Exploring Factors Impacting the Decision to Disclose Sexual Orientation: A Qualitative Study of Older Gays and Lesbians in Ohio

by

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Abstract

This exploratory study focuses on the decision making process initiated by lesbian and gay older adults in disclosing their sexual orientation to external systems. These systems included family, friends, and peers; housing authorities; health care providers; and general support services. The population is unique in that only individuals who disclose their sexual orientation are part of the marginalized population. Currently, not much is known of the population as it is left out of both Gerontological and lesbian, gay, bisexual, and transgender studies. Ten older adults that identify as lesbian or gay were interviewed in one-on-one sessions. Several patterns emerged from multiple participants reporting similar reasons for disclosure. Anticipating acceptance by family, friends, and peers was deemed as reasoning to disclose as well as having a significant other. The supportiveness of the environment to homosexuality and the consequences of disclosing were deemed important. This was made in reference to the community, workplace, and living environment in which the participants lived. Perceived fears about prejudice and discrimination, played a part in the decision for participants to not disclose in areas of their life. The study is not meant to generalize to the population of lesbian and gay older adults, but rather to obtain rich stories from members of this population. Future research is discussed as it pertains to the older LGBT population.
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In every community in the world there are marginalized people in the population. These people can be marginalized based on their gender, health concerns, skin color, and any characteristic a person can have that the dominant culture in society sees as different or inferior. The Merriam Webster dictionary defines marginalized as “to relegate to an unimportant or powerless position within a society or group” (Marginalize, n.d.). This can be done in a variety of ways by the dominant culture in the society.

In marginalized groups, individuals are not given a choice to be in the group and are recognized by the population from identifying the element the individuals cannot change. The World Health Organization identified negative effects, such as fewer human rights, poverty, and low equity that are related to being marginalized. Human rights refer to international norms that are developed and agreed upon by governments that are signed into international human rights laws. The different human rights are economic, social, cultural, civil and political which are interdependent and indivisible. Governments that are bound by the laws are accountable for progressively improving conditions that impede these rights. Equity is the ethical concept for distributive justice, meaning that people in a society have equal power to influence their community.

Human rights, poverty, and equity are linked. A person with low socioeconomic status does not have equity as compared to others in a society with higher socioeconomic status. Individuals that have equity in society are ones who are best able to influence politics, due to having monetary means to do so. These individuals also have an impact on how well human rights are attained by society (Braveman & Gruskin, 2003). The links
between the effects show that marginalized individuals receive negative consequences that they are unable to change without changing society as a whole.

One marginalized group that is unique is the LGBT population. These individuals have the option to disclose or not disclose their sexual orientation to others. This can be done due to sexual orientation not being observable in the way that other marginalized groups are categorized. Individuals who consider themselves not to be heterosexual and do not disclose this do not compromise their privileged status. In other words, they do not experience the effects of marginalization, which they would encounter if they disclosed.

Of course, this does not take into account if the individual is a member of other marginalized groups, such as minority groups, or disabled. In this case, the person would be marginalized in society already due to their status that they are unable to hide. Further marginalization could then be faced if the individual decides to disclose his or her homosexuality.

Individuals in the LGBT population are part of the group even if they do not disclose, but if they do not disclose they are able to reap the benefits of not being marginalized. This is similar to the passing phenomena that African Americans who had a skin color close to white skin passed as white individuals. In colonial times, children of slave owners and slaves with white enough skin were able to imbed themselves in the dominant society. This was done to gain social and economic advantages that white Americans were able to attain that was cut off from African Americans (Fikes, n.d.). This immersion into the white dominant society allowed the individuals to escape the effects of marginalization that they would have encountered if they were recognized by society as part of the African American society. Similarly, members of the LGBT population
may pass in the dominant society by not disclosing their sexual orientation and not be affected by marginalization.

Individuals that disclose their sexual orientation then become members of a marginalized population that often results in negative reactions from society. The population is distinct from other marginalized groups in that individuals can hide their status in their population, but can disclose if they desire. This study focuses on the reasons for lesbian and gay older adults to disclose or not in different sectors of their lives.

Lesbian and gay older adults are overlooked in both the Gerontological field and lesbian, gay, bisexual and transgender studies. Gerontological information focuses on older adults as a whole instead of specific groups that may need additional assistance. There is a growing need for research that connects the two fields. For recent history, this is the first period of time that lesbians and gays are reaching older adulthood and have the societal ability to disclose their sexual orientation if they desire to do so. LGBT studies often focus on teenagers or young adults when they are discovering their sexual orientation and their process of disclosing this to others. With this focus, older adults’ issues are ignored in the face of a loud and public younger group. Brown makes the argument that the silence of this group is used to the advantage of the dominant groups in society by their marginalization of lesbian and gay older adults (2009). In this way, the group is given fewer opportunities than other groups that have been studied. The double silence that lesbian and gay older adults face makes their situation unique and keeps their information from helping professions that could aid this population.
To understand a population it is important to consider its members’ environment in relation to their behavior. For the lesbian and gay older adult population, how their sexual orientation was defined in the past impacts their lives today. One important landmark was in 1973 when homosexuality was taken out of the *Diagnostic and Statistical Manual of Mental Disorders*. Since 1952, homosexuality was considered a mental disorder under “sociopathic personality disturbance.” This was met with little resistance because it corresponded to societal attitudes at the time. The second *Diagnostic and Statistical Manual of Mental Disorders* moved homosexuality to a sexual deviation instead of a “sociopathic personality disturbance.” The publication of the second edition occurred during the start of the gay rights movement in 1969 leading to the removal of homosexuality from the DSM Manual completely in 1973 (The history of psychiatry & homosexuality, 2012).

Related to this, states slowly repealed their sodomy laws, which criminalized homosexual behaviors. The first, Illinois, repealed its sodomy law in 1961, and nineteen states, including Ohio, repealed its law in the 1970s. Many times, the Supreme Court created conflicting opinions on court cases. The Supreme Court, in 1986 during *Bowers v. Hardwick*, decided that the Georgian law making homosexuality behaviors criminal was valid as was the right to privacy. Due to the Court not making a firm decision, the case became a justification for discrimination against homosexual couples in the lower courts (“Getting Rid of Sodomy Laws,” n.d.). Another important Supreme Court case was *Lawrence v. Texas*. In 2003, two men were arrested for violating Texas state law when they were caught having sexual intercourse. The Supreme Court found that the Texas statute violated the Due Process Clause since both men were consensual. The Due
Process Clause allows people to engage in their liberties without intervention from the government. This case created the basis for states’ sodomy laws for homosexual conduct to be ruled unconstitutional under the 14th Amendment (“Lawrence v. Texas,” n.d.).

The recent history of homosexuality being perceived as a mental disorder and proscribed as a crime are significant when researching lesbian and gay older adults due to these changes occurring during their lives. The changing perspectives of their sexual orientations made an impact on their self-views and their likelihood of disclosing their sexual orientation to others.

This population is important to research based on the changing rights for lesbian and gay individuals. One principal area that is changing in the United States is the right for same sex couples to marry. The United States now allows marriage for lesbian and gay couples in all states, which was previously denied to many lesbian and gay couples including the rights that come with marriage. The Human Rights Campaign found 1,138 benefits couples are given based on their marital status in federal law. These rights include surviving parent and child benefits, tax provisions, family and medical leave (“Overview of Federal Benefits Granted to Married Couples,” 2004).

Although there is research in this field of inquiry regarding lesbian and gay older adults, the field is still in its infancy. Most similar studies are done qualitatively with a small sample size to make a broad picture of issues this group may face. While this means that the studies may not be generalized to a larger population, the increased understanding of the samples can give way to larger studies. These studies can look for commonalities found and use the commonalities as the basis for quantitative studies.
Quantitative research can then see if the commonalities are statistically significant to have an even further understanding of the lesbian and gay older adult community.

Professional practitioners need to be aware of research concerning lesbian and gay older adults due to the little information that does exist about the population. People that identify as lesbian and gay can have problems that stem from their sexual orientation. Without knowing to first ask older adults about their sexual orientation, practitioners will not be able to see the possible links between their clients’ problems and their sexual orientation. Practitioners should also always work to expand their knowledge about their client base and how to better understand people. By ignoring populations that they come in contact with, they are giving up valuable information they could utilize.

Three distinct areas were studied as they relate to disclosure of sexual orientation: housing, healthcare, and support systems. In each area, participants were questioned if they had disclosed their sexual orientation to key people in that area and their reasoning for disclosure or nondisclosure. The qualitative research was aimed to obtain stories and rich data to fully understand the participants’ disclosure decisions regarding their sexual orientations. The research is not meant to be generalized to the lesbian and gay older adult populations but to give a basis to start future research endeavors aimed at the populations. This study focuses on lesbian and gay older adults’ experience, putting aside bisexual and transgendered older adults. Bisexual older adults were intended to be part of the study, but none of the participants identified this as their sexual orientation. Additional research options for these groups is considered later in the paper.
Literature Review

An area of focus that is an integral part of the studied arenas is a person’s willingness to disclose his or her sexual orientation to others. Lesbian and gay older adults have individual reasons for disclosing or not in the different realms of their life and their decision has an impact on how others view them, and thus treat them. Individuals may choose to disclose to some sectors of their life and not others. Individuals may also be surmised to identify with a certain sexual orientation, but may still decline to disclose to people. In this way, people may be unsure on how to view and act towards the individual. Depending on their disclosure in certain areas, the individual may be treated differently or they may fear being treated differently.

Disclosure is put as a separate area of focus due to its interconnectedness to the other areas of focus and its impact on individuals whether they disclose their sexual orientation or not. It is also separate because while political actions can be done to improve areas of living for lesbian and gay older adults, the actions cannot force an individual to disclose their sexual orientation. In this way, disclosure is the one area that individuals have control over no matter society’s views on homosexuality.

Disclosure may also have an impact on whether the individual is treated or viewed as part of the dominant society- heterosexual individuals. This population is considered dominant because of the assumption that everyone, unless proven otherwise, is part of this population and certain aspects of life are geared with the notion the individual is heterosexual.

All reference to literature material for disclosure is imbedded in different areas. Studies available to have not focused on just disclosure for lesbian and gay older adults,
but rather used disclosure information as additions to the arena of life they were studying. For this reason, disclosure is often not directly stated in the references.

**Housing**

In the housing area, an important decision for lesbian and gay older adults is whether or not they will disclose their sexual orientation to others, whether it is other residents, medical personnel, or neighbors. One study found that seventeen percent of the sample was extremely concerned about discrimination in assisted living communities if their sexual orientation was known (Espinoza, 2014). Disclosure in housing leads to fear or actual discrimination, but has the potential to be an avenue to supportive people.

Housing is an integral concern that can become an issue for all older adults. One factor in this is their type of household they live in and who lives in the house with them. Options for older adult housing include homes, rentals, living with family members or friends, assisted living facilities, and nursing home facilities. Factors include affordability, safety, assistance needs, and other individual considerations. A study done found that lesbian and gay older adults are more likely to live alone and are in need of affordable and safe housing. The safety aspect includes any prejudice or discrimination older adults may face due to their sexual orientation. Even if the older adult does not experience prejudice or discrimination, the fear of it can also affect the older adult (Espinoza, 2014).

Recently there has been a call for senior housing that is lesbian and gay supportive. Housing was ranked first in the Aging and Health Report in most needed services and programs (Fredriksen-Goldsen et al., 2011). Independence is desired in older adulthood but due to support needs, assistance facilities can be necessary. People tend to
live in areas, and with other people, who live similar lives as them. This makes their values and lifestyles match up to create less friction between people. In a sample done in 2011 by Rivera, Wilson, and Jennings, 87% of gays and lesbians would prefer to live in a retirement community that would be sensitive to their needs. These shared interests would create a sense of community that the individuals in the sample were looking for in the housing arena. A problem with this is that only three housing projects in the United States located in Santa Fe, Los Angeles, and San Francisco are geared towards the needs of gay and lesbian older adults. This is not to say that assisted living facilities are not sensitive to individual needs, but many are not distinctly built around the needs of this group.

The Older American’s Act administered through the US Department of Health and Human Services’ Administration on Aging set up funding for *Technical Assistance Resource Center: Promotion Appropriate Long Term Care Supports for LGBT Elders* in 2010. Within this funding were three aims set up to educate mainstream aging services about the existence and needs of LGBT older adults, to sensitize LGBT organizations about the needs of the older adults they serve, and to educate LGBT individuals about planning ahead for long-term care. While nationally the need has been addressed, locally the long-term housing issues lesbian and gay older adults face is argued to not be sufficient. A study done by Hughes, Harold, and Boyen found that a majority of agencies that work with older adults do not have materials that address older LGBT individuals needs and a majority of the agencies did not provide outreach programs for the population (2011). While lesbian and gay older adults fear discrimination or insufficient care in long-term facilities, this Act is not meeting its intended aims.
Healthcare

Disclosure in the healthcare sector can also be based on a person’s fear or past experience of discrimination or inferior treatment due to their sexual orientation (Fredriksen-Goldsen et al., 2011). Even when disclosure has occurred with primary healthcare providers, some issues may not be addressed for fear of being judged (Espinoza, 2014). While disclosure has benefits for better understanding individual needs, it may not be an avenue for a person afraid of negative or inadequate treatment by the staff.

Healthcare encompasses the wide range of preventative care, immediate care, and any health concerns a person may encounter. Vries and Croghan found that lesbian and gay people are more likely to have self-reported general health as being poor including higher rates of some cancers, disabilities, asthma, and diabetes than in the general population. For those people with HIV/AIDS there is an associated higher rate of illnesses as well as an average of 3.4 additional health conditions in older adulthood (2014).

Though this group of people is at a higher risk for a multitude of health problems, they are less likely to use healthcare services. Lesbian and gay older adults may delay or avoid health care treatments if they fear negative reactions by their health care providers or experience high levels of discomfort when speaking of issues related to their sexual orientation with their health care provider (Rivera et al., 2011). These perceived barriers can be increased with experiences of depression related to homophobic violence and victimization (Vries & Croghan, 2014).

Cost is a factor many people face when determining when to use healthcare services. Health insurance coverage for this age group would fall for most people under
Medicare (Fredriksen-Goldsen et al., 2011). The federal government and many local systems do not offer any additional services that heterosexual married couples can expect such as widower supplements through Social Security. Pension plans are not always available to the surviving partner in a same-sex relationship (Rivera, Wilson, & Jennings, 2011). This can further reduce the amount lesbian and gay older adults will utilize healthcare services due to the high cost.

**Support Systems**

Support systems are made of people that can accept one another. For lesbian and gay older adults, disclosure of their sexual orientation may have resulted in decreasing the number of supportive people in their lives especially in the past when being homosexual was considered illegal or psychopathological (Rivera et al., 2011). This idea discourages lesbian and gay older adults from telling those around them of their sexual orientation for fear of ending relations. Problems can arise without disclosing these important facts when a system is meant to be supportive of a person’s choices. A reporting done by Vries and Croghan also presented that feelings of lacking companionship are negatively related to identity disclosure, meaning that disclosing increased feelings of companionship (2014). Lesbian and gay older adults can still rely on their families for support but it depends on how their family reacted to disclosing of their sexual orientation (Rivera et al., 2011).

People of all ages rely on support systems. Social support impacts mental and physical health of older adults making it important for lesbian and gay older adults to have a support group made of accepting individuals (Gabrielson, 2014). Support systems have the function of providing help for a person and increasing a person’s resiliency.
Lesbian and gay older adults can use their support system to counter unique challenges such as discrimination and victimization they may face due to their sexual orientation (Fredriksen-Goldsen et al., 2011).

All individuals have some form of informal and/or formal support systems. Formal support systems are those that are provided by an organization or agency that has programs to help a certain population. Information support systems are made of people that help the person that are not attached to an organization or agency, such as friends and family. Lesbian and gay older adults’ support systems may include family members, families of choice, friends, and professionals. Lesbian and gay older adults may rely more on an informal support system such as friends that make up fictive kin, or their family of choice due to stigma they received from their families. Their support system would be comprised of people that are understanding of their sexual orientation and are not discriminatory towards them. This support system structure is in opposition to heterosexual older adults who use their families for primary social support (Rivera et al., 2011).

Lesbian and gay older adults are more likely than heterosexual older adults to live alone and to have smaller support networks over time. This can be due to being less likely to have children, more likely being single, and being estranged from biological families if they were not accepting of their sexual orientation (Espinoza, 2014). A point of concern is a person’s informal care providers, which for heterosexual older adults are frequently their children. When this is not an option, lesbian and gay older adults have the option to utilize their partner or supportive friends. Some issues with this concept are that their partner and friends are often close to the same age making it harder to care for
someone with medical needs, and friends may not live in close proximity where caregiving would be feasible (Rivera et al., 2011). Vries and Croghan point out that friend caregivers are given less respect than family members, making it harder to gain adequate support for their friends’ needs. An important point for support given by friends is that in a study it was shown to be more positive than familial support, which is often negative in nature in that it is not deemed helpful (Espinoza, 2014).

Therefore since research has not explored when lesbian and gay older adults disclose in different areas of life this research seeks to start to fill this gap. The research is not able to be generalized to lesbian and gay older adults as a whole, but gives rich details about the participants’ lives and experiences with disclosing their sexual orientation. It will also give broad ideas that future research could address and format the research to be generalizable to lesbian and gay older adults.

Methods

In two metropolitan areas in Ohio, interviews with lesbian and gay older adults were conducted. Prior to the interviews, participants were given a short written survey. The survey was created to obtain basic information on the participants that was relevant for demographic information and for the three focus fields of housing, healthcare, and support systems (see Appendix A). After completing the written survey, the researcher asked the interview survey questions. These standardized open-ended interview questions were used to keep each interview consistent with the other interviews to track common answers between participants. The interviews, using the same open-ended interview questions, kept interviewer effects and bias to a minimum by planning what to ask each participant and in what way. The wording of the interview questions was planned to aid
in this effort (Rubin & Babbie, 2001). Two additional questions pertained to any additional areas of concern for lesbian and gay older adults, and reasons for disclosing or not disclosing their sexual orientation. The questions were worded so that participants had the option to either speak of personal experiences, others’ experiences, or about their views in general. The participants were told of their options on how they were able to answer the questions prior to the start of the interviews. Participants also were given the option to refuse to answer any questions.

Participants were located based on their participation in support groups for lesbian and gay older adults in two Ohio cities. Permission was granted prior to the interviews both from the support groups and the individual participants. Each interview was completed one-on-one and lasted a maximum of thirty minutes with the researcher as the only interviewer. All interviews were electronically recorded to provide to the researcher the ability to transcribe and code the collected data.

Themes were extracted and coded from the interviews to provide further focus on issues related to disclosure of sexual orientation. Themes were defined as more than one participant voicing matching ideas from the same survey question. For each survey question, at least three themes were apparent and were ranked in the order of how many similar ideas were recorded by different participants. The themes were used as guiding points in each focus area.

Ten interviews were conducted at the two support groups consisting of eight males and two females. All eight of the males identified their sexual orientation as gay and both of the females identified as lesbian. The average age of the participants was 66.7 years old, with the oldest being 76 and youngest 56. The average age at which
participants identified as not heterosexual was 22.2 years old, with a range from 12 to 30 years old. This age does not refer to the age they disclosed their homosexuality, but rather when they first acknowledged their sexuality. Four of the participants had significant others and all four lived with their significant other at the time of the interview. When the interviews were conducted, the US Supreme Court had not yet guaranteed the right for same-sex couples to marry in all fifty states, so none of the couples were legally married at the time. Resident types of participants varied, with the majority of six living in houses, two living in apartments, and one each living in a condo and senior building.

Qualitative research has advantages and limitations based on the way the research is carried out. This type of research was chosen over quantitative research due to qualitative research being more accommodating for exploratory research. With directing questions, individuals that were interviewed were able to speak about their individual experiences. These rich stories could not have been conducted using quantitative methods that only allow for set answers to be given by participants.

Qualitative research allows for an interpretivism approach, which allows participants to show through their answers how they understand their own life. In the study, this was done by asking open-ended questions to the participants and allowing them to incorporate their understanding of the world through their personal experiences. This approach helps to better understand this population by gaining rich stories, which is necessary in an exploratory study (Rubin & Babbie, 2001).

Qualitative research is set up for the sensitive topic to be discussed first in the interview and for the topic to be carried out throughout the interview. This allows for there to be a longer period of time in which the participant can explore the topic and to
receive support. Quantitative research does not focus on sensitive issues unless it directly relates to the hypothesis. Researchers, if necessary to discuss a sensitive topic, then put the sensitive topics at the end of the interview so the participants do not terminate the interview before enough data is collected. Having the sensitive topics at the end of the interview allows for more time to debrief with the participant to end the interview with the participant having fewer emotions leaving the interview. Quantitative research does not allow for the sensitive topic to be explored by the participant, but rather seeks the relationship between the hypothesis and the sensitive topic (Yegidis & Weinbach, 2002). Sexual orientation falls into the category of sensitive topics, which is best studied in a qualitative and exploratory research format.

The type of research done for this study is considered inductive. Inductive research is based on the researcher first gaining observations to obtain data and generalizing the data to explain the relationships between the objects observed. This was done by first collecting data from the interviews instead of using a preconceived theory and applying it to a specific instance, which would be deductive research (Rubin & Babbie, 2001). Qualitative research is based on the inductive way of deriving information since it does not have a preconceived notion of data or outcome.

The research allows for a larger depth of understanding than quantitative research since qualitative research involves deeply examining attitudes and behaviors. In contrast, quantitative research allows for more superficial research since participants can only select from a limited number of options (Rubin & Babbie, 2007).
Results

Disclosure

Disclosure of sexual orientation is addressed before the focus areas of housing, healthcare, and support systems due to its importance when addressing the different areas of life. Depending on a person’s disclosure, others had the possibility to treat them as part of the dominant, heterosexual society. Older adults may then decide to not disclose their sexual orientation due to there being no federal protection against discrimination. Title VII of the Civil Rights Act create in 1964 makes it illegal to discriminate against someone on the basis of race, color, religion, national origin, or sex (Laws Enforced by EEOC, n.d.). Starting from the federal law that allows for discrimination based on sexual orientation, society has created an atmosphere for differing reasons to disclose to others or not.

The participants, when asked reasons for disclosing or not disclosing their sexual orientation, had a variety of answers. Two participants felt that disclosing in life is not an issue. “Time and culture have lightened up so much, so it’s not a problem anymore to disclose” (Male, gay, 56, house, in relationship). The second participant instead of focusing on the current culture, rationalized his constant disclosure in all aspect of his life to his past:

Personally I have been openly gay since I was in my early mid 20s, so it was something I felt a necessity to do and be who I am. Everyone knows pretty much, I’m very open of who I am. It’s a necessity because I went through a whole enormous struggle in my early teens like many teens do but at the time it was considered a mental illness. I ended up under psychiatric care. By late teens had a
suicide attempt. Through all that and all therapy [I] came to genuine acceptance of myself and felt it paramount to stay alive. To finally say this is who I am and I’m fine with it and the problem is with other people, not with myself. I had a hell of a struggle with expensive psychiatric treatments to come to that point. At least when I came out at age 25, I was ready to come out and be who I am. (Male, gay, 67, apartment, single)

Other participants did not see disclosing as an immediate step to be taken in different spheres of their life. From the interviews, the participants conveyed six similar categories that are developed further. Some answers were only stated by one participant but were not deemed significant to be explored.

**Family.** Disclosure is a continual process when considering that individuals meet other people constantly in different areas of life. Each person has to decide whether or not to disclose to the people he or she meets in his or her life. Half of the participants stated that their families were the largest factor to disclosing their sexual orientation. One participant stated “How open their family may or may not be, or how they perceive their family to be” would influence if someone would disclose to their family (Male, gay, 76, apartment, single). Disclosing to family is important “if they want the support of their family because they don’t really want to keep it hidden” (Male, gay, 65, house, single). Another participant said, “Initially, I disclosed to my family” which could indicate wanting acceptance from her family members (Female, lesbian, 66, house, in relationship). The last participant felt that his age became a factor in this theme.

Time when [we] become older if indeed we have come out to family and friends or if it [not disclosing] isn’t a simple issue. It’s not overtly discussed but people
simply know because they know you, that may or may not require disclosure.
(Male, gay, 72, condo, single)

As lesbians and gays start to identify as older, they may stop seeing disclosing as an issue when considering people close in their life, such as family members that may be aware of their sexual orientation without ever being overtly told.

**Workplace.** The second category was the only physical place that participants stated as a factor to both disclose and to not disclose their sexual orientations. One participant felt that being older and out of the workforce has lead to her disclosing to more people.

Later [disclosed] to work colleagues… As I have gotten older I’m more liberated in feeling my ability to do that because I don’t have a job… As I’ve gotten older I’ve had less of a need to feel like I have to be in the closet because I’m less concerned about retaliation. So basically my age, since I’m not in the workforce, I don’t feel the possible retaliation. (Female, lesbian, 66, house, in relationship)

Another participant felt the opposite in that disclosing in the workplace is an important tool to bonding with co-workers.

I’ve had jobs in the hospitals where I worked and I’d come out completely. Just like everyone I want to talk about where I go out at night and who I’m doing things with and significant others and things like that. (Male, gay, 63, senior building, single)

A third participant who addressed workplace as a theme took the middle ground. “Some workplaces are not accepting. Mine is okay” (9). From this theme, it can be seen that
workplace is one theme that depends on the individual experience. Older adults may be less inclined to see this theme in their life since many are retired.

**Relationships and Acceptance.** With strengthening relationships in the workplace, being accepted and building resilient relationships is deemed a reason to disclose for the participants. One participant simply stated “acceptance” is one reason to disclose to others (Male, gay, 72, condo, single). Another stated disclosing is “just a natural evolution of getting to know people and being accepted” (Male, gay, 76, house, in relationship). The last participant who cited this theme thought disclosing was required to build relationships.

> If you are honest with people and that’s really one of the things why I did [disclose] cause then they understand where I was coming from and my journey struggle with my sexuality. It’s to establish strong relationships with people because the person knows who you are. (Male, gay, 65, house, single)

In building relationships, divulging information is part of the process to understand what context people come from. From this, strong relationships are built on trust, including the information learned about each of the individuals involved.

**Religion.** Religion is one area where non-heterosexual people can be both welcome or shunned depending on the type of religion and the specific ministry. Depending on which attitude is experienced can either pull lesbian and gay older adults to religion or push them away. “The church I go to is an open and affirming church. The people there are very comfortable with sexual orientations, even discussing it “ (Male, gay, 72, condo, single). “If one is particularly religiously observant in a conservative congregation group… disclose, if they [the church] are all accepting” (Male, gay, 76,
apartment, single). These participants indicate that disclosure in the religion theme can depend on the church’s views that they attend. Other participants did not name religion as a reason to disclose, which may signal possible rejections from religions due to their sexual orientation. Religions have differing views on sexual orientation and can be both the loudest groups against or for sexual orientation difference depending on their views.

Geography. Two participants cited geography as a reason for disclosure. One used geography as a reason not to disclose when in reference to his family. “I am an only child, my parents are long dead, many years. I have never really come out to my cousins for one thing they live in Massachusetts and Connecticut” (Male, gay, 72, condo, single). The participant does not physically see many of his family members so disclosing to them was deemed not necessary. The other participant felt that lesbian and gay older adults disclose based on the type of community they live in. “It would vary if they’ve lived all their life in a small town, or countryside, or rural area” (Male, gay, 76, apartment, single). Not living in a supportive area for the lesbian and gay community is a reason to not disclose.

Partner Relationship. The last repeated reason that participants had for disclosing was their partner relationships. “Whatever situation I happen to be in when I’m referring to my partner when that comes up, so I obviously disclosed my sexual orientation” (Female, lesbian, 66, house, in relationship). Both participants that addressed this theme felt that when they speak of their partner to others, they are immediately disclosing their sexual orientation. The second participant felt that “One big thing is when you’re in a partnership that sort of becomes obvious. And when you have another person involved they give you the strength to do it and the reason to do it” (Male, gay, 70, house,
in relationship). In the view of the participants, the disclosing of their sexual orientation due to acknowledging their partner is seen as a positive even when it indirectly discloses their sexual orientation.

With the reasons for disclosing sexual orientation, the major themes can be viewed independently. Some participants may have disclosed in one theme making their situation and experiences different than another participant who has not disclosed in that area of life. This can create differing opinions on how sexual orientation affects an older adult’s life.

**Housing**

A person’s choice of residence is due to a variety of factors, such as if the community makes him or her feel accepted, his or her needs, and an individual’s preferences. Some older adults have to move into facility housing to have their basic needs met if they are unable to care for themselves completely. The ten participants live in four different types of housing. Six live in houses, two live in apartments, one lives in a condo, and one lives in a senior building. Three common responses were stated on the participant’s answers on the type of residence and/or the association with neighbors has on lesbian and gay older adults disclosing their sexual orientation.

**Institutionalized Care Facility.** Half of the participants stated that living in an institutionalized care facility would have a large impact on deciding to disclose their sexual orientation.

Older adults often move into senior facilities, and an environment where they would feel uncomfortable at first to disclose their sexual orientation, but places like that are becoming more open to LGBT people. There’s one in town that they
recently admitted a gay male couple as co-habiting residents and that’s sort of unheard of a few years back. (Male, gay, 70, house, in relationship)

“There are a few retirement communities who are open to everybody that make it clear they’re open to everybody and that they accept everybody” (Male, gay, 76, apartment, single). Both of these participants address their concerns with retirement communities but felt they are slowly becoming more accepting of lesbian and gay older adults on an individual basis.

Other participants saw institutionalized care facilities as still being a difficult environment to disclose their sexual orientation in.

I knew a guy; he passed away. When I first met him he was living in an assisted living facility. He was very concerned about staff there not knowing he was gay. He was still married, his wife was in a nursing home, and he had children so he had a cover. We were told when we were visiting him not to say certain things or talk about the center, particularly if there were staff around because he was very concerned about possible prejudice and retaliation. Whether it was true or not it was his life experience and we honored that. I would assume long term care facilities, nursing homes, assisted living, especially when you have professionals or staff who may not have had training and education pertaining to LGBT issues and sensitivity, and vulnerable health problems you’re going to be closeted, very concerned. So I would say where you’re living, assisted living- you’re frail, that’s why you’re there. The more dependent on others, I think the less likely you are to disclose. (Female, lesbian, 66, house, in relationship)
The lengths this resident went to hide his sexual orientation shows the heightened fear of prejudice and discrimination he held living in a care facility.

I recently, about two years ago, moved into a senior building and I sort of feel that I have to go back into the closet because I don’t know how they’re [the other residents] feeling and how they deal with that [my sexual orientation]. Before this I lived in a house and I did not have an issue of any kind. But now, I kind of feel like I’m going back into the closet. We have over one hundred and eighty five people and that’s very different for me. You just don’t know what people are going to think or do. Especially when they’re older and they still hold those feelings. So I have to deal with that, see if I can trust. I actually feel more comfortable with younger people for that reason. Cause it is bad, they are older people who still have those beliefs more so than the younger people. (Male, gay, 63, senior building, single)

One participant sees a risk with staff members who are not trained to be lesbian and gay sensitive being unprepared to work with the population.

Fear in a nursing home. In an independent living arrangement it’s different because you don’t have to worry about caregivers and if they have some thing in their mind- that has not come into play for me that it would in a nursing home or assisted living situation, that’s possible. (Male, gay, 72, condo, single)

Some care facilities make it apparent if they accept older adults of different sexual orientations, but some do not make a distinction. In this way, if the person is unsure they may not disclose for fear of being discriminated against by other residents and/or staff.
**Neighbors.** Neighbors were another common response for disclosure. Some participants felt that their neighbors did not need to be disclosed to. “My neighbors, it doesn’t really matter. I don’t ask them about their sexuality and neither they do to me” (Male, gay, 67, apartment, single). Another stated:

Among neighbors whom I have met and moved in and in a way, it’s none of their business unless I choose to make it, which I don’t, but I’m not hiding anything because if you’re a neighbor and see people now and again, you don’t reveal all kinds of detail about your life because it’s not relevant. People are just being neighbors. Revealing that I’m in the LGBT community is irrelevant (Male, gay, 76, apartment, single).

Other participants felt that while they have not blatantly disclosed to their neighbors, some may have figured out their sexual orientation.

I live in [a] small condominium complex and I’d guess about half of the people know, at some level, that I’m gay. I’ve experienced no discrimination. I think the issue is getting to know me as a person has made a difference because my neighbors know that I’m the type of person they can rely on. Once people realize you’re just another person, that seems to make a big difference, and that’s been my experience. (Male, gay, 72, condo, single)

I live in a rural area. I know my immediate neighbors and I think they have pretty well figured things out or I’ve told them. I have good relations with all of them I think… We’re all friendly and do things together. (Male, gay, 76, house, in relationship)
I’ve not had any issues with that… I’ve lived in the neighborhood twenty years and speaking for myself I’ve never had any issues. But I, knowing where I came from, for many years I was “in the closet” I don’t really broadcast it, so I’m just like a normal guy and my sexual orientation is different. I would imagine my neighbors know but it’s never been where I talk about it. (Male, gay, 65, house, single)

The participants, as a whole, have had positive relations with their neighbors, whether they disclose to them or not. For the ones that disclosed to their neighbors, the positive relationship was built prior to disclosure. One participant simply stated, “Having supportive neighbors is so important” (Female, lesbian, 56, house, single). Another participant felt that each lesbian and gay makes their own decision to disclose based on how they perceive their neighbors to respond. “For people that have their own residence, the neighbor influences it like whether their neighbors are accepting of it, and if they live in a neighborhood where prejudice would be more of a problem” (Male, gay, 70, house, in relationship). From this, the neighborhood can be seen as a unit that may band together with similar opinions, which could be negative for the older adults that are lesbian or gay.

Community. The last category of responses is broadly defined as the community in which the individual lives having either a positive or negative impact on disclosure. “I assume it has to do with what part of the country you live in that may determine whether you’ll be open or not. Political climate. My city, I feel, happens to be a fairly progressive community” (Female, lesbian, 66, house, in relationship).

It can be very greatly depending on where they live: big city, little city, countryside. I don’t want to sound prejudiced against people in small towns and
countrysides, since they have a lot of people there are who accepting, I would think this varies very much with the community (Male, gay, 76, apartment, single).

Both of the participants who mentioned this theme show that the climate of a community can vary which would have an impact on disclosure. With this theme, other elements of a person’s life, such as past experience, may also have an influence on their decision to disclose.

There has been a call for safe housing options for lesbian and gay older adults to both address their needs and to protect them from feared or actual prejudice and discrimination. The participant living in the senior care facility shows this is not addressed in his area. Due to his choice in a facility, he does not feel secure in disclosing his sexual orientation.

**Healthcare**

Healthcare is one aspect of life that many older adults worry about due to the number of health issues that can come with living older. Lesbian and gay older adults have to decide if disclosing to their healthcare providers would be helpful in their care, or if there are reasons against disclosure. There are no illnesses or diseases that would require disclosure of lesbian and gay older adults, but rather how the participants would interact with their healthcare professionals.

**Disclosure to Healthcare Provider.** Four of the participants have disclosed to the healthcare providers and some feel this is an important part of their healthcare experience.
It seems to be really important to disclose your orientation to your health care providers, and I have done that… I get quite a bit, by choice, of my healthcare through a company that they are very out there in the forefront of LGBT medical issues. (Male, gay, 72, condo, single)

One participant felt that disclosing to his physician was helpful due to the support he received. “One advantage I have is my physician. I’ve had him twenty years at least. He is gay and I’ve never had any conflict. I’ve always been really open with my physician and he seems fine and supportive” (Male, gay, 67, apartment, single). The following participant disclosed to both his and his partner’s healthcare providers simply by showing up to his partner’s appointments and he has seen encouraging responses.

My partner and I have been very open about the fact that we’re gay, and we attend each other’s health appointments, doctor’s appointments and so forth. They’ve been very good about that. In fact, I can see some of the reactions of some of the healthcare providers and they’re very positive. So it’s been very helpful. (Male, gay, 70, house, in relationship)

Another participant felt that when addressing his mental health it was essential that his therapist know how to work with someone of the lesbian and gay community. I’ve disclosed to all of my doctors. Not for any crisis, but to prevent any crisis. To get them to know me better. The first question I had for my therapist, ‘do you have any experience with gay people? Because I’m gay.’ (Male, gay, 76, house, in relationship)
These participants disclosing to their healthcare providers show a want for a stronger relationship in the healthcare setting. Other participants may have disclosed to some or all of their healthcare providers but did not share the information.

**Acceptance.** Participants cited being accepted by the healthcare providers and staff as a reason for disclosure. One participant felt that healthcare providers might be unwilling to treat partners as equal to married heterosexual couples. “Many doctors just don't get it. They don't treat partners like they would treat spouses” (Female, lesbian, 56, house, single). Two participants echoed each other that they wanted to be treated equally in the healthcare arena. “I think the big thing is you just want to be treated just like anybody else” (Male, gay, 72, condo, single). “That whenever we’re needing medical assistance that everyone is accepted regardless of their sexual orientation” (Male, gay, 65, house, single). A last participant felt that acceptance is not something to be concerned with considering healthcare providers. “It’s not that people go here’s another gay guy, we’re going to have to get out the file on dealing with gay people. I think I’m just another individual” (Male, gay, 76, house, in relationship). From the participants, it is possible to say that lesbian and gay older adults that do not think they will be accepted by healthcare providers will not disclose to them. One reason may be that the individual fears that the healthcare providers will treat them differently or inferiorly compared to heterosexual patients.

**Personnel Care/Attitudes.** Personnel care and their attitudes toward the participants was referenced by participants as a reason to not disclose to healthcare providers and their staff. Personnel refer to individuals that work in a facility, which can include doctors, nurses, nurse aides, administrative workers, and social service workers.
One participant was wary of being treated differently for disclosing his sexual orientation so he chose to receive his healthcare at a clinic open to the lesbian and gay community. “You don’t know how the doctor’s going to respond and you have the nurses and all that. I fortunately am going to a clinic that is run by a gay doctor so they are all very gay friendly” (Male, gay, 63, senior building, single). The other participant felt that healthcare providers could discriminate against lesbian and gay older adults that would end in inferior care.

People you’re dependent on. They know you but you don’t really know them. So you may need to assume they may not be tolerant so concerns about revealing the person with you is your life partner as opposed to just your friend. And concerns about not getting the care you think you’re entitled to due to discrimination.

(Female, lesbian, 66, house, in relationship)

These two participants show that fearing negative personnel care and attitudes is a strong reason to not disclose to unknown healthcare providers. One way to avoid this fear is to receive healthcare from a clinic or doctor that is supportive of the lesbian and gay community.

**Care when Older.** In later years, it is common that older adults require some care. This care can often be done by children, family, friends, or paid medical personnel. Participants had concerns about this care since they do not have the typical types of people to care for them that would provide care unpaid. “I will be alone when I am old; no family to provide care” (Male, gay, 56, house, in relationship). Another participant echoed this with and an additional idea of needing assistance promoting for care.

“Another issue is that since many LGBTQ people don't have kids, we can't rely on kids to
help us and advocate for us when medical care is needed” (Female, lesbian, 56, house, single).

Concern of how might you be taken care of as you age since I don’t have a significant other and don’t have children, so you’re bent on relying on society having to take care of you in your older years. (Male, gay, 67, apartment, single)

All of these participants’ responses show that they are concerned for the future when they have need of assistance. One stated that he will have to rely on society’s services to obtain the aid he requires. At that time, advocating for the older adult may be required since that role is taken up by family members, as referenced by the one participant.

Support Systems

All individuals have some sort of support systems that can be made of both formal and informal elements. Participants discussed different formal and informal support systems. Formal support groups included organized support groups and centers that are aimed towards the lesbian and gay community, religious affiliations such as churches, and social services. Informal support groups identified were friends and family.

Organized Support Groups/Centers. A majority of the participants stated that organized support groups or centers were a part of their support system. This may be overstated by the participants since all of the participants were interviewed at their support groups. All of the participants who cited support groups or centers spoke of it in a positive manner. “Here, we have a support group and that’s very helpful” (Male, gay, 70, house, in relationship). “I think the one here for me is the center. Also other support
groups for LGBT older adults” (Male, gay, 65, house, single). “Mental health counseling, agencies like our support center” (Female, lesbian, 56, house, single).

Some participants started attending senior support groups due to their older age. “Recently I’ve been going to the senior center here and that’s where I get most of my support from” (Male, gay, 63, senior building, single). Two participants voiced that the reason they started coming to the LGBT center was specifically for the senior groups they held.

Also, I’ve been aware of the center here for years and I began coming to the senior group. It has been a remarkably effective support system for me. I really like it, it’s good socialization and we do interesting things. (Male, gay, 72, condo, single)

For myself, I started coming to the center because I knew they had a group because I was older not because I was gay. I have sort of swallowed my pride and when I turned 72 I said, “Well I’m a senior citizen, so I’ll go see what it’s all about, the center.” (Male, gay, 76, house, in relationship)

Some participants saw that support groups and centers, such as the ones they attend, are more common in metropolitan areas. “Again, we’re fortunate here for example, in larger cities in Ohio, which is a typical state, LGBT center here would be a useful resource. Group of organizations to help support LGBT folks” (Male, gay, 76, apartment, single). “Places like this [support group] in a metropolitan area, if you’re comfortable coming to a place like this” (Female, lesbian, 66, house, in relationship).

While the data may have been overstated in this area, this does not diminish the importance of formal support groups and centers that cater to the lesbian and gay
community. Older adults have to be able to find information about these groups and centers and be willing to attend.

**Friends.** Friends can make up a significant part of a support group since they are the people that the individual chooses to spend their time with. Based on this, disclosure would occur with every friend at some point, when disclosing to other people in a person’s life may never occur. “People rely on their friendship system” (Female, lesbian, 66, house, in relationship). Two participants stated that important pieces of social supports include “each other” (Female, lesbian, 56, house, single), and “camaraderie” (Male, gay, 56, house, in relationship). Another participant has an active social life with multiple friends. “Socially, as I have mentioned, I participate in a social pool and go out and eat with people, friends of mine once a week. I come here [support group] twice a week which is social” (Male, gay, 76, apartment, single).

Some participants said that friends can take the place of family members in lesbian and gay older adults’ support systems. This may be due to not having a significant other, children, or supportive family members. “In my case there is no family for a support system, so you develop systems that involve friends. Families of choice if you will” (Male, gay, 76, apartment, single).

For me, I’ve always had a great network of friends, and the majority aren’t even gay. They know I am, but we met through connections that doesn’t have anything to do with my sexual orientation. I’ve maintained strong friendships with people throughout my life. It’s tremendously important to have that they’re the extended family since I don’t have children of my own or a partner. (Male, gay, 67, apartment, single)
This idea of a family of choice can be important when lesbian and gay older adults need to rely on people that accept them and their sexual orientation.

**Religion.** Religion is one response that came as a support system that had previously been addressed as a reason for disclosure or nondisclosure depending on the supportive nature of the church for the lesbian and gay community. The three participants who stated their religious affiliation as part of their support system have experienced positive attitudes from disclosing their sexual orientation. “Fortunately I am a Christian and very involved in the church and that is a support system that works very well for me” (Male, gay, 72, condo, single). Another participant echoed these words when he attended an openly pro-gay church. “Me, for awhile, it [support] was church. I was going to a church that was very pro-gay and supporting” (Male, gay, 63, senior building, single).

My church has gone through certification, if you will, to be an accepting church meaning no discrimination against age, sex, sexual orientation. One thing I’m fortunate of, and one of the reasons I attend my church, is the minister is an openly gay woman. (Male, gay, 65, house, single)

For these participants, their supportive church is one area that they view as important.

**Social Services.** Two participants stated that part of their support systems include state services that they are able to receives assistance from. The two did not state consuming these resources, but rather that someone that is older has the opportunities to seek out the resources.

My guess is given the fact that the state allegedly has a lot of LGBT employees in the cities, that I’m sure the city holds a lot of resources. They can also be referred by physicians or whatever in case they’re low socioeconomic status to social
workers and other forms of support that would overlap with straight folks. But if these were LGBT concerns, this would have to be with their consent, part of their data base to better serve them. (Male, gay, 76, apartment, single)

The second participant felt that this area has improved over the years to become more accommodating for lesbian and gay older adults.

In recent years, the social services have become more helpful to LGBT people, you know like the thing now is everyone wants to get on the antidiscrimination bandwagon and it recognizes it’s not acceptable like it was in the past. (Male, gay, 70, house, in relationship)

**Family.** Two participants cited family as potential parts of support systems, if the family is supportive of the person and their sexual orientation. “If you have supportive family” (Female, lesbian, 66, house, in relationship). “If you have a supportive family that is the very best” (Male, gay, 72, condo, single). Both participants put stipulations on having family members in the support system that they would need to be supportive of the lesbian or gay older adults. This gives some idea that not all family members are supportive, shown by none of the participants stating family as a support system. The participants that mentioned families spoke of it as an ideal part of a support system, but did not refer to their families as supportive in their lives.

**Additional Concerns**

Concluding each interview, the participants were asked about any other concerns they saw regarding the lesbian and gay older adult populations. Three common areas were repeated by at least two participants.
**Discrimination.** Three participants simply stated that “discrimination” is a problem for lesbian and gay older adults. They did not go into details but felt this one word gave enough explanation for the problem (Female, lesbian, 56, house, single), (Female, lesbian, 66, house, in relationship) and (Male, gay, 70, house, in relationship).

Two of the participants felt that discrimination is a problem but often it is not blatant. “The primary one is the discrimination that still exists related to being gay. We’ve come a long way but there’s a distance to go… The discrimination I’ve observed has not been blatant” (Male, gay, 72, condo, single). “I haven’t seen it but I’m sure it exists” (Male, gay, 76, house, in relationship). So while discrimination may be discrete in society, half of the participants stated it as a real concern.

**Changing Times.** One answer that was stated by five participants related to the differences in attitudes in people toward the lesbian and gay populations for the better based on their generation. Each participant who mentioned this area felt that the younger generations are more accepting of members of the lesbian and gay populations. “There’s a generational issue, too. Your [the interviewer] generation doesn’t have near the same outlook as mine… Times have changed in a good way” (Male, gay, 72, condo, single). Another participant echoed this statement. “The acceptance of our lifestyle, who we are. Although that’s changing. I think it’s getting easier” (Male, gay, 65, house, single).

One participant felt that some lesbian and gay older adults are changing with the times with the shifting of attitudes.

Older adults are more reluctant to be open about their orientation because of their history. They came from a history of LGBT issues were more oppressive than
current. Though a lot of people are coming out and changing with the times too. [sic] (Male, gay, 70, house, in relationship)

Another participant stated that the negative attitudes his generation holds led him to go back into the closet and hide his identity.

That I have to go back into the closet just because I don’t know how they’re [people living in the senior building] feeling. It is that they are older people who still have those beliefs more so than the younger people (Male, gay, 63, senior building, single).

The last participant from this area stated that he has been greatly influenced by his generation and that the negative influences continue today with his single lifestyle.

I feel due to the era that I grew up in, the fact of not being able to be out and open and all that. It played against me actually to maintain a long term relationship that puts me into living single. I think if I was growing up in this day and age I’d be much more prone to having found comfort with who I was earlier in life and sought out healthy relationships. (Male, gay, 67, apartment, single)

This area was the only one that was not deemed negatively. This means that while there are negatives that impact lesbian and gay older adults’ lives, the participants feel that the younger generations are negating some of these negative aspects. **Cultural Assumptions.** The last area that was mentioned by participants is the societal attitudes that lead people to make the assumption that every person is heterosexual unless otherwise noted. One participant has often seen this with different legal paperwork.
On paperwork one of the things we’ve talked about on assessments and care tools are very focused on the assumption of male/female heterosexuals. The demographics married, single, sex, gender you know male/female. Other documents like leases and stuff are very focused on traditional concepts of gender, sexual orientation. Like renting, who’s the person you’re renting it with and who are you renting it from. And again, with receiving healthcare. People visiting and they’re assuming its family or friends not special friends. (Female, lesbian, 66, house, in relationship)

Another participant stated that this occurred due to homophobic attitudes that even he was affected by in his life.

I think most of it for me is the straight community just sort of assumes that I’m straight too until something comes up that I say or that it’s divulged. It [society] is come with the assumption that everyone’s straight. But I’ve had to deal with that my whole life so I’m pretty easy going with it. I don’t get upset or take personal offense. I realized they were handicapped with homophobia just as much as I was and was a struggle for me. (Male, gay, 67, apartment, single)

Cultural assumptions may change as generations become more aware of this problem.

**Discussion**

Several patterns emerged from the discussions elicited during the interviews. These patterns are not meant to be generalized to the lesbian and gay older adult population, but rather to take all of the answers given by the participants to focus on reasons for disclosure or nondisclosure. Only one participant had completely disclosed his sexual orientation in all facets of his life. He felt that it was important to always
disclose his sexual orientation, since that is part of his identity (Male, gay, 67, apartment, single). This is not how the majority of participants viewed disclosing since they made the decision to disclose on a situational basis.

For each arena, there are consequences of losing support based on the individual’s sexual orientation. Feared consequences of disclosure can be factored into the decision process to disclose. This is also weighed with the consequences of not disclosing their sexual orientation.

In the housing arena of life, the majority of the participants who spoke of institutionalize care facilities referred to it as a place that creates an environment against disclosure. Feared ostracism from other residents and practitioners in the facility could create living hardships. This is unique from other living arrangements due to the closeness of living with other residents, and the dependency of residents on caregivers. Residents in institutionalize care facilities have no bearing on the caregivers selected to work with them, and this creates an environment of uncertainty to how a homosexual sexual orientation will be received.

A couple of participants stated that some institutionalize care facilities are becoming more accepting of lesbian and gay individuals and make this apparent to potential residents. The remaining facilities are unclear in their acceptance of homosexual orientations. Disclosure could lead to an environment that is unwelcoming, which can lead to the individual losing their living arrangements. This could include the individual choosing to leave due to an acrimonious living situation.

For individuals living in independent housing conditions, few disclosed to their neighbors, but most perceived that their neighbors knew their sexual orientation. This
disclosure without actual disclosure did not bother any of the participants and none related to negative behaviors from their neighbors.

In the healthcare arena, some of the participants stated that disclosing their sexual orientation to their healthcare professionals was important, whether it be for their health or rapport. More participants were concerned with being accepted and being treated in an equal manner by those working in the healthcare profession. Nondisclosure seemed to stem from a fear of being rejected by an authority figure. This figure could be any person in the healthcare profession, from doctors or nurses, to administrators.

Many participants also voiced concerns about being cared for in coming years when they began having physical needs that they could not take care of on their own. Caregivers are frequently family members, but the majority of the participants did not have a significant other and none mentioned having children. This fear seemed to be related less to disclosure and more to the support system that they have. If their support system is made of individuals near their age, there may be a worry that when the individual needs assistance, their support system will not be able to provide the care due to their age. This would be due to their support systems needing assistance at the same time due to health issues that come with greater frequency in older age.

For support systems, the participants were all part of a support group and used that as part of their system. Support groups are made to help individuals work through issues they may be facing. In this way, the support group would not reject the participants for their sexual orientation. Disclosure is a mandatory piece since only individuals that identify as lesbian and gay were able to attend.
Other support systems centered around individuals that accepted the participants’ sexual orientation. Participants created support systems of people they had disclosed their sexual orientation to and were not judged negatively by the individuals. Lesbian and gay older adults may not disclose to their support systems if they fear losing emotional and hands on support in their life if the individuals do not support their sexual orientation.

There were many different reasons the participants stated that made them comfortable to disclose their sexual orientation to some parts of their life. If a family made it apparent they were supportive, the participants would first disclose to them to gain their acceptance. Acceptance was also the goal for participants who disclosed to friends or healthcare providers. For friends, this disclosure improved the relationship since the participant was being open about their life to their friend. In the healthcare setting, a supportive provider would make it easier to speak about any medical issues since the relationship would be stronger. The individuals who had partners at the time of the interviews stated that in conversations their sexuality would be addressed. This disclosure could either be intentional or unintentional when spoken of in the conversation.

Larger systems can also create supportive environments for a person to disclose their sexual orientation. Many of the participants stated for different areas that their disclosure depended upon the people or area being supportive of their sexual orientation. The environment being supportive is a subjective concept that each individual would have figured out based on his or her own experiences. From this, there is no single stereotypical supportive environment, but the environment is deemed supportive or unsupportive by how the individual perceived his or her environment.
The community in which a person lives, if it is supportive of homosexual individuals, can allow a person to feel more comfortable disclosing to others in the community. The environment at a person’s workplace, if it is supportive, can encourage individuals to disclose to form better relations with co-workers. This idea can also be used to speak of volunteer work since the participants may be retired. Churches can also be encouraging for older adults to disclose. The majority of the participants stated that having access to an organized support group made it easier to disclose.

These reasons for disclose revolve around the environment being supportive of their sexual orientation. From the interviews, it is not possible to ascertain what a supportive environment consists of due to none of the participants stating the criteria they used to determine if the environment was supportive or not. There currently are no research findings on this topic for lesbian and gay older adults due to most of the research for the LGBT population being completed on the younger LGBT adults. Many research findings are based on school settings being supportive or unsupportive, and how young LGBT adults react to their environment.

While there are many reasons for disclosure, there were participants that stated different reasons they have not or would fear disclosing their sexual orientation. Many indicated that living in an institutional care facility would decrease the likelihood of disclosing to both residents and staff. This is linked to the decision not to disclose to healthcare providers and personnel. The healthcare providers may not treat the individuals as equal, including treating partners as equal to married couples. Healthcare personnel may give inferior care especially in an institutional care facility where the older adults rely upon them for care. In institutions, there is unequal power between those that
work there and the residents. This imbalance of power is impossible to rectify due to the residents relying on the personnel for their care. This inequality in power leads to greater concerns about the repercussions of disclosing to staff members that are not supportive of their sexual orientation.

Another pattern for nondisclosure is if the person or organization seems unsupportive of homosexuals. This includes family, friends, religious organizations, workplace, and the community they live in. For each of the patterns that emerged for disclosure, the same patterns can be applied negatively against disclosure if the entity is against homosexuals. The participants that did not disclose in the three areas of life that were studied voiced concerns about unfair treatment, either real or feared. These fears can stem from personal experience, hearing others’ experiences, or fears that came from living in a society where a person was treated differently by others based on their sexual orientation.

The biggest barriers to disclosing, based on the participants interview answers, revolve around fear of being treated differently. To change this, society as a whole would have to change their negative views about homosexual individuals. The participants stated that this has started to occur. The younger generations are more accepting of lesbian and gay individuals than their older generation. As the perceptions change with coming generations, increased disclosure can result due to the individuals feeling comfortable to do so.

Practitioners in any helping profession that work with older adults can gain insight about lesbian and gay older adults from these responses. Professionals can work to make the community and agency they work in more conducive for lesbian and gay
older adults to feel comfortable to disclose. One area professionals need to be aware of is cultural assumptions that people make assuming that older adults are heterosexual. Professionals during interviews with older adult clients should ask the older adult what their sexual orientation is. Documents used by agencies should also be checked to make sure they do not make the assumption that the person filling out the form is heterosexual.

Another area that professionals should look at is assisted living facilities. Most of the participants in the study stated that they would not disclose in this environment or had heard of someone who lives in an assisted living facility and refused to disclose to the personnel working at the facility. Professionals can work to rebuild this entire system to create an environment that is conducive to supporting individuals’ differences. To have an effective impact, all levels would have to be addressed. Owners and administrators would need to be educated to showcase that the problem of fearing to disclose exists in lesbian and gay older adults. With this, it is important they realize the number of lesbian and gay older adults that may already live in their facility.

Within each facility, the personnel would need to have training on how to work with lesbian and gay older adults and how to create an environment a person does not fear to disclose in. This would include working with personnel to help older adults after they disclose to feel accepted by personnel and other residents. One area that professionals are not able to change is the beliefs and attitudes of people. In an assisted living facility, personnel work closely with each resident and despite appropriate trainings can still act negatively towards those that are homosexual. Another group to be aware of in this situation is that the residents may act adversely towards disclosed lesbian and gay older adults. Professionals cannot mandate residents act a certain way, so instead
the professional would have to work with each disclosed individual to create a safe and accepting environment. This could include changes in roommates to creating a support group for the facility.

In the community, support groups can be started to help build up lesbian and gay older adults’ support systems. The support groups could be started by agencies that work with older adults. The groups would be beneficial to the target population since it could work with issues all older adults face, but also problems that are more unique to lesbian and gay older adults.

This marginalized population of lesbian and gay older adults can be apprehensive to disclose their sexual orientation based on fear of becoming marginalized. Once disclosed, the individuals can face marginalization by society. To defend against negative effects of marginalization, individuals may seek out acceptance by people they encounter on a daily basis. It is imperative practitioners recognize this quandary with this population and work to see if any of their clients are having problems with their disclosure decision making process. Disclosure is based on the individual and no decision is correct. Practitioners can work with the individual to determine the consequences of disclosure and nondisclosure, and make a plan that best fits the individuals’ needs.

**Research Limitations**

Limitations of qualitative research exist due to the process in which data is collected from participants. Subjectivity is possible since all individuals have biases and the researcher may choose to include or exclude certain information to fit with their biases. This process can be diminished by the researcher being aware of their biases and working to include all data collected from participants. Qualitative research does not
concern itself with the participants’ biases, since biases are formed from experiences, which are required for the research to be accurate.

Qualitative research is also limited due to it not being able to generalize findings to the larger population. While the data collected is very rich and in-depth compared to quantitative research, the participants may not be typical of their population (Rubin & Babbie, 2007). This occurred in this research since the participants were not chosen via random sampling, but were volunteers taken from support groups. Their experiences may not be similar to other lesbian and gay older adults. Due to the research not intending to be generalized, this issue with the research design can be largely ignored.

There are multiple ways that this research is limited. One is that the sample is very small and is based in only two cities in one state. The participants cannot be deemed to be an accurate representation for lesbian and gay older adults for their population in Ohio and the United States since the participants were not randomly selected. With this, it is not possible to generalize to the population as a whole, but this was not the intended purpose of the study. The purpose of the interviews was to gain rich stories to learn more about these individuals’ lives to better identify what additional research may be completed at a later time, which could be created with generalizability in mind.

The purpose of sample only included participants who were part of a support group for older adults that are homosexual. This means that each person had a least one form of social support with the group they are a part of. Participants did not include lesbian and gay older adults that live more isolated lives, ones that do not utilize support groups, or have not disclosed their sexual orientation.
Validity on qualitative research is more subjective than quantitative research, which focuses on internal and external validity. Qualitative research’s data is valid if the participants gave true perceptions of their lives as they see it. This is possible by giving the participants the ability to be truthful in their telling of their experiences. Partly, this was done by giving the participants full confidentiality for the research.

**Additional Research**

There are many different avenues for future research that are presented by the quotations offered by the participants. Each reason for disclosure or nondisclosure is an area that can be looked at individually. This in depth research would allow for a more focused view on one potential issue for lesbian and gay older adults. The research would then give way to ideas professionals that work with the older adult population would be able to use to better interact and work with lesbian and gay older adults.

This research could also be recreated in different areas to determine if the answers given by the participants in Ohio match with the answers given by participants in other states. By cross-examining the results, there could be a determination if the answers could be generalized to larger lesbian and gay populations. This research would also show what areas of concern are more localized to specific areas.

Future research can be aimed at the bisexual and transgendered older adult populations. Transgendered older adults’ experiences are such that they need to have additional research based on the issues that surround their community that are unique to them such as hormone therapy, having heterosexual relationships, and the ability to pass as heterosexual in the dominant heterosexual society. Qualitative research with the
populations would give insight about the differences between the population and the needs of these populations in society.

Additional research for this population can be completed on lesbian and gay older adults that are not part of an organized support group or center. Many of the participants in the study stated their organized support group or center as a major source of support in their lives. Individuals in this population without this formal support would have to find other support systems to rely upon. This could affect their reasons to disclose in the other areas of life. Research in the same style as the one used for this research can be used to get in depth stories of their support systems related to disclosure of their sexual orientation. One difficulty with this possible research is finding subjects. A snowball sampling strategy to finding subjects could be used, which is when one participant leads the researcher to other potential participants. This approach to locating subjects has the restrictive effect of not allowing the findings to be generalized since the subjects would not be randomly selected from the population. The technique also asks for participants to recommend other members of their marginalized group, some of whom may not want to be identified (Engel & Schutt, 2013).

Research could also seek to determine if formal support groups take place of, or if they are in addition to, informal supports. The groups used for this research were heavily comprised of men, which impacted the data received. Future research could look at both LGBT older adults in support groups and those that do not utilize them. Support systems can then be cross-examined. Research could also look at the determining factors for individuals that attend and utilize support groups.
Another interviewee demographic sample that would give a greater understanding of lesbian and gay older adults could include different areas of living, such as rural versus urban living. Most of the participants lived in cities, and this may have impacted their experiences. The research could aim to see if the community type has an influence on if the environment is supportive or not for disclosing their sexual orientation.

Another possible area of focus for additional research is how individuals determined if their social environments were accepting of their sexual orientation. With this, the research could look at when the individuals decided it was time to disclose to the different social environments in their life and what criteria were used. This study was able to determine some elements of a supportive environment, but the question was never brought up to the participants. This research could also decide to explore if deciding to disclose their sexual orientation is a conscious process the individual works through, or a more unconscious process based on feelings and emotions.

Research could also look at disclosure that is unintentional. Multiple participants referenced this when they stated that they never disclosed to certain people, but they guessed that the people had figured out their sexual orientation. Researchers could look to see how the older adults come to the decision that they had unintentionally disclosed their sexual orientation. If possible, the researcher could also interview the people that the older adult think are aware of their sexual orientation to see if the perception of disclosure is accurate and if so, how the people came to this decision. This research would help the understanding of how unintentional disclosure affects the relationship between the two people. It could also work with individuals that identify as part of the LGBT population that are deemed by society to be part of the population based on how
they look or dress. Research could determine what effects come when the individuals receive negative reactions from society based on their appearance or behavior.

Perceptions are important to understand a population, so research has the possibility to focus on how members of the older adult LGBT community get their basis of perceptions from. Some individuals could have perceptions based on their own experiences or other experiences of people they know. Other perceptions could come from held beliefs without any supportive first hand evidence. Research could also look to see what perceptions people have that have changed through the years and what factors influenced the changing perceptions.

Future research can focus on the impact of double marginalization for individuals that are double marginalized with both their membership to the LGBT population and some other marginalized group. The research could look at how individuals who had previously been marginalized due to a characteristic they could not hide decide whether to disclose or not. A comparison with race could be created between two individuals, one white and one a person of color, that both identify with the LGBT population. The individual’s past and when they decided to disclose or not could be contrasted to see if individuals are more wary of disclosing their sexual orientation when they will become double marginalized.

Besides what is stated as possible research, there are many different avenues future research can take. Due to the infancy of this area of research, an increased understanding that comes from exploratory and quantitative research can help professional practitioners work more effectively with this population. To start this process of greater understanding of the population, researchers and practitioners need to
first be aware of this population and their unique challenges that are currently relatively unknown so that the awareness can lead to an increase in research.
References


Appendix A

Interviewee Demographics

1. Gender
2. Age
3. Sexual Orientation
4. Age when identified self as sexual orientation other than heterosexual
5. Type of Residence
6. Relationship with significant other
   a. If yes, live with them?
Appendix B

Interview Questions

1. What issues do LGB older adults face that heterosexual older adults do not face?

2. What factors influenced LGB older adults’ decision to disclose their sexual orientation?

3. What are some occurrences of faced or perceived prejudice or discrimination based on sexual orientation by LGB older adults?

4. What are the typical support systems LGB older adults rely upon after disclosing their sexual orientation?

5. How much bearing does the type of residence and/or the association with neighbors have on LGB older adults disclosing their sexual orientation?

6. What concerns are typical about the medical community related to sexual orientation for LGB older adults?
Appendix C

Approval from Human Subject Review Board

TO: Stephanie Julian and Michael Vimont
FROM: Carol Reece, HSRB Chair
DATE: April 1, 2015
SUBJECT: Human Subjects Review Board Approval
PROJECT TITLE: Perceptions of Stigma Encountered by LGB Older Adults
HSRB APPROVAL CODE: 03-15-15-0075

The Human Subjects Review Board has approved your research study. You may proceed with the study as you have outlined in your proposal. The approval is granted for one calendar year. Research participant interaction and/or data collection is to cease at this time, unless application for extension has been submitted and approval for continuance is obtained.

The primary role of the HSRB is to ensure the protection of human research participants. As a result of this mandate, we ask that you adhere to the ethical principles of autonomy, justice, and beneficence. We would also like to remind you of your responsibility to report any violation to participant protections immediately upon discovery. Likewise, we would like to remind you that any alteration to the research proposal as it was approved cannot move forward. Any amendment to the application must be submitted for approval before the project can resume.

We wish success in your discoveries,

Carol S. Reece DNP, APRN, CPNP
Ashland University
Chair Human Subjects Review Board
Author’s Biography

Stephanie Julian grew up in Massillon, Jackson Ohio and graduated from Jackson
High School in 2012. At Ashland University, she is majoring in social work and minoring
in gerontology and sociology. Currently, she is interning at the Area Agency on Aging in
Ontario Ohio, which serves nine counties. Stephanie is a member of AU GiVS (Ashland
University Gets Involved with Volunteer Service), Adopt a Grandparent, and is an
Honors Program Peer Mentor. She is in the leadership honorary Omicron Delta Kappa,
Who’s Who Among Students in American Universities and College, Alpha Lambda
Delta, and has been on the Dean’s List every semester. Upon graduation, Stephanie plans
to work in a Social Work field pertaining to older adults.