

Supporting Your LGBTQ+ Residents

FACT SHEET

INTRODUCTION

It's currently estimated that 20 million Americans identify as lesbian, gay, bisexual or transgender. As these individuals age, many will enter into our facilities. Older LGBTQ+ individuals may be worried about discrimination, and have concerns regarding violations of their rights when seeking long-term care services. It's important that we empower their choices, ensure their continued autonomy as well as self-determination, and uphold their rights as residents. Be an LGBTQ+ inclusion champion! Let's start by becoming familiar with LGBTQ+ affirming terminology.

Terminology	Meaning
Ally	A term used to describe someone who is actively supportive of LGBTQ+ people. It encompasses straight and cisgender allies, as well as those within the LGBTQ+ community who support each other.
Assigned Sex at Birth	The sex assigned to an infant at birth based on the child's visible sex organs, including genitalia and other physical characteristics.
Bisexual	A person who acknowledges in themselves the potential to be attracted--romantically, emotionally and/or sexually--to people of more than one gender, not necessarily at the same time, in the same way, or in the same degree.
Cisgender	A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.
Coming Out	The process by which one accepts and/or comes to identify one's own sexual orientation or gender identity (to come out to oneself). Also the process by which one shares one's sexual orientation or gender identity with others (to come out to friends, etc.).
Gay	A person who is emotionally, romantically or sexually attracted to members of the same gender. Men, women and non-binary people may use this term to describe themselves.
Gender Identity	One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.
Gender Non-conforming	Describes a gender expression that differs from a given society's norms for males and females.
Lesbian	Refers to a woman who is emotionally, romantically, and/or physically attracted to other women.
LGBTQ+	An acronym that collectively refers to individuals who are lesbian, gay, bisexual, transgender, or queer, sometimes stated as LGBT (lesbian, gay, bisexual, and transgender) or LGBTQIA+ (lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual/ally). The addition of the Q for queer is a more recently preferred version of the acronym as cultural opinions of the term queer focus increasingly on its positive, reclaimed definition. The Q can also stand for questioning, referring to those who are still exploring their own sexuality and/or gender. The "+" represents those who are part of the community, but for whom LGBTQ does not accurately capture or reflect their identity. For the purpose of this fact sheet, we will be using the LGBTQ+ acronym.

Non-binary	An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do.
Questioning	A term used to describe people who are in the process of exploring their sexual orientation or gender identity.
Transgender	Often shortened to trans, it's an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

THE ADMISSION PROCESS

Admission day is the first chance for the majority of staff to welcome the resident warmly, and manifest an environment of inclusivity where the resident can feel comfortable and at home. LGBTQ+ residents are likely worried about being accepted at your facility, and concerned about how everything will play out. Staff members from every department have a chance to make the transition easier. Establishing trust and rapport with the resident is of the utmost importance.

What Assumptions Are You Making?

When you meet a new resident, do you make immediate assumptions? Do you assume the resident is straight and cisgender? Do you assume a younger person that accompanies the resident is their child? Do you assume that if a woman of like age accompanies a new male resident, that they are a couple? What do you assume if a like aged man were to accompany the same male resident? Meet each new resident with no preconceived notions. Approach them with a blank slate and let them fill in the details for you!

Creating a Safe Space

What are some questions that staff automatically ask residents to get to know them? These can be modified to be more inclusive. Open ended questions create an even playing field and allow the resident the ability to answer without feeling as though they have to explain or justify themselves.

These questions may include:

- ❖ Tell me about yourself!
- ❖ Tell me about the most important people in your life.
- ❖ Are you involved in any relationships?
- ❖ Who is "family" to you?
- ❖ Tell me about your community.
- ❖ What can I do to make you feel more comfortable?
- ❖ Who should we call in case of an emergency?

Often times, LGBTQ+ residents may hide the nature of their personal relationships by referring to their significant other with words like “roommate” or “friend”. Don’t challenge the resident on this, as they are likely protecting themselves until they feel safe. Later, they may disclose additional details, but that is up to the resident to do on their own timeline. Disclosure may vary by the resident’s age, race, gender, relationship status, etc. Several studies have indicated that LGBTQ+ individuals prefer for healthcare staff to ask them directly regarding their sexual orientation and gender identity, rather than finding a way to bring up the topic on their own. This would likely fall in the purview of the facility social worker, and can easily become part of the resident’s social history and psychosocial assessment.

Keep in mind that if a resident confides in you that they are LGBTQ+, it was likely overwhelming and potentially scary for them to do so. Make sure to acknowledge this, reassure them that you can be trusted with this information, and see how they would like to proceed. It’s important to find out if the resident wants you to keep it confidential, or if it’s ok for you to share it with other staff. The resident should always feel safe and in control, and **at no time** should you *out* the resident without permission, or if it would put them in any sort of danger.

Additionally, if you are aware of a new LGBTQ+ resident that is being admitted, do not spread rumors or “warn” other residents prior to that individual’s admission. It is not your place to disclose that information to anyone, and it makes it appear as though being LGBTQ+ is shameful and something that others should be afraid of or worried about.

RESIDENT RIGHTS

Acting as an Ally

All residents have the same rights regardless of sexual orientation or gender identity. It’s our job as healthcare professionals to uphold and advocate for these rights. Let’s focus on some rights that have the potential to make a direct impact on the quality of life for LGBTQ+ residents:

- **Right to be Free from Abuse –**
Residents have the right to be free from abuse from all individuals, including staff and fellow residents. Abuse can include verbal, sexual, mental and physical abuse, neglect and financial exploitation. For example, facility staff cannot refuse to provide care due to a resident’s sexual orientation, nor can staff mock or intimidate a resident due to their gender identity.
- **Right to Privacy –**
Residents have the right to private and unrestricted communication with anyone inside and outside the facility, which includes in-person visits, phone calls, e-mail, written letters, etc. They also have the right to privacy regarding their medical, personal and financial affairs. As mentioned earlier, it is a violation of these rights for staff to spread rumors or gossip about LGBTQ+ residents.
- **Right to Receive Visitors –**
Residents have the right to receive visitors of their choosing on a 24-hour basis. Residents must be notified of their rights to have visitors who could include, but

are not limited to, spouses (including same-sex spouses), domestic partners (including same-sex domestic partners), other family members, or friends. Also, the resident maintains the right to deny visitation according to their preferences.

- **Right to Participate in Activities –**

Residents have the right to participate in (or choose not to participate in) social, religious, and community activities both inside and outside of the facility.

Residents have the right to participate in and promote an event, training or resource regarding LGBTQ+ equality (such as a Pride Month event, PFLAG support group meeting, etc.) without fear of discrimination or abuse.

- **Right to be Treated with Respect –**

Residents have the right to be treated with dignity, respect and consideration.

LGBTQ+ residents have the right to be addressed by their preferred pronoun and have the right to be clothed and groomed consistent with their gender identity.

- **Right to Participate in Care –**

Residents have the right to be informed about care and treatment, participate in their own assessment and care planning, and make decisions regarding their treatment, including health care choices related to gender transition.

- **Right to Choose –**

Residents have the right to make their own choices, including what to wear, how to express themselves, and their daily routine. They should be encouraged to exercise their right to self-determination. Residents have the right to share a room with a person of their choice, including same-sex spouses or partners, if they live in the same facility and both consent to the arrangement.

- **Right to Remain at Facility –**

A facility cannot transfer or discharge a resident unless one (or more) of the permissible reasons for transfer or discharge apply. Residents cannot be transferred or discharged due to their sexual orientation or gender identity.

- **Right to Sexuality and Sexual Expression –**

Residents with decision-making capacity have the right to express themselves sexually, as long as it does not violate the rights of other residents, regardless of sexual orientation and gender identity. The facility will ensure the resident's right to privacy, including providing a private place for intimacy and/or sexual expression. Residents who express the desire to be sexually active will receive education on the definition of abuse, sexual assault, and who to contact to report any issues.

- **Right to Designate a Representative –**

Residents who are cognitively intact and/or have not been adjudicated incompetent by a judge, have the right to designate a representative, in accordance with State law. If a resident's representative is their same-sex spouse, they must be treated the same as an opposite-sex spouse with regard to exercising the resident's rights.

ADDRESSING CONFLICT WITH OTHER RESIDENTS

Bullying

Conflict between people is a normal occurrence. We have all been in conflict with others at various times in our lives. Residents living within a setting such as a nursing home or assisted living facility are no exception, and some bickering and disagreements are to be expected. When does this normal conflict and friction between individuals become bullying? Generally speaking, bullying is occurring when the resident is:

- ❖ Experiencing physical (kicking, hitting), verbal (homophobic slurs, name-calling), or social harm (spreading gossip, being socially isolated by peers).
- ❖ The person doing the bullying has more power than the person being bullied. Power isn't exclusively physical strength, but can also refer to social status, better health, etc.
- ❖ The event happens more than once (name-calling happens every day at lunch).

Responding to the Behavior

A lot of older residents grew up in a time when LGBTQ+ people were thought of as criminals or suffering from mental illness. They may still hold this mindset and in turn, lash out towards LGBTQ+ residents. It is unlikely that we can change the deep rooted beliefs that an elderly person has held for decades, but we can address behaviors to curtail future bullying. When a bullying event occurs:

- Address it immediately - stop the bully in their tracks. Make sure everyone involved is aware that bullying is not tolerated and will not be allowed to continue.
- Separate the residents involved in the bullying event. Ask additional staff for assistance if needed, and see if the facility social worker is available to assist.
- Make sure the resident being bullied is ok. Help them find an activity to do, or escort them to a safe place where they can relax.
- The social worker or social services designee should speak privately with the bully. Help the bully to understand the impact of their actions, and that words or actions can cause harm to other residents. This is a more beneficial approach than making the bully feel as though they are being judged, which is likely only to make them angry. Keep the focus on the community impact of their actions, instead of on the individual bully themselves.
- Make sure to document the event and the conversations that were had, and care plan any behavior modifications that were put into place.

Abuse Reporting

It is of the utmost importance to remember that resident to resident abuse is a real concern, and needs to be reported as such. Physical harm and verbal harassment fall under the umbrella of abusive behavior. Knowing that a resident has aggressive behaviors towards another resident, and failing to address these issues, can result in an Immediate Jeopardy citation. Report any suspicion of abuse, neglect, or exploitation to your immediate supervisor, the facility Abuse Prevention Coordinator, and/or the facility Administrator, immediately.

FAMILY DYNAMICS

Complicated Relationships

LGBTQ+ residents may not have strong connections with their family of origin, which refers to the small unit of people that one grew up with, usually parents (biological or adoptive), grandparents, and siblings. This is likely due to family members not accepting the resident's sexual orientation or gender identity. Many LGBTQ+ people don't come out until later in life, potentially after they have been involved in a heterosexual marriage and have had children. There may be a lot of raw feelings embedded deep in the family unit.

If the family of origin is involved in the resident's life, there may be conflict, especially between biological family members and the residents chosen family, which can include their same-sex spouse, significant other, or close friends. Sometimes the family of origin may appear after years of being estranged from the resident, as the resident's health is declining. It is important to remember that the resident has the right to deny visitation to whomever they choose.

The Importance of Advance Directives

Advance Directives are important for all residents, but especially so for LGBTQ+ residents. The family of origin may try to take over decision making for the resident, even if that is not what the resident would want. This may leave the resident's chosen family without much recourse, especially if the resident is not married to their significant other.

The facility social worker/social services designee should make it a priority to gather any existing Advance Directives. They should then make sure direct care staff is aware of the resident's wishes and the medical decision maker that the resident has appointed. If the resident does not have any Advance Directives, and is still cognitively able to complete them, the facility should guide the resident through the process, abiding by any State specific regulations. The most important thing is to ensure that the resident's wishes are followed, even if that means upsetting the family of origin.

LGBTQ+ HEALTH AND AGING

Disparities in Healthcare

Historically, LGBTQ+ individuals have met with systematic barriers to healthcare, and are often at higher risk for certain conditions, yet have less access to care. They are more likely to suffer from behavioral health issues such as suicidal thoughts, anxiety disorders, eating disorders and substance abuse. Transgender women have the highest risk for HIV infection while lesbian and bisexual women have higher rates of breast cancer. The fear of stigma and discrimination within the healthcare system can deter LGBTQ+ individuals from obtaining needed services.

Although there has been a generally positive shift in the attitude of the healthcare community towards LGBTQ+ individuals, they are still less likely to seek out preventative treatments, are less likely to have health insurance, and are more likely to suffer in silence with chronic health conditions. As healthcare professionals, we can create equity in healthcare by educating ourselves about LGBTQ+ issues and creating a culturally competent, non-discriminatory environment for all.

HIV and AIDS

HIV is now a chronic illness that can be treated with antiretroviral drugs and can be slowed or prevented from progressing into AIDS. At the beginning of the HIV/AIDS epidemic, LGBTQ+ people were blamed for the disease, and were seen as promiscuous, careless, or as drug users. Healthcare professionals were fearful of caring for HIV positive patients due to misunderstandings of how the disease is spread. Despite advances in education, treatment, and life expectancy, LGBTQ+ individuals still live with the stigma surrounding HIV, which is mostly rooted in anti-LGBTQ+ sentiment.

A resident's HIV/AIDS status is protected by HIPAA. If you are aware that a resident is HIV positive, it is your job to keep that information confidential. If you hear staff members gossiping about a resident's HIV/AIDS status, intervene if you are able, or report the behavior to your supervisor and/or facility Privacy Officer. Gossiping about a resident's medical condition, especially the HIV/AIDS status of a LGBTQ+ individual, creates a hostile, judgmental environment that can be potentially dangerous for the resident.

Dementia Care

LGBTQ+ residents with memory impairment deserve the same preservation of dignity and specialized dementia care that all residents receive. For example, if you have a resident who is a transgender woman, and who has dressed as such prior to memory loss, then continue to clothe the resident in the attire she wishes to wear. Ensure you are using her preferred name and pronouns as well. Just because the resident has memory loss does not mean they should lose control over their gender identity.

We understand that residents with any form of dementia change through the course of the disease process, and such holds true for LGBTQ+ residents as well. As memory loss progresses, perhaps the resident will request to wear different clothes or be called a different name. Facility staff must adjust to these changes with sensitivity and understanding by meeting the resident where they are each day.

EVERYONE CAN BE AN ADVOCATE

Make it Your Mindset!

Change can only happen with awareness. We are all responsible for our thoughts and actions, so how can we translate that into creating a welcoming environment for all residents who enter our facility? The root of inclusive care for LGBTQ+ resident begins with meeting them where they are, allowing them the freedom to express themselves as they see fit, casting no judgement or believing preconceived notions about who they are as individuals, and upholding their rights as residents. This may entail conversations that feel awkward, working through fear and conflict, and making some mistakes along the way. Progress is acknowledging those mistakes and working to correct any missteps. Together we can create facilities that feel like home for everyone.

REFERENCES:

Centers for Medicare & Medicaid Services, Department of Health and Human Services. *S&C Letter 13-42*:

Reminder: Access and Visitation Rights in Long Term Care (LTC) Facilities.

Centers for Medicare & Medicaid Services, Department of Health and Human Services. *S&C Letter 14-42: Release of Learning Tool on Building Respect for Lesbian, Gay, Bisexual, Transgender (LGBT) Older Adults.*

Centers for Medicare & Medicaid Services, Department of Health and Human Services. *State Operations Manual (SOM): Appendix PP Guidance to Surveyors for Long Term Care Facilities. (November 2017 Revision).*

Chinn, Peggy L. & Eliason, Michele J., *LGBTQ Cultures: What Health Care Professionals Need to Know About Sexual and Gender Diversity 3rd Edition*, Wolters Kluwer, 2018

Johnston, Tim R., *Welcoming LGBT Residents: A Practical Guide for Senior Living Staff*. Routledge, 2000.

The National Long-Term Care Ombudsman Resource Center: *Residents' Rights and the LGBT Community: Know Your Rights as a Nursing Home Resident.*