

ABSTRACT

FACTORS ASSOCIATED WITH POSITIVE MENTAL HEALTH WELL-BEING AMONG ELDERLY GAY MEN: A SYSTEMATIC REVIEW OF THE LITERATURE

By

Ramiro A. Trujillo

May 2015

This meta-analysis explores many contributing risk factors and adversities in older gay men, as well as contributing factors such as coping and survival strategies to reach positive mental health well-being. The meta-analysis reviews 35 studies within the last 10 years, and analyzes these studies for content. Results in this meta-analysis indicate that discrimination, stigmatization, bullying, living away from the city, and lack of education and understanding about the LGBT population were factors that affected the lives of many older gay men throughout their lives. Older gay men faced many adversities and ways of discrimination that led to mental health disorders in their lives. Findings indicate that some older gay men were able to cope with the adversities; some were not, leading to substance abuse and risky behaviors isolating them from reality. Research shows that many older gay men have isolated themselves from society in general due to discrimination factors and even from the LGBT community due to discrimination within the LGBT population (i.e., negative dynamics and negative statements between younger and older gay men). Implications for social work and multicultural social work practice, future research, and social policy on the LGBT were also discussed.

FACTORS ASSOCIATED WITH POSITIVE MENTAL HEALTH WELL-BEING
AMONG ELDERLY GAY MEN: A SYSTEMATIC REVIEW
OF THE LITERATURE

A THESIS

Presented to the School of Social Work
California State University, Long Beach

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

Committee Members:

Dr. Brain Lam, Ph.D. (Chair)
Dr. Janaki Santhiveeran, Ph.D.
Dr. Lisa Jennings, Ph. D.

College Designee:

Dr. Nancy Meyes- Ph.D.

By Ramiro A. Trujillo

B.S., 2009, California State University Fullerton

May 2015

UMI Number: 1588652

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI 1588652

Published by ProQuest LLC (2015). Copyright in the Dissertation held by the Author.

Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against unauthorized copying under Title 17, United States Code



ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346

ACKNOWLEDGEMENTS

The Master of Social Work program is not only a personal goal. It is also an achievement that has brought great success in my life. My family has been an inspiration to achieve this goal in several ways: by either being role models in my life or by me being a model for the little ones, thank you. I would like to give a special thank you to my aunt who raised me and taught me to be a fighter in order to meet my prospective goals. Without her emotional support for so many years I would have not been able to attend college. Without my aunt's push when I was a child, I would have not had been able to push myself to finish this goal.

Along the way I have met other people who have been beneficial to my life providing me skills and knowledge to continue my education and working on my goals. My friends have been important in this journey as they have helped me to decrease stressful times by being present and by providing their feedback when required: Ramiro Alvarez, Rami Yassine, Judy Canales, Joanna Aguinaldo, Tia Lilia and family. To those with whom I spent quality time of my life and that I do not currently see, but who believed in me and supported me during my undergraduate studies, for without them I could have not met this high education goal: Thank you Esteban Gil and all the Flores family.

I have to thank God. God has been there all my life, even when I did not know he was there for me. In desperate times and in happy times God has given me the strength to continue being myself and to continue building positive bridges to meet my goals.

The person who has supported me the most is my husband. He has been there for me since the beginning of my MSW program. He has complained due to the restricted time and my not so stress-free mood many times while completing the program. More than complaining about these factors, he has been a great team player, in so many ways to help me reach this achievement. Thank you Oscar Morelia.

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS.....	iii
CHAPTER	
1. INTRODUCTION	1
Problem Statement.....	1
Purpose Statement.....	2
Research Questions.....	3
Definitions.....	3
2. LITERATURE REVIEW	5
Homosexuality History.....	5
Factors About Older Gay Men and Mental Health Well-Being.....	7
Relationship Between Aging LGBT and HIV.....	9
Psychiatric Morbidity and Psycho-Social Stress in the Aging LGBT Community.....	11
Victimization in the LGBT Community.....	13
Support System and Health Care Associated with LGBT Positive Mental Health Well-Being.....	14
3. RESEARCH METHODS	18
Research Design.....	18
Study Selection and Sampling	18
Data Collection Method.....	19
Analysis Plan	19
Cross-Cultural Relevance	20
Social Work Ethics Relevance.....	21
4. META-ANALYSIS FINDINGS	22
Services Needed for the Elderly Gay Men to Have a Functional Social Life and to Prevent Mental Health Major Conditions	23
Important Aspects Related to Older Gay Men and Positive Mental Health Well-Being	32
Future Recommendations Addressing Aspects of the Aging LGBT Population	41

CHAPTER	Page
5. DISCUSSION	46
Summary of Findings.....	46
Limitations	47
Implications for Social Work and Multicultural Social Work Practice.....	48
Implications for Social Work Research	49
Conclusion	49
APPENDICES	51
A. META-ANAYSIS CHECKLIST.....	52
B. TABLE 1. STUDIES OF RISK FACTORS TO MENTAL HEALTH WELL- BEING AMONG OLDER GAY MEN.....	55
C. TABLE 2. STUDIES OF RISK FACTORS TO MENTAL HEALTH WELL-BEING AMONG OLDER GAY MEN- SAMPLE CHARACTERISTICS.....	61
D. TABLE 3. STUDIES ON SERVICES NEEDED FOR THE ELDERLY GAY MEN.....	66
E. TABLE 4. STUDIES ON IMPORTANT ASPECTS RELATED TO OLDER GAY MEN POSITIVE MENTAL HEALTH WELL-BEING.....	80
F. TABLE 5. STUDIES ON FUTURE RECOMMENDATIONS ADDRESSING ASPECTS OF AGING IN THE LGBT COMMUNITY.....	93
REFERENCES	99

CHAPTER 1

INTRODUCTION

Problem Statement

Regardless of their status, human beings have needs that will require attention as they age. Some of those needs require to be addressed at any point in life. There is now evidence from gay men (as well as lesbians, bisexual and transgender people) as well as heterosexual people, that some concerns are shared besides the need for care and support, as they grow older. Concerns such as appropriate services at long-term care facilities are main concerns to meet their aging needs (Price, 2005). Currently, most services for the elderly population are directed toward the heterosexual population. Services such as housing, therapy, health care and support groups (and support systems) need to be developed to target needs from elderly gay men. Among other concerns, studies have found that the loss of physical abilities as well as well as attractiveness and health disparities are some of the most concerning aspects of aging for gay men. Brown, Alley, Sarosy, Quarto, and Cook (2002) state that in the current youth oriented culture, feeling this way is expected, provoking discrimination even among the gay community.

Understanding social beliefs, cultural factors and human needs might be complex for some professionals. Aging is a life process experience that includes the middle aged and older gay men experiencing new challenges to which society and professionals need to respond in a positive manner. A need for higher level of care to the aging gay

population is in greater need. Experiences and questioning are some issues the lesbian, gay, bisexual and transgender (LGBT) population continues to face, which creates many controverting issues in society and more issues for them. To understand the needs of the LGBT population, further research of the topic is needed. Some needs for elderly gay men to achieve positive mental health wellness include basis needs items, education, support and understanding of development among some of the needs.

Another aspect related to the positive mental health well-being of the LGBT population is the connection to HIV, especially for gay men, and even more specifically for older gay men. Stigmas such as sexual identification and HIV status are interrelated and can be two isolated topics leading people to continue hiding their sexual identification. The relationship between gay and HIV status could be confusing, for example identifying gay people as being HIV positive. Stigma and being misunderstood led to a big misrepresentation of LGBT people: for example, for those who have already experienced the impact marked by HIV/AIDS in either way, directly or not, by acquiring the condition or by losing loved ones to AIDS. For some, HIV/AIDS was part of their identity as gay men due to the stigma of being gay.

Purpose Statement

The main purpose of the systematic review of this literature is to identify and to concentrate on factors and needs that exist among the elderly gay men, especially on the factors and needs related to having positive mental health well-being such as psychological needs, physical needs, medical and health need, sexual identification needs, and family and social support. This systematic review of the literature will include the issues discussed in this section to facilitate a better understanding of the older gay

men and the need of services needed to prevent mental health issues that can promote added difficulties to their aging.

Research Questions

This analysis will explore the following research questions. (1) What ongoing services are needed for elderly gay men to have a functional social life and to prevent major mental health conditions? (2) What information do elderly gay men and their loved ones need to know and understand in order for elderly gay men to have a comfortable aging process? (3) What are some recommendations made to address positive mental health well-being for the aging LGBT population?

Definitions of Terms

Stigma

In the context of this study, stigma is stated as a complex relation between society, politics, history, psychology, the medicine field, and anthropology (Smith, 2002).

Gay

Within the context of this study, gay is defined as an alternative for the term homosexual, often used to describe a lifestyle rather than just sexuality; men who report only same-sex attraction (Wolitski, Stall, & Valdiserri, 2008).

Aging

For the purpose of this study, aging refers to changes that take place throughout the life span--good, bad and neutral to a person (Hooyman & Kiyak, 2005).

Coping

For this study, coping is defined as problem-focused versus emotional-focused: conscious responses to stress, determined by nature of stressors, personality, social

support and health (Hooyman & Kiyak, 2005).

Social Support

For this study, social support is one of the most effective strategies by which people cope to decrease stressful events (Kim, Sherman, & Taylor, 2008).

Substance Use Disorders

Within the context of this study, substance use disorder will be defined as a diagnostic disorder associated with the pathologic use of psychoactive substances in which maladaptive behavior changes are presented (Gray & Zide, 2012).

Depression

For this study, depression is characterized by feelings of sadness, discouragement, decreased activity and productivity as well as sleep disturbance or excessive fatigue. Also, feelings of inadequacy, self-effacement, and hopelessness are symptoms of depression (Gray & Zide, 2012).

Suicidal Ideations

Within the context of this study, suicidal ideations is defined as thoughts of killing oneself (Gray & Zide, 2012).

CHAPTER 2

LITERATURE REVIEW

Homosexuality History

The literature states that according to historic records, gay men used to be isolated from their families due of the society's indifferences toward gays and because of discrimination practices against them (Shippy, Cantor, & Brennan, 2004). The literature also states that with enforcement of sodomy laws from the 1930s on, LGBT invisibility became a standard practice in mainstream society. Williams and Freeman (2007) state that one of the first researchers to empirically challenge the accepted belief of the psychiatric and medical professions that gay men were identifies as neurotic and incapable of functioning satisfactorily in society. In 1973 homosexuality was removed from the *Diagnostic and Statistical Manual of Mental Disorders*, leading to homosexuality being reclassified from a pathological condition to a normal sexual variation in 1974 (Williams & Freeman, 2007). The transgender community was then saddled with the psychiatric diagnostic term “gender dysphoria syndrome.” As of today the term “gender identity disorder” remains a psychiatric diagnosis in the Diagnostic and Statistical Manual (Williams & Freeman, 2007).

The literature found that although the Stonewall riots of 1969 and the subsequent Gay Rights Movement, for example, led society to acknowledge the presence of gay and lesbian people in our communities and to assist them with appropriate services (Shippy et

al., 2004). Shippy et al. (2004) also explain that the Gay Pride movement in the 1970s and 1980s subsequently encouraged gay and lesbian adults to disclose their sexual orientation to people close to them and challenged them to terminate heterosexual relationships, and to advocate for open service in the military as well.

The literature also found that during this period research was devoted to countering myths of gay and lesbian lifestyles, and the language in research on gay men was shifted from a medical and deviance model to social orientation. With the AIDS pandemic, providing care to partners and friends became a major focus of the gay community as one negative aspect in their lifestyle. Because of the ignorance and fear surrounding the HIV virus, family members often abandoned gay men, leaving them with no direct support when affected by the stigma of AIDS. Friends became the primary caregivers of very ill gay men. As HIV/AIDS became more manageable through pharmaceutical treatments, society has become generally more tolerant of LGBT people. Older gay men may be less estranged from their biological families (Shippy et al., 2004).

Historically, sexual activities between adults, especially gay and lesbian activities, were generally of little interest to the heterosexual population until the 1890s, when sexologists such as Kraft-Ebbing and Havelock Ellis began examining homosexuality and transgenderism from a medical model (Williams & Freeman, 2007). What might be called “robust” platonic relationships between men and romantic friendships and Boston marriages between women, once looked upon with favor by society, was viewed as evidence of undesirable, immoral, and abnormal behavior. Public sentiment held that men and women who indulged in such debauchery should be medically cured or incarcerated. Williams and Freeman (2007) state that once homosexual behaviors began

to be identified as a pathologic condition, sodomy was rapidly added to the list of punishable sex acts. LGB people, to avoid legal and social penalties sought protection by becoming invisible to heterosexual society and developing underground and closeted lives to be safe.

The older LGBT population is growing at the same rate as that of older people in general, leading to the needs and experiences of these groups being largely disregarded by the majority of health and social care institutions (Brotman et al., 2007). Given the historical role of health and social care in suppressing the LGBT population, older LGBT people appear likely to continue to avoid disclosing their sexual identity due to fears of discrimination, leading to contributing factors to failures of health and social care services. The invisibility of the LGBT older people has consequences of non-disclosure due to fear of discrimination, which is imposed through the practices of health institutions by some healthcare professionals (Brotman et al., 2007).

Factors About Older Gay Men and Mental Health Well-Being

National research has shown that the majority of LGBT elders have experienced victimization in their lives (Rowan, Giunta, Grudowski, & Anderson, 2013). In the last decade, a vast number of factors have been identified as disproportionate burden of mental health problems among gay men, for example, challenges of belonging, oppressed, facing discrimination, and experiencing shame as a result of internalized stigma (Lyons, Pitts, & Grierson, 2013).

For the LGBT people managing long-term stigma due to managing experiences of discrimination in the form of heterosexism and homophobia has contributed to higher risks of depression and suicide, addictions and substance misuse. Studies show that gay

men who experience negative feelings about being gay tend to overuse alcohol and have high rates of suicidal feelings. Conversely, good mental health well-being is associated with higher self-esteem and a sense of social integration where more people have become aware of the LGBT sexual orientation (Brotman et al., 2007).

In addition, the literature found that little is known about the LGBT population, how invisible the LGBT population is in many areas and about the emotional well-being for this population (Rowan et al., 2013). Rowan et al. (2013) found that staying in rural communities for their entire life can be damaging to gay men's health and their emotional well-being.

Another finding in the literature is that gay men living in less developed areas such as rural regions, lack access to health services due to being labeled with the negative connotation of HIV and are more stigmatized and engage in hidden risky sexual behaviors. The literature demonstrates that nondisclosure of their sexual orientation leads to physical and mental health issues. Examples such as inappropriate screening and preventative care further marginalize LGBT elders in communities by perpetuating their invisibility to service providers, leading to implications for this population (Rowan et al., 2013).

A major threat to positive well-being among older gay men placing them at higher risk of self-neglect and decreased quality of life is isolation in the older LGBT population. Social networks among gay men over the age of 50 have been found to be largely consisting of partners, friends, and maybe some family members. Social networks were reported to include members of their families of origin, especially for

those men who had children. Research demonstrates that sexual orientation did not stand in the way of their relationships (Brotman et al., 2007).

Relationship Between Aging LGBT and HIV

The literature shows that when community anti-violence projects established hot lines for reporting victimization, it was found that some acts of violence were being committed by gay people against other gay people, for example among domestic partners. The problem of violence perpetrated by lovers and intimate partners emerged, and it became apparent that domestic violence was a problem in same-sex relationships just as in heterosexual couples (Wolitski et al., 2008).

Attention to intimate partner violence in same sex relationships has been growing, making this issue a disadvantage when examining HIV and or sexually transmitted disease (STDs) risk among LGBT individuals for those living in abusive relationships. Intimate partner violence (IPV) is a pattern of controlling abusive behaviors including physical, emotional, verbal, and sexual acts. HIV and STD risks are important considerations for those experiencing abuse, as transmission can occur directly through the victim's inability to negotiate for safer sex (Heintz & Melendez, 2006).

Heintz and Melendez (2006) state that those experiencing IPV experience difficulties where their partners control multiple aspects of their lives including practicing unsafe sex. Many find it difficult to assert their needs and wants due to experiencing IPV. In addition, LGBT individuals who experience intimate partner abuse tend to experience acts of homophobia, transphobia, and other biases even among the LGBT population, which may further compound the effect of abuse on safer sex negotiation for example.

In addition to the negative aspects placed on HIV positive individuals, older adults experience negative social responses, for example fear, ignorance, and discrimination from the stigma. Some organizations represent an effort to reduce stigma by providing nonthreatening, responsive and culturally sensitive services to which people living with HIV/AIDS might not otherwise have access to (Heintz & Melendez, 2006).

In Shippy and Karpiak's study (2005), younger HIV positive adults may not relate to the same issues raised by older adults. Older gay men are often confronted with real and perceived negative attitudes from younger gay men as well as from staff with little experience working with older adults. The exclusion of the older people living with HIV/AIDS is likely a result of HIV being portrayed as a youth based health issue owing to older adults not seeking help (Shippy & Karpiak, 2005). Most HIV/AIDS prevention messages and public education programs are targeted toward younger adults, adolescents and children, while older adults are often neglected, then being discriminated due to their age. HIV/AIDS has obviously affected the LGBT community, but has been more prevalent to older gay men, though they are not HIV positive or are seen as non-sexually active at their old age (Starks, Rendina, Breslow, Parsons, & Golub, 2013).

Addis, Davies, Greene, Macbride-Stewart, and Shepherd (2009) found in their study that older age predicted a decreased likelihood of testing with 10% of people aged over 65 years worldwide diagnosed with AIDS; AIDS in older people remains a problem. Sexual contact has become the major cause of infection among Americans aged over 65 years. Within the study, the small subset of actively gay or bisexual men reported higher rates of condom use; 52% always used them, 9% never used them (Addis et al., 2009).

Psychiatric Morbidity and Psycho-Social Stress in the Aging LGBT Community

Being that some youth experience victimization for being identified as part of the LGBT community demonstrates that many older gay men were victimized when they decided to be open about their sexual orientation when they were younger. Some older gay men who expressed their sexual orientation lived much of their lives with identities of being severally stigmatized and even being identified as mentally ill prior of homosexuality being removed from the psychiatric nomenclature in 1973 (Grossman & D'Agelli, 2001). Some older gay men, with no appropriate support, are going back to experiencing difficult times as when they were adolescents for being gay. This group can be a vulnerable and oppressed group, not only for being gay, but a major issue is exposed for those that are not comfortable expressing their sexuality as homosexual. Not being able to identify appropriate service for the LGBT elderly population will increase the consequences for depression and suicide attempts among other mental health conditions, and substance dependence use.

The literature demonstrates that past research has found that aging LGB are more prone to suffer from loneliness than their heterosexual counterparts. Older LGB adults who had experienced negative reactions have highest levels of loneliness. Having an LGB social network helps them against the impact of minority stress and high levels of loneliness; partner relationships, general social network, physical health, and self-esteem (Kuyper & Fokkema, 2010).

Minority stress theory contributes to the understanding of unique stressors that create strains on individuals as they attempt to adapt to everyday environments. Minority stress leads to evidence of negative impact on mental health among sexual minority

persons, who consistently demonstrate higher rates of mental disorder and deliberate self-harm behaviors (Wight, LeBlanc, Vries, & Detels, 2012).

The literature indicates that though progress has been made in coping with stress, and in health research, it is important to give more specific attention to the diversity of society. Many minority and oppressed groups merit further research. It has been found that just gay men and lesbians represent one of the most stressed groups in society. This prevalence is considered to be a result of societal discrimination and lack of social supports (Iwasaki & Ristock, 2007). In addition, a high number of stressors may be experienced by those who feel the need to hide their sexual identity, leading to possible negative health effects in older life, including anxiety, depression, substance abuse disorders, affective disorders, and suicidal behavior. Gay men and lesbians and their families are regarded as one of the most underserved populations in medical and mental instabilities.

Iwasaki and Ristock (2007) state that stress experienced by gay men has been theoretically categorized as “minority stress.” Minority stress is assumed to be evident when the person is marginalized resulting from culturally sanctioned inferior status, social prejudice, discrimination and stigmatization in social environments that can cause mental health problems.

Stress experienced by gay men represents a major aspect of their stressful lives. One of the unique aspects often identified with gay men or any LGBT person is the “coming-out” process. Unlike other minority groups, gays and lesbians must consider whether to hide or reveal their sexual orientation. A stressful situation can be a daily negative situation. Among other key factors include the context of homophobia and

heterosexism, as well as internalized homophobia and its effects on gays and sometimes on lesbians. Internalized homophobia represents the LGBT persons' inculcation of negative attitudes, prejudice and discrimination based on sexual orientation (Iwasaki & Ristock, 2007).

Victimization in the LGBT Community

Wolitski et al. (2008) state that regardless of one's sexual orientation or the perpetrator's motivation, being a victim of violent crime typically has negative psychological consequences. These can include acute anxiety disorders, depression, and even PTSD. These experiences can challenge the abused people's beliefs about their safety and their self-worth, in addition to their perception of the world as an empowering belief. In addition to the negative psychological consequences of violent crime in general, these victims are at risk for psychological stress. Hate crime has negative psychological results because a core aspect of the victim's personal identity and community role/membership is attacked and violated.

In addition to anti-gay crimes, a status within groups of non-heterosexually identified individuals, bisexuality has been associated with unique disadvantages as well. Bisexual individuals experience stigmatization (biphobia) within the LGBT communities in addition to within heterosexual identified populations. The stigmatization of bisexual persons is due to them being less open about their sexual orientation with others (Wolitski et al., 2008).

The literature identifies discrimination faced by gay and lesbian seniors and their caregivers in health care systems. This has just been initiated as part of recent studies within the field of gerontology (Brotman et al., 2007). In Canada, a growing interest in

gay and lesbian aging has resulted in several community initiatives documenting older gay and lesbian people challenging health care practitioners to respond to homophobic and heterosexist discrimination. For some professionals to adapt to working with this particular population is not easy to understand.

Studies on Latino gay men in three United States cities state that gay Latino men have been affected by at least three socially oppressive forces: homophobia, poverty, and racial discrimination. The model of social oppression directly highlights the importance of cultural and socioeconomic factors that affect social and cultural construction of sexual orientation (Iwasaki & Ristock, 2007). There is a tendency to regard stress as something negative, and yet there may be a possibility that gay men find positive aspects of stress (e.g., as a motivator to proactively overcome challenges) in a form of resiliency. Considering the positive effects of stress recognizes the strengths and resilience of any person, including gay men, to deal with stress in an empowered way (Iwasaki & Ristock, 2007).

Support System and Health Care Associated with LGBT Positive Mental Health Well-Being

The literature found that social networks play a critical role in the lives of older people, and that little research exists on the nature of the social networks of older gay men. Previous studies have found that most have several gay friends who function as a "chosen family" and are important components of the social network. In fact, for older gay men, friends may be one of the most important sources of social support (Shippy et al., 2004).

Discrimination can be expressed in many ways and has a major impact on the delivery of services for the LGBT population, which leads to marginalization of provision of both health and social care services (Addis et al., 2009). For the LGBT population social support is an important resource as they age.

The literature states that by identifying as a sexual minority person and participating in the LGBT community, older LGBT persons can benefit from affirmative social norms. Opportunity for in-group identification and greater access to social support for acceptance of homosexual identity are strongly linked to psychological well-being in the lives of older gay men.

Caregivers of LGBT seniors also face discrimination. Given the reality that by not receiving appropriate services that focus on the LGBT population it is no surprise to find that identification of responsiveness to those caregivers is removed from the health care agenda. Because of the added burden of discrimination, caregivers to older gay men also may experience the challenges of providing care leading some times in reduced support from family members. More understanding and education is needed for health care providers to develop best practices to address the unique realities of gay and lesbian seniors. Then the experiences of informal, unpaid family and friend caregivers must also receive adequate attention (Brotman et al., 2007).

Experiences of discrimination in health care services challenge older gay men to the possibility of coming out to health care providers in order to receive appropriate care which leads to worse conditions due to not having their health problems addressed. This represents a significant challenge to seniors and their caregivers (spouses, partners, friends, family members). Shippy et al. (2004) state that older gay men's needs are no

different than those of their heterosexual counterparts. According to research, gay men rely on friendship networks more often than on family compared to heterosexual men for social support in their life for.

Health, social care and housing needs of LGBT older men are influenced by a number of forms of discrimination which may impact upon the provision of access to the service. Understanding of older LGBT people's needs is limited and research in this area is scarce (Addis et al., 2009). Those LGBT older people who live alone may have partners who live separately, making this another reason that older lesbian and gay people are more likely to live alone than are their heterosexual peers. Older people in general are concerned about loss of their independence. For lesbian and gay people who have experienced discrimination or imposed treatment regimes, this is a real threat. This is a reason why older lesbian and gay people delay entering residential care. It has been found that signs of affection between lesbian and gay people within residential institutions have not been understood by the staff and as a result caused conflict (Addis et al., 2009).

The literature also found that in Australia there is growing awareness of the issues faced by lesbian and gay people as they grow older, for example, issues regarding their health related to aging, and accessing caregiving services and aging care services in later life. Bowling and Gabriel (2007) found that older LGBT people reported that what provides life quality is personal pleasure and satisfaction, good mental health, meaningful relationships, valuable social roles, feelings of security, and the freedom to do things without restriction (Quine & Morrell, 2007; Quine, Morrell & Kendig, 2007).

The research shows that transgender population continues growing. Health care providers and social service agencies have become aware that transgender issues and concerns present a continuing growing challenge (Williams & Freeman, 2007). Health care providers and social service agencies have found these results within more widely examined LGBT research. Many conclusions about transgender health and health care services were based on the assumption that the transgender community was simply a subset of the larger LGBT community with similar health issues. Findings have helped in the development of a number of jurisdictions that have recently passed anti-discrimination measures that include gender identity and expression.

The literature states that the transgender aging population will continue growing within the following decades. Transgender health, aging and caregiving fields are understudied fields of inquiry with only preliminary research to date, not being a priority. Current research on transgender health still relies primary on extrapolation from previous studies of gay men, lesbians and bisexual people that do not necessarily reflect issues of concern to transgender elders (Williams & Freeman, 2005). Information regarding services that target the transgender people's needs (i.e., caregiving, health and aging issues) is essentially non-existent. Studies demonstrate that research continues to neglect issues specific to the lives of transgender people, such as transitioning (Williams & Freeman, 2007).

CHAPTER 3
RESEARCH METHODS

Research Design

The research design for this systematic review of the literature used qualitative and quantitative content analysis method. The design was used to analyze findings of empirical research articles on factors related to positive well-being among older gay men. The literature analyzed determined current findings on the factors of older gay men to develop positive mental health well-being, concerning risk factors associated with positive outcome on well-being, (i.e., family support, social systems, education regarding appropriate services), and the recommendations presented to positive mental health well-being among older gay men. The use of this design allows empirically and feasible results on articles to be studied and evaluated. Results demonstrate what is needed to serve this aging population to pursue positive mental health well-being.

Study Selection and Sampling

This sample of the meta-analysis included 35 empirical studies that report the findings of mental health well-being among older gay men. The studies were published between 2004 and 2014 in professional journals, social work, psychology, psychiatry, social justice, LGBT studies, gay men studies, and policy. Articles related to older adults' health were selected for this meta-analysis as well as articles compared to the LGBT population's health needs. The studies were collected from library databases in

order for the researcher to obtain sufficient, thorough, reliable and valid systematic review of the literature. Exclusion and inclusion criteria was implemented to ensure quality of the research. Exclusion criteria included literature written in other languages. Inclusion based on articles between 2001 and 2004 supported information from the studies from 2004 to 2014, to sound more reliable. Key terms and words used to find studies for this review included LGBT, older adults, gay men, homosexuality, health, mental health, positive well-being, same sex relationship, gay politics, stigma, discrimination, aging, coping, risk factors, psychological, LGBT community, and support systems. Literature selection was based on the reliable information to the LGBT population and older gay men factors related to positive mental health well-being. Studies that were selected for this study review were limited to factors related to leading information to make a change in achieving positive mental health well-being.

Data Collection Method

A total of 35 articles related to LGBT aging were found by searching the following library databases at California State University, Long Beach: Social Service Abstracts, Academic Search Elite, PsychInfo, Social Sciences Abstracts, Sociological Abstracts, SocINDEX, Lexis Nexis Academic, PubMed, and CINAHL Plus. These articles were read and analyzed for content on the topic of positive mental health well-being among older gay men. In addition, Google Scholar was also accessed to collect articles on positive mental health well-being for older gay men.

Analysis Plan

Each article was read, analyzed, critiqued and assessed for the following: author and year publication, purpose statement of the article, research design and method used,

sampling procedure, data collection method, sample size and source, sample age, culture, geographical region and involvement status in men being identifies as “gay,” risk factors of status depending on the status (for example alcohol use, age and geographical area, and discrimination involved in labels to identify LGBT people and labels among the LGBT regarding to age and roles in a relationship, coping skills involved on a daily life of the identified and non-identified as LGBT, survival and resiliency of those identified and not identified as LGBT, and future recommendations for addressing positive well-being among older gay men.

Cross-Cultural Relevance

The results of this meta-analysis of the literature were relevant to LGBT people who had experienced stigmatization throughout in society. Health conditions in the older LGBT population can be demanding and not identified properly due to the conditions of individuals not being able to understand how each condition relate to one another. Stress for being discriminated or for being “closeted” can lead to health deterioration. In a study by the American Public Health Association, was found that older LGBT adults presented with higher risk of disability, poor mental health, smoking, and excessive drinking than heterosexuals. These results have demonstrated that future recommendations for appropriate LGBT services are needed to assert that LGBT community achieve positive well-being. The knowledge shared will guide professional social workers in the development and implementation of strengths based practices, interventions and services to prevent what older gay men experienced when they were younger, and to support gay men to age with positive mental health well-being. In addition, the understanding of the literature will develop a better understanding for social

workers to create and practice effective and age appropriate interventions to address mental health difficulties and to insure positive mental health well-being among older gay men.

Social Work Ethics Relevance

This meta-analysis of current literature on factors associated with positive mental health well-being among elderly gay men was a meta-analysis of published studies; therefore, it did not raise concerns related to confidentiality, anonymity, and ethical rights of any human subject or personal information.

CHAPTER 4

META-ANALYSIS FINDINGS

This chapter is a meta-analysis of 21 empirical studies on the topic on factors associated with positive well-being among the older gay men published from 2004 to 2014 (see Appendices B and C). The studies include 11 quantitative empirical studies, five qualitative studies, one that utilized mixed methods, two case studies, one secondary study and, one case analysis. Studies were conducted in three countries (United States, Australia and England), and included samples of different ethnic groups, residents from different cities in the United States, samples from workers working with older LGBT adults, and from older LGBT adults in order to compare results on factors associated with positive mental health well-being among older gay men. Study samples were mostly recruited from metropolitan areas in order to locate results of services needed to prevent major mental-health conditions in older men identified as gay, and to facilitate a functional social life. In addition, this chapter presents findings on services needed for the elderly gay men, mental health, health care, caregiving and housing (see Appendix D), important aspects (health conditions, support systems, and rights and laws, and discrimination) related to older gay men (see Appendix E), and future recommendations (training for long-term care staff and care giver, policy, and social and psychological well-being) addressing aspects of aging in the LGBT population (see Appendix F).

Services Needed for the Elderly Gay Men to Have a Functional Social Life and to Prevent Mental Health Major Conditions

Out of 21 studies, 14 studies discuss services needed for the elderly gay men to achieve positive mental health well-being (see Appendix D).

Mental Health Services

Six studies identify mental health as services needed for elderly gay men. According to Orel (2014), it has been found that by 2030, one of every five Americans will be 65 years old or older. Being, that the life expectancy continues increasing, the number of individuals reaching the age of 85 or older will be dramatically increased. It is projected that by the year 2050, the United States will probably have as many people over the age of 85 as the current populations in the three major cities of Los Angeles, New York City, and Chicago combined, per Administration on Aging report in 2010, (Orel, 2010). Orel (2014) explained that parallel to overall older adult population, the number and proportion of LGBT older adults will be significantly increased in the next few decades. It has been a problem to obtain accurate estimations of current and expected or projected LGBT adult population for a variety of reasons, especially to the fact that sexual orientation has not be presented in most major gerontological research studies and many other studies involving the LGBT population. Homophobic attitudes of society toward the LGBT population have discouraged the LGBT older adults from “coming out” and being counted in studies as LGBT identified people. These are based on historical findings of the overall LGBT population. LGBT population has ranged from as low as 1% to as high as 10% of the general population (Orel 2014).

In a study in the United States with a sample size of 2,349, discussing health

disparities and protective factors in lesbians, gay and bisexual (LGB) older adults, demonstrate that when studying age, income, education, and race/ethnicity, lesbian and bisexual older women were less likely to have an annual routine checkup and more likely to be obese than gay and bisexual older men (Fredriksen-Goldsen, Kim, Barkan, Muraco & Ellis, 2013). In addition, older gay men, reported higher rates of smoking and excessive drinking, higher rates of lifetime victimization and more internalized stigma in contrast to less social support and smaller social networks. Nearly one quarter of the participants reported poor general health, 45% had a disability, and 29% experienced depressive symptomology. Adjusting for age, income, education, and race/ethnicity, the rates of poor general health and depression were similar by gender and sexual orientation in the study (Fredriksen-Goldsen et al., 2013).

Wallace, Cochran, Duzano, and Ford (2011) states that the higher use of mental health services by the aging LGB adults might be because to the greater intensity of need to cope with frequent experiences of discrimination, chronic social stressors, and less mental health support available from biological families. The same study explained that more than one quarter of aging LGB adults (27.9%) reported they needed help for emotional or mental health problems, compared to 14% of aging heterosexual adults (Wallace et al., 2011).

One study conducted in England by Warner, McKeown, Griffin, Johnson, Ramsay, Cort, and King (2004) found that there has not been much evidence about positive mental health well-being of older gay men (or older lesbian and bisexual population in Britain). Research results from North America suggest that gay men and lesbians are more vulnerable to anxiety, depression and substance misuse than

heterosexuals (Wallace et al., 2011; Warner et al., 2004). Higher rates of planned and actual deliberate self-harm and high levels of psychiatric morbidity among gay men (42%) compared with previous community surveys of (predominantly) heterosexual people were found. Warner et al. (2004) state that lifetime use of drugs, smoking and hazardous drinking were similar for bisexual men and women compared with gay men and lesbians. Gay men were more likely than bisexual men to have used drugs, according to the study's findings.

Another finding states that out of the 1,285 LGB respondents, 556 (43%) had mental disorder; 361 (31%) had attempted suicide. This was associated with markers of discrimination such as recent physical attack and school bullying. LGB have high levels of mental disorder, possibly linked with discrimination (Warner et al., 2004).

Fredriksen-Golden et al. (2013) found that although many LGB individuals have developed a strong sense of community and mutual support, and had created supportive bounds, they continue to experience relatively high levels of discrimination and victimization. These adverse experiences most likely lead to internalized stigma and negative health consequences (Fredriksen-Golden et al., 2013).

In addition, this population is usually at risk of integrating negative societal values and attitudes due to the frequent discrimination experiences. Although the prevalence of depression decreases with older age in the general population, LGB older adults continue to face the risks to mental health problems. Victimization related to sexual orientation is determinant of poor mental health well-being for the aging gay men. Internalized stigma and victimization also prevent LGB individuals from opportunities to strengthen social relationships and interaction with other LGB adults leading to greater

psychiatric morbidity than their heterosexual counterparts (Fredriksen-Golden et al, 2013; Kertzner, Meyer, Frost, & Stirrat, 2009).

Slevin and Linneman (2010) state in their study that with middle class older gay men between the ages of 60 and 80 from the East coast in the United States, that given the aspects of race and class privileges and education, it was surprising that most of these men consciously explored issues of discrimination and stigmatization through therapy as part of their lives in a growing political awareness or engagement in gay issues. Slevin and Linneman (2010) found that in coping with the stigmas of being old gay men there is no one script that all follow. In some ways, they also have had the experience of being defined as old for many more years than would be the case if they were heterosexual. Coping with the stigmas of being gay has also taught older gay men some valuable life lessons about oppression and how to manage the challenges.

Health Care Services and Caregiving Services for the Elderly Gay Men

Eight out of 21 demonstrated implications and suggestions to health care and support system to care for the elderly gay men.

The meta-analysis demonstrates risk factors that in a lifetime victimization and internalized stigma are strongly associated with increased poor general health in older gay men. On contrary of social support and social network size increase, the odds of poor general health decreased due to stigmatization and discrimination (Fredriksen-Goldsen et al., 2013). Fredriksen-Golden et al. (2013) also confirm that health disparities related to sexual orientation have been identified as one of the most isolated topics in health research.

In addition, eight other studies identify services on health and caregiving for the elderly gay men. Older gay adults are largely unaware and/or in denial of their HIV risk among other risks and health adversities (Shippy & Karpiak, 2005). This is particularly dangerous for older gay adults because HIV related illness mimics symptom profiles of common age related health issues. Older gay adults who are concurrently diagnosed with HIV/AIDS have significantly shorter survival rate than younger persons with the same diagnosis. Thus, age specific information, education, and counseling programs are needed to promote physical and mental health among older LGBT adults living with HIV/AIDS (Shippy & Karpiak, 2005).

In comparison to health services, caregiving services are needed for elderly gay men. In their study of 160 participants in New York City, Shippy and Karpiak (2005) stated an average of 10 individuals involved in informal network. Forty-one percent had a living parent and 65% had at least one child. Over half of these friends (56%) were also older adults living with HIV.

Service programs designed to care for people who are effectively able to manage the effects of HIV/AIDS have been successful. However, the older (gay and heterosexual) HIV infected adults have become isolated, as evidenced by small social networks and high rates of depression. Without supportive networks as they age, these people will find themselves in poor health and institutionalized rather than aging in supportive communities (Shippy & Karpiak, 2005).

The meta-analysis found that rates of non-disclosure of self sexual orientation to healthcare providers were significantly higher among LGB population. In a study of 396 participants, that discussed patterns and predictors of disclosure of sexual orientation to

healthcare delivery, Durso and Meyer (2013) state that bisexual men (39.3%) and bisexual women (32.6%) compared with gay men (10%) and lesbians (12.9%) do not disclose their sexual orientation to healthcare providers due to fear of discrimination.

Durso and Meyer (2013) state that while disclosure did not vary between men and women, the predictors of disclosure their sex orientation still differ. Gay and Bisexual men, men who had not disclosed to their healthcare providers were younger than men who disclosed. In addition, men who had not disclosed to their healthcare provider were older when they had come out to an LGB friend than men who had disclosed (Durso & Meyer, 2013). Men who had come out to an LGB friend more recently were less likely to disclose than their counterparts.

Orel (2014) explained, in a study that involved a focus group, that in a study where results were drawn from group sessions, members discussed how issues related to housing, spirituality, mental health, family, and social networks intersected with both their age and sexual orientation. More specifically, focus group members identified that both ageism and heterosexism presented challenges when attempting to secure adequate housing and receive emotional and spiritual support. Likewise, many indicated that their ability to maintain supportive relationships with family and friends were becoming more challenging as they aged, also a theme in other studies. All participants indicated that their medical/health care needs were their primary concern. These health issues have an emphasis on concerns related to rising health care costs, financial constraints in seeking medical care, and failing health as they age (Orel, 2014).

Attitudes toward aging, which begin to form by early adulthood, are related to a range of behavioral outcomes in later life, including cognitive performance and

psychological well-being. Aging related fears and concerns may be a particularly important attitudinal dimension for older gays and lesbians given their relatively greater uncertainty about how future care needs will be met. At the same time, openly LGB adults are believed to have access to a unique constellation of resources including formal and informal supports and networks offered by LGB communities. These resources may provide a particularly important stress buffer for older gay adults, whose life experiences have been more profoundly shaped by stigma, discrimination, and other forms of anti-gay victimization relative to younger cohorts (Hostetler, 2012).

Johnson, Jackson, Amette, and Koffman's (2005) study explored the suspicions of discrimination in retirement facilities where 73% of the respondents indicated they believed discrimination exists in long term care facilities. Sixty percent did not believe that they had equal access to social and health services. The majority of respondents in the study stated that a gay or gay friendly retirement care facility would be a positive environment for older LGBT persons. In the study's results it was stated that preference for exclusive gay-friendly retirement housing that prevents bias, prejudice, and homophobic experiences several studies (Johnson et al., 2005).

Brotman et al. (2007) state that in relationship of caregiving and living arrangements for older gay men, caregivers are described as a vital part of older gay men lives. For a majority of caregivers interviewed in the study, both experienced and anticipated discrimination played an important mediating role in the willingness to access resources to meet the needs of gay and lesbian seniors (Brotman et al., 2007). The fear of facing discrimination when accessing health services makes the caregiving experience more complex for caregivers. The findings identified common occurrence of older gay

and lesbian couples identifying themselves as friends or roommates as a coping mechanism related to their generational experience of privacy and to mediate negative treatment by others (Brotman et al., 2007).

The meta-analysis demonstrate that as well as in the United States, in a study in Australia, findings have demonstrated that for older gay men other important social determinants of health include discrimination by mainstream health and aged care providers, and the provision of specific services for lesbians and gays. These expectations of discrimination have similarly been identified in the United States (Hughes, 2009; Johnson et al., 2005).

In another study of 25 non-heterosexual aged 58-87 years, not only were recent instances of discrimination reported in relation to aging care delivery. The research also highlighted the effects of historical experiences of discrimination, including identity concealment when in contact with health and caregiving providers and discrimination if identity was inadvertently exposed (Johnson et al., 2005).

Hughes (2009) states that it was clear that older lesbians and gay men have a number of concerns about growing older in the LGBT community, and about accessing mainstream caretakers and aging care services. The most reported health concern in relation to aging was the general decline in the standard of health followed by a loss of independence along with decline in mental health or cognitive ability. Loss of mobility was a major concern reported by one third of the group (Hughes, 2009).

Housing Services

Out of 21 studies, four concentrated on understanding the connection between LGBT views and housing services for the older gay men.

In a study, professionals in Cleveland Ohio, were interviewed in a survey to increase community understanding in serving older gay and lesbian persons to develop strategies to improve delivery of services to gay and lesbian older persons (Anetzberger, Ishler, Mostade, & Blair, 2004). Anetzberger et al. (2004) explain the increased awareness and sensitivity among those in attendance and more modestly changed the community and organizations represented.

In another study regarding housing for the LGB older population, in Washington State, 73% of their respondents indicated their belief on discrimination in retirement care facilities. In addition, 74% believed such facilities do not include sexual orientation in their anti-discrimination policies. Another 34% believed that they would have to hide their orientation in a retirement facility (Johnson et al., 2005).

In a study conducted in the metropolitan area of Atlanta, the findings serve to contextualize the impact of a marginalized community. Its findings demonstrates the importance of having a neighborhood or physical location in which the LGBT community can gather for coffee, for socializing, or just for finding potential partners. However, the interviews make clear that the existing “queer” spaces are in danger of disappearing under a resurgent wave of gentrification (Doan and Higgins, 2011). This study found that the resurgence of gentrification in these areas has had a profound effect there as well as in other LGBT identified neighborhoods, making the LGBT population struggle to maintain their identities. In addition, many LGBT people still seek to satisfy a number of social needs in traditional enclaves including entertainment, social life, and support. Doan and Higgings (2011) explain that because many LGBT people now find

they are unable to afford housing in traditional LGBT identified neighborhoods, these individuals are more likely to seek out neighborhoods they describe as “diverse.”

Important Aspects Related to Older Gay Men and Positive Mental Health Well-Being

Out of 21 studies, 13 studies discuss important aspects related to older gay men to facilitate positive mental health well-being (see Appendix E).

Health Conditions Related to the Elderly LGBT Population

The meta-analysis identified six studies that demonstrate findings on important aspects on health conditions that is beneficial to understand to help elderly gay men in the aging process. Wallace et al. (2011) demonstrate that older gay men adults face several unique challenges as this population ages. The majority has spent their adulthood creating independent and self-sufficient lives developing positive mental health wellness. Many fewer older gay men than heterosexual adults have children, so as they enter a time in life when support from children and biological kin are increasingly important to maintaining independence. The support is less likely to be there for older gay men than for heterosexual individuals. The health of aging LGB adults between the ages of 50–70 may differ, in both subtle and distinct ways (Wallace et al., 2011). These differences in social and demographic characteristics such as education are as important as many of these factors are associated with better health status and better access to health care. LGBT people have higher rates of several chronic physical and mental health problems compared to similar heterosexual adults. Wallace et al. (2011) explain that adults age 65 and over in both California and the nation will double over the next 30 years as the baby boom generation ages. Adding that the nation’s older LGBT population will also increase, with estimates of 1.5 million LGBT adults age 65 and older increasing to three

million by 2030. Appropriate services for the elderly gay men to meet aging needs need to be taken into consideration when servicing this particular population. Education and training are important roles in providing services to the elderly LGBT population. Providing services to the elderly gay population may require additional training, and more than just understanding state of mind. Analysis suggests that the experience of homophobic attacks against young gay and bisexual male youth helps to explain heightened rates of serious health problems among adult gay men (Friedman, Marshall, Stall, Cheong, & Wright, 2008).

Shippy and Karpiak (2005) explain in their study that regarding to social agencies and other people, 14% of respondents were respectively identified as support. Other results showed that 19% said they would rely on themselves and 7% were not sure who they could ask for assistance to meet their daily needs. Participants expressed high levels of unmet support needs in their assessments. Forty five percent said they needed a lot more help, and another 34% said they needed some more help with their daily instrumental tasks (Shippy & Karpiak, 2005).

Fredriksen-Goldsen et al. (2013), analyzed health disparities among LGB adults aged 50 years and older where data from the 2003 to 2010 from the Washington State Behavioral Risk Factor Surveillance System (n = 96,992) on health outcomes, chronic conditions, access to care, behaviors, and screening by gender and sexual orientation. The data demonstrated that LGB older adults had higher risk of disability, poor mental health, and excessive smoking and drinking than heterosexuals. Gay and bisexual men had higher risk of poor physical health and living alone than did heterosexuals (Fredriksen-Goldsen et al., 2013). In addition, gay men were more likely than

heterosexual men to receive a flu shot and continuity of HIV testing. In the initial analyses, sexual minority men were significantly less likely than heterosexual men to receive a prostate specific antigen testing.

The goal of a study in the United States and in the UK in 2010 was to explore how gay men define intimate behavior as having “had sex,” in relationship to HIV (Hill, Rahman, Bright, & Sanders, 2010). Definitions were then compared both within and across groups in order to determine if consistency exists within and across western gay cultures (Hill et al., 2010).

Hill et al. (2010) explain that in addition to HIV/AIDS and older gay men, the definition and meaning of the word “sex” have implications for sexual health research and HIV/AIDS research. Several existing studies have reported variations in the definition of having “had sex” and the necessity of using behaviorally specific terminology when taking sexual histories; however, they did not specifically examine the definitions and attitudes of gay men often due to low numbers of participants who identified as such due to fear to disclose their sexual orientation associated with discrimination. Both groups were asked to indicate whether each of a list of sexual behaviors was considered having “had sex.” Hill et al. (2010) explained that almost all participants (~95%) believed that penile-anal intercourse constituted having “had sex.” An important aspect was that regardless of country there was not overall consensus on which behaviors constituted having “had sex.”

According to its results, an individual’s definition of sex influences the number of reported sexual partners and the frequency of reported “sexual activity.” It is important that researchers and clinicians do not minimize ambiguity and utilize behaviorally

specific criteria when making sexually transmitted infection (STI) and HIV/AIDS risk assessments. Establishing a clear definition of what behaviors the participants believe constitutes having “had sex” is necessary in order to accurately assess STI risk (Hill et al., 2010).

The meta-analysis identifies LGBT difficulties including the transgender population. There is not a lot of information on the transgender population due to the transgender population being studied as a separate group many times or due to transgender being a small sample in some situations. Williams and Freeman (2007) state that education regarding aging transgender services is needed at all levels of society. From health care providers to transgender people themselves, it is vital that representative information about the experiences and needs of diverse transgender elders is needed. Transgender elders face the typical stresses of growing old compounded by unique stresses and challenges as it is. Federal laws, public and private policies, and violent and dehumanizing discrimination collude to isolate transgender elders. As an example, lack of health insurance coverage is a challenge that transgender persons encounter (Williams and Freeman, 2007).

Today more individuals are openly identifying themselves as transgender. Though transphobic oppression is a current challenge, transgender people are claiming their rights as full members of society. Research on transgender lives and aging suggests that despite the obstacles present, transgender people are moving forward to shape their lives with dignity and self-determination (Williams and Freeman, 2007).

Older LGBT Population Rights

Three out of the 20 studies discussed in more details LGBT rights.

Orel (2014) explained legal issues that were identified as a problematic source of primary concern and frustration for LGB elder focus group participants. Focus group participants voiced their frustrations about the lack of legal protection. Although focus groups participants discussed the availability of living wills and durable power of attorney, for example, they also voiced specific examples of how these two documents are not sufficient for protecting their health concerns, for example in the provision of home health care and long-term institutional care (Orel, 2014).

Reynolds (2013) explains that another aspect as that involves LGBT rights include socio-cultural aspects such as the level of social acceptance of homosexuality and their religious orientation. These variables have strong impact on electoral success of openly gay candidates. The higher the acceptance of sexual diversity, the more likely it is that openly gay candidates will be selected, and eventually elected. The dynamics of social acceptance are not simple. For a time, the United States bucked the progressive trend with the striking down of existing equality laws in cities and the emergence of the "Defense of Marriage Amendment" (DOMA) movements that sought to block future attempts to expand marriage rights to same-sex couples (Reynolds, 2013).

In addition, Reynolds (2013) states that gay candidates increase the likelihood of progress toward legal equality, play a role in developing tolerance, and create an environment more conducive to the election of gay candidates.

In Colorado, in 1992, the Colorado's anti-LGB Amendment 2 was passed by the state of Colorado electorate. The goal was to prohibit legal recourse for LGB people who

encountered discrimination based on their sexual orientation. Shortly after, the 1996 U.S. Supreme Court ruled out that the Amendment 2 was unconstitutional (Russell, Bohan, McCarroll, & Smith, 2011).

Russell et al. (2011) found that some LGBT people in Colorado still experienced negative consequences from the election fully a decade later. Some of the participants who had been very active in the campaign against Amendment 2, had found themselves, after, targets of criticism and hostility from within the LGBT community. Many were affected by the Amendments 2, some in negative ways, and others in even sores manners from people they did not expect.

Colorado served as a test case for political actions with the Amendment 2, leading to its “clones” to be followed by the same-sex marriage debate. The fact that Colorado’s Amendment 2 was overturned by the U.S. Supreme Court, it did not serve to protect either Coloradans or other LGB people around the country from other anti-LGBT political attacks (Russell et al., 2011).

Social and Psychological Well-Being for the Aging LGBT to Cope with Discrimination

The meta-analysis identified six out of the 20 studies as prominently exploring social and psychological components of positive mental health well-being.

Fear of discrimination and stigma keep a high rate of older gay men from seeking appropriate services. Anetzberger et al. (2004) demonstrate that older gay men also suffer the effects of societal discrimination, social invisibility, and ageism in addition. Older gay men may be distrustful of mainstream service providers because of discrimination faced in the past or from fear of encountering discrimination based on sexual identity (Anetzberger et al., 2004).

Anetzberger et al. (2004) explain that anxiety due to disclosure of their sexuality combined with increased need for medical and social support in their old age, might lead to dangerous self-neglect and isolation. This population faces many limitations, in addition to their aging process, they experience discrimination in several areas, for example, access to housing, employment, legal protections, and partnership benefits in public programs (i.e., Medicare, Medicaid, and Social Security).

Respondents from the study about gay and lesbian perceptions of discrimination in retirement care facilities reported that their own personal awareness about gay and lesbian aging had been increased considerably. The results review the findings from the group and educational conferences with long-term care facility staff. Some observed a similar pattern was observed with respect to ratings of commitment. Respondents reported only moderate increases in the level of commitment to gay and lesbian aging issues of their agencies, and the greater Cleveland community. However, respondents reported that their own personal commitment had increased considerably as a result of the dialogue series. Thirty-eight percent of respondents reported increased in their personal commitment to serving and advocating on behalf of gay and lesbian older adults a great deal (Anetzberger et al., 2004).

According to another study, recent studies have demonstrated that LGBT adults have greater psychiatric morbidity than their heterosexual counterparts. This excess morbidity is related to exposure to stressors, such as prejudice, discrimination and violence (Kertzner et al., 2009).

The meta-analysis states that not much is known about the effect of the social stress that the gay men develop throughout the years affecting the psychosocial

development of gay men due to stigmatization, discrimination and stress on well-being. These effects may include implementing new social networks, developing and maintaining positive individual and group relationships, intimacy, and purpose in life.

Social well-being includes the extent to which individuals build valued social contributions, view society as meaningful, experience a sense of social belonging, and believe in the potential for society to evolve positively (Kertzner et al., 2009). Kertzner et al. (2009) conclude by stating that the achievement of social well-being is defined by the construct of models of sexual identity formation in LGB persons. The study adds that individuals who had a more positive sense of their sexual identity are more connected to the LGB community have greater psychological well-being (identity valence was more strongly associated with psychological well-being).

Warner et al. (2004) found, that compared with older participants people under 40 years old appear to be at higher risk of mental disorder, in addition to harmful drinking and possible self-harm behaviors. This might be a possible effect of greater exposure to acts of discrimination leading to mental health issues. Another explanation is that contrary to older gay men younger gay men are more likely to disclose any issues related to discrimination (Warner et al., 2004).

Older gay men struggle with stigmatization of aging that might began as early as middle age. Along with being stigmatized due to their sexual identification, older gay men have been stereotyped as being lonely, sexless, or hyper-sexual people causing then increased risks for mental health conditions. Additionally, older gay men with coexistent disadvantaged positions experience a heightened sense of ageism. With respect to race, older African American gay men were more likely than their White counterparts to

experience ageism, although they did not appear to be experiencing more negative mental health outcomes as a result (Kertzner et al., 2009; Warner et al., 2004).

Slevin and Linneman (2010) found that many of the older gay men were both involved in gay communities and experienced high levels of life satisfaction. In contrast, one of the more provocative findings is the high level of involvement in a gay community associated with increased concern over aging. The nature of the relationship is uncertain, and the causal argument may go both ways. Old gay men, through their involvement in the gay community, may experience ageism as they interact with younger members of the community (Hostetler 2004; Slevin & Linneman, 2010).

The meta-analysis also states findings about difference in social advantage on the age of the gay generations. Young and older gay adult men have different needs to maintain positive mental health well-being. Young LGBT adults have an advantage over older LGBT adults on the evolution of progressive social attitudes characterized by homosexuality identification that allows young LGBT persons to disclose their sexual identity to others earlier than previous generations of LGBT adults (Kertzner et al., 2009). Despite the liberalization of social attitudes toward homosexuality, young LGBT people may be at a disadvantage relative to older LGBT persons in relation to having less time to establish social networks and a variety of social roles that create greater sense of social integration and purpose in addition to positive social well-being.

Kertzner, et al. (2009) found that older LGBT adults start coping with stigmatization of aging as early as middle-age, mainly for gay and bisexual men, whom have also been characterized as being lonely, or being engaged in inappropriate sexual activities. The findings of decreased social relations associated with aging suggests that

LGBT adults in their middle-age years expand their portfolio of social roles related to commitments expressed in long-term friendships and relationships commitments to members of future generations for example parenting, caretaking, teaching, and participating in community agencies (Kertzner et al., 2009).

Community activities and relationships are not inherently beneficial. Rather, the ability to use ecological resources to one's advantage depends on one's motivations for getting involved, their relationship to the external environment, and other traits. In fact, reliance on perceptual measures such as sense of community may only serve to mask important interactions between environmental and psychological resources. Existing research demonstrates both direct and indirect effects of perceived control, mastery, autonomy, and related concepts, including direct linkages to happiness, life satisfaction, and general psychological and physical wellbeing (Hostetler, 2012).

Friedman et al. (2008) explain that consequences due to early gay related development when it comes from a negative source, for example, physical abuse from parents, forced and unwilling sex, and harassment to sexual identification. Those involved in early gay related development are at higher risk for abuse and have greater negative health outcomes as adults. Relationships between gay related development in adults appear involve, in some people, as partner violence, gay victimization, unprotected anal intercourse, positive HIV status, and negative mental wellbeing in adulthood (Friedman et al., 2008).

Future Recommendations Addressing Aspects of the Aging LGBT Population

Nine studies identified recommendations for future services and policy change to help achieve positive mental health well-being among elderly gay men (see Appendix F).

Recommendations for Services for the Elderly Gay Men

Seven studies concentrated on recommendations for services on older gay men positive mental health well-being.

Durso and Meyer's (2013) suggest that healthcare providers need to address experiences of minority stress and internalized homophobia as they are related to patient comfort and engagement in the health care field. The findings also implicate for action to address health disparities within the LGBT population. The differential patterns of disclosure observed in this study suggest action change such as public health campaigns to have a movement in the way the LGBT population is treated by health care professionals (Durso and Meyer, 2013).

In order to develop effective interventions for the LGBT population to address high levels of poor general health and depression, it is important to address both the common health risks faced by older adults in general as well as the unique risk and protective factors affecting LGB older adults, affected by elevated rates of lifetime victimization, stigma, and distinct social support networks (Fredriksen-Goldsen et al., 2013).

More research is needed to address the life course perspective on how age and cohort effects differentiate the experiences of younger and older LGTB adults. Further research of health among LGBT older adults that directly tests the relationships between transitions through the life course would provide a greater understanding of how life experiences affect health outcomes in later life (Fredriksen-Goldsen et al., 2013).

Although there are no easy solutions to the social problem of LGB stigmatization, the social work research enterprise can be the place for beginning to understand the lived

experiences of LGB individuals. Social work has a long history of understanding the sociopolitical context of our clients within a strengths perspective, and social work research has the potential for doing the same (Gates & Kelly, 2013).

Gates and Kelly (2013) state that social work research on diverse communities, like the LGB community, must shift from the traditional problems and pathology focus to a strengths and resources focus. This approach is certainly within the repertoire of many professional social workers, especially those trained from the strengths perspective.

Despite stigmatization in much of society, LGB individuals have survived and thrived. Understanding the strengths and resources of the LGB community in coping with and fighting against LGB stigmatization represents a much needed direction for future social work research, for we have a great deal to learn. Assessing only the problems provides an incomplete picture of our LGB clients and participants' realities (Gates & Kelly, 2013).

Hostetler (2012) recommends future research on this topic are to identify the most impactful LGB community resources, in order to understand roles and functions that control psychological resources among older gay adults, and to illuminate the mechanisms and processes by which these dimensions shape aging outcomes. Understanding their strategies for and pathways to success is not only essential to the study of gay aging, but it also informs broader study of life in the "third age" and beyond (Hostetler, 2012).

Orel (2014) states that future research needs to focus on the understanding of implications in differences about socioeconomic status, race, ethnicity, cultural environments, and age among LGBT older adults and the ways in which they interact.

Therefore, any investigation of the needs and concerns among LGBT older adults must take into consideration multiple attributes of the population and the interlocking systems of vulnerability and need that result in the increasing effects of lifetime discrimination and shame (Orel, 2014).

Recommendations for Future Policy for the Elderly Gay Men

Three out of the nine studies that identified recommendation for the elderly gay men, concentrated on future policy changes for the elderly gay men.

Brotman et al. (2007) found that there are many unexplored avenues of caregiving to older gay men. The possibilities for funding and support for research and to support gay and lesbian seniors and their families are slowly increasing. Researchers must be encouraged to undertake projects in a manner that prioritizes resource and partnerships with community and health care institutions to ensure that results are communicated. Research findings can contribute to the development of a commitment to change on the part of the gay and lesbian communities in health care sectors (Brotman et al., 2007)

Reynolds (2013) study demonstrates strong evidence that the presence of LGBT candidates in national legislatures encourages the adoption of gay friendly legislation. The study's findings suggest that groups that promote and provide resources to openly LGBT candidates are on the correct track when it comes to equalization of the law when it comes to sexual orientation and civil rights.

Future research should track closely, the way in which LGBT representation fits into national legislation. It is also important to understand the driving characteristics of politicians who are openly gay. Further studies of the interaction between LGBT

candidates and their colleagues is needed to study in detail the mechanisms at work (Reynolds, 2013).

Data of current studies have demonstrated what mental health professionals can do in individual or group therapy with LGBT clients and/or their love ones who are affected by anti-LGBT politics. Mental health professionals are well trained to assist clients to identify the nature of sexual prejudice and the impact on their lives. LGBT people can be helped to adopt positive coping strategies to work with the grief associated with the explicit political analysis that recognizes anti-LGBT politics as one event in an ongoing movement for equal rights (Russell et al., 2011).

CHAPTER 5

DISCUSSION

Summary of Findings

The meta-analysis of 20 studies assisted to understand aspects associated with positive mental health well-being among older gay men. To understand these factors, studies about LGBT were reviewed. Most studies are focused on the LGBT population as a whole. The studies found characteristics involving mental health services, health care and caregiving services, housing services, and aspect associated with health conditions, LGBT rights, and social and psychological well-being of the aging LGBT population.

Discrimination and stigmatization were two important points that defined the studies' findings of this meta-analysis. Lack of understanding about the LGBT population was found in many studies resulting in lack of resources for the aging process in the LGBT population. These factors were then the relevant problem for mental health problems in the LGBT population making the problem worse for elderly gay men.

Health care and caregiving lacked understanding due to many not disclosing their sexual orientation to professionals due to fear of being discriminated. Caregiving was based and supported by family members, friends or partners because this population prevents going to long-term care facilities where they do not feel understood and supported.

Housing services in many states in the United States have identified direct and indirect problems for the LGBT population, young LGBT and older LGBT adults.

Housing problems were reflected in long-term care facilities for his population.

To address important aspects related to older gay men studies about the LGBT were reviewed. Aspect about health conditions related to the LGBT aging population found that older gay men have difficulty disclosing their sexual orientation or simply prevent themselves from seeing a Doctor leading to health conditions not being addressed and treated.

Rights on LGBT population, and social and psychological well-being were also addressed to calculate a better understanding of what information this population needs in order to facilitate positive mental health well-being during their aging process.

Recommendations were also addressed. Recommendation about appropriate services for the elderly gay men and recommendation on future policy to decrease discrimination and stigmatization on the LGBT population.

Limitations

Several limitations were found in this meta-analysis addressing aspects to positive mental health well-being among older gay men. Though the LGBT population has gained respect from society recently by understanding of the LGBT population, there are still many aspects that the LGBT population itself still needs to address. For example, many studies demonstrated that some older gay men do not disclose their sexual orientation for many reasons leading to lack of services that can be provided to them. Even in some studies, gay men might identify themselves as bisexual or heterosexual

making some results not accurate for future resolution to assist the gay men and even the LGBT population.

Studies from four countries were reviewed, mostly from the United States and UK. Many countries do not have research on the LGBT population, and even in the US most of their studies that involve the LGBT population come from major cities.

A major limitation for this meta-analysis was the lack of studies concentrated to only gay men. Some of the studies involved only gay and lesbians, most of them involved LGB people and did not involve transgender people. Only two studies were directed to gay men only. The meta-analysis was supported by findings from all 20 studies.

Implications for Social Work and Multicultural Social Work Practice

This meta-analysis of the literature on aspects related to positive mental health well-being among elderly gay men has implications about social work and multicultural social work practice. There is an understanding that the aging population currently needs more services to meet their activities of daily living. Professionals might run across the lack of knowledge of the LGBT needs, especially needs concerning older gay men. This meta-analysis concentrates on the needs to understand and help the aging gay men to meet their activities of daily needs and to prevent health conditions that can provide a positive aging process.

This meta-analysis also has implications for the multicultural social work practice. It is important that though society worldwide is more understanding of the LGBT population, with the exception of some specific countries such as Russia, training needs to be implemented to capacitate professionals on specific needs and services for

elderly gay men. The LGBT population is growing by the year. More education, services and governmental policies need to be reviewed and implemented to help older gay men reach positive mental health well-being.

Implications for Social Work Research

This meta-analysis emphasizes that general research is conducted for the LGBT as a whole not allowing specific themes to only one sexual orientation, for example gay men. Results were drawn all studies reviewed making older gay men the focal identity to find answers for the literature review.

In addition, more studies are needed to concentrate on what strategies the older gay men needs to cope with daily changes in their aging process and how to advocate for services to have their needs met on a daily basis whether they stay at home during their old age rather than going to long-term care facility. Research taking place on professionals working with the elderly gay men as well as working with the LGBT population is also needed in order to understand their aging demands.

Conclusion

Gathered information on how to meet the demands by the elderly gay men to have positive mental health well-being is not enough. Studies show that there is still more to cover regarding the needs of aging older gay men. Understanding of the sexual orientation of one person does not equals meeting their needs to age well. Studies demonstrate the stressors that the LGBT population experience most of their life, many times leading to mental and medical health conditions that many times are not treated due to people not wanting visit a doctor due to the fear of disclosing their sexual orientation. To help the elderly gay men to achieve positive mental health well-being, implementation

of new programs and trainings with a concentration on the elderly gay men are required to be implemented at this time being that the baby boomers are reaching their older age stage and the baby boomers will require reinforced services to meet all their aging demands.

APPENDICES

APENDIX A
META-ANALYSIS CHECKLIST

Meta-Analysis Checklist

Table 1: Studies on Risk Factors to Mental Health Wellbeing Among Older Gay Men

1. Author and year of publication
2. Purpose of study
3. Research design and study
4. Sampling procedure
5. Data collection (i.e., method, interview)
6. Sample size
7. Setting of study

Table 2: Studies on Risk Factors to Mental Health Wellbeing Among Older Gay Men -

Sample Characteristics

1. Author and year of publication
2. Ethnicity of sample
3. Age of sample
4. Sexual orientation

Table 3: Studies on Services Needed For The Elderly Gay Men

1. Author and year of publication
2. Mental health services
3. Health care and caregiving services
4. Housing services

Table 4: Studies on Important Aspects Related to Older Gay Men Positive Mental Health Wellbeing

1. Author and year of publication
2. Health conditions related to the aging LGBT population
3. Older LGBT population rights
4. Social and psychological wellbeing for the aging LGBT to cope with discrimination

Table 5: Studies on Future Recommendations Addressing Aspects of Aging in the LGBT Community

1. Author and year of publication
2. Recommendations for Services for the Elderly Gay Men
3. Recommendations for future policy

APENDIX B

TABLE 1: STUDIES ON RISK FACTORS TO MENTAL HEALTH WELL-BEING
AMONG OLDER GAY MEN

TABLE 1. Studies on Risk Factors to Mental Health Well-Being Among Older Gay Men

Study (Author; Year)	Purpose	Research Design; Sampling Procedure; & Data Collection	Sample Size/Setting of Study
Anetzberger, Ishler, OhioMostade, & Blair, 2004	To increase community understanding; identify issues in serving and to develop strategies to improve delivery of services to gay and lesbian older persons.	Qualitative; purposive; surveys	26/post 17; Cleveland,
56 Brotman, Collins, Chamberland, Cormier, 2007	explore the experiences of caregivers of gay and lesbian seniors	Qualitative, interviews, snowballing	17; Canada
Doan, & Higgins, 2011	LGBT communities in Atlanta regions, and consequences of resurgent gentrification for the LGBT population.	Case Study, analyzed data, interviews; audiotape recording, snowball.	_____; Atlanta
Durso, & Meyer, 2013	patterns and predictors of disclosure of sexual orientation to healthcare providers	Quantitative, bivariate, multivariate interviews	396; NYC

TABLE 1.Continued

Study (Author; Year)	Purpose	Research Design; Sampling Procedure; & Data Collection	Sample Size/Setting of Study
Fredriksen-Goldsen, Emlet, Kim, Muraco, Erosheva, Goldsen, Hoy-Ellis, 2013	influence of key health indicators, risk and protective factors on health outcomes among LBG older adults	Quantitative, cross-sectional, surveys	2349; USA
Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013	health disparities among LGB older adults	Qualitative, data analysis, surveys	96, 992; _____
Friedman, Marshal, Cheong, & Wright, 2008 early abuse, and emergence of poor health outcomes	Relationships between timing of gay-related developmental milestones,	Quantitative, disproportional and adaptive sampling, retroactive and cross sectional data, interviews	1383 ; urban areas Stall,
Gates, & Kelly, 2013	LGB stigmatization in America society	Qualitative	_____; USA
Hill, Rahman, Bright & Sanders, 2010 constitutes having “had sex.”	To assess gay men’s definitions of what	Quantitative	190/180; US/UK

TABLE 1.Continued

Study (Author; Year)	Purpose	Research Design; Sampling Procedure; & Data Collection	Sample Size/Setting of Study
Hostetler, 2012 participation in gay community activities, perceived control, and aging-related concerns	relationships between surveys, interviews	Quantitative, convenience samplings,	136; Midwestern city
Hughes, 2009	Concerns regarding LGBT health-related aging; growing older in the LGBT community; and accessing caretakers and aged care services in later life	Secondary Analysis, univariate, bivariate, Surveys	371; Australia
Johnson, Jackson, Arnette, & Koffman, 2005	perceptions of discri- mination and bias in retirement care facilities	Quantitative, interviews, surveys	127 ; Washington state
Kertzner, Meyer, Frost, & Stirratt, 2009 of LGB adults	mental health outcome of social and psycho- logical wellbeing in a diverse cohort	Quantitative, interviewing	396; NYC
Orel, 2014 LGBT	Needs and concerns of elders	Qualitative & Quantitative, needs assessment scale, focus groups, interviews	26 ; Ohio/ Michigan

TABLE 1.Continued

Study (Author; Year)	Purpose	Research Design; Sampling Procedure; & Data Collection	Sample Size/Setting of Study
Reynolds, 2013	Representation of LGBT people in national legislatures and the existence of equality laws	Case Study, analysis review	151 ; 27 countries
Russell, Bohan, McCarroll, & Smith, 2011	LGBT rights	Qualitative, interviews, purposive sample.	18 ; Colorado
Slevin, & Linneman, 2010	Bodily experiences of aging	Qualitative, interviews, narrative analysis.	10 ; USA (East Coast)
Shippy, & Karpiak, 2005	HIV/AIDS epidemiology in older adults, and their social networks	Quantitative, interviews	160; NYC
Wallace, Cochran, Durazo, & Ford, 2011	chronic conditions in older LGB adults	Case study,	_____ ; California
Warner, McKeown, Griffin, Johnson, Ramsay, Cort, & Michael King 2004	rates and possible predictors of mental illness in LGB	Quantitative, snowballing	1285; UK

TABLE 1.Continued

Study (Author; Year)	Purpose	Research Design; Sampling Procedure; & Data Collection	Sample Size/Setting of Study
Williams, & Freeman, 2007	Transgender health aging, and caregiving	Case Review	_____; USA

APENDIX C

TABLE 2: STUDIES ON RISK FACTORS TO MENTAL HEALTH WELL-BEING
AMONG OLDER GAY MEN—SAMPLE CHARACTERISTICS

TABLE 2: Studies on Risk Factors to Mental Health Well-Being Among Older Gay Men—Sample Characteristics

Study (Author; Year)	Ethnicity of Sample	Age of Sample	Sexual Orientation
Anetzberger, Ishler, Mostade, & Blair, 2004	unspecified	Adults	Unspecified
Brotman, Collins, Chamberland, Cormier, 2007	unspecified	33 to 72	LG and heterosexual
Doan, & Higgins, 2011	White, African Americans Latinos	20's to 60's	Lesbians and gays
Durso, & Meyer, 2013	White, Blacks and Latinos	18 to 59	LGB
Fredriksen-Goldsen, Emlet, Kim, Muraco, Erosheva, Goldsen, Hoy-Ellis, 2013	87% was non-Hispanic White	50+	LGB
Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013	_____	50+	LGB and heterosexual

TABLE 2. Continued

Study (Author; Year)	Ethnicity of Sample	Age of Sample	Sexual Orientation
Friedman, Marshal, Stall, Cheong, & Wright, 2008	Caucasians, Hispanics, Asian Pacific Islanders, African Americans and Native Americans	18 to 40	Gay and bisexual males
Gates, & Kelly, 2013	_____	_____	LGB
3 Hill, Rahman, Bright & Sanders, 2010	White (87%), other	18 to 56; 18 to 74	Gay
Hostetler, 2012	Caucasians, African Americans, Latinos, Asian Americans	35+	LGB
Hughes, 2009	Anglo-Australians	early 20's to 76	LG
Johnson, Jackson, Arnette, & Koffman, 2005	African Americans, Asian, Caucasian, Hispanics, Native Americans, others	15 to 72	LGBT
Kertzner, Meyer, Frost, & Stirratt, 2009	White, African American and Latinos	18 to 59	LGB

TABLE 2. Continued

Study (Author; Year)	Ethnicity of Sample	Age of Sample	Sexual Orientation
Orel, 2014	African American, European American, Asian American, Latino	65 to 84	LGB
Reynolds, 2013	_____	_____	LGBT
Russell, Bohan, McCarroll, & Smith, 2011	White, African Ameri- cans, and Asia Pacific islander.	Early 20 - mid 60	LGB and heterosexual
Slevin, & Linneman, 2010	White	60's, 70' and 80's	Gay
Shippy, & Karpiak, 2005	White, Black, Hispanic/Latino, Asian, Native American, other	50+	LGB and heterosexual
Wallace, Cochran,	African American	50 to 70	LGB
Duzano, & Ford, 2011	American Indian, Asian Amrericn, La- tino, other, mixed race		

TABLE 2. Continued

Study (Author; Year)	Ethnicity of Sample	Age of Sample	Sexual Orientation
Warner, McKeown, Griffin, Johnson, Ramsay, Cort, & Michael King 2004	White, Black Asian, other	Identified as above and under 40	LGB
Williams, & Freeman, 2007	_____	_____	Transgender

APENDIX D

TABLE 3: STUDIES ON SERVICES NEEDED FOR ELDERLY GAY MEN

TABLE 3. Studies on Services Needed For Elderly Gay Men

Study (Author; Year)	Mental health services	Health care and caregiving services	Housing services
Anetzberger, Ishler, Mostade, & Blair, 2004	_____	_____	Issues in serving older gay and lesbian older persons, and to develop strategies to improve delivery of services to gay and lesbian older persons. increased awareness and sensitivity and more modestly changed the community and organizations represented.

TABLE 3. Continued

Study (Author; Year)	Mental health services	Health care and caregiving services	Housing services
Brotman, Collins, Chamberland, Cormier, 2007	_____	<p>Negative experiences of caregivers; reported having satisfactory to significant family support; importance of “chosen family” (friends present to provide support and love in the absence of biological family). Fear of facing discrimination when accessing health services rendered the caregiving experience more complex.</p> <p>institutionalization are suggested to be perceived as a real threat discrimination against gay and lesbian older people in residential setting may include incidences or threats of involuntary ‘outing’, neglect and physical and sexual assault.</p>	<p>Older lesbian and gay people are more likely to live alone than are their heterosexual peers, and those people who live alone may have partners who live separately. Experienced discrimination or imposed treatment regimes, dependence on social care or ins-</p>

TABLE 3. Continued

Study (Author; Year)	Mental health services	Health care and caregiving services	Housing services
Doan, & Higgins, 2011	_____	_____	<p>Gentrification on a marginalized community. Importance of having a neighborhood or physical location in which the LGBT community can gather for coffee, for socializing, or just for finding potential partners. “Queer” spaces are in danger of disappearing under a resurgent wave of gentrification. Profound effect there as well as in other LGBT-identified neighborhoods, making it clearly that the LGBT population are struggling to maintain their identities.</p>

TABLE 3. Continued

Study (Author; Year)	Mental health services	Health care and caregiving services	Housing services
Durso, & Meyer, 2013	_____	<p>Rates of non-disclosure of self sexual orientation to healthcare providers demonstrate that bisexual men (39.3 %) and bisexual women (32.6 %) compared with gay men (10 %) and lesbians (12.9 %) do not disclose their sexual orientation to healthcare providers due to fear of discrimination. Gay and Bisexual Men, men who had not disclosed to their healthcare providers were younger than men who disclosed. Looking at minority stress, men who reported a higher level of internalized homophobia were significantly less likely to have disclosed.</p>	_____

TABLE 3. Continued

Study (Author; Year)	Mental health services	Health care and caregiving services	Housing services
Fredriksen-Goldsen, Emler, Kim, Muraco, Erosheva, Goldsen, Hoy-Ellis, 2013	<p>LGB older adults continue to face risks that may increase their vulnerability to mental health problems. In the US (N=2,349) higher rates of smoking and excessive drinking, higher rates of lifetime victimization and more internalized stigma, and less social support and smaller social networks; 22% of the LGB older adult reported poor general health; 45% had a disability; and 29% experienced depressive symptomology. High levels of discrimination and victimization that lead to internalized stigma and negative health consequences.</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>

TABLE 3. Continued

Study (Author; Year)	Mental health services	Health care and caregiving services	Housing services
Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013	_____	As the degrees of social support and social network size increased, the odds of poor general health decreased (also confirm that health disparities related to sexual orientation); LGB older adults face an elevated risk of disability and mental distress, are more likely to smoke and engage in excessive drinking, and are less likely to be partnered or married.	

TABLE 3. Continued

Study (Author; Year)	Mental health services	Health care and caregiving services	Housing services
Hostetler, 2012	_____	<p>Attitudes toward aging, are related to a range of behavioral outcomes in later life, including psychological wellbeing. Aging related fears and concerns may be a particularly important attitudinal dimension for older gays and lesbians given their relatively greater uncertainty about how future care needs will be met. Openly LGB adults are believed to have access to a unique constellation of resources including formal and informal supports and networks offered by LGB communities. Resources may provide a form of anti-gay victimization.</p>	_____

TABLE 3. Continued

Study (Author; Year)	Mental health services	Health care and caregiving services	Housing services
Hughes, 2009	_____	<p>In the USA and in a study in Australia, findings have demonstrated that for lesbians and gays, other important social determinants of health include discrimination by mainstream health and aged care providers. Instances of discrimination reported in relation to aged care delivery. Gays have a number of concerns about their aging, about growing older in the LGBT community, and about accessing mainstream care-takers and aged care services. The most frequently reported health concern in relation to aging was a general decline in the standard of health followed by a loss of independence, and a decline in mental health or cognitive ability.</p>	_____

TABLE 3. Continued

Study (Author; Year)	Mental health services	Health care and caregiving services	Housing services
Johnson, Jackson, Arnette, & Koffman, 2005	_____	Discrimination in retirement care facilities where 73% of the respondents indicated that they believed discrimination exists in such settings, and 60% of the respondents did not believe that they had equal access to social and health services; 93% of the respondents believed that a diversity and sensitivity training program would help build tolerance of the GLBT population needs in retirement care facility staff; 98% retirement care facility staff; 98% indicated that a gay or gay-friendly retirement care facility would be a positive development for older GLBT persons.	73% of respondents indicated that they believed discrimination exists in retirement care facilities, while 74% believed such facilities do not include sexual orientation in their anti-discrimination policies; 34% believed that they would have to hide their orientation in a retirement facility.
Kertzner, Meyer, Frost, & Stirratt, 2009	Although the prevalence of depression decreases with older age in the general population, LGB older adults continue to face risks that may increase their vulnerability to mental health problems. Lack of social relationships and interaction with other LGB adults.	_____	_____

TABLE 3. Continued

Study (Author; Year)	Mental health services	Health care and caregiving services	Housing services
Orel, 2014	<p>Homophobic attitudes discouraged the LGBT older adults from “coming out.” Inadequate social networks of aging. Interaction between social support and mental health in individual’s life circumstances.</p> <p>Ability to maintain/spiritual support. Ability to maintain supportive relationships with family and friends were becoming more challenging as they aged. Medical/health care needs were their primary source of concern, with an emphasis on concerns related to rising health care costs, financial constraints in seeking medical care, and failing health.</p>	<p>Issues related to housing, spirituality, mental health, family, and social networks intersected with both age and sexual orientation. Ageism and heterosexism presented challenges for LGB when attempting to secure adequate housing and receive emotion-</p>	<p>_____</p>
Slevin, & Linneman, 2010	<p>Issues of discrimination and stigmatization stigmas of being old gay men. Oppression, social isolation (how to manage it and, ideally, how to resist it).</p>	<p>_____</p>	<p>_____</p>

TABLE 3. Continued

Study (Author; Year)	Mental health services	Health care and caregiving services	Housing services
Shippy, & Karpiak, 2005	_____	<p>Largely unaware or in denial of their HIV risk among other risks and health adversities. Older adults diagnosed with HIV/AIDS have a significantly shorter survival rate than younger individuals with the same diagnosis. In New York city, participants reported 41% of the participants had a living parent and 65% had at least one child. The majority (87%) of participants had one or more siblings, and 42% had other relatives. Friends were present in 85% of the informal networks. Over half of these friends (56%) were also older adults living with HIV. Infected adults have become isolated, as evidenced by small social networks and high rates of depression.</p>	_____

TABLE 3. Continued

Study (Author; Year)	Mental health services	Health care and caregiving services	Housing services
Wallace, Cochran, Duzano, & Ford, 2011	Higher use of mental health services by aging LGB adults due to a greater intensity of need to cope with day by day experiences of discrimination, chronic social stressors, and/or less mental health support available; Aging LGB adults (27.9%) reported help for emotional or mental health problems, compared to 14% of aging heterosexual adults; gay men more vulnerable to anxiety, depression, deliberate self-harm and substance misuse.	_____	_____

TABLE 3. Continued

Study (Author; Year)	Mental health services	Health care and caregiving services	Housing services
Warner, McKeown, Griffin, Johnson, Ramsay, Cort, & Michael King 2004	<p>In England, much speculation but little evidence about the psychological wellbeing of the gay male. In the US, gay men and lesbians are more vulnerable to anxiety, depression, deliberate self-harm and substance misuse than heterosexuals. High rates of planned and actual deliberate self-harm and high levels of psychiatric morbidity among gay men (42%). Lifetime use of drugs, smoking and hazardous drinking (AUDIT score 8 or over). Of 1285 of LGB, 556 had mental disorder, 361 had attempted suicide. Associated with discrimination (physical attack and school bullying).</p>	_____	_____

APENDIX E

TABLE 4: STUDIES ON IMPORTANT ASPECTS RELATED TO OLDER GAY MEN
POSITIVE MENTAL HEALTH WELL-BEING

TABLE 4. Studies on Important Aspects Related to Older Gay Men Positive Mental Health Well-Being

Study (Author; Year)	Health conditions	LGBT Rights	Social and Psychological Wellbeing
Anetzberger, Ishler, Mostade, & Blair, 2004	———	———	Fear of seeking appropriate care and services to reach positive mental health well-being has been a struggle due to discrimination and stigmatization. Gay and lesbian older adults suffer the effects of societal discrimination, social invisibility, and ageism. Older gay adults may be distrustful of mainstream service providers because of discrimination faced in the past or from fear of encountering discrimination based on sexual identity, anxiety about disclosure of their sexuality, combined with increased need for medical and social support during old age, can lead to hazardous self-neglect and isolation.

TABLE 4. Continued

Study (Author; Year)	Health conditions	LGBT Rights	Social and Psychological Wellbeing
Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013	<p>Health disparities among LGB, adults aged 50 years and older were analyzed; chronic conditions, access to care, behaviors, and screening. The data demonstrated that LGB older adults had higher risk of disability, poor mental health, smoking, and excessive drinking than did heterosexuals. Gay and bisexual men had higher risk of poor physical health and living alone than did heterosexuals; to have poor physical health, disability, and poor mental health; lower odds of obesity than did heterosexual men; asthma for gay and bisexual men were higher; smoking and excessive drinking; more likely than heterosexual men to have received a flu shot and an HIV test.</p>	_____	_____

TABLE 4. Continued

Study (Author; Year)	Health conditions	LGBT Rights	Social and Psychological Wellbeing
Friedman, Marshal, Stall, Cheong, & Wright, 2008	Experience of homophobic attacks against young gay/ bisexual male youth helps to explain heightened rates of serious health problems among adult gay men. three indices of abuse and to have greater negative health outcomes as adults; in some people, partner abuse, gay related victimization, depression, unprotected anal intercourse, positive HIV status, and suicide attempts during adulthood.	_____	Early gay related development comes from a negative source, for example, parental physical abuse, forced sex, and gay related harassment at higher risk for two of the
Hill, Rahman, Bright, & Sanders, 2010	The goal of on a study in the US and in the UK in 2010 was to explore how gay men define intimate behaviors as having “had sex” or not, in relationship to HIV. Gay men’s definitions of what cons-	_____	_____

TABLE 4. Continued

Study (Author; Year)	Health conditions	LGBT Rights	Social and Psychological Wellbeing
Hill, Rahman, Brights, & Sanders, 2010	<p>titutes having “had sex” data are reported from both a US and a UK consistency exists within and across western gay cultures. ” HIV/AIDS and older gay men, meaning of the word “sex” have implications for sexual health research, sexual medicine, HIV/AIDS research, and clinical practices; attitudes of gay men, lesbian women, or bisexual individuals often not counted in studies like this one due to low numbers of participants who identified as such due to fear to disclose their sexual orientation associated with discrimination. Researchers and clinicians minimize ambiguity and utilize behaviorally specific criteria when making sexually transmitted infection (STI) and HIV/AIDS risk assessments.</p>	_____	_____

TABLE 4. Continued

Study (Author; Year)	Health conditions	LGBT Rights	Social and Psychological Wellbeing
Hostetler, 2012	_____	_____	<p>Reliance on perceptual measures such as “sense of community” may only serve to mask important interactions between environmental and psychological resources. Both direct and indirect effects of perceived control, mastery, autonomy, and related concepts, including direct linkages to happiness, life satisfaction, and general psychological and physical wellbeing).</p>
Kertzner, Meyer, Frost, & Stirratt, 2009	_____	_____	<p>LGBT adults have greater psychiatric morbidity than their heterosexual counterparts and that this excess morbidity is related to exposure to stressors, such as prejudice, discrimination and violence. The effect of the social stress that the gay men develop throughout the</p>

TABLE 4. Continued

Study (Author; Year)	Health conditions	LGBT Rights	Social and Psychological Wellbeing
Kertzner, Meyer, Frost, & Stirratt, 2009	_____	_____	<p>years affecting the psychosocial development of gay men due to stigmatization, discrimination and stress on wellbeing may include establishing new social networks, developing and maintaining a positive individual and group relationship, intimacy, and purpose in life. Achievement of social wellbeing defined by this construct overlaps with outcomes suggested by models of sexual identity formation in LGB persons: a rejection of the belief that the world is divided into “bad” heterosexuals and “good” homosexuals, a decreased sense of anger, alienation, and frustration, and an increased sense of belonging to the world at large and of being more than “just” a lesbian or gay man.</p>

TABLE 4. Continued

Study (Author; Year)	Health conditions	LGBT Rights	Social and Psychological Wellbeing
Orel, 2014	_____	<p>Legal issues were identified as a problematic source of primary concern and frustration for the older LGB adults. Lack of legal protection for same sex couples that married opposite sex couples. Living wills and durable power of attorney for health care, are not sufficient for protecting their health concerns, for example in the provision of home health care and long-term institutional care.</p>	_____
Reynolds, 2013	_____	<p>LGBT rights include sociocultural variables such as the level of social acceptance of homosexuality and the religious orientation of the greater society. These have an impact on electoral</p>	_____

TABLE 4. Continued

Study (Author; Year)	Health conditions	LGBT Rights	Social and Psychological Wellbeing
Reynolds, 2013	_____	success of openly gay candidates. Openly gay candidates will be selected and elected. Gay rights have been incrementally gathering steam since the late 1980s (ie, "Defense of Marriage Amendment" [DOMA] and the 1992 Colorado's anti-LGB Amendment 2).	_____
Russell, Bohan, McCarroll, & Smith, 2011	_____	Colorado served as a test case for political actions of this sort, and its "clones" and variations proliferated in its wake, to be followed by the same-sex marriage debate. The fact that Colorado's Amendment 2 was overturned by the U.S. Supreme Court did not serve to protect either Coloradans or other LGB people around the country from subsequent anti-LGBT political attacks.	_____

TABLE 4. Continued

Study (Author; Year)	Health conditions	LGBT Rights	Social and Psychological Wellbeing
Slevin, & Linneman, 2010	_____	_____	High levels of life satisfaction in contrast with one of the more provocative findings is that a high level of involvement in a gay community was associated with increased concern over aging. Old gay men, through their involvement in the gay community, may experience ageism as they interact with younger members of the community.
Shippy, & Karpiak, 2005	One-third (33%) identified a partner or a friend as their preferred source of support, while family members were preferred by 23%. Social agencies and other people were identified by 14% and 4% of respondents, Participants expressed high levels of unmet support needs.	_____	_____

TABLE 4. Continued

Study (Author; Year)	Health conditions	LGBT Rights	Social and Psychological Wellbeing
Shippy, & Karpiak, 2005	Two fifths received all or most of the emotional support they needed, yet 57% reported unmet emotional support needs.	_____	_____
90	Wallace, Cochran, Duzano, & Ford, 2011	Aging LGB adults face several unique challenges as they age. Social and demographic characteristics such as education are important for better health status and access to health care. LGBT people have higher rates of several serious chronic physical and mental health conditions; Exhibit higher rates of diabetes, hypertension, poor mental health, physical disability and fair/poor self-assessed health.	
	Warner, McKeown, Griffin, Johnson, Ramsay, Cort, & Michael King 2004 self-harm contrasts with	_____	People under 40 years old appear to be at higher risk of mental disorder, harmful drinking and considering

TABLE 4. Continued

Study (Author; Year)	Health conditions	LGBT Rights	Social and Psychological Wellbeing
Warner, McKeown, Griffin, Johnson, Ramsay, Cort, & Michael King 2004	_____	_____	greater openness about sexuality in this group. Along with being stigmatized, older gay men have been stereotyped as being lonely, sexless, or sexual in an age-inappropriate manner causing then increased risks for mental health conditions. Older gay men adults with co-existent disadvantaged statuses may experience a heightened sense of ageism.
Williams, & Freeman, 2007	There is not a lot of information on the transgender population due to the transgender population being studied as a separate group many times or due to transgender being a small sample in some situations. Education regarding transgender health and aging is called for at all levels of society. They face	_____	_____

TABLE 4. Continued

Study (Author; Year)	Health conditions	LGBT Rights	Social and Psychological Wellbeing
Williams, & Freeman, 2007	<p>the typical stresses of growing old compounded by unique stresses and challenges related to being transgender. Federal laws, public and private policies, and violent and dehumanizing discrimination collude to isolate transgender elders and potentially impair their health, quality of life, and longevity. Transphobic oppression is an obstacle, transgender people are carving out a public identity and claiming their rights as full members of society.</p>	_____	_____

APENDIX F

TABLE 5: STUDIES ON FUTURE RECOMMENDATIONS ADDRESSING
ASPECTS OF AGING IN THE LGBT COMMUNITY

TABLE 5. Studies on Future Recommendations Addressing Aspects of Aging in the LGBT Community

Study (Author; Year)	Aging Services	Policy
Brotman, Collins, Chamberland, Cormier, 2007	Comparative analysis of gay and lesbian caregivers, heterosexual caregivers, and other minority caregivers (including ethno-cultural minority populations); caregiving to pre- and post-liberation seniors; experiences in rural contexts and with respect to diverse social variables, such as race, ethnicity, and class; legal and financial concerns in the context of rights-based discussions across jurisdictions; caregiving to gay and lesbian seniors in institutional settings; and caregiving issues for bisexual and transgendered seniors.	The possibilities for funding and institutional support for research and the interest in advocating for practice and policy changes to support gay and lesbian seniors and their families are slowly increasing. Researchers must be encouraged to undertake projects in a manner that prioritizes resource sharing and partnerships with community and health care organizations to ensure that results are communicated to health care professionals and community activists.
Durso, & Meyer, 2013	Suggests that healthcare providers may need to address experiences of minority stress, particularly internalized homophobia; interventions addressing health disparities within the LGB population. The differential patterns of disclosure observed in this study suggest that interventions, such as public health messaging campaigns.	_____

TABLE 5. Continued

Study (Author; Year)	Aging Services	Policy
Fredriksen-Goldsen, Emler, Kim, Muraco, Erosheva, Goldsen, Hoy-Ellis, 2013	<p>It will be important to address both the common health risks faced by older adults in general as well as the unique risk and protective factors affecting LGB older adults in particular, including elevated rates of lifetime victimization, increased stigma, and distinct social support networks. More research with a life course perspective is needed to examine how age and cohort effects may differentiate the experiences of younger and older LGB adults.</p>	<p>_____</p>
Friedman, Marshal, Stall, Cheong, & Wright, 2008	<p>Future research should be guided by the need to prevent the development of health problems among gay and bisexual adolescents and adults. The first need is to increase understanding of how psychosocial health problems develop among gay males.</p>	
Gates, & Kelly, 2013	<p>Social work research enterprise can be the place for beginning to understand the lived experiences of LGB individuals. Social work has a long history of understanding the sociopolitical context of our clients within a strengths perspective, and social work research has the potential for doing</p>	

TABLE 5. Continued

Study (Author; Year)	Aging Services	Policy
Gates & Kelly 2013	the same. Understanding the strengths and resources of the LGB community in coping with and fighting against LGB stigmatization. Assessing only the problems provides an incomplete picture of our LGB clients and participants' realities.	_____
96 Hostetler, 2012	Future research on this topic are to identify the most impactful LGB community resources, to better understand the role and function of control and other psychological resources among older gay adults, and to illuminate the mechanisms and processes by which these dimensions shape aging outcomes, alone and in concert.	_____
Orel, 2014	Future research needs to focus on understanding the implications of differences in race, ethnicity, cultural environments, socioeconomic status, and age among LGBT older adults utilizing the intersectionality perspective that examines multiple identities and the ways in which they interact. Investigation of the needs and concerns among LGBT older adults must take into consideration multiple	

TABLE 5. Continued

Study (Author; Year)	Aging Services	Policy
Orel, 2014	attributes of the population and the interlocking systems of vulnerability and need that result in the cumulative effects of a lifetime of discrimination and stigma.	_____
Reynolds, 2013	_____	Suggests that groups that promote, train, and provide resources to openly LGBT candidates (regardless of political affiliation) are on the correct track if they wish to see equalization of the law when it comes to sexual orientation and civil rights. Further study of the interaction between LGBT candidates and their colleagues is needed to examine in detail the mechanism(s) at work, but there is reason to believe that merely by their presence a legislator who happens to be LGBT changes the discourse around gay rights.

TABLE 5. Continued

Study (Author; Year)	Aging Services	Policy
Russell, Bohan, McCarroll, & Smith, 2011	_____	Mental health professionals are well trained to help clients to identify the nature of sexual prejudice and its impact on their lives in order to adopt positive coping strategies to adopt an explicit political analysis that recognizes anti-LGBT politics as one event in an ongoing movement for equal rights. To confront the potential for internalizing negative messages proffered by homophobic campaigns, and to make use of the safety, resources, and validation to be found within the LGBT community mental health professionals would do well to incorporate these considerations in working with individuals and with groups.

REFERENCES

REFERENCES

- Addis, S., Davies, M., Greene, G., Macbride-Stewart, S., & Shepherd, M. (2009). The health, social care and housing needs of lesbian, gay, bisexual and transgender older people: A review of the literature. *Health & Social Care in the Community*, 17(6), 647-658.
- Anetzberger, G., Ishler, K., Mostade, J., & Blair, M. (2004). Gray and gay: A community dialogue on the issues and concerns of older gays and lesbians. *Journal of Gay & Lesbian Social Services*, 17(1), 23-45.
- Bowling, A., & Gabriel, Z. (2007). Lay theories of quality of life in older age. *Ageing & Society*, 27, 827-848.
- Brotman, S., Ryan, B., Collins, S., Chamberland, L., Cormier, R., Julien, D.,... Richard, B.(2007). Coming out to care: Caregivers of gay and lesbian seniors in CANADA *The Gerontologist*, 47(4), 490-503.
- Brown, L., Alley, G., Sarosy, S., Quarto, G., & Cook, T. (2002). Gay men: Aging well. *Journal of Gay & Lesbian Social Services*, 13(4), 41-54.
- Doan, P., & Higgins, H. (2011). The demise of queer space? Resurgent gentrification and the assimilation of LGBT neighborhoods. *Journal of Planning Education and Research*, 31(1), 6-25.
- Durso, L., & Meyer, I. (2013). Patterns and predictors of disclosure of sexual orientation to healthcare providers among lesbians, gay men, and bisexuals. *Sexuality Research and Social Policy*, 10(1), 35-42.
- Fredriksen-Goldsen, K. I., Emler, C. A., Kim, H. J., Muraco, A., Erosheva, E.A., Goldsen, & J., Hoy-Ellis, C. P., (2013). The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors. *Gerontologist*.
- Fredriksen-Goldsen, K., Kim, H., Barkan, S. E., Muraco, A., & Hoy-Ellis, C. (2013). Health disparities among lesbian, gay, and bisexual older adults: Results from a population-based study. *American Journal of Public Health*, 103(10), 1802-1809.

- Friedman, M., Marshal, M., Stall, R., Cheong, J., & Wright, E. (2008). Gay-related development, early abuse and adult health outcomes among gay males. *AIDS and Behavior, 12*(6), 891-902.
- Gates, T., & Kelly, B. (2013). LGB cultural phenomena and the social work research enterprise: Toward a strengths-based, culturally anchored methodology. *Journal of Homosexuality, 60*(1), 69-82.
- Gray S. W. & Zide M. R. (2012). Psychopathology: A competency-based assessment model for social workers, 3d ed. *Reference & Research Book News, 27*(5).
- Grossman, A., & D'Augelli, A. (2001). Disclosure of sexual orientation, victimization, and mental health among lesbian, gay, and bisexual older adults. *Journal of Interpersonal Violence, 16*(10), 1008-1027.
- Heintz, A., & Melendez, R. (2006). Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual, and transgender individuals. *Journal of Interpersonal Violence, 21*(2), 193-208.
- Hill, B., Rahman, Q., Bright, D., & Sanders, S. (2010). The semantics of sexual behavior and their implications for HIV/AIDS research and sexual health: US and UK gay men's definitions of having "had sex". *AIDS Care, 22*(10), 1245-1251.
- Hooyman, N. R., & Kiyak, H. A. (2005). Social gerontology: A multidisciplinary perspective, 7th ed. (guide included). Reference and Research Book News, 20(1).
- Hostetler, A. (2012). Community involvement, perceived control, and attitudes toward aging among lesbians and gay men. *International Journal of Aging & Human Development, 75*(2), 141-167.
- Hughes, M. (2009). Lesbian and gay people's concerns about ageing and Accessing services. *Australian Social Work, 62*(2), 186-201.
- Iwasaki, Y., & Ristock, J. (2007). The nature of stress experienced by lesbians and gay men. *Anxiety, Stress & Coping, 20*(3), 299-319.
- Johnson, M., Jackson, N., Arnette, J., & Koffman, S. (2005). Gay and lesbian perceptions of discrimination in retirement care facilities. *Journal of Homosexuality, 49*(2), 83-102.
- Kertzner, R. M., Ilan, H. M., David M. F., and Michael J. S. Social and Psychological Well-being in Lesbians, Gay Men, and Bisexuals: The Effects of Race, Gender, Age, and Sexual Identity. *The American Journal of Orthopsychiatry, 79.4*: 500-510.

- Kim, H. S., Sherman, D. K., & Taylor, S. E. (2008). Culture and social support. *American Psychologist, 63*(6), 518-526. doi:10.1037/0003-066X
- Kuyper, L., & Fokkema, T. (2010). Loneliness among older lesbian, gay, and bisexual adults: The role of minority stress. *Archives of Sexual Behavior, 39*(5), 1171-1180
- Lyons, A., Pitts, M., & Grierson, J. (2013). Factors related to positive mental health in a stigmatized minority: An investigation of older gay men. *Journal of Aging and Health, 25*(7), 1159-1181.
- Orel, N. (2014). Investigating the needs and concerns of lesbian, gay, bisexual, and transgender older adults: The use of qualitative and quantitative methodology. *Journal of Homosexuality, 61*(1), 53-78.
- Price, E (2005). All but invisible: Older gay men and lesbians. *Nursing Older People, 17* (4).
- Quine, S., & Morrell, S. (2007). Fear of loss of independence and nursing home admission in older Australians. *Health and Social Care in the Community, 15*, 212.
- Quine, S., Morrell, S., & Kendig, H. (2007). The hopes and fears of older Australians: For self, family and society. *Australian Journal of Social Issues, 42*, 321-335.
- Rahman, Q., Sanders, S., Bright, D., & Hill, B. (2010). The semantics of sexual behavior and their implications for HIV/AIDS research and sexual health: US and UK gay men's definitions of having "had sex". *AIDS Care, 22*(10), 1245-1251.
- Reynolds, A. (2013). Representation and rights: The impact of LGBT legislators in comparative perspective. *American Political Science Review, 107*(2), 259-216.
- Rowan, N., Giunta, N., Grudowski, E., & Anderson, K. (2013). Aging well and gay in rural america: A case study. *Journal of Gerontological Social Work, 56*(3).
- Russell, G., Bohan, J., McCarroll, M., & Smith, N. (2011). Trauma, recovery, and community: Perspectives on the long-term impact of anti-LGBT politics. *Traumatology, 17*(2), 14-23.
- Shippy, R., Cantor, M., & Brennan, M. (2004). Social networks of aging gay men. *Journal of Men's Studies, 13*(1), 107-120.
- Shippy, R., & Karpiak, S. (2005). The aging HIV/AIDS population: Fragile social networks. *Aging & Mental Health, 9*(3), 246-254.

- Slevin, K., & Linneman, T. (2010). Old gay men's bodies and masculinities. *Men and Masculinities, 12*(4), 483-507.
- Smith, M. (2002). Stigma. *Advances in Psychiatric Treatment, 8*.5: 317-323.
- Starks, T., Rendina, H., Breslow, A., Parsons, J., & Golub, S. (2013). The psychological cost of anticipating HIV stigma for HIV-negative gay and bisexual men. *AIDS and Behavior, 17*(8), 2732-2741.
- Wallace, S., Susan D. C., Duzano, E., and Chandra L. F. (2011). The Health of Aging Lesbian, Gay and Bisexual Adults in California. (Policy Brief PB2011-2). Los Angeles, CA: UCLA Center for Health Policy Research. Mar 2011; (0): 1-8.
- Warner, J., Eamonn McK., Mark G., Katherine J., Angus R., Clive Cort, and Michael K. (2004). Rates and Predictors of Mental Illness in Gay Men, Lesbians and Bisexual Men and Women: Results from a Survey Based in England and Wales. *The British Journal of Psychiatry : The Journal of Mental Science, 185*.6: 479-485.
- Wight, R., LeBlanc, A., de Vries, B., & Detels, R. (2012). Stress and mental health among midlife and older gay-identified men. *American Journal of Public Health, 102*(3), 503-510.
- Williams, M., & Freeman, P. (2007). Transgender health: Implications for aging and caregiving. *Journal of Gay & Lesbian Social Services, 18*(3/4), 93-108.
- Wolitski, R. J., Ron S., & Valdiserri R. O. (2008). Unequal opportunity: Health disparities affecting gay and bisexual men in the United States: *Journal of Community Health, 33*, 283.