Rainbow Health Ontario

Handout: Alzheimer's Knowledge Exchange, October 6, 2009

Serving LGBT Seniors: Removing barriers, improving healthcare

Guide to serving LGBT seniors: An introduction for staff who are unfamiliar with LGBT people and/or LGBT communities, increasing sensitivity and knowledge in working with seniors from the Lesbian, Gay, Bisexual and Trans (LGBT) Communities. LBGT includes gay, bisexual, lesbian, transgender, transsexual, intersex, 2 Spirit, queer and questioning.

- You may have grown up being taught that LGBT people are sinful, immoral, mentally ill or dangerous. These attitudes have been recognized as part of a system of prejudice and discrimination. They are no longer acceptable in Canada or in Toronto's public services.

- As a care provider, you are expected to learn about the specific needs and issues of this population and to treat them with dignity and respect. There are reading materials and training sessions that you can access.

- Try to use the same language the resident uses to describe his/her sexual orientation or gender identity.

- Don't assume you can tell whether a resident or family member is LGBT by the way they look or act. Be open to the fact that about 10% of the population is believed to be gay, lesbian or bisexual. In large urban areas such as Toronto, the numbers are higher.

- Trans identities are less common but not as rare as many people imagine. There is a wide range of gender expression that involves clothing, grooming, roles and interests but not body modification as well as the more permanent changes achieved through hormone therapy or body-modifying surgeries.

- Confidentiality is very important to LGBT people. Often their safety depends on it. Individual may have experienced violence, threat and trauma due to their sexual orientation and identity. If someone discloses that they are LGBT it is important to ask who else knows and who else they would like to know. There may be particular people such as family members who are not aware of their identity or with whom it is not discussed openly.

- You may have to tread carefully in relating to someone who is not out but who you know to be LGBT. Offer a safe and supportive environment by affirming the existence of all LGBT and being knowledgeable about LGBT culture and history. This can help individual to disclose their identity when they feel safe and affirmed.

- Not being open and out is more than keeping quiet about your sex life or your gender identity. It means hiding your most meaningful relationships and experiences, your social

history, your friends and partners, your hobbies and interests, etc. Being closeted prevents the development of authentic relationships and reinforces social isolation.

Intake: Admission History and Screening

When first meeting the resident it is helpful to begin setting a tone of openness and affirmation. Symbols, pictures and other "clues" can be very important in giving a resident a sense that this is a safe, LGBT welcoming and friendly place. If the sexual orientation or gender identity of the resident is not known, and this is likely, then it will be important to use open-ended questions. Avoid making assumptions no matter what area of the assessment you are conducting.

Admission Medical Exam: General Health Issues

- LGBT people as a population experience higher levels of depression, anxiety and suicidality than the general population. Research has shown that this relates directly to living as a member of a discredited and marginalized group. These feelings can be intensified by social isolation, harassment or violence, or intense internal conflict.

- LGBT people have somewhat higher levels of alcohol and substance use than the general population. This is often related to experiences of oppression, stress, social isolation, etc. and to the fact that social life has often revolved around bars.

- Due to the fear of coming out to a doctor, or having negative experiences with health professionals, some LGBT people have avoided routine screening and tests and may have undetected or more advanced conditions such as certain cancers, diabetes, cardiovascular disease, etc.

- The literature shows that older LGBT people rely heavily on their partners or close friends to provide care. Many are estranged from family members or have not had close relationships with them. It is important to ensure that the resident chooses an appropriate person to be their Substitute Decision Maker.

- Gay men and trans women, in particular, have been a high risk group for HIV since the 1980's. Some may have lived with HIV for many years and may be on a well-established regimen of anti-retroviral drugs and other medications; others may be HIV positive but not have been tested and be unaware of their status.

- Some members of the community may be sexually active into their senior years and may enjoy casual sex. They may wish to stay sexually active. Asking about sexually transmitted infections and offering STI and HIV testing may be appropriate. Erectile dysfunction is a common problem for older men and trans women who have retained their penis and can render condom use difficult. It might be useful to offer education sessions to residents and staff about safer sex, use of erectile enhancing pharmaceuticals and prescription drug interactions.

Transgender and Transsexual People

Most trans people feel particularly vulnerable when undergoing a physical exam and need extra reassurance and support. They may be unwilling to take off their clothes until they are feeling much safer. Protecting the identity, dignity and bodily integrity of the trans person is paramount.

- Use the appropriate pronouns (usually the pronouns that correspond to the person's felt gender) When in doubt, ask "What is your preferred pronoun?"

- Continue to follow desired dressing and grooming routines that help the person to live in their felt gender. Again, when in doubt, ask!

- Recognize that many trans people have a mix of male and female anatomical characteristics. Not all trans people want sex reassignment surgery and the majority are unable to access it. Don't be surprised to see a trans woman (MTF) who has breasts and also male genitals, or a trans man (FTM) who has had chest surgery or binds his breasts (chest) with a tensor bandage but still has a vagina (front hole). It is extremely important to deal with these differences in a supportive and matter of fact way, without showing shock, disgust or too much curiosity. Ask the questions that are needed to deliver care and educate yourself further on your own.

- It is important **not** to assign rooms based on genital anatomy alone since many trans residents fully identify as members of their chosen gender even though they have not had genital surgery. This issue may require sensitive and creative problem-solving with staff and other residents. To assume that anyone with a penis must be placed in the male rooms and dressed as a man or that anyone with a vagina must be placed in female rooms and dressed as a woman is to condemn the trans resident to a highly disorienting and humiliating experience

- For trans people who are taking hormones, it is important to reassure them that their hormone therapy will continue to be prescribed and administered (oral or injection) as usual. These medications are central to this person's identity. Contact the person's family doctor or endocrinologist to get details of his or her hormone regimen and ongoing monitoring strategies.

- If a resident has had sex reassignment surgery there may be short or longer term post-operative care needs as with any surgery. Again, the family physician or surgeon should be consulted in this regard.

Psychosocial Screening

The psychosocial screening offers a rich opportunity for engaging with the LGBT resident as a whole person and providing an inviting and affirming experience.

- The social history may provide information about important life events (such as coming out), coping in a time when society was not accepting of LGBT people (like living a double life), relationships with partners, friends, etc.

- For some LGBT residents, there may be elements of regret or shame about sexual or gender identity based on “disgracing the family”, not marrying or having children, internalized messages of not being “normal”, etc. The social worker can empathize but also provide affirmation that times are changing and that s/he sees the resident as being a whole and healthy person.

- Family continuity may have been affected by rejection on the part of the family of origin, the need to hide identity, etc. Some people show resilience and strength by developing a “chosen family” to spend special occasions with and to provide social support. These people should be treated like next of kin.

- Placement in an institutional setting may be especially worrying for the LGBT person due to a fear of ill-treatment by staff or other residents, or concern that a partner will not be welcomed. For some, there could be memories of being institutionalized in hospitals simply for being LGBT and subjected to psychoanalysis or shock treatment. Remember, until 1973 being gay or lesbian was seen as a mental illness.

- During the placement process, it is very important to ask about significant others. A partner may be acknowledged as such or spoken of as “a friend”. And chosen family members may also take on significant care-giving responsibilities for one another. The resident may at one time have been involved in a heterosexual marriage and may have children. A partner may also have children who regard the resident as a parent.

- The stress of placement may trigger feelings of anxiety, depression and withdrawal which may be common response patterns to stressors related to being LGBT.

- Psychosocial needs in the areas of identity, safety and belonging, may all need to be explored in the context of GLBT experience. It is very important that the home is willing to stand up for the resident in the face of homophobic or transphobic remarks or behaviours by staff or other residents.

Recreation Screening

Many LGBT people have also participated in their own social circles and cultural activities. In small communities, LGBT people have got together in private homes or participated in hobbies together. In larger centres, many people have been involved in a wide variety of organized LGBT community activities such as parties, dances, bridge clubs, sports leagues, outdoor events, arts events and social justice work.

- It may be important to stay connected to the external LGBT community through visits to local clubs, events or even news of what is going on.

- Regular activities in the home can also be made more culturally relevant simply by attending to context – stating that a piece of music is by a gay composer, or a book is by a lesbian writer; showing a film with LGBT characters, reflecting what is happening in current events, e.g. same-sex marriage.

- Encourage visits and phone calls from partners, friends or a LGBT volunteer.

- As the home becomes more attuned to having LGBT residents, it may be appropriate to have an event with a gay theme that can include everyone, e.g., a concert by a lesbian choir.

- Add LGBT books, magazines, newspaper and movies to the library/resource collection.

Spiritual and Religious Screening

The majority of religious and spiritual traditions have been unaccepting of LGBT identity or behaviour. This has led some people to feel unwelcome in their faith group or to feel unworthy. More recently some people have been part of affirming faith groups while others have lived their lives with little need for religion or spiritual practice.

- This screening provides opportunities for an exploration of these matters and the current desires and needs of the resident in that context.

- For LGBT residents, who wish to attend services or have visits from a spiritual leader, look for connections with affirming religious institutions, clergy or volunteers.

Quality of Life Indicators

It will be important to factor these into the care plan for the LGBT resident

- A gay resident may wish to visit restaurant, community centres that are meaningful to him.

- A lesbian may have lived very independently earning her own living or having hobbies more common to men of her generation.

- A trans woman (born with a male body) who lives as a woman in society has learned skills in changing her appearance, her movements and perhaps her voice. Maintaining good grooming and a feminine appearance may still be very important.

- A bisexual man may have struggled with a lack of acceptance by both straight and gay communities and may have developed lifelong friendship with men and women like himself.

Adapted from 4th draft: *Companion Document for the Toronto homes for the Aged Resident Admission Assessment*

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