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Attitudes and views of older gays and lesbians

Neil Mikel LoMeli

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ATTITUDES AND VIEWS OF OLDER GAYS AND LESBIANS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Neil Mikel LoMeli

June 2008
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5-13-08 Date
ABSTRACT

To meet the increase demand for in/direct social work services for aging gay and lesbian individuals, Bill AB 2920 requires the California Department of Aging and Local Area Agencies to include a need assessment of gay, lesbian, bisexual and transgender seniors in their service plan. In a qualitative study, a focus group consisting of 12 aging gay men explored the views and attitudes on how comfortable they were using a social welfare agency. The data was coded and grouped into themes. The results suggested social welfare agencies need to increase their cultural competence; 10 of the respondents denied using social welfare agencies in the past due to their retrospective views of discrimination because of their sexual orientation. Understanding the views and attitudes of aging gay and lesbians may provide feedback to create specialized programs and services for the population.
DEDICATION

I would like to dedicate the thesis and my personal growth to my partner and best friend, Jim Beck, for believing in me and offering his support in my time of need. The journey has been a challenge, but worth the struggles I have confronted and the knowledge I gained.
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CHAPTER ONE

INTRODUCTION

Direct social work practice encourages practitioners to begin where the consumers are by using skills and tools to engage and allow the consumers to be themselves. Most likely, the first place social workers will meet consumers is at an agency while providing some form of social service. The social service agencies in which this study was interested serve the aging population, which consists of people 60 years old and older. More specifically, this study explored the attitudes and views of aging gay and lesbian individuals toward social welfare agencies.

This chapter addresses the social problem, the importance of studying this problem now, the purpose of the study, the research method, and the significance of the project for social work practice. This study explores a culturally competent practice model, within the social context of the concerns regarding homophobia, discrimination and oppression facing older gay and lesbian individuals. Finally, the societal obstacles this
unique group of people face in their attempts to access social services from an agency is described.

Problem Statement

Background

"Macro cultural competence refers to large system efforts to address cultural competence issues and programs" (Lum, 2003, p. 10). Applying this to the population of interest from a macro practice perspective, the goal of the social welfare agency is to provide programs for the aging gay and lesbian populations. The agencies are expected to assist populations regardless of race or sexual orientation.

In theory, for an organization to provide a culturally competent framework, it needs to understand tools of cultural awareness, knowledge acquisition, skill development, and inductive learning to enhance the quality of services provided through direct social work practice. Social work practice improves the agency's service delivery through learning directly from a consumer's perspective. This means establishing rapport, trust, limits and a non-judgmental environment between the social worker and the consumer. The responsibility of
the social worker is to protect and empower groups of people who are oppressed, vulnerable and living in poverty. “In addition, the code of ethics of the National Association of Social Workers (NASW) supports the goals to create organizations that empower clients and to fight against the impersonality, dehumanization, uniformity, dependency, and disempowerment that modern organizations often impose on the individuals and families they serve” (Mary, 2007, p. 6).

The aging gay and lesbian populations are demographically at-risk of falling into one or more of the aforementioned categories. Nevertheless, the agencies also adopt the responsibility to promote and uphold a sense of dignity, respect and privacy for gay and lesbian consumers. The promise to protect an individual’s privacy is challenging, depending on the size of the community, how the agencies organize their records and train their staff.

Ideally, a social worker would never make assumptions about a client’s identity. The issue of a client’s sexual orientation, regardless if the client is gay, lesbian, or straight is often uncomfortable for both the social worker and the client. Often clients are
considered heterosexual, because the forms the client complete are not designed to inquire about the client’s sexuality, the form give very little information to deduce whether a client is heterosexual or homosexual. Staff does not inquire at intake what the client’s sexual orientation is; so, imagine walking into a social welfare agency and being asked what is your sexual orientation? Is your first response to answer, or wonder what business is it for the interviewer to know? Because people’s responses vary and are unpredictable, the subject matter is avoided altogether.

In brief, in order for agencies to improve their approach to serving the aging gay and lesbian population, there needs to be organizational change. This is simply not the most cogent argument, but I think it is important to press on at this point.

**Importance of Studying this Problem Now**

The fastest growing population in the United States is the group of individuals over the age of 60. After 2010, the first of the baby boomers will reach age 65. The baby boom cohort is the 76 million people born in the United States between 1946 and 1964. Their large numbers, combined with relative declines in the size of the
traditional working age population and with lengthening life expectancies, will bring about a change in the nation's age structure (Kingson, 1995). Along with this increase in the general population of older people will be an increase in the number of gay and lesbian people aging and in need of social services.

One significant issue is that aging gay and lesbian individual face particular hardships due to living in a heterosexist society. Heterosexist is a term used to refer to characteristics of an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community (Dean, Meyer, Robinson, Sell, Sember, Silenzio, et al., 2000). At times, the only options in protecting themselves and their families from the effects of heterosexism are to not reveal their sexual identity and/or avoid social welfare agencies altogether. Furthermore, this particular population is considered doubly marginalized due their age and being a homosexual. There is already evidence that gay men and lesbian women report being discriminated against by professionals in the social service agencies (Genke, 2004; Hughes, 2003).
Purpose of the Study

The purpose of this study was to understand the attitudes and views of aging gay and lesbian individuals toward receiving services from social welfare agencies. Specifically, the writer hopes to understand the challenges the older gay and lesbian population face when they need assistance from social welfare agencies. It is possible that many communities, counties and agencies that serve the elderly are not making the necessary changes to improve their organizational behavior and culture in regard to heterosexism. Many health care providers and social service agencies fail to address the needs of the aging gay and lesbian populations, often believing that they just do not have enough of a client base to constitute the change.

The information from the study may provide some indication of the need for organizational change. As a social worker, one role is to advocate for people who have a need but do not know how to address the concern.

This author hopes to educate social work students, licensed social workers and helping professionals of the utmost need for social justice within the gay and lesbian populations. There needs to be advocacy for the aging gay
and lesbian population. This unique cohort has experienced many years of harsh discrimination and has fought for equal rights.

Research Methods Used

This study was an exploratory and qualitative research project. The target population was given open-ended questions in a focus group. The subjects in the study met the following three criteria: 1) the subject was a resident within the San Bernardino or Riverside Counties; 2) the subject identified him/herself as a gay man or lesbian woman; and 3) the subject identified himself as an individual 60 years old or greater.

The measuring instrument was designed by the writer and Dr. Laurie Smith, Associate Professor from California State University, San Bernardino, to understand the attitudes and views of the target population toward social welfare agencies in San Bernardino and Riverside Counties. This study consisted of eight questions to explore the concerns and experiences of the subjects.

The focus group was conducted in February 2008 and the sample size consisted of 12 gay human subjects. The
focus group was facilitated by the writer and ran for 180 minutes.

Significance of the Project for Social Work

Cultural competence is a part of the foundation of the social work profession. To obtain the profession’s goals of social and economic justice, a plan to achieve those goals must be established and executed.

For the gay and lesbian populations, the context of the problem is sexism, homophobia, discrimination and oppression. These men and women have struggled through these social injustices. However, by advancing knowledge and skills in identifying and meeting the needs of older gay and lesbian individuals, social service agencies can become culturally competent and eliminate discrimination.

Significance for Direct Social Work Practice

As mentioned above, the study explores the issue from a macro and micro practice perspective. The findings may be significant on a micro practice level because social workers are directly working with the population. The study may educate social workers and provide feedback about their service delivery and how they can hone their
skills to provide cultural competent services at a deeper level.

Specifically, information may provide insight into the unique dynamics affecting aging gay and lesbian individuals and their families. Unfortunately, some of these individuals are without legal guardianship and are completely isolated from any type of social support. There are many unmet concerns facing aging gay and lesbian individuals who have no support or family. Social workers will recognize the myriad of challenges these individuals face in a heterosexist society, which will result in better managed care.

**Significance for Policy Making**

Governor Schwarzenegger and the Gay and Lesbian Medical Association are two major supporters in protecting the rights of the aging gay, lesbian, bisexual and transgender (GLBT) individuals. California assembly member Mark Leno introduced Bill AB 2920 entitled Older Californians Equality and Protection Act to California Legislator on February 24, 2006. The Bill requires the California Department of Aging and Local Area Agencies to include the needs of gay, lesbian, bisexual and transgender seniors in their needs assessment and area
plans. It also ensures that services for elderly Californians are available regardless of sexual orientation, gender identity or any other basis set forth in the Fair Employment and Housing Act (Democratic Assembly Website, 2007).

The California Legislature finds and declares recent studies have shown that lifelong experiences of marginalization tend to place gay, lesbian, bisexual, and transgender seniors at high risk for isolation, poverty, homelessness, and premature institutionalization. The Legislature refers to the gay, lesbian, bisexual, and transgendered as "doubly marginalized." Because of this many choose to avoid accessing elder programs and services, even when their health, safety, and security depend on it. Bill AB 2920 opened a window of opportunity for future legislation to continue to protect the GLBT senior population.

One challenges AB 2920 faces is assuring the needs assessment is implemented competently. The agencies tasked with implementing AB 2920 are not given funding to conduct a needs assessment to identify what changes the agencies need to make to programs and services. The bill does not clarify if the agencies have a dead-line to
conduct a needs assessment, or explain if there is follow up to monitor if the agencies are making efforts to meet the requirements attached to the bill. Thus, this study addresses not only the needs of the older gay and lesbian population and the ethical standards of the social work profession, but meets a real need for legislatively mandated data on this population for the purpose of planning or enhancing services.

Significance for Social Work Research.

Many agencies working with the gay and lesbian seniors are not set up to ensure cultural competence when dealing with the issues facing gay and lesbian individuals. A study still in progress at California State University, San Bernardino, which is collected quantitative data pertaining to the social service needs of older GLBT populations, prompted this exploratory study of gathering qualitative data from a focus group. The quantitative study is revealing distrust among older gay and lesbian people about the ability of the social of the target population will benefit the agencies in service systems to meet their needs without discrimination.
This study used a qualitative approach to address the attitudes and views of older gay and lesbian residents by asking about their experiences or expectations of accessing social services agencies providing direct service to the older population. As a result of obtaining the more detailed perspectives of the target population, the agencies can increase their understanding of the issues and change their direct practice approach to reaching the aging individuals. This study’s specific research question addresses the following: What are the attitudes and views of aging gay and lesbian consumers toward social welfare agencies?
CHAPTER TWO
LITERATURE REVIEW

Introduction

This chapter will summarize previous research on the social welfare concerns that are important to older gay and lesbian consumers. It will look at the complications of sexual identity, stigmas, and mental health concerns the gay and lesbian consumer faces when receiving services from an agency. This chapter will address some of the social work interventions used on working with these populations that have empowered and helped this marginalized group cope with feelings of helplessness and discrimination.

Sexual Identity

Hughes (2003) discussed the importance and difficulty of the social worker or helping professional broaching the topic of sexual identity with gay and lesbian consumers. Hughes' aim was to bring awareness to the concern and to facilitate "reflective and more equitable practice" to the social work profession (Hughes, 2003, p. 259).
When first assessing a gay or lesbian consumer, the style of questioning in the assessment typically assumes the sexual identity of the consumer as heterosexual. This approach can make the homosexual consumer feel awkward and shameful about his/her alternate lifestyle; on the other hand, the article raised the concern of asking a heterosexual consumer if he/she is homosexual, which makes it challenging to ask any consumer directly to disclose his/her sexual identity.

The article brings up two interesting findings: (1) most social work students felt it was not their business to explore information regarding sexual identity. Hughes felt this attitude was unprofessional and that a social worker or helping professional needs to confront his/her own views and attitudes on homosexual lifestyle. (2) Elderly gay men and lesbian women who are out will judge gay men and lesbian women who are not out. The belief within the gay and lesbian culture is to look down on internalized homophobia.

The intervention suggested in this article to overcome heterosexist questioning was narrative therapy. If clients are asked questions revealing “who is important to them” the client might feel more comfortable
in sharing their sexual orientation and from it normalize same sex relationships.

Hughes (2004) later continues his research on sexual identity by discussing gay men and lesbian women's sexual identity as being invisible to the helping heterosexual professional; meaning, unlike race or gender which are visually obvious, a person's sexual identity basically remains hidden.

When dealing with the health care practice, evidence of disclosing sexual orientation is essential for improving direct practice with aging gay and lesbian consumers. It is suggested that “aged care services need to provide older gay and lesbian people with the opportunity to disclose aspects of their sexual identity” (Hughes, 2004, p. 388). It is the self-determination of the aging gay man or lesbian woman to feel comfortable in sharing privileged information with a social work professional. There are many reasons for an elderly gay man or lesbian woman to weigh the decision of revealing information pertaining to their sexual identity. Some of these individuals have witnessed or felt the impact of a society that will not accept their lifestyle.
Many older gay and lesbian individuals have experienced firsthand the Stonewall riots; during which some were diagnosed as mentally ill (homosexuality being a disorder in earlier editions of the Diagnostic Statistic Manual), and some were considered criminals and outcasts, growing up in a heterosexist society.

Both of Hughes studies (2003; 2004) support the need for more education and awareness to students and social workers because it may be the determining factor in whether or not the aging homosexual population accesses services from an agency. The responsibility returns to the helping professional dealing with their judgments of diversity.

Similarly, Genke (2004) studied the coping skills of elderly gay men dealing with homophobia. Genke describes three ways in which gay men identify with their homosexuality: (1) some might be closeted and not accepting of their homosexual status (internalized homophobia), (2) some are out of the closet and self-accepting, and (3) some are somewhere in the middle, which are self-accepting and closeted, yet being able to pass as straight.
The interventions suggested in this article include using gay-friendly programs for aging gay men and lesbian women to feel safe while accessing services. The agency is considered an intervention in itself because it gives the gay and lesbian population an available resource.

Therefore, Genke explains the complications gay men face in struggling with their own sexuality and the difficulty of "coming out" to oneself and to others. This relates to the findings of Hughes, who stressed the impact of the gay men and lesbian women's own acceptance in the gay community and social welfare agencies as accepting or not accepting of their homosexuality.

On the whole, the sexual identity of any person is important when receiving direct social work practice. There is difficulty in finding a way of establishing trust and security to support disclosing sexual orientation.

Stigmas and Mental Health

LaSala (2006) describes the impact stigmas may have on gay men's mental health: depression, suicide ideation, isolation and self punishment. "The violence and discrimination that gay men face as a consequence of
stigmatization can further jeopardize their mental health” (LaSala, 2006, p. 182). “Stigma is a personal quality or condition that is considered deviant and diminishes the bearer’s worth and status” (Dovidio, Major, & Crocker, 2000; Goffman, 1963; Link & Phelan, 2001, as cited in LaSala, 2006, p. 181). By the time a gay man or lesbian women comes to terms with his/her homosexuality, the influences by societal forces that enforce stigmatization have long been planted.

The ramifications of the family as a stigmatizing environment cause strong grief for gay or lesbian individuals looking for support from family members. When family does not provide support, the damages can reinforce the stigma influenced by societal forces. The family environment is a factor in the stages of development of a homosexual individual’s acceptance of his/her own sexuality (Goffman, 1963, as cited in LaSala, 2006).

The interventions to this family stigma are cognitive restructuring and Socratic questioning to change the negative thoughts a gay man has when confronted with homophobia. “According to cognitive behavior therapy, emotional distress is not caused by
events and situations themselves, but by how such situations are perceived” (LaSala, 2006, p. 183).

Certainly, it is noteworthy to mention “stigmatization can lead to internalized homophobia whereby the stigmatized come to believe the negative societal messages” (LaSala, 2006, p. 183). Internalized homophobia can influence a homosexual person’s sexual identity and presenting problems with mental health concerns (LaSala, 2006; Genke, 2004; Hughes, 2004).

Nonetheless, Parks, Hughes, and Matthews (2004) explored the implications that cause elderly gay men and lesbian issues to feel different when compared to heterosexual elderly person’s issues. The following issues are areas for concern for aging gay men and lesbian women: loneliness, isolation, sexlessness, poor psychological adjustment and functioning, fearful anxiousness, sadness and depression and sexual predation (LaSala, 2006, p. 208).

The intervention suggested to be used in helping this population with issues of support is friendship-based social networks; friends are a better form of support over family. As mentioned above, the support of family members can often reinforce negative
his/her own sexuality (Goffman, 1963, as cited in LaSala, 2006).

In brief the previous studies (LaSala, 2006; Parks, Hughes, & Matthews, 2004) demonstrate the type of mental health issues that may develop for a homosexual person’s life in a homophobic environment.

Attitudes of the Professionals

Bayliss (2000) suggests that “social work is renowned for poor counseling support to older people and it may be that this is a particular difficulty with regard to the assessment of the needs of older lesbians” (p. 47). The study used the intervention of a strengths-based approach to work with aging lesbians, nevertheless, the study supports that social workers might be unable to find hidden strengths in aging lesbian women because strengths are invisible to the social worker’s perspective.

Another important finding is: “a critical approach to anti-discriminatory practice in social work training and education, which helps to clarify the effects of social processes and could help to address such an imbalance, and empower social workers to challenge such
views both in multi-disciplinary contexts an in social work more generally” (Bayliss, 2000, p. 50).

The point is the cultural competence of an effective social worker is clearly indicated by being empathetic to aging gay man and lesbian women. Things a non-homosexual professional might view are common milestones (marriage, family and education) might be impossible or difficult for a gays or lesbians to obtain.

Another study (Malley & Tasker, 2004) explored a group of professionals (namely social workers) and whether their systemic training had prepared them to work with gay and lesbian clients. The study’s conclusion found that there are a number of reasons that influence the attitudes of homophobia in the helping profession: professional background, gender, religious background, age, education and location (Malley & Tasker, 2004).

The study recognized the dearth of gay and lesbian social workers and the ramifications of the helping professionals not getting adequate training in working with gay men and lesbian women (Malley & Tasker, 2004). The intervention used is the Index of Attitudes to Homosexuals (IAH) to measure the helping professional’s general perception of gay men and lesbian women.
To illustrate, The Sheffield Institute for Studies on Aging conducted a study on the general practitioners’ perspectives on their attitudes and biases toward working with clients who are gay and lesbian (Hinchliff, Gott, & Galena, 2005). The study interviewed 22 general practitioners who have/had difficulty working with gay men and lesbian women.

As a result the research suggested that homophobic general practitioners providing (non-hetero) sexual medical practice to gays and lesbians create a barrier to the consumer. The barrier is present in all previous examples where the issue of treating a non-heterosexual becomes uncommon for a professional.

The Sheffield Institute for Studies on Aging used the intervention of continuing education on the sexual health-care needs of aging gay men and lesbian women. “Participants felt that education and training for general practitioners should have a psychological component so that general practitioners would have the chance to dispel any feelings of discomfort when asking about sex with non-heterosexual patients” (Hinchliff, Gott, & Galena, 2005, p. 349).
Summary

In Summary, aging gay men and lesbian women are a growing population in the United States. Although they are increasing in number, there is a lack of services and policies to address their special needs due to societal factors of heterosexism and ageism. Current research shows there is a need to change the way social welfare agencies treat this marginalized group. Some of the complications that may interfere with aging gay men and lesbian women accessing services from a social welfare agency are issues dealing with sexual identity, stigmas caused by societal and/or family factors, and mental health issues. This study hopes to shed further light on the thoughts of aging gay men and lesbian women in the San Bernardino and/or Riverside County regarding accessing agencies designed for the elderly. The scope of this study may provide information that supports the hunch that social service agencies are not creating an environment welcoming to gay and lesbian individuals.
CHAPTER THREE
METHODS

Introduction

This chapter will discuss the overall design of this study. The sampling procedures and methods used in data collection and data analysis will be discussed. The explanations for the research methods chosen will be provided. The instrument used to collect data will be presented and the potential limitations of the instruments and will be addressed. Lastly, this chapter will discuss the measures taken to protect the confidentially of the human subjects or participants in this study.

Study Design

The purpose of this study was to understand the attitudes and views of aging gay and lesbian individuals toward social welfare agencies. This study was specifically designed to be exploratory and qualitative in its structure to obtain information. The data was collected in a structured, closed focus group. Participants were asked to provide qualitative open-ended
answers regarding their experiences with using or choosing not to use services in a social welfare agency.

The method of choice for this study is based on the idea that information obtained from a focus group may provide greater detail than information from a quantitative survey. It was hoped that respondents would be more likely to elaborate on their experiences if they were to respond within a mutual-aid approach. Through generalizing their experiences, the respondents may feel more prone to share their experience and will be more likely to understand that their own experience is not an isolated event. Additionally, this population has been ignored in the past and has not been extensively studied regarding their sexual identity and aging. The exploratory research questions were: what are the views and attitudes, as an aging gay man or lesbian woman, towards social services agencies cultural competence?

Limitations

There are several limitations to this study. Participants in this study were located through convenience and snowball sampling. Through utilizing this technique, the data collection may not accurately
represent the total population of the attitudes and views of older gay and lesbian individuals. The sample size will remain relatively small and may not provide a sound foundation of information.

Another potential limitation was that the social welfare agencies in the area of interest may be biased within their participation. The study was designed for the respondents to critically review the extent of cultural competence in social welfare agencies are through creating a safe and welcoming environment. Social welfare agencies may currently believe they provide a culturally competent environment or that they do not have consumers who are gay or lesbian.

Finally, this study did not use a standardized instrument to collect data. There was little information available pertaining to the attitudes and views of older gay men and lesbian women. This is an understudied population and an already tested instrument was unavailable in the current literature. This study was designed as a needs assessment and based on results of a study currently pending at California State University, San Bernardino.
Sampling

As mentioned above, convenience and snowball sampling were used to collect a sample size of 12 participants. Respondents were required to be 60 years old or greater and identified as a gay or lesbian individual. Numerous agencies in the San Bernardino country refused to participate with the study because they felt they did serve any gay or lesbian consumers. The agencies refused to allow the research to leave fliers because it might upset their consumers. This created a barrier to reaching gay and lesbian consumers who are afraid to share their sexual orientation. It also creates a concern of the gap from agencies resistance to change their organizational culture.

The research expanded the geographic location to Riverside County, where the researcher attend gay and lesbian events (Pride Festival, White Party and Silver Daddies Benefit) to network and recruit participants. The research would introduce self to guest and describe the goals of the study. The researcher would present a copy of the informed consent (Appendix B) to contact the researcher if interested in being part of the study. The researcher received 35 correspondents from people
interested in being part of the focus group. 10 of the correspondents were unable to commit to study due a conflict in convenience of being able to attend; 9 correspondents inquire about the student and declined to participant; 5 correspondents committed to the focus group but had to reschedule; and 10 correspondents agreed to meet and inquired if they would be allowed to bring friends.

Data Collection and Instruments

The questionnaire consisted of eight open-ended inquires regarding the experiences the respondents encountered with social welfare agencies (see Appendix A). The format of the questionnaire was designed to engage the respondent in expressing their attitudes toward the quality of service they received. Questions in the study include: “How comfortable are you in sharing your sexual identity with a social service provider?” and “What, if anything, concerns you as an aging gay man or lesbian woman?” The questions were tested on this writer’s colleagues and associates in mental health services, a faculty supervisor, and members of the gay
and lesbian community to ensure cultural sensitivity and effectiveness throughout the study.

The instrument was created to obtain information regarding the strengths and weaknesses regarding the cultural competence of social welfare agencies services to aging gay men and lesbian women.

Procedures

The questionnaire was administered during a focus group to obtain data. The focus group occurred in February 2008 in Riverside County. The writer located a public building and held a 180-minute group. The focus group consisted of 12 human subjects. The questionnaire was given to the participants prior to the focus group. The participants were asked to share their responses with the group in an open forum.

Following the focus group a debriefing statement was given to the participants and an acknowledgement thanking them for their time and participation. The human subjects were given contact information to reach the writer if they should have any further inquires and/or wish to receive information regarding the findings of the study.
Protection of the Human Subjects

The study used precautions to protect the confidentiality of the participants. No identifying information was used throughout the study of the participants such as names, addresses, place of employment, or social status.

The writer provided a copy of the informed consent and in addition, read the document aloud during the focus group. The participants were given the option to clarify any information they did not understand. The participants were advised of their rights as human subjects, including but not limited to, being able to reveal as little or as much information as they are comfortable sharing. Participants were advised that they can withdraw from the study at any time without a given reason or pressure to continue their participation.

Data Analysis

The questionnaire provided the data for the study. The data gathered from the focus groups was analyzed. During the focus group, the researcher assigned each respondent a number from 1 to 12 and recorded group members’ individual responses and reactions. Once the
group was over, the information was typed and matched to the corresponding number (respondent). Reading each participant’s response, every sentence was analyzed and coded by highlight common words and themes. The themes were placed in a spreadsheet to compare commonalities and differences of the codes. Using content analysis, the data was analyzed by determining the attitudes and views of aging gay and lesbian individuals toward social welfare agencies. The information may provide insight on the need for future research in this area.

Summary.

This chapter discussed the design of this study. It explored the methodological implications and limitations of the design. The instrument was presented with sample questions from the questionnaire. Specific procedures for conducting the study were explored as well as the type of sampling to be used to gather respondents. The measures taken to protect the human subjects’ privacy and identity were explained.
CHAPTER FOUR

RESULTS

Introduction

This chapter reviews the qualitative results of the focus group. The focus group lasted for 180 minutes and consisted of 12 respondents. The focus group’s responses were recorded and later transcribed to conduct a qualitative data analysis through extracting codes that represented commonalities of the responses. The codes were grouped into themes and cross examined to state the underlining message each respondent was expressing regarding their experiences as gay aging men. This process was repeated for each question and response. The eight question survey inquired about the attitudes and views of social welfare agencies according to the respondents’ personal experience. The questions also asked the level of comfortable the respondents were in disclosing their sexual orientation and how could agencies change their approach to providing a cultural competent approach to direct practice.
Qualitative Results

There were 12 total participants in this study. All of the subjects were gay males, aged 60 or older. The respondents were asked what their comfortable level was when disclosing their sexual identity; seven of the participants reported they were "openly gay" and refused "to hide who they are" and five of the participants used their discretion when sharing their sexual identity. Some of the respondents who used discretion said:

"I grew up in what was called the silent generation before the baby boomer generation. You could not be out. It has affected my views on social welfare agencies or society because the morals and values I was raised with taught me to not trust them."

"I never willfully give that information. I have never been asked by anyone in an organization...like a hospital...about my sexual orientation. I’ve seen people physically attacked because they disclosed."

"I grew up as a track-home daddy, so I hid my sexual orientation from people when I was younger. Not only because gay men lives were ruined if they disclosed the fact, but I was married. I was programming
myself to protect myself and survive in a world that hates gays."

"Even in a gay friendly place like San Francisco, I had a bad experience. It was during a job interview...the board interviewing me had this look of disgust on their faces when I disclosed. It gave me a sense that I need to be careful who I share my sexual orientation with..."

The group processed the similarities and differences of their comfort level of disclosing their sexual orientation. All of the responds relocated to California regardless if they felt they would or would not disclose their sexual orientation.

Feeling toward Local Agencies

The respondents were asked to share their personal feelings toward social welfare agencies in their county. The five said the local agencies still discriminated against gay and lesbians did not use the services. The respondents said:

"I went to a medical center once; I was lying on a gurney with my eyes closed. The staff must have thought I was asleep...I heard them say to watch out for the fag...it might give you AIDS."
"My partner of 25 years died last year at a local hospital. I was by his bedside and the staff knew we were a couple. The nursing staff told me my partner was going to be discharged in a few days...that he got better. So, I left to come home for a few hours. I get this call from one of the nurses. I remember her saying...your partner died...what do you want to do with the body? It was insensitive, not the way I wanted to find out about him..."

The respondents felt agencies have "given the message that [they] were not welcomed." Some respondents stated social welfare agencies were strictly "for the needy" and they did not feel they were a match for services. Respondents also said their local agencies were:

"Not empathic to Gay, Lesbian, Bisexual and Transgender people."

"The agencies serve their purpose."

"I avoid them!"

Experience with Local Social Welfare Agencies

The researcher asked, "What kind of experiences, negative or positive, have you encountered at any social welfare agency?" Ten of the respondents reported never
using or having any interest in going to a social welfare agency. The respondent said:

"I have come from a naval background...in the Navy, sexual orientation comes last. I was taught that I had to hide my sexual orientation."

"I am private and a loner, I prefer to stay that way. I don’t isolate or anything...I just don’t trust people with my business."

"It is important for me to know that the agency is gay friendly. All of the agencies I have encountered have gay staff or are involved with the gay community. If an agency is faith based it raises a whole concern of discrimination with the 'you are going to hell' attitude that gays chose this lifestyle."

When the focus group was asked about whether or not their security level in contacting an agency in the future changed, the ten respondents who stated they have never used a social welfare agency in the past also stated they would definitely not use an agency in the future. The two respondents who had used a gay-friendly agency in the past felt more comfortable using, if they had to, a
social welfare agency in the future. This was regardless if the agency promoted itself as gay friendly.

Concerns of Aging

The participants identified a wide variety of concerns as aging gay men. Four of the participants stated their physical appearance was their main concern of aging. The respondents said:

"I hate being old...If you lose your looks as gay man, you lose everything. Being attractive is very important to being happy."

"My looks—nobody wants to be with an old man!"

"I avoid old people. Old gay men only bring you down, I have to think young and be with younger men."

Four respondents stated isolation was a fear for them, their responses were:

"Finding someone to be with and not being alone."

"Being isolated and not having anyone to talk to..."

"I don’t want to dye alone."

"I have seen a lot of my friends die, by AIDS, suicide or just old age. I am alone now...I have nobody."
Three of the respondents avoided thinking about their aging. In particular, using the word "aging" to refer to the respondents caused group members to respond in a negative tone. The self-acceptance of classifying their self as older or in their golden years was pushed respondents away. The respondents said:

"I don’t think about my age or aging—I need to stay young and the only way to stay young is to think young."

"I think you have to socialize with the kind of people who reflect who you are inside...if you have the mentality of an old man—you will be an old man!"

"I am offended you used the word aging to refer to me! I am not aging...I am not old. Gays are so much into looks and age..."

The remaining statements regarding concerns of aging were:

"Having affordable healthcare..."

"Housing for gay seniors and having more choices or gay-friendly services. Even in Palm Springs there’s a lack of services for gay seniors. The main concern seems to be addressing HIV and AIDS. I know if I want affording housing or healthcare that all I have
to do is get HIV. Seems you big the jack-pot if you get HIV. It is sad really, when Desert AIDS Project sucks up all the resources and leaves nothing for other gay agencies.”

“I am not out...I would like some guidance to come out of the closet before I die.”

Areas of Improvement of Social Welfare Agencies

The follow-up question the researcher asked was:

“What would you suggest to the county and agencies to better serve the needs of older gay and lesbian consumers?” Six of respondents stated agencies needed to improve their cultural competence. Some of the respondents said:

“Know the importance of our issues. Don’t generalize the concerns for a gay man with the concerns with a straight man. Immediately, any organization assumes you are straight. Many organizations are still founded on their old beliefs of discriminating against GLBT.”

“Agencies still practiced the ‘don’t ask, don’t tell’ attitude.”

“Start focusing on gay retirement housing...there needs to be more positive gay press about current
issues that older gay men face. There is a need for affordable housing for GLBT people. I would like to see a retirement community specifically for the gay seniors."

"Bottom line is gay professionals understand gay people better than straight professionals. Straight people can be naïve or not empathic toward gay issues."

Three respondents felt agencies needed to change their organizational culture, from line staff to their mission. The respondents said:

"Hire more gay-friendly employees or hire staff that is openly gay or lesbian. My primary doctor is gay, it shows when you want into his office. It feels safe and comforting."

"There's a lack of understanding when you match a straight employee with a gay client...there are just things that a gay client will experience that a straight worker will not understand. You can train your line-staff to becoming more culturally competent, but it doesn't necessary improve the problem."
"They just need to change their attitude, especially when a GLBT client walks through the door for the first time. The initial contact will determine how I feel about a service. The make is obvious, I am not wanted."

Most of the participants who felt agencies needed more gay staff felt more comfortable disclosing their personal issues with another gay individual. Another area of improvement was for agencies to be more supportive. Respondents felt agencies were not welcoming or provided support to the gay and lesbian community. In addition, some respondents felt the agencies did not provide any "information on gay retirement issues" or have enough "gay retirement facilities/communities" literature. The focus group agreed that for an organization to offer literature would make retirement easier for them and their gay and lesbian friends. "Literature could be given to their homebound friends, the ones who don’t get out."

One participant stated the county and the agencies had to be more "involved with the gay community." The feelings of detachment from social welfare agencies seem to impact the attitudes and views of the agencies.
Summary

This chapter reviewed the qualitative results of the study. The focus group's responses were recorded, transcribed and coded to conduct a qualitative data analysis. The codes were grouped into commonalities and given themes. The areas of focus discussed in this chapter were: concerns of the aging gay, the areas of improvement for social welfare agencies, feelings toward local agencies and experiences with local agencies. The themes were losing looks, isolation, discrimination, lack of engagement from agencies, lack of knowledge from the agencies, to name a few. The themes were discussed in the focus from a narrative viewpoint to understand the viewpoints of the participant's responses.
CHAPTER FIVE
DISCUSSION

Introduction

This chapter presents the significance and limitations of the research study, including the focus group participant's responses and the research design. The discussion will explore the context of the results by comparing if the findings contribute to the literature. The study's main goal was to understand the needs and concerns of the target population toward social welfare agencies. Additionally, recommendations for social work practice, policy and research are discussed. The chapter concludes with a summary.

Discussion

The literature on self-disclosing sexual identity has primarily approached the topic from the social worker's or helping professional's perspective. The studies explored how the initial contact and attitude of the social worker strongly impacted the comfort level of the gay and lesbian consumers. Although it is mentioned that non-homosexual helping professionals reflected feelings toward their responsibility in questioning their
client’s sexuality; it is also emphasized in the literature that disclosing sexual orientation was essential for improved direct service to clients. It is interesting that the helping professional’s perspective are explored and studied and not the perspective of the gay and lesbian consumer’s concern.

In contrast, this study explored the attitudes and views of the gay and lesbian consumers. Two of the participants stated they experienced discriminating remarks about their sexuality from medical staff professionals. The remaining ten participants did not state any negative or positive experience with helping professionals; eight of these participants stated their primary medical providers were either openly gay or lesbian. This suggested that homosexual consumers prefer help professionals of the same sexual orientation. It came of little surprise that none of the subjects stated they were concerned about the judgments of the (non-homosexual) helping professional’s feelings toward homosexuals. Even though seven of the participants stated they were openly gay and had no difficulty disclosing their homosexuality to the helping profession, they still denied any contact with social welfare agencies;
furthermore, all of the openly gay participants avoided, and planned on not using social welfare agencies in the future.

It was evident from the personal insight that six respondents felt social welfare agencies needed to improve their cultural competence. The top three responses to areas of improvement were for agencies to have more cultural awareness toward GLBT consumers, having gay and lesbian staff, and being more supportive toward GLBT consumers.

This study supported that gay men are aware of the discomfort of the helping professional’s reluctance to ask about sexual orientation. As a result, the participants who identified an agency’s message of non-acceptance confirmed it did impact their decision to not use an agency that did not create a safe environment.

The literature also suggested the impact of societal stigmas had resulted in dysfunctional behaviors in gay men. The stigmas in the literature suggested that non-supportive environmental factors like family, organizations and society could result in internalized homophobia, depression, suicidal ideation and isolation. Furthermore, the literature implied aging gay and lesbian
consumers are confronted, when relied on assisted living institutions, with the dilemma of revealing their sexual identity and dealing with the negative consequence or being accepted in a homophobic environment by hiding their sexual identity.

The study supports that societal stigmatization influenced the participants likelihood of accessing a social welfare agency. In fact, all of the participant’s attitudes toward social welfare agencies were negative. Five of the respondents strongly felt social welfare agencies discriminated against GLBT; in addition, ten respondents because of their negative beliefs would not use a social welfare in the future. Nobody talked about the impact stigmatization currently had on their life or mental wellness. In reviewing their concerns, four of the participants felt they were at risk of isolation as they age. In contrast to the literature, issues of depression, suicidal ideation, or self punishment did not come up as an area of concern. It is unclear from the literature if one negative impact of stigmatization triggered additional behaviors; for example, if isolation triggered depression or substance abuse. The finding did give insight on the reasons why trying to locate older gay and
lesbian individuals in San Bernardino was a challenge. One explanation might explain that this population had adapted to isolation or internalizing their homosexuality as a coping skill. It seems unlikely that San Bernardino does not have older gay and lesbian residents.

Limitations

There are many limitations from the collection of data, the location of participation, lack of involvement from local agencies, sample size, lack of diversity within the target population, level of education and economic status of the respondents.

The respondents were gathered and recruited to participate in the focus group. The study used snowball and convenience sampling as a means to recruit. The recruitment of participants failed to reach the hidden isolated older gay and lesbian individuals. This researcher believes the consumers who are harder to reach and isolated are more likely to need social services due to their poor social systems and coping skills.

The next limitation was the location where the participants were collected. The participants were all residents of Palm Springs, a “Gay Mecca” that has an
increasing population of gay and lesbian residents, tourists and support. In fact, according to the U.S. Census, Palm Springs during the last five years has experienced an explosion of new Gay residents and new Gay businesses. The resident Gay population is now estimated at 40 percent of the population (U.S. Census, website).

The sample size of the focus group was twelve participants. It is difficult from the small sample size, even though the research is qualitative in nature, to accurately measure and sustain the representative quality of the study. It seemed unreasonable to apply the findings of the study to the overall target population, based on the views and attitudes of twelve respondents.

The target population was gathering input from gay and lesbian respondents. The study only consisted of gay participants. The lack of including lesbian participants skews the findings since the views and attitudes of aging lesbians are missing. It is unfair to conclude the findings of this study to be accurate without having responses from lesbian respondents.

Another limitation is all of the respondents in the focus group reported attending and completed a college education. Seven of the respondents attained a bachelor
degree, whereas, five continued into graduate school and received a master's degree. The educational level of the respondents may have potentially skewed the results of this study. This needs to be considered when trying to generalize the finding to overall target population.

The final limitation is level of economic status. None of the respondents stated their annual level of income; however, eight of the responded made reference to owing their own home, two respondents had multiple homes. Only two responded made reference to struggling with retirement and their monthly expensive. The level of financial security may impact whether of not the respondents would utilizing social welfare agencies. This became evident when eleven respondents made reference to social welfare agencies being for the poor and misfortunate. It may have been the wording of social welfare that made the respondent associate the term with welfare system as a negative term.

Recommendations for Social Work Practice, Policy and Research

The study has implications for social workers, working at both micro and macro practice levels. The social work profession remains an untapped resource
within the community for the needs and concerns for aging gay and lesbian individuals. This study investigated the consumers’ attitudes and views of the helping professional and the agencies. The results suggests the need for social welfare agencies to change their organizational cultural; Social workers play one role of the change agent at both the micro and macro levels. The National Association of Social Workers (NASW), in its Code of Ethics (1999), defines this unifying purpose, or mission, of all social workers as “to enhance human well-being and help meet the basic needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.”

The results suggest the need to change social welfare agencies, employment, and society to incorporate the values of cultural sensitivity and diversity education within the organization cultural.

At the macro level, the challenges the social workers face are getting social welfare agencies to recognize the need to change. Bill AB 2920, mentioned in the introduction was signed into law by California Governor Schwarzenegger on September 30, 2006. The Bill
entitled *Older Californians Equality and Protection Act* requires the California Department of Aging and Local Area Agencies to include the needs of GLBT seniors in their needs assessment and area plans. For this change to happen there needs to be catalyst to implement and execute the change. Social workers are trained to use a number of organization change models in setting the stage for change at the macro level.

There is currently a window of opportunity to creating the urgency to change; nevertheless, there is a lack of motivation and willingness from the agencies to manage and lead the change. California Legislation has noted the importance of social equality and justice for protecting the rights and needs of GLBT seniors, however has yet to develop the means to assure it is executive by the agencies. The agencies were not given direction, resources, funding or extra staff to assist with beginning this process; as one solution, the social work profession can use their knowledge and training as change agents to developing a plan of action for promoting social justice.

Social workers are needed to promote current policies and continue to advocate for social policy
Because social workers work directly with GLBT seniors, they are able to observe and recognize the issues and barriers the population faces. Instead of working with the population after the problem has occurred, social workers can influence the system to promote and prevent the problems from occurring in the first place. In regards to this study, the need to speed up the process of the agencies to conduct the need assessments of GLBT seniors and creating new programs designed from the results.

It is recommended that the social work profession design a plan on how to reach the GLBT seniors who are isolating and fearful to disclose their sexual identity due to hate crimes and negative societal reactions to homosexuals. Gay and lesbian seniors have been conditioned by their experiences to believe society and organizations are not willing to change. The researcher observed, by contacting organizations, that the beliefs of the gay seniors are validated by organizations reinforcing an inhospitable environment toward GLBT consumers. Social workers can create a bridge to narrow the gap between the organizations and the GLBT populations.
At the micro level, social workers need to understand and hone their own cultural sensitively with working with GLBT seniors. None of the respondents in the focus group stated they had any contact with a social worker. There seemed to be little knowledge from the respondents on how social workers can advocate for their rights.

The need to create more programs is one result from the Californians Equality and Protection Act. Creating change does not have to stop with Bill AB 2920. Social workers are trained to engage with the clients, at the micro level, this is one step that will strongly impact GLBT seniors in feeling heard. There are many unheard GLBT seniors who have never been engaged by the social worker.

Lastly, there is little research on gay and lesbian seniors. In order to best serve the growing GLBT population, social workers should continue to research the human development, resilience, coping skills of aging GLBT. Ideally, longitudinal research is needed to fully understand the impact of aging.
Conclusions

This study explored the views and attitudes of older gay and lesbian consumers toward the social welfare agencies. Concerns of discrimination and lack of cultural awareness continue to be a major barrier to older GLBT individuals accessing social welfare agencies. The aging gay males interviewed in this study did not access or plan on accessing social welfare agencies in the future due to the following themes: feeling agencies did not provide adequate services, there was lack of collaborating from the agencies and the organizational climate was influenced by heterosexist undertones. The common belief among the participant’s personal experience emphasized that society supports an ideology that heterosexual lifestyles are superior to homosexual lifestyles. Clearly, much remains to be done to change the perceptions of and services for older gay and lesbian people.
APPENDIX A

QUESTIONNAIRE
Social Service Needs of Older Gay, Lesbian, Bisexual and Transgender People

Questionnaire

1. What, if anything, concerns you the most about being an older gay man or lesbian women?

2. What would you suggest to the county and agencies to better serve the needs of older gay and lesbian consumers?

3. What are your feelings towards the social welfare agencies in the county?

4. What kind of experiences, negative or positive, have you encountered at any social welfare agency?

5. How comfortable are you in sharing your sexual identity with social welfare agencies?

6. When was the first time you felt comfortable sharing any information regarding your sexual identity? What is preventing you from sharing this information?

7. What does it feel like to contact an agency?
APPENDIX B

INFORMED CONSENT
Informed Consent

The purpose of this research study is to understand the views and attitudes of aging gay men and lesbian women 60 and greater. This study is being conducted by Neil Mikel LoMeli, Masters of Social Work student at California State University, San Bernardino under the supervision of Dr. Laurie Smith, Associate Professor in the Dept of Social Work. The questions ask your opinion on needs such as sensitivity of health care providers, the friendliness of social welfare agencies toward older gays and lesbian, and your opinion to improve the quality of direct social work delivery to the ageing gay and lesbian communities. Your participation in this study is completely voluntary. If you feel discomfort of any kind, you are free not to answer any questions or to withdraw at any time during this study without penalty.

Participating in this study may not have a direct benefit for you, but if we are able to study many people, it could result in better programs and awareness of the needs of older gay men and lesbian women.

If you have any questions or concerns about this study, please contact Dr. Laurie Smith at Cal State, San Bernardino, (909) 537-2837, or Neil Mikel LoMeli at (760) 835-4222.

This study has been approved by the Department of Social Work subcommittee of the Institutional Review Board, California State University of San Bernardino. If you are interested, results of this study will be available in the Pfau Library at the California State University of San Bernardino after September 2008.

If you understand the nature and purpose of this study and want to participate, please continue with this study.
APPENDIX C

DEBRIEFING STATEMENT
Debriefing Statement

Thank you for your participation in the exploratory study regarding the attitudes and views of aging gay and lesbian people. This study hopes to understand any special issues these individuals may face and dispel commonly held, heterosexist and ageist myth regarding alternative lifestyles. You will provided a list of Lesbian, Gay, Bisexual, Transgender (LGBT) resources if you have any further question or concerns regarding aging gay and lesbian issues.

This study was conducted by Neil Mikel LoMeli under the supervision of Dr. Laurie Smith. If you have any questions about this study, you may contact Dr. Smith at (909) 537-3837 or Neil Mikel LoMeli at (760) 835-4222. Results of this study will be available in the Pfau Library at the California State University, San Bernardino after September 2008.
REFERENCES


