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The Experience of Senior Housing for Lesbian, Gay, Bisexual and Transgender
Seniors: An Exploratory Study

by

Kathleen Margaret Sullivan

A dissertation submitted in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy
in
Urban Studies

Dissertation Committee:
Margaret B. Neal, Chair
Paula Carder
Sy Adler
Marvin Kaiser
Ruth Ann Tsukuda
Johanna Brenner

Portland State University
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ABSTRACT

By the year 2030, 20% of the U.S. population will be 65 years of age or older. An increase in the demand for supportive health and social services is expected with the aging of the population. Demand for senior housing is expected to grow, too. This study explores what the social environment offers to lesbian, gay, bisexual and transgender (LGBT) seniors who relocated to LGBT retirement communities. Previous research asked LGBT seniors who did not live in LGBT senior housing about their housing preferences. The present study, for the first time, asked residents of existing LGBT senior living communities to explain why they chose to live in an LGBT retirement community.

Focus groups were conducted at three retirement communities. Thirty-eight residents at the three study sites participated. Seven focus groups were conducted; each was audio recorded and transcribed verbatim. The analysis found common categories across the focus group data that explain the phenomenon of LGBT senior housing.

The average age of the participants was 71. Demographic differences were found between generations, with the older participants being more likely to have revealed their sexual orientation late in life, and more likely to have been married and have children.

The findings showed that acceptance by other residents of one's sexual orientation and gender identity allows LGBT seniors to feel comfortable in what

several residents called their “domestic environment.” The questions asked about housing choice and were open ended; respondents chose to focus on the social aspect of their living environments. Acceptance, as opposed to tolerance, was a strong theme. Acceptance by others reduced stress and fostered a feeling of safety and a sense of community. Social networks were strong and expansive, contrary to the theory of socioemotional selectivity theory, which would argue that the total number social relationships diminishes with age. Participants emphasized the social context of their living environment as the reason they chose to live in LGBT senior housing. Participants noted past discrimination, but it was the positive aspects resulting from acceptance that were emphasized as the reason for their choice of LGBT specific retirement housing.

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Table of Contents

ABSTRACT	i
ACKNOWLEDGMENTS	iii
List of Tables	vii
List of Figures.....	viii
Chapter 1	1
Introduction.....	1
Aging of the US Population.....	3
Aging of the Lesbian, Gay, Bisexual and Transgender Population.....	4
Purpose	7
Chapter 2	10
Review of the Literature	10
Stigma Related to Heterosexism and Homophobia.....	10
Aging and the Environment	15
Lesbian, Gay, Bisexual and Transgender Aging.....	23
Social Support.....	24
Life Course	26
LGBT Senior Housing.....	28
Chapter 3 Methodology.....	31
General Overview	31
Sites	31
Rainbow Vision	33
Barbary Lane Senior Community	42
Triangle Square.....	44
Financial Costs.....	52
Sample.....	53
Eligibility.....	53
Sample Limitations.....	54
Recruitment.....	55
Data Collection	56
Focus Group Procedure.....	57
Process of Analysis	59
Transcription	59
Coding.....	59
Open Coding	59
Microanalysis.....	62
Axial Coding.....	64
Presentation of Findings	65
Chapter 4 Results	67
Overview.....	67
Participants.....	68

Categories of Meaning.....	74
Comfort/Safety.....	74
Community.....	79
Diversity and Inclusivity	84
Discomfort with Traditional Retirement Communities	87
Affordability	91
Theme of Acceptance.....	93
Chapter 5 Discussion	101
Discussion	101
Contributions To the Field of Aging.....	108
Study Limitations	109
Future Research.....	110
Conclusion.....	114
References	116
Appendix A	131
Human Subjects Research and Review Committee Approval.....	131
Appendix B	132
Human Subjects Research and Review Committee Application.....	132
Appendix C.....	136
Letter To Potential Participants.....	136
Appendix D	137
Statement of Informed Consent	137
Appendix E.....	139
Focus Group Script	139
Appendix F.....	142
Demographic Questionnaire.....	142

List of Tables

Table 1: Study Sites by Name, Location, Type of Housing, Number of Units and Ownership Type.....	33
Table 2: Example of Analysis: Concept, Category, Property and Dimensions of “Community”	63
Table 3: Participants by Age and Gender.....	69
Table 4: Participants by Age, Sexual Orientation and Gender Identity.....	70
Table 5: Age Group Demographic Comparisons.....	71

List of Figures

Figure 1: Behavioral competence.....	16
Figure 2: Rainbow Vision signage.....	35
Figure 3: Outside view of single story condominium.....	36
Figure 4: View of main road of Rainbow Vision.....	37
Figure 5: View of two-story condominium Rainbow Vision.....	38
Figure 6: Outside stairwell Rainbow Vision.....	40
Figure 7: El Centro, Rainbow Vision Club House.....	41
Figure 8: Outside view of Barbary Lane.....	42
Figure 9: Main entrance of Triangle Square with signage.....	45
Figure 10: Outside view of Triangle Square with activity areas in view.....	46
Figure 11: View of northern walkway.....	47
Figure 12: View of southern walkway with pool and garden view.....	48
Figure 13: Garden atrium seating area.....	49
Figure 14: Gay Pride signage.....	50
Figure 15: Lobby sitting area.....	51
Figure 16: Example of coding in HyperResearch software.....	61
Figure 17: Dimensions of the concept “acceptance”.....	64
Figure 18: Categories explaining the theme of acceptance.....	95

Chapter 1

Introduction

This research gives voice to senior citizens who fought in World War II, were teachers or CEOs or small business owners. They were volunteers in their community, parents and taxpayers. These seniors have also been relegated to second-class status due to their sexual orientation or gender identity. The mothers, fathers, sons and daughters who provided the data for this story are sometimes marginalized, glorified and stigmatized by society. The participants in this study lived very different lives but share the experience of being marginalized by the society and oftentimes by their families of origin. Some were victims of hate crimes; others denied their sexual orientation as a form of protection. Now, all are free, in their home environments, to be who they are without fear of oppression, violence or second class status. For the first time these seniors had the opportunity to say what attracted them to choose to live in LGBT senior housing. Understanding this choice was the purpose of this study.

This project was informed by an experience I had while managing the defeat of an anti-gay rights ballot measure in the state of Oregon. During the campaign, an elderly gentleman volunteered and sat outside my office door. His job was stamping my name on thank-you letters to campaign contributors. As the months wore on, the gentleman confided in me that he worried he would no longer be able to care for himself. He feared that he would be forced to enter a

care facility, where he would no longer feel safe or comfortable living openly as a gay man. He had spent the first 40 years of his life “in the closet,”¹ and the prospect of his returning to the closet as a form of protection alarmed me. His fear of moving to a care facility stayed with me and provided the initial spark to my leaving politics to pursue advanced study in gerontology.

Fear, discrimination and stigmatization are part of this story but, as will be revealed in the description of the findings, it is also a positive story of how some LGBT seniors found an accepting and comfortable living environment. Many LGBT organizations, such as the Metropolitan Community Church and the Portland Gay Men’s Chorus (PGMC), espouse a vision that is open and affirming to all. The Portland Gay Men’s Chorus represents the spirit of diversity within the greater community, and inclusion is an integral part of the Chorus’s vision: “It provides an open, supportive environment for a diverse and committed family of members and supporters,” (Portland Gay Men’s Chorus, 2010). This group of mostly, but not exclusively gay men has worked for over thirty years to bring positive, socially uplifting performances to audiences in the state of Oregon and across the U.S. The PGMC is an example of how powerful, thoughtful action can make positive change in society. Certainly, the recent accounts of an elderly gay couple forcibly separated by Sonoma County or the recent tragic suicides of six gay youth need to be told, but so, too, do the positive aspects of the LGBT

¹ The term “in the closet” or “closeted” is used to explain the phenomenon of people who are LGBT but choose to conceal their sexual orientation or gender identity. The word “out,” when used, refers to the state of being open about one’s sexual orientation or gender identity.

experience. This research embraces the data—the stories that explain why some LGBT seniors choose to live in LGBT senior communities.

Aging of the US Population

Approximately 12% of the U.S. population is 65 years of age or older. By the year 2030, it is estimated that 20% of the U.S. population will be 65 years of age or older (U.S. Census Bureau, 2007; U.S. Commerce Department, 2001). As the percentage of people 65 years of age or older increases, the need for social and health services, community and institutional care and senior housing will grow (Haywood & Zhang, 2001; Hebert, Beckett, Scherr, & Evans, 2001; Knickman & Snell, 2002; Langley, 2001). Indeed, some research suggests that by 2020 the number of seniors who need help with activities of daily living (ADL) will double to 13 million persons. ADLs include the following activities: dressing, feeding, toileting, bathing, transferring and continence control (Katz, Amasa, Moskowitz, Jackson, & Jaffe, 1963; Pearce, 2007; Vincent & Velkoff, 2010). With a marked increase in the number of seniors needing ADL assistance, care provision will likewise increase. While an increase in the need for supportive housing is projected many seniors express a desire to age in place (Borrayo, Salmon, Polivka, & Dunlop, 2002; Haywood & Zhang, 2001; Lawler, 2001). An AARP study found that 81% of respondents believed they had the ability to stay in their own home until death (AARP, 2003). Previous studies found that as people get older their desire to age in place increases from 75% of those 45-54 years of age to 95% for those 75 years of age and older (AARP, 2000; AARP,

2003). Increasing knowledge of the aging experience will ensure that professions who serve the aging population can do so as effectively as possible.

Aging of the Lesbian, Gay, Bisexual and Transgender Population

Unfortunately, minority groups are less likely to be included in gerontological research, and as a result, the field understands less about the aging of minority communities than the aging of the majority culture (Bulatao & Anderson, 2004; Kimmel, Rose, Orel, & Green, 2006). One minority group that is largely left out of the literature on aging is sexual minority, or lesbian, gay, bisexual and transgender (LGBT) seniors. This exclusion may be the result of heterosexism. Heterosexism is a social construct that can lead to a blindness to all that is not heterosexual (Cahill & South, 2002; Claes & Moore, 2001). The dearth of research on the aging of sexual minority seniors translates into a lack of understanding of this group's aging process and their need for and use of health and social services (Gabbay & Wahler, 2002; Wahler & Gabbay, 1997). Virtually no research, aside from a few personal accounts, is available that explains the aging process specifically of transgender seniors.

There is no definitive estimate of the number of LGBT people in U.S.; however, there have been some attempts to determine the number of people through national surveys and the U.S. Census. For example, a study of the latest census data showed a three percent increase in same-sex households, from 564,743 in 2008 to 581,300 in 2009; this increase was at a time when the U.S. population, as a whole, increased just one percent (Gates, 2010).

Unfortunately, since many people do not reveal their sexual orientation, the estimates of the total size of the population of sexual minorities may be low. Current estimates are that the LGBT population comprises between three and eight percent of the total U.S. population. These figures represent only lesbian and gay people, however; thus, the actual number of the LGBT population is presumably higher (Cahill & South, 2002; Grossman, D'Augelli, & Herschberger, 2000; Hunter 2005). It is suggested that by the year 2030, between 2,000,000 and 7,000,000 people aged 65 years or older will be lesbian or gay (Cahill, South, & Spade, 2000; Grossman, D'Augelli, & Herschberger, 2000; Hunter, 2005; Shankle, Maxwell, Katzman, & Landers, 2003). The precise number and/or size of a population is not, however, an indicator of the worthiness of studying and understanding any one group. To better provide health and social services to LGBT seniors, it is essential for the field of gerontology to understand the LGBT aging experience. Perhaps most essential is to simply acknowledge the existence of this group within the senior population.

An abbreviated history of the LGBT liberation movement is useful for explaining the context in which research subjects have lived their lives. The visibility LGBT people have today is a very different from the closeted existence many LGBT seniors lived in the past. The 1969 Stonewall riots are considered the start of the modern LGBT liberation movement, but there were organizations such as The Daughters of Bilitis and the Mattachine Society that pre-date the Stonewall riots. The Daughters of Bilitis was founded by Del Martin and Phyllis Lyons in 1955 and published *The Ladder*, a periodical dedicated to lesbian life

(Soares, 1998). The Mattachine Society was founded in 1951 by Harry Hay and Dale Jennings and, like the Daughters of Bilitis published, a periodical called *One*. Both organizations established local affiliates that met in private homes and were highly secretive (Duberman, 1993; White, 2009). The dramatically visible Stonewall Riots were marked by property damage and a demand that the New York City police cease arresting patrons of gay bars and clubs. At the time of the riots, many LGBT people lived dual lives—a public life that mimicked that of the heterosexual majority and a closeted life of homosexuality (Kooden & Flowers, 2000; Rosenfeld, 1999). Indeed, for many LGBT seniors, passing as heterosexual was equated with successful life adjustment (Rosenfeld, 1999). Stonewall offered many LGBT people the knowledge that there were other people like them, and it gave some the confidence to reveal their homosexuality.

By 1973, just four years after the Stonewall Riots, both the American Psychological Association and American Psychiatric Association had eliminated homosexuality as a “verifiable personality disorder” (Carlson & Steuer, 1985). For some, the two events commenced a new way of living. This new life included being open and honest about one’s sexual orientation and/or gender identity. For many older lesbian and gay seniors, however, the events had little or no impact on their lives (Grube, 1991; Rosenfeld, 1999). One explanation for this could be that a gay or lesbian person who is 75 years of age today was 37 years old when homosexuality was officially declassified as a “verifiable personality disorder.” The fear of forced institutionalization, loss of a job or career and the clinical diagnosis of deviance were part of the life experience for

gay man and lesbians. Rosenfeld (1999) found that years of negative societal conditioning and internalized homophobia were difficult or impossible for some to overcome.

Transgender people continue to carry the stigma of mental disorder by the APA. Transgenderism is listed as a gender identity disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (APA, 2000). Thus, the stigma associated with the past mental disorder classification continues to persist in the mental health profession, and this attitude may also contribute to the discomfort some seniors have with coming out of the closet. For example, a respondent who was a former college professor who was living in a nursing home wrote that the stress in her life was linked to her fear of being “de-closeted” or “outed” (Kehoe, 1989).

Purpose

This research seeks to explain why some LGBT seniors decide to live in LGBT retirement communities. Real or perceived societal stigma and discrimination against LGBT people persist and may explain the establishment of senior housing that markets to sexual minority seniors. In addition, the social context and comfort level that individuals have with their environment may play a significant role in the development of these communities. To date, however, no studies have explored why LGBT seniors choose this housing and the extent to which it meets the expectations of residents. Only two peer-reviewed studies

have been published on LGBT senior housing; no research exists on LGBT seniors who presently live in LGBT senior housing.

The primary research study described here adds to the literature on the aging of sexual minority seniors and what benefits that housing provides LGBT seniors. It will be useful for those who provide direct care, develop housing communities, and/or who provide social support to LGBT or other minority seniors. This study offers the first effort to explain the need for LGBT senior housing and what this housing option provides LGBT seniors in their own words (Hamburger, 1997; Lucco, 1987).

This is an exploratory study that uses qualitative grounded theory methodology. The data for this study were drawn from focus group interviews of residents living in three different LGBT senior housing communities. Thus, while there are not specific hypotheses, there is a direction of the research and a direction of questions that the researcher will want to ask based upon the researcher's understanding of the literature and the subject matter. Sensitizing issues provide the direction for this research and are listed as statements (Van den Hoonaard, 1997). The sensitizing issues of this study were based upon a literature review of the impact of stigma, the role of the social environment on aging and literature specific to LGBT aging. In addition, the researcher's history and bias also contributes to the choice of sensitizing issues. The sensitizing issues highlight three possible explanations of why LGBT seniors choose segregated senior housing:

- LGBT seniors choose to live in communities segregated by age and sexual minority status because they desire to live in an environment that is open and affirming to their sexual orientation and/or gender identity.
- LGBT seniors choose LGBT senior housing because of past perception or experience of discrimination, stigmatization, and homophobia.
- LGBT seniors choose LGBT senior housing because they believe that they will have larger social support networks in LGBT senior housing than they would at traditional or predominantly heterosexual senior housing communities.

Chapter 2

Review of the Literature

The areas of research that form the foundation for this study are stigma related to heterosexism and homophobia, the social environment's impact on aging and research on LGBT aging. LGBT persons constitute a marginalized segment of our population. An understanding of how homophobia and heterosexism impact LGBT people and the coping mechanisms used by LGBT people is useful. An individual's environment includes both the physical dwelling and social sphere and an individual's environment has been shown to have a great impact on an individual's ability to age successfully. Literature on social relationships indicates that as one ages there is an overall reduction in the number of social relationships. Whether this theory is true for LGBT seniors, is unknown. Lastly, LGBT aging literature provides clues that may help explain why some seniors may choose to live in housing segregated by sexual orientation and age. Fear of oppression and discrimination are noted, as is the differences in life course that LGBT seniors live compared to their heterosexual counterparts.

Stigma Related to Heterosexism and Homophobia

Heterosexism and homophobia are belief systems that stigmatize LGBT people (Burbank & Burkholder, 2006; Cahill & South, 2002; Cook-Daniels, 1997; Cruikshank, 1991; Herek, 2007; Jacobs, Rasmussen, & Hohman, 1999; Kimmel, Rose, Orel, & Greene, 2006; Langley, 2001). Heterosexism is the belief that any

sexual manifestation other than heterosexuality is inferior and undesirable, and it stigmatizes non-heterosexual sexualities (Cahill & South, 2002; Claes & Moore, 2001; Herek, 2007). In addition, heterosexism denies the existence of sexualities other than heterosexuality and has led to the invisibility of LGBT persons in various fields of social science (Burbank & Burkholder, 2006; Herek, Chopp, & Strohl, 2007; Kimmel, Rose, Orel, & Greene, 2006). Mays and Cochran (2001) found that lesbian, gay and bisexual (LGB) persons are more likely to experience discrimination than any other group. The discrimination faced by LGB people ranges from day-to-day interactions to being fired from a job. Day-to-day exposure to long-term stress such as discrimination is considered a chronic stressor and can limit the ability of an individual to adjust to or cope with new stressors (Cohen & Williamson, 1991; Newman, 1986; Thoits, 1995). Perceived or actual stigmatization or discrimination can cause long-term stress that can be detrimental to both the physical and mental health of LGBT persons (Herek, 1991; Mays & Cochran, 2001).

Institutionalized financial discrimination is one example of a stressor experienced by committed lesbian and gay couples. Goldberg's (2009) review of census data showed lesbian and gay couples experience higher rates of poverty than their heterosexual counterparts. Lesbian couples were found to have a poverty rate of 9.1%, while gay couples had a poverty rate of 4.9%, and heterosexual couples had a 4.6% rate of poverty. Discrimination in pension disbursement rules, the Social Security spousal benefit, and the Medicaid spend-down rule were found to negatively impact the financial stability of lesbian and

gay couples, and is cited as a partial explanation for the higher rates of poverty among LGBT seniors (Adams, Krehley & Mushovic, 2010; Cahill, South, & Spade, 2002; Goldberg, 2009). Additionally, women continue to have a lower rate of pay than men in the U.S., which could also contribute to the higher rate of poverty for lesbian couples; presently, women who work fulltime in the U.S. earn 78% of what men earn (National Organization for Women, 2010).

Homophobia is a phobia, or irrational fear, of homosexuals (Weinberg, 1972). Homophobia and heterosexism have macro (societal) and micro (individual) manifestations. The macro level includes laws that deny rights or limit the rights of LGBT persons, such as the institutional financial discrimination mentioned above (Goldberg, 2009; Herdt & De Vries, 2003; Herek, 2007). Other examples of macro homophobia and heterosexism include: the passage of “defense of marriage” laws or constitutional amendments in 40 U.S. states, the military’s former “don’t ask, don’t tell” policy for LGBT service members, the legal right to fire or not hire a person for being lesbian or gay in 29 U.S. states and the legal right to fire or not hire someone for being transgender in 38 states (Human Rights Campaign, 2009). Micro-level heterosexism and homophobia are expressed, at the extreme, as hate that rises to the level of violence, such as that witnessed in the hate murders of Matthew Shepard in Wyoming and Lorenzo Okaruru in Hillsboro, Oregon or the self-inflicted violence of suicide among gay teens. Obviously, less extreme examples of homophobia exist, too. The documented refusal of nursing home care providers to bathe a female resident, who they perceived to be a lesbian, is one example (Raphael, 1997).

Societal stigma is experienced in a variety of venues. For instance, a study of senior centers in New York found that half would either discourage LGBT seniors from using the center or deny access to an LGBT senior (Cahill & South, 2002; McFarland & Sanders, 2003; Thurston, 2009). Lack of a social support network has been correlated with negative outcomes for LGBT people. Examples of negative outcomes include substance abuse, particularly alcohol and tobacco use, and unsafe sex practices, which have been found to be higher in the LGBT population than the general public (Burgard, Cochran, & Mays, 2005; Stall, Greenwood, Acree, Paul, & Coates, 1999; Stall, Paul, Greenwood, Pollack, Bein, Crosby, Mills, Binson, Coates, & Cantania, 2002). Stigma can also be found in health care. Doctors of gay men being treated for prostate cancer, for instance, have been shown to be less likely to inquire about their patient's post-surgical care than they are for heterosexual men (Blank, 2005). In addition, it was reported that 90% of medical professionals reported hearing disparaging remarks made about LGBT patients, and 66% reported knowing of substandard care for LGBT patients (Cahill & South, 2002; Schatz & O'Hanlan, 1994).

Fear of discrimination leads some to remain "in the closet" about their sexual orientation. One study reported that a respondent said she would rather commit suicide than be placed in an institution (Tully, 1989). Her fear was based upon the perception that she would be unsafe as a lesbian in an institutional setting (Tully, 1989). Connolly (1996) described how heterosexism impacts end of life care for two older lesbians. At the time of her study there were no protections for lesbian and gay partnerships, and as a result, the two women

were separated when one was committed to hospice care by her family of origin. The woman died, not with her partner of 20 years, but with her family of origin who had never accepted her sexual orientation. For some seniors, the emotional stress caused by real or perceived heterosexism and homophobia is an impetus to return to the closet, which can lead to isolation and further marginalization (Burbank & Burkholder, 2006; Friend, 1989; Herek, 2007; Rosenfeld, 1999).

Isolation and marginalization is not common to all LGBT seniors. Studies of older gay men and lesbians have chronicled a variety of positive coping strategies used to overcome societal stigma. Coping strategies such as the development of fictive kin, community-based social support, and fluidity in gender roles have been found to benefit older LGBT people (Adelman, 1991; Berger, 1980; Friend, 1989; Herek, Chopp, & Stohl, 2004; Kimmell, 1992; Quam, 2001; Slusher, Mayer, & Dunkle, 1996). Meyer and Colten (1999) found that men in their study who were involved in their local LGBT community center were more likely to be partnered, have higher self-esteem and live authentic lives (out of the closet), in comparison to closeted gay men in their study, who tended to be isolated and reported significantly lower self-esteem.

In sum heterosexism and homophobia impact the lives of older LGBT people. Macro and micro manifestations include societal laws that treat LGBT people as lesser than heterosexual citizens and the personal stress that results from real or perceived discrimination. Of course, the impact of heterosexism and homophobia is different for each person, but acknowledging the existence of the stigma experienced by LGBT seniors may explain why some seniors decide to

live in communities that are segregated by sexual orientation and gender identity. This study sheds light on whether or not past discrimination or societal stigma contributes to the decision of some LGBT seniors to reside in LGBT senior living communities.

Aging and the Environment

The interaction a senior has with his or her physical and social environment is a broad field of study within gerontology, and includes theoretical models, as well as practical interventions, such as purpose built senior housing (Scheidt & Windley, 2006). Purpose built senior housing includes institutional housing that provides supportive and nursing care, and retirement communities (Golant, 1995). The purpose of this area of research is to understand and create opportunities for older adults to age in place, process a transition to supportive housing and adapt to new housing environments (Phillipson, 2004). Theoretical models help to explain how the environment can assist or hinder a senior's ability to age in place. The social environment, for instance, has been found to impact the health and well-being of seniors. Life span researchers explain the changes in the social environment within the two theoretical models selection, optimization and compensation and socioemotional selectivity theory (Carstensen, 1998; Carstensen, Mikels & Mather, 2006; Lang, 2001; Zaff & Devlin, 1998). In this study the social environment may help explain why older LGBT people choose to live in LGBT senior housing.

A person's environment includes physical structures, such as his or her home, the social sphere, such as relationships, and entities that are part both of the physical and social spheres, such as neighborhood (Lawton, 1986; Newcomer, Lawton, & Byerts, 1986; Phillipson, 2004; Subramanian et al., 2006). Lawton (1980) developed an equation, as seen in Figure 1, that explains the relationship between environment and behavior.

$$B = f(P, E, P \times E)$$

Behavior is the function of the person and the environment (indivisible whole) and the interaction between the person and environment where B=Behavior, P=Person and E=Environment.

Figure 1. Behavioral competence model (Lawton, 1980).

To understand behavioral competence one must, according to Lawton, understand the interaction or interface between person and environment. The interaction, and the holistic "unit" (P,E), can help explain an individual's behavior. For this study, the social aspect of the domestic environment, and whether an LGBT senior is comfortable in that environment, may explain whether he or she feels comfortable being honest about his or her sexual orientation. Honesty about one's sexual orientation, cited colloquially as "being out," is noteworthy because studies of LGBT seniors have found that those who were "out of the

closet” aged better than their “closeted” counterparts (Friend, 1991; Kimmel, Rose, Orel & Greene, 2006; Meyer & Colten, 1999).

Environmental fit is a concept that looks at whether a senior’s environment promotes successful aging and quality of life (Lawton, 1986; Newcomer, Lawton, & Byerts, 1986; Wahl & Weisman, 2003). The competence-press model explains the concept of environmental fit (Lawton & Nahemow, 1973). Competence-press states that environmental demands impact individual behavior and a person’s level of competence. Responses to environmental demands include actions that are associated with functionality or internal competence, such as psychological well-being. Additionally, the model can highlight changes to the environment and supportive interventions that may improve the competence of a senior in his or her environment (Golant, 2003; Lawton, 1975; Lawton, 1983; Lawton & Nahemow, 1973; Wahl & Lang, 2003). Competence in responding to one’s environment is termed “successful behavior” and captures both physical and psychosocial functionality. Successful behavior has five measurement variables, from the most basic health abilities to social interactions. Basic health relates to the most banal of bodily systems; functional health relates to the ability to accomplish ADLs and IADLs. ADLs are activities of daily living and include the basic tasks of life such as bathing, feeding, independent transfer, control of bowels, and independent toileting (Katz, Down, Cash & Grotz, 1970). IADLs are the instrumental activities of daily living and include: ability to use the telephone, shop, prepare food, keep house, do laundry, use transportation (car, walk or public transportation), take medication independently and handle finances

independently (Lawton & Brody, 1969). The higher levels of behavioral competence include cognition, particularly memory, perception and problem solving, creativity and social behavior. Social behavior is the highest level of behavioral competence and includes maintenance of relationships, intimacy, and social contact with others (Gitlin, 2003; Kendig, 2003; Lawton & Nahemow, 1973; Rubinstein, Kilbride, & Nagy, 1992; Wahl & Weisman, 2003).

Behavioral competence measurements are useful in determining the functionality of person and place (Lawton, 1983). For instance, external barriers to behavioral competence include dilapidated infrastructure of the home or neighborhood, poor sidewalks or lack of access to transit. Examples of internal barriers to behavioral competence can include internalized homophobia, social isolation, and cognitive impairment (Gitlan, 2003; Golant, 2003; Lawton, 1983).

Life span theories study the social environment and how elders select and optimize their social environment to attain positive outcomes (Carstensen, 1992; Carstensen, 1998; Evans, Kantrowitz, & Eshelman, 2002; Lang, 2001; Lang, Reickmann, & Baltes, 2002). One life span theory is socioemotional selectivity theory, which explains both why and how an elder selects and optimizes his or her social environment. Although relationships are categorized as resources that add to our quality of life, socioemotional selectivity theory argues that adults reduce the total number of relationships over the course of adulthood (Carstensen, 1998; Lang, 2001). Socioemotional selectivity theory states that when a person perceives time as expansive, such as in young adulthood, he or she seeks out knowledge and relationships that may help them in the future. As

a person ages to older adulthood and perceives time as limited or finite, he or she selects relationships that are positive and emotionally meaningful (Lang, 2001; Freund & Baltes, 2002). This theory is supported by empirical studies that have found that the total number of individuals a person makes social contact with declines across adulthood, particularly when participants view time as compressed (Carstensen, 1998). Socioemotional selectivity theory is not categorized as a disengagement theory. Rather, this theory is one of selection, optimization and compensation; as people age and see time as compressed or finite they are less likely to both seek out knowledge and sustain or create new relationship with people who are tangential to their lives. This theory was supported by a study that found even those seniors with a high degree of resources (high cognitive function, high sensorimotor skills and emotional stability) chose to improve the quality of their relationships with family members in lieu of maintaining more novel relationships (Lang, Reickmann, & Baltes, 2002). Socioemotional selectivity theory posits that the context of social interaction and the goal of social interaction change with age; as people age they regulate their social contact so as to engage in social interactions that give them the highest level of emotional satisfaction (positive emotional affect). Emotional goals are defined as: motives to feel good, derive emotional meaning from life, establish intimacy, and verify the self. Thus, as we age the goals we associate with social interaction are revised to those that are emotionally fulfilling, and thus, we reduce the number of acquaintances or novel people in our lives. Seniors continue to have social contact, contrary to disengagement theory, but with a

smaller more intimate group of social actors (Carstensen, Mikels, & Mather, 2006). Research has shown that, for heterosexual seniors, the relationships that they find most emotionally fulfilling are first those of family, including spouse and children, and then long-term friendships (Carstensen, Fung, & Charles, 2003; Freund & Baltes, 2002; Lang, Rieckmann, & Baltes, 2002). No research exists on the applicability of this theory for LGBT seniors.

Changes in a person's ability to function was studied, and it was found that as a person ages his or her ability to adapt to his or her physical or social environment changes (Kendig, 2003; Lawton, 1983; Lichtenberg, MacNeill, & Mast, 2000; Wahl & Lang, 2004). Loss of functionality and loss of engagement with the social sphere have been shown to have negative consequences for seniors. Social isolation, for example, was credited with the fact that 525 of the total 737 deaths during the Chicago heat wave of 1995 were of persons 65 years of age or older (Klinenberg, 1999). These deaths were attributed to neighborhood crime, which was causally linked to older residents isolating themselves from their neighborhood. The self-isolation was interpreted as both a physical and a social barrier to the mobility of elderly residents (Klinenberg, 1999; Phillipson, 2004).

For LGBT seniors, the characteristics of a positive social environment may expand to include the absence of fear, discrimination and stigmatization. As of yet, the positive attributes of an LGBT senior's environment are unknown. In addition, social behavior for LGBT seniors may be enhanced by the connection LGBT individuals have for one another based on the fact that they are part of the

same minority group. Tully (1989) and Lucco (1987), for example, found that older LGB people preferred care providers who were also LGB because they perceived those providers were more culturally sensitive to sexual minority patients. The social selectivity espoused by socioemotional selectivity theory may help to explain why some LGBT seniors choose LGBT senior housing (Baltes, Wahl, & Schmid-Furtoss, 1990; Carstenson, 1992; Carstenson, Mikels, & Mather, 2006). If this theory is accurate, as a person ages he or she is more likely to select relationships that have a greater prospect of being emotionally supportive and that provide the highest quality of emotional satisfaction (Carstenson, Fung, & Charles, 2003; Lang, 2001). LGBT seniors may or may not make the same selection choices as heterosexual seniors. This study will explore the applicability of socioemotional selectivity theory in LGBT senior living communities.

Although the majority of older adults in the U.S. express the desire to remain in their homes until death (to age in place), some seniors choose new environments as they age with the intent of living in a supportive environment (AARP, 2000). An example is co-housing. Co-housing is collaborative housing where the residents actively develop, control and contribute to the housing community (Co-Housing Association of America, 2011). Co-housing for the elderly promotes independent living in an environment that is both physically and socially supportive (Durrett, 2009; Glass, 2009). Early research indicates that residents provide mutual support in intentional co-housing communities, and that the social environment promotes positive social interactions. Golant (2000)

proposed that housing for seniors has a demographic component. A senior living community is an example of a self-selecting affinity-based community, because seniors are attracted to communities populated with people similar to themselves (Golant, 2000). Howard et al. (2002) found African-American residents prefer to live in facilities with African-American staff. A uniqueness of health and social problems for older African-Americans was cited by the residents as the reason for their preference. African-American residents believed that African-American providers understood the cultural and social context of illness in the African-American community and thus provided better care and social environments. In addition, Howard et al. (2002) found that white residents were disinterested in facilities that were predominantly African-American due to cultural fear and bias. This supports the idea that LGBT affinity based housing is attractive to LGBT seniors because they believe such housing will be culturally sensitive.

The context of where a person lives includes both the built and the social environment. Attention to the social context of place is an important characteristic of person-environment fit. Environmental gerontology and life span theory agree that as a person ages his or her relationship to his or her environment changes (Carstenson, Mikels, & Mather, 2006; Lang, 2001; Wahl & Weisman, 2003). Purpose built housing, intentional communities and co-housing models offer seniors supportive housing options (Glass, 2009). Mutual support of co-housing and intentional communities has been found to increase a senior's confidence that they will be able to age in place (Durrett, 2009). LGBT senior

housing is an additional affinity-based housing model that may attract LGBT seniors for reasons similar to those that attract seniors to co-housing.

Lesbian, Gay, Bisexual and Transgender Aging

Research on LGBT aging is limited. It was not until 1973 that the American Psychological Association and American Psychiatric Association declassified “homosexuality” as a personality disorder, and transgender people are still classified as having a mental disorder (APA, 2000; Carlson & Steuer, 1985; Herek, 2007). Berger (1982) and Cruikshank (1991) noted that older lesbian and gay men were not included in studies of aging due to ignorance and the denial of their existence. The literature on LGBT aging found that LGBT seniors had many of the same issues adapting to aging as did their heterosexual counterparts, but they also had issues specific to their sexual orientation and gender identity. Issues identified in the LGBT aging literature include discrimination and stigmatization, life course diversity, social service needs, support networks and housing needs (Adelman, 1991; Beeler, Rawls, Herdt, & Cohler, 1999; Berger, 1984; Berger & Kelly, 2001; Brotman, Ryan, & Cormier, 2003; Cahill & South, 2002; Hunter, 2005; Kimmel, 1978; Lucco, 1987; Minnegrode, 1976; Minnegrode & Adelman, 1978; Peacock, 2000; Rosenfeld, 1999). The LGBT aging literature evolved from describing the deviance of older homosexuals (gay men and lesbians), and methods to cure that deviance, to the experience of gay aging, which sought to debunk the myths that older homosexuals were depraved, isolated and lonely. Later research provided a

contextual understanding of the LGBT aging experience, needs assessments and programmatic planning (Berger, 1980; Gabbay & Wahler, 2002; Kimmel, 1977; Wahler & Gabbay, 1997).

Social Support

Social support is a common area of study in LGBT aging research. Social support is characterized as a coping resource by Thoits (1995). The perception of social and emotional support has a greater positive impact on mental and physical health than does actual received support (Shippy, Cantor, & Brennan, 2004). Traditionally, social support has been characterized as a function of the family of origin, and in fact, for older adults, their family of origin continues to provide the majority of their social support. Bengtson, Rice and Johnson (2005) theorized that the societal construct “family” has evolved. Examples of the evolution of family include blended families, inter-racial families, inter-religious families, same sex headed families and single parent families. Bengtson et al. (2005) acknowledged that alternative family structures have always existed; however, researchers have often neglected these different family structures and thus must evolve their understanding of “family.” For these families, social support may look different than it did for previous cohorts.

Studies have shown that older LGBT people are more likely to live alone and to have had fewer children than their heterosexual counterparts (Butler, 2004; Cahill, South & Spade, 2000). A study of New York City gay and lesbian seniors found that 65% live alone, while a study in Los Angeles found that 75%

live alone (Brookdale Center & Senior Action in a Gay Environment, 1999; Rosenfeld, 1999). Research in the area of social support has offered positive findings, as well. The largest study of social support networks of lesbians, gay and bisexual (LGB) seniors found that while many LGB seniors live alone, they have large social support networks (Grossman, D'Augelli, & Hershberger, 2000). That study found that the networks provided both social and emotional support. People with partners reported higher levels of life satisfaction and less substance abuse. In addition, participants reported a higher level of satisfaction with support given by people who were aware of the participant's sexual orientation. Another study found that gay men in New York reported having larger support networks than their heterosexual counterparts (Shippy, Cantor, & Brennan, 2004). Members of the gay men's family of origin were still important in their social network, but gay men were less likely to ask for social support from their family of origin (Shippy et al., 2004).

An important aspect of social support networks of LGBT seniors is the role of fictive kin. Fictive kin is a symbolic kinship used to describe created families (Weston, 1991). Researchers such as Krause (2001), Katz-Olson (2001) and Williams and Dilworth-Anderson (2002) have found that African-American seniors, particularly women, rely both on extended family members and fictive kin, most notably church members, for social support. In studies of the social support networks of LGBT seniors, fictive kin have been found to provide the highest level of social support after that of life partners (Grossman, D'Augelli, & Hershberger, 2000; Grossman, D'Augelli, & O'Connell, 2001; Jacobs,

Rasmussen, & Hohman, 1997; Shippy et al., 2004). The social support networks afforded to residents in LGBT retirement communities may help explain why some LGBT seniors seek out LGBT retirement communities.

Life Course

The life course of LGBT seniors is diverse. Research has shown that the decision to reveal one's sexual orientation led to life adjustments no matter what age the decision to come out was made (Herdt, Beeler, & Rawls, 1997; Kehoe, 1989; Peacock, 2000). Altman (1999) discussed the need for social services specific to seniors who "come out of the closet" late in life. These seniors were often found to have limited or no connection to the LGBT culture and felt like an outsider in both the heterosexual and homosexual communities. Life course diversity has been written about extensively in the literature; however, most of the studies are theoretical. The term life course diversity is used to differentiate the traditional heterosexual based life course model developed by Erikson (1975) with the LGBT experienced life course (Peacock, 2000). Simply, LGBT people diverge from the traditional model. Erikson's life course model encompasses eight stages of development, from birth to death. The concept of life course and the model created by Erikson are directly confronted or alluded to in much of the scholarly literature on LGBT aging. Researchers have sought to explain how stigma, heterosexism, internal and external homophobia produce a life course that diverged from the heterosexual life course espoused by Erikson and others (Altman, 1999; Berger, 1980; Berger & Kelly, 2001; Blando, 2001; Boxer, 1997;

Cahill & South, 2002; Cass, 1979; Coleman, 1981; Walters, Berke, Hardin, Karanik, & Raphael, 1995; Herdt, Beeler, & Rawls, 1997; Kimmel, 1978; Minnegerod & Adelman 1978; Peacock, 2000; Quam, 1993; Rosenfeld, 1999; Wahler & Gabbay, 1997).

Peacock (2000), for example, found that gay men often skipped over stages of Erikson's developmental model, only to return to those stages later in life. For instance, stages five and six traditionally occurred in adolescence and young adulthood, and were marked by identity versus confusion, and intimacy versus isolation. Although the men in his study did not achieve resolution of these two phases on Erikson's timeline, they did function in socially prescribed roles—such as having a job and family. Because the men had not resolved the earlier stages of identity, Peacock suggested that the men exhibited a false development, which he explained as the development of two men in one body. This notion of two men in one body was termed a “holographic life” by Kooden and Flowers (2000). A holographic life is one that projects an image to the public with surface features that ape the real person but are not the true person. Peacock found that after coming out, the men returned and resolved stages five and six of Erickson's model. The research showed that the pressure of homophobia, whether internal or external, caused gay men to produce a false self that was only integrated after they came out.

Life course development has also been found to differ for LGBT seniors who had heterosexual marriages and children. These seniors were found to have different needs, like accessing the LGBT resources, and stress caused by

loss of job or family due to coming out (Beeler, Rawls, Herdt, & Cohler, 1999; Herdt, Beeler, & Rawls, 1997; Hostetler & Cohler, 1997). The life course for lesbians was found to be different than that for gay men, as well. Old lesbians have been thought of as a triple minority—they are old, women and sexual minorities and, as a result, have been said to be more invisible to society than old gay men (Auger, 1992; Kehoe, 1989). Life course diversity, particularly the experience of coming out later in life, may affect the decision to live in a segregated community for some. Understanding that the life course of older LGBT people differs from their heterosexual peers could help to develop a better understanding of this group of seniors.

LGBT Senior Housing

Finally, the research on housing for LGBT seniors needs to be addressed. Aside from two studies published in peer-reviewed journals, housing has been a tangential issue in LGBT aging research to date (Hamburger, 1997; Kehoe, 1989; Lucco, 1987; Tully, 1989). Lucco (1987) produced the largest study of lesbian and gay senior housing. Lucco reported that lesbians and gay men had a strong preference to live in retirement communities staffed by lesbian and gay professionals and that provided a continuum of care. Lesbian and gay seniors also expressed interest in moving from their current dwelling to a retirement community at a younger age and would be willing to move further distances than their heterosexual counterparts. The importance of living with one's partner was also expressed (Lucco, 1987; Hamburger, 1997). Aside from peer-reviewed

articles several local LGBT communities have surveyed their community members about housing. Unfortunately, most of the locally produced studies were either poorly done or the research data were lost or misplaced (De Vries, 2004). One local study was done in San Francisco by a non-profit LGBT affordable housing group called “openHouse.” One aspect of the datum was the need to connect health and social services with affordable housing. The published study found that lesbians and gay men in San Francisco 60 years of age and older report higher levels of chronic disability [38% of lesbians, 36% of gay men] than did heterosexual women and men [25% of women, 16% of men] (Adelman, Gurevitch, De Vries & Blando, 2006). While not stated in the report it is presumed that one contributor to the need for health and social services is the higher incidents of HIV/AIDs in the gay male population. In addition, lesbians have been found to have higher incidence of breast and cervical cancer due to limited access to and use of healthcare (Solarz, 1999).

Clearly, there is a need to understand the housing needs and preferences of LGBT seniors. As the population of those aged 65 and older continues to grow in the United States, so too does the population of LGBT seniors. Little research has been done on the housing needs of this group, and no research has been conducted to determine why LGBT seniors choose these new housing environments. This research must acknowledge the stigma and discrimination faced by LGBT seniors and how societal stigma impacts the social environment. The literature suggests that LGBT seniors desire to live in an environment that is open and affirming of homosexuality, and/or one that provides for development of

fictive kin or other social support. These factors may compel some to choose LGBT retirement communities. The importance of the social context of one's living environment and the potential for social relationships that are affirming (as opposed to judgmental) to sexual minorities may provide an understanding for the rise of these communities.

Chapter 3

Methodology

General Overview

This study used grounded theory, a qualitative method that seeks to *provide an explanation* for a phenomenon. Grounded theory is inductive. The analytic process ensures that explanations of the phenomenon are fully grounded in the data, in contrast to deductive methods (Charmaz, 2005; Maxwell, 2005; Miles & Huberman, 1994; Strauss & Corbin, 1998). Data, using focus group interviews, were gathered from three LGBT senior living communities. In addition to participating in a focus group, participants were asked to complete a short demographic survey at the conclusion of the focus group sessions. A total of seven focus groups over a three-month period were conducted with 38 participants. Each focus group was audio recorded, transcribed verbatim, and analyzed using grounded theory processes as described below. The Human Subjects Research Review Committee (HSRRC) at Portland State University approved this research project in March of 2010. A copy of the application for HSRRC approval is attached (Appendix A).

Sites

At present there are five LGBT senior communities dispersed throughout the U.S.; given time and budget constraints, it was not possible to interview

residents in each of the five communities. The five communities are The Palms of Manasota in Palmetto, Florida; Rainbow Vision, in Santa Fe, New Mexico; Triangle Square in Los Angeles, California; Barbary Lane in Oakland, California and Care Free Cove in Zionville, North Carolina. Lesbian-only retirement communities, such as The Resort on Carefree Boulevard in Fort Meyers, Florida and KitsHarbour in Bremerton, Washington, and Apache Junction a naturally occurring lesbian retirement community in Arizona, were not chosen for this study due to their women-only exclusionary policy. The three sites chosen for this study were not exclusive in relation to gender, and all were in the western United States. Table 1 includes the name of each site, type of ownership, type of community and location of the housing communities selected for this study. It should be noted that the original plan was to include a fourth site in Arizona. Unfortunately, the Arizona site was eliminated because no residents had taken up residency in the retirement community at the time of the study, since Out Properties, the developer of Marigold Creek, halted construction.

It should be noted that while the three sites are populated with a majority of LGBT seniors, the sites are not exclusive. Some heterosexual seniors, both married and single, reside at each of the three sites. Recruitment for the three sites varied. Rainbow Vision and Barbary Lane advertised to the LGBT population through both local and national media outlets that cater to LGBT people. In addition, however, articles about both locations were published in mainstream media outlets. Triangle Square also used traditional and LGBT media outlets to publicize the building; however, Triangle Square was obligated

to do broader outreach in LA County due to the public funding it received. In addition, all three sites used Gay Pride events and other LGBT community events to publicize and recruit individuals.

Table 1.

Study Sites by Name, Location, Type, Units and Ownership Type

Facility Name	Location	Type of Housing	Number of Units	Ownership Type
Rainbow Vision, LLC	Santa Fe, NM	Independent and Assisted Living	120 Independent units, 26 Assisted Living Units	For profit
Barbary Lane, LLC	Oakland, CA	Independent Retirement Housing	46 Independent units	For profit
Triangle Square Hollywood	Los Angeles, CA	Independent Affordable Housing	103 Independent units	Nonprofit

Rainbow Vision

Rainbow Vision started accepting residents in 2005. The site sits just south of Santa Fe, New Mexico, in a residential neighborhood. Similar to other

residential developments in Santa Fe, Rainbow Vision is composed of attached stucco buildings, in keeping with local architecture. Rainbow Vision's mission statement, "At Rainbow Vision IT'S NOT A LIFESTYLE-IT'S YOUR LIFE" doubles as the community's marketing tagline (Rainbow Vision, 2009). The community accepts residents 50 years of age or older and as seen in Figure 2 labels itself as, "Your community for the next 50 years"(Rainbow Vision, 2010). The sign does not use words to tell potential residents or passersby that this is an LGBT community. Instead, Rainbow Vision uses the upside-down triangle and six colors of the rainbow flag to symbolically communicate that it is an LGBT community. The upside down triangle represents the triangles that Nazis used to mark gay men and lesbians with during the Second World War. Gay men were made to wear pink triangles and lesbians black triangles the use of the symbol now represents gay pride and is an example of the community overcoming the attempted extermination by the Nazis (Plant, 1986). The rainbow flag is used by this community to visibly affirm the diversity within the community and often is used to denote that an establishment is gay friendly or gay safe (Martins, 2009).

Rainbow Vision has both independent living and an Assisted Living Facility, called Castro Assisted Living, for an additional fee. The independent living units are attached condominiums in single-story and two-story structures, as seen in Figures 3, 4 and 5.



Figure 2. Signage of Rainbow Vision at entry of the development; a rainbow happened to cast over the sign when this photograph was taken.



Figure 3. Outside view of a two-bedroom condominium at Rainbow Vision.



Figure 4. View of the main road through Rainbow Vision, with one-story and two-story buildings in view.



Figure 5. Two-story condominium buildings at Rainbow Vision.

While Rainbow Vision's management markets its community as a home for the "second "50 years," only one of 12 two-story buildings has an elevator; all others are accessed by exterior stairwells, as seen in Figure 6. Castro Assisted Living is located on the second floor of the community's clubhouse, called El Centro, as seen in Figure 7. Castro Assisted Living offers private apartments and a dementia care unit. Rainbow Vision does not offer skilled nursing care. The lack of skilled nursing care distinguishes Rainbow Vision from traditional Continuing Care Retirement Communities (CCRC), which offer a full range of living options, from independent to nursing home care. Another distinction from traditional CCRCs is that half of the units (60 of the 120 units) are owner occupied.

The lack of elevators was a particular concern for one resident who was in a wheelchair; however, the development had other significant accessibility barriers, as well. The independent units were devoid of grip bars in the bathrooms and were equipped with tubs that required one to step up and over the side of the tub. Residents either paid to have grip bars installed in their homes or went without them. Countertops were high, as were light switches and thermostats, and some thresholds included a step that residents had to navigate without handrails. None of the barriers were insurmountable; however, a community that purports to be for the next 50 years of life did not, in fact, have key features in the physical environment that are needed for residents to age in place.



Figure 6. Stairwell at Rainbow Vision leading to the second floor of a two-story condominium building.



Figure 7. Outside of El Centro, the community clubhouse. El Centro houses the gym, spa, library, salon, mailboxes, concierge service, Castro Assisted Living and the restaurant, Garbo's.

Barbary Lane Senior Community

Barbary Lane Senior Community, located in Oakland, California, started accepting residents in 2008. It has 46 independent units ranging in size from studio to two-bedroom apartments. The site is housed in the former Lake Merritt Hotel, which is an art deco building built in 1927, as seen in Figure 9.



Figure 8. Outside of Barbary Lane Senior Community. View of the dining room. A gay pride flag is seen on the far right along with the original Barbary Lane Senior Community sign (Photo by Komenich, 2007).

The building owners and Barbary Lane Senior Community developers joined forces in 2004 to offer independent senior living for the LGBT community and admitted those who were age 62 years of age or older. Barbary Lane had no stated mission but used “The Limitless Possibilities of Living” in its marketing materials (Barbary Lane Senior Community, 2009). Barbary Lane Retirement Community, following a trend of bankruptcies of retirement communities, ALFs and CCRCs, went bankrupt in 2009 (Stern, 2009). AgeSong, a San Francisco-area long-term care company specializing in holistic care, purchased the management contract and continues to promote the concept of being open and affirming to sexual minority seniors.

Prior to its bankruptcy, Barbary Lane Senior Community required residents to pay up to \$40,000 as a buy-in to the community. In addition, residents had a monthly fee of \$3,295-\$4,295 which they paid to Barbary Lane Senior Community and that included rental of living space, two meals per day in the formal dining room, mail service, housekeeping and transportation via the Barbary Lane Senior Community van. Health and social services for residents at Barbary Lane were either independently paid for by each resident or were part of the local community’s social and health service network. There was a paid staff to coordinator who helped organize outside care for residents. Additionally, Barbary Lane Senior Community sponsored activities for residents, such as reading groups and cultural and social outings and shopping in the Oakland and San Francisco area.

Triangle Square

Triangle Square is an affordable housing senior apartment building in Los Angeles, California and is a project of the nonprofit group Gay and Lesbian Elder Housing (GLEH). Triangle Square started admitting residents in 2008 and took six years to complete development of the project. The mission statement of GLEH reads:

Gay & Lesbian Elder Housing is an organization dedicated to building and operating high-quality affordable, multicultural housing developments, which include a community space used to provide social and recreational services for GLBT older adults. Our goal is to provide a safe, nurturing environment that supports the well-being of GLBT elders (GLEH, 2009).

To qualify for residency a person must have a yearly income of \$40,000 or less and be 62 years of age or older. Persons with HIV and who meet the income requirement, however, are welcome at Triangle Square no matter what their age.

Triangle Square is located in a semi-industrial gentrifying neighborhood in Los Angeles' Hollywood neighborhood. The site sits on half a block at the corner of Ivar Avenue and Selma Avenue. The main entrance of the building, as seen in Figure 10, is a glass front with signage that contains both the name of the building and a smaller identifier for GLEH. Similar to the sign at Rainbow Vision Triangle Square, Triangle Square's sign uses the imagery of the triangle. Unlike Rainbow Vision's sign, however, the sign also includes the words "gay" and "lesbian." The inclusion of "Senior Social Services by Gay & Lesbian Elder Housing" was important to members of the Board of Directors of GLEH and a donor who agreed to donate over \$1,000,000 to the organization if the words "gay" and "lesbian" were included. The sign was put up after residents entered

the facility, and some focus group participants expressed opposition to having been labeled. As one person stated, “I felt like they were outing me, and I didn’t tell them it was O.K. to out me” (B:30; Lines 11,573-11,574). The Board of Directors met with community members and relayed the donor’s request and donation. This, according to focus group participants, reduced the negative feelings towards the signage. The area, however, has a transient population, and the west end of Hollywood Boulevard is just two blocks from the site, which causes some residents to have safety concerns.



Figure 9. Front of Triangle Square building in Los Angeles. The front entry door is to the right of rounded windows. The non-profit organization Gay & Lesbian Elder Housing (GLEH) provides senior social services in the building and has its offices onsite.

Although this site is an affordable housing development, it is an attractive building that could easily be compared to new, upscale apartment buildings. The building is a four-story post-modern design and has a rounded glass section (see Figure 11) that houses communal activity areas (media room, library and gym).



Figure 10. Street view of Triangle Square with rounded area that houses communal activity areas.

Two wings of the building are attached to the large common space with outdoor walkways that look over a garden atrium. Residents move from their apartment wing to the main building and the underground garage by way of the walkways, which can be seen in Figure 12.



Figure 11. This is a view of one of two walkways residents use to get from their apartments to the main building. In the background is a construction site, which will be a multi-level parking garage.



Figure 12. View of opposite walkway with view of pool, garden and chaise lounge chairs.

The garden atrium includes casual sitting areas, tables for eating, two gas grills that are for use by residents, a pool and manicured gardens, as seen in Figure 13. The entry of the building is also atypical of an affordable housing apartment site. The large seating area is comfortable and modern, and the lobby itself has signage noting it is a GLEH project. The residents were preparing for Gay Pride week during the author's visit and had homemade signs present in the lobby. The lobby and the Gay Pride signs are shown in Figures 14 and 15.



Figure 13. Garden atrium seating area at Triangle Square.



Figure 14. This photograph shows the seating area in the lobby, with the management office in view.



Figure 15. Gay Pride signs are placed in the lobby in anticipation of Gay Pride Week. This is located just outside the management office.

Triangle Square has a total of 140 units; all are apartments. Attention to the population's needs was given when the building was constructed, and each apartment includes walk-in showers with grip bars, grip bars on the shower walls, lowered light switches and temperature controls. Kitchens are small but include full-size refrigerators, stoves and sinks. Units on the first floor have access to the garden atrium via small porches and all units that face the outside of the building have balconies. One area that needs physical improvement is the entry to the building. Residents in wheelchairs or scooters have difficulty managing the

building entrance because the locking mechanism must be unlocked manually. That means that a person in a scooter must lean all the way forward, unlock the door with his or her key, hold the door handle and then maneuver his or her scooter backwards to open the door wide enough for a wheel of the scooter to engage the door and open the door. Once in the physical building, residents entering through the main entry must do exactly the same thing to get passed the lobby security door, which is the access point to the elevators and mailboxes. Management claims that security concerns keep them from correcting this obvious problem. An alternative for residents in scooters and wheelchairs is to enter via the garage using an automatic garage door opener. Although many residents do use this way of entering the building, it is not the preferred entrance.

Financial Costs

Two of the three sites were market rate housing and the third was subsidized housing. Rainbow Vision and Barbary Lane charged the market rate for residences in Santa Fe, NM, and Oakland, CA, respectively. The median home assessed value was \$296,500 in Santa Fe and \$574,400 in Oakland in 2006 (U.S. Census, 2006). The sale price for a two-bedroom condominium at Rainbow Vision in 2006 was \$350,000, far above the median home price. Residents at Barbary Lane were required to pay a one-time, upfront fee buy in of \$40,000 for a 500 square foot apartment (Barbary Lane, LLC, 2007). Despite the myth that LGBT people are more affluent than their heterosexual counterparts, Badgett (2001) has documented that persistent stigmatization and discrimination

in the workplace have an adverse effect on the salaries of LGBT people. Thus, the fees at both Rainbow Vision and Barbary Lane could have been cost prohibitive for many in the LGBT senior community.

Triangle Square is an affordable housing development. Rent is capped based upon income and cannot exceed one third of a resident's total income. The site is open to Section 8 housing, and several participants received Section 8 housing vouchers. Section 8 housing eligibility is determined using the median income of the city of Los Angeles, which was \$58,000 for a single person in the year of this study. In Los Angeles a single person met the income eligibility requirement for Section 8 if his or her income was 30-50% (\$17,400-\$29,000) of that median household income (Housing Authority of Los Angeles, 2011).

Sample

Eligibility

Given the present study's focus on LGBT senior housing, to be eligible for this study participants had to meet several criteria. The most basic criteria were that the participant had to identify as lesbian, gay, bisexual or transgender and had to reside in one of the three aforementioned senior housing communities. No participant in the focus groups presented with dementia or cognitive impairment. Although every effort was made to represent diverse racial and ethnic backgrounds, only one site, Triangle Square, had ethnic and racial diversity at the time of this study. The lack of racial diversity was consistent with research that found racial and ethnic minorities are more likely to live alone or

with extended family as opposed to living in long-term care or retirement communities (Cummings & Galambos, 2004; Taylor, 1988). In addition, the researcher attempted to include bisexual and transgender seniors, who are rarely included in LGBT aging research. The researcher recruited transgender and bisexual seniors at each site via personal conversations that highlighted the need for their opinions in aging research. Three transgender seniors and two bisexual seniors were part of this study.

Sample Limitations

Clearly, those who did not participate in this study included both people who lived in the communities who were eligible and LGBT seniors who did not live in one of the selected sites. Presumably, the sample is biased because participants chose to participate rather than being randomly selected to participate in the focus groups. It is possible that, similar to what Meyer and Colten (1999) found, those LGBT people who are out and interested in participating in research differ from those who do not. Meyer and Colten (1999) found that there was a statistically significant difference in rates of depression, knowledge of the local LGBT community and size of support group network. It is important to note that people are “out of the closet” to different degrees. A person could be out to his or her friends or family but not be out to the general public, or not feel comfortable talking to a researcher as an “out” person. Thus, a random selection of residents may have resulted in different findings. However, this study set out from the beginning to be an exploratory study, a first taste of

what this new housing offers LGBT seniors rather than a research study that can be generalized to the larger community. Additionally, there are LGBT seniors who did not choose to live in one of the three sites. Indeed, Barbary Lane Senior Community did not attract a large number of LGBT seniors to its site, and as a result, went bankrupt. Sampling is a constant challenge for the study of LGBT seniors and the LGBT population in general (Kimmel, Rose, Orel & Greene, 2006). Nonetheless, it is important to note the limitations of this study's sample.

Recruitment

Any resident who met the study criteria was recruited to participate in a focus group at his or her housing community. A brief description of the project was written and emailed to contact persons at each site. The project description included a brief overview of the study, a copy of the informed consent form, and a copy of the researcher's recruitment letter to residents (see Appendix B and Appendix C). The contact person at each site was then asked to distribute the researcher's recruitment letter to each resident at that site. The researcher's contact at Barbary Lane was the Manager who also agreed to distribute the letter to residents. At Triangle Square, the activity director acted as the researcher's contact person and committed to distribute one letter per resident. A member of the Residents Council at Rainbow Vision was the contact person and distributor of the researcher's letter.

Each senior who wished to participate either called or emailed the researcher to express his or her interest in participating. Each person was then

assigned to participate in a focus group at his or her site. At one site, Triangle Square, the researcher was compelled to visit and distribute the materials personally due to the inability of the activity director to follow through on the task of distributing the recruitment letters. There were three focus groups each at Triangle Square and Rainbow Vision due to the large of number of persons interested in participating and the challenge of scheduling. At Rainbow Vision, a total of eighteen residents participated, with one focus group of seven, one of six and one with five participants. At Triangle Square there were two focus groups with five participants and one with seven. Barbary Lane had the smallest focus group, with only three participants, in fact there were only three eligible participants living at the site at the time of the focus group interviews and all three participated.

Data Collection

The data were gathered in focus group interviews. Prior to the focus group interview, participants were asked to complete a Statement of Informed Consent (see Appendix D). There were a total of seven focus groups, one at Barbary Lane and three each at Rainbow Vision and Triangle Square, with a total of 38 participants. Couples were welcome to participate, but each member was assigned to a different group. A total of three couples participated in the study.

A prepared interview script was used at each focus group to ensure consistency of the inquiry (see Appendix E). The script had five main questions

and allowed for clarifying or probe questions to be asked as needed. The script followed the traditional funnel technique of asking the broadest, easiest to answer question first and ending with individuals being asked to provide what they believed were the most important issues discussed during the focus group (Morgan, 1997). For example, the opening question was: "To begin I would like to ask people to write down three things that were most important to you when you first considered moving to this retirement community." Each participant was given an index card and pen to answer this question. This approach allowed participants to enter the conversation by answering a general question in accordance with the funnel technique. The broader the question, the less burden is placed on the participant, which has been found to successfully elicit participation of individuals in the group (Morgan, 1997). The final question asked ensured that participants had the opportunity to think back over the conversation and highlight what they thought was most important. At the conclusion of each focus group, the researcher asked participants to complete a simple one-page demographic questionnaire. The demographic questionnaire consisted of nine questions (see Appendix F).

Focus Group Procedure

Each focus group was conducted at the site where participants lived. At Barbary Lane, the television and meeting room was used; at Triangle Square, the media room was used and at Rainbow Vision, a private residence was used due to impossibility of scheduling a private on-site room large enough to

accommodate the groups. At Rainbow Vision, the homeowner furnished the group with water and snacks and water was provided for residents at Barbary Lane by the management. No refreshments were provided at Triangle Square, due to a no eating or drinking policy in the media room. Each focus group participant was greeted by the researcher upon his or her arrival and invited to sit down. The chairs for each focus group were arranged in a circle with the recording devices in the center of the circle. Once all participants had arrived, each was presented with a pen and a copy of the Statement of Informed Consent. The researcher read the Statement of Informed Consent out loud, asked if anyone had questions, and then asked each person to sign the form if he or she were in agreement. After all forms were signed and collected, the researcher handed out index cards so that members could answer the first question and verbally acknowledged that two digital recorders and one cassette recorder would record the focus group session. The groups commenced with a recitation by the researcher of the rules of the focus group, including group confidentiality, not interrupting one another and a request that each person participate in the discussion. After the recitation of the rules, the researcher verbally acknowledged that she was turning on the audio recording devices. Each question from the focus group script was asked of the group with clarifying and probe questions as needed. Each focus group was scheduled for two hours, at the end of which participants were asked to complete the demographic questionnaire. Each focus group lasted about two hours.

Process of Analysis

Transcription

The researcher transcribed all focus group audio recordings with HyperTranscribe software. HyperTranscribe software played five seconds of audio recording at a time. The recording could also be paused and replayed using different keys on the keyboard. The transcriptions were done for each focus group and then uploaded to a different software package, HyperResearch software, for coding. Files uploaded to HyperResearch software cannot be edited and are automatically formatted with a large margin on the left side of the page used for codes. Focus groups were transcribed soon after they were conducted; thus, the first focus group was transcribed in April and the last in late June, 2010.

Coding

Open Coding

The first phase of grounded theory analysis is referred to as open coding (Strauss & Corbin, 1998). Open coding permits the identification of broad categories and preliminary concepts in the data. Each transcription was read, then reread, line-by-line. Codes represent the initial concepts and categories found in the text. Grounded theory coding does not rely on codes developed a priori. Thus, codes come from the data, but are informed by the researcher's knowledge and experiential bias. The researcher could not bracket or ignore her

knowledge of LGBT aging or stigma faced by the LGBT community. Therefore, the sensitivity the researcher brought to the coding led her to choose certain words or concepts instead of others. For instance, description by respondents about how they felt safe in their home environment was labeled, “safety in LGBT housing.” Thus, codes were created and attached to the words and phrases of participants during the line-by-line readings of the text. For example, if someone stated that he or she felt comfortable living in a LGBT senior living community, that phrase would receive the codes “comfort” and “ease of living.” Although a respondent did not necessarily use the word “ease” the researcher attached the word “ease” because it provided meaning to the concept “comfort.” The two codes were given to better describe the meaning of the response. One code list, called a Master Code List in the HyperResearch lexicon, was developed. All of the text related to a specific code was highlighted in HyperResearch, with its corresponding code in the margin, as can be seen in Figure 16.

Code from Master Code List	Text of Transcription
Formerly Isolated	Resp: Before, I was really isolated. So that
Social Support Network	was a huge deal to me, that I would be able to, you know, visit people.

Figure 16. Example of coding in HyperResearch software.

Each transcript was coded using the Master Code List. Additional codes were developed that were specific to statements by individuals, such as “family transphobia,” which is a code developed by the researcher and referred to the experience of one transgender senior and her family. The code referred to the family of this transgender senior, who insisted that she dress in drag (as a man) when she was with either her children or grandchildren. To test the extent to which a code was common to all the groups, a report was run in HyperResearch for each code by both frequency across all transcripts and frequency within each transcript. Additionally, a report was run for each common code with the corresponding source material—actual phrases from the focus group interviews. This process eliminated codes present in a single transcript, such as the code “family transphobia,” and showed codes common across transcripts but not necessarily in all transcripts. Common codes were noted in a separate file, and microanalysis of the transcripts commenced.

Microanalysis

Microanalysis was used to determine the meaning behind each common code. For example, a discussion of the film *Milk* was conceptually coded as “community event” and “development of community.” Microanalysis ferreted out the meaning of the conversation as an example of being “open to learning from each other.” The rereading of each transcript for meaning increased understanding. Consistent with the iterative process of qualitative analysis, additional codes were created throughout the microanalysis. An example is the development of two new codes that bifurcated the code “community” into “community action” and “community feeling.” The addition of these codes gave more meaning to what respondents meant when discussing community. The meanings generated from the microanalysis of each transcript were then compared across all transcripts. Codes that were common across transcripts and had common meaning were labeled as concepts, and concepts with similar meaning were consolidated into a category. For instance, “affordability” and “cost” were consolidated into “affordability” with the meaning “financial sustainability for residents.” Prior to consolidation the researcher again went back to the data to ensure that the category “affordability” and the meaning attached was common across the data. This process confirmed and triangulated the category within and across the transcripts.

Table 2.

Example of Analysis: Concept, Category, Property and Dimensions of “Community”

Concept	Community	
Category	Community Action	Community Feeling
Property	Provide care for one another	Perception of shared understanding
Dimensions	Take each other to doctor	Comfort in belief if miss routine someone will check on me.
	Created events	Won't die alone
	Support during grieving	Sense of belonging to group

The bifurcation of the concept into two categories was done after its dimensions revealed that the meaning of “community” involved both action and perception.

As seen in Table 2, action involved things done at both an individual level, such as taking one another to doctors’ appointments, and at the group level, such as group events. The perception of community was very personal for some participants, exemplified by the perception or feeling that “one will not die alone.”

Properties and dimensions of each concept were examined within each transcript and across transcripts.

Axial Coding

Axial coding, which is defined as the process of relating found categories along the lines of properties and dimensions, was used next. (Strauss & Corbin, 1998). A property is a characteristic of a category, while a dimension is the range of variation of the property (Strauss and Corbin, 1998). Properties and dimensions help establish a range of meaning for each category. An example is the category “acceptance.” The category exhibited a range of dimensions that were on a continuum of what “acceptance” meant as seen in Figure 17.

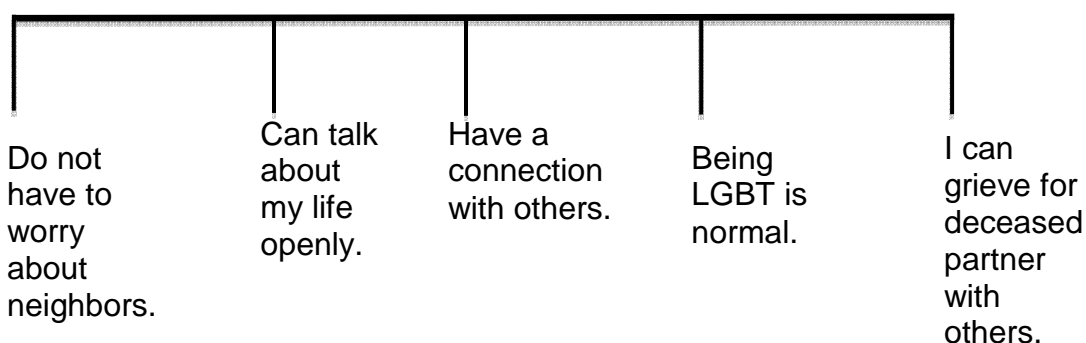


Figure 17. Dimensions of the concept of “acceptance.”

Acceptance ranged from not worrying about what a neighbor thinks of feels about sexual minorities or that a neighbor knowing about one's sexual orientation would be potentially dangerous to being able to openly grieve about one's deceased partner.

The comparison of each concept's properties and dimensions produced more general categories because the process of discovery is continual and multi-dimensional. Transcripts were read multiple times to gain an understanding grounded in the data, and comparisons were made between and across the seven transcripts (Miles & Huberman, 1994; Strauss & Corbin, 1998).

Presentation of Findings

The results of the study are presented in the next section. A short overview of the findings is presented followed by a description of the participants. The results are then organized by rich description of categories of meaning that were found in the data, and an explanation of the theme of acceptance. Acceptance was found to be the overall theme that is both defined and explained by the categories of meaning: comfort level and safety, diversity/inclusion, acceptance, community, discomfort with traditional retirement communities and affordability.

To illustrate key points, direct quotations from participants are used. Confidentiality requires that participants' words cannot be used in a context that allows them to be identified or for where they live to be identified. Focus groups were transcribed in order of when they occurred, and the lines of text were numbered in a continuous normal sequence, starting with line number one and ending with line number 13,569.

The three sites were assigned a letter code to identify for the reader that speakers are from different sites, as opposed from one site over another. The

three sites were randomly given the following letter identifiers: L, G and B. Additionally, speakers are numbered consecutively, from the first person who spoke at the first focus group to the last person who spoke at the final focus group. The total number of participants in this study was 38, and the total number of participant responders in this document is 31, leaving seven participants who were not quoted due to their having made similar statements as others or statements that were not as eloquent or as packed with meaning.

Thus, a letter identifying the site a speaker is from, the speaker's personal number, and the transcription line(s) follow each quotation. An example is, "I appreciate the acceptance I feel in this community; it is new for me" (B:5; Lines 100-103). Thus, in the example, the speaker is from group "B" is speaker number 5, and the quotation from that person appears in the transcription lines 100-103.

Chapter 4

Results

Overview

Qualitative research analysis seeks to describe phenomenon culled from open-ended data. To describe a phenomenon, researchers look for and find categories in the data that describe the phenomenon and the overall theme of the data (Morse, 2008). The theme of acceptance ran throughout the data and explained why these seniors chose LGBT senior housing. When participants explained why they chose this housing model and what it offered them, they talked about not feeling lesser than any other person. They felt accepted, and there is an implied reality that no hierarchy exists based upon sexual orientation or gender identity. The lack of a societal, community, and neighborhood hierarchy was different from the previous living environments of these seniors. Thus, the social context was important to participants. The social aspect of their environment produced successful behaviors such as the desire to be inclusive of heterosexual seniors, and the development of intimate (non-sexual) relationships. Acceptance provided a foundation that allowed for all other categories (or community attributes) to develop.

In this section each category will be explained with quotations from participants. The categories will be connected to the overall theme of acceptance to provide a contextual understanding of the theme. Prior to

descriptions of categories and the theme, the demographic characteristics of the participants will be shared.

Participants

The average age of the participants was 71, with 23 male and 15 female participants. The oldest participant was 85 years of age, and the youngest was 51 years of age. Tables 4 and 5 provide a breakdown of gender by age category and sexual orientation and gender identity by age respectively. The reporting of the variation of gender is important because unlike heterosexual social science participants those who participated in this study were free to attach more than one label to the answer of gender. For instance, a respondent labeled herself as a woman, a lesbian and transgender. All three labels were needed to describe some participants and as such the numbers do not add up in the second chart. Another respondent labeled himself as male, gay and transgender.

Table 3:

Participants by Age and Gender.

	80 Years and Older	70-79 Years of Age	60-69 Years of Age	50-59 Years of Age	Totals
Total Number by Age	(n=6)	(n=17)	(n=12)	(n=3)	(n=38)
Women	1 17%	7 41%	5 42%	2 67%	(n=15) 39%
Men	5 83%	10 59%	7 58%	1 33%	(n=23) 61%

Table 4:

Participants by Age, Sexual Orientation and Gender Identity²

Total by Age Sexual Orientation and Gender Identity	80 Years and Older	70-79 Years of Age	60-69 Years of Age	50-59 Years of Age	Totals
Lesbian	1 9%	4 36.4%	4 36.4%	2 18.2%	(n=11) 100%
Gay	5 21%	12 50%	6 25%	1 4%	(n=24) 100%
Bisexual	0 0%	1 50%	1 50%	0 0%	(n=2) 100%
Transgender	1 33.3%	1 33.3%	1 33.3%	0 0%	(n=3) 100%
Totals	7	18	12	3	(n=40)

The average age that participants came out was 28. Of the 38 participants, 16 (42%) had previous heterosexual marriages and 10 (26%) had children. A large proportion of the group, 28 (74%), were single at the time of the focus group, and five (13%) were widows or widowers of a same-sex union. The majority of participants, 34, were white of European descent. Two participants were African-American, two were Latina/o and one identified as white of Middle Eastern descent. There were two bisexual participants, both of whom had

² The number of participants for this study was 38; however, the number totals in this table equal 40. This is due to two participants who labeled themselves with both a gender identity and sexual orientation. One labeled herself as transgender and lesbian; the other labeled himself as transgender and gay.

previous heterosexual relationships and children, and there were three male-to-female transgender participants. Two participants, one lesbian and one gay, had children as part of same sex unions. Of the 38 participants, four verbally mentioned that they were persons with disabilities, and the researcher asked them to write that on their questionnaire.

The demographic questionnaire revealed differences between age groups. As seen in Table 3 the older a participant was the more likely that he or she came out later in life and had been married with children. Younger participants, those 50-59 years of age, came out in their early twenties, and none had previous heterosexual marriages or children. Generational differences are alluded to in the literature and assert that older LGBT people were more likely to marry than younger LGBT people (Herdt, Beeler, & Rawls, 1997; Rosenfeld, 1999). Internalized homophobia, use of marriage to remain closeted and greater past societal pressure are possible explanations for the generational differences. It is important to note that the demographic findings cannot be generalized to the LGBT senior population due to sample selection bias and small sample size.

Table 5.

Age Group Demographic Comparisons

	Group	80 years plus	70-79 years	60-69 years	50-59 years
	(n=38)	(n=6)	(n=17)	(n=12)	(n=3)
Age Came Out	28	39	29	23	21
Heterosexual	16	4	8	4	0
Marriage	42%	67%	47%	33%	0%
Have Children	10	3	4	3	0
	26%	50%	24%	25%	0%
Partnered Now	10	1	2	7	0
	26%	17%	12%	58%	0%
Widow(er)	5	2	3	0	0
	13%	33%	18%	0%	0%

The analysis of the focus group data revealed both highly individual and shared reasons that described why people chose to live in an LGBT community. While the individual stories were appealing and offered insight into personal motivations, this study was interested in why, as a whole, these individuals selected to live in this new housing model. The results of the data analysis supported two of the three sensitizing issues. The sensitizing issue pertaining to stigma was supported by the findings, as was the sensitizing

issue pertaining to social support networks in LGBT senior housing. The data did not support the notion that LGBT seniors want to live in communities segregated by both age and sexual minority status. Instead, LGBT seniors expressed the desire to live in open and affirming communities that included heterosexual seniors. The seniors in this study reported that diversity of community members was important to them when they considered and chose to move to their respective retirement communities. Although the desire for diversity was expressed, perceived or experienced past discrimination motivated groups to seek housing predominantly populated by LGBT seniors—where they were the majority. Additionally, the connection with other LGBT people led to a perceived increase in size of social support networks.

The data revealed six categories that explained the phenomenon of LGBT senior housing: diversity, comfort level/safety, acceptance, community, discomfort with traditional retirement communities and affordability. The overall theme found was that these seniors were expressly interested in communities that accepted them. The categories paint an overall picture of a desired environment where sexual minority seniors do not have the real or perceived need to hide parts of their lives. Each of the six categories will be explained and examples given from participants that demonstrate the categories, meaning to participants.

Categories of Meaning

Comfort/Safety

Comfort in one's domestic environment was a common reason participants were attracted to these communities. Comfort in this instance meant the ability to live in one's home or domestic environment with ease. Ease was a perception of safety, living out of the closet and removal of negativity. Comfort in one's living environment was a priority for the participants. "Well, a lot of it is there isn't a negative, it's not only a positive; there's a lack of the negative" (G:13; Lines 4,848-4,850). High comfort level equated to living one's authentic life without fear for one's safety. "Well, I felt that this place was a place that we could live comfortably with people with like tastes and sexual orientations without fear. That was one of the major ideas that made me comfortable with this place" (G:5; Lines 2,075-2,080). What both of these quotes point to is the lack of stigmatization in the social environment. As Herek (2007) theorized, the lack of stigma and homophobia may lead to increased feelings of safety for sexual minorities. The respondents in these communities reported having attained that level of safety.

Participants reported that living in a community with LGBT peers increased the potential for intimate relationships (non-sexual) and reduced the fear of being ostracized or targeted based upon sexual minority status. The freedom and comfort of the living situation for many was a new phenomenon. For one participant who was fired from his job during the AIDs crisis in the 1980s

because he was suspected of being gay, the comfort and safety afforded by this new social living environment gave him freedom he had not experienced in his past.

I have more freedom now to be who I am here than I have at any time before the age of 50 or 60. I'm doing at 60 and 70 what I should have done at 17 and could have avoided a suicidal situation, among other things (B:22; Lines 8,403-8,409).

Living comfortably meant residents lived out of the closet and that being LGBT was normal. Some participants expressed that after a lifetime "in the closet," or partially "in the closet," they desired a domestic environment that was safe, open and affirming.

Well, my thing being here is exactly that this is the first residence I've had as an adult where I have been comfortable with my environment, because heretofore, it has always been, you know, the back stabbers or the homophobics. So, you, you just ignore them and walk with pride. I have been more comfortable here than any other environment (B:35; Lines 12,501-12,541).

It is interesting to note that when this senior talked about his domestic environment he is referring to the social environment, rather than the attributes of the physical environment. The communities represented a space free from the societal judgment that sexual minority people are deviants or of lesser value than heterosexuals. Participants talked about not feeling like an outsider in one's own community for the first time:

I was a federal employee. I was in Xcity for more years than I want to count, and this environment is very refreshing. And I was given a chance, and it seems to be working. As Zach³ referred to, it's nice to be in a place and look over your shoulder and say "He's good looking." No one is going

³ All names used are pseudonyms to protect the identity of the speaker or person(s) referred to by a speaker.

to look at you and say, “What, you mean she’s good looking?” (G:8; Lines 2,411-2,421)

The sense of normalcy raised the overall comfort level of residents. Questioned about what these communities provided that non-LGBT specific communities do not, a participant in one group simply said that he had less stress in his life that he was more comfortable and was relaxed in his present domestic environment.

The fact that they were living with peers was another reason participants said the communities were comfortable. Despite having different backgrounds, participants reported that they have a common experience, and residents are able to relate to one another. “Well, I mean it’s a gay environment, and I can relate to people on that level” (B:23; Lines 8,138-8,140). For many, this was the first social environment where they were completely out of the closet, and residents reported feeling relaxed and comfortable. Participants perceived that the environment at the three sites promoted “family” like relationships. “You accept everyone’s faults as well, and differences you know, like a real family, like a biological family where you’re all together” (G:8; Lines 3,606-3,610). The researcher asked about the use of the term family in a different group exchange: “So what makes it different?” One respondent replied, “You can be yourself.” Another respondent chimed in, “It’s a little closer to family,” to which the first respondent replied, “Yeah, you can be yourself” (B:27& 29; Lines 10,082-10,991). Again, the environment provided safety and support and this social context led some to come out of the closet for the first time in their lives. One transgender senior, closeted until age 72, described it this way: “All I am is

Madeline Smith here. I never had that before. I thought this place was great. I don't have to explain that I'm transgender here, or what it is; they understand" (L:2; Lines 1,627-1,640). This woman was closeted from her wife of over 50 years and was still, despite having transitioned from male to female ten years earlier, required by her children to dress as a man when she saw her grandchildren, one of whom is of college age. After the death of her wife, she moved into the LGBT retirement community and felt like a whole person for the first time in her life. She responded that it is a safe space for her to be herself; safer than being with her family, where she is forced to closet herself.

Lack of negativity in their daily lives also appealed to participants, particularly in relation to neighbors and their neighborhood. Additionally, some residents reported that the fear of being "out of the closet" in their previous social environments was isolating. The perception that one could not be honest about who one was meant that there was no chance to connect with previous neighbors.

Umm, I'm like Richard. I wanted a gay place where I didn't have to worry about what the neighbors thought and all that crap, 'cause I lived in the same location for eight years and didn't know anybody on my street. Before, I was really isolated, so that was a huge deal to me—that I would be able to, you know, visit people (G:12; Lines 4,624-4,661).

For some, self-isolation was a form of protection used in their past living environments:

If I just compare it to the building I used to live in before, I had a relationship with the landlord, but I was very cautious with the young people in the building. I was very cautious with them because I never felt safe enough with them, even though I knew a lot of them were college kids. Here I've felt that safety (B:29; Lines 10,506-10,516).

Not being a target of harassment and not having the threat of physical or emotional violence made respondents comfortable, too. “Well, as a gay elder I didn’t want to be in a place where I could be physically threatened” (G:5; Lines 2,093-2,095). When discussing what attracted them to targeted LGBT housing, some participants reported past experiences with discrimination and harassment as well as a connection to residents of their LGBT senior living community. For example, one participant said:

I thought it was great. I’ve been places where lesbians were targets of whatever maliciousness there was in the neighborhood or the buildings. And I’ve been a target, you know; they messed with my car. I was looking forward to a gay place, because I figured they know where I’m coming from; they know who I am (B:21; Lines 7,864-7,872).

Participants recalled the oppressive feeling of being ostracized in past housing environments and acknowledged that as a thing of the past. LGBT senior housing had been a dream for participants in the past:

I remember talking back in the 1950s and, you know, we would joke, we joked that maybe by the time we get to be our age maybe there would be gay and lesbian retirement communities so we wouldn’t have to worry about going back into the closet, you know (G:6; Lines 2,156-2,162).

One member shared, “I was getting ready to possibly retire from a job, and I had a lifetime built up of thinking that if I held out long enough there would be a place for me” (G:10; Lines 2,519-2,523). The sense of hope for a living community where they could be open and honest about who they were was appealing to respondents.

Comfort and safety were connected to the theme of acceptance.

Residents felt comfortable in their environment because they were accepted for

who they were. A common past experience was feeling like an outsider or being perceived as a deviant. Respondents said they had felt ostracized in past housing, but in LGBT senior housing they could be out without fear and negativity. Some participants reported that the comfort experienced in this domestic environment was a new experience. Participants no longer worried about the perceptions of neighbors or other residents because they knew it was safe to live authentically. Acceptance was the foundation that afforded residents feelings of comfort and safety; the residents reported past experiences of being merely tolerated as uncomfortable and unsafe environments.

Community

“Community” was a characteristic that respondents reported having sought in their choice of housing. “I visited for ten days and found a strong community, and I’ve been looking for community” (G:7; Lines 2,132-2,139). Participants felt their community was more caring than other senior residences, and community action demonstrated the caring environment. For instance, one group member talked about residents of his community caring for a gravely ill resident. Although these kinds of actions may take place in other retirement communities a common perception was that the level of care in the LGBT senior communities was unique. “I think you can have people looking out for one another here more readily than you will in great apartment houses. There’s more interest in your life because people understand you” (B:32; Lines 12,000-12,007). Several participants said that if they altered their daily routine, they would receive

a visit or phone call by another community member. “If you're known, for instance, around here to have an established pattern and you break that pattern, you can expect a telephone call or knock on our door” (G:5; Lines 3,673-3,677).

All three housing sites had a community table where people gathered, talked to one another or shared a meal. Rainbow Vision and Barbary Lane offered meals as part of a monthly fee program, and both of these sites had large community meal tables. Groups at one site talked about the “breakfast club” as a way new residents were integrated into the community. The common tables ensured that no one ate alone, and they welcomed new residents.

I don't know, I think it was our idea in the dining room; it was our idea to have a gay community table in the center where anybody who was by himself or herself could sit at the table. Most retirement communities don't have that (G:7; Lines 3,365-3,383).

The common eating table and the common table in the community room at Triangle Square provided residents a locale where they could socialize with other residents. It is important to note that the residents reported the common tables provided an opportunity to meet new people and develop relationships with others who lived in the community. The longing for a sense of community and the growth of social networks is contrary to the socioemotional selectivity theory, which asserts that a reduction in the total number of social relationships is a normal part of aging (Carstensen, 1999). This finding will be elaborated upon in the discussion section.

Participants also talked about activities that helped both to develop community and deepen social connections. Group activities were seen as

positive ways to bring people together. Relationships developed during social activities were not necessarily intimate relationships, but the relationships did support the pattern that the LGBT seniors in this study expanded both their intimate and their novel relationships, contrary to socioemotional selectivity theory. Participants reported individual residents created activities such as movie night, bingo or decorated the community's Gay Pride float to foster a sense of community or shared sense of belonging. Activities were reported as vital in the development of community. Participants reported that residents themselves often created the activities at their site and that management should be more engaged in activities.

Well, the thing to add to that is community, because there has never ever been one gay community. It's been divided by gender, by race, and so on so. Management should be aware of that from the beginning, and how to get people out of their apartments, because people tend to get locked in. Activities are important for that (B:34; Lines 12,401-12,409).

Belonging to their individual community was possible, according to participants, because of the supportive and accepting environment. This sense of belonging was a major reason why many individuals sought out this type of housing. Participants talked about their community as a family. One participant described his housing site as a "soft place to land." He felt he could rely on others to help him or his partner, should something happen to either of them, which was unlike his former home. Participants felt confident that they could call on neighbors or other community members if they were in need of assistance, and one discussion included the following example:

Respondent 16: I mean, you could call anybody at any time. And if you truly had an emergency, if they couldn't physically help you, they would find someone who could help you.

Respondent 15: Yep.

Respondent 11: That's true.

Respondent 16: So, you know, you don't have to call 911 first. First you can call your friends, and if they're not home, somebody else is gonna be home and, like I said, if they couldn't physically help you or didn't know what to do they would bring somebody else over to your house. And to me that's extremely important that sense, that is truly a sense of community.

Respondent 15: You asked if things have lived up to our expectations. When we first moved here I had the feeling of family (G:16, 15, 11; Lines 6,611-6,641).

This perceived commitment was remarkable, because residents do not have long histories with one another. The average length of residence was just two and a half years at the time of the study.

Health concerns received mention by some participants at all sites. Group participants with health concerns expressed relief that they lived in a supportive community of peers.

When I first came here in 2006 and the main building wasn't open yet, and the community wasn't officially open yet, I didn't really know anyone. Two weeks after I got here I had a heart problem. I called Gregg; he was the only one I knew. He was over in my place in seconds and drove me over to the hospital, ya know. So, when we talk about taking care of each other, people do that here, and that is the part of the community I really like (G:7; Lines 2,491-2,504).

The community provided comfort and support to formerly isolated members.

Some members said they were now relieved that they would not die alone.

And I think that is what brings a lot of us here, is that we don't want to die alone. We don't have, or a lot of us don't, have children. We didn't do this back-up plan—oh, you're gonna take care of me in my old age [referring to children]. You get to this final stretch of life, and you don't have a back up plan. You go, "Holy shit" (G:10; Lines 2,539-2,544).

Many reported that, in past living environments, neighbors did not talk to or know one another. Participants reported that in the past they searched for community outside their homes—in bars, open and affirming churches, and LGBT social groups. Participants said that now they “lived in community,” and that aspect of their new environment made the risk of leaving their previous homes worthwhile.

There was a lot of courage in what people who moved here did. We actually gave up, not gave up as we had to do something, but we consciously gave up, for most of us, what was a comfortable way of life. Sold our homes and came to someplace totally new, and, you know, where we really didn't know what to expect. We only thought it was a good thing, and that, that was courageous (G:14; Lines 5,359-5,376).

Participants described their community as genuine. A group member described the difference between her site's van and other retirement community vans.

Respondent 6: But the van, you know, I've seen other vans from other facilities here, and when I see people sitting in them they're all sitting...

Respondent 9: Very stiff.

Respondent 6: ...looking forward you know taking their ride home like on a public bus. You take a ride here, if there's a concert it's more fun to take the van than to drive yourself.

Respondent 5: Yes, you see a lot of this.

Respondent 7: There's a lot of repartee.

Group: Laughter (G:6, 9, 5 & 7; Lines 3,334-3,362).

The welcoming, helpful fun nature of the community eased the integration of new arrivals. Community members helped new residents move into their homes and joked with new residents.

And, of course, the kidding that took place with friends who moved me in there! They were absolute Adonnises, and of course Richard and the guys downstairs, they go, “They're too young for you, well-built; they're gonna leave you in a month. You need to be with someone who's a little older.” It never would have happened where I previously lived, the kidding [laughs] (B: 28; Lines 10,069-10,079).

The created community at the three sites was fostered by residents' acceptance of one another. A sense of belongingness was created through shared activities, care for one another and the shared connection of being sexual minority seniors. A sense of belonging was possible because residents reported that their community was supportive and accepting. Freed from real or perceived societal judgments, residents had the freedom to share life experiences in a supportive, understanding and empathetic environment. Community was perceived to include actions, family-like bond, and engagement between individuals. This finding is consistent with Weston's (1991) where she talked about how people searched for the acceptance of LGBT community in bars, LGBT organizations or club. These seniors were accepted in their home environment.

Diversity and Inclusivity

Participants desired to live in open and affirming diverse communities. This finding differs from the researcher's assumption that LGBT seniors desired exclusive communities. The desire to live in communities that are inclusive runs counter to the findings of the largest study to date of lesbian and gay senior housing preferences. That study showed that not only would lesbian seniors prefer to live in exclusive homosexual communities, but that 30% of them would prefer a female only community, and gay men in the study preferred an exclusively male community 28% of the time (Lucco, 1987). The difference between this finding of the present study and that of Lucco may be due to

Lucco's asking people what they might want in the future, whereas this study asked participants about a choice they had already made. At the time of Lucco's study there were no LGBT retirement communities; thus the respondents reported what they might have wanted had it been available to them. Although individuals in this study reported the desire for inclusive communities, as stated in the limitations section, the sample in this study represents a small sub-set of the population, so the results cannot be generalized.

There is a tension between what respondents characterize as "diversity" and their desire to be the majority in the population. Some respondents were very clear about their desire for diversity: "Well, the idea that, just like Barbary Lanes, everyone was welcome. Gay, straight, old, young, other races—that idea has always been appealing to me" (L:1; Lines 200-204). What respondents appeared to mean by diversity was non-exclusivity. In other words, respondents used the word "diversity" but meant communities that include heterosexual seniors. One respondent described it this way: "Another key concern was that this wasn't going to be a gay ghetto" (G:4; Lines 3,686-3,687). The gay ghetto referred to by this participant was recognition that in many cities there are pockets where a large number of LGBT people live. Many of these communities tend to isolate themselves from the greater community and are often readily known. Examples are the Castro neighborhood in San Francisco, Halsted in Chicago, the Montrose neighborhood in Houston, the Burnside Triangle in Portland and Greenwich Village in New York. These areas were once heavily populated with LGBT people but lost some of the density in the past two decades

(Gates & Ost, 2004). In an early focus group, the interviewer asked, “But if they had said it was exclusive, that would not have appealed to you?” (Lines 249-250). The respondent replied, “No, right. It was going to be diverse, and I liked the diverse aspect,” (L:1; Lines 251-255).

While groups wanted diversity, or inclusion of heterosexual seniors they also desired a LGBT majority in their housing.

I wanted to be the majority the first time in my life, and that’s why I came. I didn’t want to be exclusively gay, but I definitely wanted to be the majority. And I still want to be the majority, because it ain’t gonna happen anywhere else (G:11; Lines 4,532-4,538).

One group member described heterosexual people who choose to reside in a LGBT community as being “on the bus.” These members had “that commonality, the struggle for human rights, gay rights, women’s rights” (G:7; Lines 2,355-2,357). There was an assumption that people who were part of civil rights movements would be more likely to be accepting of their LGBT neighbors.

Participants discussed racial and ethnic diversity as a vision for all three of these communities, although it was realized in just one community. When participants discussed diversity, they primarily meant the inclusion of non-sexual minority people. One participant explained that it did not matter if a co-resident was straight or gay: what was important was that each person felt comfortable there. “If I don’t feel comfortable in my home, then it is not my home” (L:3; Lines 2,029-2,030).

Although a desire for diversity was a common finding across groups, the Los Angeles site included heterosexual residents who did not embrace the value

of diversity. These residents gained access to the site via their low-income economic status. Despite the fact that not all heterosexual residents at Triangle Square isolated themselves from the community, some, primarily Armenian and Russian immigrants had not embraced the spirit of community, according to the study participants. Participants explained that they continued to embrace the diversity represented by the immigrant residents, however, and desired to include these residents in the community. For example one participant stated:

Just recently, two days ago, my caretaker and I were working on the computer, and we stumbled across a deal on the web that does translations. There's nothing set out [here] in a language people can read, and we need to let it be known that they can come. But they stay by themselves, and they go outside in their own community, because the bulletins go out in English, and they can't read it (B:33; Lines 12,377-12,389).

Participants embraced their individual housing site's open and affirming nature, and this highlighted their acceptance of others. Acceptance was not just desired by the participants, it was something that they considered an important element of their living environment. Diversity was important to residents at each site and was a key finding that contradicted the original assumption stated in the sensitizing issue statement that believed that LGBT seniors wanted to live in exclusively LGBT senior communities. Diversity was talked about as diversity of heterosexual and homosexual people living in a shared space. The participants fully accepted diversity; yet, while all groups discussed racial and ethnic diversity, only one site achieved this type of diversity.

Discomfort with Traditional Retirement Communities

When asked if any of the group members had considered living in a traditional retirement community (predominately heterosexual), the resounding answer was *no*. The attraction of their current living environment included a strong sense of community, connection with others, acceptance for who they are, safety and a desire to live in a diverse community. Participants perceived that traditional retirement communities did not offer the same socially accepting living environments. A few individuals in the Los Angeles area toured other low-income senior housing alternatives, but none applied for admission, with the exception of one formerly homeless senior. Participants believed that traditional retirement communities were uncomfortable and had social environments where they would feel unaccepted.

No, no, it wasn't even a consideration. I had thought about it in the back of my mind, because I knew my finances were limited, and I thought eventually I will have to go into something. But *what*, that's the question. Ok, I mean at this time of my life I'm out out, and I thought this could be a problem (B:27; Lines 10,008-10,016).

Negative assessments were partially based on participants who visited friends or family members in traditional senior housing. One group member stated, "People are isolated in those places" (G:9; Line 2,470). The word "community" was deemed inappropriate for many traditional retirement communities because, as one respondent said, they are communities in a word only.

I visited a number of senior and retirement villages for my mother in the early 90s, and I just wouldn't have been comfortable in most of them. I guess the diversity presented here was a draw, and I visited [present site] for ten days and found a strong community (G:7; Lines 2,121-2,133).

Participants perceived that heterosexual seniors in traditional retirement communities were bored and less active than in their LGBT communities. One example of this was a resident-sponsored movie night; "...and it was so fun, I don't think you get that at a quote 'straight' setting with the elderly. I mean we had everything; you could go from Fellini to Mickey Mouse originals', you know, just very extreme" (G:4; Lines 3,307-3,317).

Participants gave reports of LGBT friends who lived in heterosexual retirement communities and who had gone back into the closet and isolated their true selves from their neighbors. Participants were all in agreement that they are not willing or able to conform or return to the closet at this stage in their lives. One participant told of a return to the closet several years ago when she was temporarily in a nursing home: "It was a very eye-opening experience, because if people who worked there would have known I was gay, I think I would have gotten worse treatment than I got" (G:12; Lines 6,322-6,326). Additionally, some participants suggest that traditional communities foster cliques that are not appealing.

Respondent 4: My mother lived in a very nice retirement community, and it was beautiful facilities, but like Richard says there was no sense of community. She had a group she would have dinner with. but everybody sat in their little group. Nobody, nobody associated with everybody else like here. I can go in the dining room and sit with anybody and feel comfortable.

Respondent 7: Yeah, and often conversations go from table to table.

Respondent 9: You know, if you overhear something in a restaurant you don't say anything, but here we do (G:4, 7 & 9; Lines 2,950-2,974).

Traditional retirement communities were unappealing and did not offer real "community," according to participants.

Traditional retirement communities were reported to be places that increased stress, because LGBT seniors were not accepted or considered equal to their heterosexual counterparts. Participants said that, unlike the sense of belonging they have in their present community, they were likely to be treated as outsiders in traditional retirement communities. Many participants reported that they felt they simply could not be themselves in traditional retirement communities, and thus, never considered a heterosexual community. Participants believed LGBT seniors who decided to live openly were at a disadvantage in traditional retirement settings due to heterosexism. Couples expressed the desire to live together as a couple, which they perceived to be impossible in a traditional retirement community. There was also the perception that, in heterosexual communities, gender determined who and what residents spoke of with one another. "I, if you think of other retirement communities, 'straight' retirement communities, I really didn't want to be in a place where I had to listen to every lady, every day talk about her grandchildren or her dear departed husband" (G:6; Lines 2,102-2,108). There was a perception that there would be little or no social connection for an LGBT senior living in a heterosexual retirement community. Most participants simply did not consider the traditional senior housing available in the United States a viable housing option for themselves.

Discomfort with traditional retirement communities equated to living "in the closet," not fitting in, being isolated and lack of community. "I feel none of the smothering effects here that I would have in most places" (B:22; Lines 8,042-

8,043). The perception that residents of traditional retirement communities would not accept them due to homophobia was counter to what participants experienced in their current living environments. Participants perceived that they would be unable to be themselves and would be treated as outsiders. Acceptance was important, and traditional communities were thought of as places that did not embrace this notion.

Affordability

Participants from all three sites talked about the issue of affordability. The discussions of affordability, however, differed because the housing models were different. Rainbow Vision's housing model was based upon home ownership and a monthly amenity fee. Barbary Lane had a monthly lease charge and monthly fee. In addition, residents paid a one-time buy-in fee at Barbary Lane that paid for support staff and services such as transportation. Triangle Square was an apartment building, and the rents charged were capped at one-third of a resident's total income. Triangle Square was an affordable housing model and does not have monthly fees. One resident of Barbary Lane surmised that the upfront cost of moving into the facility was cost prohibitive for many seniors.

Well, I think that, you know, money was a little tough, and that was the reason why people weren't selling their homes, because they weren't getting enough money for them. So there was hesitancy. And also the buy-in was really high (L:3; Lines 745-751).

The monthly fees at Rainbow Vision and Barbary Lane included meals and amenity fees such as the workout facility, clubhouse and spa. The rising cost of club fees was a concern expressed by one participant.

I believe that if we don't correct some of the things that are not working well here, we are just liable to find ourselves with a group of people here who are not able to live here anymore. The very fact that we have less, we have reduced the number of amenities and increased the price by 44% in three years, to me is just frightening, and frightening for the future for the people who live here (G:17; Lines 7,479-7,494).

Affordability for participants from Triangle Square related to affordable rents. This site offered affordable rents to seniors as part of its mission. "Well, you know about Santa Fe and Oakland, they are for the richies. What we need is more for us poor folks" (B:33; Lines 12,034-12,036). Residents at this site included seniors who owned small businesses, artists, actors and some who lost their homes due to the death of a partner. When this member learned of Triangle Square, he immediately thought, "I definitely wanted to get on the mailing list, or on the waiting list one way or the other, because I knew it would offer low rent" (B:31; Lines 11,988-11,991). Residents of this site met both income and age requirements to qualify for housing at Triangle Square. No resident of Triangle Square had an income of over \$40,000 per year, and residents had to be 62 years of age or older, unless they were HIV positive. HIV positive persons were permitted to live at Triangle Square as long as they met the income requirement.

Affordability was commented on in all groups, but there were different issues for each site because of the differences in housing models. The monthly costs at both Rainbow Vision and Barbary Lane had just increased at the time of the focus groups, which worried participants. Long-term economic sustainability of the sites, and the financial sustainability for residents, were concerns at all sites. At Triangle Square, for instance, residents felt that they were paying more

than one third of their income for rent. Participants balanced acceptance and affordability against one another, and while all complained or lamented about costs, participants agreed that the costs were worth the benefit of living in a community that accepted them.

Theme of Acceptance

Acceptance was the overall theme of this study, and it was described by the categories of meaning. What it meant to be accepted was: comfort and safety, a sense of community, diversity, discomfort with traditional housing and, despite concerns about affordability, acceptance made the cost of housing worthwhile. The ability to open about one's life and being able to speak openly about one's life has been found to benefit LGBT seniors (Friend, 1999). Connection and normalcy of being LGBT are directly related to the feeling of acceptance and belonging. Residents talked about a sense of belonging, which allowed for intimate (non-sexual) relationships. The ability to openly grieve for a deceased spouse was cited as an example of acceptance by one resident. This resident felt unable to grieve openly for her deceased partner for the year her partner died. The result, she reported, was a complete emotional and psychological breakdown. This resident required hospitalization in a mental health institution for nine months which she attributed to feeling that not only had her partner died but she felt her life, "had evaporated, it was like my entire life, the part I cared about didn't happen. I just couldn't deal with that" (G:29; Lines 7,701-7,702). It was the acceptance of others in her present senior living

community that she credits with her recovery and healing. The example above highlights both the deep isolation some LGBT seniors in this study have felt, but also how the sense of belonging, comfort and safety and connection to others created are all components of acceptance. Figure 18 provides a pictorial representation of the theme of acceptance and definition of the theme of acceptance by the found categories.

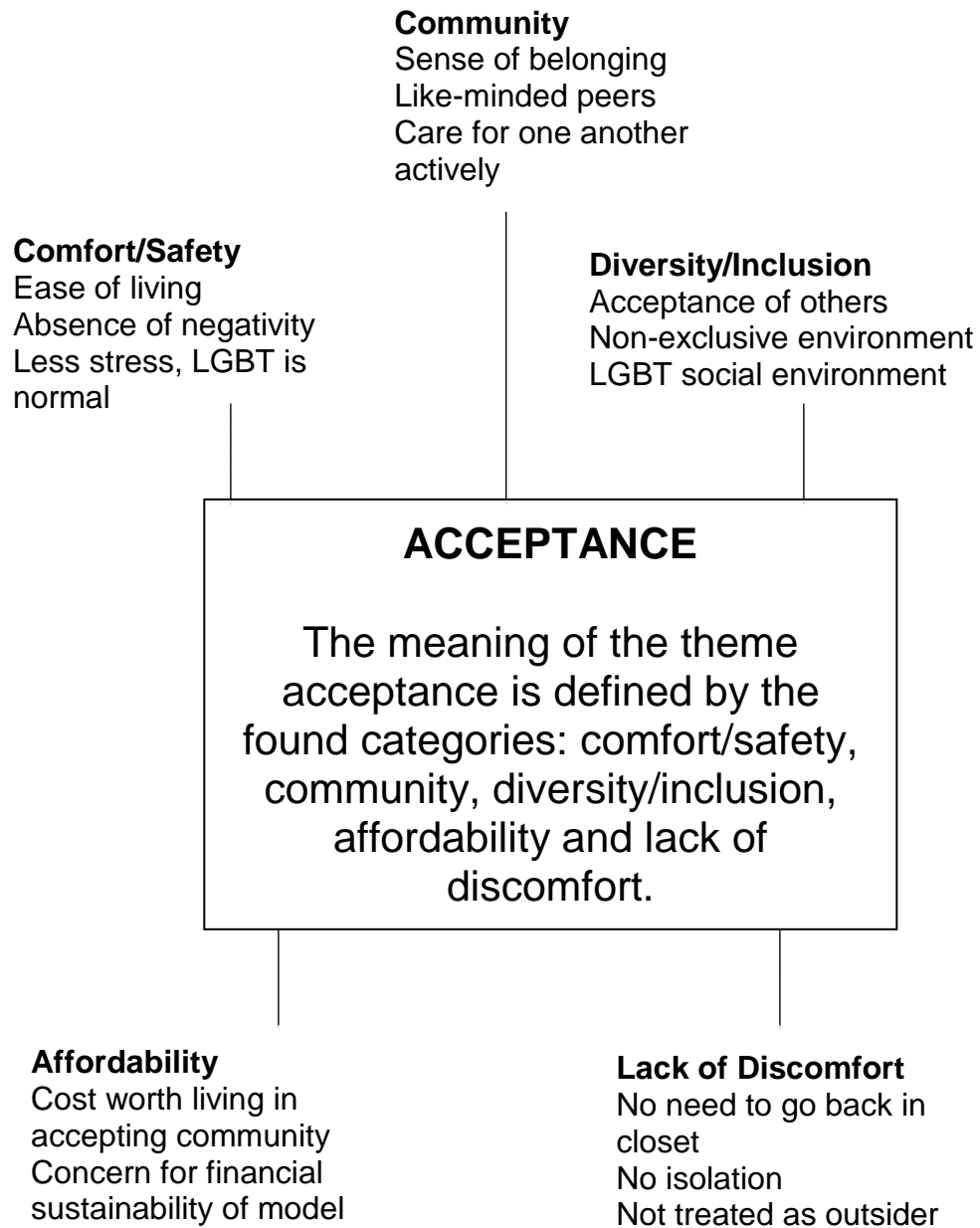


Figure 18. Categories explaining the theme of acceptance.

The participants reported that the environment of LGBT senior housing supported many aspects of their lives. Without the perception that one was accepted, however, other characteristics reported by participants might not have come to fruition. There was no hierarchy based on sexual orientation at the three study sites, and the sensed equality meant to residents that they were accepted as people, which gave a deep sense of comfort and ease. The acceptance found in these communities is far different from the experience LGBT people have in the greater society.

Participants used the word “acceptance” to describe the social context of their living environment. Despite the fact that the questions in the focus group script were open ended, and with the exception of one question, did not focus on the social environment, participants’ remarks focused on the social, as opposed to the physical, environment. Amenities at all three sites, if mentioned at all, were talked about in relation to how they support the social environment. The most important thing that differentiated one participant’s present living environment from the past was, “I’m gonna say it’s instant acceptance” (G:11; Lines 6,195-6,196). Participants talked about being accepted not simply tolerated as sexual minority people. Acceptance removed the real or perceived need to hide one’s true identity, which reduced personal stress.

And the other thing is living your life authentically. I have heard a lot of people, including myself, say this: “You paid your dues.” A lot of us have been tightly, you know, closed up “in the closet” or “semi-in the closet.” We had one foot out the door in our social life at least, but you know, we paid our dues and now we want to relax. We’re retired or semi-retired and

why live out this lie for the rest of our lives? It's why I'm here. I'm here because I paid my goddamn fucking dues, and please put that in your dissertation! (G:10; Lines 2,558-2,569).

This participant was quite animated when discussing the importance of acceptance. The idea of paying one's dues can be interpreted as a person who played along with the heterosexism in the broader society—remained closeted—and as she entered retirement it was time for her to be able to drop the holographic life Koodens and Flowers (2000) discussed and instead live authentically.

One resident reported that the unquestioned acceptance helped in his grieving process.

I have so much freedom here, and I love the gay ones here. We're free to talk about our lives. That's what makes it so special. So when I lost my significant other I was able to share with people my pain, and it turns out that there are other people who have lost their other half and that's why they're in this place. And, anyway, to me it's a blessing to be here (B: 26; Lines 9,634-9,643).

Several widowed participants discussed the importance of grieving with others who understood, listened and were compassionate. One member experienced a complete loss after her partner died. She had to leave the house she shared with her partner, was not eligible to collect either Survivor Benefits or her partner's pension and, as a result, feared she would end up living in her car. Finding a place to live that she could both afford and where she had a community that would support her through the grieving process was clearly a benefit of this housing option.

Partnered participants reported that they were able to live as a couple and that their relationships garnered respect akin to heterosexual marriage. “You can be who you are, a couple or single or whatever, you are LGBT. That’s the way it was advertised since the beginning; that’s the initial draw-that this was an LGBT community” (G:17; Lines 7,254-7,260).

The acceptance individuals felt gave them a sense of safety as well. Arriving home had become a gleeful event for one participant. She reported that she smiled each time she crossed the threshold of the garage because she knew she did not need to censor her words or protect herself from other tenants. For some, their living environment was the first time they felt fully integrated as people, fully open and honest. Respondents reported being free to discuss their lives in a non-threatening environment. “This points out safety. It points out an environment like a fortress; we’re in here as a unit. We are able to face each other with the problems we have” (B:32; Lines 12,011-12,015). Safety from homophobic judgment was important to participants. As one group member related, “Ummmm, and if you want to flirt with the guy behind the bar, you can flirt with the guy behind the bar or waiter or whatever it is, and everybody here thinks it’s normal, because it is” (G:8; Lines 2,428-2,432). The exchange below between respondents illuminated the benefit of acceptance versus tolerance, in their opinion.

Respondent 21: I participate in some stuff, but it wasn’t so much the activities as it was to live in an environment where I was accepted, not just tolerated. This was my...

Respondent 24: That’s a good way to put it, accepted not just tolerated.

Respondent 21: ...because everyplace else I lived, I was just tolerated. When I went and applied I would go and apply, but I'm not going to try to pass, to put on a dress. I just go the way I am. I'm myself; I don't lie. I'm an honest person even if I have to blow my own horn, ya know, and I don't. I've been out since I was 15. I'm not going to go "in the closet" now, come what may. I'm not going back "in the closet."

Respondent 23: That's scary to a senior, that idea of having to go back under any circumstances, and I have a friend who experienced that (B:21, 24 & 23; Lines 8,166-8,200).

The distinction between tolerance and acceptance was an important distinction. To tolerate means to "endure or put up with" (Webster's New International Dictionary, 1934, p. 2661). According to Webster's New International Dictionary (1934) acceptance is "an embracing of the whole and favorable reception" (p. 14). The resident in the quotation above experienced the difference between being tolerated—endured—in her former living environment and being fully accepted as she is in her present environment.

Acceptance was what residents sought and found at their present housing, and it was seen as both the removal of negativity and the added positive aspect of being embraced for who you are. Participants reported that they did not need to closet their lives or censor their conversations in their housing environment. These seniors desired to live an authentic life, and the acceptance found in their respective communities supported their living openly.

Each of the categories of meaning was used to describe different aspects of acceptance. A sense of comfort and safety was possible because participants did not fear the rejection or judgment from others in their social environment. Rejection and negative judgment related solely to sexual minority status had been experienced by participants in the past and did not exist in their current

environment. The shared creation of community was possible because residents felt a sense of belonging, which participants said was possible because of a supportive and accepting environment. Acceptance of diversity was an unexpected finding. The acceptance felt by participants of their sexual minority status was extended to their acceptance of heterosexual residents. Exclusivity was undesirable, although these seniors, long stigmatized by society, wanted to live in a community populated by a LGBT majority. The lack of acceptance for sexual minority seniors at traditional retirement communities was discussed. Participants believed that traditional communities would require a return to the closet and isolation, which were examples of negative social environments. Affordability was raised in all focus groups. Participants had different concerns based on where they lived. The concerns of affordability, however, were outweighed by the benefit of living in an accepting environment.

Chapter 5

Discussion

Discussion

The research areas that formed the foundation of this study were stigma related to heterosexism and homophobia, the social environment and aging and LGBT aging research. This study finds that the social context of one's living environment, particularly the quality of acceptance, is of paramount importance to LGBT seniors who choose to live in LGBT specific retirement communities. Moreover, in contrast to the notion that as people age they contract their social networks (Carstensen, 1998), the seniors in these living communities are actually expanding their social networks. The contradiction with this life span theory for this population is one of the most significant findings of this study. The explanation for why seniors in these housing communities are, according to the data, expanding their social relationships relates to social context of place. The theory of socioemotional selectivity theory purports that as people age, they reduce the total number of their social relationships, but at the same time, deepen their relationships with family and long-time friends. The goals a person has for his or her relationships change from using relationships to gain knowledge from others to personal emotional satisfaction. In other words, this theory argues that we change our goal from learning from our relationships to feeling emotionally satisfied with our relationships.

Members of the LGBT communities in this study liken their relationships with fellow residents to those with family. Fictive kin is a known phenomenon in the LGBT community as well as other communities; however, what is of particular interest here is that the average length of residency is just two and a half years at these sites. Residents then claim to establish deep, intimate relationships with people who are relatively new to their social sphere.

There are perhaps two explanations for why the LGBT seniors in this study did not appear to follow the same life span trajectory that socioemotional selectivity theory hypothesizes. Peacock (2000) and others have made the argument that sexual minorities do not follow the same developmental life course as their heterosexual counterparts. An example from the present study is a man in his mid-70s who, for the first time, is living in an environment that is socially accepting of his sexual orientation. As a result, this man feels that he has less stress and more freedom now than at any other time in his life. In addition, he stated that he is doing now, in his later years, what he thought he would do in his teens or early 20s. This man is expanding his social world and the number of social relationships, which may be attributed to his living “out of the closet” for the first time in his life. Similar to the men in Peacock’s study, this man had accomplished many of Erikson’s later stages of life: he had a job, was a responsible citizen and had had a long-term partnership. The respondent is only now, however, successfully completing the “identity” stage of Erikson’s model precisely because of the accepting social context of his residency.

This man is not the only example of participants who were “closeted” for years and are now living “out of the closet.” One participant, a retired professor in her 80s, talked about how she had had few close friends prior to moving to her present community because for her entire working career she was “in the closet.” This highlights a possible second explanation for why socioemotional selectivity theory does not seem to apply to the seniors in this study. The theory states that as a person ages he or she selects relationships that are both positive and emotionally meaningful (Freund & Baltes, 2002; Lang, 2001). Relationships that provide the highest level of emotional satisfaction and meet emotional goals are deepened. The seniors in this study reported that acceptance is a foundational attribute of their new living environment. The combination of acceptance, inclusivity, comfort and safety found in these communities may offer an environment that supports, for many the first time, the creation of emotionally satisfying relationships. At a time when residents should be compressing the number of relationships, many have found the first community of people with whom they can have emotionally satisfying relationships.

The participants in this study described a desire to be the majority population in their senior living community; this desire is reportedly different from what they experienced in their previous living environments. For these individuals, being in the majority connects to the feeling of acceptance. The idea of normalcy in one’s community is an equalizer. When all residents’ lives are on an equal par, there can be a true building of shared community, social intimacy and safety. Because LGBT seniors have life experiences that differ from those of

their heterosexual counterparts, they may perceive their living environments differently. A well maintained senior living community with topnotch amenities may appeal to some, but the social context of place was what was important to the LGBT seniors in this study. This finding points to the attributes of the social environment. For person-environment fit, LGBT people (and others) require a sense of belonging, which participants felt they would not find at a traditional senior housing community. A sexual minority senior considering a move to a traditional retirement community may, informed by this study's findings, ask herself, "Will I be accepted? Will I fit in here? Can I talk about my life? Will I be harassed or ostracized? How will the staff treat me? Can I live as a couple with my lover or life partner? Will I feel comfortable? Is it safe for me to be here?"

The lack of discussion about the physical environment by participants is data in and of itself. Questions asked during the focus group afforded participants the opportunity to discuss a variety of topics (refer to Appendix E). Conversations in the focus group could have gravitated toward characteristics of the physical environment, but in only two occasions were they mentioned. The comments about the physical environment were limited to those indicating a desire to live in a specific city, a dislike of the city where a particular LGBT residential community was located, and the importance of having an assisted living community onsite (at Rainbow Vision). Duncombe, Robbins and Wolf (2003) found that a warm climate, proximity to family and geographical place attachment and tax burden were the main reasons that seniors chose to relocate to retirement communities. Additionally, seniors in their study had visited and

vacationed in the location of the retirement community, which increased their sense of familiarity with the place. In contrast, Evans, Dantrowitz and Eshelman (2002) found that place attachment, as opposed to quality of housing, had a positive effect on mental well-being for seniors who moved to retirement communities. Positive mental affect included feelings of belongingness, sense of ownership and ability to personalize one's living space. Although Evans et al. did not ask respondents what motivated them to move to retirement communities, the emphasis on the social environment in their retrospective study does have some similarities to the findings of the present study.

Entering new environments, particularly home environments can be jarring for all people, especially older persons (Mallick & Whipple, 2000). Yet, for sexual minority seniors the social context of a senior living community may be more important than it is for heterosexual seniors. Sexual orientation and gender identity cannot be changed.

Participants choose to live in an environment where they are the majority, and where those who join them in community accept—not tolerate—their sexual orientation or gender identity. The participants in this study reported that they value inclusivity, and that their communities are open and affirming to all people. The ability to live in a community where all people of all sexual orientations and gender identities are accepted may indicate that the social context enhances the likelihood of intimate (non-sexual) relationships. The participants in this study reported that their communities are different because people are accepted for who they are, and this produces a feeling of belonging. For some participants,

this is the first place where they have felt truly comfortable in their environment. The comfort felt as a result of knowing that one does not have to censor one's life may also point to why the participants have a shared sense of belonging or community.

Participants stressed that they work to develop community, whether by creating congregate eating tables at their site's restaurant or starting up social activities, such as bingo and movie night. The groups strive to live in a community, and that concept manifests as both action and perception. Participants feel that they can rely on one another both in times of emergency and for casual social interactions. This experience is different from participants' past living environments that were characterized as disconnected and not accepting of participants' sexual orientation or gender identity. Often, participants did not know their previous neighbors, and many chose to remain closeted from their neighbors as a form of protection. Without societal stigma, participants now feel that they can live their true lives, being open and honest as opposed to "closeted." Being open and honest about one's life may explain why so many seniors at these sites, at a time when the literature says they would be contracting their social networks (Carstenson, 1992, 1998), expand theirs.

At the same time, it could be argued that the finding that the social attribute of acceptance is a key factor in choosing LGBT housing is consistent with, not in contradictory of, socioemotional selectivity theory. Indeed, residents selected housing that was accepting and described their new network of friends as "family;" this was despite the fact that the average length of residence was just

two and a half years. Close ties and development of kinship-like relationships may result from feelings of comfort and safety. Participants reported that social stressors were reduced because they no longer feel the need to censor their actions and words. Still, what is inconsistent with socioemotional selectivity theory is that participants reported a great expansion in the size of their social network, not a contraction. Additionally, not only did the social networks expand but they included people who, in a very short time, became like a brother or sister.

The residents who participated in this study were neither responsible for the physical development of their communities, nor do they make decisions about their housing development or apartment building. Intentional communities, such as co-housing communities, are those that are formed by people who share an affinity, whether environmentalism, spirituality or some other commonality (Hunt, 1999). While residents in this study did not envision, construct or participate in site decision-making, the hallmarks of intentional communities, they do share a common desire to live openly. It is the residents who create the most important aspect to them, of their environment: the social environment. The shared or common experience of being marginalized by society provided a foundation for an accepting social environment that, in turn, fostered feelings of safety and comfort and community. The qualities of mutual acceptance, mutual support and non-traditional family are common to some intentional communities, as well (Hunt, 1999; Schehr, 1997), but are not their defining characteristics, as was the case in these communities.

Contributions To the Field of Aging

Perhaps the most important contribution this study makes to the field of aging is enhancing the visibility of the participants. Few researchers have sought out this population for study, and thus there is limited information about these individuals and their experience of the aging process. This study provides a snapshot of an understudied group. In addition, the opinions of LGBT seniors who live in primarily LGBT senior housing were unknown prior to this study. The phenomenon of LGBT senior housing is new, and this is the first effort to gain an understanding of why some seniors choose this housing and what it provides to them that previous living environments did not.

One important area of discovery was the critical importance of social relationships for this group of older adults. The seniors in this study talked about creating new family-like relationships with their neighbors. The development of new and expanded social relationships and networks in later life appears to be contrary to the tenets of socioemotional selectivity theory. An understanding of the critical importance of the social environment, and specifically an atmosphere of acceptance, to LGBT seniors is valuable for researchers and practitioners alike and highlights the great diversity in the lived experiences of seniors. This study opened up a vital new area of research and has suggested a number of future research questions, as outlined later in this chapter. If this study spurs others to study this minority group or other minority groups, it has done a great

service to the field of gerontology. Lastly, this study allowed a few LGBT seniors to have their voices and opinions heard. It is only through listening to the actual lived experiences of LGBT seniors that we as a field can develop new interventions and new research protocols that include this group.

Study Limitations

The sample for this study was purposive in nature. Only residents of three existing LGBT senior housing communities were eligible to participate. As a result, as discussed in the Methods section, generalizing to the broader LGBT senior population from this study's findings is not possible. There may be distinct differences between participants and those who were eligible to participate in this study but chose not to, and there may be significant differences between LGBT seniors who do not live in one of the three sites and those who did and who chose to participate.

Likewise, age-group differences identified in this study cannot be generalized to the greater LGBT senior population. There was, however, a trend at all sites that the older a participant was, the more likely that he or she came out later in life and had children from a previous heterosexual marriage. The literature on LGBT seniors would support the finding that those who are younger, and who came out early in life, are less likely to have a previous heterosexual marriage or children. Those previous studies too, however, relied on convenience sampling and thus cannot be generalized (Herdt, Beeler & Rawls, 1997). As with other studies of LGBT seniors, those who choose to be included,

or who are eligible, may be significantly different from those who do not participate, who do not live in LGBT senior housing, or who remain “in the closet” (Meyer & Colten, 1999).

Additionally, the researcher’s sexual orientation may have injected bias into the study. The idea for this study came as a result of an experience the researcher had ten years ago, which created in her an express desire to actively work toward inclusion and societal respect of LGBT elders. While these limitations exist, the data for this study were collected and analyzed rigorously. Most importantly, the findings were firmly present and grounded in the data.

Future Research

Several areas for future research emerged as a result of this study. A longitudinal study of the social relationships of the residents in these communities would provide a more definitive understanding of how socioemotional selectivity theory applies or does not apply to this group. For instance, will residents leave the supportive environment of their present housing in favor of being near their families of origin at the end of their lives? Will they ultimately reduce the size of their social networks? Carstensen (1998) found that younger gay men who were near death due to AIDs were similar to older adults who were close to death. Both groups dramatically reduced the size of their social networks.

Another question for future research to explore is: What impact does “coming out” in later life have on life course development and the social networks of older LGBT people? If a person comes out in later life, does that correlate with a need to gain knowledge about one’s sexual orientation and place in a formerly alien social group? Does the size of an elder’s social network increase when she or he “comes out,” regardless of living environment? The previous question was examined briefly by Beeler et al. (1999) in their study of men and women who “came out” in late mid-life. Participants in their study reported the perceived need to connect with other LGBT people and to learn about LGBT culture. Thus, gaining knowledge of this nature may be a need felt by elder LGBT people who come out late in life, no matter what their particular living environment.

Another area for future research involves the characteristic of inclusiveness. A comparison of the attitudes of seniors living in traditional retirement communities with the perception that LGBT seniors have of those communities may find more similarities than differences between the communities. Such a study may demonstrate that the perceptions of LGBT seniors are unfounded. It is possible that the unique attributes that LGBT seniors believe their residential communities possess can also be found in traditional communities. Zaff and Devlin (1998) used the Sense of Community Index in a study of senior housing and found that satisfaction with quality of amenities, security, physical environment and resident interaction correlated with a high sense of belongingness. Use of the Sense of Community Index would help to further delineate what participants mean by “community,” and a comparative

study of LGBT and traditional retirement housing may provide insight into community similarities or differences.

Interestingly, the participants in this study rarely discussed the physical structures and amenities, or lack thereof, of their communities. In two of the three communities, little provision had been made for residents' aging in place in the way of physical features such as grab bars in the bathroom, accessible showers, even accessible entrances, yet the few comments about these failings were unimportant in comparison to the highly valued characteristic of acceptance in the social environment. The lack of emphasis on the physical environment may indicate that Lawton's press model of behavioral competence is heavily weighted to the social environment for this population. It may be that LGBT seniors living in LGBT housing manage or adapt to their physical environment, even if it includes physical barriers, because their social environment is "uber" supportive of them as aging individuals. A study of the physical environment's barriers to aging in place as mediated by the presence of a socially supportive environment for this population could provide insights into the adaptability of seniors overall.

Lucco (1987) found that lesbian and gay men reported a preference for LGBT staff at retirement communities and nursing homes. Howard et al. (2002) similarly found that African-American seniors preferred that nursing home staff be African-American. A study focusing on whether LGBT seniors continue to have this preference, and why they have this preference, would be instructive for developers of senior living and those who provide services to seniors.

Additionally, professionals who work with seniors will benefit from understanding what they can do to create open and affirming environments where all people feel safe and accepted for who they are. In particular, actions that promote acceptance over tolerance, a willingness to actively create safe spaces for sexual minority seniors, and embracing diversity will help raise the comfort level of sexual minority seniors in housing and social service arenas. As reported by Cahill et al. (2000) the vast majority of the medical profession acknowledged hearing disparaging comments about LGBT patients, and more than half have knowledge of substandard care provided to LGBT seniors. A replication of the health care study cited by Cahill et al. would help to see if the same problems persist in the same proportion. Such knowledge would aid in the development of programs that will increase the likelihood of LGBT seniors feeling accepted by medical and social service providers.

For the participants in this study, the social context of their environment was more important than the physical environment. A greater understanding of how the social context—if it fosters acceptance—impacts the lives of sexual minority seniors will help improve interactions with this subset of the senior population. The population of those 65 years of age and older will reach 20% of the overall U.S. population in the next two decades. The trend found in this study is that LGBT Baby Boomers are more likely to be out of the closet and single. Housing, health and social service providers must understand the needs of LGBT seniors, particularly in relation to the feeling of acceptance and belonging.

Younger LGBT seniors may be less likely to have children or other blood family support, and this may point to a greater need for housing as these seniors age.

Conclusion

This study explains why LGBT seniors chose to live in LGBT senior housing and what that housing provides to sexual minority seniors. The key finding was that these seniors were seeking acceptance and community. “Community” for those in the LGBT community has many meanings (Weston, 1991). Isolation continues to plague many LGBT people, and community can mean a simple seeking out of other sexual minority people. Finding community means finding others who are accepting. Nimmons (2002), in his landmark book about the heart and soul of gay men, gave examples of men coming together for camaraderie, acceptance, and a shared understanding of group identity. The U.S. society continues to stigmatize sexual minorities, and that stigmatization can deter some from living authentic lives—from living “out of the closet.” Nonetheless, “coming out” stories are bonding stories. A person’s individual “coming out” story, while unique, has similar characteristics to the “coming out” stories of other LGBT people, and this provides a foundation for creating community (Weston, 1991).

Each senior who participated in this study has his or her own reason for choosing an LGBT senior living community. However, similar to the duality of coming out stories, these reasons are both unique and common. Participants share a desire to live authentically without fear in an environment that is socially

supportive. The knowledge that one will be treated as an equal and accepted in one's domestic environment was important to all participants. Community is based on a shared understanding and a sense of belonging to a chosen family of marginalized people. The LGBT seniors in this study have had experiences of exclusion; however, their longing for acceptance includes their embracing of diversity. Further study of senior housing may reveal if the open and affirming qualities of the three sites studied are unique to LGBT housing or not. In particular, a study of the dominant culture found in traditional retirement communities may further highlight the need for LGBT senior housing. Acceptance is a baseline of the communities in this study, and that baseline afforded strong relationships, community, comfort and safety and an embracing of including those who are different. The quality of acceptance made the person-environment fit work in LGBT communities, and this concept would be beneficial to study in other communities in the hope of improving senior housing for all seniors.

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Appendix A

Human Subjects Research and Review Committee Approval



Human Subjects Research Review Committee

Post Office Box 751
Portland, Oregon 97207-0751
503-725-4288 tel
503-725-3416 fax
hsrrc@lists.pdx.edu

March 3, 2010

To: Kathleen Sullivan

From: Nancy Koroloff, HSRRC Chair

Re: Approval of your application titled, "Housing Lesbian, Gay, Bisexual and Transgender Seniors" (HSRRC Proposal # 101216).

Dear Kathleen,

In accordance with your request, the Human Subjects Research Review Committee has reviewed your proposal referenced above for compliance with DHHS policies and regulations covering the protection of human subjects. The committee is satisfied that your provisions for protecting the rights and welfare of all subjects participating in the research are adequate, and your project is approved. Please note the following requirements:

Changes to Protocol: Any changes in the proposed study, whether to procedures, survey instruments, consent forms or cover letters, must be outlined and submitted to the Chair of the HSRRC immediately. The proposed changes cannot be implemented before they have been reviewed and approved by the Committee.

Continuing Review: *This approval will expire on March 3, 2011.* It is the investigator's responsibility to ensure that a Continuing Review Report (available in ORSP) of the status of the project is submitted to the HSRRC two months before the expiration date, and that approval of the study is kept current.

Adverse Reactions: If any adverse reactions occur as a result of this study, you are required to notify the Chair of the HSRRC immediately. If the problem is serious, approval may be withdrawn pending an investigation by the Committee.

Completion of Study: Please notify the Chair of the Human Subjects Research Review Committee (campus mail code ORSP) as soon as your research has been completed. Study records, including protocols and signed consent forms for each participant, must be kept by the investigator in a secure location for three years following completion of the study.

If you have questions or concerns, please contact the HSRRC in the Office of Research and Sponsored Projects (ORSP), (503) 725-4288, 6th Floor, Unitus Building, 4th & Lincoln.

Cc: Margaret Neal

Appendix B

Human Subjects Research and Review Committee Application

I. Project Title and Prospectus

Title: Housing Lesbian, Gay, Bisexual and Transgender Seniors: Can Segregated Retirement Communities Work?

Investigator: Kathleen Sullivan

This application is for a doctoral dissertation research project. The purpose of the study is to explain the development of retirement communities for lesbian, gay, bisexual and transgender (LGBT) seniors. LGBT aging is virtually invisible in the gerontological literature. This study affords LGBT seniors the opportunity to express and explain their decision to live in intentional communities segregated by sexual orientation, gender identity and age. Additionally, it provides this group the rare opportunity to share their experiences.

The meaning of “home” and its ability to be a positive actor in the lives of seniors is central to understanding why some LGBT seniors choose to live in segregated communities. These are intentional communities based upon the shared affinity of sexual minority status. An intentional community is an inclusive term for ecovillages, co-housing communities, residential land trusts, communes, student co-ops, urban housing cooperatives, intentional living, alternative communities, cooperative living, and other projects where people strive together with a common vision (Intentional Communities, 2009). A debate exists in the field of gerontology as to the efficacy of segregated housing for seniors. The field questions whether age integration rather than segregation is more beneficial for seniors. For some sexual minority seniors the desire to live in a community that is opening and affirming is desirous. Community surveys and published studies indicate that LGBT seniors are willing and interested in moving to age segregated housing at a younger age than their heterosexual counterparts and are willing to move further distances provided the housing is also segregated by sexual orientation. For this group of seniors the social context of their living environment may provide a stronger desire to seek out and develop intentional communities segregated by age and sexual orientation.

Unfortunately, no studies explore why LGBT senior housing has developed and the extent to which it meets the expectations of residents. This primary research study will add to the literature on the aging of sexual minority seniors and provide an explanation for the need for LGBT senior housing. Additionally, this study will be useful for those who provide direct care for seniors,

develop senior housing communities and who work with seniors deciding to enter LGBT Long Term care or retirement housing.

Data will be gathered in the form of focus group interviews of residents of existing LGBT retirement communities. These communities publicize and market their communities in both mainstream and LGBT media outlets. All communities are open and honest about serving the LGBT senior population. In addition, some of the senior residents are active in the marketing campaigns for their respective retirement communities. The three communities asked to participate are noted in the chart below.

Facility Name	Location	Type of Housing	Number of Units
Rainbow Vision, LLC	Santa Fe, NM	Independent and Assisted Living	120 Independent Units, 26 Assisted Living
Barbary Lane, LLC	Oakland, CA	Independent Retirement Housing	46 Independent Units
Triangle Square Hollywood	Los Angeles, CA	Independent Affordable Housing	103 Independent Units

In addition, at the conclusion of the focus group participants will be asked to voluntarily provide demographic information, a sample of the one page survey is included in the appendix. This information will be collected for descriptive purposes only.

II. Exemption Claim for Waiver of Review

This project requires an Expedited Review as stipulated in Section III of the Application Guidelines. This research will involve the collection of data through focus groups and optional individual interviews and fits within item seven of the Expedited Review definition.

III. Subject Recruitment

Eligible focus group participants must be lesbian, gay, bisexual or transgender seniors who live housing developed specifically for sexual minority seniors. The sample for this study is purposive—only sexual and gender identity minority seniors may participate. Every effort will be made to include seniors who represent all sexual and gender identity minorities and to the extent possible include a variety of racial and ethnic backgrounds. No participant with cognitive impairment will be included in the study.

The sample includes current residents of three existing retirement communities. Two focus groups are planned for each location with a minimum of six and maximum of ten participants per focus group for a total of 36 to 60 focus group participants.

Recruitment of senior residents commences with outreach to each retirement community. The researcher will make contact with each facility via a phone call to the management office. The researcher will explain project to the key staff person at each community and ask the management office to aide in informing residents about the project. The management will be asked to deliver a letter written by the researcher to each household and to post a project poster in the common space or kiosk. A copy of the recruitment letter can be found in the Appendix. If available, the researcher will request that a small advertisement about the project be included in the community bulletin or an announcement be made at a resident council meeting. In addition, the researcher will make a request for space to conduct the focus groups.

In this scenario each household receives a letter from the researcher that explains the project and asks those interested in participating to contact her by either phone or email. It will be noted in and on all recruitment materials that collect calls from seniors will be accepted. Couples are welcome to participate, but the researcher will explain that they will be assigned to different groups in either a follow-up recruitment phone call or email.

IV. Informed Consent

All participants are adults over the age of 18. Potential participants will be provided with a written consent form; the researcher will offer to read the form out loud and answer questions. The informed consent form is printed in 14-point font to make it easier for participants to read the document. Individuals who agree to participate will be asked to sign and date two copies of the informed consent statement. The researcher will retain one copy and each study participant will be given a copy to retain for their records. The statement of informed consent is included in the Appendix section of this document.

V. First Person Scenario

First Person Scenario

I received a letter the other day that explained a new study that a researcher from Portland is doing. She is interested in knowing why my neighbors and I choose to live in a retirement community with only gay and lesbian people and not one that has a lot of straight people in it. I think it is obvious but her the said that the field of aging has a lot to learn about the aging of gay and lesbian people so I decided to call her and tell her I was interested in helping her out. She scheduled me for a focus group interview in our community's meeting room. The whole thing lasted about an hour and a half. It was very well organized, interesting and more thought provoking than I had thought it would be. I also agreed to be contacted by phone for any follow-up questions she may have.

VI. Potential Risks and Safeguards

Some of the questions may make a participant uneasy or feel uncomfortable, but participants will be reminded that they do not have to answer any question(s) they do not want to answer. A participant may be concerned that their sexual orientation or gender identity will become public knowledge without their consent. Confidentiality is the safeguard against a participant's gender identity or sexual orientation being revealed without their consent. Confidentiality will be ensured via the destruction of the audio recordings after transcription, removal of names from the transcribed interviews, securing of all transcripts in a locked file cabinet and entering demographic information into SPSS and the shredding of demographic information. In addition, any report using this data will group answers together so that no one can tell which answer came from any one individual.

VII. Potential Benefits

Since the removal of homosexuality as a mental health disorder in 1972 only 100 articles appear in scholarly journals with LGBT aging as their subject. To understand sexual minority seniors the field of gerontology needs more research on this population. To date there have been only two studies published in peer reviewed journals on LGBT senior housing, the most recent of which was thirteen years ago. Although participants may receive no direct benefit from participating in this project it may be satisfying to know that they are building the knowledge base for the field of aging, and may help social service providers better care for and serve LGBT seniors. In addition, unlike the present generation the next generation of LGBT seniors (Baby Boomers) are more likely to disclose their sexual orientation or gender identity and be more likely to demand equal treatment and services. We need to develop expertise and understanding now to better serve the seniors of the future.

VIII. Records and Distribution

Each focus group will be audio recorded. Each recording will be transcribed and the audio recording destroyed. The transcriptions will be verbatim with the exception of pseudonyms for the names of participants and others who may be identified during the interview. Demographic information will be entered into SPSS and original copies destroyed. Each participant will sign a form of informed consent that outlines their rights as a participant, how the data is being used and how their confidentiality will be secured. The transcriptions will be kept in a locked file cabinet for a minimum of three years.

Appendix C

Letter To Potential Participants

Dear GLEH (or Rainbow Vision or Barbary Lane) Resident:

My name is Kathleen Sullivan. I am a student at Portland State University and am currently working on my dissertation. My research is on lesbian, gay, bisexual and transgender retirement communities.

Many years ago I was fortunate to manage a campaign that defeated an anti-gay ballot measure. During that campaign I met an older gay man. He worried that he would not be able to care for himself much longer. He “knew” he would return to the closet if he entered a care facility. He lived the first forty years of his life “in the closet” and now nearing eighty saw his future to be a dismal return to the “closet.”

I decided that day to serve the elders in our community and this research project is part of that service. I would like to invite you to participate. The research seeks to explain why lesbian, gay, bisexual and transgender people, like yourself decide to live in lesbian, gay, bisexual and transgender retirement communities. The field of aging knows very little about the aging of our community, this study will help educate those who work with seniors and study aging.

I will be conducting focus group interviews in your community. If you are interested in learning more about this project please either email me at kaths@pdx.edu or telephone me at (503) 284-0673. Please feel free to call me collect.

Thank you so much for your time, I hope to hear from you soon.

Sincerely,
Kathleen

Appendix D

Statement of Informed Consent

You are invited to participate in a research study conducted by Kathleen Sullivan from Portland State University in Portland, Oregon. The researcher hopes to understand and explain why lesbian, gay, bisexual and transgender (LGBT) seniors chose to live in retirement communities that are solely populated with LGBT seniors. This study is being conducted as a dissertation research project. An understanding of why this choice is appealing to LGBT seniors may help the field of aging understand the needs of LGBT seniors.

If you choose to take part in this study you will be:

1. Asked questions in a group setting (focus group)

If you agree to a follow-up phone interview by checking the box on the back of this form and provide your contact information you will be:

2. Asked questions to clarify issues, thought or ideas from the focus group(s)

The focus group will take 90 minutes and will be audio recorded. The recording will be transcribed after which it will be destroyed. The transcripts will not include your name or any personal names used during the interviews. All transcripts will be kept in a locked file cabinet. A one page optional demographic survey will be collected at the conclusion of the focus group. After being entered in a database the paper surveys will be shredded. No information will be linked to you in anyway.

Taking part in this project is voluntary. Refusing to take part in this study or withdrawing from the study will not adversely affect you in any way.

Although you may receive no direct benefit from participating in this project it may be satisfying to know you are building the knowledge base for the field of aging, and may help social service providers better care for and serve LGBT seniors.

If you have questions about the study you may call Kathleen Sullivan at 503-284-0673. If you have concerns or problems about your participation in this study or your rights as a research subject, please contact the Human Subjects Research Review Committee, Office of Research and Sponsored Projects, 600 Unitus Bldg., Portland State University, (503)725-4288 or 1(800) 480-4400.

Your signature indicates that you have read and understand this statement and agree to take part in this study. Please understand that you may withdraw your consent at any time without penalty, and that, by signing, you are not waiving any legal claims, rights or remedies. The researcher will provide you with a copy of this form for you records.

Signature

Date

☐

Yes, I agree to be contacted for follow-up questions.

The best phone number to reach me at
is: _____

The best day(s) to reach me is
(are): _____

The best time of day to reach me
is: _____

Appendix E

Focus Group Script

Introduction

Good morning (afternoon, evening). My name is Kathleen Sullivan, and I want to thank you for coming here today. As you know, this research is being conducted as part of a dissertation, and so I really want to personally thank you for your help particularly because I know how busy all of you are.

How many of you have been in a focus group before? Well, the main reason why we bring a whole group of people together is because we are interested in getting all your different views on why you chose to live in a retirement community for LGBT seniors. There is very little research on the aging of the LGBT community and the hope is that we can fill some of the gaps in the research around housing choice.

Moderator/Participant Roles

The basic way this works is that you should feel like this is your group -- that you will be the talkers and I will be the listener. Even if you are little shy, I want you to find the "talker" in you so you can contribute to the group. In fact, most of the talking you'll be doing will be to each other. I'll have some questions that I will ask you to talk over amongst yourselves. My basic job is to make sure that we fully explore the topic and to make sure that everyone gets a chance to speak. This group interview will take approximately 90 minutes.

Ground Rules

There are a few basic ground rules, but these really are things about being groups that we all "learned in kindergarten."

- The first thing is to participate. We need everybody's help to have a good group.
- The second thing is to take turns. We know that some people like to talk more than others, but sometimes you may have to hold on to some of things that you'd like to say, so that everyone in the group has time to talk.
- Finally, it's all right to disagree with each other, but please be polite when you do -- no put downs. You want other people to listen to what you have to say and to show respect when they reply to you, so it makes sense that you're going to do the same for them, right?

Taping Procedures and Confidentiality

This discussion will be taped recorded today; that way I can have an accurate record of what you say. Any comments you make here today will be confidential.

Your names or any other identifying information will not be included in my report. I am interested in what you as a group have to say, not in who says what. So I want you all feel like you can speak freely. Finally, I ask that you respect each other's privacy. Whatever we say hear today/tonight is just for this group. I know you don't want other people repeating anything that would violate your privacy, so we all basically have to trust each other.

Introductions

OK, let's get starting by going around the table and having you each introduce yourselves. If you could say your name and tell the group the last book you read and what do you like to do for fun.

Script

- I. To begin I would like to ask people to write down three things that were most important to you when you first considered moving to this retirement community (index cards and pens provided to each participant)?
 - a. Would someone start us off with one thing they listed?
 - b. Why was X important to you?
 - c. Was one of the three more important than the others? Why?
- II. Had you considered or lived in a more traditional heterosexual retirement community prior to moving here?
 - a. What do you perceive as the differences between the communities?
 - b. Does living in an LGBT community provide you something you believed a traditional heterosexual could not provide you? What are those things?
- III. Did you think living in an LGBT retirement community would benefit you?
 - a. How does such a community benefit you?
 - b. Do you believe there is a stronger social or interpersonal connection in this type of community for LGBT seniors?
 - c. Is anyone here in a committed relationship and living here with his or her partner? Is being able to live with your partner an important aspect of this community?
- IV. Does this community live up to your expectations in terms of what you thought was important versus your experience as a resident?
- V. Have your ideas of what is important changed now that you are living in the community?
- VI. Our time is close to over. I would like to go around the table and ask if people could tell me what they think are the one or two things I should pay attention to as the most important reason or reasons that LGBT seniors choose this type of retirement community. What would they be?
- VII. I would like to finish by asking each of you to please provide me with some demographic facts [these data gathered on a one-page survey handed to each participant].

THANK YOU!

Appendix F

Demographic Questionnaire

Demographic Questions

1. What is your date of birth? _____
(Month/Date/Year)
2. Are you partnered now? Yes ☐ No ☐
3. How long have you lived at your current residence? _____
4. Which racial group or groups do you consider yourself to be in? Check all that apply.

White European Descent	<input type="checkbox"/>	Pacific Islander or Native Hawaiian	<input type="checkbox"/>
African-American/Black	<input type="checkbox"/>	Native American	<input type="checkbox"/>
Latin American	<input type="checkbox"/>	Asian	<input type="checkbox"/>
South American	<input type="checkbox"/>	Caribbean Islander	<input type="checkbox"/>

5. At what age did you decide to “come out”? _____
6. What is your sexual orientation? _____
7. What was your sex at birth? _____ What is your sex now? _____
8. Were you ever in a heterosexual marriage? Yes ☐ No ☐
9. Do you have children? Yes ☐ No ☐