

# Asking Inclusive Demographic Questions

## Training Video Discussion Guide

Developed by Whitney Barnes, MSW

*With input from the CA APS Curriculum Advisory Committee, April 2023. Contact [apstraining@sdsu.edu](mailto:apstraining@sdsu.edu) for any questions for feedback*



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## Video Discussion Guide: Asking Inclusive Demographic Questions

### Objective:

Supervisors and Facilitators can use APSWI's [APS Training Video: Asking Inclusive Demographic Questions](#) with staff to support fulfilling the mandates of AB959 by gathering sexual orientation and gender identity (SOGI) information for those who APS works with and practice cultural responsiveness. No matter how experienced your staff are, they are likely to have questions or concerns around embedding this practice into their daily work. As their supervisor (or facilitator), you can help them incorporate this material and better understand the subject matter.

### How to Use:

This video discussion guide first provides information and suggestions to help you get ready to support your staff asking questions about someone's sexual orientation and gender identity. It then provides questions to use with staff designed to guide learning associated with the video.

There is also a section on frequently asked questions which can be facilitated through dialogue or as team activity. Use with APS units, training participants, or individuals either during or after the viewing of the APSWI Training Video: [Asking Inclusive Demographic Questions](#).

When facilitating, be mindful that while normalizing the inclusion of SOGI questions in APS practice is the goal, there are a variety of issues that may present barriers to this. Examples include language barriers or cultural reference points that inhibit someone's understanding of the questions being asked. While we may not be able to address every potential cultural or language difference that might arise, it is important to maintain cultural responsiveness while working to follow mandates.

### 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. Staff, Supervisors and Facilitators are encouraged everyone to do what they need to do in order to safely engage in these discussions.

### Getting Started:

- Familiarize yourself with [AB 959](#) (document attached in Appendix)
- Reflect the importance of capturing accurate demographic information for those served by APS and encourage strong interview skills with your team. This can be demonstrated through your supervisor's review of APS case documentation. Ensure your agency has a document review policy and procedure in place to verify that accurate SOGI information is collected and entered into your APS case management system. The [SOC 242 and You: What you Need to Know eLearning](#) provides additional information on collecting demographic information.
- Know and share what you know about the effects of implicit bias, ageism and ableism
  - Implicit bias can be better understood by watching this short video [Implicit Bias | Concepts Unwrapped - Bing video](#). Implicit bias is often unconscious and involves assumptions or prejudice we don't explicitly realize that we hold. APS professionals who automatically assume that an APS client is heterosexual and cisgender may be operating from a place of implicit bias.
  - Ageism is prejudice or discrimination that is based on assumptions about age. Ageism may include unconscious assumptions or beliefs that perpetuate stereotypes about older adults. APS professionals who don't think that older adults will understand SOGI questions may be acting on ageist beliefs. APS professionals who presume that their client will become uncomfortable, hostile, or angry when SOGI is explored may also be working from a perspective filled with ageism and implicit bias.
  - Ableism presents as social prejudice against persons with disabilities or persons who are perceived to have disabilities; and through a tendency to define persons by their disability. When APS professionals neglect to incorporate SOGI information in the social history interviews for clients with disabilities, they may be unconsciously enacting ableist ideals around romantic and sexual lives of individuals with disabilities.

## Discussion Questions

Watch [this](#) 10:45 minute video portraying an APS professional conducting an initial home visit with an APS client. You may pause the video at the indicated minute markers to consider the questions below. You may also choose to watch the video in its entirety, then discuss the items below.

Choose any or all of the following questions to discuss. Timestamps are provided for quick reference or play back:

1. What are your overall reflections on the video? What went well, and what seemed uncomfortable?
2. The APS professional confirms that the client's dog, Teddy, is his companion. Discuss how this portion of the conversation may have gone differently if the APS professional didn't ask clarifying questions. **(2:30)**
3. The APS professional first presents the client with a general overview of the purpose of visit (concerns with caregiver). She then begins her interview by collecting client demographics. Discuss the potential risks and benefits to starting the interview this way. **(2:58)**
4. The APS professional seemed comfortable with her choice of phrasing to explain the intention behind collecting demographics. However, she acknowledges that it was 'a lot of information' which seemed apparent in the client's confusion. How might you choose to re-phrase the APS professional's statements to provide a less overwhelming introduction? **(4:08)**
5. The APS professional repeats that the client has the right to not answer any demographic questions a couple of times. How does this mirror messaging you provide to APS clients regarding their right to self-determination? What do you find helpful in conveying this succinctly and clearly, and how will you apply these principles to SOGI questions? **(5:00)**
6. The APS professional starts with date of birth, age, and race/ethnicity before asking about gender identity. It seems they felt this will 'ease into it'. What are your thoughts about this? **(6:10)**
7. The APS professional shows the client her printed list of race and ethnicity demographic options while also reading them out loud. When do you find using printed aides helpful in APS interviews? Would you feel comfortable structuring your interview in this way?

8. The client asks the APS professional to define *non-binary*. Reflect on a time when an APS client asked you questions to clarify your interview questions. Did you have difficulty explaining the purpose or scope of a line of questioning? How did you navigate this, and what did you learn from that experience? What happens when someone's native language doesn't have the same terminology used on APS forms? **(7:22)**
9. The client mentions that asking about sexual orientation seems a bit personal. How might you respond if a client seems offended, or responds negatively? **(7:39)**
10. The APS professional explains that asking about Oscar's sexuality is "more than checking a box" and will help with their case planning. Elaborate on why it matters how Oscar replies to this question. How might his response direct the APS professional's next steps or follow up questions? **(8:23)**
11. As the APS professional transitions to discussing the reported abuse/neglect on the referral, it appears that the client already feels comfortable with her, and is forthcoming about his caregiver. Discuss how the APS professional's demographics collection served to build rapport. **(9:24)**

## Supervisor Guide-Frequently Asked Questions

Q. I don't understand why this even matters. Shouldn't we just treat all people the same?

A. It matters because no matter how hard we try to treat people 'the same', there will always be differences in people's experiences, perceptions, and access to services. Being culturally responsive is the "ability to learn from and relate respectfully with people of our own cultures as well as those from others" (NCCREST, 2008). Inherent personal and confirmation bias, as well as our own lived experiences and group cohort effects, leads us to consider the differences between us and others. By failing to recognize and celebrate these differences, we miss opportunities to celebrate strengths. Even worse, we risk acting out unconscious bias that might negatively affect others.

Q. How do I even start with these questions?

A. Here are a few sentence starters that are tried and true by APS professionals doing exactly the work you are doing:

- Next, I've got some personal questions that you don't have to answer, but I do have to ask. It's okay to say pass.
- I'd like to make sure my records are accurate. Can you tell me a few things about yourself?
- Ok, now it's the time where I ask some additional but important questions- I hope you don't mind.
- Some people may find these next questions to be intrusive, but I'm required to ask this of everyone I meet with
- Review any of the examples from the [NCEA LGBTQ+ Inclusive Intake and Engagement for Elder Justice Professionals Tip Sheet](#) for more ideas.

Q. Does collecting SOGI information even have real life value? I'm tired of having to do things just because it's *the county way* when I've got real work to do.

- A. The practical value is similar to the practical value in all of our interview skills: APS professionals strive to engage in rapport building and information gathering in every APS interaction. We try to gather as much evidence as we can, and we build as rich of a picture as possible about the clients we serve, when conducting an APS risk assessment.

There's further practical value for those APS interacts with who've had stigmatizing experiences explicitly related to their gender identity or sexual orientation, and who lacked strong advocates such as an APS professional. Real life examples include [Mary Walsh and Bev Nance](#), a married couple who were denied a shared unit in a senior apartment setting because of their relationship; [Lawrence and Alexandre](#) who were separated when Alexandre went into assisted living facility and Lawrence was denied visiting rights; and countless [LGBTQ+ individuals](#) who were denied survivor's benefits because their relationships weren't validated by federal law. APS professionals advocate for social justice, but we can't advocate for the invisible.

Q. Won't trying to focus on SOGI take time and attention from the real issues we are there for?

- A. No, in fact, just the opposite. By getting to know your client better, you are developing a richer assessment and allowing for greater rapport. APS identifies people who are important in client's lives and this can assist with finding out more about their social support as well as possible caregivers, thus lowering potential risk for abuse, neglect and exploitation.

Q. What if these questions lead to other subjects or questions that I'm not ready for?

- A. That would be great! Consider that SOGI questions could open conversation doors that would be otherwise stay closed. Initiating this conversation may uncover something that your APS client has questions about but wasn't sure how to ask. Suppose an APS client you are working with is the grandparent of LGBTQ+ youth and wants to better understand their grandchild. Suppose an APS client you are working with wants to discuss something they've heard in recent media coverage. It's



likely that they haven't felt they were in a comfortable place to discuss these topics until you open the door. And don't worry- if you don't have the answer to a question your client asks, it's always okay to say so. Just like you would with any APS resource question, work alongside your client to find the answers together. Part of being culturally responsive is that we accept we don't have all of the answers and instead can learn from and with the people we interact with.

Q. This alphabet soup stuff just feels so complicated. I'm always so anxious that I'll mess something up that I don't even want to try.

A. That's fair. Phrases, acronyms, and symbols for the LGBTQ+ community have evolved over time and continue to do so. It can be confusing and overwhelming, even for those who identify as members of the community. Give yourself a break and remember that positive intentions can be felt. The people you work with may not remember **what** you said, or even **how** you said it, but they will always remember how you **made them feel**.

Here's a tip- consider what each of the letters in LGBTQ means and say them out loud to yourself: Lesbian, Gay, Bisexual, Transgender, Queer, Questioning. Alphabet soup is more meaningful when we understand and acknowledge each of the ingredients.

Q. Isn't it just inappropriate to ask older adults about sexual orientation and gender identity? It's not like this is stuff something older adults are going to be comfortable talking about.

A. Actually, no, it's not inappropriate. Consider how this frame of mind conveys a sense of ageism. Layered in with our implicit bias is an implicit ageism that is present when we assume older adults won't be comfortable talking about sexual orientation and gender identity. Working under such an assumption isn't fair and is often inaccurate. While not everyone's word choice and acronym-awareness may not be up to speed, APS clients' lived experiences are worth asking about and play a meaningful part in their sense of self. Historical trauma may add to someone not being comfortable to openly share about their sexual orientation and gender identity. APS can recognize this and use their soft-skills to decrease anxiety around answering these questions.



Q. What if my client gets offended, or is angry when I ask these questions?

A. It is always possible that any efforts made to interview an APS client could be negatively received by the client. Whether we are asking the client about their financial situation, caregiving needs, functional abilities, or their demographic information, an APS client may become upset at the perceived intrusion. As an APS professional, you've developed rapport building and interviewing soft-skills that you display throughout your home visits. You may have also been trained in field worker safety. As in other situations where clients may be offended or become angry, be attentive to signs of agitation, aggression, or any indication that the home visit is no longer a safe environment to conduct your interview and end the visit when necessary.

Q. I don't feel comfortable talking about sexual activity with my clients. My beliefs don't allow me to talk about intimate subjects outside of my own relationship.

A. At no point during SOGI information gathering should APS professionals be asking the client to discuss or describe their sexual activity. That *would* be very inappropriate. Discussing sexual orientation is not the same as discussing sex practices. Sexual orientation refers to whom the person is romantically attracted to. The APS professional is only being asked to determine whether an APS client identifies as straight, gay, bisexual, questioning, or something else.

Q. In the video the APS professional shows the client her paper and asks him to read several options for race and ethnicity. Should I just give my APS client a SOGI checklist to fill out themselves?

A. This may be an option, depending on the client and how the interview is going. For example, sometimes APS clients who are hard of hearing or need more time to process information benefit from handwritten notes to share information or ask questions. However, as a general rule, this is not likely the most effective way to discuss SOGI with your APS clients. Checklists may stifle conversation and discourage the APS client from asking questions if they wish to discuss the subject further.

Q. I get this is something we have to do, I just can't seem to remember to complete SOGI every time I'm meeting an APS client. How can I get more consistent?

- A. Like any new practice, it takes time to form a habit. What are some other examples of information you make sure gets asked at every home visit? Examples might be confirming client's DOB, names and contact for adult children, information for the client's PCP. If you have gotten into the habit of asking for this information at every home visit, you can also get into the habit of asking SOGI information. Here are some tips:
- Add SOGI questions to your printed interview sheet if you carry one- highlight them before you go to the home visit
  - Remember that you can follow up with the client by phone if you forget to ask something at the home visit
  - Ask that your supervisor to send risk assessments back to you if they are missing the SOGI information

Q. Should I ask the SOGI questions first, last, or in the middle of the interview?

- A. This will depend on the flow of your interview and rapport built with your client, as well as the specific abuse type being investigated. If you have a comfortable and easy rapport early in the interview, you may prefer to address SOGI questions early on. If this is your first time meeting the client, or rapport is a little slower, it may be best to wait until the end of your visit. Each contact is different, and you will use your social work intuition and soft skills to determine the most comfortable time to introduce these questions.
- The APSWI [Including Sexual Orientation and Gender Identity Questions in APS Practice eLearning](#) provides some scenarios around this exact question.
  - The [NCEA LGBTQ+ Inclusive Intake and Engagement for Elder Justice Professionals Tip Sheet](#) provides opportunities of when to ask as well.

## Team Activity- Frequently Asked Questions

This activity uses the Frequently Asked Questions (FAQ) from the Supervisors Guide, but allows learning and discussion to occur amongst colleagues and peers. It is designed for an in-person meeting or training.

Instructions:

- Materials:
  - Print and cut out the FAQ **questions** from the grid below.
  - Print and cut out the FAQ **answers** from the grid below.
  - Fold the **answers** in half, then attach them to the unfolded respective question with a paperclip.
- Set-up:
  - Separate staff into smaller groups of two or three.
  - Give each small group one question with the folded answer attached.
  - Ask the group to designate one Asker, one Answerer, and one Observer (if a group of 3).
- Timing:
  - Provide the groups with 5-7 minutes to complete asking and answering their question.
  - Let the groups know that the Answerer should respond as they feel appropriate but may use the folded answer attached to their question if they get stuck.
  - Bring the group back together and debrief
- Debriefing questions:
  - Would anyone like to share their group discussion?
  - Was anyone surprised by their question, or their answer?

<u>Activity Questions</u>	<u>Activity Questions</u>
<p><b><u>Q.: I don't understand why this even matters. Shouldn't we just treat all people the same?</u></b></p>	<p><b><u>Q.: How do I even start with these questions?</u></b></p>
<p><b><u>Q.: Does collecting SOGI information even have real life value? I'm tired of having to do things just because it's <i>the county way</i> when I've got real work to do.</u></b></p>	<p><b><u>Q.: Won't trying to focus on SOGI take time and attention from the real issues we are there for?</u></b></p>
<p><b><u>Q.: What if these questions lead to other subjects or questions that I'm not ready for?</u></b></p>	<p><b><u>Q.: This alphabet soup stuff just feels so complicated. I'm always so anxious that I'll mess something up that I don't even want to try.</u></b></p>
<p><b><u>Q.: Isn't it just inappropriate to ask older adults about sexual orientation and gender identity? It's not like this is stuff something older adults are going to be comfortable talking about.</u></b></p>	<p><b><u>Q.: What if my client gets offended, or is angry when I ask these questions?</u></b></p>

**Q.: I don't feel comfortable talking about sexual activity with my clients. My beliefs don't allow me to talk about intimate subjects outside of my own relationship.**

**Q.: In the video the APS professional shows the client her paper and asks him to read several options for race and ethnicity. Should I just give my APS client a SOGI checklist to fill out themselves?**

**Q.: I get this is something we have to do, I just can't seem to remember to complete SOGI every time I'm meeting an APS client. How can I get more consistent?**

**Q.: Should I ask the SOGI questions first, last, or in the middle of the interview?**

## Activity Answers

Q.: I don't understand why this even matters. Shouldn't we just treat all people the same?

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## References and Additional Resources

*The following were used to inform this TOL and/or provide staff with additional resources to explore.*

Academy for Professional Excellence (Producer). (2022). *Including Sexual Orientation and Gender Identification Questions in APS Practice* [eLearning]. Retrieved from <https://theacademy.sdsu.edu/programs/apswi/advanced-training/incorporating-sexual-orientation-and-gender-identification-questions-in-aps-practice/>.

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**Assembly Bill No. 959**

CHAPTER 565

An act to add Section 8310.8 to the Government Code, relating to data collection.

[Approved by Governor October 7, 2015. Filed with Secretary of State October 7, 2015.]

LEGISLATIVE COUNSEL'S DIGEST

AB 959, Chiu, Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act.

(1) Existing law requires a state agency, board, or commission that directly or by contract collects demographic data as to the ancestry or ethnic origin of Californians to use separate collection categories and tabulations for each major Asian and Pacific Islander groups, as specified.

This bill would require 4 specific state departments, in the course of collecting demographic data directly or by contract as to the ancestry or ethnic origin of Californians, to collect voluntary self-identification information pertaining to sexual orientation and gender identity, except as specified. This bill would require these state departments, during the regular process of reporting of demographic data to the Legislature, to report the collected data and method used to collect the data and make the data available to the public in accordance with state and federal law, except for personal identifying information, which shall be deemed confidential and prohibited from disclosure. The bill would prohibit these state departments from reporting demographic data that would permit identification of individuals or would result in statistical unreliability. The bill would limit the use of the collected data by these state departments, as specified. The bill would require these state departments to come into compliance with these provisions as early as possible, but no later than July 1, 2018. This bill would make legislative findings and declarations relating to this act.

(2) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

*The people of the State of California do enact as follows:*

SECTION 1. The Legislature finds and declares all of the following:



(a) It is the goal of state government, in collecting demographic data, to gather accurate information in order to understand, compare, report, and apply that data to the enhancement and improvement of public services.

(b) Currently, the state does not consistently collect demographic data related to sexual orientation or gender identity.

(c) The limited data available for the Lesbian, Gay, Bisexual, and Transgender (LGBT) communities includes all of the following:

(1) According to a University of California, Los Angeles, study from the Williams Institute, nearly one in five children being raised by same-sex couples (approximately 24 percent) live in poverty compared to 14 percent of children being raised by different-sex couples.

(2) Data from a 2013 Williams Institute report on patterns of poverty of LGBT communities shows that one-third of lesbian couples and 20.1 percent of gay male couples without a high school diploma are in poverty, compared to 18.8 percent of different-sex married couples. The report further showed African American same-sex couples have poverty rates more than twice the rate of different-sex married African American couples and there are high levels of poverty in bisexual individuals in California reaching approximately 25 percent of bisexual people compared to 17 percent for heterosexual people.

(3) According to the California Department of Justice, in 2013, hate crimes with a sexual orientation bias motivation were the second most common type of hate crime, comprising 25 percent of all hate crimes.

(4) Various studies, including those by the United States Department of Health and Human Services and the Institute of Medicine, found that health disparities impacting lesbian, gay, bisexual, and transgender include higher risks for cancer, mental illness, and other diseases, as well as higher rates of smoking and substance abuse.

(5) Research from the Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Reducing Disparities Project found that LGBTQ respondents statewide reported troublesome experiences with service providers in regard to how accepting or rejecting service providers have been of their sexual orientation and gender identity/expression. Further, LGBTQ respondents reported difficulty finding providers knowledgeable and accepting of sexual orientation and gender identity concerns.

(d) Due to historical systemic exclusion of data collection of LGBT communities, significant disparities in their health and welfare have been prolonged compared to the broader community. LGBT communities face disproportionately high rates of poverty, suicide, homelessness, isolation, substance abuse, and violence, and low rates of health insurance. These problems are more prevalent for youth and seniors, communities of color, and bisexual and transgender and undocumented communities.

(e) It is in the best interests of the state to respect, embrace, and understand the full diversity of its residents and to collect accurate data to effectively implement and deliver critical state services and programs.

(f) It is the intent of the Legislature that the state departments specified in Section 8310.8 of the Government Code, as added by Section 2 of this



act, utilize existing work and research, including, but not limited to, referencing research on promising and community-defined practices and stakeholders when developing questions to collect voluntary self-identified information pertaining to sexual orientation and gender identity. Further, it is the intent of the Legislature that the state departments specified in subdivision (a) of Section 8310.8 of the Government Code, as added by Section 2 of this act, that collect demographic data consider urging the collection of voluntary self-identified information pertaining to sexual orientation and gender identity in circumstances where an entity not covered by this act does not already collect this information.

SEC. 2 Section 8310.8 is added to the Government Code, to read:

8310.8. (a) (1) This section shall only apply to the following state departments:

- (A) The State Department of Health Care Services.
- (B) The State Department of Public Health.
- (C) The State Department of Social Services.
- (D) The California Department of Aging.

(2) This section shall be known and may be cited as the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act.

(b) (1) Except as specified in paragraph (2), in addition to the duties imposed by Section 8310.5 and to the extent permissible by federal law, the state departments identified in subdivision (a), in the course of collecting demographic data directly or by contract as to the ancestry or ethnic origin of Californians, shall collect voluntary self-identification information pertaining to sexual orientation and gender identity.

(2) The departments identified in subdivision (a) may, but are not required to, collect demographic data pursuant to this section under either of the following circumstances:

(A) Pursuant to federal programs or surveys, whereby the guidelines for demographic data collection categories are defined by the federal program or survey.

(B) Demographic data is collected by other entities including:

- (i) State offices, departments, and agencies not included in subdivision (a).
- (ii) Surveys administered by third-party entities and where the state department is not the sole funder.

(c) (1) During the regular process of reporting of demographic data to the Legislature, the state departments identified in subdivision (a) shall report the data collected pursuant to this section and the method used to collect that data, and make the data available to the public in accordance with state and federal law, except for personal identifying information, which shall be deemed confidential and shall not be disclosed.

(2) The state departments identified in subdivision (a) shall not report demographic data that would permit identification of individuals or would result in statistical unreliability. Demographic reports on data collected pursuant to this section, to prevent identification of individuals, may

aggregate categories at a state, county, city, census tract, or zip code level to facilitate comparisons and identify disparities.

(3) The state departments identified in subdivision (a) may use information voluntarily provided about sexual orientation and gender identity only for demographic analysis, coordination of care, quality improvement of its services, conducting approved research, fulfilling reporting requirements, and guiding policy or funding decisions. All information about sexual orientation and gender identity collected pursuant to this section shall be used only for purposes specified in this section.

(d) The state departments identified in subdivision (a) shall come into compliance with the requirements of this section as early as possible following the effective date of this section, but no later than July 1, 2018.

SEC. 3. The Legislature finds and declares that Section 2 of this act, which adds Section 8310.8 to the Government Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

Due to the sensitive general nature of data relating to sexual orientation and gender identity and the need to protect the safety of those who would provide voluntary self-identification information pertaining to their sexual orientation and gender identity, it is necessary to prohibit the public disclosure of personal identifying information that would allow the identification of an individual who provided voluntary self-identification information pertaining to sexual orientation and gender identity.

## 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.

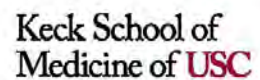
The context, person, and type of interaction will inform the questions to ask and responses to provide. Sample LGBTQ+ inclusive questions for elder justice professionals are provided below.

Circumstances	Examples of Engagement
<p>At the introductory meeting:</p> <ul style="list-style-type: none"> <li>• Normalize using pronouns</li> <li>• Use the opportunity to correct or confirm any demographic information provided to you from a third party</li> </ul>	<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"> <li>• Use this opportunity to clarify or allow for further discussion</li> <li>• 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.]</li> </ul>	<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"> <li>• Take the opportunity to ask about sexual orientation and gender identification if applicable [example: If there is a 3<sup>rd</sup> party involved, is this person a spouse, roommate, adult child?].</li> <li>• 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?]</li> </ul>	<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"> <li>• Validate by paraphrasing their challenge and share reasons behind asking</li> </ul>	<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"> <li>• Ask them about the resources they are seeking and solicit their input on their preferences and values</li> </ul>	<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](#)



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Our Why: Revolutionize the way people work to ensure the world is a healthier place.

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6505 Alvarado Road, Suite 107; San Diego, CA 92120 (619) 594-3546