

# Desk Guide

## Serving LGBT+ Older Adults



### Introduction to LGBT+ Older Adults

LGBT+ stands for Lesbian, Gay, Bisexual, Transgender, plus. The plus (+) is meant to be inclusive of other identities who are not listed out within the acronym. You may be familiar with the acronym LGBTQ+, but many older adults are uncomfortable with the Q (meaning, queer or questioning) because historically the word “queer” was used as a pejorative to hurt or humiliate.

Older adults are individuals 60 years and older. Currently, there are 1.5 million LGBT+ individuals over the age of 65 living in the United States. However, some LGBT+ senior-serving organizations offer services to those as young as 50 years old. There are currently 3 million LGBT+ individuals over the age of 50 living in the United States.

There is a difference between sexual orientation and gender identity. Sexual orientation is about sexual attraction and can fall under a number of different labels including heterosexual, gay, lesbian, bisexual, pansexual, asexual (this is NOT an exhaustive list). It is determined by the individual.

Gender identity is also determined by the individual and may or may not align with the sex assigned to a person at birth. Sex assigned at birth is the label given to a person at birth, usually by a doctor, based on medical factors including physical genitalia, hormones, and chromosomes, and takes note of the fact the label is assigned by someone outside the individual. People may identify their gender using a number of labels such as female, male, agender, nonbinary, or gender-fluid (this is NOT an exhaustive list). The most important point is that sexual orientation and gender identity are independent, and both are determined by the individual. Providers should be mindful to always use the terms and labels told to them by the people they serve.

LESBIAN  
GAY  
BISexual  
TRANSGENDER  
+ OTHER IDENTITIES

### As a Community, LGBT+ Older Adults Have Unique Needs

1. LGBT+ older adults are more likely to have experienced discrimination in general public settings, such as in housing and/or employment. Members of the transgender community face increased discrimination in all areas of life and must “come out” to some of their medical providers to receive appropriate care. What is more, LGBT+ older adults may have also experienced discrimination within healthcare settings.
  - The AIDS crisis of the 1980s caused significant trauma for many members of the LGBT+ community. As many as 156,000 people died of AIDS between 1981-91. Many doctors and nurses were unwilling to treat HIV or AIDS positive people - including not allowing skin-on-skin contact. In fact, it was considered an act of rebellion to hug and touch someone with an AIDS diagnosis during the height of the epidemic.

- The LGBT+ community was ostracized at-large, because of fear of AIDS, and rejected by the broader public. Note, the documentary 5B provides a moving look at the doctors and nurses serving patients diagnosed with AIDS in one hospital in the early 1980's.
2. LGBT+ older adults are less likely to seek out long-term care, and therefore may be less connected to appropriate service providers and care.
  3. LGBT+ older adults may lack social supports such as family and younger relatives.
  4. Many of the barriers to accessing care experienced by LGBT+ older adults are shaped by their experiences of discrimination. LGBT+ older adults can be reluctant to be "Out" to their service providers for fear of discrimination.
    - Previous experiences with the pathologizing of LGBT+ identities can add to the reluctance to engage in Behavioral Health care. For example, Homosexuality was not removed from the DSM until 1973, when it was replaced by Sexual Orientation Disturbance, which was not removed until 1987.



DISCRIMINATION  
LESS CONNECTED  
LACK SOCIAL SUPPORT  
BARRIERS  
RELUCTANT TO ENGAGE

## Steps Organizations can Take to be Welcoming, Inclusive, and Culturally Responsive

1. Normalize LGBT+ relationships and trans or non-binary gender representation when discussing relationships with people receiving services, rather than to limiting "normal" to binary (Male/female) gender, and heterosexual relationships.
  - Remember that even if you believe you have yet to serve an individual who identifies as a part of the LGBT+ community, it does not mean you have not, or are not currently, working with one of them.
  - Coming out to service providers requires trust and relationship building.
2. Include LGBT+ individuals and relationships in marketing materials.
  - Include photographs and verbiage that reflect representation of the LGBT+ community
    - For programs which serve individuals across the lifespan, are older adults, particularly LGBT+ older adults, featured?
  - Include Diversity, Equity, and Inclusion (DEI) statements in marketing materials and organization website.
    - Ensure DEI statements include explicit statements on discrimination based on sexual orientation and gender identity.

**EXAMPLE:** We are committed to creating an equitable and inclusive community by celebrating everyone regardless of race, gender presentation, country of origin, religion, ethnicity, or sexual orientation.

### 3. Include images of LGBT+ individuals and relationships and DEI statements in office & treatment spaces.

- Ensure posted materials such as photographs and community materials reflect representation of the LGBT+ community.
  - Are older adults, particularly LGBT+ older adults, featured?
  - When possible, post DEI statements clearly.
- Post LGBT+ affirming symbols and images or graphics clearly in public spaces.
  - These images might include the rainbow flag, pink triangle, or equality symbol used by the Human Rights Campaign

**NOTE:** There are multiple variations on the pride flag. It is recommended the most current version of the flag is used for its inclusiveness. However, any rainbow flag will be recognized as a gesture toward LGBT+ affirmation.



## Steps Individuals can Take to be Welcoming, Inclusive, and Culturally Responsive

### 1. Build relationships with LGBT+ older adults.

- Being LGBT+ is not a diagnosis, and while an individual may have faced trauma and discrimination because of their sexual orientation or gender identity, these are only two components of a person's whole experience.
- By providing affirming and nonjudgmental services a provider is more likely to receive honest and open communication from the people they serve.

### 2. Share your pronouns whenever you introduce yourself to someone new.

- Pronouns are words such as he/him/his and she/her/hers.
  - Pronouns are often assumed to be tied directly to gender identity and will often automatically be assumed to be tied to the sex a person is assigned at birth.
  - There are many different pronouns, including the pronouns mentioned above and any number of gender neutral pronouns such as they/them/theirs, xe/xem/xyrs, ze/zem/zir, ze/hir/hir, or per/per/pers (This is NOT an exhaustive list).

**EXAMPLE:** Hi, my name is Laura, I'm the therapist meeting with you today. My pronouns are she, her, and hers.

- Always use the individual's stated pronouns or be willing to ask an individual which pronouns they use if they have not shared their pronouns yet, regardless of the individual's gender presentation or your assumption of their gender identity.

### 3. Use the individual's terms and labels for the important people in their lives, such as spouse, partner, husband, or wife.

- Do not assume individuals who have been in long-term relationships are married or want to be married, or that they have only one partner or significant other.

#### 4. Ask questions.

- Whether about pronouns, sexual activity, or gender identity, asking questions shows respect and a willingness to learn about the individual without judgement.
- Some questions, including those required as a part of providing services, may feel uncomfortable to ask at first. However, by asking these questions, service providers are able to show both cultural humility and a willingness to learn about the experiences specific to that individual.

#### EXAMPLES:

- Asking about relationships: Do you have any particularly special or supportive people in your life?
- If your organization has intake paperwork, the paperwork should include information about an individual's gender identity. If that information is not available to you, open the conversation by asking about pronouns: My pronouns are she/her/hers. What pronouns should I use for you?

**NOTE:** If your organization has intake paperwork, the paperwork should also include a place for individuals to include the name on their ID *and* their chosen name. If this is not in place at your organization, include the following question: "May I call you [name written on their paperwork]?"

- If your organization has intake paperwork, it may include a place for people to indicate their sexual orientation. Ensure this space is inclusive, including more than Gay, Straight, and Bisexual. If you need to ask about sexual orientation, try: "How do you describe your current sexual orientation?"

**REMEMBER:** these questions should be asked of everyone you serve, not just the people you assume to be members of the LGBT+ community.

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