

Social Work Practice and Competency   
with Lesbian, Gay, Bisexual, and Transgender Older Adults Teaching Module

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Introduction

The past decade and particularly the most recent years has seen tremendous progress in the movement toward equality for gay, lesbian, bisexual, and transgender (LGBT) persons in the United States and abroad. Marriage rights in particular have granted this population many privileges that before were solely reserved for heterosexual couples. While many rejoice at the progress made, discrimination against this group of people remains rampant. For the older members of this population, recent political wins factor into lives predominantly filled with discrimination, ostracization, and sometimes, violence. In the face of this treatment, many older LGBTs have built a strong support network of friends and family. This module will provide an understanding of the lives of this special population of elders. The content can be included in a variety of courses, but may fit particularly well with human behavior in the social environment (HBSE), diversity and social justice, and courses that focus on aging or LGBTs. Topics in this module include:

* Key concepts and definitions related to sexual orientation and gender identity
* Events and policies impacting the lives of aging LGBTs
* Strengths and resilience of older LGBT persons and community
* The families of older LGBTs
* Health and mental health issues for older LGBTs
* Unique issues for transgender elders
* LGBT caregiving and bereavement
* Special populations of older LGBTs
* Competencies and models of practice for working with older LGBT persons and groups

Note: Case exercises will also be included.

Learning Objectives

1. Define key concepts related to sexual orientation and gender identity.
2. Identify the historical as well as current events and policies that impact the lives of older LGBT persons.
3. Discuss the unique issues and challenges faced by older LGBT persons.
4. Discuss the strengths and resilience of this population in response to prejudice, discrimination, and oppression.
5. Identify appropriate competencies and guidelines for effective practice with LGBT elders.

**Note:** This module was designedusing information and exercises from the continuing education-based course, *LGBT Issues and Aging*, offered by West Virginia University (<http://academicinnovation.wvu.edu>) that is part of the Gerontology Practitioner Certificate (<http://socialwork.wvu.edu/continuing-education>).

Key Concepts and Definitions Related to Sexual Orientation and Gender Identity

Before exploring the unique issues facing older LGBTs, it is imperative to first identify and define key concepts related to this population. The Human Rights Campaign (HRC, n.d.) provides the following basic definitions:

**Sexual orientation**: An inherent or immutable enduring emotional, romantic, or sexual attraction to other people.

**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 expression**: External appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

**Transgender**: 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.

(from <http://www.hrc.org/resources/entry/sexual-orientation-and-gender-identity-terminology-and-definitions>)

The Gender Equality Resources Center also has a comprehensive listing of LGBT-related terms at:  
<http://geneq.berkeley.edu/lgbt_resources_definiton_of_terms>

In addition, GLADD (formerly the Gay *&* Lesbian Alliance Against Defamation) has a listing of terms to avoid regarding this population at:  
<http://www.glaad.org/reference/offensive/>

Events and Policies Impacting the Lives of Aging LGBTs

As mentioned above, the older generations of LGBT persons have lived most of their lives in discriminatory times. Only recently have public policies been developed and modified to protect the rights of both older and younger members of this population.

Older members of the LGBT population have lived through a common historical period, one that has not been sensitive to or supportive of their identities or rights. This time period has seen many negative events targeted at this group, including:

* Legislation and professional views vs. homosexuality (1930s)—The thirties through sixties saw the beginning of the medical and psychiatric communities public declaration of homosexuality as pathology, the military’s ban on gay men and lesbians, widespread anti-sodomy laws, and police harassment of the patrons of gay bars.
* McCarthy Era (1950s)—In this political period the systematic questioning and removal of “homosexuals” from federal jobs became common practice.
* AIDS Epidemic (1980s) —The rise and public recognition of the spread of HIV in the United States was blamed on the gay male population.
* “Don’t ask, don’t tell” (DADT) (1990s) —This military policy, enacted in 1993, prohibited gay men and lesbians from disclosing their sexual orientation or same-sex sexual activity while serving in the military.
* Defense of Marriage Act (DOMA) (1996) —Passed by U.S. Congress, this act gave states the authority to not recognize marriages between couples of the same sex.
* State Actions Against Same-Sex Marriage (1990s-)—While some states began to recognize marriage or domestic partner statuses of same-sex couples, other states added an amendment to their state constitutions that defined marriage as being between a man and a woman.

Despite these decades of oppression, positive influences have also impacted LGBT persons who have lived through this period, such as:

* The 1930s saw the beginnings of gay and lesbian bars.
* In 1953 the Kinsey Report documented diversity in sexual behavior, proposing sexuality as existing on a continuum between gay/homosexual, bisexual, and straight/heterosexual.
* In the 1950s and ’60s gay and lesbian advocacy societies and groups began to form in major U.S. cities.

Two major events occurred around the 1970s:

* The Stonewall Rebellion (1969) involved a series of protests of large groups of LGBTs in New York City in response to harassment faced in gay bars. Many mark Stonewall as a catalyst of the Gay Rights Movement.
* In 1973, the American Psychological Association (APA) removed homosexuality from its diagnostic manual for mental illnesses (DSM). Transgender identities are still included in the manual as “Gender Dysphoria.”

The 1990s forward have seen the growth of legislation for domestic partnerships and same-sex marriage as well as anti-discrimination legislation for LGBT persons in housing and employment, including:

* 2009—A hate crimes law which included the protection of LGBTs was enacted.
* 2011—Don’t Ask, Don’t Tell (DADT) policy is repealed.
* 2013—The Defense of Marriage Act (DOMA) was struck down by the U.S. Supreme Court.
* 2015—The U.S. Supreme Court made the decision that same-sex marriages would be recognized in all 50 states. This recognition spiraled into the granting of other rights and protections including recognition of same-sex spouses in the Family Medical Leave Act, Social Security, the Internal Revenue Service, the Affordable Care Act, and Medicare.   
  (Faderman, 2015)

At the time this module was written, it was still legal (at the federal level) for LGBT persons to be discriminated against in the workplace in terms of hirings, firings, and promotions. Some states and municipalities do offer protections for this population, but there is no universal protection. Transgender persons are often not covered under legislation that has been passed. A previous bill, the Employment Nondiscrimination Act (ENDA), failed to pass Congress in 2011 and again in 2013 (Faderman, 2015). This lack of legal protection has a major impact on the lives of LGBTs of all ages. Marriage rights now provide access to benefits previously not allotted in the workplace for same-sex couples, such as family leave time and insurance coverage. However, insurance coverage of therapies and procedures related to gender transition are still not mandated by law. A related issue that LGBT persons face in the workplace concerns if and when they decide to come out to employers and co-workers. Transgender persons have the added issue of if and when to transition (to another gender) in the workplace. These decisions and the risk of not being accepted or even not hired or terminated add an extra layer of stress to the lives of LGBT persons of all ages (Hash & Ceperich, 2006).

For up-to-date information on policies related to LGBTs, visit the website of the Human Rights Campaign at <http://www.hrc.org>

As a recap, spend a few minutes watching this clip about LGBT history and treatment:

Eric Martin (author) on Gay History  
<http://www.youtube.com/watch?v=1cDMGGnFZ6A>

Strengths and Resilience of Older LGBT Persons and Community

Despite the times that they have lived through and the challenges that they continue to face, LGBTs possess great resilience and strength in old age. In fact, some have pointed to their being more successful in aging by having many advantages in older adulthood, including:

* Early experiences of loss—It is thought that individuals who come out earlier in life and have faced rejection from family and friends have had to deal with and overcome loss at a younger age. This experience might make them more prepared to deal with the multiple losses in late life.
* Early experience of stigma—LGBT individuals who lived openly in younger years may have built resiliency from managing the stigma of being “L,” “G,” “B,” or “T.” Old age is then just another stigma.
* Strong support networks—Because they faced negative treatment or even ostracism from family members, many LGBTs surrounded themselves with persons who were accepting of their sexual orientation or gender identity from an early age. Weston (1991) called this a “family of choice,” which often consists of friends, family members, and even former partners; these strong support networks are beneficial in older adulthood when support for loss and care for disability may be needed. Although these networks exist for many, research indicates that two-thirds of older LGBTs live alone whereas two-thirds of their heterosexual counterparts live with at least one other person.

(Berger & Kelly, 2001; Grossman, D’Augelli, & Hershberger, 2000; Masini & Barrett, 2008; Metlife, 2010; Weston, 1991)

The Families of Older LGBTs

As mentioned, one of the great strengths of the LGBT population is the development of strong social support networks. These networks have acted like family in times when families of origin and society in general were less than supportive. Many members of this population, though, do maintain connections with their family of origin and also have their own children and grandchildren.

There has been very little research conducted on family relationships for older LGBTs. From the studies that do exist, the following have been surmised:

* The “families” of older LGBTs are very diverse, including family of origin, in-laws, friends, former same-sex or opposite-sex spouses or partners, children (some from previous opposite-sex relationships), and grandchildren.
* Many older LGBTs stay connected with their families of origin and live openly among some or all of them.
* Many older LGBTs feel that maintaining these relationships with family of origin is important.
* Bisexual and transgender elders often feel less support from family of origin.
* Older LGBTs are less likely to have children than are their heterosexual counterparts.
* The relationship between LGBT elders and their adult children (and the acceptance they receive) can have a strong impact on the relationship they have with their grandchildren.
* Coming out to family members can be viewed as the marker of a major life transition.

(Masini & Barrett, 2008; Muraco, LeBlanc, & Russell, 2008; Orel, 2006; Orel & Fruhauf, 2006; Reczek, 2014)

Health and Mental Health Issues for Older LGBTs

Despite their strength and resilience, older LGBTs may suffer disproportionately from health and mental health conditions. In terms of health, compared to their heterosexual counterparts, older LGBTs experience high rates of disability, obesity, and HIV (Fredriksen-Goldsen et al., 2011).

Older LGBTs also experience disparities in mental health. Throughout their lives, LGBTs experience higher rates of:

* Depression
* Loneliness
* Violence\*
* Substance abuse
* Suicide

(Fredriksen-Goldsen et al. 2011).

\*Abuse and violence can be common experiences for many in the LGBT community throughout their lives. These experiences can cause health and mental health problems throughout the life course (Fredriksen-Goldsen et al., 2011; Kidd & Witten, 2008; Morrow, 2001).

Because of lifelong experiences of discrimination, LGBT elders are especially apprehensive about:

* Receiving in-home services
* Joining general support groups
* Using case managers
* Using adult day care
* Going to see a mental health professional
* Placement in a skilled nursing or assisted living facility\*\*

(Cahill & South, 2002; Gugliucci et al., 2013; Hash, 2006; McFarland & Sanders, 2003; Stein, Beckerman, & Sherman, 2010)

\*\*With regard to placement, members of this group also have great concerns regarding:

* Sharing rooms
* Separation from partners
* Conjugal visits
* Attitudes/behavior of staff
* Attitudes/behavior of residents

(Gugliucci et al., 2013; Stein, Beckerman, & Sherman, 2010)

Unique Issues for Transgender Elders

Transgender elders face even greater challenges in life and as they age. They are thought to experience more harassment and violence than gay men, lesbians, and bisexual persons. Transgender elders have the additional challenge of not having hormone therapies or gender reassignment procedures covered under most health insurances. To compound these problems, they often find it difficult to identify professionals who are knowledgeable about and sensitive to their special medical needs (Fredriksen-Goldsen et al., 2011; Persson, 2009; Williams & Freeman, 2005).

LGBT Caregiving and Bereavement

Sexual and gender minorities face many of the same challenges as other caregivers for older loved ones. Providing care to an older loved one can result in physical and emotional strain as well as cause conflicts with family and work responsibilities (Cantor, 1983; Poulshock & Deimling, 1984; Zarit, Todd, & Zarit, 1986). Although transgender and bisexual caregivers have not been widely included, studies of gay and lesbian caregivers have shown this population to experience unique issues in this role. Related to the availability of care and caregivers, studies have shown that LGBT persons are more likely to live alone, have fewer children, and be ill-informed of supportive resources. LGBT caregivers also face institutional and social discrimination, and cope with social policies that prevent access and negatively impact their care experience (Brotman et al., 2007; Cohen & Murray, 2006; Fredriksen-Goldsen et al., 2011; Grossman, D’Augelli, & Hershberger, 2005; Hash, 2006; Metlife, 2010; Muraco & Fredriksen-Goldsen, 2014). Transgender elders may be at greater risk for isolation and lack of support (Williams & Freeman, 2005). On the positive side, like other caregivers, LGBT persons also find the caregiving experience rewarding. Specifically, it provides the opportunity for increased personal growth and the opportunity to return love and care to a loved one (Hash, 2006).

Bereavement among this population also has unique features. For same-sex couples, their level of “outness” may impact the loss of a partner. “Disenfranchised grief” is a term coined by Doka (1989, 2002) and can apply to this situation. This type of grief involves a loss that one is not able to publically acknowledge or mourn. It may also not be accepted by family, friends, coworkers, or even policies. Studies of older same-sex partner bereavement have shown that these widows/widowers may have difficulty accessing formal and informal supports because of not being open or the fear of being open about the nature of their relationship. Social isolation may also play a role in the bereavement experience of this population although, “family of choice” can provide a great deal of support to these individuals (Almack, Seymour, & Bellamy 2010; Fenge, 2014; Hash, 2006).

The legalization of same-sex marriage in the United States should improve some aspects of the bereavement experience, such as having a relationship that was legally recognized, survivor benefits through Social Security, and the absence of monetary inheritance penalties. It should also provide recognition and benefits during caregiving through the Family Leave Act, insurance coverage, and other policies. In fact, the plaintiff in *United States v. Windsor* (2013) that paved the way for the legalization of same-sex marriage in the United States was the 81-year-old widow and caregiver Edith Windsor. “Edie” had provided care to her partner of 40 years (Thea Spyer) who was diagnosed with multiple sclerosis. The couple was married in Canada in 2007, and they also had several legal documents drafted to protect their property and assets in inheritance. Thea died in 2009, and Edie was required to pay over $300,000 in inheritance taxes to the Internal Revenue Service because the couple was not legally married in the United States. In 2010, Eddie filed a lawsuit against the federal government (Gabbett, 2013). Much of this incredible story is chronicled in the documentary *Edie and Thea: A Very Long Engagement* (2009).

Special Populations of Older LGBTs

As is clear in the above sections, LGBTs experience unique issues and challenges as they age. Special groups within this population, however, may face even greater obstacles. According to Kimmel:

LGBT aging is diversity… Knowing that someone is lesbian, gay, bisexual, or transgender does not indicate whether or not they are able-bodied, Asian, African American, Latino/a, White, or mixed race. It does not reveal their health status, marital status, economic level, or if they are parents or grandparents. It is similar to knowing that someone is over the age of 65, in the sense that it cuts across all relevant social characteristics. (2014, p. 59)

The population of the United States is growing in racial and ethnic diversity and that includes older adults. The proportion of ethnic and racial minority elders that represented 17% in 2003 has risen to 21% and will continue to grow to 29% by 2030 (Administration on Aging, 2014). Older LGBTs who are among racial and ethnic minorities have not been well represented in the literature (Fredriksen-Goldsen & Muraco, 2010). What is known from a study by David and Knight (2008) is that older African American males experience more ageism than do their White counterparts and more racism than do younger African American males. In the largest and most diverse study to date related to older LGBTs, Fredriksen-Golsen et al. found the following related to ethnically diverse LGBT elders:

There are differences in disclosure, social support and religious and spiritual activities among LGBT older adult participants as differentiated by race and ethnicity. For example, Asian/Pacific Islander LGBT older adults have lower levels of disclosure than White LGBT older adults, while Hispanic LGBT older adults have lower levels of social support. Both African American and Native American LGBT older adults are more likely to participate in religious or spiritual activities than Whites. (2011, p. 18)

Although considered a minority in terms of social status, older women do and will continue to outnumber older men. Currently, the ratio is 129 women for every 100 men 65+ and 200 women for every 100 men in the 85+ segment of the population (Administration on Aging, 2014). In LGBT aging research, older lesbians have been found to have lower incomes but may be more likely to have partners and not live alone and to have larger social networks than their gay male counterparts (Fredriksen-Goldsen & Muraco, 2010).

Older LGBTs who reside in small towns and rural areas can also been seen as a minority group, and very few studies have focused on their experiences. These elders have the additional disadvantage of being socially isolated and not having access to specialized services and supports for older LGBTs in their home communities. They may also experience more homophobia and be more reluctant to come out to professionals, family, and others (Comerford, Henson-Stroud, Sionainn, & Wheeler; 2004; King & Dabelko-Schoeny; 2009; Lee & Quam, 2013; Oswald & Culton, 2003).

Competencies and Models of Practice for Working with   
Older LGBT Persons and Groups

Given the ever-increasing population of older adults, it is crucial that practitioners possess the knowledge, values, and skills to work effectively with all members of this population and their families. Competently working with older LGBTs will require further education and skills development. According to Hash & Rogers:

Competent and effective practice with LGBT elders begins with an *understanding of normative aging issues* as well as the *unique challenges* faced by this population. The awareness of the *strengths they have built throughout their lifetime* to overcome barriers to their health and happiness is also essential. This understanding provides a foundation from which to identify appropriate theories and models of intervention for working with individual clients. (2013, p. 256)

These important elements of practice have been outlined in previous sections of this module. Other models and practice guidelines and competencies have also been developed and will be discussed in this section.

To begin, the Social Work Leadership Institute (SWLI) has developed competencies for geriatric practice. The Geriatric Social Work (GSW) Competencies (SWLI, n.d.) outline practice skills and standards that every social worker working with all older adults and their families should be prepared to meet (<http://www.cswe.org/File.aspx?id=25445>). These are organized into five domains of competence:

I. Values, ethics, and theoretical perspectives

II. Assessment

III. Intervention

IV. Aging services, programs, and policies

V. Life-long Leadership

Students and professionals working with LGBT elders should understand that practice with this population involves special considerations in terms of competency. Competencies that particularly pertain to older LGBTs include those that involve sensitivity to diversity among older adults and addressing policies, practices, and programs that are not supportive of this special population:

* **Values, Ethics, and Theoretical Perspectives** (4)  
  4. Respect diversity among older adult clients, families, and professionals (e.g., class, race, ethnicity, gender, and sexual orientation).
* **Programs, Policies, and Services** (2, 3, 10)  
  2. Adapt organizational policies, procedures, and resources to facilitate the provision of services to diverse older adults and their family caregivers.  
  3. Identify and develop strategies to address service gaps, fragmentation, discrimination, and barriers that impact older persons.  
  10. Assess and address any negative impacts of social and health care policies on practice with historically disadvantaged populations.
* **Leadership** (3, 8)  
  3. Analyze historical and current local, state, national policies from a global human rights perspective in order to inform action related to an identified social problem and/or program for older adults for the purpose of creating change.  
  8. Communicate to public audiences and policy makers through multiple media including writing synthesis reports and legislative statements and orally presenting the mission and outcomes of the services of an organization or for diverse client group(s).

Crisp, Wayland, and Gordon (2008) offer a model for practice that incorporates the competencies described above. The ‘‘age competent and gay affirmative practice’’ (p. 6) model blends culturally competent knowledge, attitudes, and skills for work with LGBT individuals with the geriatric social work competencies. It helps focus on and further develop the strengths and resiliency of older LGBT adults.

Fredriksen-Goldsen et al. (2014) also considered the geriatric social work competencies as well as the competencies set forth by the Council on Social Work Education (CSWE) for all social work practice, the LGBT aging research, and findings from their study Caring and Aging with Pride (CAP) in developing ten professional competencies for working with and developing services for older LGBTs. These competencies are as follows:

1. Critically analyze personal and professional attitudes toward sexual orientation, gender identity, and age, and understand how factors such as culture, religion, media, and health and human service systems influence attitudes and ethical decision-making.
2. Understand and articulate the ways that larger social and cultural contexts may have negatively impacted LGBT older adults as a historically disadvantaged population.
3. Distinguish similarities and differences within the subgroups of LGBT older adults, as well as their intersecting identities (such as age, gender, race, and health status) to develop tailored and responsive health strategies.
4. Apply theories of aging and social and health perspectives and the most up-to-date knowledge available to engage in culturally competent practice with LGBT older adults.
5. When conducting a comprehensive biopsychosocial assessment, attend to the ways that the larger social context and structural and environmental risks and resources may impact LGBT older adults.
6. When using empathy and sensitive interviewing skills during assessment and intervention, ensure the use of language is appropriate for working with LGBT older adults to establish and build rapport.
7. Understand and articulate the ways in which agency, program, and service policies do or do not marginalize and discriminate against LGBT older adults.
8. Understand and articulate the ways that local, state, and federal laws negatively and positively impact LGBT older adults, to advocate on their behalf.
9. Provide sensitive and appropriate outreach to LGBT older adults, their families, caregivers, and other supports to identify and address service gaps, fragmentation, and barriers that impact LGBT older adults.
10. Enhance the capacity of LGBT older adults and their families, caregivers, and other supports to navigate aging, social, and health services.

Finally, although not specifically addressing older adults, the American Psychological Association (APA) recently adopted the Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients (APA, 2012). Critical to work with the older generations of LGBTs, the guidelines suggest that practitioners acknowledge the historical period in which individuals have lived, the timing of their “coming out,” and the societal attitudes and policies that have impacted their lives. These guidelines also point to the importance of multiple minority statuses (age, gender, ethnicity, and disability) and their influences on the lives of LGBT persons. Considering these guidelines, practitioners can assist LGBT elders mobilize coping mechanisms that they have built throughout their lives in response to discrimination to help them manage the challenges presented in aging and dealing with continued oppression (APA, 2012; Hash & Rogers, 2013).

Case Exercises

The Case of Ellen

Ellen is a 62-year-old Caucasian female who is retired and holds an Associate’s Degree in business. In the recent past, she served as the primary caregiver for her “friend” Judy. She uses the term “friend” as she has used it most of her life and explains, “Partner is more of a ’80s and ’90s word.” Judy suffered from a number of heart and vascular conditions for which Ellen provided care “on and off for her for 25 years.” During that time, Ellen remembers constantly running to the emergency room in the middle of the night while trying to maintain her full-time job. She states, “I had an office job during the day and a nursing job at night;” she did not receive any help from Judy’s family and did not feel comfortable talking to coworkers about having a significant other who was ill. In terms of her interactions with medical professionals, she felt that these professionals were always looking around for Judy’s “husband, sister, or mother.” In attempts to be recognized by the doctors, Ellen would say things like, “I’m her best friend” or “she lives with me.” Judy always avoided setting up advanced directives, and Ellen claims that she herself has always been far too independent to have joint property or bank accounts.

After one hospital stay, Judy recovered at her daughter’s home. It was then decided that Judy needed 24-hour care and that it was best for Judy to remain at her daughter’s home. The move was “tough” on Ellen, and she claims that she got through it with the help of her friends (a female couple). Although sexual orientation was an “untouchable” subject in her family, Ellen’s sister recognized that she was suffering the loss of her friend of 25 years. Following the relocation of Judy, it took Ellen a year to get back on her feet and feel comfortable in her home again without Judy’s presence. She also got “tired of being a third wheel” in her group of friends and often felt lonely and isolated. She began to see a therapist and describes the therapist as a “strong point” in her transition from the caregiving role. Initially, she admits that she had a lot of “squeamishness” about going to a therapist and thought “there is nothing wrong with my mind.” With the encouragement of her therapist, she “got a life” and learned about the gay community. She is now in a relationship with a woman ten years her junior, is taking much better care of herself, and is a “much happier person.” She visits Judy occasionally, but often finds it upsetting because Ellen finds that, “she is just not taking care of herself.”

Questions for discussion:

1. What are the common issues faced by Ellen and other caregivers?
2. What are the special issues faced in caregiving by Ellen and other LGBT caregivers?
3. What can social workers and other professionals as well as organizations do to support LGBT caregivers?

Source: Hash, K. M., & Rogers, A. (2013). Clinical practice with older LGBT clients: Overcoming lifelong stigma through strength and resilience. *Clinical Social Work Journal, 41* (3), 249-257*.*

The Case of Charles

Charles is a 74-year-old African American transgender person. Charles was born with female organs but identifies as a male. He does not refer to himself as a “transsexual” and is non-operative, meaning he has not undergone surgery to alter any biological sex characteristics. He reports that from an early age he felt like he was “trapped” in the wrong body and would often sneak into his brother’s closet and secretly try on his clothes and underwear. He would also lock the bathroom door and practice urinating while standing up. His parents thought he was just a “tomboy” and would start acting more like a girl during his teenage years. They insisted on putting him in dresses, despite his persistent resistance. During puberty, Charles became very depressed. The physical changes were a constant reminder of the inconsistency between his developing female body and his male gender identity. He contemplated suicide but could not bring himself to attempt it because of his religious upbringing and beliefs.

After graduating from high school, Charles moved to a larger city to start a new life where he could finally live as a man. He legally changed his name and began to dress as a male full-time. His family knew of these changes but still referred to him by his birth name and biological sex. Even though he has never consistently taken hormones, he says he can “pass” as a man in most situations, is happy, and feels comfortable in his own skin. After being “outed” by coworkers in his job at a factory, he found work in gay and lesbian bars and bookstores. Although the wages were low, he felt accepted and at home in these settings and made many longtime friends. He dated several women and “even lived with a few” before meeting his “girlfriend,” Gina, of twenty-two years. The couple currently lives in a subsidized apartment complex and often has difficulty paying their bills.

Charles confesses that his relationship with Gina has always been “fiery” and that their fights become physical at times. Lately, their arguments have become more frequent and are escalating in terms of violence on the part of Gina. He has told Gina that it may be better if they lived apart, and he even applied for his own apartment in the same building. Each time he brings this up, she threatens to tell the whole apartment building that he is really a woman. This concerns him because since they have been together he has had decreasing contact with friends and family. He has heard about a local LGBT organization that specializes in providing services to older members of the community. When Gina leaves to shop for groceries, Charles calls the organization to discuss alternative housing options.

Questions for Discussion:

1. What are the special issues in aging faced by Charles and other LGBTs?
2. In what ways are Charles and other older transgender persons at even greater risk for poor treatment by loved ones and professionals?
3. If you were the social worker at the LGBT organization, what would you say to Charles when he calls?

Source: Hash, K. M., & Rogers, A. (2013). Clinical practice with older LGBT clients: Overcoming lifelong stigma through strength and resilience. *Clinical Social Work Journal, 41*(3), 249-257*.*

The Case of Elizabeth

Elizabeth is a 60-year-old African American female. She is employed as a nurse at a large, for-profit nursing home facility in a small community in the southeastern United States. She has been with the organization for almost 10 years and is considered compassionate and reliable by the nursing home staff. Although she appears to be single, it is rumored among the facility that her “roommate” and she “are queer together.”

In the past few months she has called in sick on several occasions and has used the majority of her vacation leave. Lately, she also appears exhausted and stressed on the job. Jane, a social worker in the nursing home, approaches Elizabeth and mentions her concern that she appears very stressed and asks if there is anything she would like to talk about. Elizabeth reveals that she is dealing with a very difficult personal situation, specifically that her partner of fifteen years, Teresa, is experiencing serious health problems. These problems have required that Elizabeth travel with Teresa to several medical appointments and provide hands-on care at home.

Although, Teresa’s mother and sister have been helping out, they are not comfortable with the same-sex relationship and their interactions are often strained. Elizabeth shares her concern with the social worker that she is the “sole breadwinner” of the household and does not want to risk losing her job by taking so much time off. She is tired of hiding the situation and of “burning up” all of her vacation time. She also feels drained from having to “build excuses” for why she must take time off, such as “I have personal business to take care of” or “My best friend is ill and her mother needs someone to help take care of her.” She shares with the social worker her inclination to explain her difficult circumstances to her other coworkers and the administration, but she fears that her relationship will not be accepted and her situation will not be supported.

Questions for Discussion:

1. What are the special issues faced by Elizabeth and members of this population in society and in the workplace?
2. If Elizabeth decides to come out in the workplace, what are some of the attitudes and behaviors that may surface among her co-workers or administrators?
3. How can the agency and its staff help Elizabeth as well as other LGBT employees?
4. What can be done at the larger policy levels (state, federal) to support LGBT persons in the workplace? What can you do at your own university, field agency, or place of employment?

Source: Hash, K. M**.** (2006). Building excuses in the workplace. In L. Messigner & D. F. Morrow (Eds.), *Case studies on sexual orientation and gender expression in social work practice* (pp. 95-96).New York: Columbia University Press.

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Resources

**PowerPoint presentation:** [Social Work Practice and Competency with Lesbian, Gay, Bisexual, and Transgender Older Adults](http://www.cswe.org/File.aspx?id=84106)

**From the CSWE Gero-Ed Center** [**website**](http://www.cswe.org/CentersInitiatives/GeroEdCenter/EducationalResources/TeachingInfusion.aspx)**:**

[Empowerment Practice Within LGBT Communities Syllabus](http://www.cswe.org/File.aspx?id=22845)

[Same Sex Couples in Later Life Teaching Module](http://www.cswe.org/CentersInitiatives/CurriculumResources/MAC/GIG/Albany/33381.aspx)

[Sexual Behaviors and Older Adults Teaching Module](http://www.cswe.org/CentersInitiatives/CurriculumResources/MAC/GIG/Arlington/37756.aspx)

[Community Participation With Older People Assignment](http://www.cswe.org/File.aspx?id=26936)

Weblinks:

American Society on Aging Lesbian and Gay Aging Issues Network (LGAIN)  
<http://www.asaging.org/lain>

Gay and Lesbian Association of Retiring Persons (GLARP)   
<http://www.gaylesbianretiring.org/>

Human Rights Campaign  
<http://www.hrc.org>

National Resource Center for LGBT Aging  
<http://www.lgbtagingcenter.org/index.cfm>

Primetimers   
<http://www.primetimersww.org/>

SAGE  
<http://www.sageusa.org>