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Investigating the Needs and Concerns of Lesbian, Gay, Bisexual, and Transgender Older Adults: The Use of Qualitative and Quantitative Methodology

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Abstract

Extensive research on the specific needs and concerns of lesbian, gay, bisexual, and transgender (LGBT) older adults is lacking. This article describes the results of both quantitative studies (i.e., LGBT Elders Needs Assessment Scale) and qualitative studies (i.e., focus groups and in-depth interviews with lesbian, gay, or bisexual [LGB] older adults and LGB grandparents) that specifically sought to investigate the unique needs and concerns of LGBT elders. The results identified 7 areas (medical/health care, legal, institutional/housing, spiritual, family, mental health, and social) of concern and the recognition that the needs and concerns of LGBT older adults be addressed across multiple domains, rather than in isolation.

Keywords

LGBT; needs assessments; older adults; qualitative methodology

It is well documented that the population over the age of 65 within the United States and worldwide is dramatically increasing. While the overall U.S. population has tripled in the past century, the number of people aged 65 and older has increased 11-fold (Administration on Aging, 2010; U.S. Census Bureau, 2000). Currently, nearly 35 million Americans are aged 65 and older, representing 13% of the population, or one in eight Americans. During the next 25 years, as baby boomers reach later life, the number of American elders will almost double to 69.4 million. The accelerated pace of the aging population is most evident with the fact that beginning on January 1, 2011, approximately 10,000 “baby boomers” (e.g., those born between the years 1946 and 1964) will turn age 65 each day. It is estimated that in 2030, one in five Americans will be 65 years of age or older. Because life expectancy has increased, the number of individuals reaching the age of 85 or older will also dramatically increase. It is projected that by 2050, the United States may have as many people over the age of 85 as the current populations of New York City, Los Angeles, and Chicago combined (Administration on Aging, 2010).

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Paralleling the overall older adult population, it can be assumed that the number and proportion of lesbian, gay, bisexual, and transgender (LGBT) older adults will significantly increase over the next few decades. However, obtaining accurate estimations of the current and projected LGBT older adult population has been problematic for a variety of reasons, but mostly due to the fact that sexual orientation has been absent in almost all major gerontological research studies (Barranti & Cohen, 2000), especially federal surveys (Institute of Medicine, 2011). In addition, the pervasive homophobic attitudes of society have discouraged the LGBT older adult population from "coming out" and being counted (Hunter, 2007). Therefore, only rough estimations of the LGBT older adult population are presently available. These estimations are based on historical estimates of the overall LGBT population, which have ranged from as low as 1% to as high as 10% of the general population (D'Augelli & Patterson, 1996; Kinsey, Pomeroy, & Martin, 1948; Kochman, 1997). Recently, publications from both the Institute of Medicine (2011) and the Williams Institute (Gates, 2011) indicate that determining the size of the LGBT population remains challenging, but using available data, they estimate that 3.5% of adults in the United States identify as lesbian, gay, or bisexual (LGB), and an estimated 0.3% are transgender. The National Gay and Lesbian Task Force (NGLTF) Policy Institute (1999) recommended the use of a conservative range of 3% to 8% to estimate the actual LGBT older adult population. Applying these percentages, the NGLTF Policy Institute estimates that one to three million Americans aged 65 and older are LGBT.

The "graying of America" demands societal attention to the challenges and opportunities of the general older adult population; this statement takes on a heightened importance with reference to the aging LGBT population whose specific needs and experiences remain largely unknown. Concomitant with this absence of information, many researchers have concluded that the needs of LGBT older adults have been ignored by most institutions in our society (Dorfman et al., 1995; Quam & Whitford, 1992). In 2000, the NGLTF published *Outing Age*, the first comprehensive report to address public policy issues facing LGBT elders (Cahill, South, & Spade, 2000), with an updated version published in 2010 (Grant, Koskovick, Frazer, & Bjerk, 2010). In 2010, Services and Advocacy for GLBT Elders (SAGE) and the Movement Advancement Project in partnership with the American Society on Aging released *Improving the Lives of Lesbian, Gay, Bisexual, and Transgender Older Adults.* Most recently, the Institute of Medicine released in 2011 *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.* Collectively, these reports clearly indicate that research studies on LGBT older adults are desperately needed. The reports also stressed the importance of investigating the needs and concerns of middle-aged LGBT persons because there are distinguishable characteristics that differentiate midlife cohorts of LGBT individuals from current older cohorts.

For example, LGBT adults who are currently at the leading edge of the boomer cohort are the first generation to reach middle adulthood after the occurrence of the Stonewall riots in 1969 and the resulting gay liberation movement of the 1970s (Herdt & de Vries, 2004; Hunter, 2005: Richardson & Seidman, 2002). Current older cohorts of LGBT persons came of age during a significantly different sociohistorical context in which heterosexism went unchallenged and negative views toward homosexuality were made explicit throughout

culture and social institutions (Hunter, 2005; Kimmel, Rose, Orel, & Greene, 2006). Prior to the Stonewall Rebellion of 1969, LGBT persons were forced to live secreted lives in which their sexual orientation was "closeted" so that a public heterosexual identity could be managed (Seidman, 2002).

This article, grouped into several studies adopting different methodologies, describes ongoing, linked research endeavors that have focused on the LGBT older adult population addressing the recommendations first made by the NGLTF in 2000. Specifically, our initial focus group discussions and individual interviews on needs and service usage led to the development of a needs assessment instrument, which, in turn, led to subsequent interviews on more focused topics. All of these research activities are presented collectively to represent the cumulative nature of this research and to illustrate the importance of conducting both quantitative and qualitative studies, and their mutual influence, to best address the research questions under consideration.

CONDUCTING FOCUS GROUPS WITH LGBT ELDERS

Historically, focus groups have been suggested as a useful starting point for the design of survey questionnaires (Stewart & Shamdasani, 1990). Maykut and Morehouse (1994) defined a focus group as "a group conversation with a purpose" (p. 104). Focus groups rely on group discussion and interaction that is based on the researcher's focus of inquiry (Morgan, 1997). The aim of this focus group research was to identify the common themes regarding the needs, concerns, and issues affecting a select group of older LGBT persons. It was believed that the identification of common themes would provide insights into focus group participants' attitudes, perceptions, and opinions about aging within the LGBT community and their utilization of aging services.

Three focus groups of 7 to 10 self-identified older LGB persons in three different geographical areas (Northwest, Ohio; Northeast, Ohio; and Southeast, Michigan) were organized and conducted. These three areas included three major metropolitan cities (e.g., Toledo, Cleveland, and Detroit), as well as suburban and rural communities that are diverse in terms of race and ethnicity. Following Institutional Human Subjects Review Board protocol, all focus group participants were informed, in writing, of the general nature of the research project, the foreseeable risks, and the voluntary nature of their participation.

A total of 26 LGB older adults participated in the focus group discussions. There were 13 lesbians, 10 gay men, and 3 women who identified their sexual orientation as bisexual. Unfortunately, the focus groups did not include older adults who self-identified as being transgender, despite vigorous recruitment efforts to be inclusive. Participants ranged in age from 65 to 84, with a mean age of 72.3. Collectively, the three focus groups consisted of LGB older adults of various ethnic and racial groups (African Americans, $n = 6$; European Americans, $n = 17$; Asian Americans, $n = 1$; Latino/Latinas, $n = 2$; socioeconomic statuses [low income, $n = 5$; middle income, $n = 15$; upper income, $n = 6$]) and educational levels (less than an 8th-grade education, $n = 2$; high school graduates, $n = 17$; college graduates, $n = 5$; advanced degrees, $n = 2$). The focus groups were conducted over a period of 6 months, and the length of each focus group was from 1½ to 2 hr. All focus group discussions were

audiotaped, and to protect the anonymity of the information that would be obtained, participants were asked to use pseudonyms instead of their own names. The physical locations of the focus group discussions were at pre-identified gay-friendly sites.

Audio-taped focus group discussions were transcribed verbatim. The qualitative analytic strategy that was used for the focus group transcripts was the constant comparative method suggested by Glaser and Strauss (1967), and further outlined by Maykut and Morehouse (1994). Transcripts underwent a process called “unitizing the data” (Maykut & Morehouse, 1994, p. 118) to identify units of meaning within the data. This process involved identifying small units of meaning, such that each unit of data that was identified was explicable by itself and later served as the basis for defining larger categories of meaning (Lincoln & Cuba, 1985).

The next step in the analysis process involved inductive category coding in which recurring ideas, themes, and concepts from the unitized data was combined into larger conceptual categories (Maykut & Morehouse, 1994; Merriam, 1998). Categories were continuously refined and reviewed for ambiguity or overlap. Taking these larger categories, salient patterns and relationships that emerged across categories were explored. The categorized and refined data were integrated into a descriptive narrative of the participating LGB older adults’ experiences and perspectives (Maykut & Morehouse, 1994).

This descriptive content analysis of the expressed experiences, perspectives, attitudes, and opinions from participants in the three focus groups revealed seven major areas of importance for these LGB older adults. These seven areas (listed in order of implied importance by the participants) were medical/health care, legal, institutional/housing, spiritual, family, mental health, and social (Orel, 2004a). These seven life areas have also been previously identified in the literature as being areas of importance for *heterosexual* older men and women (Ferrini & Ferrini, 2000).

All focus group participants indicated that their medical/health care needs were their primary source of concern, with an emphasis on concerns related to rising health care costs, financial constraints in seeking medical care, and failing health. It was most evident from the focus group discussions that the health care needs of the LGB older adult participants mirrored what has been reported in previous studies (Dean et al., 2000; Gay and Lesbian Medical Association, 2001). There continues to be health disparities among LGBT persons, and LGBT elders specifically. Although a major goal that was highlighted in the Department of Health and Human Services’ *Healthy People 2010* was the elimination of health disparities of LGBT individuals, research has suggested that LGBT persons are disproportionately at risk for violent hate crimes, sexually transmitted infections including HIV/AIDS, a variety of mental health conditions (Cochran, 2001; Cochran & Mays, 2000, 2009; Fergusson, Horwood, & Beautrais, 1999; Herek, 2009; Institute of Medicine, 2011; Koh & Ross, 2006), body weight problems (Carlat, Camargo, & Herzog, 1997; Carpenter, 2003; Deputy & Boehmer, 2010), substance use and abuse (Cochran & Mays, 2006; Skinner & Otis, 1996; Stall & Wiley, 1988), smoking (DuRant, Krowchuk, & Sinal, 1998; Stall et al., 1999; Tang et al., 2004), and certain cancers (Cochran et al., 2001; Daling et al., 1987; Dibble, Vanoni, & Miaskowski, 1997; Koblin et al., 1996; Zaritsky & Dibble, 2010). These

same health risks were reported by members of the focus groups. That is, the discussions revealed patterns similar to previous research that indicates that lesbians are significantly less likely than non-lesbian women to receive routine preventive health care (e.g., pap smears and breast cancer screening; Denenberg, 1995; Institute of Medicine, 1999; Koh, 2000; Robertson & Schachter, 1981) and gay adults are significantly more likely than non-gay adults to report unmet medical needs and difficulty obtaining care (Diamanti, Schuster, & Lever, 2000; Diamanti, Wold, Spritzer, & Gelberg, 2000; Ponce et al., 2010). However, the exact causes of these health disparities are still understudied and, therefore, not well understood (Mayer et al., 2008). Meyer and Northridge (2007) suggested that the social stigma and systematic discrimination based on sexual orientation and gender identity create a stressful social environment that has a significant negative impact on the overall health of LGBT individuals. Focus group participants provided examples of the discrimination and bias that they experienced within health care settings. Participants shared their frustrations with health care personnel who would assume heterosexuality, especially when sexual histories were being obtained. More important, one-half of the participants indicated that their physicians did not discuss sexual activity or obtain sexual histories.

Legal issues were another identified source of primary concern and frustration for all twenty-six LGB elder focus group participants. Focus group participants voiced their frustrations about the lack of legal protection for same sex couples that “married” opposite sex couples are granted. Although focus groups participants discussed the availability of *living wills* and *durable power of attorney for health care*, they also provided specific examples of how these two documents are not sufficient for protecting their health concerns, especially in the provision of home health care and long-term institutional care. Focus group participants also expressed their hope that “things will get better” for future LGBT generations, especially if same sex relationships would be legally recognized.

This expression of hope for “things will get better” was also evident when LGB focus group participants discussed their experiences and willingness to disclose their sexual orientation to friends, family, or colleagues. The majority of focus group participants discussed how they experienced social stigma and systematic discrimination based both on their age and their sexual orientation. Focus group members discussed how issues related to housing, spirituality, mental health, family, and social networks intersected with both their age and sexual orientation. More specifically, focus group members identified that both ageism and heterosexism presented challenges when attempting to secure adequate housing and receive emotional/spiritual support. Likewise, many indicated that their ability to maintain supportive relationships with family and friends were becoming more challenging as they aged.

Many focus group members indicated that the strength of their past social networks and friendships was due to their ongoing involvement within the gay/lesbian community. The majority of participants indicated that their social networks were composed primarily of other LGBT individuals, but as they aged they recognized the limits of this exclusivity. As one participant said, “I don’t want to be old and alone. When I lost all my gay friends to AIDS, I realized that my social sphere was pretty small. I can’t just have gay friends” (Orel, 2004a, p. 68). Focus group members also questioned whether their current network of

friends would be willing to assist them if they experienced some of their preconceived threats of old age (e.g., loneliness, isolation, failing health, and economic distress), and they questioned who would provide needed caregiving assistance because they do not have children. As one participant said, “Children are supposed to take care of their elders. What happens when you don’t have children?” This comment led to an important topic of discussion for all focus group members: familial relationships and intergenerational relationships among LGBT older adults.

All focus group members discussed their familial relationships and ten members discussed their relationships with grown children from prior heterosexual relationships. Participants discussed how they “picked their battles” as far as disclosing their sexual orientation to siblings, grown children, and for some participants: their grandchildren. Focus group members’ decision to disclose or remain closeted was influenced by their perceptions of the level of sexism, heterosexism, and homonegativity within their particular setting and context, as well as reflecting their familial relationships over time. However, focus group members who were grandparents believed that asking family members (e.g., grandchildren) to accept their sexuality may pose too great a challenge because, traditionally, grandparents are expected to guard and protect their grandchildren from both real and imagined foes (King, Russell, & Elder, 1998). Lesbian grandmothers did not disclose their sexual orientation specifically because they believed that they were protecting their grandchildren from real foes (e.g., social stigma and discrimination) and they also believed that they were protecting themselves from possibly being estranged from their families. For those focus group members who were not “out” to family members, there was the belief that this prevented emotionally close relationships. Conversely, for those members who were “out” and accepted by their families, familial support was viewed as being extremely important for their sense of happiness and wellbeing.

The needs and concerns of the focus group participants frequently varied based on whether they were “out” and the level of comfort with their sexual orientation identity. This level of disclosure touched on all of the areas identified; their level of comfort with their sexual orientation identity was often a reflection of the social stigma that they had experienced. For example, one focus group member indicated that the negative societal messages about homosexuality that she experienced made her hesitant about disclosing her sexual orientation. She indicated that “perhaps this is due to a small part of me believing these negative messages.”

The finding that focus group members’ ability to maintain supportive relationships with family and friends were becoming more challenging as they aged was particularly informative and it was evident that this required additional investigation. Likewise, the finding that they experienced social stigma and systematic discrimination based on their sexual orientation and age was extremely important, yet it gave little indication of the prevalence of social stigma and systematic discrimination in the general LGBT older adult community. Finally, the finding that the intensity of need and concern within the seven major areas of importance varied for “out” focus group members when compared to those who had not disclosed their sexual orientation to family, friends, colleagues, or practitioners required additional investigation. Therefore, it was evident that a comprehensive needs

assessment instrument was necessary, which would build on the findings from the focus group discussions and would address the seven areas identified in the focus group discussions (medical/health care, legal, institutional/housing, spiritual, family, mental health, and social) with a special emphasis on disclosure status.

LGBT NEEDS ASSESSMENT SURVEY

The findings from the analysis of the focus group participants' comments led to the development and distribution of an extensive self-report survey instrument that specifically included both forced-response (n = 104) and open-ended questions (n = 32) on the areas identified in the focus group discussions. The specific number of questions a respondent would answer varied based on personal factors such as age, physical/mental health status, level of community involvement, life experiences, and so on. For example, one question asked whether counseling services were ever used. If the respondent answered yes, they were then asked to provide information for why they sought counseling (i.e., sadness, anxiety, addiction, etc.). Another question asked respondents to indicate whether their legal needs/concerns were being adequately met. If the answer was "no," they were asked to describe the unmet needs or services that they would like to receive.

Collectively, the LGBT Elders Needs Assessment Scale provides a way in which to assess the perceived needs in seven life areas (medical/health care, legal, institutional/housing, spiritual, family, mental health, social), perceptions of unmet needs, and levels of involvement and satisfaction with service providers. For example, within the medical/health care category, respondents are asked to (a) rate their current overall health using a Likert scale ranging from 1 (*very poor*) to 7 (*excellent*), (b) identify current major chronic health conditions (i.e., arthritis, diabetes, HIV/AIDS, etc.), (c) identify areas in which assistance is needed (i.e., dressing, shopping, bathing, etc.), (d) indicate number of physician/medical doctor visits in the past year and indicate the number of prescribed medications that are taken on a daily basis. In addition to these forced response health related questions, respondents are also asked to identify their current health insurance coverage and the type of health services/programs that they received within the past month. Open-ended questions asked respondents to identify any unmet medical needs for which they are not receiving care and to list the type of services that they would like to receive. To assess the impact of heterosexism on LGBT older adults' access to affirmative health services, there were questions included in the survey that asked respondents to indicate whether they were "out" or open about their sexual orientation/identity/lifestyle to their doctor, therapist, or case manager. Respondents who indicated that they were not "out" to any of the aforementioned providers were asked to list the main reasons for their lack of disclosure. Another forced-response question asked respondents to answer "yes" or "no" to the following: "Do you believe there are any positive benefits to disclosing your sexual orientation to your service provider or anyone in the health care field, now or in the future?" Respondents who answered "yes" were asked to list those benefits. Respondents were also asked if they would prefer to visit a clinic, health care provider, or counselor that openly promoted services to LGBT elders. These responses can be categorized and analyzed along with respondents' sociodemographic background (e.g., age, gender, socioeconomic status, race, ethnicity, religion, relationship status, work history, education, and housing).

Because it was apparent from the focus group discussions that the needs and concerns of the participants were different based on whether they were “out” and the level of comfort with their sexual orientation, a modified Burdon’s Openness Scale (Davis, 1998) was also included in the needs assessment survey. This scale has been used to measure participants’ level of “outness” and their level of comfort with their sexual orientation identification and was modified for a middle-aged and older adult population. Respondents are asked to rate themselves on a scale of 1 (*never*) to 5 (*always*) regarding how out or open they are about their sexual identity/orientation. Sample questions include, “I attempt to hide my homosexuality from members of my family and friends,” “I let my straight friends know that I am LGBT,” and “I am open with my medical or service provider about my sexual orientation.”

The LGBT Elders Needs Assessment Scale is currently in the field being completed by participants. The length of time in which this survey has been available has been considerable, but it has been the goal to be able to obtain the voices of numerous LGBT older adults from diverse groups. One of the most challenging tasks in conducting any research with LGBT older adults is actually being able to locate this population in order to recruit their participation for specific research projects. Therefore, a variety of methods have been used to recruit potential participants and assistance from identified colleagues and “agents” has been key. Agents are individuals known to this researcher who have access to potential respondents. These agents are often LGBT older adult themselves or are staff at organizations/agencies that provides programs and services to older adults. Academic colleagues have been instrumental in all aspects of the research activities, but especially in the recruitment of respondents. Because recruitment of participants from more than one geographical location was the goal, academic colleagues from numerous locations were instrumental in being able to reach this goal.

Participants who belonged to older gay men and lesbian friendship networks (e.g., Lavender Triangle and Gay and Gray), support groups (e.g., PrimeTimers), or religious organizations (e.g., Dignity and Lutherans Concerned) were also recruited by this researcher, identified colleagues, and “agents.” We were able to gain entry into the established LGBT older adult community through personal acquaintances and assistance from advocacy groups in a variety of geographical locations. Local mental health counselors who advertise in local LGBT business guides were also contacted and used to identify potential participants. In addition to recruiting participants from LGBT community organizations, it was also imperative to recruit LGBT participants who may not be members of LGBT community organizations. Therefore, multipurpose senior centers, assisted living facilities, continuing care retirement centers, and area agencies on aging were approached by the researchers to post flyers that asked for research participants. It is important to note that agencies/ organizations within the aging network of providers, as well as LGBT advocacy groups were very supportive of these research activities and the Executive Director of one particular senior center specifically requested assistance in planning programs/services that would meet the needs of LGBT elders within her county. The most successful method of recruitment, however, was “word of mouth” or “snowballing” (a common approach used in the general model of qualitative methods; Patton, 2002). With both of these methods,

participants who had been members of a focus group or who had completed surveys informed their LGBT friends of the research project. These individuals then contacted the researchers and requested surveys or volunteered to participate in subsequent research. This speaks highly of the willingness of many LGBT older adults to have their voices heard by participating in research and the need for these issues to be given a platform.

To protect the confidentiality of the participants, the identity of those who complete the survey instrument will remain anonymous. As previously indicated, participants will be able to obtain the survey at a variety of sites (e.g., multipurpose senior centers, LGBT organizations, religious organizations, and health care agencies) and participants are provided with preaddressed, prepaid envelopes to return their completed surveys.

Because the analysis of the data from the LGBT Elders Needs Assessment Scale is ongoing, only preliminary results can be reported. To date, approximately 2,000 questionnaires have been distributed and slightly more than one-half have been returned (n = 1,150). Respondents range in age from 64 to 88 years of age (M = 73), and 83% live in an urban setting. There are 736 women who identified their sexual orientation as lesbian or bisexual (64%) and 414 gay men (36%). Ninety-one percent of the participants are Caucasian, 8% African American, and less than 2% are Latino or Latina. It is obvious from the preliminary results that greater emphasis must be placed on reaching a more racially/ethnically diverse sample that also includes transgender older adults. Because the vast majority of respondents (73%) indicated that they are out and comfortable with their self-identified LGB label, greater emphasis must also be placed on reaching LGBT older adults who have not disclosed their sexual orientation. The finding that 73% of the respondents were out is similar to findings from the *MetLife Study of Lesbian, Gay, Bisexual, and Transgender Baby Boomers* (MetLife, 2010) that found that 75% of gay men and 60% of lesbian respondents were out to most others. However, similar to the MetLife national survey, LGBT older adults who completed the needs assessment reported variations in which they were and were not open with in regard to their sexual orientation.

Although the majority of respondents indicated that they are out and comfortable with their self-identified LGB label, the responses to the questions that assessed their perceptions and satisfaction with services and programs for older adults revealed that slightly more than 53% (n = 615) were dissatisfied with the services because these services did not meet their unique needs as LGB older adults. When asked what factors affect their use of traditional aging network programs/services (e.g., congregate meals at senior centers, home health care, and social work/case management services), 32% (n = 368) responded “discrimination or fear of discrimination.” Twenty-two percent of LGB respondents also indicated that they faced discrimination when seeking housing at “traditional” retirement communities, and 42% reported negative experiences with the health care system related to their sexual orientation. Most respondents (83%) indicated their overwhelming interest in participating in social groups exclusively for LGBT older adults, living in a community designated for LGBT older adults, and visiting clinics/health care providers that openly promote services to LGBT elders. These results not only speak of respondents’ desire for LGBT affirming programs and services, but also suggest that LGBT older adults are reliant on nontraditional sources of support (i.e., friends or family of choice) because of their unfavorable experiences with

traditional aging network programs/services. However, their ability to create strong networks of friends or family of choice was also identified by participants as being one of their primary strengths and an advantage of being LGB, similar to findings of the 2006 MetLife study.

It is anticipated that a full analysis of the responses for the LGBT Elders Needs Assessment Scale will bring new awareness to the issues, concerns, and needs facing LGBT older adults, as well as their level of involvement and satisfaction with agencies and organizations that provide services to the older adult population. However, the review of early returned surveys led to an unanticipated, but welcomed new line of research. As previously indicated, the initial needs assessment survey included a variety of demographic questions that included asking respondents about their relationship histories (e.g., not in a relationship, in a same-sex relationship, in a heterosexual marriage, widowed from a heterosexual relationship) and whether they had children and the ages of children. A number of lesbians indicated on their surveys that a question concerning the number of grandchildren that they had was not included in the survey. Although this was not an intended omission, it was an indication of this researcher's lack of awareness and perhaps a reflection of internalized cultural messages concerning LGBT persons. Historically, the terms *lesbian mother*, *gay father*, *lesbian grandmother*, and *gay grandfather* have been viewed as contradiction in terms (Bigner, 1996, 2000; Clunis & Green, 2003; Orel & Fruhauf, 2006) because homosexuality was viewed as being inconsistent with the ability to procreate and, as a result, become a parent and grandparent. These lesbian women clearly informed this researcher that their specific needs and concerns of being a lesbian grandmother were not being addressed in this specific needs assessment and perhaps elsewhere in their lives. Their concerns also mirrored the comments made by the two lesbian grandmothers who participated in the previously described focus groups with LGB older adults. Therefore, subsequent printings of the LGBT Elders Needs Assessment Survey included a question concerning whether respondents were grandparents. The experiences of LGB grandparents became a special area of focus of the unmet and diverse needs of LGBT older adults. Preliminary results are described as follows.

INDIVIDUAL INTERVIEWS WITH LGB GRANDPARENTS

I undertook a pilot project to investigate the significance of grandmothers' sexual orientation on the grandparent–grandchild relationship. It was not my goal to focus exclusively on women, but it was my intention to conduct individual interviews with the lesbian grandmothers who had completed the needs assessment survey and who had specifically indicated that they would be willing to discuss their experiences and provide their feedback to the assessment instrument. Most important, the primary goal of this project was to obtain a deeper appreciation, understanding, and awareness of the grandparent–grandchild relationship when grandmothers defined their sexual orientation as lesbian or bisexual.

Although numerous studies have explored the grandparent–grandchild relationship and the variables that affect this "vital" (Kornhaber & Woodward, 1981), "enduring" (Bengston, 2001), and "significant" (Kivett, 1991) relationship, one variable that had not been explored was the centrality of sexual orientation on the grandparent–grandchild relationship. Because previous research on grandparenting and grandparenthood has not included sexual

orientation as a research variable, accurate estimations of the number of LGBT grandparents are not available. However, it has been estimated that there are over ten million children currently living with three million LGB parents in the United States (Mercier & Harold, 2003). Because 94% of older adults with children will become grandparents (Smith & Drew, 2001), applying this statistic to the estimated three million LGB parents, a conservative range of one to two million LGB individuals are (or will soon become) grandparents. In addition, with the increase in same-sex couples adopting children, finding surrogate mothers to bear children, and becoming pregnant through artificial insemination (Flaks, Ficher, Masterpsqua, & Joseph, 1995; Johnson & O'Connor, 2002; C. J. Patterson, 1995), it is likely that the current and future aging LGB population will experience grandparenthood in greater numbers than previous LGB cohorts. In addition, the number of LGB grandparents may even be larger, given the previously mentioned unknown numbers of individuals who do not live openly LGB lives. As the number of LGBT individuals becoming grandparents increase, it is imperative that the grandparent–grandchild relationship within the context of LGBT families be understood and appreciated.

Orel (2004b, 2006b) and Orel and Fruhauf (2006) were the first to specifically explore the effects of sexual orientation on the grandparent–grandchild relationship by using the life course perspective as a guide. The life course perspective on relationships between grandparents and grandchildren focuses on roles embedded within the social/historical life course, providing for the necessary temporal quality and examination of individual differences to relationships in later-life families. The trajectory of the relationships is built on the experiences within the specific relationships and broader familial relationships in the past. The historical influence of the family of origin and earlier family experiences provide the background from which the current role and relationship evolve. This perspective allows for the understanding of the linked lives of intergenerational relationships and the diversity and heterogeneity within intergenerational relationships. The direction and degree of change within relationships illustrate the multiple pathways that intergenerational relationships follow across time. Applying the life course perspective to lesbian and bisexual (LB) grandmothers, it was assumed that the grandparent–grandchild relationship is embedded within the context of the grandmother's individual choices across the lifespan (e.g., decisions to disclose one's homosexuality), the structural contexts within which these decisions are made (e.g., level of homophobia within a culture), and the transitions that grandmothers experienced (e.g., previous heterosexual marriages and divorce).

As previously mentioned, the initial participants for this research were lesbian grandmothers who indicated on their LGBT Needs Assessment Survey that a question concerning the number of grandchildren that they had was not included in the survey. These lesbian grandmothers also provided unsolicited contact information and indicated and that they would be willing to "talk about being a lesbian grandmother." Additional participants for the face-to-face individual interviews were recruited using a modified snowball sampling method (Patton, 1990). To date, the participants in the research that explored LB grandmothers' perceptions of their relationships with their grandchildren included 31 lesbian grandmothers and 7 bisexual grandmothers who ranged in age from 43 to 75 (M = 59.9). Thirty-two grandmothers identified themselves as Caucasian, with five identifying

themselves as African American and one as "other." The majority of LB grandmothers (*n* = 33) were previously involved in heterosexual marriages. Thirty of those relationships ended in divorce, with the remaining three ending with the death of the husband. At the time of the interview, all but five of the grandmothers were in partnered relationships (ranging from 1 week-21 years). Collectively, the participants had 78 grandchildren ranging in age from 9 months to 38 years, and 26 great-grandchildren ranging in age from 6 months to 20 years. The LB grandmothers were living in the Midwest (Ohio and Michigan) at the time of the interview. Each interview was approximately 90 to 120 min in length, and all interviews were audiotaped. Although an interview guide was used as an outline of topics of potential theoretical importance (e.g., the relationship between their lesbian or bisexual identity and their identity as grandmothers), participants were encouraged to freely discuss their experiences as a lesbian or bisexual grandmother.

In recognition of the gendered experience of grandparenting, it was apparent that research that would focus on the experiences of gay men as grandfathers was needed. Therefore, in tandem with the research focusing on LB grandmothers, semi-structured individual interviews with gay grandfathers were being conducted. Fruhauf, Orel, and Jenkins (2009) specifically examined the experiences of gay grandfathers' coming-out processes to their grandchildren. Participants in this study included eleven grandfathers living in Texas and ranging in age from 40 to 79 years old. All grandfathers identified themselves as Caucasian and six had earned a college degree (2 bachelor's degrees, 2 master's degrees, 1 juris doctoral degree, and 1 doctoral degree). All but four of the grandfathers were currently working at the time of the interview. All grandfathers were in a heterosexual relationship prior to coming out and reported that their marriage ended in divorce. After their divorce, the participants lived openly as gay men. Eight grandfathers were partnered (ranging from 3 months–17 years) at the time of the interview. All grandfathers reported having children (ranging from 2–4 children) and reported having a range of two to seven grandchildren. Grandfathers reported their grandchildren (a total of 45 grandchildren) ranged in age from 6 months to 30 years.

Given the exploratory nature of the research with LGB grandparents, a general model of qualitative procedures (i.e., a method used to discover and interpret the perspectives of individuals studied) and data analysis (Merriam, 1998) was used to explain and interpret the centrality of sexual orientation on the grandparent–grandchild relationship and the coming out process of LGB grandparents to their grandchildren. Qualitative methods are well suited for understanding the complexity of family issues (Daly, 1992) and for understanding close relationships (Allen & Walker, 2000). Various techniques (i.e., triangulation, peer examination, recognition of our research bias, and thick description) were used as a means to insure trustworthiness and credibility. Themes emerged from the data that represented recurring patterns and relationships between and among the narratives provided by the participants. LGB grandparents' perceptions of the grandparent–grandchild relationship consisted of three themes. These three themes were (a) the formation of a LGB grandparent identity, (b) the centrality of sexual orientation in the LGB grandparent–grandchild relationship, and (c) the impact of externalized or internalized homonegativity on the LGB grandparent-grandchild relationship. I have addressed these themes in previous research

(Orel, 2004b, 2006b); in the section that follows, I focus on the second theme, and its constituents, elaborating on the discussion of disclosure and its consequences.

Throughout all of the face-to-face, semi-structured, in-depth interviews with LGB grandparents, their descriptions of their relationships with their grandchildren were always placed within the context of their on-going relationship with their adult children (Fruhauf, Orel, & Jenkins, 2009; Orel, 2004b, 2006b; Orel & Fruhauf, 2006). LGB grandparents who had strong, intimate relationships with their adult children were more likely to have close relationships with their grandchildren. Adult children also determined the amount of access that LGB grandparents, or in some cases their partners, would have with their grandchildren. Therefore, adult children mediated the development of the relationship between LGB grandparents and their grandchildren, and the *mediating role of parents in the grandparent–grandchild relationship when grandparents are LGB* was a category under the overarching theme labeled the *centrality of sexual orientation on the grandparent–grandchild relationship.* This finding concurs with previous literature on the grandparent–grandchild relationship that stressed that the grandparent–grandchild relationship should be conceptualized as an indirect one with parents as intermediaries (Matthews & Sprey, 1985). Parents are the gatekeepers to the grandparent–grandchild relationship and they can facilitate or discourage the development of an emotionally intimate relationship between the grandparents and grandchildren (Whitbeck, Hoyt, & Huck, 1993). This long-standing finding that parents are the intermediaries of the grandparent–grandchild relationship was amplified for LGB grandparents.

It was also evident that adult children's acceptance of the grandparents' sexual orientation determined LGB grandparents' opportunities to grandparent and that adult children's attitudes toward homosexuality influenced the direction of the mediating effect (i.e., facilitating or discouraging) on the grandparent–grandchild relationship. The LGB grandparents were aware of the impact that their sexual orientation had on their relationships with their adult children and subsequently their grandchildren. It is important to note that four of the 16 LB grandmothers were completely secretive about their sexual orientation, with neither their adult children nor grandchildren being aware of their self-identification as lesbian or bisexual women. For those LB grandmothers who did not disclose their sexual orientation to their adult children or grandchildren, they expressed profound fear and anxiety concerning what would happen to their relationship with their grandchildren if their sexual orientation was known. The LB grandmothers' level of concern was specifically related to their assumptions that their adult children would not be able to accept their sexual orientation and would then prevent them from seeing their grandchildren. This speaks not only to the influence of the parent in the grandparent–grandchild relationship, but how parents can also influence or inhibit disclosure.

Levels of honest discourse between generations was a subcategory that emerged under *the mediating role of parents in the grandparent–grandchild relationship when grandparents are LGB* category. The decision-making process surrounding whether to "come out" to adult children and grandchildren, and subsequently the ability to either remain secretive or disclose their sexual orientation to adult children and grandchildren was a significant event for all LGB grandparents (echoing the findings noted in the studies reported earlier).

However, the actual process of coming out to adult children and grandchildren varied amongst the LGB grandparents. The initial research on LB grandmothers indicated that adult children not only influenced the formation and maintenance of the grandmother–grandchild relationship, but they played a profound and significant role in the coming out process of LB grandmothers (Orel, 2006b; Orel & Fruhauf, 2006; S. Patterson, 2005). It is important to note that all LB grandmothers indicated that their sexual orientation *per se* was not significant in regard to their ability to assume the grandmother role and their subsequent relationships with their grandchildren. Rather, the significance of their sexual orientation was related to their ability to have an open and honest relationship with adult children and grandchildren. Honesty and openness was severely compromised when LB grandmothers were fearful of disclosing an important personal dimension of their identity: their sexual orientation. It is important to note that this fear was created and fueled by the heterosexist and homophobic context in which the LB grandmother–grandchild relationship was embedded (Orel, 2006b; Orel & Fruhauf, 2006; S. Patterson, 2005).

The gender of adult children (parents) also played a significant role in the coming out process of LB grandparents (Orel, 2006b; Orel & Fruhauf, 2006). Among adult children, it was women (mothers) who were more likely than men (fathers) to facilitate understanding of grandmothers' homosexuality with their children. A primary reason that women facilitated LB grandmothers' disclosure to their grandchildren was that generally it was women who were more likely to be aware of their mothers' sexual orientation. This finding is similar to general LGBT research that found that female family members are more likely to be aware of LGBT kin and more likely to be the recipient of disclosure than male family members (Ben-Ari, 1995; Savin-Williams & Ream, 2003).

Gay grandfathers took many different approaches to disclosing their sexual orientation to their grandchildren, but all gay grandfathers indicated that adult children played a profound role in the coming out process, along the lines of the mediating role of adult children as described earlier. Another consistent finding in the available LGB grandparent research is the emphasis that LGB grandparents give to being able to disclose their sexual orientation to their grandchildren. For LGB grandparents, disclosing their sexual orientation was psychologically salient. LGB grandparents who disclosed to adult children and grandchildren indicated that they were seeking emotional support, understanding, acceptance, and unconditional love. Because it is the common expectation that grandparents are the providers of unconditional love and emotional support to their grandchildren, when LGB grandparents do seek this unconditional love and emotional support when they disclose their sexual orientation, this can be viewed by adult children and grandchildren as going against familial expectations and roles. Accepting an LGB grandparent's sexual orientation was difficult for some family members, as reported by LGB grandparents, but the opportunity to be open and honest was viewed as psychologically important for LGB grandparents. LGB grandparents reported that disclosure provided a level of sincere honesty that only intensified the emotional closeness that they experience with their grandchildren. It was also very evident that LGB grandparents' decision to disclose was influenced by the history of family relationships and the expectations of current roles and relationships.

Collectively, it was apparent from the individual interviews that LGB grandparents are a diverse group of individuals. However, the research also revealed the following predominant themes: (a) Managing disclosure about sexual orientation is the primary issue for all LGB grandparents, (b) the decision to disclose is based on a variety of factors (i.e., disclosure status with adult child, age/developmental level of grandchildren, requests from adult children to disclose or remain secretive, beliefs that grandchildren would be protected if they remain closeted, desire to increase partner's status as co-grandparent, and social conditions), (c) adult children play a profound role in the coming out process of LGB grandparents, and (d) the decision to come out takes into consideration the level of sexism, heterosexism, and homonegativity within a particular culture/context. These findings also illustrate that for LGB grandparents, "coming out" or disclosing one's sexual orientation is a life-long process with varying passages and multiple results. This confirms the importance of including measures of "outness," measures of level of comfort with sexual orientation, as well as including measures of the varying and dynamic social and familial roles played by LGBT older adults on any needs assessment instrument.

Based on these findings from the face-to-face interviews with LGB grandparents, a survey has been developed that will be distributed nationally to obtain a more comprehensive understanding of the grandparent grandchild relationship when grandparents self-identify as being LGBT. Because research is especially needed to investigate the experiences of transgendered grandparents and co-grandparents (e.g., non-biological grandparents) this survey will specifically include questions that are inclusive for transgendered grandparents and co-grandparents.

DISCUSSION AND RECOMMENDATIONS

The results of the reported qualitative and quantitative research contribute to our knowledge and understanding of the unique needs and concerns facing LGBT older adults and suggest several implications for future research. The most noteworthy implication is the recognition that the needs and concerns of LGBT older adults be addressed across multiple domains, rather than in isolation. For example, many LGBT persons are also members of other groups that face substantial discrimination. These groups have had to navigate multiple instances of discrimination based on race, ethnicity, language, degree of physical ability, geographic location, etc. Future research needs to focus on understanding the implications of differences in race, ethnicity, cultural environments, socioeconomic status, and age among LGBT older adults utilizing the intersectionality perspective that examines multiple identities and the ways in which they interact (Crenshaw, 1989; Institute of Medicine, 2011). It is also imperative to recognize that an LGBT older adult does not belong to one homogenous group within the LGBT acronym (Mabey, 2011). Therefore, any investigation of the needs and concerns among LGBT older adults must take into consideration multiple attributes of the population and the interlocking systems of vulnerability and need that result in the cumulative effects of a lifetime of discrimination and stigma:

> While most Americans face challenges as they age, LGBT elders have the added burden of a lifetime of stigma; familial relationships that lack recognition under the law; and unequal treatment under laws, programs and services designed to support

> and protect older Americans. Further, the lack of financial security, good health and health care, and social and community support is a fearful reality for a disproportionate number of LGBT older adults. (SAGE, 2010, p. 1)

What was clearly evident from the research with LGB older adults is that their greatest obstacle is the level of homophobia and heterosexism within the culture and perhaps within their own families. However, all research participants identified advantages, and these advantages evolved from their ability to survive (and thrive) within a heterosexist culture. The research participants also believed that being an LGB person better prepared them for aging (e.g., greater self-reliance, increased attention to legal/financial matters, and the ability to create strong support systems). The ability of, and necessity for LGBT individuals to cope with discrimination and overcome adversity across the lifespan has been identified as being important in preparing LGBT persons for the demands of aging within an ageist society. This finding has been reported by numerous researchers who have concluded that LGBT older adults have increased crisis competence, or mastery of stigma when faced with the challenges associated with aging (Cahill et al., 2000; de Vries, 2011; Kimmel, 1978; MetLife, 2010, Quam & Whitford, 1993; Shippy, Cantor, & Brennan, 2004). Specifically, the coming out process enables LGBT individuals to develop a competency for dealing with other crises throughout the lifespan (Heaphy, 2007; Kimmel, 2002; McFarland & Sanders, 2003; MetLife, 2006; Morrow, 2001; Quam, 1993).

It was evident from the interviews with LGB grandparents that the process of disclosing one's LGB identity to their adult children and grandchildren was considered a key event in the development of their emotionally close familial relationships. However, all LGB grandparents indicated that coming out, or revealing their sexual orientation was a lifelong process with varying passages and multiple results—for themselves and perhaps for changing cultural attitudes. Many LGB grandparents believed that if they could be open about their sexual orientation with their grandchildren, then perhaps their grandchildren would become advocates for LGBT persons and, thus, reduce heterosexism in their schools or communities. LGB grandparents, who had disclosed their sexual orientation, voiced their desires to be recognized as a grandparent who just happens to be LGB. However, they also wanted the saliency of their sexual orientation to be acknowledged by social, health, and educational practitioners.

Because practitioners typically assume that grandparents are heterosexual, practitioners working with LGBT grandparents may overlook the saliency of grandparents' sexual orientation on the grandparent–grandchild relationship. Practitioners must avoid the use of heterosexist language and heteronormative assumptions and listen for subtle messages to learn about an older adult's sexual identity and orientation. Otherwise, practitioners who assume heterosexuality will overlook the unique challenges, issues, and concerns of LGBT grandparents. Unfortunately, for most LGBT grandparents the "invisibility" of their status as a grandparent exacerbates their general sense of invisibility as an LGBT older adult. LGBT grandparents (and their partners) must receive the social support and recognition that is naturally granted to heterosexual grandparents within all cultures. Practitioners must also recognize that because LGBT grandparents have developed creative and resourceful ways to

function within a heterosexist culture as LGBT *persons*, LGBT grandparents can provide creative and flexible definitions of grandparenting and grandparenthood.

Because there has been a complete "invisibility" of transgender grandparents within both the gerontological and LGBT literature (Cook-Daniels, 2006; MetLife, 2011), the perceptions and experiences of transgender grandparents must be explored. The literature on grandparenting tends to highlight that being a grandparent is a gendered familial role and that grandparenting holds different expectations for behaviors and responsibilities for men and women (Mann, 2007; Stelle, Fruhauf, Orel, & Landry-Meyer, 2010; Thomas, 1994). However, an inconsistency exists between the assumption and findings that the sex of the grandparental generation is an important factor to consider and how little transgender grandparents and their experiences within the family have been explored. In this way, transgendered grandparents remain invisible as the subject of research. Likewise, the exploration of the ways in which gender and sexual orientation influences grandparenting remains largely unexplored. With the unprecedented growth in the general older adult population and subsequently the LGBT older adult population, it is without question that LGBT grandparents will increase in number. The specific needs and concerns of LGBT grandparents must be researched and policy and practice focusing on these intergenerational relationships is especially needed. Future planned research will investigate (a) how LGBT grandparents conceptualize their identity knowing that they are both members of a marginalized sexual minority and, yet, hold a highly regarded and respected position as a grandparent, (b) the differences in experiences and roles of LGBT grandparents if they are the biological grandparent, co-grandparent, step grandparent, or social grandparent, and (c) the psychological wellbeing of LGBT grandparents. An extensive self-report instrument for LGBT grandparents has been developed and it will be nationally distributed.

Collectively, the research reported here suggests that additional research is needed to fully comprehend the unique issues facing LGBT older adults so that programs and services that have been designed to support and protect the general older adult population would also address the specific needs and concerns of LGBT older adults. Examining the needs and concerns of LGBT grandparents, and LGBT older adults in general provides numerous opportunities for practitioners to reflect on the assumptions that are often evident in the current provision of services and programs for the general older adult population. Tragically, research has shown that there continues to be heterosexism within aging service providers and this tends to marginalize LGBT older adults with discriminatory policies and stigmatization (Cahill et al., 2000). Confronting the heterosexism that exists within traditional aging service providers will require collaborative endeavors between the aging network and the LGBT community. With additional research and developments such as the recent establishment of the National Resource Center on LGBT Aging, appropriate, adequate, and affirming services for LGBT older adults may become a reality.

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