



## Identifying and Assisting LGBT Elder Abuse Clients: A Guide for Abuse Professionals

In a 2010 lawsuit in California, Sonoma County paid a \$600,000 settlement fee to settle allegations that Public Guardian staff had separated two men, partners of 20 years, into separate living facilities, liquidated all their assets, kept them from seeing each other up to and after one partner's death three months later, and used anti-gay slurs within ear shot. The lawsuit alleged elder financial abuse, fraud, intentional and negligent infliction of emotional distress, violations of patients' bill of rights, false imprisonment, negligence, and several other charges.

These types of actions (which the County disputed) are certainly not the norm for elder abuse professionals. More common concerns are the kinds of inadvertent harm done by an APS worker who, for example, proudly secured "safe" housing for one client in a staffed apartment building in a far "better" neighborhood, effectively isolating a man from his only support network of street-involved hustlers, who were too intimidated to attempt to visit him there. Even more common are abuse professionals' failure to recognize and address how being LGBT affects some clients' abilities to recognize and successfully address elder abuse, neglect, and exploitation.

### Definitions

First we will start with definitions for those who need them. LGBT stands for lesbian, gay, bisexual, and transgender. Lesbians are women who love, partner with, and/or have sex with other women. Gay men are men who love, partner with, and/or have sex with other men. "Gay" can also refer to both gay men and lesbian women. Bisexual people partner on the basis of who they are attracted to, without regard to their partner's gender. These are all sexual orientations.

Transgender people, on the other hand, can be of any sexual orientation: heterosexual (a woman who only partners with men or a man who only partners with women), lesbian/gay, bisexual, or asexual (not interested in being sexual with others). What sets transgender people apart is not their sexual orientation but their gender identity: whether they feel themselves to be male, female, both, or neither. Whereas most people never question the gender they were assigned at birth – they are the "boy" or "girl" they were announced to be in their first moment – transgender people say their original label was either wrong or incomplete. Some transgender people continue to present to the world as the gender they were originally assigned, even though they don't feel like it represents who they truly are. Many others "transition," changing their public presentation from male to female (MTF) or female to male (FTM). Those who transition may do so with the help of hormones and/or surgery, or not. They may change some or all of their identification papers to reflect their new gender and/or name, or not. They may tell people new to their lives about their gender history, or not. In addition, a growing number of transgender people do not identify as either male or female, but as androgynous, "genderqueer," a third sex, or something else. However, most older transgender people identify simply as male or female.

What is most important to know about terms associated with the "LGBT" population is that they are not fixed in stone. If you asked ten LGBT people to define those terms, you would get at least ten different answers. Moreover, new terms are emerging all the time ("queer," for example, used to be a pejorative term that is now proudly used by many people, especially younger ones). FORGE's Transgender Aging Network starts all of its trainings for professionals with the Terms Paradox, which first teaches that terms are critical – knowing and reflecting the terms your client uses conveys both that you are listening and that you respect their right to self-define. The paradox is that for the listener, the terms aren't

inherently meaningful. For example, many people who have sex with people of their same gender do not identify as LGB. Some who identify as lesbian or gay actually do have opposite-sex partners. Many transgender people don't claim that term because they say it only refers to the short time period during which they changed from living as one gender to living as the other, and now they are simply a man or a woman. So the terms don't actually tell the listener much. What is important to remember is that terms are important to the person who uses them as a self-definition, and professionals show respect by reflecting them back; just don't assume you know what they "mean" to that particular client. (If you truly need to know what the term means to them, you will either need to ask them specifically or wait and see if you can figure it out from the rest of the conversation.)

### A Changing World

In a world where same-sex marriage is legal in many countries and states and where Gay-Straight Alliances thrive in many high schools and even middle schools, it can be hard for younger abuse professionals to understand the fear and secrecy many older LGBT people experience. At the same time, many more-seasoned abuse professionals are unaware of just how much has changed legally and socially for LGBT clients, and what they need to know now.

Humans are, in general, creatures of habit. We learn most about the world as children, adolescents, and young adults. These early experiences teach us how the world works. We can, of course, change our beliefs as we experience more, but for most people, experience simply reinforces what we already believe. What this means for LGBT older adults is that how they view their sexual orientation and/or gender identity and how they relate to other people are largely based on what they learned as young adults. Younger abuse professionals may be unaware of just how much prejudice and danger LGBT older adults have faced in their lifetimes. Many older adults have experienced being nonconsensually forced into mental hospitals, arrested, fired, and beaten just for being LGBT. Many lost their children in court, and some have even lost their lives. Older adults may also recall times where political advancements were made only to later be rescinded, such as the Anita Bryant-led, 1977 campaign that again made anti-gay discrimination legal in Miami. Given these experiences, LGBT older adults may be extremely reluctant to reveal their sexual orientation and/or gender identity, fearing that even if the people they originally reveal it to are ok with the information, it may later come back to harm them in some unforeseen way.

Because of the heavy prejudice LGBT older adults have faced for decades, they may even hesitate to admit their identity to themselves. The survivor in the case described above told the sheriff who conducted an early investigation that he had had "a romantic relationship with [the other man] about 10 years ago and now the two were simply living together to share expenses." He told a reporter from the *New York Times* that he didn't know what Proposition 8 was (it invalidated a short-lived California law permitting same-sex marriages) and said, "We weren't a married couple. Why are you making a big deal out of this? We were just roommates." These sorts of statements can be confusing for those investigating or intervening in abuse cases. It is important to remember that some LGBT older adults have a tremendous fear of self-disclosing sexual orientation and/or transgender status because of past histories of discrimination, so abuse professionals need to be even more aware of understanding the other cues that may be available to understand the needs of the elder.

Given the understandable reluctance of many LGBT people to admit to being LGBT, we do not know the true percentage of the population that is LGBT. The most recent best estimate, by the Williams Institute, is that 3.5% of U.S. adults identify as lesbian, gay, or bisexual, and about 0.3% of adults are transgender. The Williams Institute goes on to say, "This implies that there are approximately 9 million LGBT Americans, a figure roughly equivalent to the population of New Jersey." Simple math would indicate that about 1.17 million of those are over age 65.

### LGBT-Specific Elder Abuse

For the most part, LGBT older adults experience the same types of abuse as non-LGBT elders. However, there are additional ways LGBT older adults can be victimized and more reasons why LGBT older adults may "accept" this victimization. These include:

- **Abuser threatens to "out" the older adult**

As noted, many LGBT older adults often feel safer keeping their sexual orientation and/or gender identity a secret. If someone does discover an older adult is LGBT, that person may threaten to “out” the elder if the elder does not give them money, grant them sexual favors, or otherwise do what they want. The LGBT older adult may feel that it is better to give in to the abuser than to risk whatever negative reactions they may face from other people who learn they are LGBT. LGBT grandparents may be at particular risk if the abuser threatens to out them to their children, who may then cut off access to grandchildren.

- **Abuser says authorities won’t believe the older adult**

Abusers often tell their LGBT older adult victims that they won’t be believed or something negative will happen to them if they try to report the abuse. If the victim is visible as LGBT or has to come out in order to report the abuse (for instance, by having to explain why joint assets weren’t listed as such), fear of facing authorities’ prejudice or even violence may keep them silent.

- **Abuser gains control of finances and/or assets**

Most LGBT partnerships are not protected by marriage and/or community property laws, meaning that it is far easier for an abusive LGBT partner to gain and maintain control over all of a couple’s finances and/or assets. This may mean the abused older person would literally be homeless and penniless if he or she left the abuser, or if seeking help led to the abuser being jailed or otherwise removed. Because of the federal Defense of Marriage Act, even married LGBT people are not entitled to access their ex-partner’s Social Security benefits, as other long-married but now divorced ex-spouses are. This legal discrimination may force LGBT older adults to stay with abusive partners.

- **Victim fears “spending the rest of my life alone”**

Older LGBT adults typically have been told for decades that LGBT seniors “end up alone,” and ageism within the LGBT community can seem to confirm this gloomy prediction. The threat of spending the rest of one’s life alone or never being touched again can be another way in which an abusive partner or caregiver keeps their victim close. This set of beliefs about what it means to grow old LGBT may also make single LGBT older adults particularly vulnerable to “sweetheart scammers,” people who become lovers with or sometimes even just friends with an older LGBT person specifically to gain access to their financial resources.

- **Victim may be easier to isolate**

As abuse professionals know, it is extremely common for abusers to try to isolate their victims both so they become totally dependent on the abuser and so that no one else notices the abuse. Isolating an LGBT older adult may be easier than isolating a non-LGBT older adult because family members may already be estranged and because many LGBT older adults do not feel comfortable in settings that predominately cater to non-LGBT people such as senior centers and meal sites. Some LGBT older adults even avoid health care professionals, preferring to cope with injuries and diseases on their own rather than risk encountering discrimination or prejudice in a health care setting.

- **Abuser says, “This is what it means to be LGBT”**

Because there have been so few public models of healthy LGBT lives, it is still possible for LGBT people with limited experience in the LGBT community to be misled by abusers who claim that whatever they are doing is “what LGBT people do.” For example, an older person in their first same-sex relationship may believe it if their partner says that in LGBT relationships one is expected to be sexually available to the partner at all times.

- **Society says, “This is the best you can expect”**

“Internalized” homophobia, biphobia, or transphobia is what happens when an LGBT person believes the social message that being LGBT is not normal, lesser, a sin, or somehow not as good as being non-LGBT. When an LGBT older person

has internalized these beliefs, he or she is far more likely to put up with being abused, neglected, or exploited because they feel they don't deserve anything better. People who have been previously abused – especially as children – are also far more likely to believe that being abused is normal and to be expected and accepted.

- **Victim has history of self-reliance, fears authorities**

Many LGBT older adults have experienced rejection from family members and disrespect (if not worse) from social institutions, leading them to develop a very strong belief in the virtues of self-reliance as a survival tactic in an often-hostile world. While a belief in self-reliance is common in older adults of every sexual orientation and gender identity, it may be heightened in LGBT older adults who also have additional reasons to fear involving officials or professionals who may discover their LGBT status or history. This, of course, is a set-up for self-neglect for older adults whose physical and/or mental capacity simply is no longer sufficient to the task; LGBT older adults may be far more resistant to seeking or accepting help than non-LGBT self-neglecters.

### **New Rights and Protections**

Despite the fact that complete equality for LGBT people has not yet been achieved, there have been a great number of advances that make it easier for abuse professionals to successfully address abuse, neglect, and exploitation of LGBT older adults.

- **SAGE and other organizations specific to LGBT older adults are available nationwide**

More than two dozen SAGE affiliates – Services and Advocacy for GLBT Elders – are scattered throughout the country (you can see a list at <http://www.sageusa.org/advocacy/sagenet.cfm>). Other communities also have organizations or programs devoted to LGBT elders; you may want to check with your local LGBT Community Center to find out about the ones closest to you (a guide to LGBT Community Centers is available at <http://www.lgbtcenters.org/Centers/find-a-center.aspx>). LGBT older adult organizations can be very helpful to abuse professionals. Nearly all provide a menu of social activities designed specifically to counteract isolation, and some will be able to help you find local LGBT-friendly providers who would be happy to serve your client. Some programs offer formal friendly visitor programs, and others may be able to arrange home visits on a case-by-case basis. Some will also be willing to provide technical assistance with individual cases.

- **Training and information on LGBT older adults is available to everyone**

California has already done it, and other jurisdictions are considering requiring aging professionals to take LGBT cultural competency training. Where it's not required, it's widely available: currently the National Resource Center on LGBT Aging (<http://www.lgbtagingcenter.org/>) has trained dozens of trainers to present its widely-praised curricula on LGBT aging issues. Many local SAGE organizations also will train professionals about how to respectfully serve LGBT older adults. Additional on-demand webinars and resources on the specific needs of transgender older adults are also available on the National Resource Center on LGBT Aging and FORGE Transgender Aging Network (<http://www.forge-forward.org>) websites. For those who prefer publications, the National Resource Center on LGBT Aging has produced "Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies," and "I Have a New Transgender Client...Now What?" both of which are available (along with many other resources) at <http://www.lgbtagingcenter.org/>.

- **Non-discrimination laws keep options open**

LGBT people in a growing number of states are protected by non-discrimination laws. More non-discrimination laws cover sexual orientation (protecting lesbian, gay, and bisexual people) than cover gender identity (protecting transgender people), although some cover both. Currently, it appears that all of the states that outlaw employment discrimination also outlaw discrimination in housing and public accommodations. These laws may help you secure service options for your clients. A map of state non-discrimination laws is available at [http://www.thetaskforce.org/downloads/reports/issue\\_maps/non\\_discrimination\\_1\\_12\\_color.pdf](http://www.thetaskforce.org/downloads/reports/issue_maps/non_discrimination_1_12_color.pdf) A similar map is

part of a comprehensive report entitled, "Gay and Transgender Discrimination Outside the Workplace: Why We Need Protections in Housing, Health Care, and Public Accommodations," available at [http://www.americanprogress.org/wp-content/uploads/issues/2011/07/pdf/lgbt\\_discrimination.pdf](http://www.americanprogress.org/wp-content/uploads/issues/2011/07/pdf/lgbt_discrimination.pdf). More specific information on the provisions of each state's laws is available from the National Center for Lesbian Rights' "State by State Guide to Laws That Prohibit Discrimination Against Transgender People," 2010, available at <http://www.nclrights.org/site/DocServer/StateLawsThatProhibitDiscriminationAgainstTransPeople.pdf?docID=7821>.

It may also be worth noting that in 2011 the Secretary of the U.S. Department of Health and Human Services (HHS) issued a new policy "explicitly requiring HHS employees to serve all individuals who are eligible for the Department's programs without regard to any non-merit factor, including race, national origin, color, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information."

- **Housing and Urban Development programs must not discriminate**

In 2012 the U.S. Department of Housing and Urban Development (HUD) issued a sweeping set of rules that guarantee LGBT people access to federally-funded housing programs, including public and assisted housing programs and Federal Housing Administration (FHA) mortgage insurance programs. The definition of "family" when it comes to eligibility for joint housing was expanded to ensure LGBT families are included, and it forbids owners and operators of HUD-assisted housing or housing insured by HUD from asking about an applicant or occupant's sexual orientation and gender identity for the purpose of determining eligibility or otherwise making housing available.

- **Hospital visitation and advance directives regulations protect LGBT people**

It used to be common for same-sex partners to be barred from each other's death beds. In an effort to stop these travesties, President Obama issued a Memorandum on Hospital Visitation directing the U.S. Department of Health and Human Services to issue regulations requiring hospitals receiving either Medicare or Medicaid payments (i.e., just about all hospitals) to respect the rights of patients to have whatever visitors they would like, regardless of sexual orientation, gender identity, "or any other non-clinical factor." Obama called for new guidelines "to facilitate hospitals' compliance with existing regulations allowing patients to designate who they want to make medical decisions on their behalf through advance directives." These rules have now been issued, and can be utilized by abuse professionals who are trying to reassure same-sex couples in which one needs to be hospitalized or moved to a nursing home.

There are also many state laws concerning medical decision-making and hospital visitation; a listing by state can be found at [http://preview.hrc.org/issues/health/health\\_laws.asp](http://preview.hrc.org/issues/health/health_laws.asp).

- **Medicaid community spouse protections can cover same-sex partners**

To ensure that a community-dwelling spouse isn't kicked out of their home and denied enough income and assets to live on when their ill spouse qualifies for Medicaid-paid long term care, "spousal impoverishment protections" are being implemented in some states. In 2011 the Centers for Medicare and Medicaid Services issued guidance making clear that states have the flexibility to extend this protection to same-sex domestic partners, although only a few have done so to date. In June 2012 the Williams Institute issued an in-depth report on the provisions and how they could be implemented, "Extending Medicaid Long-Term Care Impoverishment Protections To Same-Sex Couples," available at <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Medicaid-Overview.pdf>.

- **Culturally competent substance abuse treatment is available**

Some studies have indicated that LGBT people of all ages may be more prone to substance abuse problems than their non-LGBT peers. Resources are beginning to appear that look at why this might be, and how treatment might need to be modified to better meet the needs of LGBT substance abusers. One such resource, issued by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment is "A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals," available at <http://kap.samhsa.gov/products/manuals/pdfs/lgbt.pdf>.

An increasing number of federal grants are establishing programs that specifically address the needs of LGBT people, including LGBT older adults. For example, the Montrose Counseling Center in Houston, Texas received an award for its Seniors Preparing for Rainbow Years (SPRY) program to raise awareness among LGBT seniors about suicide prevention and prescription drug misuse; screen disenfranchised seniors for depression symptoms and alcohol use; and intervene and educate LGBT seniors identified with depression symptoms and prescription drug misuse risk through case management.

- **Veterans Administration care is open to transgender veterans**

Even though transgender people are still not allowed to serve openly in the U.S. military even after the repeal of Don't Ask, Don't Tell, emerging research indicates that transgender older adults are far more likely to be military veterans than are non-transgender people. Thankfully, the Veterans Administration and advocates recently teamed up to address the problem of inadequate or disrespectful care of transgender veterans through the issuance of VHA Directive 2011-024, "Providing Health Care for Transgender and Intersex Veterans," available at [http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=2416](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2416). (A more consumer-friendly fact sheet, "Veterans Health Administration Transgender Healthcare Directive," is available at [http://transequality.org/PDFs/VHA\\_Trans\\_Health.pdf](http://transequality.org/PDFs/VHA_Trans_Health.pdf).)

- **Tools exist to protect the privacy of transgender older adults**

Transgender people have the potential to be involuntarily "outed" – or have other people learn about their transgender status or history – in three primary ways. One is by accessing a service that requires nudity and thereby reveals body parts that are not consistent with the older person's clothed appearance. This potential problem can only be realistically addressed by having a sympathetic and proactive advocate work with the client to problem-solve: Would the client like a third party present for the examination? Would the client like the advocate to discuss the client's transgender status with the provider beforehand, to ensure that the provider is not surprised or prejudiced?

The second way transgender people are typically involuntarily "outed" is by having to produce identification that is in their old name and/or gender. Getting identification updated is expensive, complicated, and sometimes impossible because of unnecessary surgical requirements. A recent federal change has made the process a little easier. Although they are still expensive, U.S. passports can now be issued in the correct name and gender when the application is accompanied by a simple letter that can be written by any qualified health care professional treating the transgender patient. With a correct passport in hand, it is easier to change other identification that could "out" a transgender older adult, such as a Medicare card or driver's license. A guide for transgender people seeking a passport, "Understanding the New Passport Gender Change Policy," is available at [http://transequality.org/Resources/passports\\_2012.pdf](http://transequality.org/Resources/passports_2012.pdf)

The third common way transgender people are "outed" is via gossip or, in professional settings, violations of privacy and confidentiality laws established by the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**. **These rules definitely cover a patient's transgender status or history (as well as the sexual orientation of patients); the U.S. Department of Health and Human Services maintains a website with information for both consumers and providers at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>.** Non-professional providers or those who are not covered by HIPAA may benefit from pre-client-contact discussions of the importance of privacy and the possible negative consequences for both the client and the provider of violating privacy.

### **Suggested Practices in Working with LGBT Older Adults**

It is not necessary to identify who among your clients is LGBT. What is necessary is to keep in mind that any of your clients could be, and to talk and behave in ways that encourage clients to be open and honest with you. In practice what this means is using language that is gender neutral (i.e., does not presume anyone's gender) and does not presume relationship statuses. "Are you married?" is only appropriate if you need to know someone's legal status in order, for instance, to figure out if their joint incomes must be considered for financial eligibility. Information about partners, roommates, and other "chosen family" – friends that are not bound by marriage or blood, but who function much as

loving family members would – can be more fruitfully elicited by asking open-ended questions such as, “Could you tell me about the people who are important in your life?”

A growing number of people check out potential service providers by reading their websites and written materials to get a feeling for the agency’s culture. This is an especially common practice among LGBT people, who are often looking specifically for indications that the agency or professional knows about and welcomes LGBT clients. Non-discrimination pledges that include sexual orientation and gender identity are good. Better are statements affirming your commitment to meeting the needs of diverse clients, including those who are LGBT. Also good are pictures that appear to show same-sex couples and/or transgender people (along with, of course, pictures of people of all genders and races). If your website has resource lists or links, make sure at least one or two are to appropriate LGBT agencies.

When speaking with clients about potential resources, it would be a good practice to include at least one identifiably LGBT resource among the others. You do not need to know or even suspect that a client is LGBT to do this; if the client objects or questions the inclusion of an LGBT organization – which even an LGBT person might, out of fear you had guessed they were LGBT – simply respond, “Our agency serves a wide variety of people, so we always refer to a wide variety of resources. As with any resource I give you, it’s just an option, which you are free to ignore if you want.” A standard practice such as this signals LGBT clients that it may be safe to be open and honest with you, even if they choose not to talk to you about it then. Moreover, it may plant a seed that a closeted LGBT person might later choose to pursue even if he or she never reveals their LGBT status to you.

### **Conclusion**

While there are some unique ways in which LGBT older adults can be abused and while there are legal and, especially, social differences that can complicate the process of recognizing and addressing abuse, in the main the issues abused LGBT clients bring are the same as those brought by non-LGBT clients: fear, shame, confusion, lack of clarity about options, reluctance to involve government officials in their lives, and so on. Indeed, some professionals fail to serve their LGBT clients because they in essence freeze once they realize someone is LGBT, believing they must have special expertise in order to serve them. This is not true. All of your normal tools will still work. Patients’ bill of rights already include the privacy, visitor, and self-determination rights that can be used to resolve many LGBT-specific nursing home conflicts. Many services and facilities already have protocols or at least experience dealing with clients or staff members who have prejudices based on race or gender, and these often work well when transferred to conflicts involving anti-LGBT bias. As previously mentioned, HIPAA covers sexual orientation and gender identity information along with other client-specific information, and is therefore a very helpful tool for protecting LGBT older adults.

Where the abuse is LGBT-specific or where options may appear limited due to anti-LGBT bias, the newer tools this article discusses may help. If you need additional assistance, it is available from the National Resource Center on LGBT Aging at <http://www.lgbtagingcenter.org/>, or from any of the organizations whose publications were listed here. There is no longer any excuse for an LGBT elder abuse victim to remain without resources and knowledgeable assistance.