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Satisfaction with life, quality of relationships and social service needs of gay, lesbian, bisexual and transgendered persons aged 50 and older

Sandra Kay Eastman

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SATISFACTION WITH LIFE, QUALITY OF RELATIONSHIPS AND SOCIAL SERVICE NEEDS OF GAY, LESBIAN, BISEXUAL AND TRANSGENDERED PERSONS AGED 50 AND OLDER

A Project
Presented to the Faculty of California State University, San Bernardino

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

by
Sandra Kay Eastman
June, 2000
SATISFACTION WITH LIFE, QUALITY OF RELATIONSHIPS AND SOCIAL SERVICE NEEDS OF GAY, LESBIAN, BISEXUAL AND TRANSGENDERED PERSONS AGED 50 AND OLDER

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Approved by:
Dr. Rosemary McCaslin,
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ABSTRACT

This exploratory research surveyed 74 Southern California residents age 50 and older in the gay community to determine the following. As a gay man, lesbian woman, bisexual or transgendered person ages, is he or she satisfied with life? Are they in committed relationships? Does his/her consciousness, community, friend, and family support aid the aging process or create additional stressors? Contrary to many stereotypes this study found most older gay, lesbian, bisexual, and transgendered persons are satisfied with their lives, have many friends, and have close ties to the gay community. Sixty percent are in high-quality committed relationships where they are happy, often with a long-time partner. They state their needs in relation to friends and community. The implications for social workers are great, since when this population experiences difficulties, they most often seek help in therapy and/or the medical field.

Key words: Homosexuality and aging; gay lesbian bisexual and transgendered life satisfaction, needs, and relationships.
ACKNOWLEDGMENTS

To my dear friend-Kathleen D. Jenes. Thank you for your patience, support, and encouragement.

To my children-Jennifer Malley and Alec Michael Rail. Thank you for teaching me so much, for your undying love, and for showing me the way.

To my grandchildren - Alyx, Jesse, and the twins, Sean and Bryce. Thank you for being my shining stars.

To my mentor and confidant-Jennifer Fog. Thank you for always being so gentle. I could not have done it without you. "We have made a good team."

To my friends—but especially Andrea and Sharon. Thank you for always being there and actively listening. I do humbly apologize for neglecting all my family and friends during this project.

And to all those who consider themselves part of the gay, lesbian, bisexual and transgendered community — especially those who are older — you, like I, have overcome many, many obstacles and you should be very proud of yourselves.
DEDICATION

To the memory of my brother—Vernon Paul Huffaker. We often commiserated about life. His tenacity despite many hardships inspired me. His kindness comforted me. He always wanted to be a social worker. I will carry his compassion and determination with me throughout my career.
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INTRODUCTION

"We’re going to grow old together, you and I”

-Diane (Judy Davis) to Grethe (Glen Close) in the movie Serving in Silence: The Margarethe Cammermeyer Story (1995)

The purpose of this study was to examine life satisfaction, relationship quality and particular needs of the older gay, lesbian, bisexual and transgendered person in Southern California. Over the past twenty years interest in gerontology and geriatrics has increased greatly. Fueled by the unprecedented aging of America’s population, scholars have begun to research this aging population and assess the biopsychosocial aspects of aging (Rowe & Kahn, 1998).

Marginalized and oppressed throughout history, research on the gay, lesbian, bisexual and transgendered population has only recently begun to receive critical attention for scholars (Dubberman, et al., 1989). According to the National Museum & Archive of Lesbian and Gay History, gays and lesbians have been largely invisible in mainstream social science research. The U. S. Census Bureaus statistics tells us nothing about lesbian, gay,
bisexual or transgendered person even though gay men, lesbian women, bisexual and transgendered persons are found employed in every line of work, pay taxes, have children, own homes, retire, grow old and die, and are represented in every ethnic and cultural minority (NMALGH, 1996).

Although sex and sexual practices are only one part of homosexual life just as it is only one part of heterosexual life, gays, lesbians, bisexuals and transgendered persons are often only studied when researchers are looking at sexual behaviors (NMALGH, 1996). Couple this with the myth that aging Americans don’t have sex and it is no wonder that there is little research on the older gay man, lesbian, bisexual or transgendered person.

have not been completely ignored. Friend (1987) notes that the current body of research is descriptive in nature, examining myths and stereotypes. Published research also focuses more on gay men than it does on lesbians (Berger, 1982a; Friend, 1987; Johnson & Kelly, 1977; Kehoe, 1986). Deevey (1990) argues that this exclusion may result from a triple minority status for older lesbians combining age, gender, and sexual orientation.

In searching for information on older bisexuals and transgendered persons this researcher could find no articles addressing older bisexuals or transgendered persons in The International Journal of Transgenderism, The Journal of Gay, Lesbian, and Bisexual Identity or the Journal of Bisexuality.

Older lesbian women, gay men, bisexuals and transgendered persons warrant more study. First, the exclusion of lesbians is not addressed through studies focusing on older women. Although older women are recognized as the fastest growing segment of the population (Grambs, 1989), the reality that approximately ten percent of this group is lesbian is ignored. Older women are not a homogeneous group, and neither are older men. Diversity of
sexual orientation and gender identity within the older population needs to be better understood.

Second, such research can counter the negative images of older lesbian, gay men, bisexuals and transgendered people that are common in our society. Lesbians have been portrayed as a social embarrassment (Kehoe, 1986), and as loners without feeling or attractiveness (Berger, 1982a). Older gay males have been described as depressed, lonely, and oversexed (Kelly, 1977). These stereotypes are voiced even among helping professionals, and the stereotypes remain unchallenged when certain segments of the older population are ignored. Despite the stigma and ill treatment of the lesbian, gay, bisexual and transgendered population, there is a view that gays and lesbians are more accepted in American society today. Yet statistical reports show that oppression, discrimination and even hate crimes against this population are on the rise (Card, 1994; Comstock, Fenway Community Health Center, 1994a, 1994b; Herek & Berrill, 1992; Pesina, Hitchcock & Rienzi, 1994).

This study is exploratory in nature and uses a Post-Positivist approach. This approach is taken because truly scientific method research, where all variables are controlled, would be impossible with this study. Therefore
an approach that sees positivist, scientific method research, as a benchmark, but also understands the difficulties and impracticalities of a positivist approach is needed (Glicken, 1999). A quantitative research design was employed utilizing self-reporting questionnaires regarding life satisfaction, relationship quality and social service needs.

The purpose of this study was to attain knowledge about the needs, relationship quality, and satisfaction with life of older gays, lesbians, bisexuals and transgendered persons. This study was based on two assumptions: 1.) that, as the population in general ages, a certain percentage will be gay, lesbian, bisexual or transgendered; and 2.) that the needs specific to the older gay, lesbian, bisexual or transgendered population need to be examined. The intent of this researcher was to improve the helping fields' ability to understand and identify the needs of this population and to understand the quality of their significant relationships and satisfaction with their lives.
LITERATURE REVIEW

A review of the psych-lit database, the sociofile database, social work abstracts, dissertation abstracts from the present back to 1974, along with a thorough search of online journals on the Internet and books on older gay men and lesbians were examined in preparation for this study.

Professional literature on aging has often given the impression that homosexuality does not exist among older adults (Brown, et al., 1997). The Kinsey studies show that gay men and lesbians exist in significant numbers across the lifespan (Kinsey & Gebhard, 1953; Kinsey, Pomeroy, & Martin, 1948), and more recent studies (e.g., Berger, 1982; Friend, 1991; Kelly, 1977; McDougall, 1993) would suggest that homosexuality does exist among older adults. Given the statistical fact that 3 to 10 percent of the adult population is same-sex oriented (Berger & Kelly, 1995; Laumann, Gagnon, Michael, & Michaels, 1994), older gay men and lesbians may number over 1.75 million persons in the United States alone.

Berger (1982) and Kelly (1977) have identified older gay men and lesbians as the "silent pioneers" and the
"unseen minority." There is only a limited body of knowledge generated by social researchers and mental health providers in this area. Withstanding the effects of societal discrimination and hatred, it is not surprising that the needs of this population have gone unidentified (Berger and Kelly, 1995).

Population estimates range from 1.75 to 3.5 million for gay men and lesbians aged 50 and older in the United States. To put these figures in perspective, this is approximately equal to or two times greater than the number of older adults living in a nursing home setting. As this population has seldom been studied or even acknowledged to exist, few programs are provided to meet the special needs of these individuals (Friend, 1987).

The history of research about older gay men and lesbian women is a short one. Despite its universality, aging remains one of the least discussed, least studied aspects of gay and lesbian lives. Nevertheless, a few relevant sociological and psychological studies as well as testimony from increasingly vocal elders indicate that growing older as a lesbian, gay man, bisexual or transgendered person is a much more positive phenomenon than is commonly thought (Hogan & Husdon, 1998).
In general the literature supports the view that older gay, lesbian, bisexual, and transgendered persons cope favorably with the aging process and are comparable to others in their social adjustments (Bennett & Thompson, 1980; Berger, 1982; Francher & Henkin, 1972; Friend, 1980; Kelly, 1977; Kimmel, 1978; Lee, 1987; Minnigerode & Adelman, 1978; Weinberg & Williams, 1974). Older homosexual men, in general have made friends and developed a supportive social network (Brown, et al., 1997).

This population demonstrates an increased need for social support systems that remains intact as they age. The literature suggests that the stresses of aging (e.g., isolation, physical limitations, and anxiety) are lessened with an intact social network (Hooyman, 1983).

Studies of older persons have regularly ignored the possibility that respondents may be sexual, or that they may be gay or lesbian (Berger, 1982a). The majority of research about homosexual populations focuses on younger respondents. While both of these exclusions may result from sampling difficulties, societal attitudes toward aging and homosexuality play an important role (Hogan & Hudson, 1998). Fortunately, the lives of older lesbians and gay men have begun to receive some attention. A review of the
current research reveals that a picture of the older 
lesbian woman and gay man is beginning to emerge. 

Researchers have speculated that being gay, lesbian, 
bisexual or transgendered can facilitate successful aging. 
The coming-out process (which never ends) may provide a 
sense of competence that buffers a person against later 
crises (Kimmel, 1978). From the day we are born gender 
questions are asked. Gays upset those gender role 
expectations. As a result, role changes associated with 
aging may be less severe for the gay older adult since 
flexible gender roles throughout the life span have enabled 
development of independence and positive self-attributions. 
These in turn may influence adjustment to aging (Friend, 
1980). Francher and Henkin's (1993) data indicated that the 
gay subculture insulates gay males from status-role 
identity and lessens the effects and anxiety inherent in 
role loss such as occurs with aging. Berger (1982a) 
suggested that gay men, lesbian, bisexual and transgendered 
people are less likely to experience role losses and more 
likely to exhibit role flexibility than heterosexuals are. 

Not all the research is in agreement. Lee (1987) 
contends that heterosexuals do not have as much to learn 
from aging gay men, lesbian, bisexual and transgendered
people as Berger has suggested. Lee found that the variables most significantly related to high scores on life satisfaction for his sample were the same as those for heterosexual studies of aging.

Aging for gay men, lesbian, bisexual or transgendered people is not without problems, however. Problems associated with aging for gay adults have been found to include stigmatization of age, loss of friends, fear of institutionalization (Kelly, 1977), loneliness (Kehoe, 1989; Minnigerode & Adelman, 1978), and health, body, and physical activity changes (Berger, 1984). In his review of the literature concerning the psychology of aging for lesbians and gay men, Friend (1987) concludes that aging is more stressful and occurs earlier for gay men than for lesbians. Yet Minnigerode (1976) found no evidence of accelerated aging for gay men compared to the general population.

This body of research has also been successful in refuting stereotypes and myths concerning older lesbians and gays. There is no reliable evidence that homosexual orientation per se impairs psychological functioning or workplace functioning (Snyder & Nyberg, 1980; Swisher, 1994). Laner's (1978) study of personal advertisements
concluded that older gay men were not seeking to recapture their youth through contact with young men.

Berger (1980, 1982a) found that respondents tended to score well on all measures of psychological adaptation, including self-acceptance and depression. Few of the men indicated serious depression, anxiety, or lack of self-acceptance. A study of lesbian women found most women reporting excellent health and positive attitudes toward their own aging (Deevey, 1990). Similar findings include a stable self-concept (Weinberg & Williams, 1974), satisfactory social and sex lives (Kelly, 1977), and strong friendship ties (Friend, 1980; Kelly, 1977; Raphael & Robinson, 1980). No significant differences between older and younger gay males have been found on measures of loneliness or depression (Weinberg & Williams, 1974).

The literature also indicates that integration into the lesbian and gay community plays a vital role in these positive outcomes. Persons integrated into the gay community have been shown to be more self-accepting, less depressed, less fearful of aging (Berger, 1982a), and happier (Lee, 1987). The family support system is reinforced by supports from friends (Friend, 1980; Raphael & Robinson, 1980), or is replaced by friends when kinship
ties are weak or absent (Raphael & Robinson, 1980; Wolf, 1978).

In 1999, a study by Jacobs, Rasmussen and Hohman, of self-identified gay men, lesbians, and bisexuals between ages 50-80 was conducted to identify their social service needs. Results showed (a) participants used social and support groups within the gay/lesbian community, but also used general community health services, (b) gay/lesbian community services were significantly rated as more adequate in meeting needs in times of emotional crises than non-gay/lesbian services, (c) both women and men indicated that they would be interested in participating in social groups segregated by gender within the lesbian/gay community, and (d) women were significantly more interested in bereavement groups than men. The results suggest that social/support services for the older lesbian/gay population may be best provided in a lesbian/gay environment (Jacobs, et al., 1999).

One area of great concern is for disabled gay men, lesbian women, bisexuals, and transgendered persons. The term TAB, or temporarily able-bodied, used to describe able-bodied people serves as a reminder that disabled eventually describes almost everyone who lives long enough
formidable psychological, economic, environmental, sexual and spiritual challenges. Many are additionally marginalized by racism, ageism and class prejudice. Disabled lesbians, gay men, bisexuals and transgendered persons describe still further complications: a twofold struggle for a self-accepting identity that demands they come out both with sexual/gender identities and as disabled. Once out, they often have difficulty finding nonhomophobic personal care attendants, not to mention access to gay, lesbian, bisexual, or transgendered social life (Hogan & Hudson, 1998).

There is clearly a need for social work research to explore the issues around aging, life satisfaction, relationship quality and needs in the gay population. In the 1997 issue of Social Work Speaks the National Association of Social Workers states that they recognize the health and mental health needs of older lesbian, gay, bisexual and transgendered people and advocate for programs that address these needs. In the course of studying older lesbians and gay men, researchers have identified a number of methodological problems. Harry (1986), for example, has noted the many problems inherent in sampling gay men. The
basic problem with sampling arises from the fact that inclusion in a study is dependent on the participant’s degree of activity in the gay community (Berger, 1984; Harry, 1986). Therefore, most empirical evidence is based on very limited samples (Gray & Dressel, 1985). Working class and minority lesbian and gay elders are underrepresented in almost all samples (Kelly, 1977). Overrepresented are white, well-educated, high socioeconomic status respondents (Berger, 1984; Kimmel, 1978). Therefore it cannot be assumed that most findings are representative of older homosexuals in general. On the other hand, Berger (1984) argues that a biased but diverse sample is sufficient to refute stereotypes.

Even when samples are representative, Laner (1978) notes that self-report data may be contaminated by attempts to deny stigma attached to growing older or to internalization of negative subcultural views of aging.

Ageism in this subculture is exacerbated by a generation gap unique to the gay and lesbian subcultures. Sociologists discuss enormous attitudinal, even cultural, differences among the three main gay and lesbian cohorts active today: men and women who reached sexual maturity before the gay riots of Stonewall in 1969; those who came
out during the *liberated 1970's*, and those who have come of age since the advent of AIDS in the early 1980's. Representatives of these three cohorts are sometimes divided even in the ways they describe themselves: homosexual, gay or lesbian, queer (Hogan & Hudson, 1998).

Other problems emerge when studying this population. Mixing men and women may result in data that captures a general picture but does not accurately reflect the specific situation of either gender. Mixing gay men and lesbian women with bisexuals may again not reflect the needs of either orientation. And then adding transgendered persons who may consider themselves heterosexual, homosexual or asexual may complicate the results even more.

Combining all people over 50 years of age into one category restricts our ability to understand the progression of the aging process. Even studies with larger samples often contain few people over 50 and even fewer over the age of 65. Finding subjects over age 70 remains a serious problem according to Friend (1987).

The benefits of studying gays, lesbians, bisexuals, and transgendered person together is that as a whole they share common experiences with homophobia and upset the gender role norms of the general society.
In summary, this literature review clearly supports the need for more research into the life satisfaction, relationship quality and particular needs in the older gay, lesbian, bisexual and transgendered community. The present study builds upon prior studies and explores the life satisfaction, relationship quality and needs of an often invisible community. With the aging of the baby boomers, a significant percentage of that population is gay, lesbian, bisexual, or transgendered. This study highlights the importance of this large portion of the aging U.S. population.
METHODOLOGY

Problem Focus

The Post-Positivist approach in this research looked at the older population within the gay, lesbian, bisexual and transgendered communities in Southern California.

Research Question

The guiding question was: As a gay man, lesbian woman, bisexual or transgendered person ages, does his/her sexual identity, internalized homophobia, support network or community aid their aging process or create additional stressors? The focus of this study was to find areas of concern and need in the gay, lesbian, bisexual and transgendered population along with areas of satisfaction in both their lives and relationships and to note where this population seeks help. Self-defined areas of concern and hindrance to their successful aging and their relationships were explored. Self-defined areas that have contributed to success in aging and relationships were examined. The self-reporting of needs was researched.

Although this study centers on urban and suburban life in Southern California it may pave the way for more research in rural communities and other parts of the country.
Purpose and Design of the Study

The present study was designed to build on existing research. It describes a group of self-identified lesbians, gay men, bisexuals, and transgendered persons over the age of 50 living in Southern California. The sample included 74 respondents (N=74).

Questionnaires were initially distributed at gay and lesbian events, social activities, organizations, and religious services in the main cities of Los Angeles, Long Beach, Garden Grove, Claremont, and Palm Springs.

Subsequent questionnaires were distributed through a snowball sampling of acquaintances of the lesbian and gay initially surveyed. Additionally volunteers were sought through several gay, lesbian, bisexual, and transgendered list-servers on the Internet. An interested social worker in the targeted geographical area of Riverside County was trained by this researcher, and made questionnaires available to the older population that she servers.

Methodological Problems

In the course of studying older lesbians and gay men, researchers have identified a number of methodological problems. Harry (1986), for example, has noted the many problems inherent in sampling gay men. The basic problem
with sampling arises from the fact that inclusion in a study is dependent on the participant’s degree of activity in the gay community (Berger, 1984; Harry, 1986). Therefore, most empirical evidence is based on very limited samples (Gray & Dressel, 1985). Working class and minority lesbian and gay elders are underrepresented in almost all samples (Kelly, 1977). Over-represented are white, well-educated, high socioeconomic status respondents (Berger, 1984; Kimmel, 1978). Additionally in this study there was over-representation by lesbians. Therefore it cannot be assumed that most findings are representative of older homosexuals in general.

**Sampling**

Selection criteria for this research included those aged 50 and over who self-classify as gay, lesbian, bisexual or transgendered. The method of selecting members of the gay, lesbian, bisexual and transgendered population for inclusion in this research study was nonrandom (nonprobability) sampling. Sampling size for this research was 74. This is the approximate size other researchers have used (Deevey, 1990; Friend, 1987; Kehoe, 1989; Kelly, 1977). While this study is exploratory in nature, and should not be generalized to the entire subculture of gay
men, lesbian women, bisexuals and transgendered persons, it has provided insight into issues facing older lesbians, gays, bisexual and transgendered people.

Data Collection and Instruments

Data was collected at a variety of gay, lesbian, bisexual and transgendered social and religious events in Southern California. A 28-item questionnaire was developed (See Appendix B.) It is a self-report measuring instrument that is intended to measure variables of satisfaction of life, quality of relationships and a needs assessment. There were three sections to the questionnaire. The first deals with life satisfaction. Questions were from Satisfaction With Life Scale (SWLS). Diener (1999) states:

The SWLS correlates substantially with reports by family and friends of the target person's life satisfaction, with the number of memories of satisfying experiences, and with other life satisfaction scales.

According to Diener (1999) the SWLS was examined in both a college student and elderly population. In both populations the scale was valid and reliable (internally consistent and stable). The SWLS is easily scored (See Appendix E.)
Open-ended questions complete this section by asking about areas that have contributed and hindered the successful aging of the respondent. A question regarding needs was also asked.

The second section of the developed questionnaire dealt with intimate relationships. Some questions were adapted from the Quality Marriage Index. Unlike some countries, legalization of marriage for gay couples has not yet occurred in the United States. Therefore this researcher substituted the words 'committed relationship' for marriage. The Quality Marriage Index uses self-ratings on six items to globally and exclusively evaluate the marital relationship as a whole (Norton, 1983). The Quality Marriage Index is one of the most widely used means of global evaluation of the marital relationship when a short inventory is desired (Burnett, 1987 & Herman, 1991). Bradbury (1995) mentions the Quality Marriage Index as providing simple, unconfounded assessment of how spouses feel about their relationship. The range of reported values is divided into five score intervals defining the quality of the relationship. Open-ended questions complete this section by asking about areas that have contributed and hindered the successful committed relationship.
The third section of the developed questionnaire dealt with several demographic questions including places visited in the last six months and experiences in the last six months.

These questions sought information that could be compared with previous studies and could inform practitioners regarding the special needs of this population as well as the needs that cut across sexual orientations and gender identities.

Procedure

Questionnaires were initially distributed at local community events. Using a snowballing method, subsequent questionnaires were distributed to others in this population identified by the original participants. The Long Beach Gay and Lesbian Community Center has regular group meetings addressing community issues in which many participants are older. The Garden Grove center has groups specifically for bisexual identified and transgendered persons. Members of a Palm Springs church were contacted. A social organization of over 170 older lesbians in Claremont was contacted. An Inland Empire group of socially active lesbians of color was contacted. A loosely knit
older professional group of gay men in Palm Springs was also approached.

This researcher administered the questionnaire during a four-month period in the fall of 1999 and the winter of 2000. Only those who volunteered and were aged 50 or greater were asked to participate.

This researcher complied with all rules and regulation required by the University. All ethical codes of the National Association of Social Workers (NASW) were followed and strictly adhered to throughout this study.

Participation was voluntary and informed consent was obtained from each participant. (See sample informed consent in Appendix C.) All persons who filled out the questionnaire received exactly the same treatment. There was no connection between volunteering for this study and any event, organization, or religious function where volunteers were approached. The questions on the devised instrument were not overly intrusive. The benefits include identification of personal and institutional barriers to services; identification of issues to address for social workers; identification of issues for this particular population; identification of strengths for elder gays, lesbians, bisexuals and transgendered persons; and an
increase in the valuation of gay, lesbian, bisexual and transgendered older persons. Risks were addressed through a referral list that was attached to the debriefing statement. Both an informed consent (see Appendix C) and a debriefing statement (see Appendix D) were provided to each participant.
DATA ANALYSIS

All analyses were conducted using version 10.0 of the Statistical Package for the Social Services (SPSS) graduate pack for Windows. The demographic characteristics of the participants were used to explore and define this population. The Likert-type Satisfaction with Life Scale and the Quality of Marriage Index have established valid and reliable results. Permission was given this researcher to use both instruments (see Appendixes F and G). The Likert scale asks closed-ended questions in a self-administered form and are easily processed (Babbie, 1989). Open-ended questions are asked along with the other measures to allow for further exploration and were categorized and analyzed by SPSS. This important qualitative data, data that was not easily quantifiable, complemented the basic research and provide more in-depth understanding. The greater this understanding the higher validity this data had and provided a greater understanding of a large portion of the aging population.

Profile of Questionnaire Respondents

The age range of the respondents was from 50–75 years old with the median age of 57. Three-fourths were lesbian (see Figure 1). Seventy-eight percent were female (see
Figure 2. Eighty-five percent were Euro-American and almost thirty-eight percent had advanced (graduate) degrees (see Appendix A). Almost 60 percent were in committed relationships. Most respondents in committed relationships lived with their mate only and six were in relationships that had lasted over 20 years. A full one-fourth of the respondents work, or had worked, in education, with another sixteen percent in the medical field. (See Appendix A for type of work.) Mean personal income for questionnaire respondents averaged over $40,000 per year. Forty percent were retired or semi retired (see Appendix A).

Figure 1. SEXUAL ORIENTATION

Sexual Orientation

Transgendered

Bisexual

Gay man

Lesbian
Review of Findings

In understanding the life satisfaction in this sample it was found that the mean was over 25 (s.d. = 6.61), which indicates that this particular sample is "satisfied" with their lives. (See Figure 3.) Approximately 60 percent of the sample indicated they were in committed relationships.

In understanding the quality of relationships in this sample it was found that the mean was just under 30 which indicates that this particular sample is "happy" with their relationship (See Figure 4). It was discovered that there was significant correlation (Pearson correlation) between
life satisfaction and quality of relationships ($r = .496$, $df=17$, $p=.002$). There was also found to show a positive correlation between life satisfaction and length of relationship. The longer the relationship the higher the life satisfaction (Pearson correlation $= .379$, $df=5$, $p=.001$). See Figure 5.

Figure 5 shows that a significant correlation was found not only between satisfaction with life and quality of relationship, but also between satisfaction with life and the length of the current committed relationship. An argument might be made in support of committed relationships for the gay, lesbian, bisexual and transgendered community.

Almost one sixth of those in committed relationships have been in that relationship for over twenty years.
Figure 3. SATISFACTION WITH LIFE

Std. Dev = 6.61
Mean = 25
N = 73.00

Figure 4. QUALITY OF RELATIONSHIP

Std. Dev = 6.96
Mean = 29.4
N = 38.00
## Figure 5. CORRELATIONS

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<th>Total score on Satisfaction With Life Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total score on Quality</td>
<td></td>
</tr>
<tr>
<td>of relationship.</td>
<td>(N=38)</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.496**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.002</td>
</tr>
<tr>
<td>Length of current relationship.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(N=73)</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.379**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.001</td>
</tr>
</tbody>
</table>

When looking at differences in sexual orientation, it was interesting to note that life satisfaction was highest in the bisexuals and gay men, whereas the quality of relationship was highest with the bisexuals and lesbians (see Figure 6 and Figure 7).
Figure 6. ORIENTATION AND SATISFACTION WITH LIFE

Figure 6 shows the total score on the Satisfaction with Life Scale for each sexual orientation. It graphs the range and the mean for gay men, lesbian women, bisexuals and transgendered persons surveyed.
The above figure shows the total score on the Quality of committed relationship Index for each sexual orientation. It graphs the range and the mean for gay men, lesbian women, bisexuals and transgendered persons surveyed.

The mean for life satisfaction was 30.00 for bisexuals, 26.38 for gay men, 24.93 for lesbians, and 20.33 for transgendered persons. The mean for quality of relationship was 30.75 for bisexuals, 29.93 for lesbians, 29.71 for gay men, and 20.00 for transgendered persons (see Figure 8).
On the open-ended questions, this researcher categorized each response into general areas such as friends, acceptance, health and finances.

This particular sample perceived that older gay men, lesbians, bisexuals and transgendered persons need resources and support groups (25.4 percent), and friends (27 percent) more than anything else. Other categories mentioned in this open-ended question were community (14.3 percent), acceptance (11.1 percent) along with self-acceptance (6.3 percent), health (4.8 percent) and health
insurance (4.8 percent), and finances (3.2 percent). (See the Figure 9 on perceived needs.)

Figure 9. PERCEIVED NEEDS

What older GLBT need

This sample also saw areas that have contributed to their successful aging primarily because of friends (35.8 percent) and their own self-acceptance (16.4 percent). (See Figure 9.) However, this same sample saw deficits in their own health (32.8 percent) as the primary area that has hindered their successful aging (see Figure 10).
Areas that have contributed to the successful aging in the GLBT community

- Community
- Therapy
- Resources support group
- Finances
- Job, work, profession
- Health
- Self-acceptance
- Acceptance
- Friends
- Family
Deficits in these areas have hindered successful aging in the GLBT community

When discussing successful relationships this sample of the gay, lesbian, bisexual and transgendered community valued commitment (10 percent) and communication (10 percent) along with friends (23.3 percent), acceptance (16.7 percent) and self-acceptance (13.3 percent). See Figure 12 on contributions to successful relationships.
Figure 12. CONTRIBUTIONS TO SUCCESSFUL RELATIONSHIPS

Areas have contributed to successful relationships in the GLBT community

Values and morals
Commitment
Education
Therapy
Communication
Honesty
Acceptance
Intelligence
Job, work, profession
Self acceptance
Friends
Security
Acceptance

Areas this sample identified as having hindered their successful relationships were their own independence (21.4 percent) followed by finances (also 21.4 percent) and health issues (17.9 percent). See the Figure 13 on hindrances to successful relationships.
In looking at participation in social activities within the last six months of this particular sample, it was found that the highest three categories were those areas that specify gay and lesbian bisexual and transgendered activities, with reading of gay publications (59.5 percent), attending gay social groups (58.1 percent) and going to gay bars and coffee houses (41.9 percent) as
the largest areas of activities. They were least likely to have gone to other organizations (13.5 percent) and general population senior centers (9.5 percent). (See Figure 14 on activities.)

Figure 14. SOCIAL ACTIVITIES IN THE LAST MONTH

When looking at difficult areas in the last six months it was found that changes in health (37.8 percent), financial difficulties (27 percent), loneliness (24.3 percent) and loss of friends and/or partner (21.6 percent) were the most significant experiences. It was interesting to see in that age stigma (17.6 percent) was identified
more often than sexual orientation stigma (12.2 percent). (See difficulties Figure 15).

Unfortunately, 14.9 percent of this sample felt they had been discriminated against most often because of their gender (being female). Almost six percent report being abused or neglected in the last six months. Two point seven percent reported that they had been the victim of a crime during last six months; with both, robbery was the reason. Twelve point two percent felt isolated and six point eight percent had a fear of dying. This is also seen in the illustration of difficulties (See Figure 15).

Figure 15. AREAS OF DIFFICULTIES IN THE LAST SIX MONTHS

<table>
<thead>
<tr>
<th>Difficult Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in health</td>
</tr>
<tr>
<td>Financial difficult</td>
</tr>
<tr>
<td>Loneliness</td>
</tr>
<tr>
<td>Loss of friends, pt</td>
</tr>
<tr>
<td>Age stigma</td>
</tr>
<tr>
<td>Discriminated agnst</td>
</tr>
<tr>
<td>Isolation</td>
</tr>
<tr>
<td>Sex orint stigma</td>
</tr>
<tr>
<td>Inheritance issues</td>
</tr>
<tr>
<td>Fear of dying</td>
</tr>
<tr>
<td>Transportation diff</td>
</tr>
<tr>
<td>Gender stigma</td>
</tr>
<tr>
<td>Abused</td>
</tr>
<tr>
<td>Neglected</td>
</tr>
<tr>
<td>Victim of crime</td>
</tr>
<tr>
<td>Fear of institutionl</td>
</tr>
<tr>
<td>Housing difficulties</td>
</tr>
</tbody>
</table>
When asked where they had sought help during the last six months this sample reported going to therapy (21.1 percent) and seeking medical help (18.4 percent) as their primary sources. They also sought help from their friends (10.5 percent). See the Figure on where they sought help (Figure 16).

**Figure 16. WHERE THOSE WHO HAD DIFFICULTIES SOUGHT HELP**

*Where Help was Sought*

- church
- education
- therapy
- medical
- friends
  - acceptance
  - self accept
  - health
  - health ins
  - finances
  - communication
  - resources
DISCUSSION

As in other studies this research shows, contrary to common stereotypes, that many older gay, lesbian, bisexual, and transgendered persons are satisfied with their lives; have many friends; have close ties to the gay community; many are in extremely high quality committed relationships often with a long time partner (Bell & Weinberg, 1978; Kelly, 1977; Minnigerode & Adelman, 1978).

Figure 5 shows that a significant correlation was found not only between satisfaction with life and quality of relationship, but also between satisfaction with life and the length of the current committed relationship. An argument might be made in support of committed relationships for the gay, lesbian, bisexual and transgendered community.

Many of the responses to what contributed to successful aging had to do with self-acceptance and friends. As one respondent put it, "I am happy with who I am. Having many friends, many younger than myself and having a very close and caring 'gay family' has contributed to my successful aging so far." Researchers have discussed the meaning of friendship in the gay community. Nardi (1999) devotes an entire chapter in his book, Gay men's
friendships: Invincible communities to friendship as kinship.

Other respondents cited role models in their life. One stated, "I have older sisters who have aged really well and have continued to be interesting, vital women. They've always accepted my being gay and that has really helped. My partner is several years older than me and I've seen her reach milestones with a great deal of grace." Another attributed her successful aging to "wonderful role models growing up with strong, independent women in my extended family". Although Peter Nardi (1999) writes about the importance of gay men's friendships, this research supports the importance of friendships in successful aging for this sample of mostly lesbian women.

The areas that this sample felt hindered successful aging ranged greatly from personal intimate concerns, "hoping my friends last as long as I do," and "not having children to take care of me in my old age," and "winding up in the hospital and having to answer questions about myself," to societal demands such as, "The religious right will never let us be. I am concerned about the future of all gay people. Will we be able to continue forward or
will we be kicked back down?" and "there are no old age homes strictly for lesbians."

Older women are often invisible in our society. Once past childbearing age, they're traditionally viewed as not being very important or having much to contribute unless they can serve younger people by babysitting and performing other household chores (Raphael, & Meyer, 1993). One gay man responded to this invisibleness, "I feel there is a tendency to make anyone over 50, gay or straight, invisible or unimportant."

As Kimmel (1979) found, several respondents in this study also noted that the possibility of being isolated in a largely self-created environment left the sense of being the last of one's family line and lead to feelings of stress and depression. One lesbian noted, "being in a 47 ½ year committed relationship, becoming friends with... this lesbian group saved my life after my lover died".

Some respondents, as Berger (1982) discovered, found an advantage of aging is that concealment of sexual orientation was no longer important. One gay man reported this concealment hindered his developing a long-term committed relationship sense as he put it, "the stigma of the 1960s and '70s society kept me in the closet in the
business world. I hid my relationships so that no one would talk. That is no longer the case.” Self-acceptance of one's identity resulted in a positive impact for these respondents. Self-acceptance encourages one to be part of the gay community and to identify with that community (Berger, 1984; Friend, 1987; Kelly, 1977).

Kelly (1977) reported a prevailing stereotype of an aging gay man who no longer frequents the bars for fear of intimidation and rejection, due to loss of a youthful appearance. Yet this study found that 61.5 percent of the male respondents had gone to a gay bar or coffeehouse in the last six months. Additionally, 41.8 percent of the female respondents had gone to a gay bar or coffeehouse in the last six months.

When talking about their committed relationships some respondents intimated about the things that made them happy. “I respect by partner’s intelligence, practical sense of ‘people ability’ and she has a very advanced sense of fairness. She continues to grow as a person and we have grown to have a sense of humor in common,” is how one respondent put it. Another said, “We love to talk, reflect, explore almost everything together including difficulties.” This same respondent countered the
stereotype when she stated, "we both love sex and we both love a combination of intimacy and independence."

Addressing some of the difficulties within these committed relationships once again speaks to the stigmatization of this population, "We cannot entertain our gay friends as we would like to in our home. We are always worried about what the neighbors would think if they knew."

Respondents in this study knew what they needed as they aged. "I'd like to see a national organization along the lines of AARP for us. I don't think it's an unrealistic goal either. Certainly we have the numbers to support it and it could only strengthen the larger community," stated one respondent. Another stated, "We need a well-known place for lesbians where one can live their life out." And another stated, "A secure place to live with my friends around me." One respondent defined it as, "I would like a gay community such as Leisure World."

Friends and family seem to take on a meaning unique in the gay community as Nardi (1999) writes. As one respondent put it, "we need lifelong true friends and our 'family' in addition to the understanding and acceptance by our family and straight friends."
The majority of respondents in this study reported having experienced some kind of discrimination or stigmatization, but this researcher found it surprising that more respondents felt stigmatized because of their age than of their sexual orientation.

Inheritance issues were addressed. The frustration one respondent demonstrated by stating, “with accountants and lawyers I have spent four years trying to settle living trust issues with my lifelong partner’s sister.”

With seeking help this population spoke of finding services within the GLBT community. They sought “therapy with a lesbian psychologist” and “gay AA meetings.”

Limitations of Study

This exploratory study, has the limitations common to those kinds of studies. Participants were mostly Caucasian, mostly lesbian, highly educated, employed, living in Southern California and for the most part high functioning people with a number of psychosocial supports. Thus, the findings of this study may not be generalized to all gay men, lesbians, bisexuals and transgendered people; they may not apply to gay, lesbian, bisexual and transgendered people from a lower socio-economic class. They may not represent ethnic minority groups, those who
have physical disabilities, or those who reside in rural areas.

In conclusion to the limitations, this study indicates there is much we know about aging gay, lesbian, bisexual and transgendered persons and much that we still need to discover.

**Implications For Future Research**

Based on this study, future research studies should include greater numbers with greater diversity in terms of ethnicity, geographic location, disability and/or handicap, levels of education and income levels. Future research studies should also include more older bisexual and transgendered persons. Further research might include how social workers are dealing with incorporating these issues into their helping efforts. Age, sexual orientation, and gender discrimination created special problems faced by this older population. Special problems such as visiting regulations in hospitals and nursing homes, inheritance issues, and property ownership need further research. Workers should be aware of the many unique legal situations that can create chaos for the older gay man, lesbian, bisexual and transgendered person, especially for the approximately sixty percent this researcher found who self-
identified as involved in a committed relationship. These issues should be included in future research.

The issues of life satisfaction, relationship quality, aging, social service needs in the gay, lesbian, bisexual and transgendered community continue to need to be explored.

There are implications for further research. This is a self-identified population yet very little is known about women who have chosen to live their entire lives with other women (perhaps even having a lifelong relationship with only one woman) and have received the majority of their affection and support from women, yet do not define themselves as lesbian. We know very little about older males who have lived in a heterosexual marital relationship and engaged in numerous sexual encounters with other men throughout their lives and yet do not define themselves as gay. There needs to be further research and this study highlights this.

What is now required is further research on what makes life satisfying, what makes relationships happy, and what social workers can do to serve the aging gay, lesbian, bisexual and transgendered community. There is a need to uncover the complexities of aging in this community in
order to target social services that are effective for this population, and a way to facilitate that is through more research.

Implications For Social Work

Research can help social workers become more effective in their practice. The accumulated research will help build a foundation for planning effective interventions and generate new ideas to further enhance the effectiveness of social work (Reid, 1987). The importance of research such as this according to Reid (1987) is that it "serves the practical function of providing situation-specific data to inform such actions as practice decisions, program operations, or efforts at social change."

Every social worker can advocate for increased funding for programs that educate, provide treatment, and encourage research for a better understanding of the gay, lesbian, bisexual and transgendered community (Rofes, 1996). Social workers need to encourage adoption of laws that recognize inheritance, insurance, same sex marriage, child custody, property, and other rights in lesbian, gay, bisexual and transgendered relationships (Tully, 1994). Social workers need to look at macro policies, such as Medicare, for an aging population. Social workers can advocate for partners
to be included in Social Security benefits. Here health issue in general are key issues, plus with advancements in HIV/AIDS research and breast cancer research and other advancements, many who have been diagnosed with illnesses once considered fatal are now living into old age.

Social workers should be aware that gay people exist within the older population. Social workers should be aware that older gay men, lesbians, bisexual and transgendered people have the same psychological and social needs as older heterosexuals, but the stigma of homosexuality often prevents these needs from being identified. Today's older gay man, lesbian, bisexual, and transgendered person grew up at a time when homosexuality was considered a form of mental illness. Workers should be aware of the types of psychosocial needs unique to this population. Acceptance and self-acceptance are needed to combat the stigma of homosexuality. Embracing this population can help individuals overcome their fear of being identified/stigmatized/rejected/judged on the basis of their sexual orientation. Overcoming institutional barriers and discrimination is a worthy goal of all social workers. For many gay people, "family" is comprised of close friends and supportive peers. Social workers should
be aware of resources and agencies or programs in the gay community in order to make appropriate referrals. Since high levels of gay community integration were found in this study it is extremely important that workers have a sound knowledge of community resources and can assess outside agencies to determine whether they are supportive of participation by gay person. Are they "gay friendly"? This will not only result in meeting the needs of the older gay man, lesbian, and bisexual or transgendered person but will assure the social worker and the client that homophobic barriers have been taken into consideration. Therefore, the chance for improving the quality of life for the client maybe even greater.

The gay, lesbian, bisexual, and transgendered population presents unique problems in research, and all the while, for those in the helping field, a better understanding is desperately needed.
CONCLUSION

This study was exploratory and indicates there is much we know about aging gay, lesbian, bisexual and transgendered persons and much that we still need to discover. With ambitious goals this researcher sought to better understand a community that is hidden in society and stigmatized, and yet this researcher found they are satisfied with life, find quality in their intimate relationships, are able to identify their needs, connect solidly with their community, and find help through the helping profession.
APPENDIX A: DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

(N=74)

Age: Range 50 to 75 years, Mean age is 57.99.

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<th>Characteristic and Category</th>
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<th>%</th>
</tr>
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<td></td>
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<tr>
<td>Gay man</td>
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</tr>
<tr>
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<td>55</td>
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</tr>
<tr>
<td>Bisexual</td>
<td>3</td>
<td>4.1</td>
</tr>
<tr>
<td>Transgendered</td>
<td>3</td>
<td>4.1</td>
</tr>
<tr>
<td>Gender</td>
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<td></td>
</tr>
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<td>78.4</td>
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</tr>
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<td>1.4</td>
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<td>1.4</td>
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<tr>
<td>Arab American</td>
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</tr>
<tr>
<td>Euro American</td>
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<td>85.1</td>
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<tr>
<td>Hispanic/Latino</td>
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<td>2.7</td>
</tr>
<tr>
<td>Native American</td>
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<td>4.1</td>
</tr>
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<td>2.7</td>
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<td>4.1</td>
</tr>
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<td>37.8</td>
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<td>30</td>
<td>40.5</td>
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<td>Living arrangements</td>
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<td>45.9</td>
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<td>Living in a committed relationship</td>
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<td>With mate only</td>
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<td>With mate and other adults</td>
<td>4</td>
<td>5.4</td>
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<tr>
<td>With mate and minor children</td>
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<td>5.4</td>
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<tr>
<td>Have a committed relationship but did not live together</td>
<td>6</td>
<td>8.1</td>
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<tr>
<td>Length of relationship</td>
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<td>Less than a year</td>
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<td>6.8</td>
</tr>
<tr>
<td>One to four years</td>
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<td>18.9</td>
</tr>
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<td>5 to 10 years</td>
<td>10</td>
<td>13.5</td>
</tr>
<tr>
<td>11 to 20 years</td>
<td>9</td>
<td>12.2</td>
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<td>21 to 30 years</td>
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### Personal income

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<tr>
<td>10,000 - 19,999</td>
<td>10</td>
<td>14.1</td>
</tr>
<tr>
<td>20,000 - 29,999</td>
<td>10</td>
<td>14.1</td>
</tr>
<tr>
<td>30,000 - 39,999</td>
<td>10</td>
<td>14.1</td>
</tr>
<tr>
<td>40,000 - 49,999</td>
<td>11</td>
<td>15.5</td>
</tr>
<tr>
<td>50,000 - 59,999</td>
<td>7</td>
<td>9.9</td>
</tr>
<tr>
<td>60,000 - 69,999</td>
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<td>12.7</td>
</tr>
<tr>
<td>70,000 - 79,999</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>80,000 - 89,999</td>
<td>5</td>
<td>7.0</td>
</tr>
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<td>90,000 - 99,999</td>
<td>4</td>
<td>5.6</td>
</tr>
<tr>
<td>More than 100,000</td>
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<td>2.8</td>
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### Retirement status

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<thead>
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<tr>
<td>Retired</td>
<td>24</td>
<td>32.4</td>
</tr>
<tr>
<td>Not retired</td>
<td>44</td>
<td>59.5</td>
</tr>
<tr>
<td>Semi retired</td>
<td>6</td>
<td>8.1</td>
</tr>
</tbody>
</table>
APPENDIX B: SURVEY

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

(1) ____ In most ways my life is close to my ideal.
(2) ____ The conditions of my life are excellent.
(3) ____ I am satisfied with my life.
(4) ____ So far I have gotten the important things I want in life.
(5) ____ If I could live my life over, I would change almost nothing.

6.) What are two areas that have contributed to your successful aging as a gay, lesbian, bisexual or transgendered person?

________________________________________________________________________
________________________________________________________________________

7.) What are two areas of concern regarding your successful aging as an older gay, lesbian, bisexual or transgendered person?

________________________________________________________________________
________________________________________________________________________

If you are in a committed relationship please continue, if not; please go to question #15.
Below are five statements that you may agree or disagree with. Using the 1 - 5 scale below indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 5 - Strongly agree
- 4 - Agree
- 3 - Neither agree nor disagree
- 2 - Disagree
- 1 - Strongly disagree

(8.) ___ We have a good committed relationship.
(9.) ___ My relationship with my partner is very stable.
(10.) ___ Our committed relationship is strong.
(11.) ___ My relationship with my partner makes me happy.
(12.) ___ I really feel like part of a team with my partner.

13.) The degree of happiness, everything considered, in our committed relationship is:

(very unhappy) (very happy)

1 2 3 4 5 6 7 8 9 10

14.) What are two areas or factors that you believe contributed to a successful relationship for you?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

15.) What are two areas or factors that you believe hindered a successful relationship for you?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

16.) To make the older years easier to cope with, what do you feel older gays, lesbians, bisexuals and transgendered persons need in their lives?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
17.) How old are you: _______________________

18.) What is your sexual orientation:
☐ Gay man ☐ Lesbian ☐ Bisexual ☐ Transgendered ☐ Straight/Heterosexual

19.) What gender are you:
☐ F ☐ M ☐ F-M transgendered ☐ M-F transgendered

20.) What is your ethnic or cultural background:
☐ Euro-American ☐ African-American/Black ☐ Asian-American/Pacific Islander
☐ Hispanic/Latino(a) ☐ Native American ☐ Arab American
☐ Other ____________________

21.) Which of the following best represents the highest level of education that you have completed:
☐ Some high school or less ☐ High school graduate ☐ Some college/Advanced Training
☐ Associate’s degree ☐ Bachelor’s degree ☐ Advanced (Graduate) degree

22.) Which of the following best represents your current living status:
☐ Living alone ☐ Living in a committed relationship with mate only
☐ Living in a committed relationship with mate and other adults
☐ Living in a committed relationship with mate and minor children
☐ Have a committed relationship but do not live together

23.) Which of the following best describes the length of your current relationship:
☐ Not in a relationship ☐ Less than a year ☐ One to four years
☐ Five to ten years ☐ Eleven to twenty years ☐ Twenty-one to thirty years
☐ Thirty-one to forty years ☐ Greater than forty years

24.) Which of the following best describes your personal income before taxes last year:
☐ Under 10,000 ☐ 10,000 to 19,999 ☐ 20,000 to 29,999 ☐ 30,000 to 39,999
☐ 40,000 to 49,999 ☐ 50,000 to 59,999 ☐ 60,000 to 69,999 ☐ 70,000 to 79,999
☐ 80,000 to 89,999 ☐ 90,000 to 99,999 ☐ More than 100,000

25.) Which of the following best describes your retirement status:
☐ Yes, I am retired ☐ No, I am not retired ☐ I am semi-retired

26.) What best describes the kind of work you do/did?

________________________________________

________________________________________
27.) Please check all of the following types of groups or activities in which you have participated in the past six months:

- Social service organizations
- Religious organizations
- Gay/Lesbian/Bi/Trans bar or coffee house
- Read Gay/Lesbian/Bi/Trans Publications
- Difficulties with housing
- Difficulties with transportation
- Felt stigmatized because of age
- Felt stigmatized because of gender identity
- Felt discriminated against, based on
- Felt abused (physically, emotionally, or financially)
- Loss of friends, partner
- Experienced Health, body, and physical activity changes
- Inheritance issues

28.) Please check all of the following that have applied to you in the last six months.

- Difficulties with housing
- Difficulties with finances
- Felt stigmatized because of age
- Felt stigmatized because of gender identity
- Felt discriminated against, based on
- Felt abused (physically, emotionally, or financially)
- Loneliness
- Isolation
- Was the victim of a crime, type
- Have a fear of institutionalization
- Have a fear of dying

29.) Have you sought help for any of the items checked in question # 28? □ yes □ no

If yes, please indicate where you have sought help.

If no, please indicate why you have not sought help.

Thank you.
APPENDIX C: SAMPLE INFORMED CONSENT

The study in which you can now participate is designed to investigate aging in gays, lesbians, bisexuals and transgendered persons over the age of 50. This study is being conducted by Sandra K. Eastman, under the supervision of Dr. Rosemary McCaslin, Professor of Social Work at California State University, San Bernardino. This study has been approved by the Department of Social Work Sub-Committee of the California State University of San Bernardino Institutional Review Board. The University requires that you give your consent before participating in a research study.

In this study you will be asked to read a questionnaire and answer questions about the quality of your relationship, satisfaction with life and the needs as you age, additionally you will be asked to fill out information regarding your age, ethnicity, etc. Filling out the questionnaire and demographic information will take approximately 10 minutes of your time.

Volunteering to be a part of this study is in no way associated with any community event, program, or organization. The information from the survey, along with demographic material (age, gender, and ethnicity) will only be used in this study and will not be used by any event, program, or organization.

Please be assured that all the information will be held in strict confidence by the researcher. No names will be used in the questionnaire, in the final results or revealed to any source. Only the researcher will have access to the surveys that will be kept in a locked file cabinet when not in use.

If you have any questions about the study, please contact Dr. Rosemary McCaslin at (909) 880-5507. If you would like a report of the results you may contact Ms. Eastman at (909) 599-5540 after June 2000.

Please understand that your participation is totally voluntary and you are free to withdraw at any time.

If you choose to participate, please check the box and date below.

By placing a mark in the box provided, I acknowledge that I have been informed of and understand the nature and purpose of this study, and I freely consent to participate. I acknowledge that I am at least 50 years of age.

[ ] I agree to participate.

(Please check the box) Date
APPENDIX D: DEBRIEFING STATEMENT

The study you are participating in is designed to investigate the issues facing older gay men, lesbian women, bisexuals and transgendered persons. All information collected will be kept confidential. If any of the questions you have been asked to complete cause you any emotional stress which might require discussion with a professional mental health worker, please contact one of the agencies with sensitivity to gay, lesbian, bisexual and transgendered issues for assistance listed below.

You may receive the final findings of the study by contacting Ms. Eastman after June 2000.

Families & Friends Of Lesbians
211 W Foothill Blvd Claremont, CA (909) 624-6134
Gary Lane, Christopher St 14131 Yorba St # 102 Tustin, CA (714) 731-5445
Gay & Lesbian Community 12832 Garden Grove Blvd # AGarden Grove, CA (714) 534-0862
Places Magazine 2007 Wilshire Blvd Los Angeles, CA (213) 484-0703
Alcoholism Center For Women 1147 S Alvarado St Los Angeles, CA (213) 381-8500
Long Beach Lesbian & Gay Pride 2505 E 7th St Long Beach, CA (562) 987-9191
International Gay & Lesbian 9003 Norma Pl West Hollywood, CA (310) 854-0271
J Newby Counseling Svc 2017 E 4th St Long Beach, CA (562) 987-1997
Gay & Lesbian Connection PO Box 601 Lancaster, CA (661) 942-2812
One Incorporated 3340 Country Club Dr Los Angeles, CA (323) 733-5252
Community Yellow Pages 2305 Canyon Dr Los Angeles, CA (323) 469-4454
Gay & Lesbian Ctr 1625 Schrader Blvd Los Angeles, CA (323) 993-7400
Black Gay & Lesbian Forum 1219 S La Brea Ave Los Angeles, CA (323) 964-7820
L A Shanti 1616 N La Brea Ave Los Angeles, CA (323) 962-8197
Affirmation-Gay & Lesbian 7676 Hollywood Blvd Los Angeles, CA (323) 255-7251
Fain James W 8235 Santa Monica Blvd West Hollywood, CA (323) 656-3316
Lesbian Health Clinic 8240 Santa Monica Blvd Los Angeles, CA (323) 650-1508
Parents & Friends-Lesbians-Gay PO Box 24565 Los Angeles, CA (310) 472-8952
Gay & Lesbian Assoc 1733 Midvale Ave Los Angeles, CA (310) 966-1500
West Hollywood Cares 621 N San Vicente Blvd West Hollywood, CA (310) 659-4840
Gay & Lesbian Alliance 8455 Beverly Blvd # 305 Los Angeles, CA (323) 658-6775
Mary Ann Brown, MA 5220 Clark Ave Lakewood, CA (562) 984-8388
Renee R. Sterling 8235 Santa Monica Blvd West Hollywood, CA (310) 455-3232
Sharon L. Siegel Sheila Benjamin,LCSW Huntington Beach, CA (714) 892-8433
Stacey A. Berlin,Psy. D. 12011 San Vicente #225 West Los Angeles, CA (310) 472-8489
Kathleen V. Williams, Ph.D 116 N. Maryland Ave. Suite 200Glendale, CA 91206(318) 247-4751
Victoria Hanley, M.A. 601 E. Whittier Blvd #104La Habra, CA (909) 359-8269
APPENDIX E: SATISFACTION WITH LIFE SCALE

The SWLS is a short, 5-item instrument designed to measure global cognitive judgments of one's lives. The scale usually requires only about one minute of respondent time. The scale is not copyrighted, and can be used without charge and without permission by all professionals (researchers and practitioners). The scale takes about one minute to complete, and is in the public domain. A description of psychometric properties of the scale can be found in Pavot and Diener, 1993 Psychological Assessment.

Survey Form

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

___ In most ways my life is close to my ideal.
___ The conditions of my life are excellent.
___ I am satisfied with my life.
___ So far I have gotten the important things I want in life.
___ If I could live my life over, I would change almost nothing.

- 35 - 31 Extremely satisfied
- 26 - 30 Satisfied
- 21 - 25 Slightly satisfied
- 20 Neutral
- 15 - 19 Slightly dissatisfied
- 10 - 14 Dissatisfied
- 5 - 9 Extremely dissatisfied
APPENDIX F: PERMISSION TO USE SATISFACTION WITH LIFE SCALE

Ed Diener, Ph.D.
Psychology Department
University of Illinois
603 E. Daniel St.
Champaign, IL 61820
217-333-4804 eddiener@psych.uiuc.edu

Dear Requester:

Thank you for requesting the Satisfaction with Life Scale. As you may know, there is an article in the 1985, Volume 45, issue of Journal of Personality Assessment, which reports on the validity and reliability of the scale. In addition, we currently have another article titled, "Review of the Satisfaction With Life Scale" in Psychological Assessment*. The results reported in this second article are extremely encouraging. The SWLS correlates substantially with reports by family and friends of the target person's life satisfaction, with number of memories of satisfying experiences, and with other life satisfaction scales. The SWLS was examined in both a college student and elderly population. In both populations the scale was valid and reliable (internally consistent and stable).

The SWLS is in the public domain (not copyrighted) and therefore you are free to use it without permission or charge. You will, however, have to type or reproduce your own copies.

Best wishes,

Ed Diener, Ph.D.
Professor
APPENDIX G: PERMISSION TO USE QUALITY OF MARRIAGE INDEX

Online permission from the Copyright Clearance Center to use *Quality of Marriage Index* first published in the 1983 article ‘Measuring Marital Quality: a Critical look at the dependant variable’ in the *Journal of Marriage and Family*, 45, 141-151 (Norton):

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