

## ***ABOUT THIS MODULE***

Included here you will find a sampling of some of the pages out of this educational module which is intended for use by nursing homes who wish to promote more social, non-traditional models of long-term care. The intent of these modules is to assist organizations in implementing progressive, innovative approaches to care that should make a significant difference in the quality of care and the quality of life for those living and working in long-term care environments. Full copies of the modules in pdf format are available. Please contact us for the fee schedule for these modules at [gerontology@ksu.edu](mailto:gerontology@ksu.edu).

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# Pioneering Change

**Residents of Different  
Sexual Orientation  
Education Module**



**to**

**Promote Excellent Alternatives in Kansas  
Nursing Homes**



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### **Course Objectives:**

1. To clarify myths and misconceptions about the non-heterosexual population.
2. To identify specific issues affecting non-heterosexual residents in nursing homes.
3. To identify strategies to help non-heterosexual nursing home residents feel safe and welcomed in nursing homes.





## Opening Statement

If you have followed the PEAK-Ed materials developed over the past six years, you will have seen quite an evolution. Our goal has essentially been storytelling with a lot of factual evidence to back up the best practices that we have been reporting. We started with broad goals of helping people to understand the basic principles of culture change. More recently we have delved into the more specific issues that help to make life in nursing homes more closely aligned to the life that we would choose to live were we at home. These have included activities, spirituality, dining, and sexuality in the nursing home. As we have gone deeper into the areas that define a greater diversity in nursing home populations we have found far fewer stories to tell. We wonder if this is because there are no stories or because it is too hard to talk about some of these issues?

This mini-module, “Residents of Different Sexual Orientations: Invisible Elders”, represents our most controversial topic yet. Unlike most of our past modules it includes no exemplars, no stories from nursing homes in Kansas. This is most certainly not because there are no gays or lesbians, bisexuals or transgender individuals living in Kansas nursing homes. It is more likely that there are no stories because most of us find ourselves uncomfortable with this topic.

It is legally prohibited to discriminate against the individuals we care for so we must address this issue. We ask you to use this document as you feel most appropriate. It was developed in part because we heard staff members asking for it. Some of these workers want help to understand a type of diversity that they may never be willing to accept. However, they do not want the resident’s lifestyle to affect their ability to care for them or to form a meaningful relationship with them.

We have tried to be sensitive by reporting the facts based on the research that has been developed and we do not intend to imply that we want people to change their own moral beliefs. We do hope that this document will help people to be more understanding and more tolerant of people who may believe or behave differently than ourselves.



## Introduction

*“Human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives.”* Patricia Neal, American actress, 1926-

### **Different Sexual Orientation: Gay, Lesbian, Bisexual, and Transgender (GLBT)**

Socially popular definitions as cited by Wikipedia:

**Homosexuality** refers to both attraction (sexual and romantic) or sexual behavior between people of the same sex. Homosexuality is contrasted with heterosexuality (behavior, or orientation between opposite sexes). In the English-speaking world, the term **gay** had been used within the subculture for decades before becoming popularized by the gay rights movement in the 1970s. **Gay** may mean a male or a female homosexual; however, **lesbian** always denotes female homosexuality. Homosexual behavior also occurs among many different types of animals, particularly among social animals.

**Bisexuality** is a sexual orientation which refers to the romantic and/or sexual attraction of individuals to both genders. Most bisexuals are not equally attracted to men and women and may even shift between states of finding either gender or sex exclusively attractive over the course of time. However, some bisexuals are and remain fairly static in their level of attraction throughout their adult life.

**Transgender** is the state of one's gender identity (self-identification as male, female, both or neither), not matching one's "assigned gender" (identification by others

as male or female based on physical/genetic sex). "Transgender" does not imply any specific form of sexual orientation. Transgender people may identify as heterosexual, bisexual, pansexual (someone who is attracted to all types of people, no matter what their gender is or what they are attracted to) or asexual (not interested in sexual activities).

In 1973, the American Psychiatric Association removed homosexuality from its list of mental disorders. When growing up, older GLBT individuals dealt with strong prejudices and harassment enforced by beliefs that homosexuality was a sickness (doctors) and immoral (clergy). Because of these prejudices, people who are GLBT have learned how to conceal their orientation from family, friends, employers, their church and society in general. Today's society has learned to be more tolerant and less homophobic towards non-heterosexual individuals, but still has not fully accepted people with different sexual orientations (Butler, 2004).



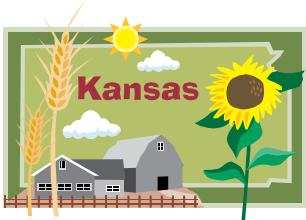
Gay bashing is still very prevalent. One study shows that 26% of college students who were open about their different sexual preferences were threatened with violence, and 17% reported that their personal property was damaged (D'Augelli as cited by Misener, 1997). Many people view non-heterosexual activities and lifestyles as unacceptable. They want GLBT individuals to be excluded from social and family life, church, the workplace, and especially schools and other locations where children are present. Many people condemn the GLBT lifestyle and many mainstream aging organizations are not sensitive to the needs



of GLBT individuals (Behney, 1994, as cited by Butler, 2004).

The overwhelming majority of GLBT elders have not publicly acknowledged their different sexual orientation due to the fear of harassment or ridicule. The gay and lesbian population in nursing homes is essentially invisible (Klein, 2003). There is no empirical documentation on the number of GLBT people living in the US, so the exact number of GLBT seniors is not known. An educated guess of the GLBT senior population based on the percentage of the overall GLBT population is between 3% and 8%. “Estimates of the gay, lesbian, and bisexual senior population in the US range from 1 to 2.8 million” (Cahill, South & Spade, 2000, p.7).

Federal law provides no antidiscrimination law protections for gays. Twenty states explicitly state that gays cannot be discriminated against in housing and public services. In 2007, Kansas Governor Kathleen Sebelius signed an executive order prohibiting state employees from being discriminated against on the basis of their sexual orientation (Kansas City Business Journal, 2007).



The lack of protection is perhaps best illustrated by the fact that no civil claim has ever been filed by a gay nursing home resident in the US. Most elderly gays do not want to reveal their sexual identity, particularly while living in nursing homes, as they are too afraid to address these needs at a time when they are dependent on strangers for care (Gross, 2007).

In its Code of Ethics, the National Association of Social Workers (NASW) stated that access to long-term care services

should be open to everyone, including people with a different sexual orientation (NASW, 2000, as cited by Butler, 2004). The Joint Commission of Healthcare Organizations added respect for “residents’ habits and patterns of living” to the list of requirements in the accreditation manual for assisted living facilities. This includes lifestyle related to sexual orientation (American Society on Aging, 2003, p.3).

*“Prejudices, it is well known, are most difficult to eradicate from the heart whose soil has never been loosened or fertilized by education; they grow there, firm as weeds among rocks”* Charlotte Bronte, a British novelist, 1816-1855.

## GLBT Elders in Nursing Homes

However, declarations alone do not make staff accepting of people with different sexual orientations. A study has demonstrated that most social workers think that the staff members at their nursing homes are not tolerant of homosexuality (Fairchild, Carrino & Ramirez, 1996). Many staff members, motivated by religious belief or by their own ignorance of people with diverse orientation, may be uncomfortable working with GLBT residents. The outcome of this attitude may be a reluctance to deal closely with a non-heterosexual resident. This in turn may affect the quality of care and life of the resident (Schlesinger, 1996). In many homes, residents who have different sexual orientations are never discussed. Nursing home staff assume that residents are heterosexual. “The lack of sensitivity to sexual orientation...for elders often places GLBT elders in vulnerable and



uncomfortable circumstances.” (South & Spade, 2000, p.53).

After a number of decades of social progress, there is now a generation of Americans who are entering the age of retirement having lived openly as gay, lesbian, bisexual or transgender. However, the current invisibility of GLBT issues in government aging policies and the senior adult care sector in general means that older GLBT individuals will not have access to adequate support and care to address their health and wellbeing

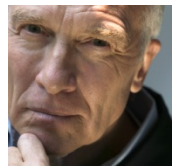
needs. For many, getting older will mean going back into the closet or facing discrimination at a particularly vulnerable time in their lives (Harrison, 2004).

As stated earlier, older adult services cater to heterosexual individuals under a common assumption that a person entering a nursing home can be classified only as “never married”, “divorced”, “widowed” or “married.” These are the only categories identified in the admission forms. This classification reflects the assumption of residents’ heterosexuality. This assumption can lead to the reluctance of GLBT elders to identify their sexual orientation. Many health care professionals perceive a person’s sexuality as “private.” Harrison, 2004, argues that this is an obstacle in getting to know a person’s life experiences that have shaped his/her personality.

When a gay resident living at an assisted-living center in Santa Fe, N.M., revealed her sexual orientation, she instantly “felt like a pariah.” She had to leave the facility, as she did not feel safe there anymore. Elderly gay people who are customers of the long-term care industry encounter disrespect, shunning, or mistreatment. In some extreme

cases staff and resident hostility has led to the suicide of gay residents. Some gay nursing home care recipients have seen their partners and friends insulted or ignored by nursing home staff. Some are afraid that one day they will have to depend on strangers for the most intimate care and be targeted by staff due to their different sexual orientation (Gross, 2007). The general assumption by nursing staff that residents should not have sex may mean that their resentment is much stronger against sex with same-sex people. One gay man moved to a nursing home that was known for being tolerant of different sexual orientation but he had to dispose of his feminine garments. “The issue was not whether the man could be gay, but what kind of gay he was.” One lesbian couple who had lived together for decades had to pretend to be sisters in order to be allowed to live in a retirement community (Naditz, 2004).

Ninety percent of gays do not have children or do not have contact with their children. They feel more vulnerable than other populations, as they do not have advocates for their needs like most other residents. Their partners may have no access to them, as gay couples do not have the protection of marriage. Gay elders are concerned that in a nursing home they will be completely cut off from their unique cultural activities, such as watching gay movies. They are afraid that homophobic staff members may refuse to give them sponge-baths and avoid other forms of personal care. Abuse that GLBT individuals encounter is not necessarily manifested verbally. It could be more subtle, such as staff wearing rubber gloves when performing household duties in a room where a gay resident lives. (Smith, 2007).





Demographics are the strongest factor in the movement for the gay elderly. The 2000 Census counted the number of same-sex couples who live together openly in the age group over 55. The number has almost doubled since that time, from 222,000 in 2000 to 416,000 in 2007 (Gross, 2007). Based on these demographics it could be argued that the present cohort of gay elders will change the landscape of the long-term industry, as they are not going to accept existing services that do not address their needs.

GLBT boomers are approaching the age when some of them will need nursing home services. They believe that the system needs a drastic change that can be attained through education of health care providers. GLBT boomers have been proactive in trying to help the health care industry be ready to



include, accept and help vulnerable GLBT elders. They initiated the creation of the LGBT Aging Project, which has produced a series of educational

programs. A new segment of long-term care is emerging to meet the needs of GLBT elders. A Boston-area retirement community has built one wing for GLBT elders and Palmetto, Florida, advertises gay and lesbian villages for older adults. Rainbow Vision in Santa Fe, New Mexico, is the first gay retirement community that has been built entirely with investors' money. It means that an individual can purchase a condo or rent an apartment just like any mainstream retiree does in most retirement communities (Schamberg, 2005). Many similar projects are being planned across the country.

The intent in creating GLBT communities is to provide safe, caring, supportive and non-

judgmental environments for GLBT elders as an alternative to traditional long-term care. It is a place where GLBT persons do not have to hide their identities. However, not all GLBTs want to live in segregated communities. They enjoy meeting straight friends, spending time with their family members, using services from people regardless of their sexual orientation, and working with diverse people. Many GLBTs have not lived their lives secluded from heterosexuals and want to continue this integrated lifestyle. Also, cost is a decisive factor in making an appropriate choice for living, since retirement communities are not inexpensive. Appropriate training and education of nursing home staff should help increase awareness of GLBT individuals and their needs, and consequently help GLBT elders be more welcomed in the traditional long-term care environment.



**Group Activity:** Do you personally know anybody whose sexual orientation is different than yours?

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Do you know of any famous people whose sexual orientation was/is different?

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