Summary and discussion

The over-55s and sexual orientation

Experiences of older lesbian, gay, bisexual and heterosexual people

At a time when the share of older people in the Dutch population is growing rapidly (Van Campen 2014), and when the Netherlands may be moving towards becoming a 'participation society', the older generation is attracting a good deal of attention from politicians and society (Putters 2014; VWS 2013). Are they still able to participate fully in society? Are their social networks adequately equipped to enable them to continue living independently for as long as possible and prevent them from becoming lonely? From a policy perspective, it is important not to lose sight of vulnerable groups. Lesbian, gay and bisexual (LGB) people aged over 55 may be such a vulnerable group, and are the focus of this report. The report describes the LGB-specific experiences of LGB over-55s in the Netherlands and their situation in terms of social participation, health status and mental well-being and their expectations as regards (formal or informal) care. The report also looks at their experiences compared with earlier life phases. Where possible, the findings are compared with the experiences of heterosexual over-55s.

The participants in this study were recruited from a general online panel. Earlier studies have recruited participants from the LGB community (e.g. via mailing lists of LGB organisations), but research has shown that this recruitment method leads to distortion of the results (Kuyper et al. 2015): participants report far more negative experiences, are more open about their sexual orientation, are less often bisexual and report more health problems. On the other hand, there are issues with the representativeness of the sample when using an online panel. For example, migrants are underrepresented on panels and not everyone (and especially older people) has access to the Internet. The participants recruited for the present study were mainly vital over-55s: almost all participants were living independently in the community, only a small proportion were in receipt of informal care and a large majority perceived their own health as good. Consequently, this report mainly describes the situation for relatively healthy and vital over-55s. People aged over 55 who do not live independently are not represented in the study, and nor are those who are already using formal or informal care. Older and unhealthy people were therefore not included in the study population.

In line with other Dutch and international studies, in this report we define LGBs on the basis of their attraction to members of the same sex. This does not mean that they actually give expression to that attraction. A sizeable minority describe themselves as heterosexual and have a partner of the opposite sex. This needs to be borne in mind when interpreting the results.

Differences in social participation and well-being of LGB and heterosexual over-55s

The present generation of over-55s grew up in a time when homosexuality and bisexuality were much less widely accepted in society as they are today. Given that background, it is striking that there are far more correspondences than differences between LGB and heterosexual over-55s as regards social participation, health status and well-being.

The social networks of LGB and heterosexual over-55s are different, but there are no indications that LGBs are in a worse (or better) position than their heterosexual peers.

For example, the social networks of LGBs less often contain children and/or a partner, but more often include friends. The literature sometimes describes these social networks as *families of choice* (Dewaele et al. 2011; Fredriksen-Goldsen & Muraco 2010; Riggle et al. 2008). LHB over-55s rate the quality of their different social relations just as highly as their heterosexual counterparts, and have the same contact frequency with those relations.

The only exception is the quality of the contact with children (which heterosexual over-55s rate slightly more positively) and friends (which LGB over-55s rate slightly more positively). LGB over-55s have more contact with their friends; although they are nonetheless slightly more lonely than their heterosexual peers, the difference in loneliness is small. The degree of social participation is the same in terms of memberships of associations, civil-society or political organisations. One aspect on which the two groups do differ is incapacity for work: LGB over-55s are unfit for work more than twice as often (12% versus 5%). This difference remains after controlling for other background characteristics. Earlier research has also produced the same finding (Van den Meerendonk et al. 2003). Nothing is known about the reasons for this.

The health and well-being of LGB and heterosexual over-55s is virtually identical. They report that they are satisfied with their lives, experience the same degree of (good) health and impairments and report the same degree of psychological problems in the four weeks prior to the study. LGB over-55s do more often report that they have at some time had suicidal thoughts (30%) and attempted suicide (7%).

When asked to view their lives in the light of early experiences, over-55 LGB respondents often rate their situation more positively than heterosexual respondents. LGB over-55s more often take a positive view than their heterosexual peers of their present life situation and how they deal with problems when asked to compare this with 20 years ago. LGB over-55s were also asked how they would compare their lives with those of their heterosexual counterparts. Roughly a third thought they had had more difficult lives than their heterosexual peers. Roughly the same proportion thought they are able to deal with problems better than heterosexuals of the same sex and age and 40% said they feel freer and have (had) a more interesting life.

LGB-specific experiences

Not all aspects of the lives of LGB over-55s can be directly compared with the experiences of heterosexuals in the same age group. Experiences such as negative treatment by others based on their sexual orientation, or the decision on whether or not to be open about that

orientation, are for example only relevant for LGBs. In this report we use the term 'LGB-specific experiences' for this.

Some 31% of LGB over-55s do not come out to anyone about their sexual orientation. Being completely closed about their sexual orientation is closely associated with relationship status: LGB over-55s with a same-sex partner are almost always open to someone about their orientation, whereas virtually all those with a partner of the opposite sex keep their orientation secret. Those who are not open to anyone about their LGB orientation more often feel that their lives are or have been more difficult than those of heterosexual peers of the same sex, but they are not any more lonely, do not have more mental problems, and so on.

Most LGB over-55s have a positive attitude towards their own sexual orientation. Yet there is a sizeable group who are not entirely at ease, for example feeling ashamed of their feelings or being unhappy about their sexual orientation. This is described in the literature as 'internalised homonegativity'. LGB over-55s with a bisexual orientation who are in a relationship with someone of the opposite sex report higher levels of internalised homonegativity. There is a clear association between a negative attitude to one's own sexual orientation and reduced well-being. It is logical to assume that a negative view of one's own sexual orientation has an impact on well-being, though it might also be the case that people who are less positive in their lives in general also more often have difficulty in accepting their sexual orientation.

A small group of LGB over-55s in our study had experienced negative reactions on account of their sexual orientation during the 12 months preceding the study (12%). The percentage who had regularly modified their behaviour or appearance or avoided specific locations because of their sexual orientation is also not large (15%). Those who have experienced negative reactions are more at risk of loneliness, experience more psychological problems, have a relatively negative view of their life situation compared with 20 years ago and are less optimistic about formal and informal care in the future. Receiving negative reactions to a minority status is also shown in the literature to be an important risk factor for well-being (Meyer 2003; Schmitt et al. 2014). Earlier experiences with stigmatisation can moreover make LGB over-55s more worried or sceptical about the future if they should need care (Fredriksen-Goldsen & Muraco 2010).

In addition to the risks posed by internalised homonegativity and homonegativity expressed by others, there is also a protective factor that applies specifically for LGBs, namely social contacts with other LGBs. Those who engage more actively in those contacts rate their lives as freer and more interesting than those of their heterosexual peers, and also believe that they are better able to deal with problems. Those who more often go to LGB-specific gatherings or read LGB-specific magazines or websites have also developed a more positive attitude to their own sexual orientation over the last 20 years. Being part of LGB networks is the only aspect where – after controlling for other characteristics – we still find greater differences between men and women: men engage more with the LGB world.

Expectations concerning formal/informal care

This study largely ignored older LGBs who are already using formal or informal care and those living in institutions. The question of whether the nightmare scenario – as sometimes posited by civil-society organisations and LGB interest groups – of older LGBs going 'back into the closet' when they develop a need for care occurs on a wide scale, is therefore one to which we are unable to give a satisfactory answer.

The present generation of LGB over-55s who are not yet dependent on care are optimistic about the future. A large majority believe that someone will provide them with informal care when they need it. The percentage who expect that no one will do anything for them is the same as among heterosexual over-55s (8%). The informal care network that LGB over-55s think they will be able to rely on is however slightly different from that of their heterosexual peers: they less often denote partners and children as potential informal carers and much more often think that friends will provide the informal care they need. This reflects the different composition of their social networks (more often single, more often childless, more friends).

If LGB over-55s should need to move into a residential care or nursing home, roughly 10% believe that care professionals will have difficulty dealing with their LGB orientation, or that they will receive less good care. A larger group is afraid that fellow residents will have difficulty with their sexual orientation. Roughly 20% are afraid of being excluded by fellow residents. The demand for LGB-specific care and nursing homes is low among the LGB participants in this study. They would prefer to see attention for sexual diversity in retirement, care and nursing homes, such as the provision of information about homosexuality and bisexuality to staff and residents.

Sociodemographic differences

Just as there are more correspondences than differences between LGB and heterosexual over-55s, so there are also more correspondences than differences between sociodemographic groups. This applies for men and women, people with a higher and lower education level, gays and bisexuals, people with and without children, city-dwellers and those living in villages and religious and non-religious people. In some cases this is striking.

For example, in other research bisexuals often emerge as an at-risk group when compared with homosexual or lesbian participants (Barker et al. 2012; Dewaele et al. 2008; Jorm et al. 2002; Kuyper 2013; Kuyper 2015a). In our study, however, we found no differences between over-55s with a bisexual or homosexual attraction in terms of loneliness, life satisfaction, psychological problems and expectations regarding informal care. Whether this is due to our research method (e.g. the use of a panel to recruit participants) or the fact that the distinction between homosexual and bisexual orientation is less relevant in older people, is unknown.

The only sociodemographic characteristic where we do find a number of differences is age. LGBs aged 70 and over are less often open about their sexual orientation, have a more negative attitude towards their own feelings and less often engage with the LGB world. On the other hand, they less often differ from their heterosexual peers in reporting mental health

problems and suicidal tendencies than younger LGBs differ from their peers. In fact, the well-being of LGBs aged under 70 stands out in a negative sense. How can this be explained? It is important to note that these findings are based on self-report, and the possibility cannot be ruled out that those aged over 70 are less willing to report on sensitive problems in relation to mental well-being or suicide. Moreover, the number of over-70s in our study was smaller, which means that any differences between LGB and heterosexual respondents were less readily observed. Substantive explanations are however also possible. People aged under 70 are more open about their same-sex feelings and also more often receive negative reactions to those feelings. They also grew up after the sexual revolution, which may mean they are less willing to accept rejection and stigmatisation, in turn causing them more stress. Those aged over 70 may be more accepting of their position as a minority. They themselves also have more difficulty with their sexual orientation, but suffer less stress from negative LGB-specific experiences.

Points for attention

The message in this report is a predominantly positive one. Compared with their heterosexual peers, LGBs aged 55 and over are not a vulnerable group in areas such as social participation, health and expectations in relation to formal or informal care. However, there are a number of caveats to this positive message which warrant attention.

First, there are two aspects in which LGB and heterosexual over-55s do differ, and to the detriment of the LGB group: incapacity for work and suicidal tendencies. Both aspects may be related to experiences in earlier phases of life. Although we do not know precisely what causes the increased incapacity for work, it may be that it is related to mental health issues. It is possible that this incapacity for work arose at a time when the Dutch Equal Treatment Act had not yet been implemented and LGBs were still subject to a great deal of discrimination and exclusion. The incapacity for work may also be related to chronic diseases, for example HIV, but also illnesses related to lifestyle (such as substance use) which are relatively common among LGBs (Rosario et al. 2014). The same applies for the higher proportion who have thought about and/or attempted suicide. These may be thoughts and experiences from the past, but could of course also have occurred more recently. In any event, the increased suicidal thoughts and tendencies among LGB participants in the study are in line with the findings of earlier SCP studies, for example on young LGBs and the wider group of LGB adults (Keuzenkamp et al. 2012; Kuyper 2015a), as well as a large international research base (e.g. Mustanski et al. 2014; Plöderl et al. 2013). Further research among LGBTs to investigate the how, what, when and why of these thoughts and attempts is therefore desirable in our view.

A second aspect that is important in view of the debates about a possible move to a 'participation society' in which more and more is expected from people's own care networks (Putters 2014; VWS 2013) is the adequacy of the informal care networks of older LGBs. LGBs aged over 55 believe they will be able to rely on informal care just as often as their heterosexual peers, but that reliance is focused on different social contacts. While heterosexual over-55s more often identify partners and children as potential informal carers, LGBs more

often say they will rely on friends. The question then is whether this 'care potential' of friends will actually be converted into the necessary care if and when the time comes. There are reasons to think that this may not be the case. Research on informal care shows that friends are inclined to offer a different type of help, invest less time in informal care and are also less inclined actually to provide care (De Boer et al. 2009; Broese van Groenou 2011; Broese van Groenou & Van Tilburg 2007; Egging et al. 2011; Hoefman 2009). There is no difference between friends, children and partners in the amount of emotional support they are willing to give, but friends less often provide personal care or administrative help than children or a partner, for example. And when care is provided, partners also give more hours of care, followed by children and friends in last place. Children also offer help more often in situations requiring more intensive care. On the other hand, the situation can turn out quite differently for older LGBs who need help. The quality of relationships and frequency of contact are also relevant for whether or not informal care is provided, and LGB over-55s score better in this respect than their heterosexual peers: they see their friends more often and rate their relationships with them more positively. It may therefore be that older LGBs will be better able to rely on their friends than their heterosexual peers if and when they require care. Their friends have for a long time functioned as a *family of choice*, and this may also hold in more difficult times. On the other hand, the friends of older LGBs may themselves also be growing older, and may therefore find it more difficult to provide care. In short, we cannot say at this juncture whether the expectations of older LGBs and heterosexuals as regards informal care are realistic, nor which group may be less able to rely on informal care in the future.

Finally, it is important to bear in mind that this study describes a group of vital over-55s. This group may have embarked on the second half of their lives, and may have lived their lives (in part) in other times, but they are not a group who are already dependent on care or who are no longer able to live at home. Different issues may be at the forefront for this group. The second SCP study on older people living in residential care (*Ouderen in instellingen II*) is currently under way, and also includes questions about sexual orientation. Provided the response rate is sufficient, this may offer an insight into the situation of older LGBs living in care and nursing homes, as well as into the attitudes of fellow residents and staff towards LGB issues.

Conclusion

One of the main findings in earlier research on LGBs aged 55 and over is that they are at greater risk of negative or more unfavourable experiences than their heterosexual peers (Van den Meerendonk et al. 2003; Schuyf 1996). This has been explained from the perspective that older LGBs grew up and lived in a society where there was less social acceptance of homosexuality than today, making their lives more difficult than those of their heterosexual peers. International research has already shown that this image needs to be revisited and revised (Fredriksen-Goldsen & Muraco 2010; Heaphy et al. 2004). The same appears to apply for perceptions about LGB over-55s in the Netherlands: those who took part in this study were generally no worse off than their heterosexual peers. Several factors enable us

to explain the discrepancy compared with earlier research. First, earlier studies were based on participants recruited via LGB channels (such as mailing lists or LGB associations) . This leads to a higher prevalence of problems (Kuyper et al. 2015). Second, there was more scope in this study for the potentially positive consequences of growing older as an LGB. International studies have shown that stigmatised groups such as older LGBs, by learning to deal with their stigmatised sexual orientation, acquire skills that enable them to better withstand other unpleasant events (Herrick et al. 2014). For example, several studies show that older LGBs are more accepting of the less enjoyable aspects of growing older (Addis et al. 2009; Brotman et al. 2003; Fredriksen-Goldsen & Muraco 2010; Friend 1990; Orel 2004; Riggle et al. 2008). An example of this is learning to deal with the loss of contacts as a result of coming out. This experience helps them to deal with loss due to ageing. In short, the process of accepting their own stigmatised LGB orientation helps them to develop adaptive coping strategies for dealing with the prejudices that are associated with growing older (Orel 2004). This is also reflected in the Dutch figures: LGB over-55s appear to have shaped their personal emancipation process and report that, while they feel their lives have been more difficult than those of their heterosexual peers, they have also had more interesting lives and are now better able to deal with problems. Compared with earlier research, eliminating the distortion that occurs when participants are recruited from the LGB community means that, whilst a substantial proportion of our study sample are LGB in terms of their sexual attractions, this is not reflected in their self-identification or partner choice. In this regard, there is more overlap between older LGBs and heterosexuals than in earlier studies. Finally, it is important to realise that research on older LGBs is subject to two societal variables: the social perception and participation of the over-55s is changing, and so is the social perception and participation of LGBs. For example, people today (are required to) continue working for longer, and also remain healthy for longer, and the legally enshrined equality of LGBs and heterosexuals, as well as attitudes to sexual minorities, have greatly improved, while policy in this area has intensified (Harbers et al. 2013; Kuyper 2015b; Pommer & Van der Torre 2013). Both groups are undergoing change, and as a consequence, being aged 55 or older and LGB is a different proposition in 2015 that it was at the time of earlier studies dating from 1995 or 2003.