

Needs of the Aging LGBT Community in Israel

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Abstract

Since the late 1980s, there have been changes in attitudes toward the LGBT (lesbian, gay, bisexual, and transgender) community in Israel. Nevertheless, the service system for the elderly is largely characterized by heteronormativity and relies on family members to help their elderly relatives. **Goal:** To examine the difficulties experienced by old LGBT people, particularly in receiving health and social services. **Method:** A total of 104 LGBT people aged 55+ years responded to a structured online questionnaire. **Findings:** Compared with the general elderly population, elderly LGBT people have fewer support networks, they tend to live alone, and suffer from tremendous loneliness. They are afraid of coming out to health and social service providers and of functional dependency, particularly due to their fear of disclosing their sexual orientation or gender identity, the barriers to receiving help, and the absence of family support to assist them.

Keywords

aging LGBT, loneliness, health care access, fear accessing services, family, social services, support network

Introduction

Since the late 1980s, Israel has witnessed many changes in attitudes toward the LGBT community. These changes are primarily reflected at the legal level, with

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the decriminalization of sex between consenting men in 1988, the Danilovich case against El Al in 1989, and the amendment to the Equal Opportunities in the Workplace Law in 1992 (Yanovich, 2006). Another change is reflected in the Israel Defense Forces orders toward gay and lesbian people. In 1998, all orders related to restrictions of gay and lesbian soldiers were cancelled entirely (Gross, 2000). Nevertheless, there remain various barriers facing LGBT people, particularly aging LGBT people, that prevent them from exercising their full rights and create discrimination in the receipt of services.

In the United States, estimates based on self-definition as LGBT reckon that 2.4% of people aged 50+ years are LGBT (Fredriksen-Goldsen & Kim, 2017). There are differences between estimates based on self-reports and those based on same-sex sexual behavior or attraction. In the United States, 5% of people aged 18 to 44 years defined themselves as LGBT, 12% had experienced sexual behavior with someone of the same sex, and 13% were attracted to members of the same sex (Fredriksen-Goldsen & Kim, 2017). The extent of the community of elderly LGBT people in Israel is not known (Doron, 2016; Wagner Kolsko, Mor, & Berman, 2016), but there are estimates for those aged 18 to 44 years. A recent study of Jews in Israel aged 18 to 44 years revealed that 8.2% of the men reported that they were homosexual or bisexual and 4.8% of the women defined themselves as lesbian or bisexual. Cases of same-sex sexual experiences (one or more) were reported by 10.2% of the men and 8.7% of the women; 11.3% of the men and 15.2% of the women reported attraction to members of the same sex (Mor & Davidovich, 2016).

The social and health services in Israel promise equal services to all citizens. Since 1995, all citizens of Israel are insured for health services by law (Bin Nun, Berlovitz, & Shani, 2010). Israel is signatory to the 1966 International Covenant on Economic, Social, and Cultural Rights, by which the State recognizes the rights of every person to enjoy the highest level of physical and mental health possible (Gross, 2016). However, Wagner Kolsko, Mor, and Berman (2016) suggest that communication between medical staff and patient is problematic in that it is heteronormative (i.e., assumes heterosexuality to be the universal norm). Consequently, the basic rights of LGBT people may be compromised insofar as they are not treated with respect, which in turn renders the services less accessible to them (Gross, 2016). Moreover, the benefits and support for partners that are particularly relevant in old age, such as employment, State pensions, and inheritance, are denied to single-sex partners since the law does not define their rights explicitly (Hadar, 2016). Marriage and registration of single-sex couples are not legal or recognized in Israel and that leads to difficulties in medical situations where, for example, decisions have to be made for a partner who is not legally competent (Alon & Bachner, 2012; Doron, 2016).

The need for specific definitions of the law are particularly salient in Israel since the law explicitly relates to husband and wife omitting single-sex couples from service eligibility, for example, entitle for survivors allowance (Doron,

2016). The legislature refrains from stating explicitly that the rights of single-sex couples are equal to those of heterosexual couples (Hadar, 2016), which has led to the situation where the rights of LGBT people are conditional on a legal battle for the law to be interpreted in such a way as to grant them their rights (Doron, 2016; Hadar, 2016).

Families in Israel play a central role in caring and providing services to the elderly (Katz, Lowenstein, & Brick, 2010). Comparative studies have found that in Israel, there are strong norms of commitment to parents—children live close to their parents, and the family has an important role in supporting services for the elderly (Katz et al., 2010). The growing trend in Israel to keep the elderly in the community (aging in place)¹ relies not only on community-based services for the elderly but also, to a large extent, on support from family members, who become informal caregivers (Berg-Warman, Resnizky, & Brodsky, 2018; Brodsky, Resnizky, & Citron, 2011). The service system's reliance on family members for support is so great that the system itself recognizes the important role they play in caring for the elderly relatives and the enormous burden it places on them and has begun to develop support services and stipulate benefits to family caregivers in law (Mevorach, 2016). This situation raises the concern that elderly LGBT people are liable to have a greater need than others for Long-Term Care (LTC) housing, since many of them do not have informal family support systems (Doron, 2016).

Study Objectives

In light of the above, the following are the study goals:

1. A description of the LGBT older population in Israel;
2. A description of the social support networks of older LGBT Israelis;
3. A description of health and social service access and concerns.

Methods

The study population included LGBT people aged 55+ years. The accepted definition of old age in statistics in Israel and elsewhere is 65+ years (Brodsky et al., 2018), but in discussion with representatives of organizations of the community and from other studies (Choi & Meyer, 2016), we discovered that the LGBT community considers “old age” to start earlier. In light of this, our study included LGBT people aged 55+ years.²

Given what is known about the difficulty reaching the population (Fredriksen-Goldsen & Kim, 2017), we contacted community organizations in order to recruit participants. We advertised the study on websites of various LGBT organizations, on their mailing lists, and in social media. Some of the participants were recruited after we participated in LGBT community meetings

for the elderly at which we presented the study. We made contact with all the LGBT community organizations in Israel, some national and some local. Some of the organizations serve subgroups, such as older women or religious people. Unfortunately, we were unable to find an organization for the Arab population, which is generally very conservative. From representatives of LGBT organizations, we have learned that a few young Arabs come to activities held by LGBT organizations, but older ones tend not to attend. The information we disseminated included a link to an online questionnaire and an e-mail address and phone number for contacting us. Altogether, 104 LGBT people aged 55+ years responded to the questionnaire. The data were collected between March 2017 and January 2018.

The online quantitative questionnaire included an introduction with an explanation about the study and 44 closed-ended questions. The questions asked about experiences in receiving services from the service system (7 questions) using 4-point Likert scales. An example question includes: "Did it ever happen that you avoided or delayed visits to the health or social services because you were concerned about how you would be treated or were afraid that your sexual orientation would be exposed?" *Many times, Sometimes, Rarely, and Never*. Several questions queried about the respondent's support network, social and family contacts, and participation in social events (15 questions); these included questions with *yes* or *no* responses (e. g., "do you have friends with whom you meet or talk on the phone") and some with 4-point Likert scales (e. g., "How often do you meet or speak on the phone with friends?" *Every day or almost every day, Once or twice a week, Once or twice a month, and Less the once a month*). Three questions addressed experiences during the working years with *yes* or *no* response options (e. g., "In your life, have you ever experienced discrimination in being hired for work because of your sexual identity or orientation?"). Eight questions queried health status and thoughts about moving into a home for the elderly; some of the questions were *yes* or *no* responses (e.g., "Were you ever diagnosed by a doctor as having one of the following diseases: Depression or anxiety") and some with 4-point Likert scales. Twelve background questions were asked about gender, sexual orientation, demographic details (e. g., age and country of birth), education, religion, and financial status. Some of the questions were taken from the annual Israeli Central Bureau of Statistics Social Survey (CBS, 2018a), specifically questions about housing, education, and financial status, so that the data from our study could be compared with the general population of Israel. Around 20 minutes were needed to complete the questionnaire.

Since much of our information was obtained using nominal type variables, we primarily used the chi-square tests to examine whether there were statistically significant differences in the distribution of the variables by age cohort, gender, and residence (periphery vs. center of the country—where the big cities are located). Our null hypothesis was that there are no differences, for example,

feeling of loneliness will be the same among men and women or among different age groups. In the comparison by residence and most of the comparisons by gender, no significant differences were found. When significant differences were found, it is stated in the article.

Sample

Table 1 presents the background characteristics of the survey respondents. Many studies have shown that estimates of the size of LGBT community based on self-definition are lower than those based on single-sex practice or attraction (Fredriksen-Goldsen & Kim, 2017; Wagner Kolsko et al., 2016), and we therefore included people who do not only define themselves as lesbian or homosexual but also are attracted to their own sex. Since Hebrew is a gender-specific language, for example, the word “you” is written and pronounced differently for male (pronounced ATA) and female (pronounced AT) or the pronouncing of the word straight is straight for men and STRAIGHTIT for women, respondents could choose which gender they would prefer for the questions. Where relevant, the following responses use the male form, with the female equivalent in square brackets.

The question was: “Do you define yourself as ...” with possible responses including straight (m or f), straight (m) attracted to men [straight (f) attracted to women], homosexual [lesbian], or bisexual (m or f), other. In discussion with representatives of community organizations, we learned that some members of the community do not define themselves as homosexual or lesbian, but prefer the definition “straight attracted to members of my own sex,” which refers to practice or sexual attraction; 89% defined themselves as homosexual or lesbian, 4% as straight and attracted to their own sex. Five percent were transgender. The number of transgender respondents was too small to address their special issues in this article. Sixty-four percent of the respondents were women and 71% lived in the center of Israel, the remainder in the periphery, including small localities and rural localities. Ninety-six percent of the respondents were Jewish (the remainder defined themselves as atheists). The data analysis found that 78% of respondents defined themselves as nonreligious. Over three quarters of respondents (78%) had an academic education, that is, studied in a university; almost half of the respondents were able to cover their monthly expenses without difficulty.

Results

The findings are presented as follows. There were two primary areas of inquiry: support networks and barriers to the receipt of care.

Table 1. Background Characteristics of Respondents (N = 104).

Characteristics	Percent
Gender	
Male	33.7
Female	64.4
Other	1.9
Age	
55–59	14.4
60–64	33.7
65–69	34.6
70+	17.3
Sexual orientation	
Homosexual or lesbian	88.9
Straight, attracted to the same sex	4.0
Bisexual	4.0
Straight	2.0
Other	1.0
Transgender	4.8
Residence	
Center of the country	70.8
Periphery	29.2
Israeli born	69.6
Education (highest institution attended)	
Elementary or other	2.6
Secondary	10.8
Postsecondary	8.4
Academic	78.3
Ability to cover monthly expenses	
Gets by without difficulty	45.8
Gets by	45.8
Does not really manage to get by	8.4

Social Support Networks

As presented in Figure 1, 55% of the respondents are currently in a couple relationship. The differences in the percentages of those in a couple relationships by age are significant (Pearson Chi-Square = 12.1, $p = .007$): Almost three quarters of respondents report being coupled in the 60 to 64 years age range whereas at age 70+ years, the percentage of LGBT people in couple relationships drops to just over 15%.

Sixty-three percent of the respondents have children. Here too, the differences among age cohorts are significant (Pearson Chi-Square = 24.6, $p = 0.000$): Among the 60 to 64 as well as the 65 to 69 years age ranges, there are higher percentages of respondents who have children than among the younger 55 to 59

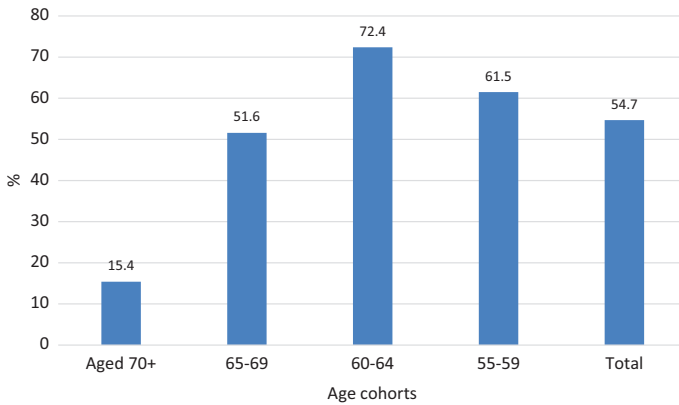


Figure 1. LGBT people aged 55+ years currently in a couplehood relationship, by age (percent, $N = 86$).

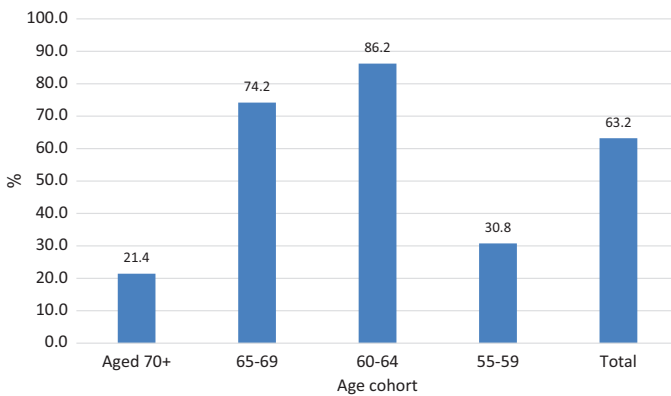


Figure 2. LGBT people aged 55+ years with children, by age (percent, $N = 87$).

years cohort and among those aged 70+ years. Only 21% of those aged 70+ years have children (Figure 2).

The analysis of living arrangements indicates that LGBT people tend to live alone (Figure 3): 58% of the respondents live alone and 27% live with their partners; 15% live with their partner and children. The older the age, the higher the percentage of those living alone, reaching 85% of those aged 70+ years, and the smaller the percentage of those living with partners—15% among those aged 70+ years.

In an assessment of the quality of family relationships, 79% of those with a family are satisfied with their relationships with their family. Still, over one in five respondents (21%) are dissatisfied ($N = 80$).

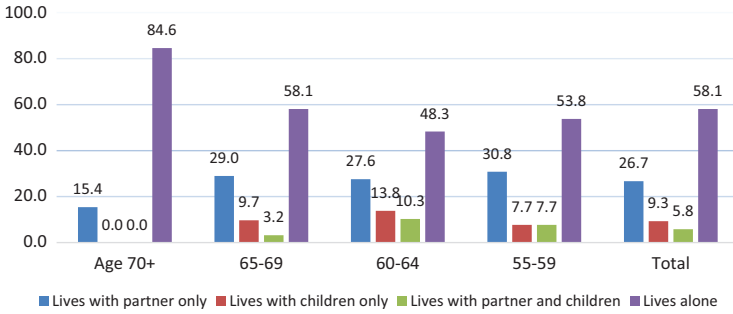


Figure 3. Living arrangements of LGBT people aged 55+ years, by age (percent, N = 86).

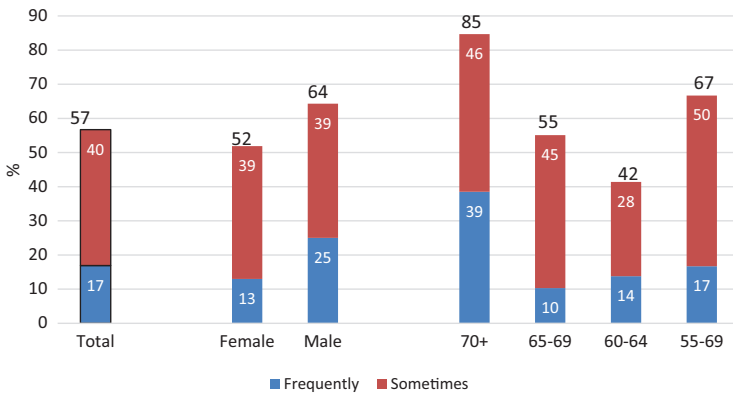


Figure 4. Feelings of loneliness reported by LGBT people aged 55+ years, by age and gender (percent, N = 83).

The data show that a sense of loneliness was reported by the majority of LGBT people aged 55+ years (Figure 4). Fifty-seven percent of the respondents reported frequently or sometimes feeling lonely. Higher percent of men reported feelings of loneliness than women: 64% versus 52%, respectively. Feelings of loneliness were reported by 85% of respondents aged 70+ years. Interestingly, the vast majority (98%) of the respondents report having friends.

Perhaps related to these experiences of loneliness: 31% of the respondents—15% of the men and 38% of the women—reported that a physician had diagnosed them with depression or anxiety. A higher percent of people diagnosed with depression or anxiety was found among the 65+ years group (43%) versus the 55 to 64 years group (20%).

Analysis shows that 33% of the respondents participate in LGBT community meetings frequently and an additional 33% participate sometimes (N = 85).

Twenty-three percent rarely participate and 11% never participate in such meetings. Similar participation rates were found among all age groups. A significant gender difference was noted, however; 38% of the women participate in community meetings often, compared with 21% of the men.

Barriers to Receiving Formal Assistance

Fourteen percent of the respondents reported that they had experienced some form of discrimination from the health and social services. Thirty percent reported feeling uncomfortable when asked to provide personal information to health or social services workers. Twenty-seven percent reported they feared that prejudice or discrimination on the part of health or social service workers would adversely affect the treatment or service provided. Thirty-five percent reported that their family physician did not know their sexual orientation. Twenty-five percent reported difficulty revealing their sexual orientation to specialists or consultants in the health system who are not the family physician, such as specialist physicians, hospital physicians and nurses, and other hospital staff. Eleven percent of the survey participants had either refrained from referring to health or social services or had put off their referral due to apprehension about the way they would be treated, or fear of revealing their sexual orientation (29% among the 70+ years; Figure 5).

Although most of the participants have not experienced actual discrimination or rejection by the service systems, around one third of participants are apprehensive about coming out and about the attitudes or treatment they will receive if they do. Analysis of the data by age revealed that the difficulty is greater among the older age cohort—29% of those aged 70+ years refrained from seeking health for fear of being “outed,” that is, those who may be in greater need of services and treatment. Among the younger cohorts, the percentages

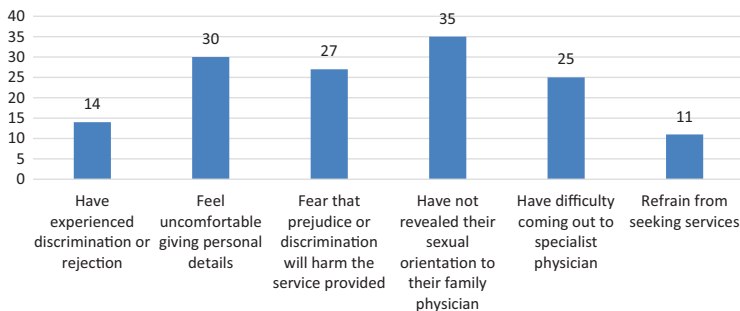


Figure 5. Experience of LGBT people aged 55+ years with the service systems (percent, $N = 87$).

were as follows: 10% of those aged 65 to 69 years, 3.4% of those aged 60 to 64 years, and 8% of those aged 55 to 59 years.

The respondents were asked if they were apprehensive about moving into a LTC home: 21% of respondents replied in the affirmative and 23% of these noted that the reason they were not moving was the fear of prejudice or discrimination and the need once again to conceal their sexual orientation.

Discussion

The LGBT community in Israel is experiencing rapid positive changes in public attitudes as well as amendments to legislation (Yanovich, 2006). However, discrimination still exists in many areas. Our study reveals both the nature and possible consequences of such discrimination and potential avenues for intervention. The policy of services for the elderly in Israel is to prevent institutionalization and as such, the service system, to a large extent, relies on the help of family members to care for elderly relatives (Berg-Warman et al., 2018; Brodsky et al., 2011; Mevorach, 2016). Our data show that many older LGBT persons in Israel do not have such a safety net. That is, compared with the general population of the same age, fewer live with partners and only some have family and children. Just over half of our sample were in couple relationships; this was a lower percentage than in the general population aged 55+ years where 70% are married (adapted from CBS, 2018a, Social Survey 2016)³; among the oldest in our sample, only 15% were coupled—an especially vulnerable group.

Along these same lines, the percentage of LGBT respondents with children was very much lower than among the general population of Israel, where among those aged 55+ years, the vast majority (96%) have had children (adapted from CBS, 2018a, Social Survey 2016). And, as has been found in much North American research (Fredriksen Goldsen et al., 2011), LGBT people live alone in proportions much greater than those aged 65+ years in the general population: 58% in our sample compared with 32% of the general population (Brodsky, Shnoor, & Be'er, 2017). The lower percentage of LGBT persons with children is particularly noticeable in Israel, where there is a high fertility rate,⁴ and contributes substantially to the lack of informal support.

Although the majority of respondents were satisfied with their family relationships, over 20% were not satisfied. Among the 55+ years in the general population, only 4% are not satisfied (adapted from CBS, 2018a, Social Survey 2016). Clearly, there is greater discord in the family relationships of LGBT older persons further challenging the “safety net” of older adults. Given that Israel’s service system relies heavily on spouses and children for support for the elderly (Berg-Warman et al., 2018; Brodsky et al., 2011; Mevorach, 2016), elderly LGBT people are likely to have difficulty receiving the support they need when the time comes.

Still, almost everyone in the sample had friends compared with sizable but still smaller proportions (87%) among those aged 55+ years in the general population (adapted from CBS, 2018a, Social Survey 2016). The extent to which these friends may fulfil the intimate and exhaustive demands of care, typically fulfilled by family, remains an empirical question that will be important to explore in the future.

Feelings of loneliness become more frequent in old age (Dykstra, 2009; Dykstra, Van Tilburg, & Gierveld, 2005; Hawkey & Cacioppo, 2007). The implications of social isolation and loneliness in old age for physical health and functioning, for mental and emotional health, and a sense of wellbeing are becoming increasingly recognized (Courtin & Knapp, 2017; Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). The proportion of LGBT persons reporting loneliness in our study was almost twice that of what has been reported in the general population (57% in our sample compared with 29% of people aged 55+ years in the general population; adapted from the CBS, 2018a, Social Survey 2016).

This finding is made even more dramatic as more men report feelings of loneliness than do women, vastly different than in the general population where 22% of men aged 55+ years reported feelings of loneliness (compared with 64% of GBT men in our sample) while 35% of women aged 55+ years reported depression (compared with 52% of LBT women in our sample; adapted from the CBS, 2018a, Social Survey 2016). Among people aged 75+ years in the general population, 43% reported feeling frequently or sometimes lonely (Brodsky et al., 2017), about half of what participants in this older age group reported in our sample. The more frequent feelings of loneliness reported by elderly LGBT people than by other elderly indicate an additional risk factor for physical and mental health and a risk factor for premature mortality. The gender difference is particularly evocative and merits further research.

Relatedly, women were almost twice as likely to participate in community meetings than were men. These data suggest that women may be more connected to the community and community organizations perhaps moderating the experience of loneliness. Another important consideration comes from the demise of the AIDS generation, which resulted in many of those alive today losing their partners and close friends and finding themselves alone. This may also explain why men in the LGBT community feel more lonely than the women, in contrast to the findings in the general population.

The seeking of assistance from service systems for the elderly, particularly health and social services, provokes fear of “outing” and has been seen to discourage LGBT people from applying for services, particularly when they are older. Even as most of the respondents reported that they had not experienced discrimination in the health or social service systems, about one third of them reported fear or discomfort to go to the doctor or reveal medical problems

because of the fear that they would be mistreated or because of the difficulty of coming out.

The absence of family support amplifies these fears intensely and leads to anxiety about seeking care and having to move into residential care for the elderly. At the time of writing (December 2018), an advertising campaign by one of the supported living companies in Israel was aimed directly at LGBT couples (Dorot, 2018). It would be interesting to follow this up and see whether this is a breakthrough in service provision and attitudes toward serving elderly LGBT people.

In light of the findings, thoughts should be given to relevant considerations of aging LGBT people in the health and social services for the elderly in Israel, both in the community and in LTC. Providers of services, particularly health and social services, have to recognize elderly LGBT people, their relationships and families, and learn about their particular challenges and how to address them. Service developers should remember that this population may not be able to rely on family members to care for them, and the situation must be dealt with appropriately and sensitively. Given the high rates of loneliness, it is necessary to develop suitable social interventions for elderly LGBT people.

With the aim of promoting learning and understanding about this issue, it would be worthwhile including sexual attraction and orientation and gender identity and expression in population surveys in Israel, making it possible to obtain better estimates of the size of LGBT community and its characteristics and patterns of life. It is extremely difficult to reach older LGBT people in religious and ethnic groups and there is therefore a deficiency of information about their lives and the difficulties they contend with. Studies among a broader section of the population could help understand and relate to the unique difficulties of such specific subgroups.

Our findings show that there is a need for action at the legislative level, in order to bring an end to the current discrimination against LGBT people, including elderly LGBT people, in Israel, so that they can enjoy the legal arrangements, benefits, and services accorded to the general population.

Study Limitations

The study was based on 104 questionnaires completed by LGBT people aged 55 years and older. Analysis of the characteristics of the respondents to the questionnaire, particularly gender, indicates that the sample may not be representative of the LGBT population aged 55+ years: The female-to-male ratio among the respondents is 2:1. Perhaps the AIDS epidemic, which devastated the male homosexual population in the 1980s, may partially account for this difference. Another explanation is that women may be more connected to community organizations and participate in community-social media more than men (Fredriksen-Goldsen et al., 2011).

Moreover, the education (78% studied in a university vs. 43% in the general population, respectively; Brodsky et al., 2017) and economic status characteristics indicate that the respondents may be in a higher socioeconomic bracket than the general population. The extent to which these are sampling nuances remains to be seen.

The sample lacks heterogeneity in other ways as well. The small number of transgender persons who participated in the study limits the ability to learn about the unique issues facing them. Although we managed to reach Ultra-Orthodox people, there was a deficiency of religious and ethnic groups among the participants. However, people from the periphery participated in the study as well, including those from small and rural communities.

The method of recruiting participants for the study was mainly based on contact with community organizations—potentially limiting the sample to those more socially engaged. The small number of participants limited our ability to generalize the study findings for the entire population of LGBT people aged 55+ years in Israel. Despite these limitations, the issues that arose support the information from the international literature and shed light on unique aspects of the aging of the LGBT population in Israel.

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Notes

1. The rates of institutionalization in Israel are among the lowest in the world: 2.3% of people aged 65+ years live in long-term care institutions (Brodsky, Shnoor, & Be'er, 2018).
2. The total population aged 65+ years in Israel at the end of 2016 was 978,400 and aged 55+ years, 1,734,300 (Brodsky et al., 2018).
3. The Social Survey does not have a “couplehood” category, but LGBT people are unable to marry in Israel, hence our comparison between these two statuses.
4. The fertility rate in Israel is 3.11, and the percentage in the Jewish population is rising (adapted from CBS, 2018b, Statistical Abstract of Israel 2017).

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