortable
- ☐ Uncomfortable
- ☐ Very uncomfortable

The next five questions ask about your current and past relationships.

20. Which of the following best describes your current relationship situation?

(Please select all that apply to you)

- ☐ Single, not dating or seeing anyone - skip to Question #23
- ☐ Dating

- ☐ Steady or committed relationship
- ☐ Civil partnership
- ☐ Married
- ☐ Other

If other, please tell us

21. How long have you been in your current relationship?
(Please select all that apply to you)

- ☐ Less than 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ More than 20 years

22. What is the gender identity of your partner(s)?
(Please select all that apply to you)

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ MTF (male-to-female)
- ☐ FTM (female-to-male)

If something else, please tell us

23. Which of the following best describes the legal status of any of your past relationships?
(Please select all that apply to you)

- ☐ I had a civil partnership dissolved or am divorced from person of **same sex**
- ☐ I am divorced or separated from person of **opposite sex**
- ☐ None of the above applies to my past relationships

24. Do any of the following statements apply to your past relationships?
(Please select all that apply to you)

- ☐ I survived a partner or spouse of the **same sex** who has died
- ☐ I survived a partner or spouse of the **opposite sex** who has died
- ☐ None of the above applies to my past relationships

25. Have you ever parented a child?
(Please select all that apply to you)

- ☐ No, I have never been a parent
- ☐ Yes, biological parent
- ☐ Yes, non-biological parent
- ☐ Yes, adoptive parent
- ☐ Yes, foster parent
- ☐ Other

If other, please tell us

The following questions ask you about your experience of telling others about your lesbian, gay, bisexual or transgender identity. This is sometimes called coming out. LGBT is short for lesbian, gay, bisexual and transgender.

26. About what age were you when you first became aware of your LGBT identity?

27. Have you told anyone about your LGBT identity?

☐ Yes

☐ No - skip to Question #31

28. About what age were you when you first told someone about your LGBT identity?

29. What proportion of close family, friends and work colleagues know about your LGBT identity? Please place an 'X' in the appropriate box.

	All or almost all	More than half	About half	Less than half	None	Not applicable
Close Family						
Friends						
Neighbours						
Work Colleagues						

30. How would you rate the reaction you received after telling others about your LGBT identity? Please place an 'X' in the appropriate box.

	Mostly positive	Some positive and negative	Mostly negative	Have not told	Not applicable
Close Family					
Friends					
Neighbours					
Work Colleagues					

31. The following statements are about telling others your LGBT identity. Do you agree or disagree with the following? Please place an 'X' in the appropriate box.

	Disagree strongly	Disagree somewhat	Neutral	Agree somewhat	Agree strongly
I am generally comfortable telling others about my LGBT identity.					
I am comfortable letting my non-LGBT friends know about my LGBT identity.					
It is important for me to let people know about my LGBT identity.					
I am afraid people would harass me if I came out more publicly about my LGBT identity.					
If people of my age knew of my LGBT identity, I am afraid that many would not want to be my friend.					

32. If you have not told anybody or certain people about your LGBT identity, what are your main concerns about telling them?

The next four questions ask you about your feeling of safety as an LGBT person and about any experiences of harassment or violence in Ireland.

33. We would like to know how safe you feel in relation to the following as an LGBT person in Ireland. Please place an 'X' in the appropriate box.

	Very Safe	Safe	Unsafe	Very unsafe	Would not do it
Being in your own home alone after dark.					
Walking alone in your neighbourhood after dark.					
Holding hands with a same sex partner in public.					
Showing affection with a same sex partner in public.					

34. Has your LGBT identity ever influenced where you have lived?

☐ Yes

☐ No

If yes, please explain

35. Have you ever received poor quality of service due to your LGBT identity in the following services in Ireland? Please place an 'X' in the appropriate box.

	Never	Within last 3 years	More than 3 years ago
Bank/Post Office/Financial Services			
Insurance/Life Assurance Services			
Housing			
Education			
Gardaí			
Shops			
Restaurant/Pub			
Hotels/B&B			
Places of Worship			
Sport Club/Organisation			
Other			

If other, please tell us

36. Have you experienced any of the following while living in Ireland? Please place an 'X' in the appropriate box.

	Never	Within last 3 years	More than 3 years ago
Experienced domestic or partner violence in your current or previous relationships.			
Someone else threatened to out you (tell others that you are LGBT).			
Verbally insulted because you are, or were thought to be LGBT.			
Threatened with physical violence because you are, or were thought to be LGBT.			
Punched, kicked or beaten because you are, or were thought to be LGBT.			
Attacked sexually (forced to have a sexual experience, raped) because you are, or were thought to be LGBT.			

This section asks you a number of questions about your general health and well-being. Please remember that all of information you provide is strictly confidential.

37. How would you rate your overall quality of life? Please place an 'X' in the appropriate box.

Very good	Good	Average	Poor	Very Poor
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38. Do you consider yourself to be disabled in any way?

☐ No
☐ Yes

If yes, please tell us about your disability

The next four questions ask you about your **PHYSICAL HEALTH**. This refers to your ability to complete physical activities or exercise.

39. How would you rate your physical health in the last 12 months? Please place an 'X' in the appropriate box.

Very good	Good	Fair	Poor	Very Poor
-----------	------	------	------	-----------

40. In the last 4 weeks, how much of the time has your physical health interfered with the following? Please place an 'X' in the appropriate box.

	None of the time	Very little	Some	Most	All of the time	Not applicable
Physical activities (walking, climbing stairs, playing sports, etc.)						
Social activities (visiting friends, relatives, etc.)						

41. Have you ever been diagnosed with a physical health condition?
(For example: cancer, diabetes, heart disease, HIV, hypertension)

☐ Yes

☐ No - skip to Question #43

If yes, please tell us about your physical health condition.

Reminder: All information provided is strictly confidential.

42. If yes, are you currently on medication for your physical health condition?

☐ Yes

☐ No

The next four questions ask about your **MENTAL HEALTH**. This relates to your emotional well-being and ability to cope with the normal stresses of life.

43. How would you rate your mental health in the last 12 months? Please place an 'X' in the appropriate box.

Very good	Good	Fair	Poor	Very Poor
-----------	------	------	------	-----------

44. In the last 4 weeks, how much of the time has your mental health interfered with the following?
Please place an 'X' in the appropriate box.

	None of the time	Very little	Some	Most	All of the time	Not applicable
Physical activities (walking, climbing stairs, playing sports, etc.)						
Social activities (visiting friends, relatives, etc.)						

45. Have you ever been diagnosed with a mental health condition?
(For example: alcoholism, anxiety, dementia, depression)

☐ Yes

☐ No - skip to Question #47

If yes, please tell us about your mental health condition.

Reminder: All information provided is strictly confidential.

46. If yes, are you currently on medication for your mental health condition?

☐ Yes

☐ No

This section asks you additional questions related to health and well-being, including your use of alcohol and other substances and any thoughts about harming yourself.

The next four questions ask about your use of alcohol, tobacco, and recreational drugs.

47. Do you drink alcohol?

☐ I do not drink alcohol - skip to Question #49

☐ I drink alcohol but my drinking is not a problem

☐ I drink alcohol and worry about drinking too much

☐ I drink alcohol and have a long term problem with it

48. How often do you have a drink containing alcohol?

☐ Never

☐ Monthly or less

☐ 2 to 4 times a month

☐ 2 to 3 times a week

☐ 4 or more times a week

49. Do you smoke tobacco?

☐ I do not smoke

☐ I smoke and do not want to give up

☐ I smoke and would like to be able to give up

50. Have you ever used any drugs or medications recreationally (not for medical use)?

(For example: antidepressants, cocaine, marijuana)

☐ I have used drugs recreationally in the last month

☐ I have used drugs recreationally in the last year

☐ I have used drugs recreationally in my lifetime but not in the last year

☐ I have never used drugs or medications recreationally

The next four questions ask if you have ever harmed yourself, considered suicide or attempted suicide. Sometimes people deliberately hurt themselves but do not intend to end their life - this is called self-harm. Sometimes people feel so hopeless about the future that they may consider ending their life or attempt to end their life.

51. In the last 12 months, have you ever harmed yourself in a way that was deliberate but not intended as a means to take your life?

(For example: cutting, scratching or hitting yourself, or ingesting substances to harm yourself)

- ☐ Yes, I have harmed myself
- ☐ No, I have not harmed myself - **skip to Question #53**

52. If yes, how much was this related to your LGBT identity?

- ☐ Completely
- ☐ Very much
- ☐ Somewhat
- ☐ Not very
- ☐ Not at all

53. In the last year, have you ever seriously thought of or attempted to end your own life?

- ☐ Yes, seriously thought about it
- ☐ Yes, attempted to end my life
- ☐ No, never seriously thought about it - **skip to Question #55**

54. If yes, how much was this related to your LGBT identity?

- ☐ Very much related
- ☐ Very related
- ☐ Somewhat related
- ☐ Not very related
- ☐ Not at all related

This section asks you a number of questions about your use and experiences of health services in Ireland.

55. Do you currently have any of the following?

(Please select all that apply to you)

- ☐ I have a medical card
- ☐ I have private health insurance
- ☐ I do not have either

56. Are you using any of the following health services?**(Please select all that apply to you)**

- ☐ GP (General Practitioner)
- ☐ Dentist
- ☐ Medical specialist/consultant
- ☐ Mental health services
- ☐ Public health or community nurse services
- ☐ Home help/personal care attendant
- ☐ Meals-on-wheels
- ☐ Day care services
- ☐ Psychological/counselling services
- ☐ Sexual health services
- ☐ Other health services
- ☐ I am not using any healthcare services

If other, please tell us**57. Are your current healthcare providers aware of your LGBT status?**

- ☐ None are aware
- ☐ Some are aware
- ☐ All are aware
- ☐ Not sure

58. Have you ever experienced poor quality of treatment when using any healthcare services in Ireland?

- ☐ Yes
- ☐ No - **skip to Question #61**

59. How much do you believe this was related to your LGBT identity?

- ☐ Completely
- ☐ Very much
- ☐ Somewhat
- ☐ Not very
- ☐ Not at all - **skip to Question #61**

60. If you have experienced poor quality of treatment due to your LGBT identity, when was your last experience?

- ☐ Within the last year
- ☐ 1 to 5 years ago
- ☐ More than 5 years ago

61. Please tell us how much you agree or disagree with the following statements by placing an 'X' in the appropriate box.

I am generally quite open about being LGBT when I visit a health professional.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

In my opinion healthcare professionals have sufficient knowledge about LGBT issues.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

I would not reveal my LGBT identity to health professionals for fear of a negative reaction.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

I actively seek out LGBT friendly health professionals because of negative experiences in the past.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

In general I feel respected as an LGBT person by health professionals.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

I do not feel it is necessary for health professionals to know my LGBT identity.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

62. Are you currently being taken care of or helped by another person?

☐ Yes

☐ No - **skip to Question #65**

**63. If yes, what is your relationship to the person who is taking care of you?
(Please select all that apply to you)**

☐ Partner or Spouse

☐ Family member

☐ Friend

☐ Neighbour

☐ Paid carer

☐ Local voluntary service (Meals-on-Wheels)

☐ Home help

☐ Other

If other, please tell us

64. Are the people who take care of you aware of your LGBT identity?

☐ None are aware

☐ Some are aware

☐ All are aware

☐ Not sure

This section asks you a number questions about your views and feelings about getting older, and your preparations for the later years of your life.

65. We are interested in your own personal views about getting older. Please indicate your views on the following statements by placing an 'X' in the appropriate box.

I do not consider myself as old.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

I am conscious of getting older all of the time.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

As I get older I continue to develop as a person.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

I get depressed when I think about getting older.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

As I get older I appreciate things more.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

I feel more lonely as I am getting older.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

As I get older I feel I can maintain my independence.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

66. In the later years of your life, what living arrangements would you prefer? Please rank the following choices from 1-7 in order of your preference. Mark the choice you would most prefer as '1', your second choice as '2', and so on, with the option you would least prefer as '7'.

- ☐ Live in my own home
- ☐ Live in a retirement community
- ☐ Live at a family member's home
- ☐ Live at a friend's home
- ☐ Live in a nursing home
- ☐ Live in a house with other LGBT people
- ☐ Live in a LGBT-friendly nursing home

If other, please tell us

67. Have you done any of the following? Please place an 'X' in the appropriate box.

I have written a last will and testament (identified someone to manage your property and possessions after your death).

Yes	No	I don't know how
-----	----	------------------

I have written a living will (instructions specifying what actions should be taken if you are no longer able to make decisions).

Yes	No	I don't know how
-----	----	------------------

I have given someone power of attorney (identified someone to act on your behalf).

Yes	No	I don't know how
-----	----	------------------

I have discussed my final wishes with someone (in the event you are unable to look after yourself).

Yes	No	I don't know how
-----	----	------------------

This section asks a number of questions about your social life and participation in various community activities.

The first four questions ask you specifically about your involvement in the LGBT community.

68. Have you ever socialised (gone out) with other LGBT people who knew about your LGBT identity?

☐ Yes

☐ No - **skip to Question #70**

69. About what age were you when you first socialised with other LGBT people who knew of your LGBT identity?

70. Do you feel that you are a part of an LGBT community?

- ☐ Yes
☐ No
☐ Not sure

If no, why not?

71. In the last 12 months, have you been involved in any of the following LGBT-related activities in Ireland? (Please select all that apply to you)

- ☐ Visited an LGBT community centre
☐ Visited an LGBT pub or club
☐ Attended an LGBT social group or outing
☐ Attended an LGBT support group
☐ Used a web-based LGBT discussion group/forum/dating site
☐ Attended or involved in an LGBT community event
☐ Other LGBT-related activity or group
☐ I have NOT been involved in any LGBT-related activities

If other activity or group, please tell us

The next two questions ask you about your involvement in your local community. This includes participating in the activities of sport clubs, political parties, tenant groups, social clubs, evening classes, and religious or voluntary groups.

72. Do you feel that you are a part of your local community?

- ☐ Yes
☐ No

73. In the last twelve months, have you been actively involved in any of the following types of voluntary or community groups?

(Please select all that apply to you)

- ☐ Involved in sport group
☐ Involved in community group
☐ Involved in tenant/residents group
☐ Involved in charitable/volunteer group
☐ Involved in religious group
☐ Involved in cultural/arts group
☐ Involved in political group
☐ Involved in an older person/active retirement group
☐ Other group
☐ I have NOT been involved in any groups

If other, please tell us

The next question asks you about your use of computers and the internet.

74. Do you agree or disagree with the following statements about your use of computers? Please place an 'X' in the appropriate box.

I am comfortable using a computer (for e-mail, internet, etc.)

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

I have regular access to a computer with an internet connection.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

I use the internet on a regular basis.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

I often use the internet to socialise with other people.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

This section gives you the opportunity to give any further comments or suggestions.

**75. What do you think LGBT services (support groups, organisations) should do to make life better for LGBT people aged 55 and over in Ireland.
(List one to three things)**

1.

2.

3.

**76. What do you think other services for older people (health, social services, organisations) should do to make life better for LGBT people aged 55 and over in Ireland.
(List one to three things)**

1.

2.

3.

77. Do you have any other concerns about growing older as an LGBT person?

78. What is the best thing about being an older LGBT person?

These last six questions ask for some more details about you. These questions are similar to what would be asked in the census. You will not be asked for any information that can identify you.

79. Where were you born?

- ☐ Republic of Ireland
- ☐ Northern Ireland
- ☐ Great Britain (England, Scotland, Wales)
- ☐ Elsewhere

If you were born elsewhere, please tell us

80. What is your ethnic or cultural background?

- ☐ White (Irish)
- ☐ White (Irish Traveller)
- ☐ White (Non-Irish; any other White background)
- ☐ Black or Black Irish (African; any other Black background)
- ☐ Asian or Asian Irish (Chinese; any other Asian background)
- ☐ Other, including mixed background

If you selected 'Other', please describe your background

81. What is your religion?

- ☐ Roman Catholic
- ☐ Church of Ireland
- ☐ Other religion
- ☐ No religion

If another religion, please tell us

82. How important is religion to you?

- ☐ Very important
- ☐ Important
- ☐ Moderately important
- ☐ Of little importance
- ☐ Not at all important / Not religious

83. Which of the following best describes your highest level of education?

- ☐ Some primary education or less
- ☐ Completed primary education
- ☐ Completed lower secondary level (Intermediate/Group Certificate, GCSEs)
- ☐ Completed upper secondary level (Leaving Certificate, A Levels)
- ☐ Completed third level education (Diploma, Degree, Postgraduate Degree)
- ☐ Other

If other, please tell us**84. Please select your age group. Please place an 'X' in the appropriate box.**

- ☐ 55-59 years
- ☐ 60-64 years
- ☐ 65-69 years
- ☐ 70-74 years
- ☐ 75-79 years
- ☐ 80+ years

Thanks for completing the survey!

APPENDIX III: ORGANISATIONS INVOLVED WITH PROMOTING STUDY

Active Link	Gay Kerry
Active Retirement Ireland (ARI)	8 th Annual All Ireland Gay Health Forum
Age & Opportunity	Gay Men's Health Project
Age Action Ireland	Gay Project Cork
Age Action West	Gay Project Social and Resource Centre - The Other Place
Age and Opportunity	Gay Wexford
Aids West	GAZE Film Festival
Aisling Clinic, Cherry Orchard Hospital	GCN Forum
ALONE	GLEN
Amnesty International Ireland	GROW
Beaumont Hospital, Department of Infectious Diseases	Gumtree.ie
Boiler house	Health Service Executive (HSE)
BOLT Magazine	ICTU Retired Workers' Committee
Buy & Sell	Inn on the Liffey Guesthouse & Sauna
Carlow STI Clinic, Carlow District Hospital	Ireland's Own
Centre for Ageing Research & Development in Ireland (CARDI)	Irish Association of Older People
Chambers Bar	Irish Council for Civil Liberties
City Clinic	Irish Senior Citizens Parliament
Clare STI Clinic, Ennis General Hospital	Irish Times
Cork Gay Hillwalkers	Jane Clare, Equality Officer for all unions
Cork STI Clinic, Cork University Hospital	Lesbians in Cork (LINC)
Corktrans	LGBT Noise
Dignity Bar	Limerick STI Clinic, Limerick Regional Hospital
Dublin Aids Alliance	MarriageEquality
Dublin Devils FC	Mater Hospital, STI Clinic
Dundalk Outcomers	Mayo STI Clinic, Mayo General Hospital
Farmer's Journal	National Lesbian & Gay Federation (NLGF)
Friends of the Elderly	Northwest Pride
Gaelick	Older and Bolder
Gaire	Older Women's Network
Galway Pride	Open Heart House
Galway STI Clinic, Portiuncula Hospital	Out in Ireland
Gay Community News	Out on the Liffey
Gay Doctors Ireland	OutHouse
Gay Health Network	Outwest Ireland
	Pantibar

Quay Co-op	The George
Rainbow Support Services	The GUIDE Clinic, St. James's Hospital
Red Ribbon Project	The Lady List
Retired Teachers Association	THE Magazine
Retirement Planning Council of Ireland	The Other Place
SeniorTimes	Third Age Foundation
Sexual Health Centre	Tipperary Clonmel STI Clinic, South Tipperary Hospital
Sligo STI Clinic, Sligo Regional Hospital	Tipperary STI Clinic, Nenagh General Hospital
STI Clinic, Tralee General Hospital	Tranniehaven
STI Clinic, University College Hospital	Transgender Peer Support Group
STI Clinical Services, Baggott Street Hospital	University College Dublin
Suzy Byrne, Blogger	University of Galway
The Dragon	University of Limerick
The Dublin LGBTQ Women's Social Networking Club	Victoria Hospital STD Clinic
The Front Lounge	Waterford STI Clinic, Waterford Regional Hospital

APPENDIX IV: INTERVIEW GUIDE

Introduction

Welcome and thanks. Review and check with participant **re: consent and sign consent form.**

Introduce and tell about yourself.

The **purpose of this interview** is to explore with you your experiences and the impact that being an LGBT person has had on your life and your view of ageing as a LGBT person in Ireland.

Perhaps we could begin by telling me something about yourself and your life?

Do you feel your life is different to people who are your age and not LGBT?

Realisation of LGBT Identity:

Some people might use 'gay', 'lesbian' or 'bisexual' to describe their sexuality. Do you identify with any of these terms or do you use another term to describe yourself?

Can you talk to me about when you first realised you were LGBT?

Experiences of Coming Out:

Are you open about being LGBT?

Can you tell me now about your experience of coming out? What was it like for you being a LGBT person at the time you "came out" in Ireland? Has your experience of being an LGBT person changed over the years? If so, how?

Social Networks:

What social networks do you have? Who do you socialise with? Do you feel you have enough social involvement?

Community Participation:

Are you involved in your local community/neighbourhood?

Involvement in LGBT Activities:

What level of involvement have you had in LGBT activities during your life? If yes, has this changed over the years and why?

If no, what would encourage you to become more actively involved in LGBT activities?

Intimate Relationships:

Would you mind telling me about significant intimate relationships? How are you finding your relationships?

Caregiving:

Do you have any care-giving responsibility or do you receive help from someone?

Discrimination/Exclusion/Safety:

Have you ever experienced discrimination/exclusion because of your LGBT identity? If yes, what form did this discrimination/exclusion take? How did this make you feel? How did it impact on your life?

Religion and Schooling:

Has your interaction with church and school influence your life? Has your interaction with the church changed over the years?

Coping and Resilience:

Can you describe to me how you have coped with various challenges you may have encountered in your life as an LGBT person to date?

Health:

How would you describe your health (physical/emotional/mental)? How do you maintain your health?

Accessing Services:

What types of services do you access (health/social/legal/etc.)? How do you find them? How could they be improved?

Preparations for Old Age:

Can you talk to me about any preparations you have made for when you get older (housing/financial/health/etc.)?

Areas for Improvement:

What concerns would you have about being an older LGBT person?

Have you any ideas about how a support system could be developed for older LGBT persons by the LGBT community themselves or by other groups?

What issues should LGBT groups be lobbying on in the immediate and long term?

General:

What advice would you give to the younger LGBT people?

Are there any issues that we have not discussed that you would like to raise?

APPENDIX V: LIST OF SUPPORT SERVICES PROVIDED TO PARTICIPANTS

If you feel the need to speak with someone about any issues affecting you, you may call any of the following help-lines:

24-Hour Support – Samaritans: 1850 60 90 90

Other Help-Lines:

Crime Victims Helpline: 1850 211 407

Drugs/HIV Help Line: 1800 459 459

Aware (Depression) Helpline: 1890 303 302

HSE Info Line: 1850 24 1850

Support Groups & Services

The following is a list of available support group and services in Ireland. This is not a complete list of support services. Your local HSE Health Office will be able to provide more information about support services available in your area. Call 1850 24 1850 or go to the HSE website for contact details: www.hse.ie.

The Citizens Information Centre is the statutory body which supports the provision of information, advice and advocacy on a broad range of public and social services, including Birth, Family, and Relationships; Death and Bereavement; Employment; Money and Tax; Housing; and Health. Call 1890 777 121 or go to the website for more details and to find your local Centre: <http://www.citizensinformation.ie>.

Internet Support:

www.lgbt.ie

www.yourmentalhealth.ie

LGBT Help-Lines:

Cork Lesbian Line: (021) 431 8318

Dublin Lesbian Line: (01) 872 9911

Dundalk Outcomers Helpline: (042) 935 3035

Gay Information Cork: (021) 427 1087

Gay Switchboard Dublin: (01) 872 1055

Limerick Gay & Lesbian Helpline: (061) 310 0101

Outwest Gay Helpline: (094) 937 2479

TENI Helpline (transgender support): (085) 147 7166

LGBT Centres and Groups:

Dundalk Outcomers: (042) 932 9816, www.outcomers.org

Gay Health Network (sexual health information): www.ghn.ie

Gay Kilkenny: gaykilkenny.weebly.com

Gay Switchboard Dublin: (01) 872 1055, www.gayswitchboard.ie

Gay Wexford: 086 079 2625, www.gaywexford.com

Greenbow Deaf LGBT Society: e-mail deafgreenbowlgbt@yahoo.ie, www.greenbowdeaf.com

Kerry LGBT Project (Ciarraí Amach): 086 078 8260, www.ciarraiamach.org

Linc (Lesbians in Cork): (021) 480 8600, www.linc.ie

The Other Place (Community Centre Cork): (021) 427 8470, www.theotherplacecork.com

Outhouse (Community Centre Dublin): (01) 873 4999, www.outhouse.ie

Rainbow Support Services Midwest: (061) 468 611, www.rainbowsupportservices.org

sOUTH Waterford: 086 214 7633, e-mail southlgbt@gmail.com

TENI (Transgender Equality Network Ireland): 085 147 7166, www.teni.ie

Other Support Services:

Age & Opportunity: (01) 805 7709, www.ageandopportunity.ie

Age Action Ireland: (01) 475 6989, www.ageaction.ie

Alcoholics Anonymous: www.alcoholicsanonymous.ie

Aware (Depression): 1890 303 302, www.aware.ie

The Carers Association: (057) 932 2920, www.carersireland.com

Console (Suicide Bereavement Support): 1800 201 890, www.console.ie

Grow (Mental Health Support Groups): 1890 474 474, www.grow.ie

Health Service Executive: 1850 24 1850, www.hse.ie

Marriage & Relationship Counselling Services: 1890 380 380, www.mrcs.ie

Mental Health Ireland: www.mentalhealthireland.ie

Samaritans: 1850 60 90 90, www.samaritans.org

Third Age Foundation: (046) 955 7766, www.thirdagefoundation.ie

ENDNOTES

(These refer to the supertext numbers in the table headings)

- 1 Government of Ireland (2007b)
- 2 Government of Ireland (2007b)
- 3 Government of Ireland (2007g)
- 4 Mayock et al. (2009)
- 5 Mayock et al. (2009)
- 6 Morgan et al. (2008)
- 7 Morgan et al. (2008)
- 8 Government of Ireland (2007h)-

www.glen.ie