

Including Sexual Orientation and Gender Identity (SOGI) Questions in APS Practice eLearning

Transfer of Learning Packet

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With input from the CA APS Curriculum Advisory Committee, April 2023. Contact apstraining@sdsu.edu for any questions for feedback



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Including Sexual Orientation and Gender Identity (SOGI) Questions in APS Practice eLearning Transfer of Learning

Objective:

This transfer of learning (TOL) packet provides additional support to APS professionals who have completed the *APSWI Including Sexual Orientation and Gender Identity Questions in APS Practice eLearning*. It is designed to transfer concepts from the learning and apply them into APS practice.

How to Use:

Supervisors and Facilitators can use with APS units, training participants, or individuals who have completed the eLearning. There is a [Supervisor/Facilitator Guide](#) to support discussion and work through uncertainty and differences. *APS staff can also complete individually, though support from a Supervisor or Facilitator is encouraged.*

There are four activities, independent of each other. Each activity reinforces various concepts from the eLearning. Choose any or all activities where additional guidance or support may be needed or desired for learners or staff.

Activity #1- You Don't Have to Answer, But I Have to Ask

- This activity helps reinforce the meaning behind the Lesbian, Gay, Bisexual and Transgender Disparities Reduction Act (AB-959) and allows participants to apply the concept to other required mandates

Activity #2- If We're Uncomfortable, They're Uncomfortable

- In this activity, staff will explore other situations that arise in APS work in which either the APS professional or person being served may feel uncomfortable and allow them to work through the discomfort in self-reflection and discussion.

Activity #3- Marsha's APS Referral

- Using a case scenario and person with lived experience of discrimination as an older LGBTQ+ adult, staff will consider how discrimination impacts service planning and gain deeper understanding of the need to ask about SOGI.

Activity #4- Generational Cohorts Exercise

- This activity allows staff to identify how various culturally relevant events experienced by certain generations may impact individual and group perspectives and perceptions. Staff will compare the Stonewall Riots to other salient events that impact the population served by APS.

Content Warning:

We recognize that APS work is both challenging and rewarding and APS professionals are whole human beings who have their own experiences before and during APS work. Content and discussion in these activities may activate feelings based on personal or professional experiences, including vicarious trauma and we encourage everyone to do what they need to do in order to safely engage in this transfer of learning.

You Don't Have to Answer, But I Have to Ask- (For Staff)

Ever since the Lesbian, Gay, Bisexual and Transgender Disparities Reduction Act (AB-959) was enacted in 2015, it has been a California state mandate that APS programs, operating under the oversight of California Department of Social Services, “collect voluntary self-identified information pertaining to sexual orientation and gender identity” for people who they serve.

Review the Lesbian, Gay, Bisexual and Transgender Disparities Reduction Act (AB-959) on the California Legislative Information website:

https://leginfo.legislature.ca.gov/faces/billCompareClient.xhtml?bill_id=201520160AB959&showamends=false

1. As government employees, each of us bears responsibility to perform the functions of our job in ways that mitigates the potential liability and risk incurred by our agencies. We must act in accordance with federal non-discrimination laws, the code of ethics or conduct outlined by each of our hiring agencies, and we are expected to comply with regular mandatory trainings at our respective agencies.
 - a. Identify three risks to the **APS employee** who fails to comply with mandates as directed by state regulations, including the directions set forth in AB-959.

2. In addition to AB-959, APS programs have several other mandated activities, including but not limited to documentation of service plans and assessments in a case management system, to meet 10-day face to face timelines mandates on new referrals and timely submission of the SOC 242.
 - a. Identify three risks to the **APS program** in a county that fails to comply with mandates as directed by state regulations, including the directions set forth in AB-959.

3. As stated in AB-959, one reason to compel APS staff to collect Sexual Orientation and Gender Identity (SOGI) data collection is the *historical systemic exclusion of data collection of LGBT communities*.
 - a. Reflect on some of your takeaways from the eLearning. You learned how systemic discrimination may impact LGBTQ+ community members seeking various services such as medical care, and you learned about the benefits of providing person-centered, culturally responsive services and resources. Consider the differences highlighted in the hypothetical

life experiences of William and George. Name three risks to **APS clients**, and the older adult community, in a county that fails to comply with mandates as directed by state regulations, including the directions set forth in AB-959.

If We're Uncomfortable, They're Uncomfortable (For Staff)

This exercise will review ways that, as an APS professional, you prepare yourself for difficult conversations that may come up during interviews with APS clients and alleged perpetrators. APS professionals must develop and maintain skills to initiate conversations that, in other settings, may be socially inappropriate or deemed intrusive.

Matching activity

First, consider the steps you take in your daily work to prepare for potentially difficult or socially non-normative conversations with persons involved in an APS case. Add the letter containing some of the preparation you might engage in to the anticipated conversation subject you expect to have ().

- a. Have a basic understanding of trust and estate language, know current trends in investment/legal scams. Carry Federal Trade Commission (FTC) Consumers Guide
- b. Be aware of contacts for immigration attorneys, immigration rights advocates, Cash Assistance Program for Immigrants (CAPI). Carry American Civil Liberties Union (ACLU) 'Know your Rights' pamphlet
- c. Understand common medical conditions, treatments, diagnoses among the older adult population. Consult with your team's Public Health Nurse (PHN)
- d. Know contact information for suicide hotlines, warmlines, referral information for mental health services, and emergency response contacts
- e. Provide information on completing Five Wishes, Advanced Health Care Directive (AHCD), and/or Portable Orders for Life-Sustaining Treatment (POLST). Prepare to address ambivalence and fear around end-of-life concerns
- f. Local counseling agency referrals and eligibility process, contacts with domestic violence shelters, request history of law enforcement calls for service
- g. Contacts and referral process for your local Sexual Assault Response Team or rape crisis center, complete training in forensic evidence collection, consult with law enforcement

Suicide Risk Assessment ()

Sexual Assault interview ()

End of Life preparations ()

Family conflict history ()

Medical self-neglect ()

Documentation Status ()

Investment practices ()

Discussion Questions

Next, complete the following prompts:

1. Name three things you can do to be more comfortable asking the people you serve about their sexual orientation and gender identity.
2. List specific community resources that you could offer to someone receiving APS services who expresses concerns related to their or their family members sexual orientation/gender identity.
3. Talk about a recent home visit where you felt unable to ask SOGI questions. Describe how you were feeling, the circumstances, and explore the barriers you perceived.
4. Consider, but don't feel the need to share, the last time that personal details were asked of you. This may have been in a medical office, while completing applications for yourself or a family member, or in the process of seeking mental health care for yourself or a family member. Consider the demeanor of the person asking you to share your personal information. Did their level of comfort/discomfort put you at ease or make the situation more tense?

Marsha's APS Referral (For Staff)

You're an APS professional, and you receive a referral for client Marsha, with allegations of:

- physical abuse (alleged perpetrator is client's son). Son is reported to have hit her in the past (timeframe unknown).
- emotional abuse/financial abuse (alleged perpetrators are client's in-laws). In-laws are reported to have unlawfully taken possession of Marsha's home, selling it without her knowledge.
- emotional abuse (alleged perpetrator is current resident coordinator). Resident Coordinator is reported to fail to act when other residents of Marsha's senior apartment complex act in ways that interfere with Marsha's peaceful quiet enjoyment of her unit.

When you interview Marsha, you already know that she is widowed and that she and her spouse had a son together. You don't ask her specific information about her sexual orientation or gender identity because you assume she is straight and birthed a child.

In your initial contact with Marsha, you notice that Marsha presents with symptoms of depression, including not dressing/bathing, refusing to leave her apartment, weight loss, and avoiding doctor appointments. You confirm that Marsha has not had contact with her son in several years. You ask about her experiences with her in-laws reportedly selling her prior home, but Marsha is vague on the details and timeline making the interview difficult. You know about the constant dynamics that many senior apartment settings deal with, and have had prior APS cases with several other residents of this apartment complex. You don't push for clear specifics for what Marsha called 'harassment', and Marsha declines to participate in much of a conversation about her neighbors.

Your investigation ultimately determines that Marsha is no longer at risk of physical abuse due to an active restraining order in place against her son. You refer Marsha to a general practice attorney to inquire about the probate estate that her in-laws apparently took control of. You educate Marsha's resident coordinator on their role for intervening on tenant conflict. Marsha's risk is reduced.

However, you're concerned about Marsha's apparently ongoing depressive symptoms. You refer her to a therapist that the resident coordinator has suggested, and who is already serving many of Marsha's neighbors. Marsha doesn't attend the therapy sessions and continues to avoid doctor appointments. Your case closure eventually cites her as being noncompliant with several aspects of the service plan as she exercises her rights to medical self-determination.

Watch the following video about Marsha's experiences from her perspective, then answer the questions that follow:

<https://www.linktv.org/shows/prism/clip/hostile-homes-and-lgbt-seniors-marshas-story>

1. What aspects of Marsha's story resonated with you, or reminded you of cases you've worked?
2. What did you find surprising or of particular concern?
3. Consider the service plan items that you put in place without knowing Marsha's sexual orientation. What do you think you would have done differently if you had a complete picture of Marsha's lived experiences?
4. What do we know about depression symptoms for the LGBTQ+ community?

Generational Cohorts Exercise (For Staff)

As you learned in *Including Sexual Orientation and Gender Identification Questions in APS eLearning*, several salient events contributed to generational cohort effects for the older adult LGBTQ+ community. Other generational cohorts you may be familiar with through your work with APS are general commonalities among older adults who were young children during the Great Depression era, older adults who were of draft age during the United States' involvement in the Vietnam war, and older adults who experienced the desegregation of American public schools.

Pick one of the events below, (Stonewall Riots, Psychiatric and Medical Pathology, or Federal Legislation) to discuss further.

Stonewall Riots

The Stonewall Riots occurred in New York City in 1969, and kickstarted a rebellion against police enforcement of anti-gay and transphobic laws and policing. In the decades prior to Stonewall, members of the LGBTQ+ community could expect police harassment, arrests, and public shaming for simple acts of socializing or wearing clothing appropriate to their sense of self.

Persons born prior to 1950 came of age, experiencing and engaging their own sense of identity and understanding their sexuality, in a period prior to Stonewall.

1. Consider the number of clients on your APS caseload with a date of birth prior to 1950.
2. There are vast cultural and social differences in experiences associated with coming of age and entering adulthood throughout the world. For the purposes of this activity, considering what you have learned about the Stonewall Riots, discuss the American culture and context in which clients on your APS caseload born prior to 1950 may have experienced their early 20's and young adulthood.
3. Describe other examples where criminalizing certain social behaviors has led to negative outcomes, in the United States or elsewhere.
4. Why do you think this particular event originated from a social center (bar)?

5. What other civil rights movements come to mind when you consider the events around the Stonewall Riots?
6. Several participants in the Stonewall Riots were persons of color, most notably Marsha P. Johnson. Consider the intersections of marginalization for persons of color, who were members of the LGBTQ+ community, in 1960's America.
7. Discuss recent media attention on violence toward Black transgender Americans. When we ask clients for demographic information but don't specifically request information on race, ethnicity, gender identity and sexual orientation, what implicit message are we sending?

Psychiatric and Medical Pathology

As you learned in this eLearning, for many years the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association proclaimed that members of the LGBTQ+ community were afflicted with mental disorders. *Homosexuality* was listed as a mental disorder in the DSM from 1952-1973, replaced with *sexual orientation disturbance* which remained in the DSM until 1987. Many LGBTQ+ community members were subjected to, or know someone who experienced, controversial conversion therapies. The medical and psychiatric fields validated treatments and therapies designed to invalidate a LGBTQ+ person's lived experience. Americans born prior to 1970 would have come of age in an era where being LGBTQ+ was considered, by the medical and psychiatric establishments, to be a mental illness for which they should be cured.

1. Consider the number of clients on your APS caseload born prior to 1970. Discuss the therapeutic milieu in which this generational cohort might have sought treatment for what may have been an aspect of their identity but was treated as an illness.
2. How might this affect willingness to access care? What risks to the person would this present?
3. Name some symptoms of mental health concerns that might correlate with social stigmatization or persecution. When the medical community misdiagnosis someone with a mental disorder (homosexuality) what other, treatable, diagnoses might they miss?
4. What efforts can psychiatrists and medical professionals make now to counter the effects of prior treatment philosophies?

5. In APS you support people who exist within various family systems, exhibit a range of personality traits, and often have a long lifetime of experiences that inform their dynamic identities. Describe one example from your work in APS where treating a client's identity as a strength led to positive outcomes. How important is a strengths-based approach to successful APS interventions?
6. What affect would living through the AIDS epidemic of the 1980s have on LGBTQ+ individuals seeking/accessing health and mental health care?

Federal Legislation

As you learned in the eLearning, The Defense of Marriage Act (DOMA) was enacted in 1996, relatively recently in our social history. This legislation affirmed a government-backed ideal that gay marriage was morally wrong and unlawful. It was founded on misinformation and it perpetuated myths and stereotypes about family norms, parenting abilities, and expressions of love between adults. DOMA was law from 1996 until 2013. Many American LGBTQ+ community members in committed relationships during this time period received the message that their relationships were invalid in the eyes of the federal government, garnering widespread lack of confidence in government institutions. DOMA largely overlapped in time with the United States military Don't Ask, Don't Tell policy, which was active 1994-2011. This policy similarly may have undermined the confidence of the LGBTQ+ community in the federal government's ability to provide equal treatment and protections for all citizens.

1. Consider the number of APS clients on your caseload who are, or were, in long term committed relationships. Describe how the legal recognition of those relationships have served them, including financial, social, and legal benefits.
2. Consider the number of clients on your caseload who are reliant on government aide or services for their daily welfare. Describe the effects that eroded confidence in the government may have on their feelings of self-worth, willingness to accept help, etc.
3. The idea that family can be operationally defined and validated by only certain social groups has pervaded US history, affecting same-sex marriage, adoptions, interracial marriage, international unions, and more. How has a client-centered approach of allowing clients to define what family means to them affected your career as an APS professional?

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Supervisor/Facilitator Guide.**

You Don't Have to Answer, But I Have to Ask- (Supervisor or Facilitator Guide)

1. Staff have been asked to: *Identify three risks to the **APS employee** who fails to comply with mandates as directed by state regulations, including the directions set forth in AB-959.*

Supervisor/Facilitator Notes:

- County employees throughout the state must adhere to state and federal guidelines of anti-harassment, anti-discrimination and other code of conduct/ethics for government employees. This question encourages your staff member to consider potential consequences to employees who fail to meet such expectations. They may respond with any of the following examples:
 - Assessments and Closures rejected by supervisor
 - Erosion of trust among coworkers
 - Increased training assignments
 - Enhanced scrutiny of employee
 - Performance review demerits
 - Progressive disciplinary action
 - Reassignment or change in duties
2. Staff have been asked to: *Identify three risks to the APS program in a county that fails to comply with mandates as directed by state regulations, including the directions set forth in AB-959.*

Supervisor/Facilitator Notes:

- As described in the eLearning, accurate and complete data collection plays a vital role in ensuring funds are allocated based on an accurate representation of the population, and helps the APS professionals better understand the population they serve. Additionally, as an APS supervisor, you are aware that data collection and reporting is critical to the development of policies, procedures, APS case assignment and workflow, and communities' access to services. Programs that consistently fail to comply with state mandates on data collection and documentation put their county at greater risk of liability. This question encourages your staff to consider potential consequences to programs that fail to meet legislative expectations. They may respond with any of the following examples:
 - Increased scrutiny and oversight from state and federal agencies
 - Stringent quality assurance policies may be developed and enforced
 - Judicial review of case work and program policy and procedure

- Intensive documentation requirements to show progress toward compliance
- County funds used for paying fines
- Financial settlements for victims and litigators
- Negative media attention
- Limits on how the program may grow or access new funding

Consider the case of *Greene v. County of Sonoma*. County employees ignored existing POA and wills identifying each member of this gay couple as beneficiary and decision maker for the other. Compensation damages against the county totaled greater than \$600,000 and county policies and procedures have been overhauled to include several additional layers to workflow.

<https://www.nclrights.org/our-work/cases/greene-v-county-of-sonoma/>

3. Staff have been asked to: *Name three risks to **APS clients**, and the older adult community, in a county that fails to comply with mandates as directed by state regulations, including the directions set forth in AB-959.*

Supervisor/Facilitator Notes:

- This question encourages your staff to share potential consequences to the people who they serve if their program fails to meet SOGI data collection expectations. They may respond with some of the following:
 - Underrepresentation of referrals and services for LGBTQ+ community members.
 - APS clients who would benefit from culturally responsive services may go without appropriate referrals
 - Families struggling with acceptance or understanding of their LGBTQ+ family member are not being referred to the right counseling or support agency.
 - Opportunities to assess and strengthen family dynamics may be missed
 - Negative action toward an APS program or its staff will take time and resources away from the programs ability to serve the community

Consider the work of APS. This work may follow guidelines set forth by the National Association of Social Workers (NASW) Code of Ethics and the National Adult Protective Services Association (NAPSA) Practice Guidelines. These guidelines encourage APS professionals to “promote policies, laws, and programs that affirm, support and value LGBTQIA2S+ individuals, families and communities”(NASW) and to “recognize individual differences such as cultural, historical and personal values” (NAPSA). Allowing staff to connect their work as

seen through these guidelines, can help reinforce the importance of collecting SOGI demographics.

<https://www.socialworkers.org/practice/LGBT>

<https://www.napsa-now.org/about/>

If We're Uncomfortable, They're Uncomfortable (Supervisor or Facilitator Guide)

Matching Activity

Review the different types of difficult or socially non-normative conversations your staff engage in on a regular basis in their APS work:

- Suicide risk assessment (d)
- Medical self-neglect (c)
- Sexual assault interview (g)
- Documentation status (b)
- End of life prep (e)
- Investment practices (a)
- Family conflict history (f)

Acknowledge that these topics span a wide range of human experiences.

- Did you notice any difficult conversations missing from the exercise?
- Identify, highlight, and acknowledge your staff for a specific challenging conversation they navigated with a client or collateral support on their caseload. How did they prepare for that conversation, and what specific skills did you see demonstrated?

Discussion Questions:

1. Staff were asked to: *Name three things you can do to be more comfortable asking the people you serve about their sexual orientation and gender identity.*

Supervisor/Facilitator Notes: Examples of what staff might share:

- Practice what I plan to say and how to ask my questions
- Write down my questions
- Try it out on a family member or coworker
- Shadow another colleague to see how they work SOGI into their interviews
- Do more research to understand definitions
- Look into the regulations to better understand what I'm required to ask
- Learn about LGBTQ+ community centers in our area or online
- Review the [APSWI Training Video](#): Asking Inclusive Demographic Questions. *There is a Facilitator's Discussion Guide available.
- Review the National Center on Elder Abuse (NCEA) [LGBTQ+ Inclusive Intake + Engagement for Elder Justice Professionals Tip Sheet](#)

2. Staff were asked to: *List specific community resources that you could offer to someone receiving APS services who expresses concerns related to their or their family members sexual orientation/gender identity.*

Supervisor/Facilitator Notes: Get to know local and national services available to your community. Bookmark useful websites and print out leaflets. Some communities may have LGBTQ+ community centers, others may have LGBTQ+ friendly senior centers and advocacy groups. Be sure to know about advocacy groups and national resources such as

- SAGE Advocacy and Services for LGBTQ+ elders <https://www.sageusa.org/>
- Human Rights Campaign, Health and Aging <https://www.hrc.org/resources/health-aging>
- Parents and Friends of Lesbians and Gays (PFLAG) <https://pflag.org/>
- National Center for Lesbian Rights (NCLR) <https://www.nclrights.org/>
- FORGE <https://forge-forward.org/resources/aging/>
- Movement Advancement Project <https://www.lgbtmap.org/effective-messaging/allys-guide-to-terminology>

3. Staff were asked to: *Talk about a recent home visit where you felt unable to ask SOGI questions. Describe how you were feeling, the circumstances, and explore the barriers you perceived.*

Supervisor/Facilitator Notes: This question will help staff identify how their reactions and interpretations of events in a home visit affects the flow of the interview and risk assessment. Considering your knowledge of each staff's skills, strengths, and opportunities for development, what patterns or trends do you see in their connections to clients and richness of interviews? This may be an opportunity to explore transference, or discomfort with certain types of APS cases or situations.

4. Staff were asked to: *Consider, but don't feel the need to share, the last time that personal details were asked of you. This may have been in a medical office, while completing applications for yourself or a family member, or in the process of seeking mental health care for yourself or a family member. Consider the demeanor of the person asking you to share your personal information. Did their level of comfort/discomfort put you at ease or make the situation more tense?*

Supervisor/Facilitator Notes: This question will encourage reflection on our own vulnerabilities being on the 'other side of the table'. Avoid probing here but allow for time/space for your staff to really think about those qualities in a service provider that allowed for comfortable experiences, and conversely those qualities that led to a less than ideal experience.

Marsha's APS Referral (Supervisor or Facilitator Guide)

Staff first reviewed a case study and then watched a video to answer the following questions:

1. *What aspects of Marsha's story resonated with you, or reminded you of cases you've worked?*

Supervisor/Facilitator Notes: Some APS professionals might find this video activates thoughts and emotions related to a personal and/or professional experience and some may not identify any connection to the experiences reported by Marsha. Those who relate to the video may report that Marsha's experiences resonate with them due to:

- Similar experiences of conflict with extended family members of APS clients they have worked with
- Similar experiences of conflict with themselves, a family member or friend
- APS cases involving ongoing conflict between residents of senior apartment complexes or mobile home parks
- Challenges helping APS clients find safe and appropriate housing
- News stories they've heard about with similar outcomes

2. *What did you find surprising or of particular concern?*

Supervisor/Facilitator Notes: Staff might have questions about why Marsha's in-laws were so dismissive of her, or wonder about history of conflict in her family. The staff might be surprised that Marsha's son isn't more involved in her life. The staff may be concerned about Marsha's lack of protections in her new living environment, or may be uncomfortable with the way that Marsha describes the bullying behaviors by her neighbors. For more information on LGBTQ+ older adults' common concerns facing long term care, consider reading:

<https://www.pbs.org/newshour/nation/lgbtq-seniors-face-discrimination-long-term-care>

3. *Consider the service plan items that you put in place without knowing Marsha's sexual orientation. What do you think you would have done differently if you had a complete picture of Marsha's lived experiences?*

Supervisor/Facilitator Notes: Because the staff didn't explicitly ask about Marsha's sexual orientation in the mock case plan provided, they miss the strong

connection between her presenting symptoms of possible depression and her lived experiences in a social context of anti-LGBTQ discrimination. Possible adjustments to the service plan they might consider:

- Reflecting to Marsha that the bullying she's experienced is not her fault
- Locating a LGBTQ+ friendly therapist or counseling center to connect Marsha to
- Providing the resident coordinator with education on fair housing laws and anti-discrimination efforts
- Making sure that when Marsha consults with an attorney about her rights, she knows to advocate for her civil rights in the context of antidiscrimination laws
- Understanding the statistically high rates of medical care avoidance within the lesbian community and helping Marsha find a PCP that is known to be LGBTQ+ affirming
- Many LGBTQ+ families have children by adoption. Consider the relationship that Marsha and her son may have from a trauma-informed perspective and learn more about the relationship. What aspects of that relationship may still be positive and healing for Marsha?
- Taking the time and using the opportunity to learn about the rich history that Marsha shared with her partner and the life that they built.

4. *What do we know about depression symptoms for the LGBTQ+ community?*

Supervisor/Facilitator Notes: Significant research has been publicized on the greater rates of suicide and suicide ideation among youth in LGBTQ+ community. This concern appears to continue into older adulthood. According to a study published in 2019 by the American Journal of Geriatric Psychiatry, LGBTQ community members over the age of 50 *"had a 4.5 percentage point higher prevalence of suicidal ideation compared with heterosexuals"* in the same age range. Visit the websites below to learn more about LGBTQ+ older adults' experiences with depression and suicide:

<https://pubmed.ncbi.nlm.nih.gov/30770188/>

<https://www.sageusa.org/suicide-and-lgbtqsgl-older-adults/>

Generational Cohorts Exercise (Supervisor or Facilitator Guide)

Stonewall Riots

The eLearning incorporates a small portion dedicated to the Stonewall Riots and their effect on the LGBTQ+ community. You can prepare even more for this conversation by reviewing historically credible sources of information about the event, such as <https://www.history.com/topics/gay-rights/the-stonewall-riots> .

The questions in this activity encourage staff to see the older adults on their caseload as once having been young adults, and to speak about the cultural context in which they may have come of age. They may connect to experiences in their own lives, or of family members.

Staff were asked:

- 1. Consider the number of clients on your APS caseload with a date of birth prior to 1950.*
- 2. There are vast cultural and social differences in experiences associated with coming of age and entering adulthood throughout the world. For the purposes of this activity, considering what you have learned about the Stonewall Riots, discuss the American culture and context in which clients on your APS caseload born prior to 1950 may have experienced their early 20's and young adulthood.*
- 3. Describe other examples where criminalizing certain social behaviors has led to negative outcomes, in the United States or elsewhere.*
- 4. Why do you think this particular event originated from a social center (bar)?*
- 5. What other civil rights movements come to mind when you consider the events around the Stonewall Riots?*
- 6. Several participants in the Stonewall Riots were persons of color, most notably Marsha P. Johnson. Consider the intersections of marginalization for persons of color, who were members of the LGBTQ+ community, in 1960's America.*
- 7. Discuss recent media attention on violence toward Black transgender Americans. When we ask clients for demographic information but don't specifically request information on race, ethnicity, gender identity and sexual orientation, what implicit message are we sending?*

Encourage conversation about the criminalization of behaviors that has lasting repercussions for marginalized communities. How does persecution of a group of individuals affect their sense of self and community? Encourage your worker to consider historically persecuted groups and how systemic oppression continues to play out in other inequities.

Learn more about Marsha P. Johnson life and contributions to the Stonewall Riots: Marsha P Johnson Institute: <https://marshap.org/about-mpji/>

The intersections of racism, homophobia and transphobia continue to play out in current events and experiences within the LGBTQ+ community.

- Encourage staff to discuss recent events in the media involving violence against Black trans people
- Encourage discussion on what these types of events communicate to marginalized communities
- Encourage staff to discuss how failing to recognize and honor people's complete sense of self may be perceived as disinterest, discomfort, or disrespect
- Encourage staff to discuss how knowing a person's sense of self influences our ability to fully appreciate the complexity of their lived experience. Staff may share that by asking a person's race, gender identity and sexual orientation we are demonstrating that we care about their full lived experiences and are interested in knowing them better.

Psychiatric and Medical Pathology

Using the eLearning and <https://www.psychologytoday.com/us/blog/hide-and-peek/201509/when-homosexuality-stopped-being-mental-disorder>, familiarize yourself with the history of the DSMs treatment of members of LGBTQ+ community.

1. Staff were asked: *Consider the number of clients on your APS caseload born prior to 1970. Discuss the therapeutic milieu in which this generational cohort might have sought treatment for what may have been an aspect of their identity but was treated as an illness.*

Supervisor/Facilitator Notes: Staff may see connections here to referrals for medical self-neglect, specifically medical noncompliance and refusal to accept care. Encourage staff to identify how members of marginalized communities may be more reluctant than the general community to trust medical providers and mental health professionals.

2. Staff were asked: *How might this affect willingness to access care? What risks to the person would this present?*

Supervisor/Facilitator Notes: Encourage staff to understand that other serious medical/mental health concerns may be overlooked or underdiagnosed/undertreated in communities with historically low rates of trust in treatment providers.

3. Staff were asked: *Name some symptoms of mental health concerns that might correlate with social stigmatization or persecution. When the medical*

community misdiagnosis someone with a mental disorder (homosexuality) what other, treatable, diagnoses might they miss?

Supervisor/Facilitator Notes: Staff may share examples such as depression, anxiety, social withdrawal, suicidal ideation, substance use and other maladaptive coping mechanisms.

4. Staff were asked: *What efforts can psychiatrists and medical professionals make now to counter the effects of prior treatment philosophies?*

Supervisor/Facilitator Notes: Staff may respond with:

- Create intentionally safe spaces for LGBTQ+ community with signage, affirming language, and respectfully seeking accurate information on patient demographics
 - Address discomfort in treatment settings directly and respectfully
 - Be patient and understand that medical noncompliance may be more about trust than defiance
 - Try to staff clinics with providers who are reflective of the community served
5. Staff were asked: *In APS you support people who exist within various family systems, exhibit a range of personality traits, and often have a long lifetime of experiences that inform their dynamic identities. Describe one example from your work in APS where treating a client's identity as a strength led to positive outcomes. How important is a strengths-based approach to successful APS interventions?*

Supervisor/Facilitator Notes: Encourage staff to reflect on recent cases where they have empowered an APS client to:

- Advocate for themselves in a medical or mental health settings
 - Ensure they are receiving all the benefits they are entitled to
 - Ask questions of their providers to better understand their diagnoses and treatment options
 - Strengthen positive family connections to serve as protective factors
6. Staff were asked: *What affect would living through the AIDS epidemic of the 1980s have on LGBTQ+ individuals seeking/accessing health and mental health care?*

Supervisor/Facilitator Notes: Staff may not have substantial knowledge about the AIDS crisis, or its effect on LGBTQ+ experiences with health care. You may engage a discussion about stigma and blame that originates from a medical or authoritative positions of power. Feelings of helplessness or shame are likely to prevent patients access to care, resulting in stark inequities in

health outcomes. If you would like to learn more in advance of these conversations, consider the following resources:

- Docudrama series 'When We Rise' available on Amazon Prime, YouTube, Apple TV, and other carriers
- <https://www.history.com/topics/1980s/hiv-aids-crisis-timeline>
- <https://www.hrc.org/resources/hrc-issue-brief-hiv-aids-and-the-lgbt-community>

Federal Legislation

1. Staff were asked: *Consider the number of APS clients on your caseload who are, or were, in long term committed relationships. Describe how the legal recognition of those relationships have served them, including financial, social, and legal benefits.*

Supervisor/Facilitator Notes: Staff may note that many of the APS client's they work with are married (or widowed), with the majority of them in heterosexual relationships. Help them recognize that benefits of these lawful unions include, but are not limited to:

- Federal pension benefits
- Immigration protection
- Social security benefits
- Survivors' benefits
- Healthcare and insurance coverage
- Tax filing status
- Medical decision maker status
- Hospital and facility visitation
- Shared property ownership
- Parental rights for shared children
- Social and familial legitimacy

2. Staff were asked: *Consider the number of clients on your caseload who are reliant on government aide or services for their daily welfare. Describe the effects that eroded confidence in the government may have on their feelings of self-worth, willingness to accept help, etc.*

Supervisor/Facilitator Notes: Staff might consider some clients they have worked with who refused to apply for or accept benefits they were entitled to. They might connect the client's lack of confidence or trust in the government with eroded confidence in federal systems. Some staff may recognize the high number of Vietnam-era Veterans on APS caseloads who decline VA services or

any other connection to Veterans' benefits is correlated to the cohort effect of government distrust.

3. Staff were asked: *The idea that family can be operationally defined and validated by only certain social groups has pervaded US history, affecting same-sex marriage, adoptions, interracial marriage, international unions, and more. How has a client-centered approach of allowing clients to define what family means to them affected your career as an APS professional?*

Supervisor/Facilitator Notes: Encourage staff to discuss family systems that they have worked with over time. Consider systems that are nontraditional and highlight staffs' success in navigating complex family structures. APS professionals may use genograms (graphic representations of a family tree that displays detailed information about relationships between individuals) in their work with APS clients. Ask staff if they have ever constructed a family tree without input from the client; or used arbitrary definitions of relationships that contradict a client's self-relationship? This question may bring up personal experiences staff have had with their own family structure. Encourage them to explore their feelings around their family structure and its perceived legitimacy in federal legislation.

To learn more about one case in which LGBTQ+ community members were affected by federal legislation governing their marital status, see <https://www.lambdalegal.org/in-court/cases/ely-v-saul>

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LGBTQ+ Inclusive Intake + Engagement for Elder Justice Professionals

“No matter how old we are, justice requires that all people are equal and full members of our communities, and the safety and dignity of all its members are preserved, including older adults.”

– Elder Justice Coordinating Council

Many older people navigate a range of health, social, and economic concerns as they age. For older LGBTQ+ adults who have experienced historical harassment, stigma, and discrimination, these challenges can be even greater. Limited access to affirming, accessible, and culturally competent aging services compounds difficulties in aging. This is especially true for older LGBTQ+ people, many of whom are alone and lacking supports, and are often invisible within aging and elder service domains.

LGBTQ+ elders:



2x more likely to live alone



4x less likely to have children than their heterosexual, cisgender peers



70% fear having to “re-closet” when seeking elder housing



53% report feeling isolated from others



41% report having a disability, compared to 35% of heterosexual elders

According to a national survey:

- **65%** of older transgender respondents felt that they would have limited access to care as they age
- **55%** feared that they would be denied medical treatment

Aging and elder justice service providers are frequently unaware of or indifferent to the specific needs of LGBTQ+ elders. A lack of knowledge and understanding of the experiences of older LGBTQ+ people can inhibit the provision of essential resources and deprive LGBTQ+ elders of core medical, housing, and social supports. Training providers in LGBTQ+ competent engagement is essential.

By asking clients about their sexual orientation and gender identity during intakes, assessments, interviews, and service planning, elder justice network providers will start to build the knowledge base to better serve the needs of older LGBTQ+ people. LGBTQ+ inclusive engagement is a necessary step in not only providing appropriate, person-centered resource referrals that meet individual needs, but in promoting the safety and dignity of LGBTQ+ communities.

This tip sheet is designed as a first step in engaging with LGBTQ+ communities. Providing education and training to all staff will help instill cultural awareness and confidence in asking questions about client sexual orientation and gender identity.

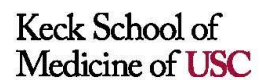
The context, person, and type of interaction will inform the questions to ask and responses to provide. Sample LGBTQ+ inclusive questions for elder justice professionals are provided below.

Circumstances	Examples of Engagement
<p>At the introductory meeting:</p> <ul style="list-style-type: none"> • Normalize using pronouns • Use the opportunity to correct or confirm any demographic information provided to you from a third party 	<p><i>"Hi, I'm Detective Lokus. My pronouns are she/her. What is your name and what are your pronouns?"</i></p> <p><i>"How would you like me to address you?"</i></p> <p><i>"The report I have indicates you are a man and married to a woman. Is that correct and do you have anything to add?"</i></p>
<p>When discussions of interpersonal, romantic, or sexual relationships occur:</p> <ul style="list-style-type: none"> • Use this opportunity to clarify or allow for further discussion • Be mindful of assumptions and indicators that confirm those assumptions (example: Not asking about sexual orientation because of an assumption that someone is female and hearing a name that is feminine.) 	<p><i>"You said wife, and I want to make sure I don't assume. Do you identify as Lesbian, Gay, Heterosexual, Bisexual, or something else?"</i></p> <p><i>"How do you describe your relationship or partnership with this person?"</i></p> <p><i>"How do you identify in terms of your sexual orientation? You can choose to decline and I want to respect that. Knowing this about you helps me know more about the situation."</i></p> <p><i>"Do you have a romantic or sexual relationship with this person?"</i></p>
<p>When discussing the person's original concern or reason for your services:</p> <ul style="list-style-type: none"> • Take the opportunity to ask about sexual orientation and gender identification if applicable (example: If there is a 3rd party involved, is this person a spouse, roommate, adult child?). • Take the opportunity to identify supportive people who may be of assistance and could possibly mitigate risk. (example: Do you have a family, including chosen family, have you started dating someone new?) 	<p><i>"How do you identify your relationship with that person?"</i></p> <p><i>"Do you have any concerns about your personal safety at home? What are your concerns?"</i></p> <p><i>"Tell me about your relationships with the people you live with."</i></p>

Circumstances	Examples of Engagement
<p>When someone challenges why you're asking:</p> <ul style="list-style-type: none"> • Validate by paraphrasing their challenge and share reasons behind asking 	<p><i>"I ask everyone these questions. It helps me avoid assumptions and offer appropriate resources tailored to your needs and what might be comfortable for you."</i></p> <p><i>"No disrespect intended. I ask everyone and share my pronouns too. It's just how we do things here."</i></p>
<p>After client identifies their sexual orientation and/or gender identification:</p> <ul style="list-style-type: none"> • Ask them about the resources they are seeking and solicit their input on their preferences and values 	<p><i>"What types of services are you looking for?"</i></p> <p><i>"Where would you feel the safest and most comfortable?"</i></p>

Following are resources that support staff development related to LGBTQ+ cultural awareness and engagement:

- [SAGE National Resource Center on LGBTQ Aging](#)
- [National Center on Elder Abuse](#)
- Academy for Professional Excellence, Adult Protective Services Workforce Innovations:
 - [APS Training Video: Asking Inclusive Demographic Questions](#)
 - [Transfer of Learning \(TOL\) activities and resources to practice engagement of LGBTQ+ individuals](#)
- [SAGECare - LGBTQ+ Trained and Credentialed Providers](#)
- APS Technical Assistance Resource Center webinar recording: [Asking Inclusive Demographic Questions - How To Do It and Why It Matters](#)



This document was completed for the National Center on Elder Abuse in partnership with SAGE and APS Workforce Innovations, and is supported in part by a grant (90ABRC0002) from the Administration on Aging, U.S. Department of Health and Human Services (HHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or HHS policy. LAST REV. FEB 2023

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