14. Hate Crime and Older Lesbian, Gay, Bisexual and Trans people in Care Settings

This information sheet is aimed at providers of care to highlight some of the issues who may not have ever contemplated life for older lesbian, gay, bisexual and trans (LGBT) people who move into care settings or those who receive care in their own home who may be at risk of homophobic, biphobic and transphobic (HBT) abuse.

Set against a backdrop of an increasingly ageing population and a time of growing awareness of the care needs of an older population, little is known and reported about older LGBT hate crime in care settings.

Many older LGBT people are looking at ageing and future care provision with concern. Services for older LGBT people, housing and traditional models of care are created and framed in a heteronormative cisgender way (the assumption being that everyone is heterosexual and identifies as the gender they were assigned at birth). Care services and providers are seen by many LGBT people as heterosexual/cisgender services and homophobic, biphobic and transphobic in many instances.

In addition to the challenges that face us all as we age, there are particular challenges that face older LGBT people, who are more likely to live alone and less likely to have children or extended family networks they can call on for support. Some are reluctant to explore support from formal housing, health or social care providers because of a fear of discrimination.

The majority of older LGBT people want their needs understood, accepted and catered for and their privacy accepted in a safe environment.

Older LGBT people are more likely to encounter hate crime, yet less likely to report it, for fear of being spotlighted and inevitably ‘outed’ to providers and other service users. Fear of being ridiculed, subject to HBT harassment from careers and services being withdrawn all contribute to a reluctance to report.
Historical context and its effect

“Remember, we started out life as being ‘criminals’. Homosexuality was illegal till 1967 so many of us lived in fear of being caught, losing our jobs and even our families. Though I think mum always knew deep down, it was never talked about and that’s how we all just got on with life.” (Joseph – All of Me. Age UK)

For many older LGBT people, the criminalisation of homosexuality and fears of prosecution, the consequences of institutionalized HBT including legislation such as Section 28 leave an imprint of mistrust and a reluctance to disclose.

Sexual orientation and gender identity are very often ignored in monitoring by organisations working with older people and there is a risk that a lack of data about the needs of older LGBT people, as a consequence of ignorance, marginalisation and discrimination, could be misinterpreted as evidence of an absence of needs.

For some older LGB people care settings involve ‘going back in to the closet’ as a protective mechanism at an uncertain time.

You may ask, why hide or want to be hidden? Fear of homophobic, biphobic or transphobic responses, fearful of services being taken away from you and worries about harassment all play a part in the dynamic of disclosure.

Historically (until 1967) many LGBT people, particularly gay men were subjected to various aversion therapies and treatments including ECT and chemical castration. They may have experienced criminalisation in law, been stigmatised by society, had condemnation from religious authorities and have been pathologised by medical practitioners. Put those people into a place where they are faced with an uncertain future, feeling vulnerable making decisions about care providers, potentially living with people who also grew up at a time when homosexuality was illegal, and for some returning to the closet may seem the only way.

Agnes (92, blind and living in sheltered accommodation) told the warden of her accommodation that she identified as a lesbian. Agnes was previously married to a man for 60 yrs. When the warden left she felt unable to tell the new warden and spends a lot of her time wondering which of her carers she might tell but is fearful of their response.

‘What if they took a dislike to me? I don’t think many people would understand it or accept it’(Westwood S: 2015)

In Stonewall’s survey, Lesbian, Gay and Bisexual people in later life’ (www.Stonewall.org.uk) 73% of older LGB people said they wouldn’t feel comfortable disclosing their sexual orientation to care staff. Some people may have never come out, some may have always been out and some people may be out to some and not others. HBT and harassment, not only from workers but other residents, are all too familiar to older LGBT people.

Older lesbian, gay, bisexual and trans people are not likely to admit that they have first-hand experience of being actively discriminated against or bullied. In a study conducted by Dundee University on behalf of Stonewall Housing participants were asked during the interview if they
had ever experienced bullying or discrimination related to their sexual orientation. Participants described being the subject of gossip, feeling of being judged and the fears about the repercussions they faced if others found out about their sexual orientation.

“…when I was 18-19 if I had done that (disclosed she was a lesbian), I quite likely, with the profession i was in, I wouldn't have got the job.”—Megan, 72 (Barriers to Engagement:2014)

Within the trans community rising numbers of older people are now emerging- both those who transitioned a number of years ago and those transitioning in later life. There is concern that for care providers a lack of understanding of trans identities, bodies and needs means that health needs are often ignored.

Intimate personal care in care settings can be a time of anxiousness and vulnerability for older trans people. Fear of revealing discrepancies around gender and birth sex could potentially cause ridicule, understanding and abuse and result in trans older people feeling marginalised and isolated within care settings.

Ageing communities

Older LGBT people will also have number of other identities and health and care issues not related to their sexual orientation and gender identity.

For example, older LGBT people living with HIV are a cohort of people that have previously not been reflected in care settings in the growing numbers that are occurring now. The results of long term successful combination therapy has contributed to positive people living much longer than they had expected to.

In a 2010 study by Terrence Higgins Trust and Age UK respondents feared that social care services, care homes and sheltered housing might be HIV prejudiced and/or homophobic/biphobic. Gay and bisexual men particularly singled out care homes and home care as areas of major anxiety for their future: they perceived such places to be unused to both people living with HIV and gay men.

http://www.tht.org.uk/~media/Files/Publications/Policy/50-plus-summary-report.ashx

Creating safe spaces

Significant in successful reporting is a positive response to disclosure from housing, care and support providers. Stonewall Housing’s Mystery Shopping Survey with housing providers in Greater Manchester conducted in 2014 shows clearly that there are gaps in knowledge of front line staff for some providers. When asked about Anti-Social behaviour policies all of the participants to the survey knew they had them but only a quarter of those knew that HBT harassment could be classed as a hate crime.

Some tips on how to create a safe space:

- Make sure your staff are trained both in older LGBT awareness and hate crime reporting
- Visible statements about LGBT customers in all publicity/policies
- Posters, leaflets relating to LGBT people easily accessible

Read more at www.lgbt hate crime.org.uk
• Develop links with local LGBT agencies and groups
• Monitor sexual orientation and gender identity
• Absolute zero-tolerance approach to any harassment both from staff and customers
• Create robust reporting systems for harassment
• Challenge HBT - not only from your staff but from your other customers.
• Use your anti-social behaviour policy- know what it is and what it says.
• Be consistent throughout your staff group

Conclusion

The overwhelming perception by older LGBT people is that housing and care for older people is inherently heterosexual and cisgender. Care staff and other residents are perceived to be HBT. In this setting and considering all of the above it is no surprise that housing, care and support service have to work hard to build trust and provide safe spaces for older LGBT people to report hate crime.

Further reading and contacts

Adult Social Care Outcomes framework LGBT companion document
http://lgbt.foundation/ascof?home

Stonewall Housing (Older Housing Network and Training) www.stonewallhousing.org

Dementia and LGBT people – roundtable report
file:///C:/Users/asususer/Downloads/The%20dementia%20challenge%20for%20LGBT%20communities.pdf

This information sheet was produced by Stonewall Housing, an LGBT charity providing housing advice, support for LGBT people in their own homes and supported housing for young LGBT people. It is a part of a series of 17 resources on hate crime for LGBT people and service providers, created on behalf of the National LGBT Hate Crime Partnership. Other useful information sheets include:

1. Glossary of Terms Relating to Hate Crime
2. Diary Sheets and Guidance on Keeping a Written Record of Hate Crime
8. Training Toolkit on LGBT Hate Crime
9. LGBT Hate Crime Quality Standard: A Service Improvement Tool for Organisations
15. Housing, Disability and LGBT Hate Crime
17. Building Partnerships to Tackle Hate Crime

Find out about our work at www.stonewallhousing.org and www.lgbthatecrime.org.uk.

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