Principles of Care for LGBT Elders

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Recognizing the need

Providing a Safe Place

All aging clients deserve to be treated in such a way that they feel safe and secure when dealing with caseworkers and others involved in their care. This is especially true for gay, lesbian, bisexual, transgender elders. Members of the LGBT aging population, like any other subgroup of older adults, need to be treated with respect and acceptance to feel safe. This means that the people they come in contact with in the course of receiving services should be sensitive to LGBT culture, especially as it has been experienced by the older generation of LGBT people. In addition, the culture of the agencies and providers must at least be welcoming to all kinds of people and preferably be culturally competent to serve LGBT elders.

Action plan: Evaluate the willingness and readiness to serve the LGBT aging population on the part of your agency, its administrators, employees, volunteers and contractors.[1]

Understanding the Culture

Defining events

Three events in the last four decades have helped to define the LGBT community. They are the Stonewall riots in 1969, the AIDS crisis that exploded in the gay male community beginning in 1981, and the gay marriage movement, which has resulted in same-sex marriage being legal in nine states as of January 1, 2013. All three movements played out against the

background of the women's liberation movement, which highlighted the misogynist dimensions of gay-bashing, and the sexual revolution, which freed sexuality from much of its previous taboo status.

Stonewall began a movement that told LGBT people that they could be proud of who they were. The AIDS crisis mobilized the community to fight for the right to decent health care and funding of AIDS prevention efforts. Mobilization around the AIDS crisis taught the community how to organize itself politically. The gay marriage movement opened to LGBT people public recognition of their relationships and limited legal rights. Stonewall allowed people to come out of the closet. HIV/AIDS, while still a serious disease, is no longer the immediate death sentence it once was. Gay marriage has recognized LGBT family life. Despite the Defense of Marriage Act's impact on federal benefits, and anti-gay marriage laws and constitutional amendments in many states, life as an LGBT person in this country has improved dramatically from when members of the current elderly population were young adults.

Social Network

Competency begins with understanding and accepting the social network that the older gay client is part of, including her or his immediate support system. This may include members of a family of origin or of a family of choice or some combination of both.[2] Many LGBT elders have been estranged from their birth families because of rejection of their sexual orientation or gender identity or expression. A gay person's legal "next of kin" is often not the person who is closest to him or her. An LGBT elder's long- term partnership may not be recognized by blood relatives for what it is or was.[3] LGBT elders may have outlived most of their friends, especially in the gay male community, which lost so many members to the HIV/AIDS virus. Isolation is a problem for many LGBT elders,

because of rejection and, in some cases, outright discrimination.

Today's elders came of age before the 1969 Stonewall demonstrations in New York City, usually cited as the beginning of the gay rights movement. Of necessity, they had to cultivate a discreet gay identity that was known only to close friends. Their families may not know they are gay, or if they do it is not discussed in public, often by mutual consent. Partners may have been accepted and identified as lifelong friends and not as lovers or partners. It is important that caseworkers and other providers affirm these elaborate relationships without judgment.[4]

While some older LGBT couples have married now that it is legal in Massachusetts and elsewhere, many have not. Many LGBT elders in long-term partnerships have felt excluded by a hetero-centric society and don't want to avail themselves of what they consider to be a strictly heterosexual institution. In any case, married LGBT couples are excluded from their spouses' Social Security benefits and other federal benefits because of the Defense of Marriage Act (DOMA).

Action plan: Enhance your organization's sensitivity to the LGBT elder population through cultural competency training for staff and administrators.

Barriers to service

Discrimination

LGBT elders have experienced more discrimination and exclusion in their lifetimes than younger members of the community, not only because they have lived longer, but because discrimination was more virulent in their youth than it is now. Older gays have lost jobs, suffered harassment, and

experienced violence in their lives. Transgender people continue to be murdered at a rate of more than one a month simply for being transgender.[5]

The root causes of discrimination against gay men and lesbians are homophobia and heterosexism. Homophobia is the fear or hatred of anything involving homosexual behavior or relationships. It can express itself in physical violence and verbal abuse or smoldering hostility. Heterosexism is subtler. It is the belief that heterosexuality is normative and that any deviation from heterosexual behavior is inferior. Heterosexism carries with it a heavy component of privilege that sees heterosexual advantages in society as justified.[6] Ageism, the rampant discrimination against older people in both LGBT culture and the wider society, also takes its toll on seniors. For these reasons, many older LGBT people are hesitant, or even afraid, to reveal their sexual orientation or gender identity or expression.

Action plan: Examine your agency's culture for evidence of overt or implied homophobia or heterosexism and set policy goals to eliminate discrimination against LGBT elders.

Gender roles

The way society recreates gender roles from generation to generation has evolved over centuries. Young men who grew their hair long in the 1960s disturbed their seniors who saw long hair as a mark of femininity. In the 19th century a woman wearing trousers was considered scandalous. Today we chuckle at such narrow views of masculinity and femininity, while failing to recognize how rigidly we ourselves continue to define gendered behavior. Gay men, lesbians, bisexual and transgender people are united by the single fact that they all

defy gender roles: the "LGB" part of the community by whom they love or are attracted to, the "T" portion by how they perceive their own gender in relationship to their biological sex at birth.

What may be easy to accept intellectually may be difficult to live with. Effeminate men and masculine women defy gender norms and may ruffle the complacency of more conventional folks with whom they live or socialize. Such external displays of gender behavior may or may not indicate a person's internal sexual orientation or gender identity. In the same way, being gay or transgender is not limited to people who break visible gender stereotypes. Many gay men look and act as most people expect men to look and act. Feminine lesbians are as common as butch (masculine- looking or -acting) lesbians. Some transsexuals "pass" as their self-identified gender, and some don't pass as well. Many transgender people defy the binary gender system itself and position themselves between the two extremes or outside the continuum altogether. None of these external signs confers sexual orientation or gender identity. The ultimate arbiter of a person's sexual orientation or gender identity is the person herself or himself.

Action plan: Practitioners should examine their preconceptions about how gender is embodied and how relationships are formed with an eye to substituting a more open-ended and welcoming attitude when approaching clients who may be lesbian, gay, bisexual or transgender.

Stereotypes

Stereotypes of gay, lesbian, bisexual and transgender people abound, just as they do for ethnic groups and other

subcultures. The way a person dresses or acts often follows cultural gender norms. Those who deviate from those stereotypical norms deserve as much support and respect as social service providers can muster. It cannot be stated too forcefully that this respect requires that there is no place in social service agencies or long-term care facilities for gay bashing or slurs against a person's perceived gender identity or its expression. While some younger members of the GLBT community have reclaimed the word "queer," older people often find the word demeaning and threatening. Other words like "faggot," "dyke" and "tranny" should be prohibited from staff speech and strongly discouraged in the speech of other elders, whether at a congregate meal site, a senior center or a long-term care facility. Words are important, and they can be very hurtful. Homophobic, biphobic or transphobic remarks or attitudes make an agency unwelcoming to the LGBT community. Hate speech of any kind should not be tolerated.

Action plans: Reinforce your agency's policy against hate speech or acts through formal and informal training. Add specific mentions of sexual orientation and gender identity or expression to your non-discrimination policies in mission statements and plans of service.

Advertise these documents publicly so that staff and clients are clear about the institution's intentions.

Relating to the individual

Coming out

"Coming out" is the term that LGBT people use to describe the process of disclosing their sexuality or gender identity to other people. The full phrase is "coming out of the

closet," the closet in this case being the place where they have locked away their deepest secrets. Coming out today is vastly different than coming out was for people who are elders now. When they came of age, homosexuality, bisexuality and transgenderism were considered both psychiatric disorders and morally wrong. Today there is an increasing acceptance, especially among younger generations, for LGBT people, including their identities and relationships. That didn't exist when current seniors were younger. Old habits are hard to shake. For those in their sixties, and especially for people over seventy, being gay, lesbian, bisexual or transgender was something you didn't talk about openly. The people who needed to know, mostly partners and close friends, knew.

Others didn't need to know. Seniors' decisions to preserve this reticence in their relationships with providers of aging services should be respected.
Besides this need for privacy that seniors sometimes feel about their sexual orientation and gender identity, the fact is that "coming out" is an extremely personal process. No one has the right to out someone except the person himself or herself. Coming out involves telling one's very personal story, which is nearly impossible to do if one does not feel safe and respected. When an LGBT senior honors someone by coming out, that act in itself does not confer permission to out her or him publicly.

Decades of fear and protecting this very intimate part of themselves from public scrutiny may keep older LGBT people from divulging their status. No one else has a right to force them "out." Nor, on the other hand, should anyone who has been out, even to a narrow group of people, be forced back into the closet because they are afraid they might be denied services because they are transgender, bisexual, lesbian or gay. Another thing that may make it difficult for someone to come out is internalized homophobia, a kind of self-censure or self-hatred that a person feels because he or she has been taught

that homosexuality is wrong. Similar dynamics have affected bisexual and transgender people.

Action plans: Review your agency's or organization's policies around privacy and confidentiality. Emphasize with staff and volunteers the need to respect LGBT clients' right to tell their stories or withhold them depending on the circumstances.

Personalizing care

Labeling people is never a good idea. If you need to know how a person identifies, ask the person respectfully. Open-ended questions are best. At intake or evaluation, for instance, it may sometimes be better to ask a woman who is wearing a gold band on her left ring finger "Do you have a partner?" than to ask "What is your husband's name?" She may be widowed or divorced. She may have a common-law husband and wear the ring to deflect inquiries. She may be in a relationship with another woman. The question "Are you in a long-term relationship?" leaves room for a more nuanced response than "Are you married?" Marriage in the eyes of the state is a legal contract, and in Massachusetts does not always indicate a heterosexual couple. Relationships are personal and emotional commitments to another person and may say more about a person's life. Many elder LGBT people use the word "friend" as code for partner, so special attention should be given to the role of close friends in the care of a gay or transgender senior.

Action plan: Review intake forms and procedures to determine whether a more open-ended approach to gathering personal information could improve the inclusion of all people, especially LGBT elders.

Fears

Lesbians, gay men and bisexual and transgender individuals harbor many fears about growing old and needing services. Like their peers in the heterosexual population, they fear losing their personal independence and with it their sense of dignity. They worry about whether they have to remove things from their homes like pictures of partners or rainbow paraphernalia that indicate their LGBT status. Fear of discrimination creates stress, which in turn can affect a person's sense of well being.[7] Like many of their peers, LGBT seniors often fear having strangers enter their homes to deliver services. Because of traumatic experiences in their past, fear of violence or rejection may be a constant companion for some LGBT elders. Transgender people especially fear receiving personal care such as help with bathing and dressing when their bodies do not reflect the gender they project outwardly. Bisexual persons experience prejudice from both the straight and gay communities. As a result, bisexual elders "may be oppressed by or isolated from both gay and straight communities."[8] The LGBT community is not immune from its own internal homophobia, biphobia, and transphobia.

Action plan: Provide advanced training in cultural competency for both professional and paraprofessional staff members. The training should address the fears of older persons in all segments of the LGBT community.

Children

Just because people are LGBT, don't presume that they don't have children. New alternatives for insemination have increased the opportunities for women not in traditional relationships to conceive and bear children. Men have the possibility of using surrogates to carry children that bear their

genes. LGBT people have been approved for adoption, and many same-sex couples and single men and women have adopted domestically and abroad or fostered children from disrupted families. In many cases, LGBT people have provided safe, loving homes for unwanted children. Many of those children have severe special needs and were considered unadoptable until their LGBT parents took them in.[9]

None of this was available when current LGBT elders were younger, but many of them do, in fact, have children from traditional marriages or relationships. Some LGBT parents have been rejected by their children, but others have been embraced upon coming out. Straight children of LGBT parents and LGBT children of straight parents can play important roles in their elderly parents' care. Just as LGBT elders should not be forced back into the closet to receive benefits, neither should LGBT children be marginalized when they assume caregivers' roles. The children's partners and friendship circle should be respected and considered as an integral part of the elder's support system.

Action plan: Respect the LGBT elder's family and support network as you would a conventional family. Support LGBT caregivers through recognition of their role in the care of others and recognize their personal support networks.

HIV/AIDS in the Elder Population

Positive Attitudes

Treatment of HIV/AIDS has made great strides since the dark days of the 1980s and early 1990s when a positive diagnosis was an almost certain sentence to a proximate, prolonged, and painful death. A cure or vaccine for AIDS still eludes researchers, but understanding the virus and how it

replicates and mutates has advanced considerably. Treatment with new, powerful drugs has prolonged the lives of HIV-positive people and turned the syndrome into a manageable chronic disease.

It is important to remember that AIDS is not a gay disease. Worldwide, the majority of AIDS patients are heterosexual. In the United States, gay men continue to be one of the largest classes of infected people, with middle aged women and African American men also especially vulnerable. AIDS organizations are trying to disseminate prevention information to men who have sex with men but who don't identify as gay.[10] Transgender people who are isolated from family and supportive communities sometimes enter the sex trade to survive. This makes them highly susceptible to infection with HIV. Older adults who are recently widowed or divorced (including LGBT people who lose their partners or spouses) are also at risk of infection if they are unaware of the need for safer sex practices.[11]

Whereas AIDS patients previously died quickly, many are now living into old age. In addition, 1,780 people over 60 contracted AIDS in 2007, according to the Centers for Disease Control and Prevention. Since the beginning of the epidemic through 2007, 34,102 people in the over-60 age group have contracted AIDS.[12] Elder services agencies and long-term care facilities need to gear up for the presence of more HIV-positive people in their caseloads. Of those, many, but not all, will be part of the LGBT community.

Because of the stigma that still accompanies an HIV-positive diagnosis, a person's serostatus should remain confidential unless the person wishes it to be more widely known. Such information should be disseminated by the HIV-positive person and not by staff members or contracted workers, with the possible exception of notifying medical personnel with a need to know.

Caregivers, whether they are family and friends or paid workers, need to be trained in appropriate protocols for care of HIV-positive elders. Most important, it should be emphasized that AIDS is not the highly contagious disease it was once thought to be. There is no need for isolating HIV-positive people or for treating them any differently than someone with any other chronic disease. Instead, HIV-positive seniors should be encouraged to pursue healthy, fulfilling lifestyles that will help to prolong their lives. Some of them may need help managing the disease, and others may need advocates for housing or admission to long-term care facilities.

Action plans: Review admission and eligibility standards for elders who are HIV-positive to make sure that they are not excluded from the care or housing they need. Train staff in proper protocols for treating and caring for elders who are HIV-positive, including formation of positive attitudes for delivering appropriate services.

NOTES

[1] For a simple tool, see Crisp, Catherine, S. Wayland and T. Gordon. (2002) Appendix to Gay affirmative practice scale (GAP): a new measure for assessing cultural competence with gay and lesbian clients. Social Work 51:2 115-126. The two-page questionnaire is "designed to measure clinicians' beliefs about treatment with gay and lesbian clients and their behaviors in clinical settings with these clients."

[2] Brotman, Shari, Bill Ryan and Robert Cormier. (2003). "The health and social service needs of LGBT seniors and their families in Canada" in The Gerontologist 43:192-202. Available by subscription or purchase online at http://gerontologist.oxfordjournals.org/content/43/2/192.pdf+html. Accessed March 9, 2010.

[3] Crsip, Catherine, Sherrill Wayland and Theresa Gordon. (2008) "Older gay, lesbian and bisexual adults: tools for age competent and gay-appropriate practice," Journal of Gay and Lesbian Social Services (The Howarth Press) 20:1/2 7-8. Available for sale or purchase online at http://www.informaworld.com/smpp/content~db=jour~content=a903748017. Accessed March 9, 2010.

[4] Brotman (2003)

[5] http://www.transgenderdor.org/wp-content/uploads/2009/11/transgender-death-statistics-2009.doc. Accessed March 9, 2010.

[6] Soulforce, a religious- and civil-rights organization, defines heterosexism as "the presumption that others are heterosexual and that opposite sex attractions and relationships are preferable and superior to those of the same sex. Heterosexism has been encoded into nearly every major social, religious, cultural, and economic institution in our society and it leads directly to discrimination and the harmful efforts by some health care providers and religious groups to change or repress the sexual orientation of those under their care." At http://www.soulforce.org/anti-heterosexism-conference. Accessed Oct. 27, 2009. The page has been updated at the same URL with the results of the conference, and the definition quoted above is no longer included.

[7] Massachusetts Department of Public Health. (2009) "The health of lesbian, gay, bisexual and transgender (LGBT) persons in Massachusetts: a survey of health issues comparing LGBT persons with their heterosexual and non-transgender counterparts" 22. Online at http://www.mass.gov/Eeohhs2/docs/dph/commissioner/lgbt_health_report.pdf. Accessed March 9, 2010.

[8] Keppel, BobBi. The challenges and rewards of life as an outspoken bisexual elder. (2002) OutWord 8:4 1,6. Online at

http://www.asaging.org/publications/dbase/CG/LGAIN8_4.Keppel.pdf. Accessed March 9, 2010.

[9] An estimated 65,500 adopted children in the United States live with a gay or lesbian parent. Gay and lesbian parents are raising 4 percent of all adopted children in the U.S. http://adoption.about.com/od/gaylesbian/f/gayparents.htm. Accessed March 9, 2010.

[10] Behavior does not equal identity. A person may have sexual relations that can be described as homosexual without assuming a gay or even a bisexual identity. See, for instance, Preeti Pathela, et.al. (2006) "Discordance between sexual behavior and self-reported sexual identity: a population-based survey of New York City men." Annals of Internal Medicine, 145:6 416-425. Online at http://www.annals.org/cgi/content/full/145/6/416. Accessed March 9, 2010.

[11] For statistics on the prevalence of AIDS in the United States, see http://www.cdc.gov/hiv/topics/surveillance/basic.htm. Accessed March 9, 2010.

[12] http://www.cdc.gov/hiv/topics/surveillance/basic.htm#aidsage. Accessed March 9, 2010.