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To cite this article: B. Savage & M. N. Barringer (2021) The (minority) stress of hiding: the effects of LGBT identities and social support on aging adults' concern about housing, *Sociological Spectrum*, 41:6, 478-498, DOI: [10.1080/02732173.2021.2010627](https://doi.org/10.1080/02732173.2021.2010627)

To link to this article: <https://doi.org/10.1080/02732173.2021.2010627>



Published online: 07 Dec 2021.



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The (minority) stress of hiding: the effects of LGBT identities and social support on aging adults' concern about housing

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ABSTRACT

The lesbian, gay, bisexual, and/or transgender (LGBT) aging adult population is increasing rapidly in the United States. The literature reveals three shortcomings regarding research into the experiences of LGBT aging adults: (1) their needs have been largely overlooked, (2) there are few large-scale quantitative studies of this population, and (3) LGBT older adults are often treated as a monolith despite the potential for significant variations between subgroups under the umbrella. The current study addresses these issues by utilizing data from a nationwide AARP 2018 survey to study a central concern of LGBT aging adults: housing. Specifically, drawing upon the conceptual framework of minority stress, we examine how the LGBT identity of older people affects how concerned they are about having to hide their identity in order to find suitable housing as they age. Findings reveal (1) significant variations in the degree of worry among segments of the aging LGBT population, and (2) ameliorating factors such as social support may decrease the degree to which they worry about hiding their identity to access housing. These results may have implications for policies and practices aimed at increasing the community resilience available to support LGBT adults as they age.

Over the life course, lesbian, gay, bisexual, and/or transgender (LGBT)¹ older adults in the United States have had to endure and manage the processes leading to minority stress (e.g., Choi and Meyer 2016; Meyer 2003, 2015).² Due to both the experience and the anticipation of mistreatment, many members of this population have felt forced to conceal their LGBT identity to avoid prejudice, discrimination, and/or violence throughout their lives (e.g., Barringer, Sumerau, and Gay 2017; Morrow 2001). In response to these negative processes, LGBT older adults, both individually and as communities, developed ameliorating factors and skills that have served to increase their resilience; these may also now help them navigate the aging process. Despite this resilience, however, because ageism and heteronormativity are structurally embedded, aging LGBT adults remain an at-risk and underserved population (e.g., Fredriksen-Goldsen et al. 2013a; NRC 2016; Simpson et al. 2017).

Housing is one area in which LGBT older adults are more vulnerable and likely to experience mistreatment than their non-LGBT peers (e.g., Addis et al. 2009; ERC 2014; Fredriksen-Goldsen et al. 2013b; Grant et al. 2011). Aging can increase concern about having to hide one's LGBT identity to access suitable housing, as one anticipates mistreatment and/or recalls prior experiences of discrimination (Knauer 2011). This is problematic, as concealing one's LGBT identity

contributes to minority stress (Meyer 2003) which can potentially lead to increased adverse outcomes for aging LGBT adults.

This paper analyzes a dataset collected by a nationwide AARP survey in 2018 to examine how concerned aging adults are about having to hide their LGBT identity to access suitable housing as they age. Despite the rapid growth of the LGBT aging population, the concerns of LGBT aging adults have been largely overlooked in the sociological literature. There are few large-scale quantitative studies available, and there is a tendency to treat LGBT older adults as a monolith, even though there may be significant variations among the segments of the population. As LGBT aging is not a universal experience, the degree to which LGBT aging adults worry they might feel forced to “go back into the closet” to gain housing may vary according to their particular LGBT identities, the social support accessible to them, and their sociodemographics. The current study seeks to uncover such nuances to increase our understanding of LGBT aging and provide useful information for people who aim to increase the availability of ameliorating factors that will support the resilience of LGBT aging adults.

Literature

To frame this study, we begin by reviewing the literature on LGBT aging adults. Next, we turn to the concept of minority stress, focusing largely on the process of hiding one’s LGBT identity and ameliorating factors, such as social support, which includes social networks and communities that can increase resilience among LGBT adults. Then, we consider the research on concerns about housing for LGBT aging adults. Finally, drawing on the literature, we offer several hypotheses regarding what we expect to find in the present study.

LGBT aging adults

There are an estimated three million LGBT adults over the age of 50 living in the United States, and by 2030, that number is expected to increase to approximately seven million (SAGE 2021). Despite the rapidly increasing number of LGBT aging adults, the needs and concerns of this population have often been overlooked by researchers and program evaluations (e.g., Espinoza 2016; King 2016; Putney et al. 2021). Ageism, heterosexism, and cisgenderism combine to render aging LGBT adults invisible in planning, policies, and services, leaving this at-risk population isolated, understudied, and underserved (Knauer 2011; NRC 2016; Simpson et al. 2017). The lack of quantitative, nationwide research on this unique population restricts both funding and supportive policies, as Espinoza (2016:9) states, “Unfortunately, the marginal amount of quantitative data on LGBT aging adults limits researchers from effectively studying this population and prevents advocates from quantifying the scope of challenges facing LGBT elders.” Much of the research into LGBT aging has been done using small sample sizes, and though they have gathered indispensable and vital information, the generalizability of the results has been limited (Addis et al. 2009; Choi and Meyer 2016). As the LGBT aging population increases exponentially, it is urgent that more research using quantitative, representative data be conducted to uncover the concerns and needs of LGBT older adults (e.g., Löf and Olaison 2020). Therefore, the current study aims to contribute to this work.

The literature on LGBT aging consistently concludes, in addition to the aging issues faced by their non-LGBT peers (i.e., accessing adequate health care), LGBT older adults face additional concerns specific to their LGBT identity (e.g., Emlet 2016; Fredriksen-Goldsen and Espinoza 2015; Grant et al. 2010; Kim et al. 2017; Kimmel 2014; Quam and Whitford 1992). For example, a lifetime of stress, discrimination, and victimization can lead to a greater degree of mental and physical health issues for LGBT aging adults (e.g., Choi and Meyer 2016; Fredriksen-Goldsen et al. 2013a, 2013c; Redcay et al. 2019). Also, LGBT older adults face higher rates of chronic

illness and disability, poverty, and mistreatment compared to their non-LGBT peers (e.g., Espinoza 2016; Fokkema and Kuyper 2009; Fredriksen-Goldsen et al. 2011; NRC 2016; Yang, Chu, and Salmon 2018). LGBT older adults are twice as likely to be single, living alone and four times less likely to have children (SAGE 2021). Aging LGBT adults are at an increased risk for isolation as their health declines and social networks constrict (e.g., Candrian and Cloyes 2020; Yang et al. 2018). Fearing harassment and discrimination, LGBT older adults are less likely than their non-LGBT peers to access mainstream aging services (NRC 2016). Also, the potential for anti-LGBT discrimination can be elevated when age and an LGBT identity intersect with race and/or other sociodemographics such as gender, income, relationship status, and location (e.g., Calasanti & Slevin 2001; Erosheva et al. 2016; Stone 2018; Whitfield et al. 2014). There is also ageism within LGBT communities, where youth is privileged, and older individuals face exclusion; this can increase feelings of isolation for aging LGBT adults who had previously found resources for resilience in such communities (Cahill and South 2002).

There is a need for additional research into how such aging issues differentially affect subgroups under the LGBT umbrella, as the LGBT population is not a monolith (Choi and Meyer 2016; Fredriksen-Goldsen, Jen, and Muraco 2019). Literature shows there are marked differences among the subpopulations related to their lived experiences in general; more studies are needed to uncover such variations related to LGBT aging. For example, some gay men may benefit from being (white) men and can often “pass for heterosexual,” which affords them heteronormative privileges (Slevin and Linneman 2010:488). Although some of these privileges may be lost to an extent if they have disclosed their LGBT identity, gay men may be able to better navigate and resist discrimination as they age compared to people who identify as lesbian, bisexual, and/or gender expansive. Similarly, compared to those who present as what society defines as more effeminate, gays and lesbians who appear to adhere to societal norms of masculinity may experience the privileges associated with that expression (e.g., Slevin and Linneman 2010; Woodell, Kazyak, and Compton 2015). For example, gay men who present as masculine may benefit from male privilege, causing them to feel more secure about their potential to obtain housing as they age (Westwood 2017). Alternatively, aging lesbians who adhere closely to the societal norms of femininity may expect marginalization as they look for appropriate housing, because in addition to heterosexism, they can face sexism due to hegemonic masculinity in society (Slevin and Linneman 2010; Westwood 2017). In another variation, those who identify as bi+³ are often viewed more negatively than monosexuals by friends and families (Barringer et al. 2017; Cragun and Sumerau 2015). They are also often mislabeled (Moss 2012), so, in heterosexual spaces such as housing institutions, the experiences and identities of bisexual/pansexual people may be erased as they are assumed to identify as heterosexual. As a final example, gender expansive people experience a greater degree of prejudice and discrimination compared to other segments of the LGBT population (e.g., Fredriksen-Goldsen et al. 2011; Worthen 2013). Such mistreatment may be further heightened when those who are perceived as masculine display gender characteristics outside the norms of masculinity (Worthen 2013). Such differences will likely affect the experience of aging and concerns about having to hide a LGBT identity. In this study, therefore, we follow Worthen (2013) and others (e.g., Barringer et al. 2017) who have called upon researchers to disaggregate the LGBT population by examining the variations in their experiences.

Ameliorating minority stress

The conceptual framework of minority stress is useful for research into the impact of identifying as LGBT in a heteronormative society. Meyer (2003, 2015) identifies five processes of minority stress: (1) experiencing/encountering prejudice and discrimination, (2) the expectations of rejection and discrimination, (3) the internalization of negative attitudes against LGBT individuals, (4) hiding one's LGBT identity, and (5) ameliorative factors that can counter the impact of stress by

increasing individual and community resilience. The degree to which minority stress impacts individuals is determined by the interplay of both the negative and positive processes (Meyer 2015). A LGBT identity can thus be a source of stress, but the development of coping skills and social support can help mitigate the negative processes.

Older LGBT adults came of age during a time when disclosing a LGBT identity was difficult, or even inconceivable, given the discrimination and criminalization one might experience or expect to experience (e.g., Butler 2004; Johnston 2017; Orel 2014). Many LGBT older adults were compelled to hide their LGBT identities in their earlier years to avoid stigmatization, minimizing the disclosure of their identity until later in life (e.g., Fredriksen-Goldsen et al. 2011; Morrow 2001). Considering their lived experiences, LGBT aging adults may again feel forced to hide their LGBT identity as they advance in age and become increasingly dependent on others; this may increase their isolation if they feel unable to openly share their life stories or memories (e.g., Hoy-Ellis and Fredriksen-Goldsen 2016; Kuyper and Fokkema 2010; Stein, Beckerman, and Sherman 2010).

The ability to develop coping strategies for aging may be linked to whether LGBT individuals have disclosed their sexual and/or gender identities to others. Self-disclosure of one's LGBT identity, while risky, can lead to increased resilience and positive health outcomes (NRC 2016). The ability to deal with losses associated with identity disclosure can be helpful in dealing with losses associated with aging (Orel 2014). In other words, dealing with heterosexism and cisgenderism can help one develop the coping skills necessary to deal with ageism. While identity disclosure can be negatively consequential, it can also release the potential for social support from others with LGBT identities, leading to an increased sense of community (Orel 2004; Zeininger, Holtzman, and Kraus 2017). Also, after decades of stigmatization, many older LGBT adults have "crisis competence," or, those life skills developed in response to difficult circumstances (Caceres and Frank 2016; Kushner, Neville, and Adams 2013; Slevin and Linneman 2010). Such skills can help one deal with future stressors associated with aging, overcome loneliness, and find resources (Cahill and South 2002; Fredriksen-Goldsen et al. 2011; MAP and SAGE 2017; Witten 2014).

Alongside individual crisis competence, social networks, including partners, friends, relatives, and community organizations, can provide support for aging LGBT adults (Pakstis, Kim, and Bhargava 2018). On one hand, research has noted with concern that the social networks for LGBT older adults are often smaller than those of non-LGBT peers (e.g., Hsieh and Wong 2020; Orel 2014; SAGE 2014). LGBT aging adults often rely on peer support or fictive kin (Grossman et al. 2000; Kim et al. 2017; Weston 1991). These "families of choice," however, can be fragile, particularly when aging adults require intensive care (e.g., Brennan-Ing et al. 2014; Lottmann and King 2020). As LGBT aging adults face increased risk of social isolation and a lack of immediate social support, they may depend heavily on community resources (e.g., Espinoza 2011; Hsieh and Wong 2020; Ranahan 2017; SAGE 2021). On the other hand, some studies have found this constriction of social networks for LGBT older adults is not necessarily so (e.g., Grossman et al. 2000; Shippy, Cantor, and Brennan 2004). As they age, LGBT adults may expand their social networks more than their non-LGBT peers (Sullivan 2014). This may be due to the differential life course of LGBT aging adults who, after hiding a sexual and/or gender identity throughout most of their life (e.g., Kim et al. 2017; Orel 2004; Russell and Bohan 2005), seize the opportunity to speak openly, find affirmation, and build relationships later in life (Sullivan 2014).

Social networks provide social support, which research shows to be a determinant of health and successful aging (e.g., Cornwell and Waite 2009; Kushner et al. 2013; Thoits 2011). Social support includes both emotional and instrumental support (Cohen and Wills 1985; O'Brien and Sharifian 2020) and can be defined as the "individual's perception" that they have people to which they can turn for assistance (Pascoe and Smart Richman 2009:16). Social support offers access to resources and social engagement, and it has positive outcomes for mental and physical health (e.g., Dykstra 2015; Krause and Borawski-Clark 1994; Seeman et al. 2001). Unfortunately,

LGBT aging adults may lack adequate access to such support (MAP and SAGE 2017) and may therefore find themselves depending heavily on community resources to meet their needs (e.g., Brennan-Ing, Karpiak, and Seidel 2011; Hsieh and Wong 2020; SAGE 2014, 2021). If community resources are not LGBT-friendly or LGBT-affirming, however, aging LGBT adults may feel forced to conceal a sexual and/or gender identity, which can increase their isolation and lead to poor health outcomes (Brennan-Ing et al. 2011; Sullivan 2014). Therefore, to help mitigate the negative processes of minority stress, LGBT older adults require access to social support that is tailored to their specific needs and allows them to be open about their sexual and/or gender identities (e.g., Choi and Meyer 2016; Kuyper and Fokkema 2010; Noh and Kaspar 2003; Pascoe and Smart Richman 2009).

The degree to which LGBT adults feel resilient as they age is dependent in part on their individual qualities and social networks, but it can be influenced largely by their community. Resilience is, as Meyer (2015:50) explains, “the quality of being able to survive and thrive in the face of adversity. It includes anything that can lead to more positive adaptation to minority stress and thus, mitigates the negative impact of stress on health.” It is important to recognize that the oppression generating minority stress for LGBT people is what Mills (1959) would term a public issue, and therefore, the responsibility for dealing with it cannot be placed entirely on the individual (Meyer 2015). Therefore, we must consider community resilience. The degree of social support available to LGBT people in a community is a structural feature and increasing access to such support can generate resilience and mitigate minority stress (Meyer 2003). Conversely, ageism, heterosexism, cisgenderism and other stereotypical attitudes will hamper a community’s ability to offer inclusive support and resources for resilience to LGBT aging adults. It follows, therefore, that the degree of resilience in a community will either limit or expand the opportunities for LGBT aging adults to live openly, without feeling forced to hide a sexual and/or gender identity (Sullivan 2014). Access to a community with a high degree of resilience can support successful aging, increase life satisfaction and optimism, provide affirming social engagement for LGBT aging adults, and ameliorate the negative processes of minority stress (Caceres and Frank 2016). Thus, in addition to crisis competence skills and social networks, opportunities to access resilient communities can help LGBT adults navigate the aging process (e.g., Brennan-Ing et al. 2011; Caceres and Frank 2016; Fredriksen-Goldsen et al. 2011; Yang et al. 2018).

LGBT identity and housing

Housing is a potential source of community resilience for aging LGBT adults. Beyond “aging in place,” such housing might include retirement communities (either independent or continuing care), assisted living facilities, and nursing facilities (Shankle et al. 2003; Johnston and Meyer 2017). Aging adults require housing that is accessible, affordable, and connects to resources such as public transportation, community spaces, and healthcare providers; this is amplified for LGBT older adults who need inclusive and affirming options (e.g., NRC 2014; Putney et al. 2021; Ranahan 2017). Given the absence of protections for LGBT people against discrimination in the housing market (see MAP 2021), it is not surprising that LGBT older adults expect to face housing discrimination as they age, citing this as a central concern (e.g., ERC 2014; Fredriksen-Goldsen et al. 2013b). Indeed, compared to heterosexual couples, same sex couples may experience unfavorable, differential treatment in their quest to find senior housing (e.g., ERC 2014). This concern is amplified for transgender people who, compared to cisgender individuals, more frequently experience discrimination in housing (Kattari et al. 2016; NRC 2014). In addition, income disparities, often accumulating from a lifetime of discrimination, can compound the concerns of LGBT adults about having access to housing as they age (e.g., Putney et al. 2021; ERC 2014).

Aging prompts anxiety about living arrangements for many people, however, as there may be few quality options that are empathetic and respectful to their unique needs, such concerns can be amplified for older LGBT adults (Shankle et al. 2003), putting them at greater risk for negative outcomes as they age (NRC 2014; Romero, Goldberg, and Vasquez 2020). Even after locating a housing option, due to their lived experiences, LGBT aging adults may anticipate mistreatment and isolation in that setting (e.g., Mahieu, Cavolo, and Gastmans 2019; Ranahan 2017). Research documents the discriminatory treatment of LGBT older adults living in senior housing and residential care facilities, and the long-term care housing system in the United States is “especially inequitable and unresponsive to the needs of old LGBT people” (Shankle et al. 2003; see also Addis et al. 2009; MAP and SAGE 2010). Many LGBT aging adults fear mistreatment from staff, other residents, or administrators if their sexual and/or gender identities are disclosed (e.g., Johnson et al. 2005; Löf and Olaison 2020; Quam and Whitford 1992). In mainstream [heterosexual] assisted living, nursing facilities, or community living environments, they may feel they have to hide their LGBT identity and live with the constant threat of being “outed” to avoid neglect, bullying, mistreatment, and/or prohibitive rules regarding same sex partnerships and chosen families (e.g., Addis et al. 2009; Johnson et al. 2005; MAP and SAGE 2010; SAGE 2014). It is important to note that the possibility of having to hide their LGBT identities to access suitable housing is not an acceptable exchange for some aging adults. As Cahill and South (2002:49) suggest, “LGBT baby boomers... are increasingly unwilling to retreat to the closet when they encounter homophobia in aging services.”

To avoid having to hide a sexual and/or gender identity, some LGBT adults may desire access to LGBT-affirmative, LGBT-predominant, or LGBT-exclusive housing as they age (e.g., Grant et al. 2010). While some LGBT older adults desire to find inclusion within any accommodation instead of being relegated to LGBT-specific sites (Löf and Olaison 2020), concerns about potential mistreatment may prompt many LGBT older adults to prefer such housing options as they age and require increased care and support (e.g., Houghton 2018; Johnson et al. 2005; Löf and Olaison 2020; Lottmann and King 2020; Orel 2004; Quam and Whitford 1992). LGBT aging adults who choose LGBT-specific senior housing articulate that they do so because they find acceptance, affirmation, and a sense of belonging, and they expand their social networks (Sullivan 2014). This is a desirable alternative to having to hide a LGBT identity to avoid substandard care, isolation, abuse, and/or neglect in heterosexual retirement communities (Stein et al. 2010; Sullivan 2014). It is important to note that, on one hand, the creation of separate LGBT-specific housing facilities could reinforce the social segregation of LGBT individuals from their aging non-LGBT peers and reinforce the stigmatization and exclusion associated with heteronormativity (Leyerzapf et al. 2016). On the other hand, however, LGBT-specific housing options may help create a setting that generates the community resilience necessary to help ameliorate the deleterious processes of minority stress for aging LGBT adults.

The current study

Centered in the literature, the current study examines the degree to which older LGBT adults are concerned about having to hide a sexual and/or gender identity to access suitable housing, based on their membership in a subset of the LGBT population. We also consider how the degree to which respondents have disclosed their LGBT identity to others significantly affects their level of concern about having to hide that identity to gain housing as they age. Additionally, we test the significance of social support, both anticipated and actual, along with various sociodemographics on the level to which LGBT aging adults are concerned about having to hide a sexual and/or gender identity to find housing. Our hypotheses are as follows:

H₁: Compared to gay males, lesbian aging adults will be more worried about having to hide their LGBT identity to access suitable housing.

H₂: Compared to gay males, bisexual/pansexual aging adults will be more worried about having to hide their LGBT identity to access suitable housing.

H₃: Compared to gay males, gender expansive aging adults will be more worried about having to hide their LGBT identity to access suitable housing.

H₄: The greater degree to which aging LGBT adults have disclosed their sexual and/or gender identity to people, the less worried they will be about having to hide their LGBT identity to access suitable housing for older adults.

H₅: The greater degree to which LGBT aging adults have anticipated/actual social support, the less worried they will be about having to hide their LGBT identity to access suitable housing for older adults.

Methods

The data for this analysis were from a nationwide survey of LGBT Americans age 45 and older conducted by the AARP in 2017. The survey was distributed online between October 27 and November 12, 2017, through Community Marketing and Insights' (CMI) LGBT research panel. The survey questionnaire was designed by both the AARP and CMI with input from third-party experts in LGBT aging (Houghton 2018). A random sample of 8,000 panelists were invited to participate in the online survey from CMI's research panel of 85,000+ LGBT members.

The final sample consisted of 1,762 LGBT respondents who self-identified as lesbian or same gender loving females ($N=627$), gay or same gender loving males ($N=680$), bisexual or pansexual women and men ($N=162$), and respondents who self-identified as one of the following "gender expansive" categories ($N=264$): transgender, trans woman, trans man, gender non-binary, genderqueer, gender fluid, or intersex. The AARP intentionally oversampled gender expansive participants for analytical and data reporting purposes. Additional information regarding the methodology and weighting of the AARP survey is available upon request from Houghton (2018).⁴

This dataset offers a unique opportunity to examine the experiences of LGBT aging adults using a nationwide sample. Although there is no precise estimate of the LGBT population, this sample was compared to the panel sample frame and population data on same-sex households of people 45 and over to ensure representation across demographics (Houghton 2018). Our sample size resulted in 1,355 participants after eliminating missing data.

Dependent variable

Hide LGBT identity to have access to housing. The survey included a question that asked, "Thinking about where you will live as you age, how worried are you about having to hide your LGBT identity in order to have access to suitable housing options for older adults?" We created a five-point scale ranging from (1) not all worried, (2) not very worried, (3) somewhat worried, (4) very worried, to (5) extremely worried. Only valid responses were included. That is, "not sure" responses were excluded.

Independent variables: Identity

LGBT identity

Respondents were asked about their sexual orientation using a check-all-that-apply question. Choices included: "lesbian or gay woman, gay man, bisexual, pansexual, queer, questioning, demisexual, asexual, same gender loving, straight or heterosexual, or other, please tell us." We

used the AARP's recoded publicly released identity variable which included four categories: (1) lesbian + same gender loving female, (2) gay + same gender loving male, (3) bisexual + pansexual, and (4) gender expansive. We created a dummy variable to represent each of the four categories, lesbian, gay, bisexual/pansexual, and gender expansive, with gay serving as the reference category. Missing responses were excluded from the analysis.

Identity disclosure

We used the following survey question to measure the extent to which respondents had disclosed their LGBT identity to people in their life: "How 'out' are you as an LGBT community member to the important people in your life?" We created a five-point scale ranging from (1) I am not out, (2) out to just a few important people in my life, (3) out to some important people in my life, (4) out to most important people in my life, to (5) out to all important people in my life. There were no missing data to exclude for this question.⁵

Independent variables: sources of support

Family/social support

To measure anticipated family and social support, we used the following question, "As you get older, how concerned are you about having adequate family and/or social supports to rely on as you age?" We created a five-point scale ranging from (1) not at all concerned to (5) extremely concerned. Missing responses such as "not sure" were excluded from the analysis.

LGBT- friendly community

To measure actual social support, we used the following question, "Overall, how LGBT-friendly is the community where you live?" We created a four-point scale ranging from (1) not at all LGBT-friendly, (2) not too LGBT-friendly, (3) somewhat LGBT-friendly, to (4) very LGBT-friendly. Only valid responses were included.

LGBT-specific housing

To measure whether LGBT aging adults would be interested in LGBT-specific housing as a possible, predicted source of support, we used the following survey question: "How interested would you be in an LGBT-welcoming housing development for older adults if you could afford it? Housing developments offer aging adults a way to live among people with whom they share a common bond of age and experience." Our five-point scale ranged from (1) not all interested to (5) extremely interested. Only valid responses were included.

Optimism about LGBT future

As a measure of anticipated LGBT support at the societal level, we used a survey question which asked respondents if they agree or disagree that the problems people face because they are LGBT will largely be solved in the next 20–30 years. The four-point scale ranges from (1) strongly disagree to (4) strongly agree. Only valid responses were included.

Control variables

Relationship status

Relationship status was measured using the following question: "Which of the following best describes your current relationship status?" We created dummy variables to represent single, in a

relationship but not living with partner, in a relationship and living with partner, married, divorced, widowed, and other relationships (i.e., engaged to be married, civil union, domestic partner and “other”). Single serves as the reference category. Only valid responses were included.

Total household income

Respondents’ income was measured using the following question: “Which category best describes your total household income before taxes?” The nine-point scale ranges from (1) less than \$15,000 to (9) \$200,000 or more. Only valid responses were included.

Political views

Respondents’ political views were measured using the following question: “Do you consider yourself to be a Democrat, a Republican, and Independent, or something else?” Dummy variables were created to represent each category with “Independent” serving as the reference category. Missing data were excluded.

Race/ethnicity

Dummy variables were created for race/ethnicity. Dummy variables for white, Black, Hispanic, and other race/ethnicity were included with white serving as the reference category. Given that the original question gave respondents the option to check-all-that-apply, we coded the categories into dummy variables to represent those who only selected one category. Only valid responses were included.

Educational attainment

Educational attainment was measured by asking respondents the highest level of education they completed. We created a five-point scale ranging from (1) high school/GED (2) trade or technical school, (3) associate degree, (4) bachelor’s degree, to (5) master’s/graduate degree or greater. Only valid responses were included.

Community type

Community type was measured by asking respondents to identify the type of community where they live. We used the AARP’s recoded variable with the following community types: big city, medium city, suburbs, and small city/small town/rural. Dummy variables were created to represent big city, medium city, suburbs, or small town/rural area. Suburbs served as the reference category. Only valid responses were included.

Analytic strategy

To test the hypotheses, descriptive statistics were first run for the independent and dependent variables, as well as the control variables. Next, three multivariate OLS regression analyses were run to examine the effects of identity, social support, and other sociodemographic variables on the extent to which aging adults worry about having to hide their LGBT identity to have access to suitable housing options as they age.

Results

Table 1 displays the means, proportions, and standard deviations for the independent, dependent, and control variables. Table 1 shows that the overall mean is 2.22 for the extent to which aging

Table 1. Descriptive statistics: means, proportions, standard deviations for housing for LGBT aging adults.

Variable	N = 1,355	
	Mean/Proportion	Standard Deviation
Hide LGBT identity to have access to housing (5-point scale)	2.22	1.07
Identity		
Gay (reference group)	.459	—
Lesbian	.392	—
Bisexual/pansexual	.092	—
Gender expansive	.057	—
Identity disclosure (5-point scale)	4.52	.986
Sources of support		
Family/social support (5-point scale)	3.31	1.12
LGBT-friendly community (4-point scale)	3.20	.710
LGBT-specific housing (5-point scale)	3.89	1.03
Optimism about LGBT future (4-point scale)	2.66	.791
Sociodemographics		
Single (reference group)	.303	—
Married	.363	—
Divorced	.051	—
Widowed	.040	—
Other relationship	.049	—
Relationship living with partner	.123	—
Relationship not living with partner	.071	—
Total household income (9-point scale)	5.25	2.08
Independent (reference group)	.192	—
Democrat	.716	—
Republican	.036	—
Other political affiliation	.056	—
White (reference group)	.664	—
Black	.121	—
Hispanic	.101	—
Other race	.054	—
Educational attainment (5-point scale)	3.27	1.40
Suburbs (reference group)	.251	—
Big city	.290	—
Medium city	.214	—
Small town/rural area	.245	—

Note: Race/ethnicity categories do not add to 100 percent.

adults worry about having to hide their LGBT identity to access suitable housing, which indicates, on average, most are not very worried or somewhat worried. Next, 45.9 percent of respondents identify as gay, 39.2 percent identify as lesbian, 9.2 percent identify as bisexual/pansexual, and 5.7 percent identify as gender expansive. Table 1 shows the overall mean is 3.31 for the family/social support, which indicates most respondents fall between being somewhat concerned and very concerned about having adequate family/social support as they age. The overall mean is 3.20 for the LGBT-friendly community variable, indicating that most respondents perceive their community to be somewhat to very LGBT-friendly. The overall mean for the LGBT-specific housing variable is 3.89, indicating that, on average, respondents fall between being somewhat interested and very interested in LGBT-welcoming housing for older adults. Table 1 shows that the overall mean is 2.66 for the optimism about the future for LGBT people, indicating that respondents fall between somewhat disagreeing and somewhat agreeing the problems people face because they are LGBT will be solved within the next 20–30 years. Lastly, we find that 29 percent of respondents live in the big city, followed by 25.1 percent in the suburbs, 24.5 percent live in a small town or rural area, and 21.4 percent of respondents live in a medium city.

Table 2 displays the results for the multivariate regression analysis with three hierarchical models. The table presents the regression (b)/standardized regression coefficient (β) and the standard error in parentheses. Model 1 in Table 2 is statistically significant $F(3, 1,351) = 8.77$ and accounts for 5 percent of the variation in which aging adults worry about having to hide their LGBT identity for access to

Table 2. Multivariate regression results: the effects of identity, sources of support, and other sociodemographic on aging adults hiding their LGBT identity for housing.

Variable	Model 1	Model 2	Model 3
Identity			
Lesbian	.214/.097*** (.063)	.182/.082*** (.053)	.211/.095*** (.054)
Bisexual/pansexual	.001/.000 (.105)	.089/.024 (.089)	.077/.021 (.090)
Gender expansive	.611/.132*** (.127)	.453/.098*** (.108)	.487/.105*** (.108)
Identity disclosure (5-point scale)	-.209/-.192*** (.030)	-.145/-.133*** (.026)	-.164/-.150*** (.027)
Sources of support			
Family/social support (5-point scale)		.318/.331*** (.023)	.317/.330*** (.024)
LGBT-friendly community (4-point scale)		-.252/-.166*** (.036)	-.298/-.196*** (.037)
LGBT-specific housing (5-point scale)		.195/.186*** (.025)	.190/.182*** (.026)
Optimism about LGBT future (4-point scale)		-.194/-.142*** (.031)	-.190/-.140*** (.031)
Sociodemographics			
Married			.059/.026 (.069)
Divorced			-.166/-.034 (.116)
Widowed			-.148/-.027 (.129)
Other relationship			.163/.033 (.118)
Relationship living with partner			.039/.012 (.084)
Relationship not living with partner			-.042/-.010 (.101)
Total household income (9-point scale)			.011/.022 (.014)
Democrat			-.132/-.055* (.063)
Republican			-.221/-.038 (.140)
Other political affiliation			-.151/-.032 (.116)
Black			-.161/-.049* (.077)
Hispanic			.048/.013 (.082)
Other race			-.082/-.017 (.107)
Educational attainment (5-point scale)			.017/.022 (.018)
Big city			.139/.059* (.068)
Medium city			.057/.022 (.072)
Small town/rural area			-.211/-.084** (.070)
Intercept	3.05	2.29	2.52
N	1,355	1,355	1,355
R square	.053***	.324***	.348***
Adjusted R square	.050***	.320***	.335***

Note: Cell entries are given as unstandardized regression coefficient/ standardized (beta) coefficient with the standard error given in parentheses. * $p < .05$, ** $p < .01$, *** $p < .001$. VIFs lower than 1.91.

housing. Model 1 shows that lesbian aging adults, compared to gay men, report being more worried about having to hide their LGBT identity to access housing ($\beta = .097$, $p < .001$). There is also a significant difference between gender expansive aging adults, compared to gay men, as gender expansive aging adults are more worried about having to hide their LGBT identity to access housing ($\beta = .132$, $p < .001$). Model 1 shows that with an increase in the number of important people to which LGBT aging adults disclose their identity, there is a corresponding decrease in the worry about having to hide their LGBT identity to access suitable housing for aging adults ($\beta = -.192$, $p < .001$). LGBT aging adults who have concealed their identities over their life course completely or from most of the important people in their life would likely be concerned about continuing to hide their LGBT identity to access suitable housing as they age.

Model 2 in Table 2 introduces the various forms of support into the analysis. Model 2 is statistically significant $F(8, 1,346) = 80.69$ and accounts for 32 percent of the variation in which aging adults have to worry about having to hide their LGBT identity to access suitable housing for aging adults. Model 2 reveals that all the identity variables retain their significance once the social support variables are entered in the analysis. Model 2 shows that as respondents' concern around family/social support increases, there is a corresponding increase in their worry about having to hide their LGBT identity to access adequate housing as they age ($\beta = .331$, $p < .001$). Respondents who believe their community is LGBT-friendly worry less about having to hide their LGBT identity in accessing housing ($\beta = -.166$, $p < .001$). Model 2 also reveals that an increased interest in LGBT-specific housing corresponds to an increased worry about respondents having to hide their LGBT identity to access housing. This finding is not surprising given that aging adults

who are worried about having access to housing because of their identity would be more interested in a LGBT-specific housing development as a possible source of support. Model 2 shows that respondents who are more optimistic about the future of society for LGBT people worry less about having to hide their identity to access housing as they age.

Model 3 in Table 2 includes the remaining sociodemographic variables. Model 3 is statistically significant $F(25, 1,329) = 28.34$ and accounts for 33.5 percent of the variation of the extent to which aging adults have to worry about having to hide their LGBT identity to access housing. Model 3 shows that all the significant identity and social support variables retain their significance once the sociodemographic variables are entered into the analysis. Of the sociodemographic variables that were significant, those who identify as a Democrat, compared to those who identify as Independent, are less worried about having to hide their LGBT identity to access housing as they age ($\beta = -.055, p < .05$). The same holds true for Black LGBT aging adults, compared to white adults, as they are less worried about having to hide their identity to access housing ($\beta = -.049, p < .05$). Those who live in small towns/rural areas, compared to those who live in the suburbs, are less worried about having to hide their LGBT identity to access housing ($\beta = -.084, p < .01$). However, aging adults who live in a big city, compared to those who live in the suburbs, are increasingly worried about having to hide their identity ($\beta = .059, p < .05$). Although these significant predictors may seem counterintuitive, the findings seem to suggest there is something else at play beyond racial identity and community-type affecting the degree to which LGBT aging adults are concerned about hiding their identity. We believe that LGBT adults who lack social and/or economic resources may worry less about having to hide their identity as they age since this is not as pressing a concern. In other words, we speculate that LGBT Black adults and those living in rural areas are more worried about their current situations and less worried about their future situations.

Discussion

The present study analyzes predictors for how worried LGBT aging adults are about having to hide a sexual and/or gender identity to find suitable housing. We disaggregate the LGBT aging adult population to uncover variations between segments regarding the degree of concern about having to hide one's identity to find suitable housing. We hypothesized that examining the various segments of the LGBT population would reveal nuances about such concern. Additionally, we hypothesized that the extent to which individuals have disclosed their LGBT identity to people, the degree of anticipated and predicted social support they have, and various demographics would affect the degree of the worry aging LGBT adults experience about hiding a sexual and/or gender identity to find suitable housing. Our findings reveal notable differences across the various predictors.

Results reveal there are significant differences in the degree to which different segments of the LGBT population worry about having to hide their LGBT identity to find suitable housing as they age. First, as predicted, compared to gay men, lesbian aging adults show greater worry about having to hide their LGBT identity. This may be because they recognize they do not hold the same social power that (cisgender) men do (e.g., Slevin and Linneman 2010). For example, they may anticipate that housing facilities will be run by male administrators, putting them at a greater risk for gender discrimination (e.g., Johnson et al. 2005). Second, compared to gay men, gender expansive people are more worried about having to hide their identity to find housing as they age. Regardless of age, a great deal of prejudice exists toward gender expansive people in the U.S., and many transgender and gender expansive people are at risk for housing insecurity due to discrimination and lack of social services (e.g., Glick et al. 2019; Kattari et al. 2016; NRC 2014). It is not surprising, therefore, that gender expansive people are more worried about how their LGBT identity may affect their housing options as they age (e.g., Persson 2009). Taken together, these

differences suggest that certain segments of the LGBT aging population, because they are more likely to fear/expect discrimination and feel forced to hide their LGBT identity, may experience stress and anxiety at a significant level compared to other segments. Therefore, as LGBT aging adults look for suitable housing, they will need specific policies and practices that help ameliorate any adverse effects. We did not find significant differences between gay men and bisexual/pansexual aging adults in their concern around having to hide their LGBT identity to gain housing. Perhaps this is because the lack of social acceptance for bisexuality, which is viewed more negatively than homosexuality or heterosexuality in the United States (Cragun and Sumerau 2015), compels bisexual people to hide their identity throughout their entire life (Barringer et al. 2017). In other words, compared to gay respondents in this study, bisexual/pansexual respondents may not be as worried about having to retreat into the closet to find housing as they age because they have seldom felt able to disclose their identity in the first place.

Turning to identity disclosure, we find that the greater the number of people to whom LGBT older adults have disclosed a sexual and/or gender identity, the less worried they are about hiding that identity to access suitable housing as they age. This finding aligns with the literature on the importance of being able to share one's LGBT identity with others (e.g., Orel 2004). While potentially traumatic, the process of identity disclosure can engender coping skills which can be helpful for dealing with stressors related to aging and ageism. Having developed "crisis competence" skills in response to the prejudice and discrimination they have experienced over the life course (e.g., Caceres and Frank 2016), aging LGBT adults who have engaged in identity disclosure to a significant degree may feel equipped to deal with whatever difficulties they may face as they age, including the navigation of heterosexual spaces like housing facilities. If they have already learned to navigate the losses associated with identity disclosure, LGBT adults may feel more equipped to present an authentic self, which allows the creation of social bonds and social support networks, and mitigates loneliness and stress (e.g., MAP and SAGE 2017; Witten 2014). In this case, identity disclosure appears to mitigate the worry associated with accessing suitable housing as they age.

In addition to identity disclosure, our results indicate that having adequate sources of social support, both anticipated and actual, significantly affects the extent to which LGBT older adults worry about having to hide a sexual and/or gender identity to find suitable housing as they age. Starting with the more immediate source of support, the greater the anticipated degree of support from biological relatives, chosen families, and/or friends, the less worried LGBT aging adults are about having to hide their identity to find housing. Research indicates that, as they may depend on sometimes fragile networks of fictive kin (Brennan-Ing et al. 2014; Grossman et al. 2000; Kim et al. 2017; Weston 1991), many LGBT adults face an increased risk of isolation as they age compared to their non-LGBT peers (e.g., Espinoza 2011; Ranahan 2017). If they foresee a future in which they might have no one to advocate for their needs, LGBT adults who lack family/social support may be more likely to anticipate discrimination or mistreatment. Therefore, they worry more about having to hide their LGBT identity to meet their housing needs as they age than their LGBT peers who have adequate support.

Beyond the anticipated proximate support from family and friends, other sources of support significantly affect the degree to which LGBT adults worry about having access to housing as they age. First, LGBT adults who believe their current community is LGBT-friendly worry less about having to hide their identity when accessing suitable housing as they age. Because they live in a LGBT-friendly community, LGBT older adults may not anticipate having to search for housing options outside of the community to which they currently belong. Or, if they do need to find suitable housing as they age, they expect they will have acceptable options because their community is LGBT-friendly. Second, respondents who had an increased interest in LGBT-housing are more worried about having to hide a LGBT identity when finding housing. This makes sense as LGBT aging adults who are worried about having to hide their identity would likely envision LGBT-welcoming housing as supportive communities in which they could live openly.

Thus, LGBT-welcoming housing can be viewed as a source of social support that may reduce the concerns about identity disclosure for LGBT aging adults (e.g., Johnson et al. 2005). Third, those LGBT aging adults who are more optimistic about the future, envisioning that the problems LGBT people face in the U.S. will be solved within the next few decades, are less worried about having to hide their identity to find suitable housing as they age. The anticipation that society will become increasingly supportive and protective of LGBT people appears to mitigate their concern about having to retreat to the closet to meet their housing needs. Taken as a whole, having sources of support, whether anticipated or actual, significantly impacts the degree to which LGBT older adults are worried about finding suitable housing as they age.

Considering sociodemographics, when controlling for identity disclosure and sources of social support, only a few characteristics retained their significance. First, compared to independents, Democrats are less worried about having to hide their identity to obtain housing as they age. This might be because LGBT Democrats are more likely to participate in the LGBT community and be politically active, which can translate into increased support (e.g., Meyer and Choi 2020). Second, compared to white LGBT aging adults, Black LGBT aging adults are less worried about having to hide their identity. Third, compared to those who live in the suburbs, LGBT aging adults who live in small towns/rural areas are less worried about having to hide their identity to access housing as they age. Conversely, compared to those who live in the suburbs, older LGBT adults who live in the city are more worried about having to hide their identity to find suitable housing. The results for race and community type seem surprising at first glance. We speculate, however, that they could be explained in part by the varying degrees to which these respondents have access to resources and privileges. It is possible that Black LGBT aging adults and those living in small towns/rural areas may be less worried about hiding their identity as they age because (1) they may not have disclosed their LGBT identity, (2) there are few options for suitable housing available to them due to location and income, and/or (3) other concerns may be more pressing, such as exposure to racial discrimination or financial insecurity. On the flip side, LGBT aging adults who live in cities, which are considered by many people to be more LGBT-friendly (see Stone 2018), may have been less guarded about their sexual and/or gender identities for several years, and therefore they fear having to go back into hiding in order to find housing as they age. Regarding the other variables included in the analysis, income, education, and relationship status were not significant. This was somewhat surprising given the literature (e.g., NRC 2014; Whitfield et al. 2014). We suggest that this result indicates the overarching significance of (1) particular LGBT identities (or, the disaggregation of the LGBT population), (2) identity disclosure, and (3) anticipated/actual sources of social support in determining the degree to which LGBT aging adults are concerned about having to hide their identity to find housing.

Centering the results within Meyer's (2003, 2015) conceptualization of minority stress allows an enlightening consideration of the potential for LGBT older adults to be affected by both negative processes and ameliorating factors related to their need for housing as they age. Let us first consider the negative processes. When LGBT aging adults think about having to find housing, they likely have a significant collection of past discriminatory experiences which shape their outlook. It could prompt them to anticipate discrimination in the future when they need housing and care. Both the experience and the presumption of discrimination may compel LGBT aging adults to consider hiding a LGBT identity to ensure they can meet their housing needs. The interplay of these negative processes, along with the potential that they may have internalized negative societal attitudes about LGBT people, can result in increased minority stress for many aging LGBT adults. Without adequate ameliorating factors that help mitigate the negative processes (Meyer 2015), minority stress can lead to deleterious physical and mental health outcomes for older LGBT adults, a population already alarmingly "at-risk" (i.e., Pascoe and Smart Richman 2009).

In addition to raising awareness of the negative processes of minority stress relating to housing for aging LGBT adults, the findings of this study also allow us to suggest factors that could have an ameliorating effect. Foremost, being able to disclose and openly express a LGBT identity, particularly without expectation of mistreatment or discrimination, helps to ameliorate minority stress, thereby increasing the potential for positive mental and physical health outcomes as one ages (Kuyper and Fokkema 2010; Meyer 2003). This raises the question of what might be done so LGBT aging adults do not feel forced to hide a sexual and/or gender identity to find housing. We suggest that finding ways to increase social support is a good starting place. It is clear from the results of this study that the anticipation of adequate support from family and friends as one ages, the actual support of an LGBT-friendly community, the predicted possibility of LGBT-welcoming housing, and the expectation that society itself will become more supportive and solve the problems of LGBT people, can each significantly lessen the degree to which LGBT aging adults worry about having to hide their identities to find housing in their later years. Also, anticipating and having sources of support can support identity disclosure and diminish the need to hide a LGBT identity.

One particular form of social support raised in this study deserves extra attention. The results highlight the potential value of increasing LGBT-welcoming or LGBT-specific housing options across the United States so that LGBT aging adults will not feel forced to hide a LGBT identity in order to find a suitable place to live as they age. Older LGBT adults desire care and support that recognizes and accepts their sexual and/or gender identities (e.g., Löf and Olaison 2020). Some researchers have called for more LGBT-inclusive practices within mainstream retirement and care facilities (e.g., Johnson et al. 2005; Stein et al. 2010), while others have advocated for interventions specifically tailored to LGBT older adults, such as LGBT-specific housing (e.g., Fredriksen-Goldsen et al. 2013a; Meyer 2011). Within the framework of minority stress, we suggest that, as an ameliorating factor, LGBT-affirmative, LGBT-predominant, or LGBT-exclusive housing (Grant et al. 2010) can offer the community resilience necessary to support LGBT adults as they age. Community resilience includes both the tangible (i.e., centers, activities, information, social support) and intangible resources (i.e., norms, values) that help individuals cope with stress (Fergus and Zimmerman 2005; Hall and Zautra 2010; Meyer 2015). LGBT-welcoming housing allows LGBT aging adults to openly connect to the community, which in turn enables them to access minority resilience resources and find a sense of belonging. Such housing can help LGBT older adults develop larger, affirming social networks that include staff, administrators, and residents who are supportive and aware of the needs and concerns of older LGBT adults. It can also mitigate loneliness and increase opportunities for socialization (e.g., Li, Hubach, and Dodge 2015). Of course, this is not to say that LGBT-affirming housing developments would be utopian, as research shows that bi+ and gender expansive people in particular face discrimination and negative stereotyping within the LGBT population (e.g., Weiss 2003). However, the benefits and resilience which can be offered by such housing options for aging LGBT adults likely outweighs the potential drawbacks. LGBT-welcoming housing can support the process of identity disclosure, address prejudice and discrimination, provide acceptance and safety, decrease isolation, and offer social support and community engagement (Ranahan 2017), creating community resilience upon which LGBT aging adults can draw.

Limitations

There are several limitations to note related to the survey instrument. First, the AARP did not specify to respondents what is meant by “access to suitable housing” in the survey questions. There are many different types of housing for older adults, and it is difficult to know precisely what respondents pictured when they answered this survey question. Thus, it would be helpful to

examine specific types of housing for older adults (nursing facilities versus retirement communities, for example) to uncover further variations in the degree to which LGBT aging adults are concerned about having to hide a sexual and/or gender identity. Second, the survey did not include a question about how worried respondents are about having to hide their LGBT identity if they are planning to “age in place” and/or have “in-home care.” Such information could guide those working to develop LGBT-inclusive practices and policies for aging adults. Third, the survey did not include a question about the respondents’ views on their LGBT identities (i.e., something positive versus something negative), which we know can affect the degree to which they (1) disclose their identity to others and (2) worry about how their identity affects access to housing. The internalization of negative societal attitudes about one’s LGBT identity is a process that contributes to minority stress, therefore, adding such a question could increase the nuances of our understanding about the concerns held by LGBT adults about finding suitable housing as they age. Fourth, as research shows that religion matters for identity disclosure (Barringer et al. 2017), it is worth noting that the public dataset did not include questions about respondents’ religious identity or religiosity.

There are a few other limitations to note. As with any quantitative examination of LGBT experiences, we are limited in the degree to which we can understand the nuanced dynamics of how identity and social factors affect individuals across the various populations under the LGBT umbrella. Also, due to sampling sizes, we were unable to parse out and examine the different gender-expansive identities for comparison. Future research should aim to obtain sizable-enough samples of the gender-expansive population to better address the needs with this group as they grow older. Finally, it is important to consider that the respondents may be “affirmative” older LGBT adults, meaning they were willing to participate in research and likely have a great degree of self-acceptance (Shankle et al. 2003). Their responses therefore may differ from those LGBT aging adults whose internalization of heterosexism and cisgenderism has led to extreme feelings of self-hatred and inferiority, prompting little to no public identity disclosure or participation in LGBT research (Friend 1989, 1990; Shankle et al. 2003).

Conclusion

Like their non-LGBT peers, LGBT aging adults should be able to be their authentic selves as they age, able to openly share a lifetime of memories and experiences with people around them and have their needs met. Unfortunately, this is not always possible in mainstream (heterosexual) housing facilities for older adults, and many members of this “at-risk” population may feel forced to retreat into the closet to avoid mistreatment, isolation, or neglect. The current generation of LGBT aging adults, who came of age in a society that required them to largely hide their sexual and/or gender identities for a significant portion of their lives, have had to navigate and develop individual resilience to the negative processes of minority stress over their lifetime. As they face the uncertainties of aging, it is vital that their concerns about having to hide their identity in exchange for a suitable place to live are addressed as much as possible. While LGBT-specific housing may be best situated to offer community resilience to aging LGBT adults, Johnston and Meyer (2017:24; *italics added*) note, “It is not possible to build enough LGBT-specific housing to accommodate this growing need, which means *it is even more important that LGBT older adults and their advocates have a plan to make existing housing safe for LGBT people and their loved ones.*” It is important that researchers continue to uncover ameliorating factors which can serve to mitigate the negative processes of minority stress for LGBT aging adults with careful attention to the differential aging concerns of the various segments of the population (i.e., lesbian, bi+, gender-expansive, gay); such information can be used by policymakers and advocates to secure legislation and funding for such projects. LGBT adults deserve nothing less than access to resilient, welcoming communities that

can support them as they age, without the fear that they will have to hide an LGBT identity to find a suitable place to call home.

Notes

1. The lesbian, gay, bisexual, and transgender (LGBT) acronym is used to remain consistent with the dataset. We recognize this is an “imperfect acronym” because it does not specifically account for the broad range of sexual and gender identities (see HRC 2020).
2. In this study, the terms “older” and “aging,” are used interchangeably (see Shankle et al. 2003) to refer to adults age 45 and over. This maintains consistency with the AARP’s methodology and terminology for the dataset, “Maintaining Dignity: Understanding and Responding to the Challenges Facing Older LGBT Americans” a survey of 1,762 LGBT adults age 45-plus.
3. An umbrella term that covers a wide range of identities, attractions, and sexual behavior that refers to anyone who does not experience monosexual desire and attraction (Sumerau Mathers, and Moon 2020). Some of these terms include pansexuality, omnisexuality, fluid, and multisexual.
4. AARP retains intellectual property rights on the data, and it is only available upon request.
5. We recognized that identity disclosure is complex, and phrases such as “how ‘out’ are you” do not necessarily capture the nuances of the process (see Baker 2012).

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References

- Addis, Samia, Myfanwy Davies, Giles Greene, Sara MacBride-Stewart, and Michael Shepherd. 2009. “The Health, Social Care and Housing Needs of Lesbian, Gay, Bisexual and Transgender Older People: A Review of the Literature.” *Health & Social Care in the Community* 17 (6):647–58. doi:10.1111/j.1365-2524.2009.00866.x.
- Baker, Kelly. 2012. “Taking New Directions: How Rural Queerness Provides Unique Insights into Place, Class, and Visibility.” *Totem: The University of Western Ontario Journal of Anthropology* 20 (1):2.
- Barringer, M. N., J. E. Sumerau, and David A. Gay. 2017. “Examining Differences in Identity Disclosure between Monosexuals and Bisexuals.” *Sociological Spectrum* 37 (5):319–33. doi:10.1080/02732173.2017.1348276.
- Brennan-Ing, Mark, Liz Seidel, Britta Larson, and Stephen E. Karpiak. 2014. “Social Care Networks and Older LGBT Adults: Challenges for the Future.” *Journal of Homosexuality* 61 (1):21–52. doi:10.1080/00918369.2013.835235.
- Brennan-Ing, Mark, Stephen E. Karpiak, and Liz Seidel. 2011. “Health and Psychosocial Needs of LGBT Older Adults.” AIDS Community Research Initiative of America (ACRIA). Retrieved June 8, 2021 (<https://www.center-onhalsted.org/SAGE.pdf>).
- Butler, Sandra S. 2004. “Gay, Lesbian, Bisexual, and Transgender (GLBT) Elders: The Challenges and Resilience of This Marginalized Group.” *Journal of Human Behavior in the Social Environment* 9 (4):25–44. doi:10.1300/J137v09n04_02.
- Caceres, Billy A., and Mayu O. Frank. 2016. “Successful Ageing in Lesbian, Gay and Bisexual Older People: A Concept Analysis.” *International Journal of Older People Nursing* 11 (3):184–93. doi:10.1111/opn.12108.
- Cahill, Sean, and Ken South. 2002. “Policy Issues Affecting Lesbian, Gay, Bisexual, and Transgender People in Retirement.” *Generations* 26 (2):49–54.
- Calasanti, Toni, and Kathleen Slevin. 2001. *Gender, Social Inequalities and Aging*. Walnut Creek, CA: AltaMira.
- Candrian, Carey, and Kristin G. Cloyes. 2020. “She’s Dying and I Can’t Say We’re Married? End of Life Care for LGBT Older Adults.” *The Gerontological Society of America* 61 (8):1197–1201.
- Choi, Soon Kyu., and Ilan H. Meyer. 2016. *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications*. Los Angeles: The Williams Institute at UCLA School of Law.

- Cohen, Sheldon, and Thomas A. Wills. 1985. "Stress, Support, and the Buffering Hypothesis." *Psychological Bulletin* 98 (2):310–57. doi:[10.1037/0033-2909.98.2.310](https://doi.org/10.1037/0033-2909.98.2.310).
- Cornwell, Erin York, and Linda J. Waite. 2009. "Social Disconnectedness, Perceived Isolation, and Health among Older Adults." *Journal of Health and Social Behavior* 50 (1):31–48. doi:[10.1177/002214650905000103](https://doi.org/10.1177/002214650905000103).
- Cragun, Ryan T., and J. Edward Sumerau. 2015. "The Last Bastion of Sexual and Gender Prejudice? Sexualities, Race, Gender, Religiosity, and Spirituality in the Examination of Prejudice toward Sexual and Gender Minorities." *The Journal of Sex Research* 52 (7):821–34. doi:[10.1080/00224499.2014.925534](https://doi.org/10.1080/00224499.2014.925534).
- Dykstra, Pearl A. 2015. "Aging and Social Support." In *Wiley-Blackwell Encyclopedia of Sociology*, 2nd edition. Retrieved June 8, 2021 (<http://hdl.handle.net/1765/77705>).
- Emlet, Charles A. 2016. "Social, Economic, and Health Disparities among LGBT Older Adults." *Generations* 40 (2): 16–22.
- Equal Rights Center (ERC). 2014. "Opening Doors: An Investigation of Barriers to Senior Housing for Same-Sex Couples." Washington, DC: ERC.
- Erosheva, Elena A., Hyun-Jun Kim, Charles Emlet, and Karen I. Fredriksen-Goldsen. 2016. "Social Networks of Lesbian, Gay, Bisexual, and Transgender Older Adults." *Research on Aging* 38 (1):98–123. doi:[10.1177/0164027515581859](https://doi.org/10.1177/0164027515581859).
- Espinoza, Robert. 2011. "The Diverse Elders Coalition and LGBT Aging: Connecting Communities, Issues, and Resources in a Historic Moment." *Public Policy & Aging Report* 21 (3):8–12. doi:[10.1093/ppar/21.3.8](https://doi.org/10.1093/ppar/21.3.8).
- Espinoza, Robert. 2016. "Protecting and Ensuring the Well-Being of LGBT Older Adults: A Policy Roadmap." *Generations* 40 (2):87–93.
- Fergus, Stevenson, and Marc A. Zimmerman. 2005. "Adolescent Resilience: A framework for understanding healthy development in the face of risk." *Annual Review of Public Health* 26:399–419. doi:[10.1146/annurev.publhealth.26.021304.144357](https://doi.org/10.1146/annurev.publhealth.26.021304.144357).
- Fokkema, Tineke, and Lisette Kuyper. 2009. "The Relation between Social Embeddedness and Loneliness among Older Lesbian, Gay, and Bisexual Adults in The Netherlands." *Archives of Sexual Behavior* 38 (2):264–75. doi:[10.1007/s10508-007-9252-6](https://doi.org/10.1007/s10508-007-9252-6).
- Fredriksen-Goldsen, Karen, and Robert Espinoza. 2015. "Time for Transformation: Public Policy Must Change to Achieve Health Equity for LGBT Older Adults." *Generations* 38 (4):97–106.
- Fredriksen-Goldsen, Karen I., Hyun-Jun Kim, Charles A. Emlet, Anna Muraco, Elena A. Erosheva, Charles P. Hoy-Ellis, Jayn Goldsen, and Heidi Petry. 2011. "Resilience and Disparities among Lesbian, Gay, Bisexual, and Transgender Older Adults." *The Public Policy and Aging Report* 21 (3):3–7. doi:[10.1093/ppar/21.3.3](https://doi.org/10.1093/ppar/21.3.3).
- Fredriksen-Goldsen, Karen I., Charles A. Emlet, Hyun-Jun Kim, Anna Muraco, Elena A. Erosheva, Jayn Goldsen, and Charles P. Hoy-Ellis. 2013a. "The Physical and Mental Health of Lesbian, Gay Male, and Bisexual (LGB) Older Adults: The Role of Key Health Indicators and Risk and Protective Factors." *The Gerontologist* 53 (4): 664–75. doi:[10.1093/geront/gns123](https://doi.org/10.1093/geront/gns123).
- Fredriksen-Goldsen, Karen I., Hyun-Jun Kim, Charles P. H Oy-Ellis, Jayn Goldsen, Diana Jensen, Marcy Adelman, Michael Costa, and Brian De Vries. 2013b. *Addressing the Needs of LGBT Older Adults in San Francisco*. Seattle, WA: Institute for Multigenerational Health.
- Fredriksen-Goldsen, Karen I., Hyun-Jun Kim, Susan E. Barkan, Anna Muraco, and Charles P. Hoy-Ellis. 2013c. "Health Disparities among Lesbian, Gay, and Bisexual Older Adults: Results from a Population-Based Study." *American Journal of Public Health* 103 (10):1802–9. doi:[10.2105/AJPH.2012.301110](https://doi.org/10.2105/AJPH.2012.301110).
- Fredriksen-Goldsen, Karen I., Sarah Jen, and Anna Muraco. 2019. "Iridescent Life Course: LGBTQ Aging Research and Blueprint for the Future – A Systematic Review." *Gerontology* 65 (3):253–74. doi:[10.1159/000493559](https://doi.org/10.1159/000493559).
- Friend, Richard A. 1989. "Older Lesbian and Gay People: Responding to Homophobia." *Marriage & Family Review* 14 (3–4):241–63. doi:[10.1300/J002v14n03_12](https://doi.org/10.1300/J002v14n03_12).
- Friend, Richard A. 1990. "Older Lesbian and Gay People: A Theory of Successful Aging." *Journal of Homosexuality* 20 (3–4):99–118. doi:[10.1300/J082v20n03_07](https://doi.org/10.1300/J082v20n03_07).
- Glick, Jennifer L., Alex Lopez, Miranda Pollock, and Katherine P. Theall. 2019. "Housing Insecurity Seems to Almost Go Hand in Hand with Being Trans": Housing Stress among Transgender and Gender Non-conforming Individuals in New Orleans. *Journal of Urban Health* 96 (5):751–9. doi:[10.1007/s11524-019-00384-y](https://doi.org/10.1007/s11524-019-00384-y).
- Grant, Jaime M., Koskovich Gerard, Somjen Frazer, and Bjerk Sunny. 2010. "Outing Age: Public Policy Issues Affecting Lesbian, Bisexual, and Transgender Elders." National Gay and Lesbian Task Force Policy Institute. Retrieved July 26, 2021 (<https://www.lgbtagingcenter.org/resources/pdfs/OutingAge2010.pdf>).
- Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody Herman, and Mara Keisling. 2011. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality & National Gay & Lesbian Task Force.
- Grossman, Arnold H., Anthony, R. D'Augelli, and Scott L. Hershberger. 2000. "Social Support Networks of Lesbian, Gay, and Bisexual Adults 60 Years of Age and Older." *The Journals of Gerontology: Series B* 55 (3): 171–9.

- Hall, John Stuart, and Alex J. Zautra. 2010. "Indicators of Community Resilience: What are They, Why Bother?" Pp. 350–71 in *Handbook of Adult Resilience*, edited by John W. Reich, Alex J. Zautra, and John Stuart Hall. New York: Guilford Press.
- Houghton, Angela. 2018. "Maintaining Dignity: Understanding and Responding to the Challenges Facing Older LGBT Americans." Washington, DC: AARP Research. Retrieved June 8, 2021. doi:[10.26419/res.00217.001](https://doi.org/10.26419/res.00217.001).
- Hoy-Ellis, Charles P., and Karen I. Fredriksen-Goldsen. 2016. "Lesbian, Gay, & Bisexual Older Adults: Linking Internal Minority Stressors, Chronic Health Conditions, and Depression." *Aging & Mental Health* 20 (11): 1119–30. doi:[10.1080/13607863.2016.1168362](https://doi.org/10.1080/13607863.2016.1168362).
- Hsieh, Ning, and Jaclyn S. Wong. 2020. "Social Networks in Later Life: Similarities and Difference between Sexual-Minority and Heterosexual Older Adults." *Socius: Sociological Research for a Dynamic World* 6: doi:[10.1177/2378023120977731](https://doi.org/10.1177/2378023120977731).
- Human Rights Campaign (HRC). 2020. "Being an LGBTQ+ Ally." Human Rights Campaign Foundation. Retrieved June 8, 2021 (<https://www.hrc.org/resources/being-an-lgbtq-ally>).
- Johnson, Michael J., Nick Jackson, J. Kenneth Arnette, and Steven D. Koffman. 2005. "Gay and Lesbian Perceptions of Discrimination in Retirement Care Facilities." *Journal of Homosexuality* 49 (2):83–102. doi:[10.1300/J082v49n02_05](https://doi.org/10.1300/J082v49n02_05).
- Johnston, Tim R. 2017. "Two Steps Forward, One Step Back: The Story of LGBT Gen Xers." *Generations* 41 (3): 93–8.
- Johnston, Tim R., and Hilary Meyer. 2017. "LGBT-Specific Housing in the USA." *Housing, Care and Support* 20 (3):121–7. doi:[10.1108/HCS-07-2017-0016](https://doi.org/10.1108/HCS-07-2017-0016).
- Kattari, Shanna K., Darren L. Whitfield, N. Eugene Walls, Lisa Langenderfer-Magruder, and Daniel Ramos. 2016. "Policing Gender through Housing and Employment Discrimination: Comparison of Discrimination Experiences of Transgender and Cisgender LGBQ Individuals." *Journal of the Society for Social Work and Research* 7 (3):427–47. doi:[10.1086/686920](https://doi.org/10.1086/686920).
- Kim, Hyun-Jun, Karen I. Fredriksen-Goldsen, Amanda E. B. Bryan, and Anna Muraco. 2017. "Social Network Types and Mental Health among LGBT Older Adults." *The Gerontologist* 57 (Suppl 1):S84–S94. doi:[10.1093/geront/gnw169](https://doi.org/10.1093/geront/gnw169).
- Kimmel, Douglas. 2014. "Lesbian, Gay, Bisexual, and Transgender Aging Concerns." *Clinical Gerontologist* 37 (1): 49–63. doi:[10.1080/07317115.2014.847310](https://doi.org/10.1080/07317115.2014.847310).
- King, Andrew. 2016. *Older Lesbian, Gay, and Bisexual Adults: Identities, Intersections, and Institutions*. London: Routledge.
- Knauer, Nancy J. 2011. *Gay and Lesbian Elders: History, Law, and Identity Politics in the United States*. Burlington, VT: Ashgate.
- Krause, Neal, and Elaine Borawski-Clark. 1994. "Clarifying the Functions of Social Support in Later Life." *Research on Aging* 16 (3):251–79. doi:[10.1177/0164027594163002](https://doi.org/10.1177/0164027594163002).
- Kushner, Bernie, Stephen Neville, and Jeffery Adams. 2013. "Perceptions of Ageing as an Older Gay Man: A Qualitative Study." *Journal of Clinical Nursing* 22 (23–24):3388–95. doi:[10.1111/jocn.12362](https://doi.org/10.1111/jocn.12362).
- Kuyper, Lisette, and Tineke Fokkema. 2010. "Loneliness among Older Lesbian, Gay, and Bisexual Adults: The Role of Minority Stress." *Archives of Sexual Behavior* 39 (5):1171–80. doi:[10.1007/s10508-009-9513-7](https://doi.org/10.1007/s10508-009-9513-7).
- Leyerzapf, H., M. Visse, A. De Beer, and T. A. Abma. 2016. "Gay-Friendly Elderly Care: Creating Space for Sexual Diversity in Residential Care by Challenging the Hetero Norm." *Ageing & Society* 38 (2):1–26.
- Li, Michael J., Randolph D. Hubach, and Brian Dodge. 2015. "Social Milieu and Mediators of Loneliness among Gay and Bisexual Men in Rural Indiana." *Journal of Gay & Lesbian Mental Health* 19 (4):331–46. doi:[10.1080/19359705.2015.1033798](https://doi.org/10.1080/19359705.2015.1033798).
- Löf, Jenny, and Anna Olaison. 2020. "I Don't Want to Go Back into the Closet Just Because I Need Care": Recognition of Older LGBTQ Adults in Relation to Future Care Needs." *European Journal of Social Work* 23 (2):253–64. doi:[10.1080/13691457.2018.1534087](https://doi.org/10.1080/13691457.2018.1534087).
- Lottmann, Ralf, and Andrew King. 2020. "Who Can I Turn To? Social Networks and the Housing, Care and Support Preferences of Older Lesbian and Gay People in the UK." *Sexualities*, 2020, 588. <https://doi.org/10.1177/1363460720944588>
- Mahieu, Lieslot, Alice Cavolo, and Chris Gastmans. 2019. "How Do Community-Dwelling LGBT People Perceive Sexuality in Residential Aged Care? A Systematic Literature Review." *Aging & Mental Health* 23 (5):529–40. doi:[10.1080/13607863.2018.1428938](https://doi.org/10.1080/13607863.2018.1428938).
- Meyer, Hilary. 2011. "Safe Spaces? The Need for LGBT Cultural Competency in Aging Services." *Public Policy & Aging Report* 21 (3):24–7. doi:[10.1093/ppar/21.3.24](https://doi.org/10.1093/ppar/21.3.24).
- Meyer, Ilan H., and Soon Kyu Choi. 2020. *Differences between LGB Democrats and Republicans in Identity and Community Connectedness*. Los Angeles, CA: The Williams Institute at UCLA School of Law.
- Meyer, Ilan H. 2003. "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence." *Psychological Bulletin* 129 (5):674–97. doi:[10.1037/0033-2909.129.5.674](https://doi.org/10.1037/0033-2909.129.5.674).

- Meyer, Ilan H. 2015. "Resilience in the Study of Minority Stress and Health of Sexual and Gender Minorities." *Psychology of Sexual Orientation and Gender Diversity* 2 (3):209–13. doi:10.1037/sgd0000132.
- Mills, C. Wright. 1959. *The Sociological Imagination*. New York: Oxford University.
- Morrow, Deana F. 2001. "Older Gays and Lesbians: Surviving a Generation of Hate and Violence." *Journal of Gay & Lesbian Social Services* 13 (1–2):151–69. doi:10.1300/J041v13n01_11.
- Moss, Alison R. 2012. "Alternative Families, Alternative Lives: Married Women Doing Bisexuality." *Journal of GLBT Family Studies* 8 (5):405–27. doi:10.1080/1550428X.2012.729946.
- Movement Advancement Project (MAP). 2021. "Equality Maps: State Nondiscrimination Laws." Retrieved July 15, 2021 (https://www.lgbtmap.org/equality-maps/non_discrimination_laws).
- Movement Advancement Project (MAP) and SAGE. 2010. "Improving the Life of LGBT Older Adults." Retrieved July 8, 2021 (<https://www.lgbtmap.org/improving-the-lives-of-lgbt-older-adults>).
- Movement Advancement Project (MAP) and SAGE. 2017. "Understanding Issues Facing LGBT Older Adults." Retrieved July 8, 2021 (<https://www.lgbtmap.org/policy-and-issue-analysis/understanding-issues-facing-lgbt-older-adult>).
- National Resource Center on LGBT Aging (NRC). 2014. "The Need for LGBT-Inclusive Housing." Retrieved July 8, 2021 (<https://www.lgbtagingcenter.org/resources/resource.cfm?r=399>).
- National Resource Center on LGBT Aging (NRC). 2016. "Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity." Retrieved July 8, 2021 (https://lgbtagingcenter.org/resources/pdfs/Sage_CollDataGuidebook2016.pdf).
- Noh, Samuel, and Violet Kaspar. 2003. "Perceived Discrimination and Depression: Moderating Effects of Coping, Acculturation, and Ethnic Support." *American Journal of Public Health* 93 (2):232–8. doi:10.2105/ajph.93.2.232.
- O'Brien, Erica L., and Neika Sharifian. 2020. "Managing Expectations: How Stress, Social Support, and Aging Attitudes Affect Awareness of Age-Related Changes." *Journal of Social and Personal Relationships* 37 (3): 986–1007. doi:10.1177/0265407519883009.
- Orel, Nancy. 2014. "Investigating the Needs and Concerns of Lesbian, Gay, Bisexual, and Transgender Older Adults: The Use of Qualitative and Quantitative Methodology." *Journal of Homosexuality* 61 (1):53–78. doi:10.1080/00918369.2013.835236.
- Orel, Nancy A. 2004. "Gay, Lesbian, and Bisexual Elders: Expressed Needs and Concerns across Focus Groups." *Journal of Gerontological Social Work* 43 (2–3):57–77. doi:10.1300/J083v43n02_05.
- Pakstis, Allyson, Jinhee Kim, and Vibha Bhargava. 2018. "Association between Social Support and Health of Aging Adults with Dementia." *Ageing International* 43 (4):477–95. doi:10.1007/s12126-018-9325-y.
- Pascoe, Elizabeth A., and Laura Smart Richman. 2009. "Perceived Discrimination and Health: A Meta-Analytic Review." *Psychological Bulletin* 135 (4):531–54. doi:10.1037/a0016059.
- Persson, Diane I. 2009. "Unique Challenges of Transgender Aging: Implications from the Literature." *Journal of Gerontological Social Work* 52 (6):633–46. doi:10.1080/01634370802609056.
- Putney, Jennifer M., Nicholas Hebert, Matthew Snyder, Robert O. Linscott, and Sean Cahill. 2021. "The Housing Needs of Sexual and Gender Minority Older Adults: Implications for Policy and Practice." *Journal of Homosexuality* 68 (14):2375–92. doi:10.1080/00918369.2020.1804261.
- Quam, Jean K., and Gary S. Whitford. 1992. "Adaptation and Age-Related Expectations of Older Gay and Lesbian Adults." *The Gerontologist* 32 (3):367–74. doi:10.1093/geront/32.3.367.
- Ranahan, Molly E. 2017. "Planning for the Residential Needs of Lesbian, Gay, Bisexual, and Transgender Older Adults." *Journal of Community Practice* 25 (2):159–71. doi:10.1080/10705422.2017.1307299.
- Redcay, Alex, Sheila McMahon, Valentina Hollinger, Heather L. Mabry-Kourt, and Tyler B. Cook. 2019. "Policy Recommendations to Improve the Quality of Life for LGBT Older Adults." *Journal of Human Rights and Social Work* 4 (4):267–74. doi:10.1007/s41134-019-00103-2.
- Romero, Alan, Shoshana K. Goldberg, and Luis A. Vasquez. 2020. *LGBT People and Housing Affordability, Discrimination, and Homelessness*. Los Angeles, CA: The Williams Institute at UCLA School of Law.
- Russell, Glenda, and Janis S. Bohan. 2005. "The Gay Generation Gap: Communicating across the LGBT Generation Divide." *The Policy Journal of the Institute for Gay and Lesbian Strategic Studies* 8 (1), 1.
- SAGE. 2014. "Out and Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual, and Transgender Older Adults, Ages 45–75." Retrieved June 8, 2021 (<https://www.sageusa.org/resource-posts/out-visible-the-experiences-and-attitudes-of-lesbian-gay-bisexual-and-transgender-older-adults-ages-45-75-by-the-numbers-full-report/>).
- SAGE. 2021. "Facts on LGBT Aging." Retrieved June 8, 2021 (<https://www.sageusa.org/resource-posts/facts-on-lgbt-aging/>).
- Seeman, Teresa, Tina M. Lusignolo, Marilyn Albert, and Lisa Berkman. 2001. "Social Relationships, Social Support, and Patterns of Cognitive Aging in Healthy, High Functioning Older Adults: MacArthur Studies of Successful Aging." *Health Psychology* 20 (4):243–55. doi:10.1037/0278-6133.20.4.243.
- Shankle, Michael D., Charles A. Maxwell, Esther S. Katzman, and Stewart Landers. 2003. "An Invisible Population: Older Lesbian, Gay, Bisexual, and Transgender Individuals." *Clinical Research and Regulatory Affairs* 20 (2): 159–82. doi:10.1081/CRP-120021079.

- Shippy, R., Marjorie Cantor, and Mark Brennan. 2004. "Social Networks of Aging Gay Men." *The Journal of Men's Studies* 13 (1):107–20. doi:[10.3149/jms.1301.107](https://doi.org/10.3149/jms.1301.107).
- Simpson, Paul, Maria Horne, Laura J. E. Brown, Christine Brown Wilson, Tommy Dickinson, and Kate Torkington. 2017. "Old(er) Care Home Residents and Sexual/Intimate Citizenship." *Ageing and Society* 37 (2): 243–65. doi:[10.1017/S0144686X15001105](https://doi.org/10.1017/S0144686X15001105).
- Slevin, Kathleen F., and Thomas Linneman. 2010. "Old Gay Men's Bodies and Masculinities." *Men and Masculinities* 12 (4):483–507. doi:[10.1177/1097184X08325225](https://doi.org/10.1177/1097184X08325225).
- Stein, Gary L., Nancy L. Beckerman, and Patricia A. Sherman. 2010. "Lesbian and Gay Elders and Long-Term Care: Identifying the Unique Psychosocial Perspectives and Challenges." *Journal of Gerontological Social Work* 53 (5):421–35. doi:[10.1080/01634372.2010.496478](https://doi.org/10.1080/01634372.2010.496478).
- Stone, Amy L. 2018. "The Geography of Research on LGBTQ Life: Why Sociologists Should Study the South, Rural Queers, and Ordinary Cities." *Sociology Compass* 12 (11):e12638. doi:[10.1111/soc4.12638](https://doi.org/10.1111/soc4.12638).
- Sullivan, Kathleen M. 2014. "Acceptance in the Domestic Environment: The Experience of Senior Housing for Lesbian, Gay, Bisexual, and Transgender Seniors." *Journal of Gerontological Social Work* 57 (2–4):235–50. doi:[10.1080/01634372.2013.867002](https://doi.org/10.1080/01634372.2013.867002).
- Sumerau, J. E., Lain A. B. Mathers, and Dawne Moon. 2020. "Foreclosing Fluidity at the Intersection of Gender and Sexual Normativities." *Symbolic Interaction* 43 (2):205–34. doi:[10.1002/ymb.431](https://doi.org/10.1002/ymb.431).
- Thoits, Peggy A. 2011. "Mechanisms Linking Social Ties and Support to Physical and Mental Health." *Journal of Health and Social Behavior* 52 (2):145–61. doi:[10.1177/0022146510395592](https://doi.org/10.1177/0022146510395592).
- Weiss, Jillian Todd. 2003. "GL vs. BT." *Journal of Bisexuality* 3 (3–4):25–55. doi:[10.1300/J159v03n03_02](https://doi.org/10.1300/J159v03n03_02).
- Weston, Kath. 1991. *Families We Choose: Lesbians, Gays, Kinship*. New York: Columbia University Press.
- Westwood, Sue. 2017. "Gender and Older LGBT* Housing Discourse: The Marginalised Voices of Older Lesbians, Gay and Bisexual Women." *Housing, Care and Support* 20 (3):100–9. doi:[10.1108/HCS-08-2017-0020](https://doi.org/10.1108/HCS-08-2017-0020).
- Whitfield, Darren L., N. Eugene Walls, Lisa Langenderfer-Magruder, and Brad Clark. 2014. "Queer is the New Black? Not so Much: Racial Disparities in anti-LGBTQ Discrimination." *Journal of Gay & Lesbian Social Services* 26 (4):426–40. doi:[10.1080/10538720.2014.955556](https://doi.org/10.1080/10538720.2014.955556).
- Witten, Tarynn M. 2014. "It's Not All Darkness: Robustness, Resilience, and Successful Transgender Aging." *LGBT Health* 1 (1):24–33. doi:[10.1089/lgbt.2013.0017](https://doi.org/10.1089/lgbt.2013.0017).
- Woodell, Brandi, Emily Kazyak, and D'Lane Compton. 2015. "Reconciling LGB and Christian Identities in the Rural South." *Social Sciences* 4 (3):859–78. doi:[10.3390/socsci4030859](https://doi.org/10.3390/socsci4030859).
- Worthen, Meredith G. F. 2013. "An Argument for Separate Analyses of Attitudes toward Lesbian, Gay, Bisexual Men, Bisexual Women, MtF and FtM Transgender Individuals." *Sex Roles* 68 (11–12):703–23. doi:[10.1007/s11199-012-0155-1](https://doi.org/10.1007/s11199-012-0155-1).
- Yang, Jie, Yoosun Chu, and Mary Anne Salmon. 2018. "Predicting Perceived Isolation among Midlife and Older LGBT Adults: The Role of Welcoming Aging Service Providers." *The Gerontologist* 58 (5):904–12. doi:[10.1093/geront/gnx092](https://doi.org/10.1093/geront/gnx092).
- Zeininger, Katherine, Mellisa Holtzman, and Rachel Kraus. 2017. "The Reciprocal Relationship between Religious Beliefs and Acceptance of One's Gay or Lesbian Family Member." *Sociological Spectrum* 37 (5):282–98. doi:[10.1080/02732173.2017.1348279](https://doi.org/10.1080/02732173.2017.1348279).