The Intersection of Identities of LGBT Elders: Race, Age, Sexuality, and Care Network

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Abstract

This chapter focuses on the complexity of human identity by considering the multifaceted and intertwined relationships between sexuality, gender, race, ethnicity, socioeconomic status, and age, as well as other aspects of one's social and personal identity. To assist in illuminating our understanding of these relationships, the structural, political, and social factors that contribute to social inequality experienced by LGBT elders situated at the multidimensional intersections of different races, ethnicities, socioeconomic status (SES), sexes, and sexualities are explored. By simultaneously considering the multiplicity and fluidity of identity and exposing the diversity of experiences of LGBT elders, we are able to underscore some of the many reasons for extant research involving sexual minorities which must be carefully and critically evaluated.

Keywords

Intersection of identities · Multiple identities · Race · Age · Sexuality · Care network

Overview

To help us make sense of this multifaceted set of intertwined relationships, this chapter will begin by defining the foundational organizing constructs of *multiple identities* and *intersectionality* and providing some background on how these constructs have evolved into useful heuristic tools that can guide the conceptualization and execution of meaningful inquiry in the social and behavioral sciences (Bowleg 2008; Crenshaw 1993; Fish 2008). Once the core constructs of multiple identities and intersectionality have been defined, we explore the structural, political, and social factors that contribute to social inequality experienced by elderly LGBT persons situated at the multidimensional intersections of different races, ethnicities, socioeconomic status (SES), sexes, sexualities, and among others (Fukuyama and Ferguson 2000; Hancock 2007). Exposing the diversity of experience of elderly LGBT persons underscores some of the many reasons extant research involving sexual minorities must be carefully and critically evaluated, particularly

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when the predominant subjects of that research seem to mirror the longstanding stereotypical profile of young, white, gay, well-educated, middle-class, and urban dwelling (Albelda et al. 2009). To be fair, while this profile describes a segment of the population, it is most notable for the many LGBT persons it excludes—and for the fact that its persistence as a presumably adequate proxy for the population of sexual minorities as a whole is based on a tacit acceptance of the study participants as representative (Institute of medicine [IOM] 2011). Building on this platform, we explore the ways that racism, sexism, ageism, and heterosexism impact the processes through which individuals develop, experience, and manage their multifaceted social identities (Kertzner et al. 2009; Purdie-Vaughns and Eibach 2008; Settles 2006). With a clearer understanding of the diversity represented among elder LGBT persons, the chapter will consider the relevance of these factors for the development of informal support and caregiver networks, as well as their implications for the creation and maintenance of formal care networks that are responsive to the needs of the multidimensional population of elder LGBT persons with whom we will engage (Van Der Bergh and Crisp 2004). Finally, having established a foundation upon which we might build, suggestions for the development of models of culturally competent practice (Leyva et al. 2014), training of human service professionals (Hardacker et al. 2014; Hillman and Hinrichsen 2014), creation of effective and responsive communities of care and service organizations (Meyer and Johnston 2014), and the development of inclusive policies will be delineated (Auldridge and Espinoza 2013).

Learning Objectives

By the end of the chapter, the reader should be able to:

1. Understand the multiple dimensions of identities and their intersections.
2. Identify the stigmatization of "isms" with regard to race, age, and sexuality in informal and formal care networks.
3. Understand the diversity of relationships in the LGBT community.
4. Understand the complexities of families of choice as impacting intersectionality.
5. Summarize the convergence of race, age, sexuality, and service provision.

Introduction

A common theme and driving force behind this book is an acknowledgment that the elder LGBT community/population is made up of a complex and diverse collection of human beings about whom we know relatively little. Yet, if we are to effectively address the needs of such a diverse aging population, we must develop care networks, services, and programs that acknowledge and affirm the multiplicity of social identities that converge to create the unique human beings with whom we will work (Abes et al. 2007; Jones and McEwen 2000). In a very real sense, one can look to this book as a call to action for human service professionals—seeking to simultaneously educate and inspire them to become the very best practitioner possible while moving forward on their career paths. Throughout our careers, we are called upon to act as culturally competent professionals in a variety of practice settings. In an effort to rise to that challenge, we will turn to the scholarly professional literature to seek guidance on best practices and insights into the lived experiences of aging sexual minorities from diverse backgrounds. In the process, we are constantly confronted by the reality that our knowledge of this heterogeneous population of individuals who identify as lesbian, gay, bisexual, or transgender is based largely on a fairly monochromatic and unidimensional body of research (Huang et al. 2010; IOM 2011). In short, we know very little about the full spectrum of LGBT lives.

Until recently, the relative dearth of research focusing on diversity within the LGBT population drew little attention. Whether this was the result of a failure to acknowledge the actual diversity of the LGBT population, a level of

satisfaction with the fact that there was finally an evolving body of LGBT-focused scholarship in general, a combination of the two, or something else entirely, LGBT-focused research tended to ignore the roles of potentially relevant issues such as race, ethnicity, social class, age, and among others, in the lives of sexual minorities (IOM 2011; Van Sluytman and Torres 2014; Young and Meyer 2005). Over the last twenty years, a growing number of studies have included more diverse samples, yet recent systematic reviews of the literature reveal that extant scholarship still offers only a limited look a more diverse LGBT population (Eliason et al. 2010; Fredriksen-Goldsen and Muraco 2010; Huang et al. 2010). When researchers do give consideration to differences related to race, ethnicity, age, sexual minority identity, gender identity, geographic location, and/or SES, this acknowledgment comes primarily in the form of a sample description that rarely translates into a more in-depth analysis (IOM 2011). Generally, when acknowledged, the absence of such analysis is a limitation that is attributed to having insufficient numbers of individuals representing specific demographic characteristics (IOM 2011). Among the very limited number of studies that seek to specifically address some aspect of the diversity *within* the LGBT population, we find research that is typically characterized by small sample sizes and a reliance on qualitative research methods (e.g., case studies, focus groups, interviews). While these studies provide us with valuable and useful information, the reality is that our knowledge of significant portions of the LGBT community is based on the experiences of a very small number of people whose experiences may or may not share commonalities with others who have a similar, much less different, demographic profile. Thus, we remain fairly uninformed about the lives of LGBT persons of color or elderly LGBT persons of any race/ethnicity and/or socioeconomic background, with scholars recently noting that amidst this limited scope of available research, transgender persons remain all but invisible in the vast majority of all sexual minority-focused scholarship (Averett

et al. 2012; Fredriksen-Goldsen and Muraco 2010; Siverskog 2014).

Against this less than satisfying backdrop, this chapter focuses on one of the more challenging aspects of understanding the lives of human beings—confronting the reality that each of us is much more than the sum of our parts, and amidst this complexity, we each experience our identities as simultaneously fluid, contextual, and in some ways, concrete (Diamond 2005; Fish 2008; Hancock 2007). If that description seems to suggest inherent contradictions, in reality, it only offers the tip of the iceberg of what makes the process of developing a meaningful understanding of human beings and the human condition so challenging. Of particular relevance to the current focus of inquiry, this task is made all the more difficult by the fact that sexual minorities confront stigma, prejudice, and discrimination on a daily basis and thus have often been justifiably reticent about participating in research (Bowleg 2008; DeBlaere et al. 2010; Moradi et al. 2009). Despite this reality, social scientists must continue to acknowledge the complex combination of factors that contribute to individual experiences, seek ways to measure these factors, and subsequently configure this newly acquired knowledge into a narrative that can guide human service professionals in areas of practice, program development, and policy to positively impact the lives of aging LGBT persons (Eliason et al. 2010; Van Der Bergh and Crisp 2004).

The Limitations of LGBT Scholarship Related to Diversity

As efforts are underway to increase the diversity of questions explored in research involving elder LGBT persons, certain identity-related assumptions that have influenced past scholarship have been exposed. First, the centrality of problem-focused inquiry in the literature involving LGBT persons has been well established (IOM 2011). Although this work has provided the basis for seeking funding for much-needed LGBT-focused services and

programming, it has also been used to support politically and culturally charged arguments, suggesting that sexual minorities as a group are physically and mentally less healthy than heterosexual men and women (Bowleg et al. 2003; Purdie-Vaughns and Eibach 2008), and as such must be precluded from certain environments and/or activities (i.e., teaching young children, adoption/having children, serving in the military). Amidst this body of work sits a significant number of studies that focus on the centrality of the role of coming out as being either highly problematic, essential to well-being, and/or the indisputable foundation of a sexual minority person's identity (Hunter 2007). Conceptually, this work suggests that for persons who identify as lesbian, gay, bisexual, or transgender, one's sexuality is/should be the primary dimension defining one's identity. Given that some research suggests that elder LGBT persons who came out prior to the beginning of the gay rights movement (generally considered to be the day of the Stonewall riots—June 28, 1969) may not view publically acknowledging their sexuality (in any way) as necessary or appropriate, this assumption about the primacy of one's identification as a sexual minority may be highly problematic.

There can be little argument that each of these paths of inquiry has produced some important information that has enhanced our understanding of the lives of LGBT persons and that could (and does) assist in creating some form of positive change, for direct practice, programming, policy development, or community change (IOM 2011). Yet, beyond the debate about whether coming out is critical to the development of one's identity as a sexual minority, research demonstrates both the significance and fluidity of the prioritization of multiple identities among sexual minorities—including shifts in the centrality of one's identity as a sexual minority (Diamond 2005; Kertzner 2001). For instance, in a study of gay men in midlife, Kertzner (2001) found that many of the men viewed their sexual minority identity as less important to them as they aged, with greater significance being shifted to aspects of their non-sexual identity associated with race (for men

of color), their relationship status (particularly among single men in the study), and their physical appearance (i.e., being overweight). Similarly, in a qualitative study of older lesbians, Averett et al. (2012) found that the women viewed their sexuality as less central to their identity as they aged and instead emphasized on establishing stability and a sense of security.

Multiple Dimensions of Identity and Intersectionality

Identity is a central organizing tool for understanding how human beings create and maintain a sense of self (Howard 2000). Social scientists (primarily in the fields of sociology and psychology) have been studying identity for many decades. In general, the field of inquiry has been guided by three fundamental assumptions:

1. Identities are not innate qualities, rather they are socially constructed;
2. Identities are fluid; and
3. Identities are created/recreated over and over again through processes of social interaction and meaning-making.

Utilizing these three basic building blocks, we can acknowledge that at the heart of our discussion about multiple dimensions of identity and intersectionality sits a fairly simplistic premise— each of us possesses a number of characteristics that coalesce and sometimes conflict to create the unique individuals that we become (Jones and McEwen 2000; McCall 2005). We self-identify and we are identified and labeled by others based on multiple dimensions, including our race/ethnicity, age, sexuality, sex, and social class (Hancock 2007; Roccas and Brewer 2002). While all of these characteristics constitute parts of us as unique human beings, a number of influences we encounter across time and space contribute to the salience of particular identities at any given point in time (Abes et al. 2007). By framing our understanding of the lived experiences of elder LGBT persons around the

construct of multiple dimensions of identity/ multiple identities, we acknowledge and embrace this reality (Abes et al. 2007; Jones and McEwen 2000; Omi and Winant 1994; Tornstam 2005; Weber 1998).

Because our focus is on understanding and appreciating the lives of elder lesbians, gay men, bisexual men and women, and transgender persons, the fluidity of multiple identities experienced across the life course figures prominently in our discussion (Kertzner et al. 2009; Omi and Winant 1994). Although our own developmental trajectories and associated expectations and roles (i.e., becoming older, becoming a parent, partnering) certainly play a critical role in the process, the impact of embracing or being ascribed a particular identity is bigger than just knowing which predetermined box we are expected to check on a survey. In fact, given the fluidity of identity, how we self-identify may be both historically and situationally influenced (Cronin and King 2010; Deaux and Martin 2003; Howard 2000; Stirratt et al. 2007). For instance, in one's place of employment, our sexuality may seem of little relevance to us while highly relevant in others. A situation may be compounded by the fact that those around us may be prioritizing, and thus responding to, aspects of identity that we may or may not see as pertinent or primary in the moment. Or we may become a parent and come to centralize that aspect of our identity, regardless of what other aspects of our identity may remain more or less prominent as a result of our shifting priorities. In summary, as we move through various activities, interactions, and cognitive processes over the course of a given day, a month, or year(s), different aspects of our identity may be more or less salient—some of these shifts may be fleeting, while others may mark a long-term or permanent shift in our identity process (Abes et al. 2007; Fuss 1989; Kertzner 2001; McCall 2005; Roccas and Brewer 2002).

The question of which identity is primary has long been a subject of debate for many ethnic minority LGBT persons (see Chap. 6–8, 10). The politics of multiple identities, especially sexual minority status inclusion in ethnic minority communities, has become more fluid in recent decades. Moore (2010) examined strategies black LGBT persons use in black environments to proclaim a sexual minority identity that is co-occuring with a black identity. The belief is that increasing their visibility in black spaces will promote a greater understanding of minority sexuality as an identity status that can coexist rather than compete with race. One of the foci of the study was to examine the particular health and social support concerns faced by older and aging segments of this population (see Research Box 5.1).

Research Box 5.1 See Moore (2010).

Purpose: To analyze the ways black gay people who feel a sense of solidarity with the racial group experience the cross cutting issue of openly expressing a gay sexuality in black community contexts.

Method: The data for this study come from a larger project, Black Los Angeles Project, a research study examining neighborhoods, religious life, political participation, cultural production, and social justice in South Los Angeles, California. Approximately 30 months of qualitative data collection were used. This study was designed to examine the relationship that black LGBT persons have with their racial communities, the types of kin arrangements they participate in, the role religion plays in their lives, and the particular health and social support concerns faced by the older and aging segments of this population. In-depth, semi-structured interviews were conducted with self-identified LGBT African-Americans who live and/or work in predominately Black or Black and Latino neighbors. The researcher gathered data at churches, art exhibits, backyard barbeques, public forums, and other private activities.

Results: Black lesbians and gay men in LA born before 1954 tend to conceptualize black group membership as an identity status that must remain primary for the

continued advancement of the race. These individuals grew up when civil rights issues began to take center stage and they experienced gay sexuality as a stigma they had to endure throughout their lives. Conversely, their younger counterparts experience gay sexuality amidst a more public discourse about LGBT sexuality.

Questions

1. Do you think that this sample is representative of black LGBT elders' attitudes about the intersection identities?
2. What are the implications of this study for larger discussions of multiple identities across diversity in the LGBT community?
3. How can this study be redesigned or replicated with multiracial LGBT elders?

Debate about whether the costs and benefits of particular identity categories can be compartmentalized or even empirically captured continues, yet indisputable evidence remains elusive. Despite this, feminist scholars have contributed some important tools to assist us in the process of inquiry. Although a large body of work in this arena exists, over the last twenty-five years Crenshaw (1993), Hooks (1984, 1990) and Collins (1990, 2000, 2005) have been central figures in the development of feminist intersectionality theory. Their work focused initially on the intersection of race and sex, with black feminist scholars arguing that despite the growing number of researchers and theorists challenging long-standing notions that supported sexist and racist structures, the complex issues associated with the intersection between the two had been largely ignored. At the heart of their critique is the argument that identities and their related opportunities for advantage/disadvantage and privilege/oppression cannot be viewed in isolation, nor can they be understood as simply additive (Bowleg 2008; Settles and Buchanan

2014; Weber and Parra-Medina 2003). Instead, the impact of oppression associated with the ageism, sexism, racism, ethnocentrism, heterosexism, and classism (among other isms) cannot be teased out into separate parts, but instead must be understood as a complex intersection of different identities (Ferguson et al. 2014; Knapp 2005; McGibbon and McPherson 2011; Meyer 2003). As a consequence of the weight of oppression being disproportionately shouldered by those who possess multiple stigmatized identities, differences in mental, physical, social, and economic well-being should be expected (Diaz et al. 2001; Kertzner et al. 2009; Meyer et al. 2008; Szymanski 2005).

The "isms" and Identity. This chapter focuses on the lives of older sexual minorities—two identity categories that are individually and collectively stigmatized and disadvantaged in myriad ways. When we examine this within the conceptualization of multiple identities as contextual in nature, we are confronted with the fact that sexual minorities spend a significant amount of their time in environments dominated by heterosexuals. In the prevailing heterosexist environment, sexual minorities experience both blatant and subtle forms of oppression and discrimination due to their sexuality. Additionally, research involving sexual minority and/or presumably (or predominantly) heterosexual samples support the endorsement of ageist views within these groups. Despite the seeming universality of ageist views, some research indicates that gay men perceive the gay community to be particularly prejudicial when it comes to older men, while many lesbians felt ageism is largely a non-issue in the lesbian community (Schope 2005). Thus, it should not be surprising that a substantial amount of discussion centers around the individual and collective impact of "isms" (e.g., racism, sexism, ethnocentrism, ageism, heterosexism) on those who are disadvantaged, with some concern over whether particular identities are being or should be privileged within that debate (Case et al. 2012). As a result, in the midst of the complexity of trying to understand the interrelatedness of diverse

identities, questions arise about whether one aspect of one's identity should be considered as primary in relation to another. If we attempt to position this discourse at the intersections of identity components, we are confronted with an array of questions: Is it more challenging to be a white *gay* man, a *black* heterosexual man? an *Hispanic lesbian*? or an Asian *transgender* person? Moreover, what are the challenges of being multiracial, a sexual minority, and elderly? And, perhaps most critical for our consideration at this juncture, are these even the questions we should be asking?

As noted at the outset of this chapter, data addressing the lives of the diverse spectrum of individuals who identify as sexual minorities are limited. Despite this, research conducted in recent years offers some opportunities for glimpses into the lives of a growing number of LGBT persons from a diversity of backgrounds, and encompassing a broadening spectrum of identities (Albelda et al. 2009; Diaz et al. 2008). As a result, an examination of secondary data from three population-based studies, including the US Census, the National Survey of Family Growth (NSFG), and the California Health Interview Survey (CHIS), offers insight into a few of the ways the lives of sexual minorities converge and diverge in relation to some basic, yet influential, demographic characteristics (Albelda et al. 2009). Collectively, the information offers evidence of some of the ways that race, sex, age, and geography combine to impact the economic well-being of self-identified LGB persons. For instance, the NSFG identified higher rates of poverty for women of sexual minority status as compared to heterosexual women, yet lower rates for gay men as compared to bisexual or heterosexual men (Albelda et al. 2009). Data from the 2000 US Census revealed that lesbian couples over age 65 had a poverty rate that was twice that of heterosexual married couples. When the analysis took into consideration the possible influence of race and geographic location (more precisely, population density), the findings were even more compelling. Specifically, same-sex couples living in rural areas were twice as likely to live in poverty as those in urban areas. The

combination of race and couple status revealed that being a same-sex couple versus a different-sex couple meant significantly higher rates of poverty for African-Americans, and same-sex African-American couples had poverty rates three times that of white same-sex couples (Albelda et al. 2009). It is worth noting that limitations in the US Census Bureau's data collection process preclude examination of these relationships for single sexual minorities or those who may be part of a non-cohabiting couple. The expansion of data collection categories to include a more direct indicator of sexual minority status would offer an unprecedented opportunity to capture a meaningful picture of the number of self-identified sexual minorities living in the USA (Gates 2006). To date, while scholars and advocates have called for a change in census data collection practices as they relate to sexual minorities (Auldridge and Espinoza 2013; Brown and Grossman 2014; IOM 2011), there is no indication that the Census Bureau has plans to make this adjustment.

Research in the health and mental health fields has also exposed physical and mental well-being disparities between sexual minorities and the heterosexual majority and among LGBT persons (Auldridge and Espinoza 2013; Banks 2012; Kertzner et al. 2009), with some of these differences being linked to economic inequalities captured in the studies described above (Fredriksen-Goldsen et al. 2011; IOM 2011). In their study of LGBT persons age 50 and older, Fredriksen-Goldsen et al. (2011) found that, compared to white respondents, LGBT persons of color were more likely to experience higher rates of a number of physical and mental health problems, including HIV/AIDS, hypertension, heart disease, and diabetes, among others. These scholars go on to note that despite these elevated risks, little to no discussion focusing on addressing the specific needs of aging LGBT persons of color has occurred (Fredriksen-Goldsen et al. 2011).

Assumptions of Hierarchical Socialization. While basic demographic characteristics such as one's sex, age, race, ethnicity, and sexual orientation may be viewed simply as benign

descriptive information, the way these qualities are experienced as a part of one's identity is greatly influenced by the social construction of meanings attached to those characteristics (Abes et al. 2007) and the context in which those meanings are constructed and reinforced (Jenkins 2014). Thus, the existence of prejudicial beliefs that characterize racism, sexism, ageism, and heterosexism plays a significant role in the social processes associated with identity development and identity management (Jackson III 2012; Jones 1997). As we navigate daily life, we must manage both internalized beliefs and external forces related to the socially constructed meaning assigned to various facets of our identities, and we are often challenged to do so in different environments and groups that hold varying perspectives on the "appropriate" hierarchy associated with our particular demographic profile (Raetz and Lease 2002).

Examining Multiple Oppressions

Along with multiple identities come opportunities to experience multiple oppressions (and privileges —depending on one's status location in the hierarchy). In her research examining the lives of black lesbians, Greene (1995) referred to this as "triple jeopardy," arguing that being part of three oppressed groups (i.e., women, lesbians, and blacks) resulted in the potential for black lesbians to experience a disproportionate share of the negative consequences of oppression. Following Greene's argument, we argue that elder black lesbians experience quadruple jeopardy. Similar arguments have been made by other scholars who have utilized intersectionality as a model to explore the multiplicity of identity components in LGBT-focused research (Szymanski and Gupta 2009). As suggested by the limited research available on LGBT persons, framing the potential consequences associated with possessing more than one stigmatized minority status is supported by much of our available evidence (Purdie-Vaugns and Eibach 2008; Robinson-Wood 2009).

In a study examining factors that serve as social determinants of women's health, McGibbon and McPherson (2011) argue that "the oppressions of sexism, racism, heterosexism, and ageism, to name a few, can and do happen together to produce a complex synergy of material and social disadvantage" (p. 61). As both a challenge and a reminder to social scientists and helping professionals, the authors go on to assert that this conglomerate cannot be dissected into separate parts that conveniently address the influence of one *ism* in isolation from another (McGibbon and McPherson 2011). Their assertions offer important tools to utilize when critically examining extant research, with its minimally diverse samples, and define the limits of what it may or may not be able to tell us about the lives of elderly LGBT persons.

Proceeding with this cautionary note in mind, research offers a number of insights into ways that multiple oppressions impact our lives. While stigma and discrimination often make it difficult to access study participants who are representative of the diverse population of sexual minority persons (Fish 2008; Moradi et al. 2009), a growing, albeit small, body of work exists. This research underscores the ways that members of already marginalized groups may be particularly disadvantaged as they age. For instance, in general, Black and Latino persons are disproportionately concentrated in low wage jobs that offer limited, if any, access to opportunities for advancement, health insurance, and retirement security (National Hispanic Council on Aging [NHCOA] 2014; Services and Advocacy for LGBT Elders [SAGE] 2013; Social Security Administration 2011). Limited work opportunity increases the likelihood that these individuals will experience greater health-related challenges as they age and that they will encounter these challenges with a limited spectrum of resources. While the available information is certainly limited, research suggests that this scenario may be similar, if not more problematic, for elder Black and Latino sexual minorities (Auldridge and Espinoza 2013). See Chaps. 6 and 10 for

additional information on African-American/ Black and Latino LGBT elders. Against this backdrop, it is important to acknowledge that those experiencing the impact of multiple forms of oppression may be highly dependent on support from their informal care/support networks.

Diversity in Relationships

To this point, this chapter has focused on the significance of multiple identities and intersectionality in the lives of individual LGBT persons. However, given the increasing importance of social relationships as source of support as one ages, consideration of the ways sexual minority couples are impacted by intersectionality is also important. Although research on intimate relationships of sexual minorities is somewhat limited, there is an evolving body of work that speaks to the unique challenges faced by LGBT couples (Brown and Grossman 2014; Gates 2006; Jeong and Horne 2009; Kurdek 2001; Long 2008). Numerous studies of same-sex couple relationships have documented similarities in relationship quality and relationship dynamics for both same-sex and different-sex couples (e.g., Blumstein and Schwartz 1983; Kurdek 2004; Malouff et al. 2010), yet the negative consequences of minority stress in same-sex couples have also been a frequent themes. This work is guided by minority stress perspective (Meyer 1995), whereby experiences of stigmatization and discrimination, as well as differences in degree of "outness" are examined as contributing factors in relationship well-being (Green and Mitchell 2008; Otis et al. 2006). A limited body of scholarship examines the lives of older sexual minorities of color or LGBT persons who are identified in some way (e.g., race, ethnicity, SES, geographic location) that goes beyond sexuality or gender identity (L, G, B, or T) and/or sex. This dearth of information about older LGBT racial and ethnic minorities living outside urban areas was captured in Huang et al.'s (2010) content analysis of the literature,

which focused on LGB persons of color. Like the bulk of LGB research in general, their analysis found the typical profile of study participants to be young- to middle-aged living in an urban area, and relationship status is either not addressed or peripheral to the analysis.

In an effort to gain insights into the ways race, ethnicity, *and* age may impact the intimate relationships of LGBT persons, research focusing on heterosexual couples may prove useful. A case in point can be gleaned from the research that has been guided by the increasingly popular minority stress model for LGBT research (Balsam et al. 2011; Meyer 1995). Initial research using the minority stress model focused on understanding the impact of racism in the lives of African-American men and women. As Pinder-hughes (2002) discussed in her review of the literature examining African-American marital relationships, both economic conditions and sex role expectations serve to impact the stability and quality of these unions. While other factors that are unique to opposite-sex relationships were also found to be relevant in these studies, the influence of racism on economic well-being and how that intersection manifests itself as a stressor in intimate relationships is likely to traverse relationship types (NHCOA 2014; SAGE 2013). Similarly, given that members of same-sex couples are raised within the same environment as their heterosexual peers, expectations and assumptions (both positive and negative) associated with being a person of color are also potentially influential in the lives of the sexual minority couples (SAGE 2013).

Families of Choice

While the previously described complexity of the lives of LGBT persons offers a daunting array of challenges to consider when attempting to understand and appreciate the social identities of sexual minorities, the concept of "families of choice" offers yet another important element. Families of choice is a construct originally attributed to Weston (1991), who sought to

understand ways that sexual minorities cope with the loss of family ties and relationships associated with rejection by their families of origin. In her qualitative study of lesbians and gay men, Weston found that many described a process of recreating many of the dynamics typically associated with traditional family models in their relationships with intimate partners and networks of friends (many of whom also identified as sexual minorities). Because Weston completed her study more than two decades ago, the role of families of choice (similar to the social anthropology concept of fictive kin) in the lives of LGBT persons holds a significant place in the sexual minority-focused literature (Cronin 2004; Grossman et al. 2000; Hughes 2007). While the development of families of choice offers both positives and negatives in the lives of elderly sexual minorities (Croghan et al. 2014), in the current context, we are particularly interested in how this socially constructed model of family relates to the multiplicity of LGBT identities and the lived experiences of elderly persons. The reader will find further discussion on the functions of families of choice in many chapters in this book.

The Convergence of Race, Gender, Sexuality, Age, and Care Networks

As we age, the quality and quantity of sources of emotional and instrumental support become increasingly relevant in our lives. This is true, regardless of one's sexuality. Despite the universality of the development of aging-related needs and concerns, for elder LGBT individuals securing access to stable supportive and affirming care networks offers unique challenges and opportunities for concern (Addis et al. 2009; Brennan-Ing et al. 2014). Care networks are constructed of both formal and informal caregivers and resources. Understanding the significance of the multiplicity of identities both within and between formal and informal care networks is highly relevant to efforts to secure positive outcomes for aging LGBT persons (Hughes and

Kentlyn 2011). Thus, to better understand these relationships, below, we consider relevant aspects of informal and formal care networks separately, and then in relation to one another.

Preparing to Address the Needs of Elder LGBT Persons

In light of multiple sources of evidence indicating that sexual minorities experience myriad forms of prejudice, discrimination, and even victimization in healthcare settings, aging and LGBT advocates championed a call for action (Fredriksen-Goldsen et al. 2011). Other studies addressing the preparedness of communities of care to meet the needs of elderly LGBT persons found that only about one-third of the agencies contacted had provided their employees with any form of training related to working with LGBT persons (Knochel et al. 2011), despite indications that trainings addressing culturally competent practice with sexual minorities have been shown to be effective (Crisp et al. 2008; Porter and Krinsky 2014). An examination of the content of those trainings provides little evidence that those who are developing and/or implementing these trainings have done so with any awareness of the relevance of the intersectionality of multiple identities. Thus, despite some recognition of the needs of elder sexual minorities as a monolithic entity, any particular needs that might be associated with other aspects of elder LGBT persons' identities are treated as invisible or irrelevant.

An examination of the responses of LGBT-related educational practice in the helping professions offers a number of efforts (e.g., identification of key competencies and content, constructing comprehensive assessment, understand and articulate ways in which agency, program, and service policies marginalize and discriminate against LGBT older adults) to increase the cultural competence of future human service professionals (Fredriksen-Goldsen et al. 2014; Hardacker et al. 2014). In the process, students are learning about the unique challenges

faced by sexual minorities, the essential role of families of choice, and the ways that practitioners and agencies can create a more welcoming and supportive environment and reduce barriers to access (Van Der Bergh and Crisp 2004). And, while training in being a culturally competent human service professional also challenges students to think about other marginalized and stigmatized groups (e.g., the elderly, persons of color, immigrants), similar to the bulk of extant research, this training is generally constructed based on compartmentalized identity components rather than the intersectionality of multiple identities (Eliason et al. 2010).

Clearly, formal communities of care are confronted with substantial challenges in terms of being responsive to the needs and well-being of a diverse population of elder LGBT persons. With this as a foundation, we can begin to consider ways we can develop practices, programs, and policies that are actually responsive to the needs of this heterogeneous population (Knochel et al. 2011; Leyva et al. 2014; Portz et al. 2014). A number of recent studies in various fields of the helping professions offer insight into ways to transfer this knowledge about the complexity of elder LGBT population into effective practice (Leyva et al. 2014; Porter and Krinsky 2014; Portz et al. 2014). For example, recent studies in community nursing practice have demonstrated the effectiveness of developing new programs or refining existing programs within the community through a process of active engagement with future/current program participants and service users (Fredriksen-Goldsen et al. 2014; Orel 2004). In other arenas, community-based research has given way to models of cultural competence that offer some useful techniques for increasing availability and accessibility of resources (Boulder County Aging Services 2004; Moone et al. 2014; Rainbow Train 2003).

Informal care networks. The preceding pages of this chapter offer a sampling of supportive evidence related to the relevance of various social identity factors as influences on mental and physical health and access to life-enhancing opportunities. When we consider the relevance of these factors on families of choice, we realize that LGBT elders may be particularly disadvantaged because challenges that they face may be quite similar to those experienced by members of their family of choice—a network likely to constitute their circle of informal caregivers (Brennan-Ing et al. 2014; Gabrielson 2011). Unlike their heterosexual counterparts, LGBT elders are likely to share commonalities with their informal caregivers, not the least of which may be that they are of similar ages. Whereas many heterosexuals may be more likely to have caregivers across multiple generations (e.g., children, nieces/nephews), LGBT elders' informal care networks often consist of generational peers (Brotman et al. 2007; Fitzgerald 2013; Shippy 2007).

Similarities in age may increase the likelihood that LGBT elders and their families of choice may experience concurrent increases in support and resource needs, and so additional strains may be experienced by elder LGBT persons of color (Glass and Few-Demo 2013; Lehavot et al. 2009), and sexual minorities who identify as transgender (Fredriksen-Goldsen et al. 2011; Siverskog 2014). For instance, research suggests that sexual minorities of color may be more likely to experience isolation in old age due to lower levels of integration into the LGBT community throughout their lives (Lehavot et al. 2009; Szymanski and Gupta 2009; Woody 2014). This situation may be compounded by the greater likelihood that elder LGBT persons of color are living in poverty, lacking healthcare-related resources, and experiencing higher rates of disease (Fitzgerald 2013; Fredriksen-Goldsen et al. 2011). These challenges may be particularly salient for lesbians, bisexual women, and transgender persons who may often have lived much of their lives with very limited formal and informal support networks (Fredriksen-Goldsen et al. 2011). Similarly, aging LGBT persons who are living with HIV/AIDS often have informal support networks that are largely constituted by peers who are also living with HIV/AIDS (Cantor et al. 2009). Notably, among LGBT elders living with HIV/AIDS, persons of color are disproportionately represented (Auldridge and Espinoza 2013).

Table 5.1 Suggestions for working with LGBT elders

Do not assume heterosexuality or gender identity even when you know the client is in a relationship with someone of the opposite sex, is married, or has children and grandchildren
Respect the privacy of clients you think might be LGBT
Explain and emphasize your agency's policy on confidentiality
Make sure intake forms include the category of partner or significant other. For a sex or gender question, add a category for transgender
Put LGBT-friendly language in your brochures and other program materials
Be aware transgender elders frequently face isolation, negative judgments, and ostracism from health and social service professional. Thus, educate yourself and others in your agency about gender diversity
Respect the gender that transgender clients consider themselves to be by using gender-correct pronouns
Advertise and promote your programs and services in the LGBT press

Adapted from Flaxman (2005)

Formal care networks. The availability of culturally competent formal communities of care is critical to the well-being of the diverse population of aging LGBT persons. Yet, research indicates that many LGBT minorities express great concern over needing to access aging services in environments that they either perceived to be unwelcoming or where they or their peers have already experienced prejudice and discrimination (Brotman et al. 2007; Gabrielson 2011; Hughes 2007; Johnson et al. 2005; National Senior Citizens Law Center et al. 2010). As a result, LGBT elders are more likely to forego preventive or needed treatment or care, thus increasing the likelihood of experiencing more severe physical and mental health consequences in the future (Tjepkema 2008). Unfortunately, because these concerns are not simply manifested in later life, elder lesbians, gay men, bisexual men and women, and transgender persons often enter old age having experienced a disproportionate number of health-related issues (Heck et al. 2006; IOM 2011). Research indicates that such concerns are not without merit. A collaborative study involving three prominent national organizations focused on aging (Movement Advancement Project [MAP], Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders [SAGE], and the Center for American Progress [CAP] 2010) documented LGBT elders' experiences of being denied services (or provided inappropriate services), and the marginalization of same-sex partners in the decision-making process. Similarly, in 2011, Fredriksen-Goldsen and colleagues reported that 13 % of their respondents (adults age 50 and over) had experienced some form of discrimination or victimization within a healthcare setting.

Intersection of informal and formal care networks. Given the centrality of families of choice in the lives of many LGBT elders, it is particularly important for human service providers and agencies to develop a comprehensive understanding of informal care networks. With studies indicating that elder sexual minorities are more likely to turn to families of choice for support, while also suggesting that a significant number of elder lesbians, gay men, and transgender persons are likely to be single and often isolated, human service professionals play a significant role in the lives of LGBT elders. Where informal networks are available, service providers and policies need to serve as a bridge connecting these critical aspects of the person's overall care network. Additionally, by being aware of the greater likelihood that LGBT elders may be less likely to have a either a traditional family network and/or family of choice network available for support, human service providers can reach out to sexual minorities to assure that they are not isolated and receive the care and support that they need as they age (Brennan-Ing et al. 2014). In addition, human service providers need to be well versed in appropriate communication strategies with LGBT elders. Flaxman

(2005) identified practical suggestions to that end (see Table 5.1).

Summary

People throughout the world have multiple and intersection identities. Other attributes include racial and gender identities, sexual orientation or gender identity, belief systems, and aging. In this chapter, we highlighted a seemingly obvious, yet often ignored, reality; elderly lesbians, gay men, bisexuals, and transgender persons are made up of a complex and fluid combination of social identities that have been influenced by their life experiences, which continue to reconfigure as they age (Abes et al. 2007; Azmitia 2014; McCall 2005). The presence of ageism, sexism, racism, ethnocentrism, classism, and heterosexism, among other sources of discrimination, has contributed to myriad inequities in the lives of LGBT elders. The consequences of those past experiences, as well as current ones, are manifested on a daily basis (Meyer 1995). As has already been documented in a number of studies, we anticipate that these consequences will continue to be manifested in differences in disease rates, life chances and opportunities, and overall quality of life across the life course. Although we are unlikely to eliminate these sources of inequity any time soon, our awareness of them should be a catalyst for change (Crisp et al. 2008; Van Den Bergh and Crisp 2004).

Intersectionality as a conceptual framework for understanding the complex identities of LGBT elders offers a useful heuristic tool with which to build a bridge between the processes of conceptualization and program development in the helping professions. Intersectionality invites us to consider not only the categories associated with different aspects of identity but also the impact associated with privileges and oppressions that correspond with those categories (Garry 2011). As a body of knowledge, extant scholarship on intersectionality reflects the influence of many disciplines. As research moves forward with the guidance of multidisciplinary teams, Bowleg (2008) argues that we will garner the benefits of creative approaches to conceptualization, measurement and analyses that better capture the complex and fluid model of social identity that is more representative LGBT lives. For example, while research is constrained by our ability to develop measures that are reliable and valid indicators of the aspects of identity we wish to consider, increasingly sophisticated statistical methods offer techniques for simultaneously considering these factors in complex ways more closely aligned with human experience (Stirratt et al. 2007). As we increase our ability to capture evidence of the intersectionality of identity, sophisticated research will offer greater insight into how we might best develop programs that avoid the compartmentalization of identity components in favor of programs that holistically embrace the complexity of LGBT elders' identities (Bowleg 2008; Weber and Parra-Medina 2003). Notably, Stirratt et al. (2007) acknowledge that while statistical analysis allows us to model a multidimensional view of the intersectionality of identities, we are still challenged to capture the contextual variation that contributes to the fluidity of identities (Deaux and Martin 2003; Stirratt et al. 2007). Environments that construct and nurture norms and values that support hierarchical views of race, ethnicity, age, sex, and sexuality, among other targets for differential treatment, contribute to the development and maintenance of social identity. Consequently, we have further evidence of the critical role that advocacy for social change can play in the elder LGBT persons lives.

Learning Activities

Self-Check Questions

1. Why is it important to understand why and how people are more than the sum of their parts?
2. What are some of the limitations of research on the LGBT population related to identity intersectionality within this population?

3. What are the fundamental assumptions used by social scientists to guide the study of identities?
4. What types of intersectionalities should be addressed when working with LGBT elders? Why are these important?
5. What are presenting problems between formal and informal care networks when working with LGBT elders?

Experiential Exercises

1. Develop a survey to determine how LGBT elders view their identities. Potential question can include how they define their identity (one vs. multiple), how they rank their identities, how elements of their identity fit with the majority or dominant group, and so forth.
2. "Walk a mile in an LGBT person's shoes"— (a) imagine yourself as an LGBT older person, (b) think of issues that you will have address because of your intersection of identities (e.g., what are the cultural concerns, what are the communication concerns), and (c) what types of strategies do you recommend to address these concerns.
3. As a human service provider, develop a protocol for your work setting that is inclusive of LGBT elders, keeping in mind that their multiple identities must be addressed.

Multiple-Choice Questions

1. An individual who is a lesbian, Latino, and age 70 is considered to be which of the following?
   (a) A triad member
   (b) Risk of triple jeopardy
   (c) Nexus of sexual orientation
   (d) Decreased risk of discrimination
2. Which of the following refers to the movement through various activities, interactions, and cognitive processes over the course of time in which different aspects of one's identity may be more or less salient?

   (a) Single identities
   (b) Compounded identities
   (c) Fluidity of identity
   (d) Particular identity
3. Which of the following is attributed to differences in mental, physical, and economic well-being due to shouldering the weight of oppression disproportionately?

   (a) Multiple stigmatized identities
   (b) Residence in certain regions of the country
   (c) Type of employment
   (d) Multiple personality disorders
4. Which of the following is at the heart of feminist intersectionality theory?

   (a) *Isms* can be understood in separate parts
   (b) *Isms* must be understood as the result of complex intersection of different identities
   (c) *Isms* can be viewed in isolation
   (d) *Isms* can best be understood as additive to other identities
5. Which of the following is particularly important for human service providers to understand in working with older sexual minorities?

   (a) The centrality of families of choice
   (b) Greater likelihood that KGBT elders may be less likely to have a traditional family network
   (c) LGBT elders are likely to be single and often isolated
   (d) All of the above
   (e) None of the above
6. Which of the following is an accurate description of identity?

   (a) Identities are innate qualities
   (b) Identities are socially constructed
   (c) Identities are fixed and static
   (d) Identities are unidimensional
7. Which of the following is a good strategy for human service providers working with LGBT elders?

   (a) It is important to share their identity with other service providers

(b) Exclude LGBT—specific language in agency brochures and materials as not to embarrass them

(c) Do not assume heterosexuality or gender identity when a client is married or have children or grandchildren

(d) Avoid using categories other than male or female sex or gender question to protect client confidentiality

8. Who is credited with construction of the concept of families of choice?

   (a) Albert Ellison
   (b) Vivian Cass
   (c) Sigmund Freud
   (d) Kath Weston

9. Which of the following is an organizing tool for understanding how human beings create and maintain a sense of self?

   (a) Identity
   (b) Personality
   (c) Family of origin
   (d) Family of choice

10. Which of the following best describe human service agencies preparedness to work with LGBT Elders?

   (a) Highly qualified
   (b) Inadequately qualified
   (c) Interdisciplinary trained
   (d) Culturally competent

Key

1-B
2-C
3-A
4-B
5-D
6-B
7-C
8-D
9-A
10-B

Resources

Center for Intersectionality & Social Policy Studies: www.intersectionality-center.org.

Lee, D., & Noble, M. (2014). "*Addressing whole identities or fragmented lives*" *An introductory service provision and employer guide to multiple identities and discrimination in Northern Ireland.* www.rainbow-project.org/assets/publications/addressingwholeidentitiesorfragmentedlives.pdf.

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