



Advocacy & Services  
for LGBT Elders

**We refuse to be invisible**

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## *The Impact of Trauma History on End of Life for LGBT Elders*

### **Preparing to die**

As many elders approach the end of life, several tasks can help make the last chapter of life rich, full of meaning, reconciliation, and even joy. These include Ira Byock's famous "four things that matter most:" *Thank you, I forgive you, Will you forgive me?* and *I love you*. Some models add a fifth task: *Saying goodbye*. Embedded in these steps is a great deal of emotional and spiritual work.

When engaging in a life review, the aging person may come to see formative themes, critical events, their strengths and mistakes, and their relationships in new ways. The tasks of dying help bring to resolution dynamics of deep feeling. Whether the person expresses these in a one-on-one conversation, in prayer, or if a community celebrates the dying person in a party, the ritual nature of this approach to saying goodbye can be healing.

### **How being an LGBT elder may make such resolution at end of life more challenging**

Today's LGBT elders may find the end of life more challenging than do other elders. Various subgroups of LGBT elders are more likely than their non-LGBT peers to suffer from mood disorders, anxiety disorders, eating disorders, substance abuse disorders, and be living with HIV/AIDS. Many do not have the biological family support that others do, and many suffer from lower socio-economic status, with less access to quality health care and health insurance.

Then there is the significant amount of PTSD in the LGBT elder population, higher with each increased age cohort, reflecting societal oppression. Religion, education, employment, police, law, family, the military, medical care, public accommodations – these institutions have had legal, and/or informal, rights to brutalize the individuals who are now LGBT elders. Many individuals experienced or saw family rejection, job loss, dishonorable discharge from the military with no GI Bill benefits, police brutality, doctors' refusal of care, removal of parental rights, and so on. Trauma related to their sexual orientation and/or gender identity has left many of these elders distrusting of the institutions they may need at end of life.

Many delay seeking medical care, home care, assisted living or long-term care. They fear hostility from medical professionals and the derision of other patients and their families. They are terrified of being vulnerable to abuse. If they do enter a health care institution, it may be resonant of an institution in which, earlier in life, they were subject to trauma. Early trauma can easily be retriggered at the end of life.

Betrayed by so many institutions and persons, LGBT elders may also carry their existential stress into the religious/spiritual realm. Even if they have stayed affiliated with a religious tradition, they may have spent much or all of a lifetime hearing damning judgments about their sexual orientation or gender identity from a source speaking, to some degree, for ultimate authority. Internalized transphobia, biphobia, and homophobia can be particularly damaging as one approaches the end of life. This history and fear can make it difficult to do the work of life review, taking responsibility for one's own mistakes, even imagining what appropriate forgiveness of others might be, experiencing gratitude, and making peace with one's life.

### **Suggestions for professional caregivers**

Get to know the LGBT culturally competent mental and physical health providers, social workers, and chaplains in your community or institution. Help the elder access culturally competent providers. Offering a personal referral can help convince someone they will be treated with respect. If the elder trusts you and is hesitant to trust another provider, offer to go with the elder to introduce them in person for their first visit.

Advocate within your own agency or institution for staff education on best practices working with LGBT elders. Make sure there are visuals evident to people who walk into your setting that let them know this is a safe space. Make sure there are policies in place that back up these values. Coach other team members about any trauma triggers you become aware of so that these can be avoided as much as possible.

Find out what the elder wishes to accomplish in the time they have left. Support them in their goals. This may be as concrete as getting a blue slip discharge from the military changed to an honorable discharge so the elder can have a military funeral. It may be making sure their will is in order to protect their partner. It may be staying at home and not moving into an institution. It may be reaching out to an adult child they have not seen in many years. It may be as general as being outside in the sunshine part of every day. It may be gathering their LGBT friends for a party in your community.

Invite the elder to identify people they are open to being supported by as they move toward the end of life. Make sure to ask about friends, family of choice, and created family, not just biological or legal family members. Ask about pets, too; for some elders, pets are a support as important as the people in their life.

Offer the listening ear of an LGBT-positive chaplain. Never call in the elder's priest/minister/rabbi/imam without the elder's permission. The elder may wish to have religious support at end of life, or may not. Similarly, if the elder has been disaffiliated from a tradition of origin, they may wish to find a path toward reconciliation with that tradition, or they may not. It is the choice of the elder that must determine the goal.

Finally, be prepared to hold the elder's LGBT story in confidence. You may be *the* person the elder chooses to honor with the sharing of this part of their life. Unless a piece of information impacts the health and safety of the elder or other people, it may be ethically incumbent on you to hold their confidence. In so doing you dignify the elder and provide them important support at the end of life.

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