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# Family Relationships of Older LGBT Adults

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## Abstract

The study of older lesbian, gay, bisexual, and transgender (LGBT) adults and their families is a growing area of research and practice. This field addresses intersections of social structure and personal experience, beginning with the interaction of family and sexual minority status, and complicated by gender, race, social class, ability status, and other social locations. Older LGBT adults experience families in normative and non-normative ways. They have families of origin (i.e., the family one is born into), families of procreation (i.e., the family one creates, typically, through a committed union and the children they rear), and families of choice (i.e., the family one creates through converting friends into kin). Yet, there are unique aspects of what it means to be an aging LGBT individual that affect the emotional dynamics of family relationships, including the historical treatment of LGBT individuals, the increasing social climate of self-affirmation and public acceptance, and the policies that impact their lives.

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## Keywords

LGBT families · Family of origin · Family of procreation · Family of choice · Chosen kin

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## Overview

The purpose of this chapter is to examine the relationships that older lesbian, gay, bisexual, and transgender (LGBT) adults have with their families, including biological, legal, and chosen kin (e.g., families of choice). We address classic and current research on family relationships for

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individuals who identify as lesbian, gay, bisexual, or transgender, as shifting social norms have challenged conventional definitions of families and have helped produce greater diversity across and within families (Bianchi 2014). We examine LGBT family dynamics, including reliance on families of choice and the use of formal services and networks to meet older adults' care needs. We incorporate research and practice from primarily modern Western societies in North America and Northern Europe (e.g., the USA, Canada, and United Kingdom), and where it exists, include what is currently known regarding other LGBT families in countries on other continents. We acknowledge that cultural differences influence the perceptions, behaviors, and interactions of family members; however, it is not feasible to include representation of all cultures in this chapter. Finally, we provide an assessment of directions for expanding the research on older LGBT family relationships and address the future of service delivery and public policies affecting this ever-increasing population.

## Learning Objectives

After reading this chapter, the reader should be able to:

1. Identify the similarities and differences between the family relationships of older LGBT individuals and the family relationships of older heterosexual individuals.
2. Explain the distinctions among families of origin and families of choice in the LGBT community.
3. Understand the history of research and activism regarding LGBT aging individuals and their families.
4. Identify the major issues and future directions for research on older LGBT individuals and their families.
5. Explain the service models and intervention strategies that are effective in addressing the practical and policy issues for LGBT elders and their families.
6. Locate national and international resources for working with older LGBT individuals and their families.

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## Introduction

The study of older LGBT adults and their families is a growing area of research and practice. This field addresses numerous intersections of social structure and personal experience, beginning with the ways in which aging, sexual orientation, and family experience interact, and is further complicated by gender, race, ethnicity, social class, ability status, among many other social locations. Given the lack of comprehensive data collected on the experiences of LGBT individuals and families, it is difficult to estimate the precise number of LGBT aging individuals and even more difficult to estimate their distribution by family structure (e.g., LGBT-parent families; older couples; aging parent–adult child relationships). Estimates, however, do suggest that approximately one to four million Americans aged 65 and older identify as LGBT (see Cahill et al. 2000; NGLTF 2015; Orel 2014). With the aging of the population and the increasing visibility of LGBT individuals, these numbers will nearly double by 2030.

Turning to the family relationships of older LGBT adults, it is clear that older LGBT adults experience families in both normative and non-normative ways. Structurally, older LGBT adults are not unlike non-LGBT adults: they have families of origin (i.e., the family one is born into), families of procreation (i.e., the family one creates, typically, through a committed union and the children they rear), and families of choice (i.e., the family one also creates through converting friends into kin). At the same time, there are some unique aspects of what it means to be an aging LGBT individual; thus, the emotional dynamics of family relationships may also vary from normative expectations, and for a variety of reasons. These reasons are associated with all aspects of life, including the historical treatment

of LGBT individuals, the increasing social climate of self-affirmation and public acceptance, and the policies that impact their lives.

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### Historical Perspectives on the Family Relationships of Older LGBT Adults

Research on sexual orientation and aging began to appear in the late 1970s and 1980s. As with many new areas of research in the study of LGBT individuals and families (Allen and Demo 1995), the original papers that appeared in scholarly journals and books were primarily personal narratives and included a call to acknowledge and accept the study of aging of LGBT families as a legitimate area of investigation (Cohler and Hostetler 2002; Cooper 1997; Kimmel 1978, 1992).

In part, the attempt by scholars to address sexual orientation and aging was spurred by the political activism that was initiated with the Stonewall Riot on Friday, June 27, 1969. The moment that sparked a new era of activism for civil and legal rights was the death of Judy Garland, a beloved icon for the gay community. In the wake of mourning, gay men who dressed in drag and other patrons rebelled against Manhattan police raids of the popular bar (The Stonewall Inn) in Greenwich Village (Allen 2005; D’Emilio and Freedman 1997; Editors of the Harvard Law Review 1990). The uprising was the lightning rod that led to the emergence of the Gay Liberation Front, an activist movement that challenged heteronormativity and sought self-affirmation for lesbian and gay men in private and public realms (Engel 2002). The gay liberation movement mirrored other social movements in privileging men, but lesbians, too, fought back against the oppression that both condemned them and outlawed their sexual behavior and social relationships (Faderman 1991).

This gay-affirmative social activism led to increasing visibility of lesbian and gay individuals, with reverberations throughout society.

For example, in 1973, the American Psychiatric Association reversed its stance on homosexuality as a mental illness, setting the stage for more openly identifiable research and theorizing about the experience of LGBT aging individuals, couples, and their families. Also in the activist realm, Senior Action in a Gay Environment (SAGE; now Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders) was founded in 1978 in New York City in order to create a support network for older gay individuals. This pioneering group, co-founded by gerontologist Douglas Kimmel, has evolved into one of the largest member-led organizations in both the LGBT community and the aging community (SAGE 2015).

#### Case Study: Douglas Kimmel

Douglas C. Kimmel is one of the pioneers in LGBT aging. His research on adulthood and aging, in general, and aging gay and lesbian couples and families, in particular, has broken new ground and inspired young and old scholars alike. In addition to his research and scholarship, Dr. Kimmel is one of the founders of SAGE: Services and Advocacy for GLBT Elders. He is a champion of all of the values described in this chapter: aging well, valuing family, and working for social justice.

Dr. Kimmel was born in Denver in 1943. He received his PhD in Clinical Psychology from the University of Chicago in 1970. For many years, he was a professor in the Department of Psychology, at City College of the City University of New York. He has also served as a visiting scholar in universities around the world, particularly in Japan. He has received many prestigious awards for his research and service, including several from the American Psychological Association: the Distinguished Elder Award, the Distinguished Service Award, and the Distinguished Educational Contribution Award.

Currently, Dr. Kimmel lives in Maine with his husband, Ronald W. Schwizer. They were legally married on August 19, 2013, in Hancock, Maine, on the 44th anniversary of their earlier wedding in 1969 in Boulder Colorado. Dr. Kimmel's Web site includes photographs and slide shows of their weddings and their life together over the years.

Website: [www.tamarackplace.com/kimmel](http://www.tamarackplace.com/kimmel)

#### Discussion Questions:

1. In what ways does Dr. Kimmel integrate his professional work, his family life, and his activist work on behalf of social justice for LGBT rights?
2. As you view Dr. Kimmel's web site, how does he reveal his passions for social activism on behalf of LGBT issues?

The emerging scholarship on older LGBT individuals and their families reflected this bridge from lived experience to research. In 1980, Monica Kehoe, a self-identified lifelong lesbian, conducted one of the first studies of older lesbians (Kehoe 1986). She surveyed 50 lesbians aged 65 and older in order to examine their personal and social concerns and well-being. Beginning with the premise that older lesbians have a "triple threat" to their well-being, due to their gender, age, and sexual orientation, she grounded her study in the observation that aging lesbians are an unknown, invisible, and mysterious minority, ignored by gerontologists, feminists, and sexologists who studied homosexuality. Part of the difficulty in studying older lesbians, she demonstrated, was that older lesbians at that time were deeply closeted. Nevertheless, Kehoe was able to find women willing to be interviewed. Most of her participants were never married, childless, retired professional women living in California, and were not partnered. Most of the women had a positive self-image and considered themselves survivors of a culture that denigrated them. Yet, they also reported concerns about loneliness and

the need for more companionship within the lesbian community. Ultimately, Kehoe concluded that they were probably well equipped to deal with the challenges and adjustments needed in old age, having dealt with and survived, discrimination and prejudice related to their gender, age, and sexual orientation.

At about the same time, Berger (1984), a professor of social work, published one of the first studies on gay aging as a minority within a minority. Berger conducted a qualitative study of 18 older gays and lesbians (age range 40–72, with a median age of 54), identifying the themes of (a) stereotypes, (b) coming out, (c) love and family, (d) intergenerational attitudes, (e) discrimination, and (f) growing older. His findings on love and family for this small sample presage the complexity that is now acknowledged among LGBT families as well as scholars. Although there was very little social acceptance and no legal recognition of gay partnerships when his study was conducted, Berger reported that in the gay community, individuals shared a home and a social and sexual life with a partner (typically identified by the term, lover) in order to meet their needs for intimacy and lifelong companionship. Yet, not all of his participants were coupled in a gay or lesbian relationship. Some individuals did not live with their partners, and in one case, a man stayed in a heterosexual marriage despite identifying as gay. Berger's research, as well as Kehoe's (1986) study, attempted to uncover the normative aspects of family life for older gays and lesbians, and to debunk stereotypes of deviance, loneliness, and lack of intimate ties.

Turning to the gerontology literature, Lipman (1984) wrote the first article on "homosexuals" in one of the premier aging handbooks. Over time, as public and scholarly recognition of this topic emerged, so did the titles and focus of the chapters dealing with LGBT issues in the major gerontology handbooks. Although the lives of older LGBT individuals and their families still are not likely to be the subject of entire chapters in these authoritative handbooks (for an exception, see Allen 2005), their experiences are increasingly integrated into chapters dealing with

relationships and families (for example, see Blieszner and Bedford 2012; Brock and Jennings 2007).

Despite these publications in scholarly venues, the lack of integration of the research on aging families and sexual orientation is an ongoing concern. For example, in a review of research in the last decade (2000–2010) on aging families, sexual orientation was only mentioned as an area that lacks attention (Silverstein and Giarrusso 2010). Similarly, in a review of research about LGBT families, older LGBT adults and their family relationships were not mentioned (Biblarz and Savci 2010). Sullivan (2014) and Witten and Eyler (2012), as well, identifies the dearth of research on aging in the LGBT community. Yet, we also see a great deal of promise in the emerging literature that addressing aging, sexuality, and family (see Kimmel et al. 2006). Perhaps now, gerontologists, family scholars, and LGBT scholars are discovering the importance of investigating lived experience at these intersections.

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### Theory, Research, and Policy Related to LGBT Aging and Families

Family relationships are typically defined by a legal or biological tie, as in legal marriage, in-law relationships, biological parenthood, or adoptive and step parenthood. Family relationships can also be matters of choice. In situations where LGBT individuals have been rejected by biological family members, they have turned to LGBT community members and converted them to kin-like relationships. Indeed, as Maupin (2015), author of the iconic novels, *Tales of the City*, is credited as saying, friends are the “logical” (compared to the biological) family for LGBT people. Families incorporate both structural (i.e., household) units and emotional ties. Older LGBT individuals, particularly those who came out before a new wave of significant social change began in the 1990s, have had to be creative in their family ties, given legal and social

constraints. Now that same-sex marriage is legal in most of the USA as well as many other countries (e.g., Argentina, Canada, France, New Zealand, Norway, South Africa, and Spain) (HRC 2015), the research will uncover more trends and issues facing older LGBT couples and families. Next, we address theory, research, and policy linked to variations in aging LGBT family relationships, in terms of coming out and developing intergenerational, intragenerational, and chosen kin relationships.

### Theoretical Perspectives

Most of the research on older LGBT families was spurred by the articulation of the life course perspective, which provides a model for understanding individual, family, and social historical processes and change over time (Allen et al. 2000; Bengtson and Allen 1993; Bengtson et al. 2005). There are several key concepts from the life course perspective that are particularly relevant to the study of LGBT aging individuals and their families. The concept of linked lives refers to the ways that individual lives are connected “across the generations by bonds of kinship” (Bengtson et al. 2005, p. 494). A second key concept refers to the major life transitions that individuals and families experience, as well as their timing in each person’s life (Bengtson and Allen 1993). For example, the first time one comes out to family members is an event that signals a major life transition. From that point forward, an individual is no longer seen as heterosexual, or as fitting into a normative model of development. A third key concept refers to the historical time, place, and context in which individuals experience major social changes. For example, as we describe later in this chapter, the issue of “same-sex marriage” is likely experienced very differently for persons who are currently age 65, compared to adults who are currently age 25. Older LGBT individuals partnered and established their families at a time when same-sex marriage was legally and socially prohibited. This social historical reality is a likely

contribution to so many older LGBT individuals first marrying heterosexually, particularly in order to become a parent. In contrast, young LGBT adults are much more free to come out as a sexual minority and to have the opportunity to legally marry their same-sex partner, as well as to establish their own LGBT-parent family (Tasker 2013).

In an application of the life course perspective, Fredriksen-Goldsen and Muraco (2010) reviewed 58 empirical articles published between 1984 and 2008 that focused on the lives of LGB adults aged 50 and older. They found that much of the research addressed two themes central to the life course perspective: (a) the interplay of lives and historical times and (b) linked and interdependent lives. Early studies on LGB aging focused on stereotypes about the mental health status of these populations. Contrary to popular belief that older gay men and lesbians were depressed, felt sexually undesirable, and struggled with the normative aging process, the majority of the early articles describe positive psychosocial functioning among older gay men and lesbians (Berger 1984; Berger and Kelly 1986; Gray and Dressel 1985), with favorable feelings about aging (Whitford 1997), appearance (Gray and Dressel 1985), and sexuality (Pope and Schulz 1990). In fact, studies showed that older gay and lesbian adults typically rated their mental health as good or excellent (D'Augelli et al. 2001) and reported no more depressive symptoms than their heterosexual counterparts (Dorfman et al. 1995). With respect to social relationships, the research suggested that older gay male and lesbian women were not isolated but were actively engaged in supportive relationships with partners, friends, members of their families of origin, and the larger LGB communities (Brown et al. 2001; Grossman et al. 2000; Nystrom and Jones 2003; Whitford 1997).

Another major theoretical framework relevant to the study of LGBT aging and families is Minority Stress Theory. Developed by Meyer (2003), minority stress theory is a conceptual framework that explains how “stigma, prejudice, and discrimination create a hostile and stressful

social environment that causes mental health problems” (p. 674). Minority stress for LGBT individuals is linked to alienation and problems with self-acceptance (that is, internalized homophobia). Aging-related stress is linked to concerns about the ability to maintain health and independence into old age, as well as fiscal concerns, such as outliving their income and having a place to live (MetLife Mature Market Institute 2010). Minority stress theory has been used to examine whether same-sex marriage is a protective factor against the combined effects of sexual minority stress and aging-related stress. For example, an analysis by Wight et al. (2012) of a subsample of gay men (age range of 44–75 years, with a mean age of 57 years) from the Multicenter AIDS Cohort Study, examined the impact of minority stress and aging-related stress on their lives. They found that legal marriage among HIV-negative and HIV-positive older gay men is indeed a protective factor that may offset the mental health issues associated with being gay and growing old.

## Research Perspectives

LGBT families are varied. There is no “typical” LGBT family form any more than there is a typical heterosexual family form. In addition, cultural norms dictate additional family interactions for racial and ethnic minority LGBT persons (see Chaps. 6, 7, 8, and 10).

**Families of origin.** Family of origin relationships refers to biological or genetic ties within the context of marriage and parenthood. Family of origin relationships include, then, the relationships that LGBT adults have with their aging parents and adult siblings, as well as the relationships they have with their same-sex partners, same- or different-sex partners, children, and grandchildren. As we note throughout this chapter, it is very common for LGBT individuals to substitute chosen family relationships for biological ones, given the lack of acceptance and legal protection that has been the legacy of being gay, at least until very recently (Cohen and

Murray 2006). We discuss chosen family relationships in a subsequent section below and focus on the traditional understanding of “family of origin” in this section.

Considering a wide age span (65+) for older adulthood, elders who are 65 years old in 2015 were born in 1950; elders who are 85 years old in 2015 were born in 1930. Representatives of these two eras were thus born into the baby boom generation (1950s) and the children of the Great Depression generation (1930s). All of these individuals came of age when sexual minority status was illegal, prosecuted, and considered morally and mentally depraved. Being a sexual minority was a truly isolating and underground experience. Individuals hid their sexual orientation from their family members and employers in order to survive persecution and rejection. Thus, coming of age as an LGBT individual before the end of the twentieth century was a time when openness was dangerous to one’s social standing and familial relationships.

As a result of the severely restricted social climate for LGBT individuals until the very late twentieth century, one of the most significant family of origin issues was “coming out” as lesbian or gay to parents and siblings (Cohen and Murray 2006; Jacobson and Grossman 1996; Orel 2014).

Until recently, LGBT individuals did not tend to come out until well into adulthood, after they had already experienced heterosexual marriage, and possibly parenthood. Although mothers and siblings were reported to be more accepting than fathers (a trend that continues to this day), many LGBT individuals lost their family of origin ties (Friend 1990). As they grew older, this lack of sustained biological family ties contributed to a need for chosen kin relationships, particularly the development of friendship ties as a substitute for family ties (Muraco and Fredriksen-Goldsen 2011). However, Connidis (2010) explains that coming out and experiencing rejection is not a lifelong legacy for LGBT adults; as time passes, “many gay and lesbian persons with families work out good relations with both their parents and siblings” (p. 239).

Although aging baby boomers are among the first to experience a more positive social and legal climate in which to grow old, the literature on LGBT elders has documented more challenges to their well being, compared to heterosexually identified elders (e.g., Fredriksen-Goldsen et al. 2013; Gabrielson and Holston 2014; Quam and Whitford 1992; Shenk and Fullmer 1996). A history of strained relationships with family of origin members can add additional stresses to aging-related concerns. Naples’ (2001) autoethnography of coping with her father’s funeral in the face of disapproving adult siblings is a powerful illustration of strained family ties. The good news is that because private life is inextricably linked to broader social and political trends, LGBT aging family relationships are likely to be less stressful as public acceptance increases.

Reczek (2014) examined the intergenerational relationships of 22 lesbian women and 28 gay men aged 40 and older who were in an intimate relationship for at least seven years. The participants’ relationships with both their parents and parents-in-law included dimensions of support, conflict, and ambivalence. Supportive parents integrated the couple into their everyday lives and special family events (i.e., holidays, funerals), used inclusive language seen as evidence of acceptance of the relationships regardless of legal status, relied on the couple for instrumental and emotional support, and affirmed their gay or lesbian identity. Evidence of conflict in their relationship with at least one of their parents manifested as rejection in everyday life (e.g., unpleasant or absent interactions), rejection around traumatic events (e.g., changing will with the occurrence of a severe illness), and the threat of being usurped (e.g., not respecting wishes at illness or death). Some respondents acknowledged that their parents and parents-in-law experienced both support and strain simultaneously (e.g., acts of acceptance but words of disapproval). Identification of these dimensions in the families of aging LGBT individuals provides the groundwork for future research on parent–child relationships and the consequences

for the well-being of aging LGBT adult children and their older adult parents.

Another life course issue that is complicated by sexual orientation diversity is the likelihood that older LGBT individuals, especially lesbians, are more likely called upon to care for aging parents. Although 43.5 million individuals in the USA provide care for a family member 50 years of age or older (Family Caregiver Alliance 2012), to date, there has been little empirical research on family of origin caregiving by LGBT adults. Based on available qualitative data and anecdotal accounts, LGBT caregivers' reasons for providing care (e.g., need; filial responsibility), types of caregiving tasks in which they engage (e.g., emotional and instrumental support), and concerns they have about caregiving (e.g., where to turn for help, how to access services, and what services are available) are very similar to heterosexual family caregivers. For example, Cantor et al. (2004) study of gay and lesbian adults caring for a relative from their family of origin identified three primary reasons their family member needed care: physical illness, frailty, and Alzheimer's disease. The types of care included providing emotional support and hands-on care, helping with decision making and financial management, serving as liaison with other family members, and arranging for medical care and support services. About half of the caregivers were women and about two-thirds of lesbian caregivers said that they were either the sole provider or provided most of the care. As with the general population of family caregivers, gay and lesbian caregivers reported significant burden and stress as a result of their caregiver role (e.g., juggling the demand of being employed and caregiving, limited time for self and other relationships, and conflicts or disagreements with other family members about the care of the older person).

While family caregivers often experience both positive and negative aspects of caregiving, LGBT caregivers may face additional challenges when their family has a negative view of their sexual orientation. Cohen and Murray (2006) cited findings from an unpublished study by

Murray in which lesbian caregivers described strained interpersonal family relationships because of a lack of acceptance of their sexual orientation or choice of partner. The following quote by two study participants illustrates the tension LGBT caregivers may face.

Robin, single, age 46: As long as my Dad is alive, I cannot openly live as a lesbian. He has threatened to leave his estate to one of my male cousins if I act 'queer.' I thought that getting married would get him off my case about women, but it didn't. At this point in my life, it's just easier to have female friends rather than lovers (p. 293)

Anne, partnered for 16 years, age 42: Although I'm the only one who has taken responsibility for Mom and Dad, they have cut me out of their will. Dad said that he wouldn't leave any money to his queer daughter. (Cohen and Murray, p. 293)

From a life course perspective, with its emphasis on linked lives, transitions, and trajectories over time, when a person comes out, there is also an impact on their siblings' lives. Thus, one person's coming out is likely to be a family event for heterosexual and LGBT individuals alike (Connidis 2010). One of the most exciting areas of new research is how sibling relationships are impacted by LGBT identity among family members throughout the life course. For example, Rothblum et al. (2004), in a study of 1254 LGB adults and their siblings, found that, in general, LGB adults were more highly educated, geographically mobile, less religious, and less likely to have or live with children than heterosexual siblings. Thus, understanding the nature of sibling ties among older adults, particularly in terms of companionship and caregiving, is an important issue for future study (Goldberg 2007; Gottlieb 2004; Grossman et al. 2000).

**Intergenerational relationships with children and grandchildren.** Although about one-half of lesbian and gay older adults have biological or adoptive children from previous heterosexual relationships (Heaphy 2009), little is known about older LGBT persons' relationships with their adult children. Coming out to children after years of hiding their sexual identity often happens indirectly and can be emotionally challenging for older adults (Hunter 2007). Yet,

Goldberg (2007) found that most of the 42 adult children with LGB parents in her study reported positive relationships with their parents.

The small, but growing literature on the experiences of gay and lesbian grandparents suggests that adult children are the key in determining the nature of the relationship between grandparents and their grandchildren (Orel 2014). Because adult children typically act as family gatekeepers, their acceptance and attitudes toward non-heterosexual identities and relationships often determine the amount of access grandparents have to their grandchildren (Orel and Fruhauf 2013). When adult children hold negative beliefs about homosexuality, many grandparents are reluctant to disclose their sexual identity to their children because they fear they may lose contact with their grandchildren. Conversely, supportive adult children often facilitate the process of coming out to grandchildren, which many gay and lesbian grandparents believe is important because it promotes tolerance and honesty.

In a qualitative study of 11 gay grandfathers, aged 40–79, Fruhauf et al. (2009) found that adult children played an active role in the men's coming-out process to grandchildren, with most adult children involved in explaining their fathers' relationship to their children. For example, Bruce relayed the following story.

The family was over for dinner and my granddaughter turned to Eric, my life partner, who is Japanese-American. (So, hardly, you know, a match in terms of an obvious brother or something.) She said, "Why do you live here?" and I went like that, and my daughter said, "No, no, no, no, I'll deal with this." So, they left the table, came back about 15 min later, and everybody, you know, is terribly silent waiting to see what will happen. My granddaughter sits there, and she said after a few minutes, "Mommy says that Eric is daddy's special friend. When I'm older, Jessica will be my special friend." (p. 111)

The roles grandfathers played in the lives of their grandchildren also depended on their relationship with the grandchildren's parents (Fruhauf et al. 2009). Some grandfathers have no or limited contact with their adult children because they are unaccepting of their father's sexuality.

For example, Kerry explained that he recently reunited with his estranged son and had since become "more of a grandfather" to his five-year-old grandson. Conversely, Kerry's son-in-law does not accept Kerry's sexuality, which has influenced his relationship with his older grandsons with whom he does not have a close relationship.

With the increase in the number of LGBT adults who are parents and the aging of the population, "doing family" will require an openness to complex family structures and relationships (Perlesz et al. 2006). In their study of multi-generational family interviews with 20 lesbian-parented families living in Victoria, Australia, Perlesz et al. (2006) revealed that being a grandparent in a lesbian-parented family was not always comfortable and challenged the dominant discourse around the definition family. In one family, the non-biological grandfather initially made heterosexist jokes about his daughter "playing daddy" in her prospective lesbian co-parenting role. Yet, upon the birth of his grandchild, he adopted the title of "Pop" and embraced a grandparent role in relation to his non-biological granddaughter. The biological grandmother in this family initially also was negative about her daughter's decision to parent in a lesbian relationship, but after the child was born she embraced her role as a grandmother. The lesbian couple, while recognizing the existence of their parents' homophobia, was pleased that their parents engaged in positive relationships with their child (Perlesz et al. 2006, p. 193):

Fiona: ... you do think about your own parents, how you were parented when you have a child and like Jacqui's family, as much as they are a pain in the butt sometimes, they're actually, it's nice having them around you know. Like your mum, Imogen has a great time with your mum. Your mum is bloody atrocious sometimes with some of the stuff that she says but her relationship with Imogen is really good.

Jacqui: Yeah it is good.

Fiona: And it is great, it's fabulous seeing that....

**LGBT intimate relationships in later life.** About 60 % of older lesbian and bisexual women

and about 40 % of older gay and bisexual men are in a coupled relationship (Heaphy et al. 2004). Historically, these couples were more likely than their heterosexual counterparts to maintain separate households (Barker et al. 2006), which allowed them to remain closeted to family and others. Issues of concern for LGBT couples include ageist attitudes, financial stability, long-term care, lack of access to legal marriage, and sexuality (Baumle 2014). The study highlighted in the research box provides an illustration of the fluidity of sexuality for older lesbians, particularly in terms of their perceptions of their romantic and sexual relationships over time (Averett et al. 2012).

### Research Box: Older Lesbians and Sexual Intimacy

Averett et al. (2012). Older lesbian sexuality: Identity, sexual behavior, and the impact of aging. *Journal of Sex Research*, 49, 495–507. doi:10.1080/00224499.2011.582543

**Objective:** To fill a void in the existing literature and to promote the experiences, needs, and concerns of a nearly invisible population, this study examined the sexual identity, romantic relationships, and experiences of discrimination of older lesbians.

**Method:** An online national survey was completed by a convenience sample of 456 lesbian women, ranging in age from 51 to 86. To be eligible for the study, participants had to have been involved in an emotional, physical, or sexual relationship with a woman at some point in their lives.

**Results:** At the time of the survey, 60.5 % of the women were involved in an emotional, physical, or sexual relationship with another woman. The average length of the relationship was of 15.4 years; 58 % of the women defined their relationship as a lifetime partner. Approximately 38 % of the women were satisfied with their sex life over the last year, 25 % were neither satisfied nor unsatisfied, and 37 % were unsatisfied. When asked to describe how

their relationships with women had differed since age 55, common themes were continuity (i.e., no change/difference), relationships were more stable and mature, and a decrease in the focus on the physical or sexual aspects of a relationship.

**Conclusion:** Researchers must continue to examine the needs of older lesbians in order to increase both understanding and competencies in working with this vulnerable population and to enhance and further conceptual ideas about sexuality identities, experiences, and needs in late life.

#### Discussion Questions:

1. How important is sexual intimacy in the lives of older lesbian women?
2. What is the relationship between older lesbian women's satisfaction with their sexual lives and attitudes toward aging?
3. What are the limitations of this research study?

de Vries (2007) addressed the diversity of coupled relationships for LGBT elders, including cohabiting and legal unions, as well as partnerships formed post-heterosexual divorce or post coming out as gay or lesbian. Herdt et al. (1997) estimated that for older adults age 55 and over, approximately one-third of gay men and one-half of lesbians had been married at one time to a different-sex spouse. Among the current cohort of older LGBT individuals, it was likely that at least one of the partners was previously married to a cross-sex spouse, because marriage was typically the only way to have children (Connidis 2010). While the growing recognition of same-sex marriages provides LGBT elders access to the personal benefits and social recognition of a formal marriage, some gay and lesbian adults view legalized marriage as a “sell out” to a heterosexist society, often fearing the loss of connection to their LGBT roots and social networks (Lannutti 2005). Bisexual individuals, of whom very little is known (Biblarz and Savci 2010; Rodriguez Rust 2012), particularly those

in long-term committed heterosexual marriages, often experience stigma in both the heterosexual and the LGBT communities (de Vries 2007). Relationships in which an older adult is transitioning from male-to-female or female-to-male have added complexity as the gender-based socialization of the individuals and the couple is changed (Cook-Daniels 2006; Persson 2009).

Caregiving norms consistent with heterosexual marital relationships appear to govern same-sex partnerships and marriages as well. When the need for care arises, older LGB adults report that they would first turn to their partners, then to friends and other family members (Cahill et al. 2000). Muraco and Fredriksen-Goldsen (2014) interviewed 36 LGB dyads comprised of committed partners and friends aged 50 and older to understand care norms in varied relationship contexts. Most of the best caregiving experiences between committed partners were identified as expressions of love and commitment to the relationship. Care recipients described their partners' willingness to do anything that was necessary to meet their needs, both day-to-day and in times of crises. However, they also worried about being a burden to their partner. Caregiving partners identified their best caregiving experiences as engaging in meaningful activities with the care recipient (e.g., going to a social event) or providing financial and emotional support. Caregivers were also aware that their relationship with their partner was different and sometimes strained because of the illness, but felt they would survive the challenges. They also expressed concerns about care burdens, fearing that they may someday be unable to take care of their partner because of their own limitations or the worsening health of their partner.

Very little research has focused on the loss of a LGBT partner in late life. For couples who are not completely open about their relationship, the grief and loss experienced after the death of a partner has been described as disenfranchised grief (Doka 2002) because the loss is not openly acknowledged or validated by family, friends, or society. Discounting of the validity of the relationship and of the loss negatively impacts the

remaining partner's ability to adequately grieve the loss.

Jenkins et al. (2014) examined bereavement issues of 55 older lesbians. Older lesbians faced emotional, social, legal, and financial obstacles following the death of their partner. Only two of the women reported positive experiences in responding to the death of their partner, which in one case was attributed to the support of the partner's family and in the second case, the support of friends, neighbors, children, and coworkers. The other women all discussed negative experiences after the death of their partner including disenfranchised grief, discriminatory actions, loneliness of isolation, and the frustration of relentless battles. The following quotes from several participants in Jenkins et al. study capture the essence of the lesbian women's experiences with the loss of their partners. *Disenfranchised grief* concerns the personal attitudes and responses that are a result of not giving equal value to a loss in this kind of relationship, as one woman stated, "Nobody was willing to honor my 30-year relationship with her in that I was not considered to be a 'widow' by them" (p. 258). *Discriminatory actions* concerns the refusal of rights—both legal and social—that would typically be granted to spousal partners in a heterosexual relationship, described by another woman as: "It was especially difficult dealing with her biological family in spite of all of the legal papers and arrangements we made in advance" (p. 279). Another woman explained:

Even the newspaper refused to refer to me as her partner and instead listed me as one of many "friends," even though I had been the breadwinner for several years and was the primary caregiver and hospice caregiver the last 3 years of her life. (p. 281)

Regarding *the loneliness of isolation*, which is learning to live alone and isolation from their partner's family and other support systems, a woman stated that "the worst emotional toll was that her family pulled away and I don't get to see the grandkids I helped raise" (p. 281). Another woman said, "Because most of us become invisible as we become older, it becomes harder

to find other lesbians to interact with” (p. 281). Finally, considering the theme of *frustration of relentless battles*, which are a constant stream of battles—with one’s own emotions, with family and the partner’s family, and with other individuals in the broader social system, a woman stated, “None of my family attended the funeral ... I have loads of anger about how I was treated by others over her passing” (p. 282). The authors concluded that until the legal status of same-sex marriage is widespread, it is important for service providers to develop appropriate means of helping lesbian women (as well as GBT individuals) deal with the issues surrounding the death of a partner.

**Families of choice.** The concept of “families of choice”, which we have described throughout this chapter, was first articulated by Weston (1991). It is linked to fictive kin concepts, which have strong roots in the field of family gerontology (See Allen et al. 2011; Johnson 1999). Families of choice of older LGBT adults are characterized as ones comprised of a deep sense of belonging and feelings of safety, common values, and mutual trust (Gabrielson and Holston 2014). They provide many of the same supportive and care functions as family of origin. In fact, research suggests that older gay and lesbian individuals prefer to receive care from their chosen family instead of their biological family members (Fredriksen-Goldsen et al. 2011; Heaphy 2009). When receiving care from other LGBT people, older adults do not have to “de-sexualize” or eliminate evidence of their sexual orientation from their homes or the stories to appease or hide their identity from a heterosexual caregiver (Cronin et al. 2011).

Older LGBT care recipients rely upon their friends as a safety net that stands between them and an unmet need for care (Muraco and Fredriksen-Goldsen 2014). For example, an older gay man in this study explained that when he was hospitalized, none of his family members came to visit and, “all the things that they should have done, could have done, ought to have done—[my friend] did that” (p. 262). Caregiving friends acknowledged the benefits they received from providing care including feeling good about

themselves, perceiving improvement in their self-esteem, and engaging in typical friend activities (Muraco and Fredriksen-Goldsen 2014). Conversely, caregiving can create conflict between friends due to misunderstandings and short tempers. Depending on the nature of the conflict, it may negate the beneficial feelings that caregiving friends gain from providing care and ultimately threaten the duration of the caregiving relationship, leaving the care recipient vulnerable.

The federal Family Caregivers Support Program, created with the 2000 reauthorization of the Older Americans Act, and amended in 2006, expanded its definition of family caregivers so that extended LGBT family members qualify (Administration on Aging 2012). Eligibility for the program is no longer limited to a married partner or blood relative. As a consequence, LGBT people caring for partners or other members of their chosen families can benefit from services provided under the program, including individual counseling, support groups, caregiver training, respite care, and other supplemental assistance. Research has shown that these services can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for institutional care (Wacker and Roberto 2014).

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## Service Delivery and Interdisciplinary Approaches

One of the major issues affecting older LGBT families is the invisibility and marginalization they face with respect to health care and supportive social services. Reports of discrimination, homophobia, hostility, bias, and general lack of understanding of lifestyle choices are common. Older LGBT adults often report anxiety around the prospect of requiring health or supportive care (Cohen and Murray 2006; Davies et al. 2006; Heaphy and Yip 2006; Price 2005) and fear having to come out to service providers or having to forcibly return to the closet (Brotman et al. 2007). They may be reluctant to seek

mental health services, for fear of being invisible as LGBT, or if out, stigmatized (Blando 2001; Greene 2002).

Brotman et al. (2003) conducted four qualitative focus groups in three Canadian provinces (Quebec, Nova Scotia, and British Columbia) to assess their perceptions of health and social service providers. Participants included 21 gay and lesbian elders, and 11 familial and informal caregivers or service providers. All participants identified a profound marginalization and invisibility of gay and lesbian elders. Those who were gay and lesbian themselves described their lack of trust for health care services and professionals saying that issues of sexuality and the nature of gay and lesbian chosen family relationships were unacknowledged or denied. Similarly, responses to a survey completed by 569 LGBT adults attending the 2007 Palm Springs Pride weekend events revealed that older gay men and lesbians maintain some fear of openly disclosing their sexual orientation and some discomfort in their use of older adult social services (Gardner et al. 2014). The majority of respondents reported that they would feel more comfortable accessing LGBT friendly identified services and programs. Women reported being somewhat more likely to use those services publicly identified as LGBT friendly than respondents who were men.

For older LGBT families dealing with dementia, the entry of service providers into their lives is a pivotal point at which they need to decide whether or not to come out to professionals. Price (2010) conducted qualitative interviews in England with 21 gay and lesbian adults aged 20–69 who cared for a parent, partner, or friend with dementia. Participants used a mix of strategies for disclosure of their sexuality to care providers including: (a) active disclosure, where service providers were directly informed that the family caregiver was not heterosexual; (b) passive disclosure, where caregivers' sexual identity was suggested by way of clues given that relate to their sexuality; and (c) passive nondisclosure, where caregivers purposefully concealed aspects of their sexuality or actively avoided questions related to sexuality. The caregivers'

decision to disclose was mediated by three interlinked factors: experiences of negative reactions to and misunderstanding of their sexuality, their perceived feelings of discrimination, and their anticipation of negative responses. For example, a passive discloser who was a gay caregiver of a female friend that he and his partner took into their home so they could provide her care relayed the following experience. This excerpt reveals how the service provider's misconceptions and lack of understanding undermined the caregiver's efforts to ensure his friend's dignity:

We were talking about getting her dressed and everything...and I was saying Yeah, 'cos we bought all her clothes, so we kind of erm, and, in a way, we made sure she was fantastic, you know what I mean, she wasn't just like, you know a lot of people who are like cared for, they just wear easy to wear clothes with elasticated things and t-shirts and stuff, but we liked, because she always did look fantastic, so we tried to keep that up as much as we could. ...And somebody said to us, 'So, when you're getting her dressed then, do you love it? So, do you sometimes think, hey, I could wear that and I could put that on?' And I'm just like, 'No, no we don't think like that actually!' (p. 163–164)

The above example and others like it found in the literature reinforce the need for education and training for health and human service providers to eliminate discriminatory and oppressive practices and implement appropriate responses and care. Service providers must consider the extensive invisibility of older LGBT families and practice in a manner that is culturally sensitive and competent (Healy 2002). Culturally sensitive practices are affirming to LGBT families and include the use of language and behavior that validates, acknowledges, and accepts LGBT families. Culturally competent practice requires that service providers acquire knowledge about the diversity within the LGBT population, learn the resources available to LGBT families, gain an understanding of the unique challenges faced by LGBT families due to the laws and policies that discriminate against them, and be sensitive to the general impact of heterosexual assumptions in the health and social service system (Healy 2002).

Unfortunately, as highlighted by cases presented in the Discussion Box, such shifts in practices are slow to come about. Knochel et al. (2010) found that more than one-half of the 316 directors of Area Agencies on Aging (AAA) and State Units on Aging (SUAs) who responded to a nationwide survey had not offered or funded any LGBT aging training to staff and very few were providing any LGBT aging outreach. Agencies whose staff had received some form of LGBT training were twice as likely to receive a request to help an LGB individual and three times as likely to be requested to help a transgender older adult. Such findings provided evidence that cultural competency training could substantially improve the lives of many LGBT older adults.

#### **Discussion Box: Older LGBT Families Providing Care and Seeking Services**

Partners, families, and friends are the most preferred sources of support and daily care among older LGBT adults. When the need for help and assistance escalates, due to chronic health problems or cognitive decline, families may seek formal services to assist in meeting the older adult's care needs.

All too often LGBT families face discrimination and insensitive treatment when they seek help from formal health and community service providers, which makes many LGBT older adults reluctant to access mainstream aging services, and ultimately may put them at greater risk for worsening chronic health problems, depression and anxiety, social isolation, and premature mortality. For example, consider the experiences of Amirah who felt discriminated against by her doctor (<http://www.lgbtmap.org/file/lgbt-older-adults-and-inhospitable-health-care-environments.pdf>; p. 2), Lawrence and Alexandre who experienced hostility from paid home care providers (<http://www.lgbtagingcenter.org/resources/resource.cfm?r=15>), and Clay and Harold's poor treatment when Harold needed nursing

home care (<http://www.lgbtmap.org/file/lgbt-older-adults-and-inhospitable-health-care-environments.pdf>; p. 3).

Training care staff on how to identify and address the needs of LGBT older adults is one important key to making health care and supportive services more welcoming to older LGBT families and to ensure that they have access to appropriate care options.

#### Discussion Questions:

1. What recommendation do you have for training to help make positive changes in the health and formal care provision for LGBT elders and their families?
2. What specific knowledge and information should community services providers and long-term care providers, such as case managers, social workers, nurses, and nursing assistants, have in order to best assist older LGBT families meet their care needs?
3. In what ways can the LGBT families advocate for culturally sensitive and appropriate services and treatment by formal health and human service professionals?

In 2010, for the first time, the Administration on Aging (AoA), a federal agency that provides funds to state units on aging who in turn support local AAAs, publically recognized that older LGBT individuals have unique concerns and needs. To address these concerns and needs, the AoA provided a three-year grant to SAGE to create the National Resource Center for LGBT Aging. The initial objectives of the National Resource Center focused on both service organizations and LGBT individuals and families:

1. Educate aging network services organizations about the existence and special needs of LGBT older adults.
2. Sensitize LGBT organizations to the existence and special needs of older adults.

3. Educate LGBT individuals about the importance of planning ahead for future long-term care needs. (Meyer 2011, p. 25)

Establishing the National Resource Center for LGBT Aging was an integral first step in addressing the needs of LGBT elders and their families. While the education and training processes have shown initial signs of success, federal, state, and local agencies must continue to invest in this work in order to implement the necessary systemic changes to the aging service delivery system (Meyer 2011).

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### Issues to Be Resolved Through Research and Practice

Although promising strides have been made, much more research is needed about the various biological and chosen family relationships of aging LGBT individuals. As we have noted throughout this chapter, these relationships include those with same-sex and different-sex partners, with children and grandchildren, with aging parents and adult siblings, and with friends and informal relationships that are converted into family relationships. With the changing social and political context, as well as the aging of the LGBT population, conducting the research on LGBT families is increasingly possible. Social changes in marriage equality, legalized second parent adoption, and recognition of friends as informal caregivers are likely to contribute to new research and thinking about aging, sexual minority status, and families. With all of these changes, there will be an expansion of resources for LGBT older adults and their families, beyond the pioneering efforts that currently exist (e.g., Lambda Legal Defense 2015; SAGE 2015).

The challenges facing older LGBT individuals as members of families of origin, families of procreation, and families of choice are well documented. What is needed now are more studies about LGBT resilience over the life course (e.g., Oswald 2002) and successful aging (van Wagenen et al. 2013). Research on how

LGBT adults bring their accumulated wisdom and adaptability into their later years in order to maintain emotional, physical, and relationship health is a promising pathway to deepen understanding about aging differently, and aging well.

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### Summary

Families are the most important institution for the care and nurturance of human beings; attention to family ties is crucial for professionals in all areas working with elders. Historically, the family experiences of LGBT aging individuals have been largely ignored and stigmatized given the social and legal prohibitions against sexual orientation minority status. Currently, however, this situation of exclusion is being rectified and now older LGBT family life is beginning to receive the theoretical, empirical, and practical attention it deserves.

Aging LGBT individuals have faced many stresses associated with the overlap between aging and being members of a sexual minority. As a result, these elders have developed very resilient strategies for constructing long-term kinship bonds, even when societal customs and laws have disallowed them. One of the strengths of this population is the activist spirit in the LGBT community. The desire to live an authentic life, despite prejudice and hardship has led older LGBT individuals to create a rich array of legal, biological, and fictive kin ties. Indeed, some “family” ties of older LGBT individuals are actually with their friends. Blurring the boundaries across biological and chosen kin ties is a legacy and a contribution of the LGBT aging community.

As the aging LGBT population increases, it is even more imperative that health care and social services professionals have up-to-date knowledge about similarities and differences in families where members are LGBT. They also need to be informed about the changing legal climate that impacts the family relationships of these elders so that they can ensure their access to the services that will improve their quality of life.

## LGBT Older Adult Resources

### United States

**AARP** (American Association of Retired Persons): AARP is a nonprofit, nonpartisan organization that advocates for consumers in the marketplace, including those who identify as LGBT. The AARP-Pride Web content provides consumers and families with information specific to LGBT older adults. Here, readers can find information on LGBT news, estate planning tips, social security, same-sex divorce, dating, history of LGBT rights, health and well-being, leisure activities, and read AARP's stance on LGBT issues. (<http://www.aarp.org/relationships/friends-family/aarp-pride/>).

**ASA Clearinghouse** (American Society on Aging LGBT Aging Resources Clearinghouse): The American Society on Aging has created a searchable database where LGBT older adults can find annotated listings of aging resources. The clearinghouse was created to provide access to information for elders, young persons, caregivers, students, researchers, and other professionals. Listings include reports and articles, links for ordering DVDs and books, service providers, community organizations, information sites, and other useful products. ([http://asaging.org/lgbt\\_aging\\_resources\\_clearinghouse](http://asaging.org/lgbt_aging_resources_clearinghouse)).

**DEC** (Diverse Elders Coalition): Founded in 2010, the Diverse Elders Coalition advocates for policies and programs that improve the lives of racially and ethnically diverse people (including American Indians and Alaska Natives) and LGBT people. This coalition was created to give voice to those often absent from policy-making conversations. Here, readers can find resources on research, information booklets, webinars, and policies affecting LGBT older adults. (<http://www.diverseelders.org/learn/>).

**FORGE TAN** (FORGE Transgender Aging Network): The FORGE organization advocates for the rights of transgender individuals and their significant others, friends, family, and allies (SOFFAs). The FORGE Trans Aging Network is a membership-based community that offers

listservs, publications, training, and consultations on issues related to aging. (<http://forge-forward.org/aging/>).

**LGBT FCA** (Lesbian, Gay, Bisexual, and Transgender Family Caregiver Alliance): The Family Caregiver Alliance is a nonprofit organization dedicated to caregiver awareness and advocacy. The FCA has a section dedicated specifically to caregiving issues and strategies for LGBTQ populations. Here readers can find LGBT facts and tip sheets and access an online caregiver support group. (<https://www.caregiver.org/special-issues/lgbtq>).

**NRC LGBT** (National Resource Center on LGBT Aging): Founded in 2010, the National Resource Center on LGBT Aging is a self-described "technical assistance resource center" created to address the needs of older LGBT adults as they age. Here readers can access training documents, technical assistance, and educational resources. Topics include caregiving, intergenerational issues, and long-term care. (<http://www.lgbtagingcenter.org/resources/index.cfm?s=3>; <http://www.lgbtagingcenter.org/resources/resources.cfm?s=16>; <http://www.lgbtagingcenter.org/resources/resources.cfm?s=15>).

**SAGE** (Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders): Founded in 1978, SAGE is the US oldest and largest organization dedicated to serving the needs of LGBT older adults. SAGE offers services and programs to LGBT older adults nationwide, advocates at all levels of government (federal, state, and local) for inclusive public policy, provides training to service providers, and develops consumer resources to help older LGBT adults make informed decisions. Here readers can find information on their programs, advocacy, issues, and latest news. (<http://www.sageusa.org/>).

### International

**AUK** (Age United Kingdom): Age UK is the largest charity organization consisting of over 170 local Age UKs across England. This organization aims to help all adults live out their later years to the best of their ability. Age UK provides older LGBT adults with access to services,

tools for planning, and support group information. In addition, this organization has several international branches in more than 40 countries. (<http://www.ageuk.org.uk/health-wellbeing/relationships-and-family/older-lesbian-gay-and-bisexual/>).

Equal Aging (Seta—LGBTI Rights in Finland). Founded in 1974, Seta is a national human rights non-governmental organization (NGO) with local and national branches in Finland. Equal Aging is a three-year project run by Seta in cooperation with Fin-Bears and Mummolaasko. Here Finnish caregivers and students can find information on LGBTI care needs. In addition, this web site also includes a care for the elderly knowledge library. (<http://seta.fi/yhdenvertainen-vanhuus/in-english/>; <http://seta.fi/yhdenvertainen-vanhuus/vanhustyon-tietokirjasto/>).

National LGBTI Health Alliance. (National Lesbian, Gay, Bisexual, Transgender, and Intersex Health Alliance—Australia): The National LGBTI Health Alliance advocates for the improved health and well-being of LGBTI individuals across Australia. This coalition group is made up of individuals and organizations and was created in response to the expected increase in the demand for services for LGBTI older adults in Australia. The Alliance Web site provides information on the organization, their training initiatives, strategic documents, and a review of progress made in the previous calendar year. (<http://lgbtihealth.org.au/ageing>).

ODL (Opening Doors London): Opening Door London is one of the largest sources of support and information for older LGBT adults in the United Kingdom. Opening Doors London was created as a response to the high rates of isolation experienced by older LGBT adults. The program is aimed at LGBT men and women over the age of 50 and includes regular social activities, referral services, and information and guidance to service providers. (<http://openingdoorslondon.org.uk/>).

RFSL Stockholm (Swedish Federation for Lesbian, Gay, Bisexual, Transgender, and Queer Rights): Founded in 1950, the RFSL is one of the

oldest LGBT rights organizations in the world. It works to serve the needs of LGBT individuals and their relatives and friends. The organization carries out advocacy work, educational courses, and support groups. Here readers can find information on projects, health, and older adult and family support groups. (<http://rfslstockholm.com/>).

SPN (Senior Pride Network): The Senior Pride Network is a two-pronged service provider to LGBTQ Canadians aged 50+. This network-based organization is comprised of individuals, organizations, and community groups that serve or are committed to serving the needs of LGBT older adults. In addition, this Senior Pride Network also includes a six-person advisory committee that sets the network's priorities, strategic direction, and future initiatives. Here readers can access information on programs and services, training, and research. (<http://www.seniorpridenetwork.com/home.htm>).

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## Learning Exercises

### Self-Check Questions

1. In what ways did the scholarship on LGBT elders and their families emerge out of the social activism on behalf of LGBT civil rights?
2. What are families of choice? How are they significant in the LGBT aging community?
3. What impact will the legalization of same-sex marriage have for current generations of LGBT individuals as they age?
4. What are the unique circumstances that older LGBT individuals and their family members must prepare for, due to their sexual minority status?
5. What knowledge do health care professionals and social service providers need to be able to ensure quality of care to aging LGBT individuals and their families?

6. What do aging LGBT individuals have to teach others about family relationships?

### Experiential Exercises

1. Visit a GLBT senior center or a GLBT community center and interview staff members and participants about their experiences of “chosen family” in their community.
2. View the documentary, *Gen Silent*, and reflect on the issues facing the LGBT individuals and their partners as they consider long-term care. <http://www.lgbtagingcenter.org/resources/resource.cfm?r=14>
3. View the short video featuring Hilary Meyer, Director of the National Resource Center on LGBT Aging, discuss issues facing LGBT older adults (13.04 min). Identify 3-5 key caregiving issues in late life. <http://www.lgbtagingcenter.org/resources/resource.cfm?r=13>.

### Multiple-Choice Questions

1. Families in which friends are converted into kin are called:
  - (a) Families of procreation
  - (b) Families of origin
  - (c) Families of choice
  - (d) Families of extension
2. Douglas Kimmel is one of the founders of:
  - (a) SAGE
  - (b) NLGTF
  - (c) Gray Panthers
  - (d) AARP
3. Which of the following US states has not allowed legal same-sex marriage?
  - (a) Alabama
  - (b) California
  - (c) Montana
  - (d) Virginia
4. “Personal attitudes and responses that are a result of not giving equal value to a loss in this kind of relationship” is the definition of:
  - (a) Discriminatory action
  - (b) Disenfranchised grief
  - (c) Loneliness of isolation
  - (d) Frustration of relentless battles
5. Family gatekeeper is a term that refers to what generation:
  - (a) Grandparents
  - (b) Adult children
  - (c) Grandchildren
  - (d) Great-grandchildren
6. Older LGBT adults’ relationships with their parents and siblings are characterized by:
  - (a) Ambivalence
  - (b) Support
  - (c) Conflict
  - (d) All of the above
7. Which theory explains how stigma, prejudice, and discrimination create a hostile and stressful social environment that can cause mental health problems?
  - (a) Life course theory
  - (b) Social exchange theory
  - (c) Minority stress theory
  - (d) Activity theory
8. LGBT care providers who purposefully conceal aspects of their sexuality are called:
  - (a) Active disclosure
  - (b) Passive disclosure
  - (c) Active nondisclosure
  - (d) Passive nondisclosure
9. Which of the following does **not** appear to be a major concern for older LGBT adults:
  - (a) Going on vacations
  - (b) Moving into a nursing home
  - (c) Relationships with biological family members
  - (d) Chronic illness
10. This chapter addressed the intersections across the following social locations:
  - (a) Age, nationality, and residence
  - (b) Age, family, and sexual orientation
  - (c) Age, disability, and gender
  - (d) Age, ethnicity, and religion

### Multiple-Choice Key

1. c
2. a
3. a

- 4. b
- 5. b
- 6. d
- 7. c
- 8. d
- 9. a
- 10. b

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