

Sexual Orientation & Identity 101: The Next (Current) Challenge

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WHAT IS....

sexual orientation

sexuality



gender



LGBTQ+



coming out

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Why this matters...

- **LGBTQIA+ older adults are more likely to:**
 - **Have experienced discrimination in healthcare.**
 - **Live alone or without family support.**
 - **Delay medical care due to fear of mistreatment.**
 - **Have hidden their sexual orientation for years.**

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Why this matters...

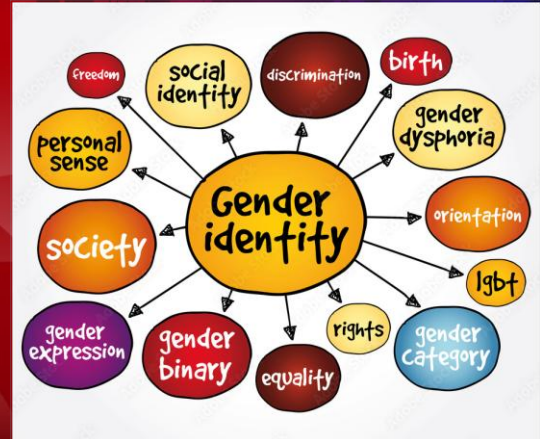
- **CMS regulations support resident rights to dignity, privacy, and person-centered care—this includes gender identity and sexual orientation.**
 - **F550 – Resident Rights: Dignity & Respect**
 - **F553 – Right to Make Choices**
 - **F583 – Privacy & Confidentiality**

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Gender Identity

- This is about how a person sees themselves – as male, female, both, neither, or somewhere in between.
- Think of it as who someone is inside, not what their body says.



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Common Gender Identities

- Cisgender
- Transgender
- Non-Binary/Genderqueer
- Gender Fluid

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Let's start simple...

What does LGBTQIA+ mean?

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LGBTQIA+

- **L = Lesbian. A woman who is emotionally, romantically, or sexually attracted to other women.**
- **G = Gay. A person who is emotionally, romantically, or sexually attracted to people of the same gender. Commonly refers to men attracted to men, but can also refer more broadly.**

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LGBTQIA+

- **B = Bisexual.** A person who is emotionally, romantically, or sexually attracted to more than one gender.
- **T = Transgender.** A person whose gender identity differs from the sex they were assigned at birth. This may include people who transition socially, medically, or legally.

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LGBTQIA+

- **Q = Queer or Questioning**
 - **Queer** is an umbrella term for people who don't conform to traditional norms around gender or sexuality. Once used to convey disapproval, contempt, or disparagement, it has been reclaimed by many in the community.
 - **Questioning** refers to individuals who are exploring or unsure about their sexual orientation or gender identity.

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LGBTQIA+

- **I = Intersex**
 - **A person born with physical sex characteristics that don't fit typical definitions of male or female. This can include variations in chromosomes, hormones, or anatomy.**

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LGBTQIA+

- **A = Asexual or Agender (sometimes Ally)**
 - **Asexual: A person who experiences little or no sexual attraction to others.**
 - **Agender: A person who identifies as having no gender or as gender-neutral.**
 - **Ally (less commonly used here): A supportive person who is not LGBTQIA but advocates for the community.**

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LGBTQIA+

- **+ - Plus.** This symbol represents other identities and orientations not explicitly covered in the acronym, such as:
 - **Pansexual** – Attracted to people regardless of gender.
 - **Two-Spirit** – A culturally specific identity within some Indigenous communities that encompasses both masculine and feminine spirits.

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LGBTQIA+

- **Non-Binary Core Concept:**
 - **Binary gender** refers to the classification of gender into two distinct and opposite forms: male and female.
 - **A nonbinary person** does not identify exclusively as either of those categories—or may feel that those categories are insufficient to describe their experience.

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LGBTQIA+

Gender Identity vs. Biological Sex

- **Gender identity** is how someone experiences and defines their own gender.
- It is different from biological sex, which refers to physical attributes such as chromosomes, hormones, and reproductive anatomy.
- Nonbinary people can have any biological sex; their gender identity is what makes them nonbinary, not their anatomy.

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LGBTQIA+

Types of Nonbinary Identities:

- **Genderfluid:** A person whose gender identity shifts or changes over time.
- **Agender:** Someone who identifies as having no gender.
- **Bigender:** A person who identifies with two genders, either simultaneously or at different times.

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Challenges to Care

● Lack of Cultural Competence and Training

- Many staff members have not received adequate training on LGBTQIA+ identities, terminology, or inclusive care practices.
- Staff may unintentionally use incorrect pronouns or make assumptions about residents' gender or sexual orientation.

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Challenges to Care

● Fear of Discrimination by Residents or Staff

- LGBTQIA+ residents may hide their identities due to fear of mistreatment or bias from peers or caregivers.
- Staff may witness or struggle to manage discriminatory behavior from other residents or even coworkers.

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Challenges to Care

● Generational Differences and Stigma

- Older LGBTQIA+ adults often came of age during times of intense discrimination, criminalization, or forced institutionalization.
- They may have deep-seated fears about being “outed” or mistreated, especially in institutional settings.

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Challenges to Care

● Privacy and Confidentiality Concerns

- LGBTQIA+ residents may worry about being “outed” by staff to others without consent.
- Shared rooms or common spaces may make it difficult for LGBTQIA+ individuals to express themselves safely or engage in personal relationships.

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Challenges to Care

● Lack of Affirming Policies and Environment

- Facility policies may not explicitly support LGBTQIA+ inclusion (e.g., regarding visitation rights for same-sex partners, recognition of chosen family, or inclusive documentation).
- Forms and records may not allow for nonbinary or transgender identities to be accurately recorded.

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Challenges to Care

● Bias or Discomfort Among Staff

- Some staff members may have personal or religious beliefs that conflict with affirming LGBTQIA+ identities.
- This can lead to micro-aggressions, neglect, or even outright discriminatory care.

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Challenges to Care

- **Barriers to Partner and Chosen Family Involvement**
 - Staff may default to legal next-of-kin, excluding significant others or chosen family from care planning or visitation.
 - LGBTQIA+ elders are more likely to be socially isolated or estranged from biological family.

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Challenges to Care

- **Access to Gender-Affirming Care**
 - Transgender residents may face obstacles obtaining gender-affirming medications, clothing, or toileting accommodations.
 - There may be a lack of understanding around trans-specific healthcare needs (e.g., hormone therapy, post-surgical care).

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Challenges to Care

- **Mental Health and Trauma Histories**
 - Many LGBTQIA+ elders have higher rates of trauma, depression, and anxiety, particularly related to past experiences with discrimination.
 - These mental health needs are often unrecognized or untreated in long-term care.

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Challenges to Care

- **Legal and Regulatory Gaps**
 - Not all states have clear nondiscrimination protections for LGBTQIA+ individuals in healthcare or long-term care.
 - CMS guidance encourages person-centered care but lacks specificity in enforcement related to LGBTQIA+ rights.

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Best Practices

● Affirm Identities and Life Experiences

- Use inclusive, affirming language (e.g., chosen names, correct pronouns).
- Recognize the historical context—many LGBTQIA+ elders experienced criminalization, pathologization, or trauma.
- Avoid assumptions about sexual orientation, gender identity, or relationship status.

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Best Practices

● Practice Cultural Humility and Ongoing Learning

- Engage in regular training on LGBTQIA+ issues in aging.
- Acknowledge that you may not know everything and commit to listening and adapting.
- Understand terms like **transgender**, **nonbinary**, **intersex**, **genderqueer**, etc., and avoid stereotyping.

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Best Practices

- **Promote Safety, Privacy, and Confidentiality**
 - Ensure confidentiality regarding a resident's sexual orientation or gender identity.
 - Protect residents from discrimination, bullying, or harassment from staff or peers.
 - Allow residents to determine how and when to disclose their identities.

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Best Practices

- **Support Chosen Families and Relationships**
 - Recognize chosen family as legitimate and essential sources of support.
 - Include partners, close friends, and allies in care planning if desired by the resident.
 - Avoid privileging biological family members if they are not affirming or supportive.

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Best Practices

- **Advocate for Inclusive Policies and Environments**
 - Promote institutional policies that explicitly protect against discrimination based on sexual orientation and gender identity.
 - Ensure access to gender-affirming care, such as hormone therapy, appropriate bathrooms, and respectful personal care.
 - Display inclusive symbols (e.g., rainbow flag, Safe Zone signage) to promote a welcoming space.

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Best Practices

- **Address Social Isolation and Mental Health**
 - Recognize that LGBTQIA+ older adults face higher rates of social isolation, depression, and anxiety.
 - Facilitate peer support, inclusive social programming, and access to affirming mental health care.

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Legal & Ethical Framework

- **CMS: Person-centered care and dignity**
- **Residents' Rights under CMS Requirements of Participation (RoP)**
- **State and facility nondiscrimination policies**
- **Professional codes of ethics**

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Common-Sense Tips...

- **Ask - Don't Assume**
 - **Don't assume someone is heterosexual or cisgender.**
 - **Ask respectfully how they identify if it's relevant to their care:**
 - ✓ **"How would you like to be addressed?"**
 - ✓ **"What pronouns do you use?"**

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Common-Sense Tips...

● Use Chosen Names and Correct Pronouns

- If a resident uses a name different from their legal ID, use their chosen name.
- If you're unsure of someone's pronouns, ask:
 - ✓ "Can you remind me of your pronouns?"
- If you make a mistake, just correct yourself politely and move on.

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Common-Sense Tips...

● Respect Privacy!

- Never "out" a resident to others—staff, residents, family, or visitors.
- Treat a resident's LGBTQIA+ status as confidential personal information, just like medical data.

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Common-Sense Tips...

- **Include, don't isolate.**
 - Invite LGBTQIA+ residents to participate in all activities - don't exclude them or treat them as "other."
 - Use inclusive language: say "partners" instead of "husband/wife," "family" instead of "sons/daughters only."

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Common-Sense Tips...

- **Be curious, not judgmental**
 - If you don't understand something (like what it means to be nonbinary or asexual), it's okay to learn—just don't make the resident your teacher.
 - Use outside resources, in-service trainings, or supervisors to get more information.

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Common-Sense Tips...

● Support chosen family

- LGBTQIA+ residents may not have close ties with biological family. A longtime friend, neighbor, or partner may be their primary support person.
- Don't question their legitimacy. If the resident considers them family, treat them that way.

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Common-Sense Tips...

● Watch your language and humor

- Avoid jokes or comments about gender, sexual orientation, or stereotypes—even if you think they're harmless.
- Phrases like "You don't look gay" or "That's a man's job" can be hurtful or invalidating.

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Common-Sense Tips...

● Create a welcoming environment

- Small signals of inclusion go a long way—rainbow stickers, inclusive posters, a pronoun pin on a badge.
- Residents notice when a facility makes an effort to be affirming.

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Common-Sense Tips...

● Speak up when you hear bias

- If another staff member or resident makes a discriminatory comment, don't ignore it. Speak up or report it.
- Say something like: "We respect everyone here. That kind of language isn't okay."

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Common-Sense Tips...

- **Treat everyone with dignity**
 - **At the end of the day, LGBTQIA+ residents want what all residents want: to feel safe, respected, valued, and seen.**
 - **Smile, listen, offer comfort, and be human—it matters.**
 - **It doesn't cost anything to be KIND.**

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This session was not just about our residents. The individuals we have described could be: some of your friends, the people sitting next to you, working with you, living in your neighborhood, or even family members.

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Be careful who you hate.
It may be someone
you love...

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