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LGBT* People in Later Life: The State of Research and Opportunities for Empirical Quantitative Analysis with Secondary Data in Germany

Robert Heidemann · Lisa de Vries · Zaza Zindel · Ralf Lottmann

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Abstract Increasing population ageing and demographic change are accompanied by greater diversity among later age cohorts. This phenomenon is evident with regard to the specific aspect of sexual and gender diversity. In recent decades, an increasing number of lesbian, gay, bisexual, trans*, and other sexual and gender minority (LGBT*) people who have lived through periods with different levels of social acceptance and legal equality have been entering later life.

However, little is known about the life situations of older LGBT* people in Germany, and this raises questions about how sexual orientation and gender identity affect life situations in old age in our society. Based on the life course approach and the concept of structural stigma, we first theoretically derive the consequences of historical persecution and stigmatisation for life in old age. We then analyse the current state of research on LGBT* people in later life. Due to the lack of quanti-

Online Appendix: <https://kzfss.uni-koeln.de/sites/kzfss/pdf/Heidemann-et-al.pdf>

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tative studies on older German LGBT* people, this article mainly summarises the international state of research on differences between LGBT* and cis-heterosexual people, as well as on the ways that LGBT* people differ according to minority status and age cohort.

Building on this, we provide an overview of available quantitative secondary datasets that can be used to analyse the life situations of older LGBT* people in Germany. In doing so, we discuss the potential of the study selection for analysing the relevant topics, and we conclude by discussing its limitations together with improvements that could be made to gain better knowledge about this field of research.

Keywords Sexual and gender identity · Social inequality · Health disparities · Data infrastructure · Later adulthood

LSBT*-Personen im höheren Lebensalter: Forschungsstand und Potenziale quantitativer Sekundärdatenanalysen in Deutschland

Zusammenfassung Die zunehmende Alterung der Bevölkerung und der demografische Wandel gehen mit einer größeren Vielfalt in den späteren Alterskohorten einher. Dies gilt auch für den Aspekt der sexuellen und geschlechtlichen Vielfalt. Immer mehr lesbische, schwule, bisexuelle, trans* und andere Menschen aus sexuellen und geschlechtlichen Minderheiten (LGBT*) erreichen ein höheres Lebensalter und haben in den letzten Jahrzehnten unterschiedliche Phasen gesellschaftlicher Akzeptanz und rechtlicher Gleichstellung erlebt und mitgestaltet.

Allerdings ist wenig über die Lebenssituation älterer LGBT*-Menschen in Deutschland bekannt und es stellt sich die Frage, wie sich sexuelle Orientierung und Geschlechtsidentität in unserer Gesellschaft auf die Lebenssituation im Alter auswirken. Auf der Grundlage des Lebenslaufansatzes und des strukturellen Stigmas leiten wir zunächst theoretisch die Folgen der historischen Verfolgung und Stigmatisierung für das Leben im Alter ab. Anschließend analysieren wir den aktuellen Stand der Forschung zu LGBT*-Personen im Alter. Aufgrund des Mangels an quantitativen Studien zu der Zielgruppe in Deutschland fasst dieser Artikel hauptsächlich den internationalen Forschungsstand zusammen, der sich mit Unterschieden zu cis-heterosexuellen Menschen, aber auch mit Unterschieden zwischen Menschen mit verschiedenen Minderheitenstatus und zwischen Alterskohorten beschäftigt.

Darauf aufbauend geben wir einen Überblick über verfügbare quantitative Sekundärdatensätze, die zur Analyse der Lebenssituation älterer LGBT*-Menschen in Deutschland genutzt werden können. Dabei diskutieren wir das Potenzial der Studienauswahl für die Analyse relevanter Themen und erörtern abschließend Einschränkungen und mögliche Verbesserungen, um Erkenntnisse in diesem Forschungsfeld zu gewinnen.

Schlüsselwörter Sexuelle und geschlechtliche Identität · Soziale Ungleichheit · Gesundheitliche Ungleichheit · Dateninfrastruktur · Späteres Erwachsenenalter

1 Introduction

Demographic change in Germany is accompanied not only by an ageing population but also by increasingly visible diversity among older age cohorts, and this includes sexual and gender diversity. Initially, it was primarily younger sexual minority people who, catalysed by social processes such as the gay and lesbian movements that began during the end of the 1960s, fought for increasing visibility amidst general social upheaval and played a key role in bringing to an end, during the 1990s, state criminalisation and pathologisation (Çetin 2012; Haunss 2017). With the ageing of this politicised and “less silenced” cohort (Fredriksen Goldsen et al. 2022), recent years have seen increasing legal equality and social acceptance in Germany (Flores 2019; OECD 2023). Thus, more and more lesbian, gay, bisexual, trans*, and other sexual and gender minority (LGBT*) people demand to live their sexual orientation and gender identity in a self-determined way, and this is also the case in later life (for international findings, see, e.g., Almack 2018; Lyons et al. 2021). However, little is still known about the life situations of older LGBT* people in Germany.

But what role do sexual orientation and gender identity play in the later life of today’s older LGBT* cohorts? To understand the unique experiences and living circumstances of these populations, we must take their life courses into account. Even if legal equality is increasingly being sought, at least from the legislative side, many of today’s older LGBT* people experienced a social environment of state discrimination that included, for example, criminal prosecution or pathologisation during their childhood, youth, and young adulthood (Çetin 2012; Lottmann and Lautmann 2015). Today as well, LGBT* people experience high amounts of marginalisation, discrimination, and violence (OECD 2023; European Union Agency for Fundamental Rights (FRA) 2024). Today’s older cohorts of LGBT* people have therefore been exposed to a greater risk of rejection and exclusion. This is not only reflected in one-off events, but it also affects relevant aspects in later life, such as (mental) health, social networks, support in old age, education, and labour market participation (Fredriksen Goldsen et al. 2019). Therefore, research on older LGBT* people should also take into account the historical contexts that influence the opportunities these individuals have to shape their lives.

Against this backdrop, our article focuses on the state of research and on opportunities for empirical quantitative analysis of LGBT* people in later life. To illustrate the relevance of LGBT* minority status for older people, we use relevant theoretical concepts, especially the life course approach (Elder 1994; Mayer 2009). To understand the complex circumstances of the LGBT* population, minority stress (Meyer 2003; Frost and Meyer 2023) and structural stigma (Hatzenbuehler and Link 2014; Hatzenbuehler 2016) are also used. In addition, we present empirical findings that, due to a lack of German studies, are mainly based on international research. Building on this, we provide an overview of available quantitative secondary datasets that can be used to analyse the life situations of older LGBT* people in Germany. Overall, we analysed 624 datasets in order to assess their potential for research on this topic. Finally, we discuss the potential of the study selection ($n=9$) for analysing relevant topics and conclude by discussing both present limitations and improvements that could be made to gain better knowledge about this field of research.

2 The State of Research and Theoretical Concepts

Age serves as a critical lens through which the consequences of earlier life stages can be examined (Brandt et al. 2018). Individual decisions made earlier in life, combined with prevailing social conditions, shape later life experiences. This idea is underpinned by the life course approach (Elder 1994; Mayer 2009), which views life courses as dynamic processes that are influenced by multiple factors. A key component of this perspective is the role of individual agency—human decision-making—which is, however, shaped by existing structural conditions (Elder 1994). Thus, agency is contingent on historical and local contexts (i.e. time and place) because different social norms and values apply at different times in history and are related to certain spatial entities such as countries (Mayer 2009). Social relationships (i.e. linked lives), such as those with family, friends, or colleagues, further influence agency, forming a continuous interaction between human decision-making, social networks, and societal structure (Bernardi et al. 2019). While individuals can actively shape their social relationships, their ability to act independently is most effective when their choices align with the dominant norms and values of their society (Hatzenbuehler 2016).

Closely related to this perspective is the cumulative disadvantage approach, which highlights how social position influences life trajectories. Disadvantages can emerge early in life and intensify over time, leading to cumulative disadvantages. These “can be defined as the systemic tendency for interindividual divergence in a given characteristic [...] with the passage of time” (Dannefer 2003, p. 327). Beyond traditional dimensions of inequality such as income, education, and (binary) gender, cumulative disadvantages also manifest in relation to sexual orientation and gender identity. Thus, the integration of both the life course approach and the cumulative disadvantage approach allows for a comprehensive understanding of how inequalities unfold across the life course, particularly among older populations (Fredriksen Goldsen et al. 2022; Rosenfeld 2010).

The life trajectories of older LGBT* people have been significantly shaped by past discrimination and pathologisation, which were brought against them by a social order that did not tolerate deviations from heteronormative standards. The concept of heteronormativity is instrumental in perpetuating disparities, as LGBT* people do not fit into the societal understanding of binary gender and sexuality. This has led to the categorisation of LGBT* identities as “un-normal” and to the establishment of privileges for cisgender heterosexual individuals¹ (Allen and Mendez 2018; Oswald et al. 2005). Historical discrimination has taken various forms, including the legal sanctioning of same-sex acts,² the classification of homosexuality and trans* identities as mental disorders, and the creation of systematic barriers against trans*

¹ People who identify with the sex assigned at birth and (in a binary male/female logic) feel sexually attracted to the other binary gender.

² Same-sex acts between men were prosecuted under criminal law until 1968 (German Democratic Republic [GDR]) and 1969 (Federal Republic of Germany [FRG]) and in a weakened form until 1968 (GDR) and 1994 (FRG) (Lottmann and Lautmann 2015). Same-sex acts between women were forbidden in the GDR only until 1968. However, in the FRG such behaviour was regarded as “a-sozial”, a term coined by the Nazis. Due to this label, same-sex acts by married women could lead to divorce, loss of maintenance

people seeking legal recognition of their gender.³ Such legislative discrimination not only reinforces societal norms but also results in structural stigma, significantly constraining “the opportunities, resources and the well-being of the stigmatised” (Hatzenbuehler and Link 2014, p. 2). For example, the classification of trans* identity as a mental disorder has not only affected the self-esteem of trans* people, but it has also significantly contributed to workplace discrimination (e.g. ATME e.V. 2009). By applying the theoretical lenses of both the life course approach and the cumulative disadvantage approach, it becomes clear that historical discrimination is not merely a past injustice but an ongoing determinant of economic, social, and health disparities among older LGBT* individuals. The restrictions imposed in early life can have long-lasting effects, thus reinforcing patterns of disadvantage that continue to shape well-being and resource access in older adulthood (e.g. Fredriksen Goldsen et al. 2019). However, it is essential to recognise that variations between cohorts must be acknowledged (Jenkins Morales et al. 2014; Rosenfeld 2010). For example, the cohorts who grew up in Germany in the 1950s and earlier generally experienced a much more restrictive environment in terms of their incongruence with heteronormativity than those who spent their youth in the 1970s, a period when a growing political movement for the rights of sexual and gender minorities began (Haunss 2017).

Based on these theoretical considerations, a question now arises: To what extent can empirical support be found for the particular challenges faced by LGBT* people in later life? Since there are very few quantitative studies for Germany, we also present the international state of research below.

In terms of economic resources, empirical findings indicate that lesbian women and gay men tend to have higher levels of educational attainment than their heterosexual peers, with increased rates of upward educational mobility (Boertien et al. 2024; Valfort 2017; de Vries et al. 2020). However, these educational advantages do not necessarily translate into improved income or labour market outcomes (Gorman and Oyarvide 2018; Drydakis 2022; Kroh et al. 2017; Badgett et al. 2021). Moreover, studies from the United States reveal higher poverty rates among LGBT* people, with notable intragroup variances: Lesbian and heterosexual cisgender women exhibit higher poverty rates than gay and heterosexual cisgender men, while trans* individuals face the greatest risk of poverty (Badgett et al. 2019) and report financial difficulties most often (Evje et al. 2024) within the LGBT* demographic. These disparities may reinforce cumulative disadvantages, as lower lifetime earnings contribute to financial insecurity in older age.

Social resources represent another critical area of disparity. Research indicates that (older) LGBT* people are less likely to be in partnerships or have children compared to their cisgender heterosexual peers (Fredriksen Goldsen et al. 2013;

claims, and, in cases where there were children, loss of custody. Such family law decisions were imposed by the courts until at least 1994 (Plötz 2021).

³ According to the Transsexual Law (TSG) that passed in 1980 and remained in force until 2011, trans* people who wanted to change their name or gender were not allowed to be married, and if they were already married, then they had to get divorced (Paragraph 8, Section 1, No. 2 TSG). According to the law, they also had to be unable to reproduce and had to be sterilised (Paragraph 8, Section 1, No. 3 TSG). Furthermore, they had to undergo surgery on their external sexual characteristics (Paragraph 8, Section 1, No. 4 TSG).

Ismail et al. 2020). From a life course perspective, these disparities can be traced to legal restrictions and societal exclusions that limited family formation opportunities for sexualities and genders that did not fit the heteronormative view. For those who are at least 50 years old, having a family with children outside a heterosexual relationship was almost impossible (OECD 2019; Fischer and de Vries 2022). Consequently, LGBT* people often develop relationships primarily within the sexual and gender minority community, with less frequent interactions with biological family members or cisgender heterosexual people (Breder and Bockting 2023; Kim et al. 2017; Brennan-Ing et al. 2014). These formations of close friendships often culminate in “chosen families” (Muraco 2006), which provide essential social support outside traditional biological family structures (Allen and Lavender-Stott 2020). Although chosen families serve as critical protective factors in the social support landscape (Brennan-Ing et al. 2014), they may not provide the same level of economic or caregiving stability, and this reinforces cumulative disadvantages in later life.

Additionally, differences in mental well-being among older LGBT* people have frequently been examined through the lens of the minority stress model (Meyer 2003; Frost and Meyer 2023), which highlights the additional stressors faced by these populations, such as (anticipated) discrimination and internalised stigma. Research suggests that minority stress accumulates over time, linking this concept directly to cumulative disadvantages. Empirical evidence indicates that LGBT* people utilise mental health services at higher rates than their cisgender heterosexual counterparts (Stanley and Duong 2015). Minority stress is also associated with increased loneliness (Kuyper and Fokkema 2010) and higher rates of depression (Hoy-Ellis and Fredriksen Goldsen 2017). Moreover, compared to cisgender heterosexual people, LGBT* populations exhibit increased susceptibility to anxiety disorders, suicidality, and migraines, and this is partially attributable to experiences of marginalisation (Kasprowski et al. 2021; Kneale et al. 2020; Pöge et al. 2020; Rosendale et al. 2022; Yarns et al. 2016). However, there are health-related differences within the group of LGBT* people. Gay and bisexual men report lower life satisfaction and more suicide attempts, while nonheterosexual women report poorer self-rated health and higher engagement in health-damaging behaviour (Kneale et al. 2020). Importantly, the impact of minority stress on well-being outcomes may evolve over the life course (Becker et al. 2014), and it may vary according to the specific dimension of mental well-being (de Vries and Zindel 2024).

It is crucial to recognise the significant implications of these findings for understanding the challenges faced by older sexual and gender minority people. Disadvantages that arise earlier in life, such as social exclusion during young adulthood and discrimination in the labour market, tend to accumulate over time (Dannefer 2003). This suggests that conditions in early life stages not only shape later life but also contribute to the persistence with which disadvantages proliferate throughout the life course.

Disclosing one’s sexual orientation or gender identity in the workplace may result in reduced promotion opportunities or hiring challenges, ultimately leading to economic insecurity later in life. In terms of health, untreated mental health issues can intensify, while health-risk behaviours may increase long-term mortality risk.

Additionally, past experiences of discrimination within institutions may discourage LGBT* people from seeking support. Socially, the lower likelihood of having biological children or maintaining strong familial ties results in a more age-homogeneous social network (Misoch 2017; Traunsteiner 2018). While this is not inherently problematic, it becomes increasingly relevant with age as the probability of needing support increases. In many societies, relatives often assume caregiving responsibilities (Zigante 2018), followed by state provisions. However, because sexual or gender minority people may lack familial support and may encounter health care professionals who are not inclusive (Caceres et al. 2020; Waling et al. 2019; Kenel et al. 2018), it is necessary for them to rely on friends. Although LGBT* people are more likely to provide informal care than cisgender heterosexual people are (Croghan et al. 2014; Ismail et al. 2020), concerns remain regarding the sufficiency of available support. A British study on support expectations indicates that older LGBT* people view their family of choice as a critical resource for emotional or practical support, rather than for the fulfilment of caregiving tasks (Lottmann and King 2022). However, if members of their chosen family are of the same age, there is a high probability that those in their close social environment will also require support and may be unable to provide intensive assistance when care needs arise.

As highlighted above, the landscape of quantitative research on older LGBT* people in Germany remains limited, with much of the existing literature relying on international studies. The scarcity of research is largely due to challenges in data infrastructure and the limited availability of relevant datasets (Schönpflug et al. 2018; Recker and Perry 2024). Nevertheless, the following section provides an overview of accessible quantitative studies that enable an analysis of the living situations of older LGBT* people in Germany. It focuses on educational attainment and economic resources, social relationships and networks, and health and discrimination, as these are considered central within the framework of structural stigma (Hatzenbuehler and Link 2014) and related research (cf. Fredriksen Goldsen et al. 2019; Chen et al. 2022).

3 Overview of Datasets that Can Be Used to Analyse Aspects of Queer Ageing in Germany

The study of queer ageing in Germany is an emerging field of research that seeks to understand the unique experiences, challenges, and needs of older LGBT* people in the country. Estimating the actual number of older LGBT* people in Germany is difficult, as the proportion of LGBT* people to the total population can only be very roughly estimated. Different population-based studies provide estimates of 0.5–0.9% (same-sex couples, based on the microcensus [*Mikrozensus*]) and 13.8–22.4% (people who are not solely heterosexual, based on an online survey; Pöge et al. 2020). Based on the Socio-Economic Panel (SOEP), it is assumed that an average of 1.9% of people who are at least 60 years old identify as lesbian, gay, or bisexual (Kroh et al. 2017). According to current figures, almost 37 million people who are 50 or older live in Germany (Statistisches Bundesamt 2024). Assuming a proportion of 1.9% here too, there are at least around 703,000 LGBT* people living in Germany,

whose living situations have so far been underresearched in quantitative research.⁴ The preceding discussion of research and theoretical concepts emphasises the potential for gaining knowledge about issues of inequality between older LGBT* people and their heterosexual counterparts, as well as within the LGBT* community. This section aims to provide an extensive overview of datasets that can be utilised to analyse various aspects of queer ageing in Germany. First, we will provide an overview of datasets that offer opportunities for quantitative analysis of older LGBT* people in Germany in general. Second, we will highlight datasets that allow one to dive into specific dimensions of the life course of LGBT* people, such as educational attainment and economic resources, social networks, and physical and mental health.

3.1 Selection Process

The selection of the datasets involved a multistage selection process (Fig. 1). The GESIS data platform⁵ was used as the primary source,⁶ with the following selection criteria: (1) data collection between 2014 and 2024, (2) data collection within Ger-

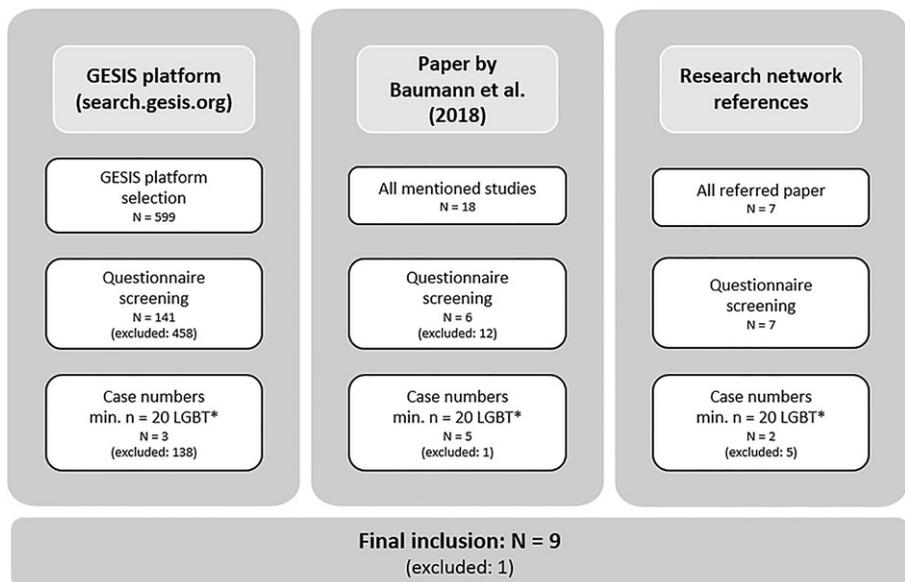


Fig. 1 Multiple-stage selection process. *LGBT** lesbian, gay, bisexual, trans*, and other sexual and gender minority. (Note: Own creation)

⁴ We are aware that this is a very rough estimate. Based on current international estimates of the LGBT* population, we can assume a higher proportion of LGBT* people (Deschamps and Singer 2017; OECD 2019). The figure of 703,000 people should therefore be regarded as a lower estimate.

⁵ <https://search.gesis.org>

⁶ GESIS–Leibniz Institute for the Social Sciences is a German research institute in the field of empirical social sciences. Moreover, it is a research organisation that provides datasets and makes archives available to other researchers.

many, and (3) data collection at the individual or household level. The result of this search was $n=599$ datasets whose meta-information, available on the GESIS platform, was exported via web scraping and transferred to an Excel spreadsheet. Based on this meta-information, the preselected studies were further screened to determine whether they included information on the respondent's sexual identity and gender identity.⁷ Only studies that allowed the identification of LGBT* people based on one of these categories were eligible for further use in this article. This selection step reduced the number of studies considered to $n=141$ datasets. The resulting datasets were then screened for the total number of cases with eligible individuals, that is, LGBT* people aged 50 years or older. Even though we are aware that the age limit of 50+ is an artificial one, this age seems particularly interesting for gaining insights into the life situations of middle-aged professionals, including their social relationships, their health, their education, and their economic resources. Ideally, it allows us not only to compare them with heterosexual individuals but also to observe, within the group itself, differences between orientations, identities, and age cohorts. To run at least some substantive descriptive analysis, the minimum number of cases for further inclusion was set to $n=20$ LGBT* individuals. This led to the exclusion of the vast majority of datasets, with only three studies left for consideration in this article: the German Longitudinal Election Study (GLES) Rolling Cross-Section 2021 study (GLES 2022), the European Union (EU) LGBTI II survey (European Union Agency for Fundamental Rights 2020a), and the TwinLife study (Mönkediek et al. 2019). As sobering as this finding was, it underscores the relevance of this article. There is an urgent need for an overview of the current possibilities and a consolidation of the data requirements for research on queer ageing.

To identify additional datasets, we consulted two further sources: a highly recommendable paper by Baumann et al. (2018) and our academic research network, which includes a German LGBT* research network mailing list (for an overview of all studies analysed, see Table A1 in the Online Appendix). The paper by Baumann et al. (2018) lists 18 studies that can be used to investigate minority groups in Germany, thus providing a further source for our investigation. This paper differs from our project in that it is interested in minority groups in general and has no age restriction for the studies included. We applied the same selection parameters that were used for the data previously collected via the GESIS platform. At the questionnaire level, nine studies had to be excluded due to insufficient identification of LGBT* people—most studies identified that target group via household composition, which is a common practice. However, this approach has a high potential for

⁷ We included only studies with measurements of sexual identity (e.g. the question “Would you describe yourself as ...?” with the answer categories “heterosexual or straight [that is, attracted to the opposite sex]”, “homosexual [lesbian or gay; that is, attracted to one’s own sex]”, “bisexual [attracted to both sexes]”, and “no answer/prefer not to say”). Other methods of identifying sexual minority people (e.g. sexual behaviour or same-sex partnerships) were not included. Further, we included all measurements that allow diverse gender identity in response to the question of the respondent’s sex/gender (e.g. the two-step approach or the use of the answer categories “male”, “female”, and “diverse”). These methods vary in their effectiveness in identifying gender minority people. Even though we are critical of identifying gender minority people with the answer category “diverse”, we decided to include this measurement method in our analysis because it is currently a very common method in German surveys. For a critical discussion about identifying gender minority people in the German context, see de Vries et al. (2024).

false positive results and leads to distortions, as LGBT* people are less likely to be in a partnership (Fredriksen Goldsen et al. 2013; Kroh et al. 2017), and all single people, or those not living with their partner, would therefore count as heterosexual in these studies. We do not consider this type of identification sufficient. Another study was excluded due to a shortfall in the number of cases. From Baumann et al. (2018), five studies could thus be identified for the investigation of the life situations of LGBT* people aged 50 years or over: the German Ageing Survey (Klaus et al. 2017), the German Health Update (Allen et al. 2021), the microcensus (*Mikrozensus*; Statistische Ämter des Bundes und der Länder, n. d.), SOEP (Goebel et al. 2019), and the SVR Integration Barometer (Sachverständigenrat für Integration und Migration 2022). Through the research network, we received recommendations of seven additional studies that might be suitable for further investigation. At the questionnaire level, all studies met our inclusion criteria. However, five studies had to be excluded because they had only a small number of cases in which the older population was represented. Two studies therefore remain for further consideration in the context of our investigation: the German Health and Sexuality Survey (Matthiesen et al. 2021) and the LGBielefeld studies (Zindel et al. 2023a).

The final ten studies were assessed for their potential for analysis in the areas of educational attainment and economic resources, social networks, and health. Only studies that showed potential for analysis in at least one of these dimensions were included in this article. This was done to ensure the selection of datasets that would provide valuable insights into the lived experiences of older LGBT* people in Germany. However, one study had to be excluded because access to the data and documentation was missing. Thus, the final selection resulted in nine studies, which are described in terms of survey methodology in Table A2 in the Online Appendix and will be further explored in this article.

3.2 Overview of Selected Datasets

In total, we identified nine studies that provide insights into the lives of LGBT* people who were at least 50 years old. Table 1 highlights each study's potential by indicating whether the gender question was LGBT* inclusive and whether sexual identity was asked about. The table also shows the number of cases with LGBT* people who were at least 50 years old.

3.2.1 German Ageing Survey

The *German Ageing Survey (DEAS)* is a representative longitudinal study of the German resident population between the ages of 40 and 85 at the time of the first survey (Klaus et al. 2017). The standardised interviews are usually conducted in person and by means of an additional written drop-off questionnaire. After the first wave of participation, respondents are also asked to participate in subsequent waves, as this provides information on individual changes over time. The first survey took place in 1996, followed by waves in 2002, 2008, 2011, 2014, 2017, and 2020–2021. In addition, there was a separate short written survey in 2020 that asked for supplementary information on living situations during the COVID-19 pandemic (Engstler

Table 1 Year of data collection, measurement of sexual and gender identity, and sample composition of the selected studies

Data	Years	Nonbinary sex/gender	Sexual identity	50 years and older		50 years and older	
				N	N	LGBT*	N
<i>DEAS</i>	2014	No	Yes	9096	192		
	2017	No	Yes	6262	166		
	2020–2021	No	Yes	5263	136		
<i>GeSiD</i>	2018–2019	Yes, sex assigned at birth and gender identity	Yes	1953	138		
	2019–2020	Yes, sex assigned at birth and gender identity	No	15,276	78		
<i>GEDA-EHIS</i>	2021	Yes, including a “diverse” category	Yes	4578	198		
<i>GLS Rolling Cross-Section</i>	2019	Yes, sex assigned at birth and gender identity	Yes	477	477		
<i>LGBIelefeld</i>	2021	Yes, sex assigned at birth and gender identity	Yes	999	999		
<i>Microcensus</i>	2021	Yes, sex by birth register	No	About 440,000	About 180		
	2020	Yes, sex by birth register	No	About 340,000	About 130		
<i>Socio-Economic Panel (SOEP)</i>	2014	No	No	11,924	90		
	2015	No	No	11,720	100		
	2016	No	Yes	11,657	107		
	2017	No	No	13,144	132		
	2018	No	No	13,014	141		
	2019	Yes, sex assigned at birth and gender identity (only for sample Q)	Yes	14,086	335		
	2020	No	No	13,393	320		
	2021	Yes, sex assigned at birth and change of birth register entry	No	11,983	264		
<i>EU LGBTII survey</i>	2019	Yes, sex assigned at birth and gender identity	Yes	1909	1909		
<i>TwinLife</i>	2016–2017	No	Yes	979	20		
	2018–2019	No	Yes	1274	25		

*LGBT** lesbian, gay, bisexual, trans*, and other sexual and gender minority, *DEAS* German Ageing Survey, *GeSiD* German Health and Sexuality Survey, *GEDA-EHIS* German Health Update–European Health Interview Surveys, *GLS* German Longitudinal Election Study, *SOEP* Socio-Economic Panel, *EU* European Union

et al. 2022). The DEAS covers various topics, such as working life, level of education and economic resources, family of origin, social networks, social engagement, and health and social attitudes, thereby capturing both objective and subjective information. However, the DEAS has asked about sexual orientation only since 2008, and it has done so only with the response categories “heterosexual, homosexual, bisexual, other”. Gender is coded in binary terms as “male” or “female”, selection is usually made by the interviewer, and the respondent is asked only in cases of uncertainty (Vogel et al. 2021). Since 2014, more than 3800 people who were 50 or older have been surveyed in each wave, around 3% of whom identify as gay, lesbian, or bisexual.

3.2.2 German Health and Sexuality Survey

The *German Health and Sexuality Survey (GeSiD)* is a 2018–2019 representative study of 1953 individuals who were then between 18 and 75 years old and living in private households in Germany (Matthiesen et al. 2021). The sampling was based on a two-stage register design, with an initial representative selection of municipalities and a subsequent random sampling of the target population. The GeSiD survey focuses on information about sexual attitudes, sexual behaviour, intimate relationships, and further domains of sexual health. The questionnaire was conducted via a combination of a computer-assisted personal interview and a computer-assisted self-interview. The self-interviews cover more intimate questions, with the interviewer present for support but unable to see the answers. Information on LGBT* affiliation can be derived from the questions about gender (assigned at birth and gender identity) and the questions about sexual attraction and intimate relationships. Of the 1953 respondents, around 3% identified as not cisgender heterosexual. For the 50+ age group, information is available from 1953 people, of whom 138 (about 7%) identify as lesbian, gay, bisexual, or not exclusively heterosexual.

3.2.3 German Health Update–European Health Interview Surveys

German Health Update–European Health Interview Surveys (GEDA-EHIS) is a representative survey of German residents aged at least 15 years, and it was conducted through computer-assisted telephone interviews (Allen et al. 2021). A dual-frame method was used for sampling; random samples were drawn from all landlines and mobile phone connections. The content design is based on the third wave of EHIS, which was conducted in all EU member states and thus allowed for analysis in a European context. The study focuses on health reporting (health status, health care, and health behaviour) but includes some economic indicators. Although GEDA-EHIS does not include questions about sexual identity, it is possible to determine gender identity beyond cis-heteronormativity. Gender was surveyed via two variables (assigned sex at birth and self-identification), with self-identification that included an open-response option “other gender that is ...”; the representation of some degree of gender diversity is therefore possible (Pöge et al. 2022). The GEDA-EHIS survey contains data from 15,276 respondents aged 50 years or older, 78 of whom have a trans* identity.

3.2.4 GLES Rolling Cross-Section 2021

The *GLES Rolling Cross-Section 2021 study* is part of the German Longitudinal Election Study, which aims to collect and provide high-quality data for (inter)national election research (GLES 2022). Using a rolling cross-sectional design, the study includes a preelection survey and a postelection survey for the 2021 federal election (Bundestagswahl) in Germany. The postelection survey ($n=4446$) includes a question about sexual orientation and has potential for the analysis of 198 older LGBT* respondents. The answer categories “homosexual”, “bi- or pansexual”, “asexual”, and “none of these” were combined into the category “other sexual orientation”. A sex/gender question with a third “diverse” category was included, but information about this category was randomly assigned to the “male” or “female” category due to the small number of cases (GLES 2022). Access to the original dataset is available off site through a data usage agreement, but the number of people who are at least 50 years old and who selected the category “diverse” is less than 20. The questionnaire includes questions about electoral and political attitudes and basic sociodemographic information (e.g. general education, employment status, household size, and partnership; GLES 2022). Due to their focus, the surveys have analytical potential mainly for electoral and political research.

3.2.5 LGBielefeld

The *LGBielefeld* studies are two nonprobability online surveys of LGBT* people in Germany, with survey participants who were recruited through targeted advertisements on social media. The first study, LGBielefeld 2019 ($n=6489$), was conducted in parallel with a subsample of SOEP, namely the SOEP-Q sample. The questionnaires have a large overlap, and a combination weight was developed to allow combined analysis of the SOEP-Q and LGBielefeld 2019 data (Zindel et al. 2023a). The LGBielefeld 2019 study has analytical potential for 477 older LGBT* people. In addition to questions about sex assigned at birth, gender, and sexual orientation, the study covers various topics, such as economic resources, family, partnership, social networks, health, and experiences of discrimination and online hate speech. Some items, such as health and social networks, have a limited number of cases due to rotating questionnaire modules used to reduce respondent burden (Zindel et al. 2023a). The LGBielefeld 2021 study, which is the second cross-sectional survey, has 7332 respondents recruited through social media. One focus of the study was to reach a higher number of gender minority people than in the first LGBielefeld study (Zindel et al. 2023b). The LGBielefeld 2021 study has analytical potential for 999 older LGBT* people. The questionnaire design is largely similar to that of the LGBielefeld 2019 study, and it covers economic resources, social relationships and networks, health, and experiences of discrimination and violence. Additionally, it includes more detailed questions about friendship networks, connections to the LGBT* community, and experiences of violence (Zindel et al. 2023b).

3.2.6 *Microcensus*

The *microcensus* (*Mikrozensus*) is an annually conducted representative survey of households in Germany, with approximately 1% of the German population participating each year (Statistische Ämter des Bundes und der Länder, n.d.). In 2020, the microcensus integrated a third sex category, “diverse”. Approximately 130 respondents who were at least 50 years old chose the “diverse” category in 2020, and approximately 180 such respondents did so in 2021.⁸ The scientific use file includes information only on binary sex categories, with information on the third sex category randomly assigned to the “male” or “female” category due to anonymisation. While the original dataset is available via on-site access, it should be noted that the variable on sex by birth register, according to the microcensus in 2020 and 2021, differs considerably from the civil status register information and that evaluation of the content based on this category is not recommended. The microcensus provides detailed information on household composition, partnership status, employment situation, education, wealth, and pension situation. It also includes questions about children, childcare, health, social support, and friendship networks. In 2021, a question about workplace discrimination was included in the questionnaire. The microcensus does not ask about sexual orientation and is only part of this overview because it includes an analysis of people who identify as diverse.

3.2.7 *Socio-Economic Panel (SOEP)*

The *SOEP* is a Germany-wide household panel with about 15,000 households and 30,000 respondents participating yearly. The *SOEP* started in 1984 and provides a broad set of information on the employment, family life, and living conditions of the German population (Goebel et al. 2019). The household context of the *SOEP* provides information on all household members (including children). In addition to an annual individual and household questionnaire about the current life situation, the biography questionnaire collects information on the biographies of *SOEP* respondents. Moreover, questionnaires for parents and children in different age groups are used in the *SOEP*. To offer additional analytical potential for specific groups and topics, some subsamples (e.g. IAB-*SOEP*-Migrationsample, *SOEP* CoV) were integrated into the *SOEP* via additional survey questions (Kara and Zimmermann 2023).

Originally, only same-sex couples living together in one household were identifiable in the *SOEP*. However, several changes made the *SOEP* more attractive for research on LGBT* people. In 2016, a question about sexual orientation was included for the first time (Kroh et al. 2017). To increase the analytical potential, a boost sample of 477 LGBT* households (*SOEP*-Q) was included in the *SOEP* in 2019. Moreover, the 2019 questionnaire included a question about sexual orientation, questions about discriminatory experiences, and (only for sample Q) questions about sex assigned at birth and gender identity (Fischer et al. 2022; de Vries et al. 2021).

⁸ Since December 2018, there has been a legal right in Germany to be able to choose a third gender (“diverse”) beyond male and female in official matters (Diethold et al. 2023).

In 2021, questions about sex assigned at birth and change of birth register entry were included (infas 2023). In 2022, questions about sex assigned at birth and gender identity were added, and the dataset for 2022 has been available since summer 2024. The SOEP provides detailed information on education, income, and labour market outcomes, as well as some wealth and poverty indicators. The household structure of the SOEP and its various family-related questions (regarding, e.g., childcare, family changes, family networks) offer analytical potential for family research. In the context of social relationships and networks, the SOEP provides information on partnership, friendship networks, and social support. The “Health and Care” section offers information on mental and physical health (e.g. illness, health satisfaction; Kara and Zimmermann 2023). In 2019 and 2020, questions about discrimination were integrated into the SOEP-IS innovative module (Richter et al. 2021).

3.2.8 *EU LGBTI II Survey*

The *EU LGBTI II survey* of the European Union Agency for Fundamental Rights is the second wave of a cross-sectional nonprobability study focusing on the living circumstances and experiences of LGBT* people in the EU, North Macedonia, and Serbia. The 2019 dataset contains 139,799 LGBT* respondents, including 16,119 respondents living in Germany (European Union Agency for Fundamental Rights 2020a). The survey includes several questions about sex/gender and sexual orientation, discrimination, harassment, and violence, as well as about mental and physical health. It also provides basic information on education, employment, family, and partnership (European Union Agency for Fundamental Rights 2020b). The high number of cases allows for analyses of differences between countries and within the LGBT* community. The third wave of the survey was conducted in 2023, with the dataset becoming available in 2025 (European Union Agency for Fundamental Rights 2024).

3.2.9 *TwinLife*

The *TwinLife* study is a representative longitudinal study that began in 2014 and that focuses on twin pairs and their families in Germany (Mönkediek et al. 2019). The study examines individuals on multiple occasions and across various life events in order to evaluate the effects of social mechanisms, genetic differences, and individuals’ development in different contexts. Topics include educational and career success; integration and participation in social, cultural, and political life; and physical and psychological health. Overall, 18,108 individuals participated in at least one personal interview, with a total of 4096 families surveyed.

Regarding LGBT* people, the *TwinLife* study surveys sexual orientation with categories including “heterosexual”, “homosexual (gay or lesbian)”, “bisexual”, and “other”, followed by an open-answer field to specify individual sexual orientation. For gender, the categories are coded in binary terms as “male” or “female”. In the latest wave, conducted between 2021 and 2023, a third category, “diverse”, was included, but it will not be made available in the scientific use files due to its limited use by respondents. Additionally, the gender instrument is not regularly updated but

is instead taken from the initial interviews. In each of the two waves that allowed the identification of LGBT* people, only a small fraction of those who were at least 50 years old (around 2%) identified as LGBT* (2016–2017: 20 of 979; 2018–2019: 25 of 1274), and all of these individuals were among the group of parents.

3.3 Measurements

Following the overview of the quantitative studies, a question arises: To what extent do these studies address, within a German context, topics discussed in international research? In the following sections, we explore the potential that the identified datasets have for studying LGBT* people in Germany who are at least 50 years old. We do this by focusing on economic resources, social relationships and networks, health, and experiences of discrimination. Additionally, we consider the applicability of a life course analysis. An overview of the indicators used for each dimension in the respective studies is provided in Table A3 in the Online Appendix.

3.3.1 Educational Attainment and Economic Resources

All nine studies collect information on the highest educational qualification and employment status of individuals, and, with the exception of the GLES Rolling Cross-Section, they also include data on income. The GLES Rolling Cross-Section instead assesses respondents' subjective socioeconomic status. Additionally, DEAS, LGBielefeld, the microcensus, SOEP, and TwinLife provide more extensive details about education history, employment status, and income or assets (Table A3 in the Online Appendix). Although all nine studies cover at least the individual aspects of the educational levels and economic resources of LGBT* people, most allow comparisons with cis-heterosexual individuals. This comparison group is missing in LGBielefeld and the EU LGBTI II survey. However, due to their specialisation on LGBT* issues and the correspondingly large sample sizes, these two studies enable detailed analysis of differences within the LGBT* community.

3.3.2 Social Relationship and Networks

All nine studies collect information on partnership status and, except for GeSiD, on whether respondents live together with their partner. Depending on the study's focus, additional partner-related information is available, such as political attitudes in the GLES Rolling Cross-Section, sexuality in GeSiD, and various socioeconomic parameters in SOEP and LGBielefeld. Broader studies like DEAS and TwinLife provide data on relationship quality—by including, for example, subjective assessments or questions about the frequency of arguments—as well as information on previous partners. Data on biological family members, and particularly on existing children, are available in all studies except GLES Rolling Cross-Section. The DEAS and SOEP also provide information on the size of the family of origin and the quality of relationship with it. These two studies, along with LGBielefeld and TwinLife, offer numerous details on the size and subjective assessment of friendship networks. Consequently, these four studies provide comprehensive insights into the social re-

relationships and social networks of LGBT* people who are at least 50 years old, allowing for comparisons with heterosexual counterparts (DEAS, SOEP, TwinLife) or among different groups within the LGBT* community (LGBielefeld).

3.3.3 *Health and Discrimination*

Except for the GLES Rolling Cross-Section, the studies offer data on various health variables on physical, functional, and mental health, as well as on health-related behaviour. In addition to self-assessment and questions about diagnoses, information is gathered using various scales, e.g. on depression, self-esteem, or loneliness. Some studies emphasise specific health areas: The microcensus delves into employment-associated health restrictions or accidents, while GeSiD focuses extensively on sexual health. Several studies also survey perceived treatments or physician visits (DEAS, GeSiD, GEDA-EHIS, SOEP, TwinLife) and document experiences of discrimination or violence due to sexual orientation or gender identity (GeSiD, LGBielefeld, SOEP, the EU LGBTI II survey, TwinLife). Thus, eight of the nine studies facilitate analyses of the health situation and focus on individual subareas such as mental, physical, or functional health, including associations with experienced discrimination.

3.3.4 *Life Course Approach*

A life course approach to analysing the life situations of older LGBT* people can be applied in two ways: through comparing cohorts at a specific point in time or through long-term observation of the same individuals (Mayer 2009). Cohort comparisons can be carried out very well with cross-sectional studies, as they compare age groups at different times. For example, 50–59-year-old people in 2010 can be compared with 50–59-year-old people in 2020. However, as the example shows, this requires longer survey periods than those available in the majority of the studies we analysed. Only DEAS and SOEP have run long enough to make meaningful cohort comparisons in principle. However, self-identifying information on sexual orientation has been available in the SOEP only since 2016. In DEAS, the question about sexual orientation has been asked since 2008. In view of the small number of cases, the potential for cohort comparisons is also low here, as a further subdivision by age group would include very few individuals, and the statistical significance of possible results is likely to be rather low. The second option for analysing the trajectories of or transitions between phases of life requires panel studies, i.e. surveys in which the same people are interviewed again in recurring survey waves. In addition to DEAS and SOEP, this design can also be found in TwinLife. It would therefore be possible to use follow-up surveys to see how social relationships and health, as well as the employment and income situation, change between individual surveys, whether these changes differ systematically between LGBT* and heterosexual people, and whether there are also differences within the LGBT* community. By recording changes over time, correlations can also be tested for causality. In addition, the SOEP asks some retrospective questions about individual topics relating to living situations in childhood and adolescence, so it is also possible to analyse in this way

how living conditions in earlier phases of life are related to living conditions in later life and to what extent there are differences between age cohorts.

4 Discussion and Conclusion

In Germany, as in other countries, LGBT* cohorts are getting older, but they remain significantly underrepresented in social and health reporting. Little is known about their living conditions and health despite the unique challenges they face as a result of minority stress and structural stigma. This article has highlighted the importance of considering the cumulative disadvantages that arise from discrimination and marginalisation, both on individual and structural levels, across the life course for different cohorts. International research points to substantial differences in economic resources, social networks, and health outcomes between older LGBT* individuals and their heterosexual counterparts, as well as within the LGBT* community itself.

These disparities are relevant not only for social policy but also for understanding broader patterns of inequality in later life. From a sociological perspective, we argue that sexual and gender identity interrelate with age and produce distinctive forms of social inequality (see also Calasanti and King, this issue). As demonstrated by research findings, the cumulative effects of marginalisation, experienced throughout the life course, manifest in later life in various forms, from limited economic resources to reduced social support networks and higher risk for mental illnesses. These insights are crucial for developing a more nuanced understanding of ageing that goes beyond heteronormative frameworks. By applying concepts such as minority stress and the life course perspective, it is also possible to gain differentiated insights into the life situations of older people from sexual and gender minorities in Germany.

However, our multistage selection process with regard to existing quantitative datasets has revealed a major gap in the data infrastructure for research on older LGBT* people in Germany. Although we identified nine datasets with the potential to allow analysis of key topics, such as health, social relationships, and economic resources, the small sample sizes of LGBT* respondents limit the scope of meaningful analysis. This scarcity of data reflects broader structural issues within survey design and underscores the urgent need for improvement. Future research should prioritise the inclusion of sexual and gender diversity in longitudinal, population-based surveys, ensuring that the experiences of minority groups are adequately represented.

To advance sociological understanding of LGBT* ageing, we recommend several improvements:

1. Surveys that cover topics that are relevant in research about older LGBT* people (e.g. health, social networks, and economic resources) should include questions about sexual and gender diversity. We especially recommend that longitudinal, population-based, and large-scale surveys integrate such items in order to counteract the current grievances regarding data availability.

2. Survey institutes and researchers should use well-designed and tested instruments to identify LGBT* people in surveys. Sexual orientation, gender, and sex are multidimensional concepts, and the international state of research offers an extensive methodological discussion about how to integrate these items into surveys (e.g. Bauer et al. 2017; Becker et al. 2022). Even if this discussion is increasingly present in the German context (e.g. Diethold et al. 2023, Döring 2013; de Vries et al. 2024), a comprehensive discussion is missing. Well-designed instruments allow a more valid identification of LGBT* people and have the potential to increase the number of identifiable LGBT* people, which could counteract the problem posed by the small number of cases for this population.
3. Alternative methods should be used to address this population. As shown in our analysis, nonprobability surveys (e.g. the EU LGBTI II survey and LGBielefeld) or boost samples (SOEP-Q) are potential methods for collecting data on older LGBT* people. Approaches like these could be a valuable method for gaining more insights into this population and counteracting the problem of small sample size. We recommend using approaches like this to improve the current data infrastructure.
4. To gain more differentiated insights into the life situations of older LGBT* people in Germany, we need regularly collected data that recognise gender and sexual diversity and that consider international research findings more extensively. This includes asking for detailed information on support networks beyond the bi-legal family and collecting nuanced experiences of discrimination at individual, institutional, and structural levels. Ideally, such surveys would be carried out in a longitudinal format. This would enable researchers to follow individual changes over time and would provide an opportunity to analyse the effects of unequal life circumstances from a life course perspective.

Overall, survey institutes as well as official statistics should go beyond heteronormativity by designing surveys that allow research on minority populations. The fact that publicly funded surveys such as the microcensus provide scant data on the situations of LGBT* people in particular is unacceptable.

However, our work has limitations. First, our choice of studies is selective, as it refers to datasets that are available in GESIS and have actively been entered there (by the authors) with corresponding documentation on the variables. We also included studies that were identified as relevant in the literature or were recommended by colleagues. Our aim was to identify datasets that would allow us to make statements about the life situations of older LGBT* people in the German context. Therefore, smaller studies with a regional or thematic focus were not included. A second limitation is that the studies vary greatly in how they measure sexual and gender diversity, and they often cover only certain groups of people (mainly based on sexual identity) from the LGBT* community.

At the same time, both limitations are also part of the result, and this fact emphasises a key point: Additional data collection on older LGBT* people is important for achieving a better understanding of the life situations of this group in Germany and, consequently, for identifying social challenges and deriving suggestions for inclusive social and health policies.

In addition, it should be noted that the older LGBT* people in the samples presented are also likely to be subject to a certain selectivity and tend to be better off than the average sample of this group. This may be because, among older LGBT* people, those with more economic resources are more confident about their sexual and gender identity and more likely to report this in surveys. In line with this, Kühne et al. (2019) point to a strong interviewer effect in the validity of self-reported sexual orientation.

In conclusion, this article contributes to the sociological field by highlighting the need to increase the visibility of and gain better data on older LGBT* populations. Addressing the life situations of older LGBT* people and the processes that led to these situations is not only a matter of academic interest but also a critical issue for inclusive social policy and practice. By improving data collection and fostering more comprehensive research, we can better understand the interrelation of ageing, sexual orientation, and gender identity.

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