

Running head: SAFE AND INCLUSIVE HOUSING FOR LESBIAN, GAY, BISEXUAL  
AND TRANSGENDER OLDER ADULTS

Safe and inclusive housing for Lesbian, Gay, Bisexual, and Transgender older adults

by

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## **ABSTRACT**

Age-Friendly is an initiative that has been adopted by both the Province of Manitoba and City of Winnipeg, and asserts the importance of recognizing and respecting the great diversity of older persons; promoting their inclusion and contributions; and responding to their needs and preferences. Despite its commitment to be responsive to a heterogeneous older adult population, older LGBT\* adults' needs remain invisible within Age-Friendly discourses. To address this gap, the current study explored the housing experiences of 13 LGBT\* older adults, a key domain of the Age-Friendly initiative, and a space research has demonstrated to be unsafe and marginalizing for sexual and gender minorities. Findings from this study emphasize the need to create space where older LGBT\* adults can live authentically and without fear of stigma or being different, and offers suggestions to make this possibility a reality.

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## Table of Contents

Abstract.....	ii
Acknowledgment.....	iii
Table of Contents.....	iv
List of tables.....	vii
Chapter 1: Introduction.....	1
Chapter 2: Literature Review.....	5
Age-Friendly & housing.....	5
LGBT* & aging.....	12
Older LGBT* adults and housing.....	18
Theoretical Perspective.....	21
Intersectionality.....	19
Intersectionality and older LGBT* adults.....	25
Heterogeneity in the LGBT* community.....	29
Chapter 3: Methods.....	33
Background.....	33
Recruitment.....	35
Description of sample.....	36
Interviews.....	38
Ethics.....	40
Thematic analysis.....	40
Rigour.....	42
Reflexivity and the researcher’s position.....	44
Presentation to the community.....	46

Chapter 4: Findings.....	47
Overview of themes.....	47
Theme 1: Stigma and aging.....	48
Visibility and passing.....	49
Fear of visibility.....	49
Visibility of significant relationships.....	51
Trans* bodies.....	52
Negotiating coming out.....	53
Refusal to hide.....	55
Theme 2: Scanning their environment: Diversity is (un)safe.....	56
Diversity is unsafe.....	57
Diversity is safe.....	59
Diversity as a reflection of self.....	60
Theme 3: Cultivating authenticity.....	61
Acceptance.....	62
Connection & isolation.....	64
Empowered choice.....	66
Amenities & accessibility.....	69
Theme 4: Is Segregation Safe?.....	71
LGBT* ghettos and risk of violence.....	71
Community dynamics: The politics of exclusion.....	74
Future: Change is happening.....	76
Chapter 5: Discussion.....	79
Age-Friendly and LGBT* communities.....	79
What is safe and inclusive housing?.....	82

What isn't safe and inclusive.....	82
Stigma and fear.....	82
Racial and religious diversity.....	84
Isolation.....	87
What is safe and inclusive.....	89
Acceptance.....	89
Connection.....	90
Diversity.....	92
Recommendations.....	94
Limitations.....	99
Conclusion.....	100
References.....	102
Appendix A.....	119
Appendix B.....	124
Appendix C.....	125

**List of tables**

**Table 1.** Demographic information of participants.....38

## **Chapter 1**

### **Introduction**

In 2009, the city of Winnipeg adopted the Age-Friendly Initiative, which is a directive that encourages active aging through optimizing opportunities for health, participation, and security to enhance the quality of life for people as they age (World Health Organization, 2007). As a concept, the goal of becoming Age-Friendly is to create a space that is committed to maintaining the wellbeing of older adults and is envisioned as a place that enables older adults to thrive. Age-Friendly has been operationalized in many different environments. Most prominently is within the community-level where communities become Age-Friendly, but has also been applied to other spaces like universities and businesses. Necessarily then, an Age-Friendly space ensures older adults have access to essential resources and services as they age. Spanning a broad spectrum of services and resources, Age-Friendly outlines eight specific elements that should accommodate an aging population, to ensure everyone can age well. These elements range from having accessible spaces such as health care and outdoor spaces to promoting the inclusion and participation of older adults. One specific element that has been identified to have a significant impact on aging and thus key to the Age-Friendly initiative is housing, and ensuring older adults can age in housing spaces that meet their individual needs. Importantly then, not only must housing have the necessary structures that can accommodate a variety of mobility and ability issues for older adults, to completely align with the principles of Age-Friendly, housing must ensure residents feel safe and included within their living environments.

Although Age-Friendly principles imply that efforts to create safe and inclusive housing spaces should extend to all older adults, it is important to recognize not all groups of older adults are equally considered in efforts to create those spaces. In particular, one group that is



consistently overlooked are those individuals who identify as lesbian, gay, bisexual, transgender, or more commonly, as part of the LGBT\* community. While in many circles this acronym has been expanded to include two-spirited, queer, questioning, and inter-sex in other places including organizations and literature, it should be explained that I am not intending to dismiss those experiences, but rather, to rely on an abbreviated acronym that refers to any non-heteronormative identity. Thus, LGBT\* in this project is used to encapsulate the diverse identities that do not conform to the heteronormative ideals dictating that individuals should embrace birth-assigned gender identities and heterosexual sexualities. Notably though is that this invisibility within Age-Friendly literature is very much consistent with the erasure of sexual and gender minorities within gerontology research (Cronin & King, 2010; Heaphy, Yip, & Thompson, 2004; Addis et al., 2009; Brotman et al., 2007). That the needs of this group of people are often ignored is, in part, attributed to the way heterosexism and cissexism<sup>1</sup> operate with the presumption that all older adults are heterosexual and/or cisgender<sup>2</sup> and thus dismisses the experience of sexual and gender minorities (Addis et al., 2009; Cronin & King, 2010). Through their dismissal, heterosexism and cissexism serve as a method to ‘other’ LGBT\* people from what is perceived to be normal and leads to discrimination such as homophobia and transphobia. Heterosexism and cissexism are pervasive forces that reduce the visibility of older LGBT\* adults, not only through dismissing and ignoring their experiences but also by compelling them to stay invisible. Fear of stigma and homophobic and/or transphobic discrimination may be so strong that these older

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<sup>1</sup> Heterosexism and cissexism are systems that reinforce the validity and normalcy of being heterosexual and cisgender, and in doing so stigmatizes all those who do not identify as such.

<sup>2</sup> Cisgender refers to people whose gender identity conforms to the sex they were assigned at birth. For example, a cisgender man is a person who was assigned a male sex at birth and also identifies as a man.

adults may be reluctant to openly self-identify as being part of the LGBT\* community (Fredriksen-Goldsen & Muraco, 2010).

Despite their erasure from most research and initiatives geared towards Age-Friendly and older adults more generally, there is an emerging body of literature that highlights LGBT\* older adults and the unique issues they face in comparison to non-LGBT\* older adults (Addis et al., 2009; Fredriksen-Goldsen & Muraco, 2010; Heaphy et al., 2004; Hughes, Harold, & Boyer, 2011; Daley & MacDonnell, 2011). While this research has also demonstrated there are aspects related to the aging process that both heterosexuals and LGBT\* individuals share (Stein, Beckerman, & Sherman, 2010; Jackson, Johnson, & Roberts, 2008; Hughes, 2011), it has also highlights they face distinct challenges. Perhaps the most prominent challenge identified within the literature is that older LGBT\* adults regularly face discrimination and exclusion stemming from their sexual orientation and/or gender identity such as insensitivity and trivializing about their relationships and the refusal of healthcare and social service providers to offer care (Hughes, 2007; Addis et al., 2009; Heaphy et al., 2004; Knochel, Quam, & Croghan, 2011; Daley & MacDonnell, 2011; Brotman et al., 2007; Brotman, Ryan, & Cormier, 2003). The systemic and pervasive marginalization of LGBT\* identified older adults warrants further exploration of how those dynamics influence and affect their aging experience. Although there is less research specifically on the housing experiences of older LGBT\* adults, the findings demonstrate it to be a source of both real and perceived discrimination and exclusion (Stein et al., 2010; Jackson et al., 2008; Johnson, Jackson, Arnette, & Koffman, 2005). These studies are showing this population has experienced violence and neglect on the basis of their identity as well as being intentionally outed by staff in older adult housing, an action that increases their risk of further violence and discrimination (Hughes, 2007; Addis et al., 2009; Stein et al., 2010;

Jackson et al., 2008; Johnson et al., 2005). In recognizing there are implications for understanding how oppression and marginalization influences the aging experience for older adults from both a policy perspective and to improve the lived experiences of older LGBT\* adults, the current study seeks to explore how the principles of Age-Friendly be employed to make existing housing or create new housing options for LGBT\* older adults that are safe and inclusive. This framework is of particular help, considering its importance both within the Province of Manitoba and City of Winnipeg and its focus on ensuring older adults can age in ways that promote their safety and inclusion.

To respond to the research question, how can the principles of Age-Friendly be employed to make existing housing or create new housing options for LGBT\* older adults that are safe and inclusive this study outlined four research objectives:

- I. Identify what safe and inclusive housing means and looks like to older LGBT\*adults.
- II. Identify the barriers older LGBT\* adults face to experiencing safety and inclusion when accessing housing.
- III. Identify what is being done within existing housing operations to help LGBT\* older adults feel safe and included.
- IV. Based on findings, develop recommendations to improve existing housing so LGBT\* older adults feel safe and included.

In exploring this question, this thesis not only provides an often silenced perspective on the aging experience, it also highlights the importance of LGBT\* voices in the global Age-Friendly movement. This perspective as well as the significance of including sexual and gender minorities in conversations in creating Age-Friendly spaces is emphasized in each of the thesis'

chapters. The first of which provides a brief introduction of the research question and rationale for the study. A literature review that offers more detail of Age-Friendly, LGBT\* aging and housing, and the theoretical framework this study used are presented in Chapter 2. In Chapter 3, I discuss the methods I employed throughout the study as well as outlining the data analysis process. The results of which are organized into four themes, which are described in Chapter 4. In Chapter 5, I discuss the results of the study by connecting it to existing research and drawing links to the intersectionality theoretical framework this study used. In the final chapter, I describe the limitations of the study and also provide recommendations on how to ensure LGBT\* older adults can age within an Age-Friendly housing space.

## **Chapter 2**

### **Literature Review**

In this chapter, I provide an overview of the relevant literature, reports, and documents related to creating Age-Friendly spaces and the aging experience of older LGBT\* adults. As much of the work in creating Age-Friendly spaces is outside the realm of academia, it was important to incorporate the perspectives and experiences of individuals and organizations to lay the foundation for the thesis study. Many of the reports and documents that have been included in the review come from government and community organizations that outline how to create Age-Friendly communities that is contextual to their specific environment. Other reports and documents that have been reviewed came from researchers from academic institutions, but were used to support the efforts of communities and organizations demonstrate the significance of their work.

#### **Age-Friendly & housing**

The idea of an Age-Friendly community emerged out of a number of policy discussions around the concept of active aging, which encourages people to participate in social, cultural, spiritual, economic, and civic matters as they age (Buffel, Phillipson, & Scharg, 2012; Barusch, 2013). Recognizing that older people have more to contribute to society than just participating in the labour force and being physically active, the World Health Organization (WHO) launched the Global Age-Friendly Cities project in 2006 to identify what makes an urban environment Age-Friendly (Buffel et al., 2012). Throughout that project, researchers in thirty-three cities across the globe engaged older residents to identify the most significant areas for older adults' well-being. In the analysis, eight key themes were found to have an impact on the aging process. These themes are outdoor spaces; transportation; social participation; respect and inclusion;

housing; civic participation and employment; communication and information; community support and health services (WHO, 2007). On a practical level, Age-Friendly involves adapting and modifying its “structures and services to be accessible and inclusive of older people with varying needs and capacities” (WHO, 2007, p.1) within these specified areas.

There is growing interest in how to make communities more Age-Friendly (Menec, Novek, Veselyuk, & McArthur, 2014). As the latest trend in aging policy and discourse, developing Age-Friendly communities is widely regarded as a necessary component of addressing the challenges associated with an aging global population (Lui, Everingham, Warburton, Cuthill, & Bartlett, 2009). In large part, support for the Age-Friendly Initiative is bolstered by the understanding that older adults want to ‘age in place’, that is to stay in familiar houses and familiar neighbourhoods as they age (Lui et al., 2009; Scharlach, 2012; Scharlach, & Lehning, 2013).

Despite the broad endorsement of ensuring communities are Age-Friendly, there is a great deal of variability in the ways communities adopt it. In particular, Lui et al. (2009) note that there is a range of discourses related to Age-Friendly communities that can be represented on a two-dimensional continuum with intersecting axes. One end of the first axis represents the physical environment, while the other represents the social environment. The authors note that efforts to make communities more Age-Friendly range between making physical changes to the older peoples’ environments and changes in their social environment to improve their quality of life. For example, Age-Friendly projects that focus more on modifying and adapting structures to be more accessible would emphasize the physical environment, while projects that seek to create connections (i.e. via social groups) focus more on the social environment. While these are two distinct dimensions of an Age-Friendly community, they are not independent from each other.

Rather, both the physical and social environments are contingent on each other and mutually reinforce the other (Lui et al., 2009). Moreover, both contexts together in and of themselves can be inclusive or not and either facilitate access or act as barriers to resources, social integration, and social support (Scharlach & Lehning, 2013).

Just as the emphasis on either physical or social environments can fluctuate, the amount of participation by older adults can vary. Recognizing the variability of involvement by older adults, Lui et al. (2009) identified participation to represent the second axis of the Age-Friendly continuum, whereby participation is seen along a spectrum of top-down to bottom-up approaches. The Global Age-Friendly Cities study, for example, represents a government-led top-down project, which contrasts to bottom-up approaches that involve older adults in the planning and decision-making process (Barusch, 2013). Significantly, existing literature on the efficacy of Age-Friendly initiatives supports having a balance between a top-down and community-based approach, and involving a range of stakeholders, including local government leaders (Lui et al., 2009; Menec et al., 2014).

There is increasing awareness of the importance of involving older adults in determining how to make communities more Age-Friendly among different levels of government. Although the concept of Age-Friendly originated through the WHO, it is the responsibility of national and local governments to determine how to make their communities Age-Friendly. In Canada, the Public Health Agency of Canada (PHAC) has been instrumental in promoting age-friendliness across Canada, and has done so through establishing the country's Age-Friendly Initiative. In its efforts to mainstream this initiative, PHAC established guidelines for communities that outline specific milestones they must meet to be part of the Age-Friendly Initiative - one of which is to establish an advisory committee that includes active engagement of older adults (PHAC, 2012).

At the time of this thesis, New Brunswick and Saskatchewan were the only Canadian provinces not promoting the Age-Friendly Initiative in their communities (PHAC, 2012), indicating broad support for creating Age-Friendly communities across Canada. For this to be successful, Menec et al. (2014) note there must be a commitment among all levels of government to ensure communities can reach their goals. At the federal level, PHAC is the driving force of the Age-Friendly Initiative across Canada, while provincial and municipal governments are responsible for regional and local initiatives. One province that deserves particular mention is Manitoba, because this province has ambitiously declared its goal to become the most Age-Friendly province in Canada (Menec et al., 2014). In Manitoba, the Age-Friendly Initiative is led by the Manitoba Seniors and Healthy Aging Secretariat, which is part of the Healthy Living and Seniors department of the Manitoba Government.

The Manitoba Seniors and Healthy Aging Secretariat is an advisory board that not only ensures older adults' voices and perspectives are included in government policies and programs, it also provides a workshop about age-friendliness, how to get the initiative started, and also provides a small amount of funding to communities to support local initiatives (Menec et al., 2014). Since the role of the provincial government is to nurture and support community-based efforts to make their communities more Age-Friendly, it is clear that municipalities and their respective councils are responsible for designing and implementing changes to become Age-Friendly. As previously mentioned, the city of Winnipeg became part of the Age-Friendly Initiative in 2009. In this urban centre, the City Council's efforts to actualize Age-Friendly within its boundaries are guided by the Age-Friendly and Seniors Advisory Committee that was established in 2007. Adopting the WHO definition of Age-Friendly, the City of Winnipeg envisions Age-Friendly the following way (Seniors Advisory Council, 2008, p. 1):



In an age-friendly community, policies, services and structures related to the physical and social environment are designed to support and enable older people to ‘age actively’ – that is, to live in security, enjoy good health and continue to participate fully in society.

Although this definition differs slightly from those of the Government of Manitoba and PHAC, all conceptualizations of Age-Friendly are rooted in ensuring older adults have support and opportunities to age in healthy and secure ways. At first glance it may seem that having different definitions of Age-Friendly could hinder efforts to collaborate with stakeholders, but it does not. Rather, these differing perspectives reflect the inherent multidimensional nature of an Age-Friendly community and that there are numerous ways communities can adapt and change to make their physical and social environments more suitable for older adults.

Housing is among the various elements of an Age-Friendly community. Identified by the WHO as a critical aspect of the Age-Friendly Initiative is ensuring older adults have access to safe and inclusive housing. Representing both physical and social dimensions of an older person’s environment, housing can impact the quality of life for older adults (Sullivan, 2013). There are numerous types of housing for older adults in Winnipeg. To satisfy the various and diverse needs for older adults as they age, the level of support within these different types range from none to 24-hour nursing care. The following list provides a brief overview of the types of housing available to older adults in Winnipeg (Age & Opportunity, 2013):

- 1) Independent Living residences are designed for older adults who are mobile and do not require any personal care such as toileting, bathing, and/or dressing. In these types of

residences, older adults can live alone or as part of a community where they have opportunities to prepare their own meals, or eat in a common area with other residents.

- 2) Assisted Living is similar to Independent Living, but residents have a “service package” that provides them with meals, housekeeping, and laundry. These residences are independently owned and operated and are not licensed. As such, the level of care provided in these facilities can vary from one to the next.
- 3) Companion Care is a type of housing for people who cannot manage independently but want to live in a house instead of a retirement or care facility. In order for individuals to access Companion Care, they must first be assessed by a Home-Care Coordinator and the Long-Term Care Access Centre (a centre run by the Winnipeg Regional Health Authority, WRHA) to help find a suitable placement. While in care, residents have access to 24-hour support services, health consultations, some medication, home-cooked meals, housekeeping, and laundry.
- 4) Supportive Housing is similar to Assisted Living in that it provides opportunities for older adults to live in apartments but in a group community residential setting. As well, older adults in these residences have access to 24-hour support care and supervision. Similar to Companion Care, older adults must first be assessed by the Long-Term Care Access Centre to ensure they find the residence that can provide the necessary care.
- 5) Intermediate Personal Care Homes are for older adults who require more assistance than Assisted or Supportive Living housing, but require only “light personal care” when compared to the care provided in a Personal Care Home. These facilities are independently owned but operate in a government-approved building.

6) Personal Care Homes provide the most amount of support, with 24-hour nursing care.

They are for individuals who can no longer manage in any other kind of supportive living residence. Like Supportive Living and Companion Care, older adults must contact the Long-Term Care Access Centre to ensure they are eligible for that level of support (WRHA, n.d.).

These different types of housing can affect the differing amounts of care LGBT\*\* older adults may require as they age, and how feelings of safety and inclusion may change, depending on what type of residence they live in. To clarify, research has identified that LGBT\* older adults may worry about disclosing their sexuality or gender identity to health care professionals and to the staff in care homes (Jackson et al., 2008; Stein et al., 2010), out of fear of receiving inadequate care or being stigmatized in those spaces. Thus, one might predict that as the amount of care these older adults require increases, their experiences of discrimination and exclusion may also increase.

### **LGBT\* & aging**

Much of research on older LGBT\* adults has focused primarily on how they access health and social services and their experiences doing so (Johnson et al., 2005). As these services often have a considerable impact on the aging experience, irrespective of whether an older adult identifies as LGBT\*, this research is helpful for building awareness of the unique challenges this diverse group of older adults face as they age. While there are commonalities in how heterosexual and LGBT\* older adults age, particularly as it relates to the normative psychosocial experiences of aging such as physical changes, chronic illness and debilitation, and increased dependency, LGBT\* older adults often feel more vulnerable to discrimination and rejection

within healthcare and social service settings than their heterosexual counterparts (Stein et al., 2010; Hughes et al., 2011).

This vulnerability to discrimination, stigmatization, and rejection stems in large part from a marginalizing system that operates in older adults care systems and health care more generally (Brotman et al., 2003). Through privileging those who identify as heterosexual and constructing it as the normal and ideal sexuality, heterosexism reinforces negative attitudes, beliefs, and perceptions held about LGBT\* people, making them vulnerable to exclusion, discrimination, and marginalization (Dermer, Smith, & Barto, 2010; Herek, 2004; Palma & Stanley, 2002; Pharr, 1998). The presence of heterosexism within those spaces has profound effects on older LGBT\* adults. In many instances, older LGBT\* adults are reluctant to disclose their sexuality or gender identity to health care providers or other staff (Brotman et al., 2003; Addis et al., 2009; Hughes, 2007; Knochel et al., 2011), or they end up returning to “the closet” and hiding their identity from others (Sullivan, 2013; Brotman et al., 2003; Fredriksen-Goldsen, & Muraco, 2010; Knochel et al., 2011). Even more distressing is that many older LGBT\* adults report experiencing harassment from staff and other residents, receiving inadequate care attributed to prejudiced beliefs held by care givers, being excluded from common areas and activities, and even physical or verbal abuse from caregivers, family members, and other residents due to their non-heteronormative identity (Addis et al., 2009; Brotman et al., 2003; Heaphy et al., 2004; Meyer, n.d.; Fredriksen-Goldsen, & Muraco, 2010; Hughes et al., 2011; Brotman et al., 2007; Daley, & MacDonnell, 2011; Jihanian, 2013; Kimmel, 2014; Landers, Mimiaga, & Krinsky, 2010).

Exacerbating these effects of heterosexism and homophobia are the challenges many LGBT\* older adults face when trying to secure and access support from friends and family.

Considering that many of these older adults came of age during a time when homosexuality and gender non-conformity was considered to be either a punishable crime or a diagnosable mental disorder, many LGBT\* older adults are reluctant to reach out to other older adults for friendship or support out of fear of rejection or discrimination (Heaphy et al., 2004; Fredriksen-Goldsen & Muraco, 2010; Hughes et al., 2011). Even when older LGBT\* adults have positive and supportive people in their lives, whether those are family, partners, or their “chosen family”, many health and elder care related services do not recognize the significance of those relationships. In particular, although family members often have legal rights and responsibilities for the care of older family members, homophobic legal structures have, until more recently, long denied partners from being able to advocate and make decisions for their same-sex partner (Heaphy et al., 2004). Moreover, given the homophobic and heterosexist environments in which older adults came out in, many were rejected by their families and friends and were thus compelled to create a support network of friends that resembled a family system. These networks are often referred to as “chosen family”, and have been demonstrated in the research to have a significant positive impact on the aging experience for older LGBT\* adults (Heaphy et al., 2004; Fredriksen-Goldsen & Muraco, 2010; Brotman et al., 2003), but lack legal status and may not be recognized by health care professionals (Brotman et al., 2003). The inability to access support within discriminatory environments can have profound effects on older LGBT\* adults. Not only as it relates to the quality of care and their ability to have someone advocate on their behalf, but it can also result in isolation and loneliness (Johnson et al., 2005; Heaphy et al., 2004).

The reality for many older LGBT\* adults is that the heterosexist and cissexist environments they have aged within have profoundly shaped their life trajectories. Recent research by Fredriksen-Goldsen and her colleague (2017) has demonstrated older LGBT\* adults

experience greater levels of mental and physical health conditions than heterosexual and cisgender older adults. These findings are based on data collected in 2014 from the Aging with Pride: National Health, Aging, and Sexuality/Gender Study, which is the largest population-based (U.S. only) survey specifically focused on the health and well-being of LGBT\* older adults (Fredriksen-Goldsen et al. 2014). What is unique to this particular body of research is that the researchers specifically investigated relationships between life-course trajectories and health outcomes, as opposed to other research focusing on health disparities. The results, although unexpected, highlight there are differences in the way LGBT\* older adults experience discrimination, exclusion, and marginalization, and that the different configurations have implications for their quality of life and aging. While a broad trend in the data demonstrated overall both lifetime and day-to-day experiences of victimization and marginalization was directly negatively associated with good mental and physical health, the researchers were able to identify particular groups who might be at greater risk. Building upon how lifetime victimization influences health and quality of life, a subsequent study explored how key events and transitions over a life course influence health and wellbeing in later life (Fredriksen et al., 2017). In this study, researchers were able to identify 4 distinct clusters of older LGBT\* adults who varied on age, the age of first disclosure, lifetime experiences of adverse experiences, and socioeconomic status. The first of which was the Retired Survivors which consisted of those with a high rate of retirement, that they were not currently employed, and had low rates of lifetime job related discrimination. The second cluster were the Midlife Bloomers who reported both becoming aware and disclosing their identity in their 40s, with most having previously been in an opposite-sex marriage later in life. Third, was the Beleaguered At-Risk who first disclosed their LGBT\* identity in early adulthood and had very high rates of lifetime job related discrimination such as

not being hired or promoted or fired due to their identity. The final cluster was the Visibly Resourced who were those that disclosed in mid-20s, had high rates of current employment and relatively low rates job related discrimination. Although the study anticipated the youngest clusters, the Visibly Resourced (median age of 58.69) and Beleaguered At-Risk (58.68) should have the better mental health than the oldest (Retired Survivors' median age was 65.38 and Midlife Bloomers was 62.56), on all measures except physical impairment, the Beleaguered At-Risk cluster reported the lowest rates of wellbeing and quality of life. The expectation that younger clusters would fare better on these measures is premised on the understanding that the historical and social contexts for the oldest clusters would experience greater levels of social exclusion and marginalization. However, it was noted that many of the Retired Survivors likely exercised a level of concealment and selective disclosure as a way to protect themselves from discrimination and the Midlife Bloomers would likely have some protection such as financial resources and more spiritual engagement to buffer against poorer health outcomes.,

An important take away from these results is that older LGBT\* adults can and do experience successful aging and can learn to adapt to shifting social and cultural environments. However, what it also points to is that there is significant diversity in terms of history and experiences of discrimination and that these differences influence their aging trajectories, and significantly influences their current and future health and well-being. Although the Aging with Pride study has provided new frameworks to explore health outcomes for older LGBT\* adults, its findings that greater exposure to discrimination and marginalization results in worse outcomes is not new. In particular, the Minority Stress Model as described by Meyer (2003), asserts minority populations face greater levels of stress due to structural and institutional alienation and exclusion from 'normative' society. As a result, stigmatized identities such as LGBT\* people

experience greater stress because of how they identify. Of note, this stress can manifest regardless of whether it is real or perceived, and also in anticipation of a potentially stressful event, such as moving into a new congregate housing environment. As one might expect, the consequence of this stress has been empirically demonstrated to result in worse mental health outcomes for LGBT\* adults (Meyer, 2003; Hendricks & Testa, 2012).

Growing awareness of the reality older LGBT\* adults face in health and social service settings has been the impetus for the efforts to eliminate homophobia and heterosexism in those spaces. In the literature, much of the focus on effecting such change has been on cultural competency and providing health care providers and other professionals in elder care with the necessary knowledge and tools to adequately serve this population. It is important to note that among both LGBT\* older adults and professionals working in elder care, there is a deep-seated belief that if care providers have more knowledge and awareness around LGBT\* issues and concerns, they will be better able to provide care to them (Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emler, Hooyman, 2014; Meyer, n.d.; Knochel et al., 2011; Hughes et al., 2011). This could be called ‘cultural competency training’ – and while cultural competency training can be carried out in a variety of ways, the ultimate objective is to provide professionals with the information that enables them to care for LGBT\* older adults without further marginalizing or stigmatizing them. To those ends, cultural competency training can cover a broad spectrum of topics including dismantling stereotypes about non-heteronormative identities, providing language around how to refer to someone’s spouse (i.e. not assuming a woman has a husband) and which pronouns to use for gender non-conforming individuals.

Despite the belief that cultural competency training can affect broad level change, it must be acknowledged that cultural competency training is framed as a deficiency within individuals



who are providing care, and not as an outcome of heterosexist and homophobic structures (Daley & MacDonnell, 2011). Thus, while practitioners and professionals may be better equipped to provide culturally appropriate care, the roots of discrimination and marginalization are not changed through cultural competence. As such, more must be done through changing existing policies and practices at both administrative and front-line levels to eliminate oppression of LGBT\* older adults; as well as work to develop a more inclusive understanding and less discriminating society on the whole.

### **Older LGBT\* adults and housing**

Although changes are slowly occurring in health care and social services sectors, little is known about the housing situation for the older LGBT\* population. The small amount of research that does exist on housing for LGBT\* older adults, confirms that this population similarly experiences discrimination and marginalization within housing spaces (Johnson et al., 2005; Jackson et al., 2008; Stein et al., 2010; Sullivan, 2013). This is not especially surprising, given that many of the contextual factors that shape those environments are present, such as heterosexism and homophobia and the prevalence of discriminatory attitudes among staff, health care providers, and other residents. However, more research about the experiences of older LGBT\* adults in housing spaces is necessary to fully appreciate how discrimination operates in those spaces and what strategies should be used to make housing safer and more inclusive for this population.

Noteworthy is that in many communities, organizations and agencies are beginning to find solutions to address the need of creating safe housing for older LGBT\* adults. In some cities across North America, programs and housing projects have been developed specifically for

LGBT\* older adults, to ensure they can age in safe and inclusive spaces. Many of these housing units are low-income type housing that provide either independent or assisted-living units in larger apartment/condominium buildings. For example, in Philadelphia and Minneapolis/St. Paul, new apartment buildings were constructed to provide independent living spaces for low-income LGBT\* older adults (Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders, 2013). As well, the Triangle Square building in Los Angeles provides low-income housing for older LGBT\* adults within the framework of comprehensive housing care to help their residents stay in the community to age in place (Gay and Lesbian Elder Housing, 2014). Importantly, while these buildings can market themselves as LGBT\* housing, U.S. federal legislation restricts them from exclusively renting space to LGBT\* older adults. Rather, any older adult who meets the income qualification requirements can apply to the building.

For higher income LGBT\* older adults, there are fewer options for LGBT\* inclusive spaces. Currently, one retirement community exists in Santa Rosa, California (Fountaingrove Lodge, 2013). While a project called Rainbowvision is in the pre-development phase in Vancouver, British Columbia, a similar project in Santa Fe, New Mexico declared bankruptcy after only 5 years (Peters, 2011), which raises questions about the long-term viability of such projects.

In some communities where there are no specific housing options for LGBT\* older adults, organizations will distribute or provide older adults with options for LGBT\* friendly spaces. For example, there is a website that identifies which Long-Term Care buildings are LGBT\*Q friendly in Toronto (Torontonursinghomes.com, 2014). In Oregon, the Oregon Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE) published a

handbook that describes which housing options are available and ranks them using a survey that is filled out by current residents (SAGE, 2014).

Given that other cities have identified a need to create these spaces, it is likely that LGBT\* older adults living in Winnipeg would also identify a need. While a needs assessment conducted by Sum Quod Sum Foundation in 1997 identified that gay and lesbian adults would benefit from having gay/lesbian or gay-friendly subsidized housing, no additional studies have been completed (Sum Quod Sum, 1997). Due to this gap, the current research project will focus on understanding LGBT\* older adults' experience in housing units, as well as identifying what, if any, changes can be made to create safer and more inclusive spaces for an aging LGBT\* population in an Age-Friendly community.

Including all non-heterosexual sexualities and gender identities is a significant aspect of this research project. Since a principle of the Age-Friendly Initiative is to embrace the heterogeneity of older adults (Menec, Means, Keating, Parkhurst, & Eales, 2011), it is clear this framework is a perfect springboard for doing further work and research among LGBT\* populations. As life trajectories and experiences will differ between and amongst lesbians, gays, bisexuals, and transgender people (Addis et al., 2009), they must be researched to fully understand how housing affects LGBT\* older adults' aging experience. Acknowledging and capturing the diversity within this community is of particular importance, especially as much of the existing research has focused on the experience of gay men and lesbians and within that population, mostly white gay and lesbian individuals. Even when research purports to include bisexual and transgender individuals or racialized populations, in many cases they are either not present in the sample or are excluded in the analysis (for example: Jackson et al., 2005). The lack of knowledge around these distinct identity groups is problematic and must be addressed in

future research. While the findings that emerge from this study may reveal that lesbians, gays, bisexuals, and transgender older adults experience different challenges, it is important to identify what commonalities also exist. From a feasibility standpoint, there simply are not sufficient resources to establish supportive housing for the different populations in the LGBT\* community. Thus, to meet the current needs of Winnipeg's LGBT\* community, efforts should be directed towards determining how to make such space safe and inclusive for the diverse individuals who reside (or will reside) within those walls.

## **Theoretical Perspective**

### **Intersectionality**

One theoretical perspective that provides the space to do an analysis of how to make housing spaces safer and more inclusive is intersectionality. This perspective is particularly useful because its focus is to analyze the social divisions and oppressive power relations that structure peoples' lives, with a particular emphasis on those deemed to be marginalized and possess less power (Cronin & King, 2010). To elaborate upon the link between intersectionality and oppression, it is essential to first operationalize the concept of oppression for the study. Oppression is fundamentally rooted in an exercise of power that disenfranchises individuals positioned outside dominant groups (Dermer et al., 2010). It is a system that repeatedly integrates prejudice, marginalization, discrimination, violence, exclusion and stigmatization into both societal institutions and individual beliefs and attitudes, to keep disenfranchised groups disempowered (Dermer et al., 2010; Postmes & Smith, 2009; Walsh, Olson, Ploeg, Lohfeld, & MacMillan, 2011). Although the act of marginalizing or discriminating has been used synonymously with oppression, they are not the same. Rather, these are acts of power stemming from an oppressive system that increase oppressed peoples' vulnerabilities (Walsh et al., 2011).

An important caveat to this point is that not all members of disenfranchised groups will experience oppression to the same extent or the same ways. More specifically, depending on where people are located in other groups and where those positions intersect, they may have other buffers and/or vulnerabilities to acts of oppression.

Initially, intersectional analysis was used to explain how Black women experienced discrimination based on their gender and race. Described most prominently by Kimberlé Crenshaw (1989; 1993), Black women are vulnerable to oppression through their being non-white and non-men. In Crenshaw's description, Black women are positioned at an intersection of oppression where sexism and racism meet (1989; Choo & Ferree, 2010). Often, this intersectionality is expressed in terms of a double jeopardy to indicate this group's vulnerability to two systems of oppression (Yuval- Davis, 2006). While Crenshaw specifically examined racism and sexism, it has been acknowledged other systems of oppression exist, including, but not limited to heterosexism, classism, ableism, and ageism. The disaggregating of oppression into other categories based on sexuality, class, ability, and age allows for more nuanced analyses of how acts of oppression influence individuals' realities. Depending on which groups an individual is positioned within these systems, they may be at greater risk of experiencing discrimination, marginalization, and exclusion. For example, an older Indigenous lesbian-identified transgender woman may be more vulnerable to marginalization than a young white cisgender woman, due to her membership in several subordinated groups. Using Crenshaw's articulation, the older Indigenous woman is positioned in a way that exposes her to many types of discrimination, and may face multiple jeopardies. Crenshaw's articulation of intersectionality is useful for demonstrating that individuals can be vulnerable to numerous acts of oppression

depending on the way they identify themselves and how they are located in a mainstream society.

Other literature however, (Yuval-Davis, 2006; Krekula, 2007; Cronin & King, 2010) has identified the terminology of double, triple, or multiple jeopardies as problematic because it renders the experience of more marginal members of specific categories invisible by obscuring difference within these divisions. According to McCall (2005), the 'jeopardies' approach to intersectional analysis assumes all members of specific categories have identical experiences. Relying on homogenized experiences creates inclusionary/exclusionary boundaries that dictate who fits within those categories (Yuval-Davis, 2006). As an example, depending on one's perspective (not this researcher's), a transgender woman may or may not fit within the category of woman because her birth-assigned gender is not identical to a cisgender woman. Prevailing attitudes that discriminate and marginalize transgender women can lead to their experiences being excluded in analyses on sexism and gender.

Further complicating efforts to analyze intersections among social categories is that these positions are not fixed, but manifest in specific historical places and times (Yuval-Davis, 2006; Taylor, 2009). Although the significance of time and place is overlooked in Crenshaw's articulation of intersectionality, it is further emphasized by McCall (2005). Advocating that intersectional analyses should focus on relationships between categories and how they change over time, McCall recognizes how place and time influence the ways social categories intersect. Understanding how and why the construction of social positions change throughout time and place is significant because it establishes space for analyzing how some social divisions will have more importance than others for an individual, depending on access to their resources at a specific time. For example, an older gay-identified and disabled man may find that he is more

concerned about his non-heterosexual identity than his disability if he lives in a home that has adequate supports for managing his disability, but he does not feel safe to reveal his sexuality to caregivers. Whereas another older gay-identified and disabled man may be more concerned about his disability if his residence is affirming of his sexuality, but lacks the necessary support he requires. This example reveals how relying on an intersectional analysis that focuses on which types of oppression an individual is exposed to (i.e. homophobia, ageism, and ableism) may universalize the experiences of older gay-identified men and not attend to the specific historical and material conditions of similar constellations of oppression. In doing so, a ‘jeopardies’ approach may miss how these similar intersections have differing effects for individuals, depending on when and where oppression intersects.

Since intersectionality attempts to shed light on the multiple positions that constitute everyday life and the power relations central to it (Davis, 2008), it is a suitable framework for analyzing the experiences of older LGBT\* adults. As many of these individuals may be vulnerable to discrimination and marginalization based on their age, sexuality, gender identity, ability, class, and/or race, intersectional analysis has potential to reveal how discrimination both from within and external to the LGBT\* community shapes and influences the realities of these older adults. However, there is a danger in over theorizing intersectionality, and in forgetting that it is a breathing living thing that has social and material consequences for individuals living that reality (Taylor, 2009). Given the real and tangible impact intersections have on older LGBT\* adults, it is important to clarify the previous discussion about framing intersectionality. Failing to be aware of the changing dynamics can exacerbate the effects of intersections by compelling people to universalize the experience within those categories, and thus miss the different ways

one's identity affects people, such as exclusion, threats, violence, misunderstandings about life experiences, increased mental health problems, and isolation.

### **Intersectionality and older LGBT\* adults**

Intersectionality's origins are in feminism and this approach has often been used to elucidate the heterogeneity of particular identities by exploring how class, race, and gender intersect to produce unique experiences for individuals. While the list of social categories that intersect may include age and ability, analyses often fail to describe their impact (Krekula, 2007). Noticeably absent in these analyses in age-related research is sexual orientation (Cronin & King, 2010). Not only does the paucity of sexual orientation in age-related intersectional analyses reflect a strong heterosexist assumption, it also reflects a tendency to assume older adults are asexual and do not experience sexual desire (Bengston, Burgess, & Parrott, 1997; Cronin, Ward, Pugh, King, & Price, 2011).

The social divisions older people occupy such as race, gender, sexual orientation, ability, class, and age will affect how they age, their perceptions of the housing environment and their experiences within those spaces. As such, it is important to acknowledge how the positions LGBT\* older adults occupy shape their interpretations and understandings of their housing to increase our awareness of how to make those spaces safer and more inclusive. The use of an intersectionality perspective will also make a significant contribution to the existing body of literature on older LGBT\* adults, as much of the research is exploratory and descriptive in nature, and thus has not widely employed theoretical perspectives in the analyses (Fredriksen-Goldsen & Muraco, 2010). The fact that so little theory has been applied is particularly interesting as several authors have noted that the multiple social positions older LGBT\* adults



occupy will invariably impact their aging experience (for example see: Heaphy et al., 2004; Meyer, n.d.; Daley & MacDonnell, 2011). Given that there is some awareness around the significance of intersecting social positions, it is clear that intersectionality will be a useful and practical framework for the current study.

For the purpose of this study, it is helpful to describe specific types of oppression, LGBT\* people face as a way to highlight how intersectionality works by simultaneously advantaging and disadvantaging individuals. While there are many ways LGBT people are advantaged and disadvantaged, the following list represents those I anticipate to encounter in interviews with participants:

- **Heterosexism:** Describes a system of beliefs that normalizes heterosexuality and stigmatizes any form of non-heterosexual behaviour, identity, relationship, or community (Herek, 2012).
- **Cissexism:** “The belief or assumption that cis people’s gender identities, expressions, and embodiments are more natural and legitimate than those of trans people” (Julia Serano, 2017)
- **Racism:** Is an ideology that asserts both directly and indirectly that one racialized group is inherently superior to another. In recognizing race is a social construct I will use the term racialized to describe people of colour as a way to demonstrate race is given to an individual, and not an inherent trait (Ontario Human Rights Commission, n.d.)
- **Ageism:** Is the stereotyping and discrimination against others based on their age (or perceived age) (WHO, 2017).

- Ableism: is “negative attitudes, stereotypes and stigma toward people with psychosocial disabilities” (Ontario Human Rights Commission, n.d.). Ableism affects those with visible and invisible disabilities and can limit their ability to fully participate in different environments.
- Classism: is the marginalization of individuals who are seen to be in a lower social class (Lui, 2013).
- Sexism: the negative values and discrimination of individuals on the basis of their sex and perceived gender (Carlton University, 2017).

In applying these concepts to the LGBT\* community, it is important to recognize that while sexual and gender minorities may experience heterosexism and/or cissexism, they can experience either privilege or disadvantage in different social categories. It is the interaction between their simultaneous privileging/disadvantaging that will operate to shape their experiences in their housing environments. Although no research could be located specifically around housing, there are some studies that demonstrate there are real implications to intersectionality and that the way it operates can profoundly influence one’s aging trajectory. As one example, while research has shown that older LGBT\* adults tend to be more economically disadvantaged than heterosexuals, bisexual men and women and trans\* individuals reported higher levels of living below the poverty line compared with gay men and lesbians. Similarly, older lesbians reported experiencing higher levels of financial barriers to accessing care (Emlet, 2016). One very plausible explanation for this is the role of sexism, heterosexism, and cissexism. Particularly as the privileging of men and cisgender people results in the disadvantaging of women and trans\* individuals, to the extent that they cannot pursue the same opportunities as

others. Trans\* people face greater levels of employment discrimination than cisgender people (Fredriksen-Goldsen et al., 2017) thus limiting their ability to accumulate necessary resources for their later years. Lesbian women have experienced similar exclusion from the workforce, and for many who came out later in life were previously in a heterosexual relationship and were not employed, which also limits their ability to accumulate resources.

Another example of intersectionality in older adults is race. While there are very few studies on race and older LGBT\* adults, there is some evidence suggesting racialized LGBT\* older adults have a lower quality of life than white LGBT\* adults (Kim, Jen, & Fredriksen-Goldsen, 2017). Within this finding are other important revelations, particularly as there were differences in the negatively associated pathways between discrimination and victimization to self-reported quality of life, which depended on whether respondents were Hispanic or African American. Particularly, as African American respondents reported higher levels of lifetime discrimination than non-Hispanic and Hispanic respondents. However, both African American and Hispanic respondents reported having lower socioeconomic resources and identity affirmation than non-Hispanic whites, as well as higher identity stigma. What these results demonstrate is that one may anticipate that racialized sexual and gender minority older adults face additional challenges, both from within and outside the broader LGBT\* communities, which can influence the quality of their aging experiences. Further research clearly needs to be done on this topic.

Although it is impossible to comment on all intersections of social categories due to the lack of empirical data on the various configurations and that much of the research has focused on comparing sexual and gender minorities to heterosexual and cisgender individuals, it is important to also comment on the significance of gender. As previously described, sexism, heterosexism

and cissexism have contributed to financially disadvantaging lesbian and bisexual women as well as transgender individuals, while racism has been demonstrated to impact racialized older LGBT\* adults quality of life and their ability to access support and resources. While useful in highlight intersectionality is real and profound, more research must be taken to explore differences and similarities between groups within the LGBT\* community, particularly from a Canadian context and the inclusion of Indigenous and Two-Spirit individuals.

### **Heterogeneity in the LGBT\* community**

Frequently, the LGBT\* community is represented as a largely stable and homogeneous identity (Cronin & King, 2010). Although there is a strong tendency to assume that LGBT\* is a unified, yet diverse group of individuals who reject a heteronormative order dictating that people should embrace heterosexuality and ascribed gender conforming identities, it is dangerous to ignore the political histories and trajectories that continue to influence how these diverse groups interact under the LGBT\* umbrella. As noted by Weiss (2003), the LGBT\* community is frequently thought to signify a single community with communal interests, which overlooks how lesbian, gay, bisexual, and transgender are clearly defined, separate, and mutually exclusive categories. Generally, homosexuality was thought to be synonymous with LGBT\* (Weiss, 2003). However, for many individuals who do not conform to birth-assigned gender identities in a heteronormative order, sexual orientation is too limited in scope. The challenge in creating a community that accepts the various expressions and definitions of gender identity and sexual orientation is that tension between the different identifications will likely manifest (Hutsell, 2012).

Conflict within the LGBT\* community has a long history, making the likelihood that such tension and discord will continue to permeate amongst these groups very probable. While it is important to recognize that the histories of these groups will not impact all individuals the same way (if at all), recognizing the legacy of conflict amongst and between these divisions is important for understanding the current context. It is well documented in the literature that at the beginning of the gay liberation movement, lesbians frequently found they could not carve space within the numerous male-oriented organizations to have their voices heard or issues raised (Clark & Peel, 2007; Stone, 2009; Minter, 2001; Warner, 2002). Rampant sexism and the focus on issues related to sexuality and sexual freedom within gay male dominated organizations compelled many lesbians to form their own organizations separate from men's (Clark & Peel, 2007; Warner, 2002). Despite the deep rift between these gay men and lesbians, throughout the gay liberation/rights movement, these men and women were able to put aside their differences to overcome some of the biggest challenges confronting their livelihoods (i.e. the AIDS epidemic, legislated discrimination, the right to marry).

The ability to rally around these issues symbolizes a unified presence between gay men and lesbians, however uneasy it may be. As noted in the literature, the marrying of lesbians, gay men, bisexuals, and transgender people into one diverse entity has political advantages (Warner, 2002; Clark & Peel, 2007; Weiss, 2003; Stone, 2009). However, it should be acknowledged that not all 'members' of the LGBT\* community hold the same privilege or ability to access the rights gained through the LGBT\* rights movement. Bitter debates frequently arise about the inclusion of transgender people and bisexuals in the movement, although sharing parallel histories with lesbians and gay men (Weiss, 2003). According to Weiss (2003), the discomfort around including transgender and bisexual people is grounded in the belief that these individuals

do not fit within a constructed homosexual identity. For some, bisexuality does not exist (Hutsell, 2012), or bisexuality remains invisible in society, overshadowed by the preconception that their sexual fluidity is either en route to a fully developed monosexuality or it exists in a future utopia where sexual orientation is boundless (Petford, 2003). In essence, bisexuality challenges people's conceptions of the stability of sexuality. Moreover, the ability to move between same-gender and opposite-gender partners threatens the foundation of the efforts to legitimize same-gender relations, because the possibility of returning to a heterosexual orientation always remains.

Unlike marginalization of bisexuals who are discriminated against based exclusively on sexuality, transgender people also experience exclusion and discrimination based on their gender identity. Within the LGBT\* community, this distinction is significant, as some do not believe gender identity fits within the movement (Weiss, 2003; Stone, 2009; Minter, 2001). However, it must be acknowledged that some transgender people reject heterosexuality and identify as lesbian, gay, or bisexual. As well, regardless of their sexual orientation, by their gender variant being, transgender people are actively challenging the heteronormative order that oppresses all individuals who do not fit within a heterosexist society. Yet, despite these parallels, some members of the LGB community attempt to exclude transgender people because their political motivations diverge too greatly from efforts to mainstream non-heterosexual sexualities (Worthen, 2013; Stone, 2009; Weiss, 2003; Minter, 2001).

Discrimination and exclusion within the LGBT\* community mirror those outside the community (Weiss, 2003). Whether such discrimination is based on non-conforming sexuality or gender identities, the reproduction of oppression within the boundaries of the community demonstrates the political nature of the LGBT\* community, and as such, it should not be

assumed to be a unified, monolithic entity where all people are equally celebrated. It should further be acknowledged that oppression has been found to manifest in the forms of classism (Clark & Peel, 2007; Stone, 2009; Weiss, 2003; Minter, 2001), racism (Warner, 2002; Meyer, 2012), and ableism (Warner, 2002) within the LGBT\* community. The point of raising these issues is not to diminish the efforts of those individuals struggling to make society safer for lesbians, gays, bisexuals, and transgender people, but to illustrate the contradictions inherent in the progress made. Elucidating those contradictions can raise consciousness about the current reality and also propel action to change that reality. In considering how to best support older LGBT\* adults, awareness of the varying intersections of oppression can facilitate understanding is needed to age safely and inclusively in their community.

As the goal of this project is to determine how to make housing safer and more inclusive for LGBT\* older adults, it is imperative to explore how intersectionality operates in their realities. Not doing so can take agency away from those who may be at more marginal places of social categories to articulate their experiences. While it will be impossible to accommodate the various configurations of intersecting privileging/disadvantaging, by identifying commonalities and shared experiences, the researcher is hoping to determine ways that will make housing more conducive to supporting LGBT\* older adults age.

## **Chapter 3**

### **Method**

Increasing awareness and acknowledging the various and intersecting social positions older LGBT\* adults occupy is essential when exploring options to improve their aging experiences. Since a primary objective of this project is to identify ways to make housing safer and more inclusive for LGBT\* older adults, it is necessary to choose a methodology that can not only increase our understanding of how the intersections affect those individuals' livelihoods within their housing spaces, but also propel action.

### **Background**

In determining which methods and methodology to employ for this project, it was essential to consider what type of research would yield significant results and be well suited to answering the research question 'how can the principles of Age-Friendly be employed to make existing housing or create new housing options for LGBT\* older adults that are safe and inclusive'? In recognizing how responding to this question would likely be quite complex with many intersecting and converging points, I determined a qualitative approach would be most appropriate. This decision is based on an understanding that qualitative research is not only an approach that enables researchers to collect rich narratives about participants' lived experiences but also to hear from individuals who are often silenced in quantitative studies (Creswell, 2013). Upon making the decision to undertake qualitative research for this study, it was important to choose a methodology that would not only provide for collecting rich data but also serve to amplify the voices of LGBT\* older adults.



Initially, when this research project was imagined I anticipated that I would use photovoice to carry out the study. Photovoice was, and I would still argue is an excellent method for this study because its aim is to promote critical dialogue and knowledge about issues within their community and; to reach policymakers (Wang & Burris, 1997) through photographs. Through visual imagery, the audience can increase their awareness of the risks older adults are vulnerable to within their community and become more cognizant of the social issues that affect this population's realities. The ultimate hope with using photovoice in this project was to spur a conversation and engage individuals and organizations to make changes that would increase the level of safety and inclusion older adults will experience in congregate living spaces.

Despite my efforts to recruit participants, I was not successful in finding a sufficient number of individuals who were willing to take on the project of documenting their realities through a camera. As I will outline later, numerous attempts were made to identify potential participants, and while three agreed to participate, due to life circumstances they were unable to follow through with the photovoice process. In recognizing the benefit of visual images to strengthen the results of this project, I met with the three participants on several occasions to discuss what more I could do to support their efforts. But as photovoice requires a significant commitment and an amount of energy from participants, and the fact that there was insufficient uptake of new participants (again, due to the time involved), after meeting with my advisor we decided that a new approach was necessary to ensure the thesis would be finished on time.

Since I had already met with several participants to have a preliminary discussion about the project and that part of the initial ethics protocol included interviews in the photovoice methodology, I opted to use interviews for collecting data. Part of this decision was also informed by the understanding that individual interviews can better create space for people to

discuss a topic, without feeling overwhelmed by dominant personalities, or feeling unsafe or unwilling to share, as can be the case with focus groups (Berg, 2007). In recognizing the small size of the LGBT\* community in Winnipeg, it was my perspective that an interview would provide a more conducive environment to collecting data as opposed to a focus group where participants might already have relationships or connections to each other and be less likely to contribute their perspectives.

## **Recruitment**

Recruitment for this study proved to be a significant obstacle. I developed numerous posters with varying amounts of detail and distributed them through various networks, such as the WRHA, Centre on Aging, the Manitoba Association of Senior Centres, Nine Circles, Mount Carmel Clinic, as well as specific LGBT\* community organizations and groups such as Rainbow Resource Centre, the Rainbow Harmony Choir, and L\*ACE Winnipeg (Lesbians for Art, Culture and Entertainment). Distribution of these posters yielded some success, a total of three of the study's participants were recruited from posters. It is important to note however, that only one of the three recruited was prior to the change from photovoice to only interviews. In addition to distributing posters, I also visited different community gatherings and organizations, such as the West Central Women's Resource Centre, Dignity (which is the LGBT\* Catholic group), Reel Pride Winnipeg's LGBTTQ Commercial showings, and the Pride Golf Tournament. While these did raise interest in the study, all of those who contacted me did not fit the inclusion criteria for the study and was unable to recruit new participants.

Low recruitment resulted in expanding the boundaries of the project, so I contacted the Triangle Square building in Los Angeles to inquire about recruiting some residents from their

older LGBT\* adult apartment building as a way to contrast Winnipeg to a centre with specific LGBT\* older adult housing. Although the initial contact was warm and encouraging, subsequent communications were less inviting to conduct research in their complex. While I attended the Los Angeles LGBT Center (whom the Triangle Square building is affiliated with) during my visit to the city, I was unable to identify potential participants.

Given the lack of success in recruiting, I again met with my advisor to discuss expanding the inclusion criteria. In that conversation we agreed that lowering the age to 45 as well as removing the restriction that participants needed to live in congregate housing would be sufficient to recruit enough participants. After expanding the inclusion criteria I was able to contact three individuals who had expressed interest but did not meet the previous requirements. As well, I again sent through my networks that I was recruiting participants and was able to identify an additional seven participants, for a total of thirteen participants.

### **Description of sample**

A purposive sample of individuals aged over 40 from a variety of different social locations such as: socioeconomic backgrounds, ability, sexual orientation, gender identity, all with varying experiences dealing with homophobia and/or transphobia was interviewed; enabling this project to reach its objective of having a diverse sample. Participants were recruited based on the following criteria:

- Self-identify as lesbian, gay, bisexual, trans\*, two-spirit, queer, questioning, intersex, or any other non-heteronormative identity
- Be over the age of 45
- Be able to participate in one interview

- Live in Winnipeg

Participants contacted me either by phone or email, where I then asked clarifying questions to ensure they met the inclusion criteria. Upon determining their eligibility we arranged an interview at a location and time that was convenient for them. The initial thought was the study would require 12-15 participants and that has demonstrated to be a sufficient range as data saturation occurred after thirteen participants. More specifically, I noticed that after interviewing thirteen participants, I was no longer uncovering new information. According to Strauss and Corbin (2008), data saturation occurs when researchers are hearing the same messages in their participants' narratives.

In total, I interviewed thirteen individuals with rich experiences. That they came from such diverse histories was a good reminder that the LGBT\* community is not homogenous and further demonstrates the need to look at the realities of older adults through an intersectional lens.

The following table provides some demographic information about the participants. The names listed are the pseudonyms participants chose for themselves. In conversing with my advisor about the demographic information I collected from my participants, we agreed to adjust what was represented in the table to assist in maintaining their confidentiality. To those ends the ages entered are not the participants' real ages, although they are well within a reasonable range of 1-3 years of the age they provided at the time of the interview. Moreover, although I did ask participants to share how they identify ethnically, I allowed for open-ended responses, which resulted in many interesting and descriptive ethnic identities within my sample. Given the personal nature of how participants identified, I have omitted that information from the table, but will clarify that all but one participant identified as some variation of white or Caucasian.

Despite this omission, the following table reveals the diversity of the sample. However it is important to bear in mind this information provides only a description of who they are. As will shown in the findings, these participants have lived rich lives with stories of loss, grief, and resilience that have shaped who they are and is important that this information not overshadow the details that tell the bigger story.

Table 1. Demographic information about participants

<b>Name</b>	<b>Age</b>	<b>Sexual Orientation</b>	<b>Gender Identity</b>	<b>Education</b>	<b>Home Owner/renter</b>
Pen	60	Gay	Male	Completed University	Renter
Suzie	59	Lesbian	Female	Completed University	Renter
Phil	58	Bisexual	Female	Completed University	Renter
Burt	68	Gay	Male	Completed University	Renter
Fedora Man	57	Gay	Male	Some University/Technical School	Renter
Jaime	52	Lesbian	Female	Masters Degree	Home Owner
Bluette	63	Lesbian	Transwoman	Completed University	Home Owner
Kara Danvers	56	Lesbian	Female	Completed High School	Home Owner
Fred	55	Gay	Male	Completed University	Home Owner
Chris	51	Lesbian	N/A	Completed University	Renter
Sally	74	Lesbian	Woman	Completed University	Home Owner
Paul	45	Straight	Transman	Completed University	Home Owner
Jaroslav	72	Gay	Male	Completed University	Home Owner

## **Interviews**

Prior to beginning the interview, participants were given a brief overview of the project and what its objectives were. They were told how the interview would proceed, the nature of the questions that would be asked and roughly how long the interview would take. I went over the consent form in detail with the participants, explaining that a priority for me was to do my due

diligence to ensure their participation was anonymous, that they could withdraw their consent at any time, and that they were not obligated to respond to all the questions if they felt uncomfortable or unsure. Once participants signed the consent forms (one was for their records while the other was for mine), they were asked to fill out a demographic form with details relating to age, gender identity, sexual orientation, and socioeconomic status. At the end of each interview, participants were given the opportunity ask any questions or share any comments about the process. The interviews were semi-structured and used a schedule as a guide. As many participants were currently living in their own home, the schedule was adapted to ask about their home and neighbourhood, as part of the research objectives were to understand LGBT\* older adults living in shared spaces. To those ends the following schedule was used:

- 1) Can you tell me why you chose to live in this building?
- 2) Can you tell me about your experience living in here?
- 3) What do you like about living here?
- 4) Are there things that you think could be improved?
- 5) Do you think this building/house/neighbourhood is a safe place for LGBT\* people? What makes you say that?
- 6) Do you think building includes LGBT\* people? What makes you say that?
- 7) If other cities were to make housing safe and inclusive for LGBT\* older adults, what do you think are the most important things to consider?

Depending on the responses from participants, I would ask additional questions to either clarify or probe deeper into their initial response. However, it was important that this process feel more like a conversation as opposed to a formal and fully structured interview to help put the participant and myself at greater ease. I anticipated this type of atmosphere would also lend to

richer data collection and more pleasant experience. Rapport with participants was also established by spending some time at the beginning of our meeting to have a more general conversation to get to know one another a bit better before beginning the interview. The interviews lasted between 45-150 minutes and occurred in a variety of settings. Some were held in the participant's home, some at the United Way of Winnipeg, Rainbow Resource Centre, and in the participant's place of work. Interviews were recorded using a digital recorder to be transcribed later. At the end of the interview participants were asked to choose their own pseudonym.

## **Ethics**

The Joint-Faculty Research Ethics Board at the University of Manitoba granted approval for the study. Amendments were sought and I received approval each time inclusion criteria was expanded and new sites added to the study. Consent was discussed with each participant prior to the interview. It was explained that consent was voluntary and that they could withdraw at any point without any consequence. One copy was kept for my records while the other was provided to the participant for theirs.

## **Thematic analysis**

I employed thematic analysis for this study (Vaismoradi, Turunen, & Bondas, 2013). Once the interview was completed, I began transcribing it verbatim. I would also write field notes about my impressions about the interview, including my observations, feelings and connections I could make to previous participants' narratives. Typically, there was enough time to complete the transcription process before the next interview started, due to the staggered uptake of new participants. Although I completed transcribing the interviews prior to my medical

leave, by the time I was able to begin data analysis a year had passed and I found myself needing to familiarize myself with the data I had collected over a year prior. To do that, I listened to the audio recordings for each interview and reviewed both the initial transcript and field notes. After listening to interviews at least twice and re-reading the transcripts I was ready to begin analyzing the data.

To carry out the analysis, I relied on a chart that was suggested to me by my advisor that allowed me to separate data that would be coded and themed and was distinct from the rest of the participant's narrative. The first step was to review each participant's transcript and insert relevant statements into the chart, then I assigned that statement one or multiple codes. As I progressed in my coding, I began noticing broader connections between the participants' narratives, which is consistent with thematic analysis as it allows a researcher to identify commonalities, relationships, and differences across a data set (Gibson & Brown, 2009). Although at the outset of my analysis I had a sense of what some of these connections were, based on existing literature and reaching data saturation, the coding process enabled me to refine and appreciate more subtle nuances in the connections to identify the major themes participants discussed. After completing half of the interviews, I reviewed my progress with my advisor to ensure I was on track. At this point, we discussed refining my coding scheme by making my codes more meaningful. For example, instead of using 'discrimination' as a code, I began using 'discrimination due to gender identity' to reflect the type of discrimination a participant was experiencing. Once I had refined my coding scheme and finished coding all the interviews, I met with my advisor to discuss the major themes. In that discussion, we identified the preliminary names of the major themes that emerged in the data analysis, of which I would use to complete the data analysis. Since it had been at least two weeks from when I completed coding the



interviews and meeting my advisor, I was able to verify the codes that I had initially coded participant statements with and ensured it still fit or if it needed revision. During this review, I was also able to begin grouping the codes into the major themes I had discussed with my advisor. Once data had been themed, I compiled an outline for my advisor, committee, and participants for verification.

## **Rigour**

Although qualitative and quantitative studies collect and analyze data differently, both must be evaluated to determine a study's quality and trustworthiness. How one achieves valid and reliable data to produce a good quality and trustworthy study depends on its type and the feasibility of options. For example, Creswell (2013) describes eight strategies for validating data: prolonged engagement and persistent observation in fieldwork and with participants; triangulation; peer-review, for external check of research process; negative case analysis, to incorporate negative or disconfirming evidence; clarifying researcher bias; member-checking, to confirm findings with participants; rich and thick descriptions, to allow for transferability and; an external auditor, to act as an arms-length consultant.

Despite describing each of these, Creswell (2013) notes that qualitative researchers must engage in at least two. In the current study, I employed several validation strategies. The first of which is triangulation. Although initially I envisioned having other types of data than just interviews and field notes, triangulation can occur with these two types of data to confirm accuracy. The second strategy I employed was continually clarifying my bias and position in the study. Numerous times during the interview process participants would say things that did not fit my perspective or seem appropriate to say in the context of an interview. However, I recognized

that time and place to be a space where they could share their thoughts, opinions, and experiences and as such would not share my perspective or challenge them, unless necessary for clarifying their statement. I will further clarify my position in the section on reflexivity. To ensure fidelity with the findings, I engaged in member-checking whereby I sent participants a final list of compiled themes and descriptions to ask if anything needed revision or was missing. Of the thirteen participants, seven responded. Most were supportive and had no comments, while one suggested I reword the description for the subtheme *Trans\* bodies*, which I revised after her response. Another participant asked about using the terminology sexual and gender minorities and whether that was appropriate. I agreed with her that it was problematic in ways, but that it is the language that has been accepted by various research bodies and is a convenient description of the variety of non-hetero/cisnormative identities in a way the acronym LGBT\* cannot describe. Finally, I also engaged in peer-review. By regularly checking in with my advisor and occasionally with my committee at numerous stages of the research process, I was able to ensure the data collection process would result in credible and trustworthy data.

In addition to the aforementioned validation strategies, Creswell also addresses reliability in qualitative research. In part, reliability is achieved through the quality of data collection such as taking detailed field notes, using good quality audio/video equipment for recording and transcription. In the current study, I endeavoured to capture data as accurately as possible by writing field notes and transcribing interviews, as well as confirming findings with the participants to ensure their perceptions are accurately captured and reported.

Another aspect related to reliability is how data is organized and coded. While Creswell (2013) describes using multiple coders to ensure consistency, it was not feasible in this study. As such I indicated in my proposal that I will use a code-recode process, as explained by Krefling

(1991) as well as checking the themes and categories at two stages with the supervisor. It should be noted that due to time constraints I was unable to follow Krefting as outlined, but did engage in a code-recode process during the code refining phase. I also waited at least two weeks after coding the data with the refined codes to both verify the codes and identify the major themes they fit into.

### **Reflexivity and the researcher's position**

Embedded in qualitative research are the personal interpretations of events and phenomena. These interpretations are undeniably influenced by the cultural, social, gendered, classist, and personal politics that shape how researchers perceive their social worlds and shape the writings that emerge in qualitative research (Creswell, 2013). Acknowledging one's own position is, therefore, an integral element of doing qualitative research, as it enables readers to situate the knowledge within specific social/cultural/political frameworks. Given the significance of locating oneself in qualitative research, it is imperative that I disclose my position to be fully transparent about the project's motivations and aspirations.

Explicitly then, I identify as a queer person who is a part of Winnipeg's LGBT\* community and for the past decade has been actively involved in organizing and volunteering at events for that community. Participation in such events has been spurred by a strong commitment to social justice and a desire to raise awareness about issues affecting LGBT\* people and to work towards making the world a safer place for all other people who identify as part of that community. Moreover, as a person who does not fit within the category of an older person, part of the motivation to carry out this study is out of a sense of gratitude and indebtedness to those who have struggled against oppressive structures to secure legal freedoms

and rights that enable LGBT\* people today navigate the social world with a greater sense of safety, including me. Without question, more work needs to be done, but it is important to recognize and respect those who have laid the foundation for that work to happen.

As a young person, it is also important that although being an older adult year will someday be a reality for me, it currently is not. As such, it is essential that the personal convictions and biases I have were put aside to ensure space for the voices of older LGBT\* adults to articulate how they experience living in some kind of assisted/supported home environment. Acknowledging that bias has undeniably influenced the way the project and its outcomes were written, but I have taken steps to diminish its effect. To those ends, I used field notes that allowed me to record my own subjective interpretations and opinions about many aspects of the research process. These field notes were helpful in making my own bias explicit as there were times during interviews where participants would share things that made me uncomfortable or took me by surprise that I needed to acknowledge to avoid it from being included in the analysis and discussion.

It is also important to mention that the field notes were integral to my intersectional analysis. In particular, while I anticipated to encounter different forms of advantaging and disadvantaging, it was not always salient what type and how participants experienced marginalization. The field notes enabled me to reflect on each participant's relationship to oppression and compare them with each to identify similarities and differences, and to contextualize their responses from my own understanding of the different forms of marginalizing they experienced.

## **Presentation to the community**

From this data, I have written this thesis to fulfill the degree requirements. In many instances, however, theses are not always accessible to the community the information is intended to benefit. Given that this project's primary goal is to improve housing for older LGBT\* adults, it is imperative that more than just the thesis is completed to ensure the results from this study are shared more widely than the academic community. As was envisioned in the photovoice version of this project, it is my expectation to present the findings to the LGBT\* community and interested stakeholders.

Upon securing a space, I will invite other groups and individuals to attend a community presentation. To ensure a range of people in the audience who have some vested interest in housing for older LGBT\* adults, invitations will be sent to the Manitoba Government's Seniors and Healthy Living department, the Manitoba Council on Aging, the Mayor of Winnipeg's Age-Friendly and Seniors Committee, A&O, the University of Manitoba's Centre on Aging, the board and staff of Rainbow Resource Centre, the Positive Space Initiative committee, and to friends and family of the project's participants. Through engaging a diverse yet invested group of people to attend this presentation, it is hoped that those in attendance will leave more informed and prepared to find ways to make housing safer and more inclusive for Winnipeg's aging LGBT\* community.

## **Chapter 4**

### **Findings**

#### **Overview of themes**

During the interviews, participants shared numerous insights and reflections about their own journeys, both in the past and their expectations and hopes going forward. While each participant had different narratives around their life experiences, there were many similarities in the struggles they have faced. In acknowledging that all but one of the participants currently lived in a housing environment specifically for older adults, most of the interviews focused on hypothetical scenarios of what it would be like to live in a shared space with other older adults. While 5 other participants lived in congregate housing, they did not live exclusively with other older adults, thus making it impossible to contextualize any of the themes from this perspective. Nonetheless, their stories, their experiences, and their hopes, despite all living in different types of homes, provide a clear direction and understanding about how to apply the principles of Age-Friendly to make housing safer and more inclusive for older LGBT\* adults. To those ends, this chapter is a melding of 13 distinct individuals to present common themes and subthemes about safe and inclusive housing for older LGBT\* adults. As will be discussed in the Discussion chapter, in some ways what they shared aligns with current research on this topic and in other ways it does not. Regardless of the fit with the existing literature, this chapter paints a poignant and also hopeful description of what older LGBT\* adults need to feel safe and included in the environments they age within. To those ends, this chapter will describe the main themes and subthemes that emerged in the interviews with participants. These themes are:

- i) Stigma & Aging: which describes the fear and anticipation of experiencing discrimination in older adult living spaces, as well as the strategies participants would employ to minimize its impact.
- ii) Scanning their environments: Diversity is (un)safe: which describes the tension that exists when living in spaces with individuals who are different from the participants, and the need to see their identity positively reflected in those environments.
- iii) Cultivating authenticity: which is a theme that outlines what the participants require to live their authentic lives in their living spaces, and by extension feel safe and included in those spaces.
- iv) Is segregation safe?: which focuses specifically on the question of whether LGBT\* older adult housing is necessary and desirable. This theme also describes some of the participants' reflections around considerations for future housing options.

These themes are organized in a way that highlights the intersectionality of the participants' experiences. To be more specific, for each theme I have drawn attention to the similarities and differences between the participants as way to demonstrate that despite all being LGBT\* older adults, their perspectives and experiences are each shaped by their own social location in relation to privilege and disadvantage. A more thorough application of intersectionality is provided in the Discussion chapter, but in framing the current chapter, it is useful to recognize that even without an explicit analysis, intersections in the participants' lives are salient.

### **Theme 1: Stigma and aging**

Both in terms of aging and being an LGBT\* person, participants in this study were acutely aware of the likelihood that they would be a minority in most housing options available to them. On account of their minority status, participants shared that they felt afraid and vulnerable to

discrimination from staff and even other residents. Their fears about vulnerability and being exposed to prejudice in their living environments caused many participants to question whether they could be open about their identity, and if they were open, how this might impact their ability to feel safe and included on a daily basis in their homes. Within this broad theme of Stigma and Aging, I will discuss three subthemes that describe the participants' fears and experiences around aging as an LGBT\* person. Specifically, this theme is focused on: their visibility and their ability to pass in older adult living spaces; how relationships can compromise their ability to pass; having to negotiate coming out; and the participants' refusal to hide their identity.

**Visibility and passing.** Many participants expressed concern about managing their visibility as an LGBT\* person, and the consequences they would experience by conforming (or not) to the normative gender and sexual ideals.

***Fear of visibility.*** Most participants shared that they felt afraid of living with others who would be aware of their identity and not understanding or accepting this. This fear of their own visibility was based on a concern that being open would negatively impact the quality of care they would receive from care providers, as well as their ability to feel safe among staff and residents. Having come out during a time when being LGBT\* was considered a mental illness, some participants expressed a fear of having to live among older adults who were socialized to understand their identity as an aberration. As one participant, Sally, described “and as you get older and you have to live among older people who might have a prejudices and attitudes and ideas that are racist and sexist and homophobic.” Another participant expressed that he prefers his neighbours not know about his identity, especially if he got into a situation where he would have to defend himself from an attack:

Yeah, and I'm not, I'm [not] out with most of the staff, with the other tenants. I don't really want to know their story, and I don't really think that they need to know mine, sort



of thing. And yeah, I don't want them to throw the 'f word' at me because then I'll be in trouble for hitting them sort of thing. (Fedora Man)

For Jaroslaw, the concern was how staff would provide care if they found out he was gay. He said, "if they find out that I'm a gay man, are they going to refuse to change my diapers when I am incontinent. Because of who I am? They're afraid they're going to get AIDS from my poo."

This concern about transitioning into a long-term care facility was echoed by Burt:

Even if this place wasn't inclusive, I could live here. I could live here without a worry. But it's the next stage where I'll be going to someday, maybe, you know, that worries me. And what worries me is the fact that the people who will be looking after me, might not be respectful of me as a gay man.

The fear participants expressed around their quality of care is compounded by the thought that they might have to hide their identity to protect themselves and as Kara Danvers describes, the negative impact that would have:

You know, we've come so very far in the last decade, especially, and prior to being able to be married, we now have all those rights and privileges of being able to get married and share our lives with our partner to lose a partner perhaps and go into a home where you're going to have to go totally back in the closet, not being able to be yourself, it would be devastating.

Although most participants shared a similar concern about the how visibility would impact the care, one participant described how her fear around poor treatment was not related to her sexuality, but of aging and her requiring care from others.

More like long-term care, the idea of that doesn't excite me. The worry that somebody might find out I'm lesbian and treat me badly, really isn't an issue, I think in a lot of these homes some, you get treated badly anyway, others you get treated better, so just because an old person and you're aging, like it's easy to not be treated well... You're very vulnerable, in that sense. Um, would I worry more because I'm lesbian and because I think some of the caretakers, not really. (Sally)

It was apparent that participants were worried about moving into a housing environment where they would be exposed to a variety of individuals who would not be respectful or provide

the support that they would need, whether that was attributed to their declining bodies or the visibility of their sexual and/or gender identity.

*Visibility of significant relationships.* An added complexity surrounding participants' visibility was the visibility of relationships with significant people, whether that was with partners or friends. Acknowledging that it might be difficult to manage their visibility if they lived with their partner or were visited by a more outwardly and stereotypically LGBT\* friend, some participants expressed a concern about whether their relationships could compromise their ability to 'pass' and jeopardize their ability to feel comfortable. One participant whose partner, Jasper, is a "very out, very boisterous, very gay looking partner", expressed it would be challenging to pass if she lived with Jasper and that might impact her ability to feel safe:

So if I'm by myself I can pass and then I don't have any concerns. So if I go into a nursing home by myself, I'm not gonna really worry about my orientation so much because I don't know that I'll be an issue. If my partner and I go into a nursing home together, yeah, then it's going to have to be really really different. (Jaime)

Similar to Jaime's concern, Jaroslaw shared how one of his friends could compromise his identity in a space where he would prefer not to disclose:

In the long-term care environment, I would be extremely uncomfortable about sharing my identity. I guess my concern would be if, if Rudy came flouncing in his, not the butchest thing in blue jeans (laughs) situation, you know. And was visiting me, you know that it would come out that way. Because, you know in the long-term care facility, it's not exactly, you know, a wedding social.

This worry over how relationships would jeopardize participants' ability to feel safe raised an important point around the inequities LGBT\* older adults face compared to straight counterparts. In particular, as both Burt and Pen share, most straight older adults do not have to worry about whether staff and residents will perceive the relationships as valid, nor do they have to worry about having to deny the significance of relationships with loved ones.

Yeah, if I have a partner, that my partner can come in there and feel safe and not feel looked at, and discriminated against. Things like that, you know. You know, so that yeah. That it's just understood this is the person in this person's life, yeah. Yeah and that would be really important. Because I think for gay men who've had a partner for years and then to be put it into a home and not be able to have the same type of relationship with that person, like a married couple where the wife goes into a home and the husband comes to visit, you know, I mean that isn't frowned upon, life yeah. That, I mean it has to be; we want equality, don't we? We want equality; we want the same acceptance that other people are getting. Yeah. And that's, that would be important to me. (Burt)

It's really sad when you think that somebody caring for possibly a dying loved one would feel uncomfortable about giving them a kiss. You know that kind of thing, as simple as that. A lot of people don't realize just what a privilege is, that straight people have in this world, about being themselves, just a little thing like being able to hold the person you love's hand and give a kiss, it's a big deal. (Pen)

Relationships are typically thought to be a source of love and support for people, but for some participants they were described as a something that could jeopardize feeling safe and comfortable in their living environments.

*Trans\* bodies.* Gender minority people face unique challenges compared to sexual minorities. Sometimes choosing to undergo medical procedures to make their body more comfortable, and sometimes not; there is variability in how trans\* people present. Sometimes trans\* people are read as cisgender, while for others, their non-conformity to expected gender norms is more apparent. For trans\* participants, the visibility of their 'trans-ness' was a significant concern. As Suzie described, being read as a transwoman had a profoundly negative impact on her ability to even find somewhere to live:

I was trying to find a place to live. And um, I would find a place and I would call them up and ask them if I could come 'sure, yep'. And I would go there and then 'oh the apartments taken', or 'we have to wait till somebody else is there ... so finally I decided that I was getting like 100 percent rejection... And, so then I, when I replied, I said I'm a trans\*, a mature transgender women and then the number of people who wanted to see me, fell off the page. It went like from 100% 'come on have a look' to maybe 3, yeah 3. There were, I had 3 people who said come on. And the first one I went to said I have

somebody else in mind, which she just didn't want, which is fine. I don't want to be in a place that doesn't want me.

For Kara Danvers, a lack of financial resources to continue with electrolysis could impact how others perceive her, and result in neighbors feeling uncomfortable or treat her poorly.

Me, if I ever had to be taken care of, in a home or something like that, one of the things I'm concerned with is I still have to do, because of my financial situation over the last couple years, I haven't been able to continue with my electrolysis. I have to shave every day, so if I'm 80 and I don't have the income to afford, to finish my electrolysis, that means there's going to be some bearded ladies there, sitting there, in her wheelchair and how I am I going to be treated by people?"

Depending on which, if at all, procedures or operations trans\* people have, their bodies may not conform to what others would expect to be typically male or female bodies. Given the level of intimate care people may require as they age, as Paul shares, trans\* individuals must also contend with increased anxiety about the level of care they will receive from providers with deeply personal knowledge of their body:

What would it look like when I go, if I ever have to go into a personal care home and they see my scars? You know, people are like 'what the hell', right? What happens when I have a health care aid whose maybe got a certain religious belief who doesn't want to work with me? What happens? What do I do about it as a senior? What do I do? What happens if I have dementia or Alzheimer's and they come across my bits and pieces that are non-conforming to my gender, right? Like, how are, how are, how are health care providers going to deal with that. And, you know when we're talking about, you know you end up in a place where you have communal, a care home like specifically a care home, what are those challenges going to be? What happens when somebody says I'm not working with that guy? What happens? And I can't even advocate for myself? That's what the challenge is. (Paul)

**Negotiating coming out.** One aspect unique to LGBT\* people's experience, regardless of age, is coming out of the closet or, to have others know about their identity. Disclosing one's identity can pose risks to one's safety and as such, is typically done deliberately and carefully. At times however, other people may be given information or share details without consent.

Recognizing that coming out can pose a risk, it is essential as Jaime notes, to exercise autonomy and share their identity when they decide it is best, “so potentially if it’s somebody was asking me, and I didn’t feel safe with them, I wouldn’t have to answer anything, but if I felt safe I would.” Another consideration is that coming out isn’t a one-time occurrence. Importantly, as Sally illustrates, coming out is a constant negotiation of deciding to disclose in an environment where LGBT\* people are assumed to be straight:

And I think you have to think about that every time it comes up, you don’t sort [of] do it just once. But yes, probably, I mean, I’m, you know, if I moved into that place and always you’re assumed heterosexual. And so the questions you’re going to get from other people is friendly and it’s nice and everything that they are, ‘were you married, did you have partner, what was his name, do you have children?’ and if you say, and I’d like to be able to say ‘oh yes, I had a partner, but it’s a woman’, and so would I do that, would I say that, and like I said you have to decide all the time how you’re going to answer that question.

Having to negotiate coming out in a heterosexist environment is onerous, requiring individuals to constantly assess if the risk is minimal. Not only are LGBT\* people having to evaluate whether they feel safe enough, but as can be understood from Jaroslaw’s experience, having to evaluate how they disclose:

Well I don't talk about my lifestyle all the time and I don't think any of us does, but you know one of the ways that I used to let people know, if it's early stages or they don't seem to figure it out or to make a quip or crack a joke that sort of lets them know what side of the fence I'm on. You know. And I'd like to be able to do that sort of thing spontaneously and not have to pre-edit what's going to come out.

These quotes demonstrate that even when someone has control over their coming out process, it can be a challenging experience. However, not everyone will be in a position to exercise autonomy or be in a position to even make the choice: there may be situations where caregivers or neighbours have access to information without getting consent. As Blulette

described, there is a fear that trans\* people's lack of privacy and control over who has access to personal details could compromise the quality of care they receive:

From a transphobia point of view, it's not as, I have concerns more about the care I'm going to receive if I ever need care as a transwoman because that why I'm you know, care providers, especially if you have an intimate care provider if you're in a nursing home, they'll know your history, they'll have figured it out, so that would be an issue for me, I wouldn't want to be put in a situation where I'm being cared for differently because of my history. (Bluette)

**Refusal to hide.** Throughout the interviews, participants shared stories about their journey to self-acceptance in a climate of homophobia and transphobia. Many of them had experienced losing friends and family during their coming out. Instead of allowing the grief and loss to overwhelm them, and perhaps in spite of all their struggles, participants demonstrated a level of resilience and a determination to live their authentic lives, wherever they lived. One participant, Burt, after divorcing his wife and becoming estranged to his eight children, he moved to Winnipeg to start over. Immediately after moving into his new 55+ building he came out to his neighbours, which was a personal demonstration of overcoming all the struggles and loss to become a very proud and very out gay man:

Then they would see me as someone who isn't proud of who he is. And I think, I think that has changed from the 55+ place that I lived in over there in Saskatoon to here, is when I came here, I was proud already over there. But because I had gone through the process that evolution of change, when I came here, I came out like 'Hi! This is who I am.

Jaroslaw acknowledged the difficulty and challenges he experienced coming out, especially given the fact that his parents refused to acknowledge his significant relationships. He shared a similar sentiment: "Well when I left the closet, I painted the door shut, you know going back in is not going to be easy... Well, you know we are who we are; we shouldn't have to hide that."

For Kara Danvers, losing her wife, the estrangement of her children, and being fired from her job after coming out as a transwoman gave her the strength and courage to be proud and visible. She said “I walk out any door like I own the place, because I’ve realized that I have every right to be here as much as anybody else.” This recognition that LGBT\* people have the same rights to occupy space as anyone is often contested, but as Jaime notes, even in a personal care home, she wouldn’t stop fighting for her rights:

For the most part I think it would be, and if it wasn’t, again it’s hard to say that, right, because right now we’re still able to move around and all that, but we have gotten so used to fighting for our rights that I can’t imagine that we would stop doing that even if we were in personal care home.

As sexual and gender minorities age, they not only have to contend with the same cognitive and physiologic changes as other aging people, they must also navigate a complex dynamic of managing their outness among people who may have a level of personal information about them, that may have been given with or without their consent. Without full autonomy over their bodies or disclosing personal information, participants constantly have to question how their identity and the stigma associated will impact their ability to feel safe and included in the environments they age in.

## **Theme 2: Scanning their environment: Diversity is (un)safe**

A prominent tension that emerged among participants was whether diversity, that is to live among or be cared for by people who they recognized as being different from themselves, is safe. Appraising their safety relied on participants scanning their environments and identifying cues about whether their neighbours or caregivers would be accepting of their sexual and/or gender identity. For some participants, there was an awareness that some cultures and ethnicities hold homophobic and transphobic beliefs, and shared their fears that living among individuals

they perceived to hold those beliefs would compromise their safety. Interestingly, while some participants highlighted how their assumptions about racial diversity would negatively impact feeling safe, some participants felt differently. For some, diversity marked a space where difference was accepted and would therefore be a welcoming and safe for sexual and gender minorities. Juxtaposed between this tension of whether racial diversity was safe or not, was an acknowledgement that LGBT\* do not want to be isolated from their community. Meaning that wherever they live, they need to have others like them around and be reflected positively in their living environment.

**Diversity is unsafe.** For some participants there was a fear that living among people not part of the LGBT\* community could increase their vulnerability to heterosexism and cissexism. In particular, participants acknowledged that many staff in various types of older adult housing spaces were immigrants and newcomers, and a particular concern participants expressed around racial diversity was whether or not their countries of origins were places where homophobia and transphobia was acceptable. This was seen as important since they might hold beliefs that would impact the quality of care participants would receive:

Well particularly for staff because they tend to be, third world, you know, blue collar, poorly educated and not used to the kind of human rights legislation and all that entails in terms of widespread acceptance of people who perhaps in their homelands were traditionally ostracized. (Jaroslaw)

Similar to Jaroslaw, Paul questioned whether caregivers from places known to be homophobic or transphobic would be the most suitable fit:

Yeah until the people who are caring for us, because like, like I'm not really trying to be have, um, anything about race, but there are a lot of people that are not first generation or just moved to Canada, that maybe have different beliefs that we have. Or have not experienced the Canadian openness who are working in those types of jobs. Largely because they're prepared to do that really hard work, for probably not the best pay in the world. But, those are the people that are looking after our old people.



Paul's concern about whether he would come across as racist in the interview was shared by other participants. This highlights an important tension that sexual and gender minority people experience when trying to avoid reinforcing oppression against other minorities, while also needing to evaluate a potentially harmful situation. On the one hand, people from other religious or cultural groups may be more discriminating; on the other, they may have come to Canada because they believed this culture to be more accepting on these matters as well. It was hard to know in advance whether someone fit into one group or another based on their skin color and accent, and so this caused some real discomfort, questioning, and fear in some participants.

For as much one person can care about the 20 people in their charge, they cared. Most of them were immigrant folks, Indian, Filipino and things like that, which, this going to sound racist, but they... Yeah, they are there and you know and they seem very well suited and pleasant in their jobs, but are they going to be accepting of a trans\* person or a gay person in that? (Kara Danvers)

In addition to concerns over some caregivers having discriminatory attitudes, some participants also expressed a level of nervousness about their neighbours:

But now the demographics within the building have changed somewhat, and I'm, I'm not so sure I feel as safe as we used to be, but I'm not sure whether that's my own lack of understanding of where they might be coming from. (Phil)

Like others, Pen's hesitation around diversity reflects awareness that there are various groups who hold negative opinions of LGBT\* people, and that while he appreciates what diversity offers, being around others from places known to be discriminatory impacts his ability to feel safe:

You know that I'm not a person that judges people by race. Actually I really, I appreciate when there's more diversity; it makes life way more interesting and flavourful. But I am aware that some people come from backgrounds and cultures that are not accepting. And, it's pretty likely that if you're going to be renting an apartment building in Winnipeg now

you're going to have neighbours with diverse backgrounds and some backgrounds are not accepting of this, and it can get uncomfortable.

Some participants also described how diversity could impact their ability to feel included in their living environment. As reflected by Fred, being in an LGBT\* minority in particular, would make it difficult for him to feel as though he belonged, that he could fit it:

So there are predominant components and that would, to me emotionally take away kind of that inclusive aspect. If I was in a community that was all gangs and druggies, to me I wouldn't feel inclusive, I'd feel like I didn't belong there, so while it's inclusive, anyone can live there, I don't think I'd feel comfortable there. If the community was largely a culture get, like largely Islamic or African Nations, while I have no problem sharing company of people from different ethnicities and groups, I don't feel comfortable if I'm a minority.

**Diversity is safe.** Although many participants expressed fear about diversity and the uncertainty of living with or being cared for by people thought to hold homophobic or transphobic beliefs, many participants also expressed a strong desire to live in a diverse community because it would enable them to feel more safe. This feeling of safety stemmed from an understanding that diversity by its nature was accepting of difference. As Burt explained, diversity within his 55+ building almost inherently made it more accepting, "I think the fact that this place does not cater to a certain race or certain religion or a certain culture because it's open and multifaceted, that makes it more accepting."

For Blulette, diversity created safety not just through acceptance but also by enabling people to be themselves:

It's just a little bit more appealing in the sense that it's stimulating, it's doesn't oblige someone to have to be, to look and be a certain way, so you don't have that extra pressure, your lawn doesn't have, if you want to talk about the property rather than the people, everything doesn't have to look the same, and that's kind of comforting because, you know, don't want to always have that pressure of wanting to actually conform all the time, you want to try to be. You want the freedom to do that, obviously, to be yourself.  
(Blulette)

As Chris described, by creating spaces that welcome various groups of people, diversity also promotes inclusion, “Because you have to include everybody else in that too, right. I think you do. Um, I mean would it be great to have an apartment block full of gay people? Yeah. But that’s not very inclusive.”

Suzie’s ambivalence towards diversity also speaks to the importance of inclusion, and her desire that wherever she lived, she just wanted to be a part of the community, “I like diversity. So um, LGBT, straight, whatever, I don’t want to be stuck in a community, I want a certain community. I want to be part of the neighbourhood.”

**Diversity as a reflection of self.** Underlying the ambivalence around living in diverse spaces was a need for participants to see themselves reflected in their surroundings. For those who were more open to living with diverse groups, and for those who preferred the idea of living exclusively with other LGBT\* people, the presence of other sexual and gender minority people would affirm they weren’t alone. Some participants described how having other LGBT\* people around increases their level of feeling safe within their environment. For Pen, knowing there were others like him in his apartment building, was comforting “I liked the fact that every once and awhile that I got the feeling I was not the only gay guy in the building.” This sentiment of appreciating being around the community was mirrored by other participants: one of whom shared her hope not just to be around other LGBT\* people but to have a common space accessible to her community where they could connect with one another

I’d like to imagine that it was a gay, lesbian, transgendered, friendly space, where you know there were apartments in that space where there was, I guess a common activity space or room or something, where people were like me in that space and so where you could live and you had your own little private apartment things, but you had people around you who were just like you. (Sally)

A significant reason why participants wanted to be seen and be connected to those like them, as Paul shared, was how the visibility of people from his community was a reminder that he was not alone:

There's nothing like sitting on your front porch and ya know people you know are walking by like from your community... To see, you know, two women walking down the street holding hands or something or even just walking their dog and you recognize them from the community, like it reaffirms that we're not alone. (Paul)

Although Bluetie recognized the importance and comfort of being around other LGBT\* people, she also recognized that there were limits to how safe that would be for her, "I like the idea of having other queer people around me, but just queer people around me? I don't know, that feels a bit uncomfortable as well."

Participants' attitude towards diversity was reflective of their comfort and understanding of difference. For some, racial diversity in their living environments resulted in participants having to constantly scan their environments and negotiate an uncomfortable tension that manifested between managing their assumptions about others while also protecting themselves from potential homophobia or transphobia. At the same time however, participants also acknowledged that diversity was a marker for an acceptance of difference and shared they would prefer to live in spaces where many other groups of people lived. This tension between fearing and embracing difference was mediated by an understanding that wherever people lived, it was imperative that they could see themselves reflected and not feel isolated from their community.

### **Theme 3: Cultivating authenticity**

In describing their ideas about safe and inclusive housing, participants reflected a fundamental need to have a space within which to live their absolute best and most authentic lives. In articulating how to cultivate spaces where they could live their authentic lives,

participants described how acceptance, connection to others, the ability to make an empowered choice, and ensuring their living spaces were accessible and offered the necessary amenities was key.

**Acceptance.** One of the defining characteristics that emerged in conversations about safety and inclusion was the fundamental need to have the freedom to live their lives outside of the closet and to have their identity accepted in their living environment. Fred said, "...and in this community I have in my mind, the emotional safety for that is where I get to be who I am" (Fred). The role of acceptance in participants' understanding of safety cannot be understated and was expressed as something that should come from everyone in their living environments, including neighbours and staff. Recognizing that staff may have their own biases about sexual and gender minorities, Kara Danvers asserted that they need to focus on their responsibilities and not their own opinions in providing care to residents:

Whatever this person is that you're caring for, it's not about you, it's about you doing your job to care and look after someone regardless of their skin colour, their religion, their sexual orientation, you know that kind of stuff, it's just care.

In thinking about the inequities LGBT\* older adults face, Pen framed the responsibility for staff to provide respectful care as a way to ensure one of their basic needs could be met, "they should not have to finish their last years feeling uncomfortable about how somebody feels about them. So definitely anybody on staff has to be totally on board."

While it is perhaps obvious that staff are key in creating an environment where LGBT\* people can feel accepted, the role neighbours have to play may be less apparent. However, in describing his ideal living situation and what safety meant to him, Jaroslaw indicated he would need to be free to discuss his identity openly, without fearing any negative impact from residents:

Well, it would be mean, you know sitting in the activity room or lounge or whatever at the places like, you know the Wellington, that place on Shaftsbury (inaudible), whatever

the hell it's called. You know, to socialize with other people, um some of whom share the lifestyle and that we'd be comfortable talking about lifestyle or day to day issues with each other and in front of other residents without fear of repercussions. You know, I wouldn't want to, you know have to just conversations with you know gay men who are also there or lesbians there in hushed tones or behind closed doors. We should be able to be who we are in common areas. Where socialization takes place.

Whereas the previous participants were describing hypothetical situations, both Chris and Burt, who are currently living in apartment buildings, confirmed the significance of feeling accepted and being able to express them openly.

Yeah. And so, you know that's how I came out, and to the building here and I've never felt any animosity whatsoever. I've always felt that people here just accept for who I am and over the two and a half years that I've lived here. (Burt)

I don't feel discriminated against, because of how I present. People are friendly, people are just nice, I don't know if it's because there's a lot of younger people in the building, but even this older couple, they don't give a rat's ass who you are, they're just nice friendly people, right. (Chris)

It is interesting that in their descriptions of feeling accepted and safe, participants in the study consistently defined their understandings in terms of an absence of violence and discrimination. It is likely this rationale is shaped in the context of heterosexism and cissexism, and the expectation that they will experience some level of violence due to their identity. Given this expectation, they might exercise more vigilance in looking for signs of discrimination as a way to protect themselves and as such, as highlighted by Jaime's experience, at times it might be important for neighbours or even staff to intentionally communicate their acceptance of sexual and gender minorities.

And so the first time we knew we were inclusive, one of our older neighbours, so he would have been, he was retired so he was probably late 60s, we had kind of just, you know kept to ourselves, and people in the neighbourhood thought we were sisters, which is hilarious because at the time, I mean we look more alike now, but at the time we

looked nothing alike, there was nothing to suggest that there would be, you know, but people see what...

[They] want to see and what they can deal with seeing and they could not deal with there being a lesbian couple. They just couldn't, so they us as sisters. You know, okay. You know. So after a while because my partner talks to everybody, they figured out we weren't sisters, and she was very very out, I was much more afraid of being out, I was really afraid of, you know, kind of like the Shrek thing, with the pitchfork and the flames, and you know I was waiting for that to happen. But our older neighbour came over one day, marched across the street and there was nowhere for me to go, there was nowhere for me to hide, because he came over, he goes "I've got a bone to pick with you two", I thought 'here it comes, here it comes', you because we'd been in there a couple of months now so here it comes, right. So my heart stopped and I thought 'oh frick', you know I'm looking about, okay where do we go, and he came up to us and he said "you two never ask to borrow anything, and that needs to stop".

**Connection & isolation.** Feeling connected to their neighbours emerged as one critical feature, cultivating a space where participants could feel safe and included in their living spaces. Importantly, while the desire to build connections was evident, it was essential that participants could live authentically and foster resilient relationships with others who would accept them regardless of their identity. Conversely then, with a profound hope to establish those relationships, participants expressed a profound concern over whether their identities would lead to rejection and isolation among their neighbours:

I'd hate like hell to be up against something like that in a housing situation. I'd hate to lose a friend, you know someone with whom I'd become friends within that housing environment because of that disclosure. You know, it's, it's hurtful when you're rejected because of something of which you have no control. I mean, nobody, you know kidnapped and made me a homosexual. You know. I didn't decide to be gay. You know, I didn't take a course to become gay, it's who I am and who I always have been. You know. But, to not be able to understand, but that is a fear that other residents with whom you're in, you know, intimate contact, not in the sense of sexual intimacy, but people you see every day in the dining room. (Jaroslaw)

For Kara Danvers, imagining the reality of once strong and proud LGBT\* people experiencing rejection and isolation was a painful thought:

I can't imagine, a worse feeling than being alone in a building where there's all these other people and nobody knows you and nobody cares about you except for the nurse that comes in and changes your bedpan every once and awhile. That is, that's lonely, that's sad to go from being so vibrant and let's not kid ourselves, our gay community is very vibrant and strong people, like there are people that are community leaders and activist and proud and stuff like that to be relegated to a life of loneliness is sad and awful and I don't want to see that happen to anybody.

Although it was not her experience, Sally was able to share how her lesbian friend Maggie is currently living in a 55+ apartment building and chooses to stay in the closet out of fear that coming out will lead to rejection and loss of connection with her neighbours.

I think about my friend Maggie who lives there, and she's not social. She's lesbian, she's not social she still has a lot of, I mean, she's come out in many many ways, but she still has a lot of the old fears of being outed of being exposed, uh, she's very lonely...And [from Maggie's perspective] here I am, now at 80 and I'm even more vulnerable because I'm old and I can't move and I can't do this and if I tell the lady down the lane here who does say hello to me...And I tell her who I am and she stops saying hello and now nobody in this building does. I mean every day I wake up; I mean I do have the hope and the wish I'm going to bump into someone.

While the majority of participants described varying degrees of concern around being rejected due to the gender identity or sexual orientation, it was not a unanimous concern. In particular Fred, who is legally blind, shared that his fear of rejection and not being included stemmed primarily from his ability to communicate with his diminishing eyesight:

So for me, not feeling included would be, mostly because of the eyesight, not the orientation, and it's mostly issues I have trying to communicate with and get to deal with that, because my eyesight's changing dramatically compared to what it was a few years ago.

One of the primary concerns Fred has around his eyesight is the awareness of how difficult it could be to manage both his and his partner Bob's needs. As it is becoming increasingly difficult for him to take care of the growing demands of caring for an aging partner, a lack of connection to others could make meeting those needs very challenging. Fred's



description of the impact of not being well-connected to others is similar to Chris' reasoning that living around other people provides a built-in safety net of support when one cannot manage all their needs by themselves:

I think as I get older, the benefit to having people around is, what if I fall and break my hip, right. Unless you know some miracle happens and I get involved in a long-term relationship in the next few years, if I end up not, or you know I'm single for the rest of my life, which is fine, I would want to have people around, especially when I'm getting older, what if I fall and break my hip? I want to be able to go and say 'hey can you help me', or something.

Jaime echoed this idea that connection fosters safety:

So that's for me is the safety I think it's the connection, it's the kind of the I've got your back. If we needed something, our neighbours would be there, so if you know, we've had water in the basement, the neighbours have been there and vice versa so it's sort of like the old, feels a little bit like the old barn raising days, you know if one neighbour needs something, others will kind of come and help.

**Empowered choice.** Throughout the interviews participants consistently and repeatedly described needing to be themselves and the need to have the ability to live authentically in whatever manner they choose. In making those choices, a fundamental consideration participants described was whether or not they would have options about where they want to live, and whether they would have the necessary resources to be in a position to choose the option that was the best fit for them. Unsurprisingly, participants expressed their hope to be able to age in place and live in neighbourhoods that were familiar and comfortable. For many however, there was a real fear that this would not be a viable option and as Jaroslaw described, that they would become displaced:

If I had to move to the West End or Garden City or East Kildonan, or St. Paul, I, even though I'm still in the same city would feel a sense of displacement, you know, if I no longer belonged where I belonged sort of thing.

The worry participants described was heightened with the reality that there was a lack of affordable options available, thereby limiting their ability to stay in their neighbourhoods:

The last thing I'd want to do as an aging person is have to move to a neighbourhood that I don't know. I know a lot of people have to do that though, as they age. And as their choices of affordable housing are somewhat limited, they end up having to go to neighbourhoods and places where they are not familiar. And I think that's a real shame and that's a real problem for older people, for the older generation to have to do that and I would hope that I wouldn't have to do that as I get older. (Bluette)

I would like options where there would be options maybe to stay close in to our neighbourhood. There are right now, but you have to be pretty darn rich to be able to afford those options to stay in our neighbourhood. (Jaime)

To varying degrees most participants shared they were concerned about whether they would have the funds they need to thrive in the spaces they want as they age. Some, like Jaime, were doubtful about having any options available to them, "so we will be there until [and we] make jokes about how they'll have to take us out in a box, but I don't think economically we would have any other options." And some, like Sally and Jaroslaw were uncertain about the level comfort they would be able to afford:

I mean I could manage, I could afford to live in a 55+ or if they happen to build new places like that, because of my pension and they could subsidize me, I would be able to do that, and that would be nice, it would free up, then I wouldn't have to pay, you know, house taxes, and I wouldn't have to pay for a lot of things, I could do that. Um, now where was I going with that, oh, my fear would be that I wouldn't be able to afford a place that's comfortable. (Sally)

No I think I could function in that environment because I am, an extrovert, uh, apart from the lifestyle, you know not wanting it to be a problem and anticipating that it could be. But it's the money; I don't think I can afford it. The car might have to go on no other grounds than financial and if I'm stuck there, you know, with just the van that takes you to the grocery store twice a week. (Jaroslaw)

While most participants described how financial considerations were a significant concern for them and worried about what they would be able to afford, it was not the only

variable. For many, it was also important that they have options that would allow them to find somewhere to live where they could get the emotional support and space to live their authentic lives.

What would affect my decision-making regarding housing would be financial and emotional really is what it boils down to. The financial is what can I afford with the current financial situation that I have at that time. Emotional would be if it is a context like the Golden Girls, I want to make sure that, well, regardless of what the context is I have to be able to be my authentic self and live my life my way. (Fred)

In describing living environments in which they imagined they could be their most authentic selves (even though many participants did not feel as though it would be an option they would choose), they did express a need to have LGBT\* housing as a viable choice:

And, yeah it's going to take a while for that to go away, so I think, LGBT exclusive housing I think would probably be very helpful for older gay people in this city rather than something that's super inclusive, because I don't see that super inclusivity or that kind of inclusivity coming around anytime soon. (Chris)

In addition to creating the inclusivity that Chris described, Fedora Man noted that having LGBT\* housing as an option is necessary, given some of the other long-term care options in Winnipeg. In particular, Fedora Man is referring to the fact that some of those facilities are run by religious organizations that are known to be unsupportive towards LGBT\* people, which could increase the risk of experiencing discrimination in long-term care if that was the only option available to them.

I get why people want to have that option available to them. Especially thinking about long-term care in Winnipeg and how a lot of long-term care is run by religious organizations...and they're, they're under WRHA, but they're also ran by religious organization. And I think a lot of people who are getting to that place where they're thinking about long-term care are worried.

As Sally suggested, another reason why having the option of LGBT\* housing is important, is because it could challenge the heterosexist model that current older adult housing is built on:

It would be neat though because, I mean like right now we don't have the choice, we don't have anything like that, you know and I think we all as gay and lesbians imagine that. And you know again, it's one of those heterosexual things, they're all government funded and housing for old people, this and that, but it's all from that heterosexual space.

**Amenities & accessibility.** Throughout the interviews, it became apparent that the physical structure and organization of their living spaces was a significant factor in cultivating an environment where participants could be their authentic selves. To those ends, participants advised that wherever they lived, would provide the amenities and access necessary to be themselves, while also meeting emotional and physical needs. In terms of meeting her emotional needs, Phil described how her current home provided her with the access to the outdoors and spiritual connection she needed her home to offer:

Um, there's constant movement, yet it's not in my face, and yet the river's there and watching the river, every day, every morning get up and look out the river, where's the river, how high's the river, where's the deer. And so, having that ability for that. I've always said, even when I lived on my own after, leaving my husband and my farm, that in, any apartment that I wanted, I wanted someplace that I could walk directly outside. That I didn't have to come down, like I didn't have to live totally inside. And so anyplace always had to have a balcony, always had to have access to the outside and window that could open

Similar to Phil, Burt also described the impact of living in a building that provided the physical space where he could feel free and open:

When they showed me the place, we got in the elevator and we came to whatever floor it was they were showing me different styles of suites and you walk out of the elevator and it's not a long hospital hallway. I mean it's an entry, the hallway on each floor is U-shaped and the doors go off it, this big wide hallway, with mirrors and beautiful colours and it just seemed ah, it just seemed refreshing and you could breathe, you weren't

cramped into that little closet... That tiny little hallway, you weren't squeezed at all, you could yeah. There, it's roomy. Yeah. And then, like the apartments, the suites have got such huge windows, and so much light and openness and all this has to do with me being open and out.

Jaime also imparted upon the importance of her living space being a place of refuge, somewhere she could relax and seek comfort. For her, the mere thought of transitioning to a personal care home would make that impossible and significantly impact her quality of life:

And I need my home to be my sanctuary. So I don't want to do that, I really don't want to be in a personal care home. I see those, the only thing I think those are good for, honestly, is that it creates employment, but I've had many older relatives in those homes and have visited many many times in those homes, and I just, to me that's not a quality of life, sitting parked in a wheelchair, you know, in a hallway, is just not where I want to be.

It became evident that the building or neighbourhood had to be organized in a way that provided access to supports and resources that would enable them to also live authentically. One of those requirements is access to culturally competent medical care, and as Blurette reflected upon the question of whether she wanted to move to a rural location when she retired, it can be difficult for trans\* people to find suitable clinicians, making it important for them to be situated somewhere they could receive safe care:

I'm going to be very specific, as you're aging as a trans\* person, there are some medical needs that you may need as you age, that you wouldn't find necessarily in every setting that you might be looking for in every neighbourhood that you might be looking at. So you'd have to almost want to be in a neighbourhood that provides you with proximity or access to the medical needs you need.

Not only was having access to quality health care essential, but also as other participants described, in order to feel included in their spaces, their living environments needed to provide opportunities for them to be out and participate in activities that would foster connections with their neighbours. For Phil, this meant having a place where everyone could share a meal together

in “a common function room. With kitchen facilities so that one could make a communal meal and cook together and do that sort of stuff and not just bring stuff down.” Suzie also shared her hope that wherever she lived there would be group activities she could participate in that would enable her to find friends and build community:

Where they have a bus take you to, for groceries, so that’s always a good thing. Everyone needs groceries... Yeah. So if [the] bus goes one or twice a, comes once or twice a week to these apartments, I think some of the people want to go. Then you have you’re forced to see your neighbours for a period of time, and you’ll match where you gravitate towards each other as friends here or there and the ones you don’t like or don’t like you.

Throughout the interviews, and as has been described in this theme, the participants expressed a strong desire to live in a space where they could live their authentic lives without fear of discrimination or harassment. For them, the participants envisioned a space where they would be accepted by their neighbours, to participate and feel connected to those around them and to have the ability to make the choices they felt were necessary.

#### **Theme 4: Is segregation safe?**

Participants expressed mixed feelings about the idea of living in housing that was established specifically for LGBT\* older adults. Although recognizing there could be a benefit in building a community-oriented space, concerns emerged about whether living exclusively among the LGBT\* community would increase their risk of violence and discrimination both from within and outside the housing space. These concerns led participants to share their uncertainty about whether LGBT\* housing was the safest option and whether it was necessary given society’s changing attitudes towards sexual and gender minorities.

**LGBT\* ghettos and risk of violence.** A primary focus of the study was on whether participants felt establishing LGBT\* housing would be their safest and most inclusive option. Since this was one of the primary research objectives, conversations around LGBT\* housing for

older adults weaved many times throughout the interviews. At times participants reflected how it could be a necessary option for some LGBT\* people, but most did not feel it was their preferred option. Instead, for some participants one of the words repeatedly used to describe that environment was ‘ghetto’, leading many participants to question whether they would choose segregation as to secure their safety and inclusion in their living environments:

The other thing would be, what else would you want? You’d want housing that, I’ve thought about this quite a bit, I don’t think I’d want to live in, in what I would call perhaps in a negative way, segregated housing, you know where you live in a housing situation where you live, it’d be like a person with a disability, with an intellectual disability living with a bunch of other people with intellectual disabilities, I don’t think that’s very inclusive, I think that’s more segregating in a way. So for a queer transwoman living with a bunch of other queer transwomen, it might be okay initially, but I think it might be somewhat ghettoizing or segregating. (Blurette)

And also, I don’t think that we should have to live in an exclusive LGBT gated community. Like, if we mean to you know what’s the difference between us living in that and ah, being forced into living like that, I think they call those ghettos or concentration camps. (Fedora Man)

Pen also shared his concern that segregating LGBT\* people from the rest of society could create a false sense of reality for sexual and gender minorities, and potentially result in negative outcomes for those living in that space: “I think there is a danger of unrealism for gay people to be so afraid of the non-gay world that they only associate with gay people. That’s not healthy either.”

In addition to possibly negatively influencing a perception of reality that was devoid of sexual and gender diversity, participants also shared that an LGBT\*-exclusive housing space could increase the risk of violence from those outside the LGBT\* community:

Yeah. And I would just, and thinking about that I’m also thinking too, if some people walked in and saw that, I’m, I don’t know if I like the, the, the thought. My thought is that if somebody walked in and saw that, would they say, oh wow, there should be some easy picking here of some fags and some queers. (Phil)

I mean and and a target of hate crime maybe too. People would have some fear being all in one place (laugh)... I live in Winnipeg, for the most part would feel safe. I do think that if it was an LGBT exclusive building, that there would be some concern about being blown up, like literally being blown up or lit on fire. (Paul)

As Blulette noted, the potential targeting of an LGBT\*-exclusive space would have the opposite effect of creating a safe place for older LGBT\* adults to live, “I’d even feel uncomfortable that it would somewhat of a targeted, it could be a targeted area, that would make it even actually less safe.”

It is important to acknowledge not all participants shared the idea that LGBT\* housing would result in the establishment of a ‘queer ghetto’. While the majority of participants indicated they would prefer having other options, they also recognized its benefit. For Jaime, who was more ambivalent towards the idea of exclusive LGBT\* housing, expressed that while it was important to remain visible and engaged in broader society, at times separation may be necessary:

I think it’s the same way now with the LGBT community. I think we had to separate into all of these things, and I think there’s still gonna be times where it is very important for that separation to be there as an option, because there is safety in that, but I also think that we need to be part of the larger community and they need to see us, they need to see us as people, if we stay completely secluded, it’s those people over there.

Other participants echoed the idea that there might be times when having LGBT\*-exclusive housing is a necessary option, particularly when they are or have approached the stage where they require long-term care: “The optimist in me says that as we age, we’re not going to need an LGBT\* specific care home. But there, I think there are people that are going to be more comfortable there” (Kara Danvers). As Suzie described, this need is based on an understanding that today’s older adults were socialized to understand sexual and gender diversity as



incompatible with societal norms, and until those discriminatory attitudes change having this an LGBT\* space is important:

So, when you get a lot of people who are in their late 50s, mid 60s and in to their 70s, they will still have a lot of that experience and perhaps it would be a lot more comfortable to have the LGBT apartment...Until we start, until society catches up to us

Underscoring Burt's belief that an LGBT\* care home would be the best solution for those in their last years is the fact that many long-term care facilities are run by religious organizations:

But you know I would just love it if there was LGBT homes. I mean wouldn't it be great to live, to spend your final 10 years or whatever in a home where everybody's like you. I think it would, I like diversity too. But I mean at that point in time it might be safer to be in a home like that, because I don't feel it would be totally safe to be in a home that would be run by Southern Baptists.

**Community dynamics: The politics of exclusion.** In addition to the very real fear of ghettoizing the community and increasing its risk of violence, participants expressed uncertainty over whether LGBT\*-exclusive housing would prove beneficial for all members of the community. Specifically, many participants recognized that the LGBT\* community is not a safe haven from oppression and discrimination, and were aware of the likelihood that in a housing space mixed with different sexual and gender minority people, discrimination between some groups would manifest. During interviews, several participants shared their expectations of experiencing homophobia and transphobia in an LGBT\*-exclusive living environment, making them skeptical of whether it would be a suitable option for them.

It won't work for everybody; it would be okay for a lot of them, some of them. I know for a lot of lesbians that I talk to. Um, they don't want to be involved with anything that has to do with men... And I know there's lots of gay men, gay or not, Jesus Christ, they're sexist, they're racist, they hate women, they hate lesbians (laughs). (Sally)

There are some people I think who would feel like this new housing thing that I was telling you about beforehand, who are gonna feel really safe in that kind of environment

and who are going to want that. I can also see others who aren't gonna want it, right. Because they're so tired of that community and they want to be somewhere different. (Jaime)

Speaking from his own experience, Paul describes how trans\* people are not always accepted by lesbian and gay communities, and how that view might challenge the foundation of creating "inclusive" housing:

That you know believe it or not, the LGB, the lesbians and gays aren't necessarily inclusive of trans\* people. I know it's shocking not everyone is. I mean I think the when you know somebody people come around but even with my like I was in the lesbian community since I was 17 years old. And I only came out when I was like 39 as trans\*, 38 or 39, whatever it was. You know lots of my very c my very close friends really had struggled with it, right and the reactions were, were not exactly what I expected them to be... [and so] I think you could end up in situations that may be a complex developed for everyone that maybe not everyone was felt is welcome... I mean and I think there's a big difference between how some gay men live and how lesbians live. You know like we're belonging and community but but not.

For Blulette, the presence of transphobia and homophobia that is reproduced within the LGBT\* community suggests that there is a need to add to the diversity that exists within it:

Well, again, you know, I can't see how you would have just transwomen living in the same housing complex. So you'd have probably and LGBT sort, you'd have already built-in, some built-in diversity within the alphabet soup. And I'm not sure that's, I mean you could have homophobia there, I'm sorry, you can have, yeah, you can have internalized homophobia there and you can have transphobia as well, so I think you'd want to have the counterbalancing effects of non-queer people.

It is also important to recognize, that while ageism may be less of a concern in a space designed for older adults, ageism is present within the LGBT\* community, which as both Paul and Fedora Man described, negatively impact what supports and resources are available to the community:

The community doesn't really cater to old people though as far as I can tell... we're not doing, we're not doing the LGBT wheels on Meals, meals on Wheels regular, right. We're not going and having um, we don't have LGBT healthcare providers that are you

know doing home calls for sick people. We're not, you know what I mean, like it's not there's no real services for [them]. (Paul)

Well, okay. As a person who is aging, and yeah, like, we talk in the community so much about being inclusive and being all loving, all hugging, all, sweetness in life and yet, a lot of people I have encountered. Like that's why I don't go to Fame or whatever it's called, or the 441. (Fedora Man)

**Future: Change is happening.** For most participants, the reality of having to move into a space where they would have to negotiate and manage the challenges of finding supportive and inclusive housing was not something they could foresee as an immediate concern. From their position, it would be several years, if not decades before those decisions would be necessary. This buffer of time provided them with a level of safety, especially knowing that attitudes towards LGBT\* people are becoming more accepting, leading them to suggest when the time came to look, they wouldn't need to find 'inclusive' housing:

So for the existing, you know I'll say 65 + community, there may be a lot of difficulty for different multi-unit properties like nursing homes and assisted living and independent living facilities that are becoming out there. I think that they're gradually going to evolve to what society's evolving to anyways. So in terms of needs right now, the need is for inclusive, not inclusive, for gay friendly housing, just awareness. But in terms of it happening, it's going to happen on its own anyway, not on its own, it's going happen automatically, it's going to happen over time anyways. It's not automatic, it's not on its own, it's through society changing, but society is changing. (Fred)

Like Fred, Paul sees that the concern for safe and inclusive housing will be minimal, except for institutions that are run by religious organizations:

So you like for me it doesn't I really don't see that issue being a factor today. 20 years ago when I was you know when times were different when we didn't have same-sex marriage, when we didn't have as much awareness, that might of been more of a factor, but I really feel like it's probably not. The only places that it still possibly is is that a lot of assisted care living places, or places where they have somewhat of umm assisted are run by, I don't know if they're run by churches or a Christian organization... so those kind things

and I think those places are a problem. That's my only concern is if we ever need to go to someplace where we need a little bit of support, where are we gonna find that, right.

From Kara Danver's perspective, the influence of a younger generation's acceptance towards LGBT\* people will benefit the residents they will be providing care to:

I would like to think that by in 10 years from now, by the time I'm hopefully retired and you know pondering, you know, my hope is that Jill and I will be happily married and living together in a house and looking after each other. But by that time the world will be a world will be a better place, a more, I'm a shameless optimist, but you know 10 years from now, hopefully any LGBT person that's moving into any kind of home will be understood, you know, because the younger people that are taking on the roles of caregivers and stuff like that in homes, will know 'oh yeah we have queer people here, you know, and it's okay'.

While the suggestion that finding inclusive housing may not be necessary for the future, for Sally, there is a fear that people will forget all the challenges and struggles elders in the LGBT\* community had to overcome to build that acceptance:

I still want to be able to choose to live a life with a woman, and yes, it's much better now, it's much more okay now, acceptable which is good, but it doesn't make us, 'oh well it doesn't matter', I don't think we can forget our history.

Out of recognition for all that LGBT\* elders have done for the community, Jaime asserts that there is a need, regardless of whether that means establishing exclusive housing, for the community to take responsibility for ensuring its elders can age with dignity and respect:

I think it should be that the community now should be looking to how are we going to care for these, again, these brave brave souls. Those souls who marched in the first gay parade and wore bags over their head because they were terrified, those people who came out and were be that, but who stood there and spoke, I mean, all of those trailblazers what is the community behind them doing for them, because it's payback time.

The focus for this theme has been on whether housing for LGBT\* older adult housing was necessary and desirable. Although throughout the interviews many participants expressed a

level of fear and concern around experiencing discrimination due to their gender and/or sexual identity, most participants did not say they would choose to live in an LGBT\* exclusive housing environment. For some, living among only other sexual and gender minorities did not reflect the type of diversity they wanted, nor it did offer them the safety from being discriminated, especially considering the internal politics of the LGBT\* community. However, despite most participants indicating they did not have a preference or desire to choose LGBT\* housing, there was an acknowledgement that it needed to be an option they could have available.

## **Chapter 5**

### **Discussion**

In this chapter, I situate the study's findings within the broader literature in an effort to respond to the research question "how can the principles of Age-Friendly be employed to make existing housing or create new housing options for LGBT\* older adults that are safe and inclusive". To do so, the discussion will first revisit the concept of Age-Friendly with a specific focus on its relevance to LGBT\* older adults. After drawing connections between the relevance of ensuring safety and inclusion within age-friendly housing, I will outline how the participants describe and understand what safe and inclusive housing means. To conclude this chapter, I will provide recommendations to consider for establishing housing for the aging LGBT\* community.

#### **Age-Friendly and LGBT\* communities**

To contextualize the findings of the study to the research question, it is important to first revisit what Age-Friendly is and how it connects to the experiences of aging sexual and gender minorities. Thus, Age-Friendly is the result of cultivating a space, such as a city, where individuals can age actively (WHO, 2007). As most cities are not currently structured in a way that facilitates older adults to age actively, that is to have the ability to participate in various dimensions of society i.e. social, cultural, spiritual, economic, and civic, it is understood that being Age-Friendly requires cities and communities to adapt its structure and services to be more inclusive of older adults (WHO, 2007). As described in the literature review, Age-Friendly is centred around eight themes that have been identified to have the greatest significance on the aging process. These themes are: outdoor spaces, transportation, social participation, respect and inclusion, housing, community support and health services, civic participation and employment, and communication and information (WHO, 2007). By adapting the physical and social

structures of an environment to be more inclusive and responsive to the needs of an aging population, older adults will have greater opportunities to participate in their communities.

A key principle of Age-Friendly is to recognize the heterogeneity of older adults and to modify structures and services in ways that can meet their diverse needs. These principles are reflected in both the City of Winnipeg and Province of Manitoba's operational definitions of Age-Friendly. Specifically, the Province of Manitoba describes Age-Friendly through the acronym RESPECT (Government of Manitoba, n.d.):

**R** - Recognizes the diversity among older Manitobans

**E** - Encourages healthy, active aging

**S** – Supports the contributions of older Manitobans

**P** – Promotes the participation of older Manitobans in all aspects of our community

**E** – Engages stakeholders in building age-friendly communities

**C** – Creates accessible, safe environments for older adults

**T** – Treats people of all ages with respect

Similarly, the City of Winnipeg's operational definition and principles were adopted from the WHO and describe an Age-Friendly Winnipeg as:

- Recognizing the great diversity among older persons;
- Promoting their inclusion and contribution in all areas of community life,
- Respecting their decision and lifestyle choices,
- Anticipating and responding flexibly to age-related needs and preferences

As these principles illustrate, a central aspect of Age-Friendly is ensuring all older adults can age in ways that ensure they are safe and included in their environments, regardless of whether they are LGBT\* or not. While the intention of ensuring all older adults have access to spaces where

they have the security necessary to participate and feel connected to their environments is promising, little attention has been paid to the specific needs of LGBT\* older adults. In searching 3 academic databases (EBSCOhost, SAGE, and ProQuest), with the key words ‘LGBT, Age-Friendly, lesbian, gay, bisexual, and transgender’ multiple results returned related to aging and being LGBT\*-friendly, but zero results that specifically described ‘LGBT & Age-Friendly’ were found. This distinction demonstrates research has identified there are specific needs for older LGBT\* adults, but that those needs have not yet been thoroughly conceptualized within the Age-Friendly framework. Although Age-Friendly purports to be responsive to the heterogeneity of older adults, it is evident there is a divide between space being either Age-Friendly or LGBT\*-friendly. This divide is further evidenced by how creating LGBT\*-friendly spaces is to make them more welcoming for LGBT\* people (Hertz, 2015), which is also a principle of an Age-Friendly space. In considering the overall lack of consideration of LGBT\* experiences within Age-Friendly discourses, there is a salient disconnect and lack of attention to the specific needs of older LGBT\* adults.

While some reports on Age-Friendly mention including LGBT\* older adults, for example, Age-Friendly Durham (2017) and Age-Friendly DC (2014), most fail to provide specific strategies or initiatives to address the impact of heterosexism or cissexism. In my search outside academic databases, I identified one report from OUTSaskatoon (2016) that specifically focused on LGBT\* older adults and congregate housing. The failure to embed the experiences of sexual and gender minorities or to offer concrete suggestions or approaches demonstrates intention without the promise of action, or lip service. Moreover, the absence of real discussions focused on homophobia or transphobia in Age-Friendly literature serves to reinforce heterosexism and cissexism by minimizing the visibility of LGBT\* older adults and their



concerns. The invisibility of older LGBT\* adults in Age-Friendly discourse implies they have same understandings of safety and inclusion as other older adults. Although this study found there were aspects related to aging that is consistent among older adults, regardless of gender identity and sexual orientation, it also found there are important differences, specifically in relation to housing. The remainder of this chapter will focus on describing these differences and outlining some considerations for incorporating the experiences of older LGBT\* adults in creating Age-Friendly housing.

### **What is safe and inclusive housing?**

In this section, I will outline what participants described as constituting safe and inclusive housing by first responding to the question of what isn't safe and inclusive. Following, I will highlight elements that promote safety and inclusion.

**What isn't safe and inclusive.** In the interviews participants described the factors that either currently contributed or would potentially contribute to making them feel unsafe in their housing environments. Most prominently of which is the fear of experiencing stigma and discrimination around their sexual and gender minority identity. Related but distinct from the fear or anticipated fear, is a concern that living among individuals from different backgrounds, specifically racial and religious communities could increase their exposure to homophobia or transphobia. Finally, participants also described how isolation and a lack of connection to residents and staff would invariably contribute to feeling as though their housing space is unsafe and not inclusive.

***Stigma & fear.*** It is unsurprising that all of the participants expressed fear of being discriminated due to their identity, as it is a prevalent finding within research on older LGBT\*

adults. Notably, much of the research on this population has focused on health care and social services, where older LGBT\* adults express fear about coming out to service providers and/or returning to the closet (Brotman et al., 2003; Addis et al., 2009; Hughes, 2007; Knochel et al., 2011) or that they will receive substandard care (Brotman et al., 2003; Addis et al., 2009; Erdley, Anklam, & Reardon, 2014). Within the limited research specifically on housing, these findings are consistent and demonstrate that LGBT\* older adults do experience harassment and violence, inadequate care, exclusion within those spaces (Addis et al., 2009; Kimmel, 2014; Fredriksen-Goldsen & Muraco, 2010; Ross, 2016). A recent report by OUTSaskatoon (2016) also highlighted that many management and staff within congregate housing were unprepared or unwilling to recognize the unique needs of older LGBT\* adults. Specifically in this report, many of the staff/management respondents indicated that they will treat LGBT\* older adults the same as other residents. The significance of these attitudes cannot be understated as it underscores an intent to dismiss the experiences of older LGBT\* adults and signifies a refusal to be either proactive or reactive in addressing their needs. Significantly, these concerns are consistent with findings in the current study. Specifically, most participants expressed feeling afraid that being visibly LGBT\* whether that was due to information staff and residents had about them and/or their associations with other people, it was evident the current study's sample was concerned about the impact of others having information about their identity. It is important to acknowledge that none of the participants shared having experienced any discrimination they could attribute to their identity in their current housing spaces. Despite this however, there was an acute awareness that they could be living with others who held homophobic or transphobic beliefs that would compromise their ability to feel safe while living openly about who they are.

In applying an intersectional lens to this fear, there was a definite difference between cisgender and trans\* study participants. In recognizing the likelihood that as they age participants would rely on some level of personal care, whether that would be in a long-term care facility or other supportive care. For trans\* participants there was an additional complexity and level of fear when considering how caregivers would have personal knowledge about their bodies that could compromise their visibility and potentially increase their vulnerability to discrimination. The fear trans\* participants expressed is firmly grounded in the understanding that individuals who do not conform to typical gender norms and expectation experience greater levels of violence and discrimination (Fredriksen-Goldsen et al., 2017; Witten, 2016; Stone, 2009).

***Racial & religious diversity.*** While participants did not express any hesitancy in sharing their fears and concerns around stigma and discrimination, there was an uncomfortable tension that manifested in the descriptions of who participants anticipated would be the ones that actively discriminated against them. In particular, some participants would preface comments around fear of racialized caregivers having homophobic or transphobic beliefs with something akin to ‘*I don’t want this to sound racist, but*’, as a way to distance themselves from the discomfort in acknowledging that many staff in supportive care or long-term care facilities immigrated from places where homophobia and transphobia is acceptable; and that their own attitudes or preconceived ideas about others beliefs could be racist. This tension raised numerous questions for the participants, and highlighted both their vulnerability to marginalization and also to a privilege that offered them some safety. Although racism has been demonstrated to be prevalent within the LGBT\* community, much of the research in this area has focused on racialized sexual and gender minority people and not those outside the LGBT\* community (for examples see Han, 2007; Teunis, 2007; Munro et al., 2013). With more research on this dynamic, we could have a

better understanding of how racism and racialization operates within environments understood to be homophobic and transphobic.

This is a challenging tension to tease through, particularly from an intersectionality standpoint where depending on where one is socially located, they will have differential access to privilege. In this study, all but one participant identified as some kind of variation of white or Caucasian. As a result of their identity and skin colour, the participants experience white privilege. This privilege in some cases may mean that they can access buildings or streets without being stigmatized at first glance, in the way that people of color or visible minorities can be. However, the white participants in this study simultaneously experience disadvantage due to their sexual and/or gender identity. Conversely, racialized staff experience disadvantage on the basis of their skin colour but also experience privilege through the assumption that they will be straight and cisgender. This is an important distinction and dynamic to understand better in future research.

As described in the literature review, intersectionality is more than just how social locations intersect, but must also consider when and where (McCall, 2005). In an environment where participants are receiving regular personal care from racialized staff, participants may be at greater risk of violence and inadequate care due to homophobic/transphobic beliefs and the fact that they are dependent on another person. However, this vulnerability may be mitigated if participants are able to take care of their own needs and require very little from staff. This example is not intended to minimize the significance of racism and whether beliefs about racialized staff are unfounded (or not), but to demonstrate that the intersectionality between race, age, sexual orientation, and gender identity is dynamic. As described by Taylor, intersectionality produces different realities that have real consequences for individuals (2009). As the focus was

on the participants' perceptions and understanding of safety and inclusion, probing into questions around racism was beyond the scope of the paper and the interviews. Future research is suggested to explore how racism manifests within older LGBT\* adults as a strategy of self-protection.

Intersectionality was also salient in how the participants locate themselves in relation to religion. Specifically as many participants expressed concern about religious diversity and living in spaces where religion is prevalent. This concern is based on the understanding that many faiths and religions are neither accepting nor welcoming to LGBT\* individuals. Furthermore many continue to condemn the lives of sexual and gender minority people (Coley, 2017). Based on data from the 2011 Canadian Census (2016) and Canadian National Household Survey (2017), 92% of adults over the age of 65 identified as religious (Statistics Canada). In recognizing the likelihood that many of their peers and potential neighbours will have some religious affiliation, participants shared their fear that those beliefs would jeopardize their ability to develop relationships with other residents. Even further was the acknowledgement that these beliefs could lead other residents to actively exclude them, or expose them to religiously motivated verbal or physical violence.

Compounding this fear of living among others with hateful religious beliefs was an understanding that some of the long-term care facilities are operated by religious organizations. For many, although they are owned and overseen by the Winnipeg Regional Health Authority, being homed in a facility ran by a religious organization could be a very unsafe situation. Particularly as many participants described growing up surrounded by homophobic and transphobic religious beliefs – beliefs that fundamentally stated being LGBT\* was wrong and shameful. As has been highlighted in an environmental scan of LGBT\*-inclusive long-term care

facilities in Canada, making religious-based care facilities welcoming to sexual and gender minorities, while possible, poses significant challenges. Even in those “inclusive” environments, staff has to exercise caution to ensure “residents, family members and/or other community members would [not] be affronted by overt affirmation of sexual minorities because of religious beliefs” (Sussman et al., 2012).

As this demonstrates, whether staff have the intention to make the space inclusive or welcoming, those who conform and share religious beliefs that are consistent with the facility are granted privileges not accessible to sexual and gender minorities and can further serve to exclude them. The privileging of religious beliefs in some facilities as well as their previous experiences with religion can further serve to disadvantage older LGBT\* adults. Through an intersectional lens, it becomes apparent that how LGBT\* people position themselves in relation to religion, regardless if that is with their peers or space they live in, can have profound implications for their ability to feel safe or included.

***Isolation.*** At the core of participants’ fear of living among individuals with discriminatory attitudes towards their identity was the understanding that others’ beliefs about who they are could result in being excluded and isolated in their home. This deep-seated fear is grounded not just in their awareness of how rampant homophobia and transphobia is, but is also grounded in their personal experiences of being excluded by family members and their communities after coming out. Considering that many participants shared their experiences of being rejected after telling loved ones about their authentic selves, it is unsurprising they would be anxious to come out to others, especially individuals they don’t have strong connections to.

The fear of being isolated or excluded is not unfounded. As research has demonstrated, older LGBT\* adults are at high risk of social isolation (Yang, Chu, & Salmon, 2017). Compared to heterosexuals, gay and lesbians are twice as likely to live alone and less likely to have children (Fredriksen-Goldsen et al., 2011). Older trans\* individuals, however are more likely than sexual minorities to have children, but less likely to have a partner (Fredriksen-Goldsen et al., 2017). In this study, six participants were currently partnered and six had children. It is important to note though that four of the participants who were partnered had children, while two single participants had children. Three of the participants currently had their children living with them, while two were estranged. What this demonstrates is that unlike heterosexuals, older LGBT\* adults typically have few supports available to them as they age, which is consistent with existing literature (Fredriksen et al., 2011; Yang et al., 2017; Brennan-ing, Seidel, Larson, Karpiak, 2014). It also means that should LGBT\* older adults end up living in a congregate housing space, there is a reasonable chance a significant part of their available social network will be comprised of other residents and staff. While this could be an opportunity to develop new supportive relationships, it also poses the potential for risk and harm if their available network rejects their identity. The significance of exclusion is profound, especially as within the general population social isolation has been linked to higher levels of cognitive impairment, poorer mental and physical health outcomes, and premature disease and death (Fredriksen-Goldsen, Kim, Shiu, Goldsen & Emler, 2017): all of which have a profoundly negative impact on the overall aging experience.

As has been demonstrated, both in the literature and in this current study, the aging experience for LGBT\* older adults is fundamentally shaped by their experiences as sexual and gender minority people. Fear of discrimination and the impact of stigma around their identities

are at the forefront of their mind as they consider the reality of living in a congregate housing space. While participants share that they did not experience any violence or harassment due to their identity in their current housing spaces, they know that homophobia and transphobia are prevalent and pervasive. This is why an intersectional lens that acknowledges the influences of heterosexism and cissexism is necessary in an Age-Friendly approach to housing. An intersectional lens also provides space to explore other types of privilege and disadvantages that shape LGBT\* older adults realities. Although racism and white privilege is a difficult topic to explore when individuals simultaneously experience disadvantage, perceptions and understandings about racialized people, while operating as a mechanism to provide safety, reinforce structural and personal stereotypes that are also harmful.

**What is safe and inclusive.** In understanding what the study's participants identified as being unsafe and isolating, it is also important to acknowledge what they understand safe and inclusive housing to be. In this section, I will outline those elements, which are acceptance, connection and diversity.

*Acceptance.* All of the participants described a fundamental need to feel accepted in their housing spaces. For them, acceptance not only meant feeling as though they could access space, but that their identities would be affirmed and welcomed by their peers and staff. The desire to have their authentic selves accepted is not surprising. One study by Gardner, de Vries, and Mockus (2014) found that 92% of survey respondents (total sample size was 569) specified that feeling accepted in an important consideration in choosing which community to live. As the authors go on to explain, from a minority stress perspective, feeling acceptance is a strong sense of relief and respite from the vigilance required to protect oneself from the violence of homophobia and transphobia. This was evident in the participants' narratives too. For Suzie,



leaving a relationship that became physically abusive after coming out to her partner and then moving into new spaces where she was accepted and welcomed without reservation was life-saving. Burt too expressed an almost overwhelming joy at having finally found a place where he could be openly gay and be the self he had long denied. Even for participants who were currently living in single-family homes, it was imperative that wherever they ended up living would accept them for who they are.

The benefits of being accepted and not having to constantly confront oppressive forces of heterosexism and cissexism extend beyond feeling comfortable in one's living environment. From a health and wellbeing perspective, it is important to consider the impact of minority stress and the relationship between homophobia and transphobia to chronic health conditions (Meyer, 2003). This well-established link between discrimination and wellbeing is a strong imperative for ensuring living spaces cultivate and foster a culture of acceptance and belonging. From my perspective, everyone benefits when everyone feels welcomed and part of their communities.

**Connection.** Related to the participants' desire for acceptance was a strong need to feel connected to others in their living environments. For participants, a safe and inclusive environment was one where they could participate in activities and develop relationships with peers and staff in their housing spaces. The significant role connection plays for LGBT\* older adults has been explored in other research. Of note however is that much of the focus has been on the importance of familial relationships, whether that is families of origin or families of choice (for example: King, 2016; Kimmel, 2014; and Heaphy et al., 2004). While participants in the current study did discuss relationships with family members and close friends, the focus on their experiences in congregate housing shifted the discussion to be what they needed in those spaces, which is to feel connected to others in their living spaces.

Considering that other research has demonstrated loneliness and social isolation is prevalent in residential care (the spectrum of congregate housing for older adults, which ranges from retirement living to long-term care) (Theurer et al., 2015), it is understandable that participants expressed fear and concern over whether they would experience meaningful and supportive connection to others. This need for connection is not unique to this sample or to LGBT\* older adults in general. Significantly, the ability to develop or maintain relationships and interact with others socially has been linked to older adults understandings of successful aging (Reichstadt, Sengupta, Depp, Palinkas & Jeste, 2010), and acts as a buffer against loneliness and isolation. In both the general and LGBT\* older adult populations, relationships and the ability to engage with others has also been demonstrated to have a positive influence on mental health and well-being (Kim, Fredriksen-Goldsen, Bryan, & Muraco, 2017).

One question that emerges in considering the influence of connection is what quality of connection is necessary to buffer against isolation and negative health outcomes. While the size of an older adult's social network has been explored and found that typically larger social networks yield higher levels of wellbeing (Kim et al., 2017; Wang, 2016), it is not clear who is most beneficial to have in those networks. Kim et al. (2017) found that LGBT\* older adults with the most diverse networks, those that are comprised of partners, friends and neighbours experienced better mental health than those who relied on family exclusively. What is unclear from this study however, is whether those networks were comprised of other LGBT\* people. The relevance of this question of who is in one's social network is further evidenced by research demonstrating a desire for LGBT\* older adults to remain connected to their community (King, 2016). In this study, all participants shared their hope to remain connected to the LGBT\* community, but had mixed ideas of what would be ideal. For some, being surrounded by other

LGBT\* adults was essential whereas others wanted more diversity. As one might assume social networks comprised mostly of other sexual and gender minorities would prove most beneficial, considering those networks would be better positioned to reduce impact of heterosexism or cissexism, future research that explores this question would deepen our understanding of how to help older LGBT\* adults cultivate the most beneficial social networks within congregate housing environments.

*Diversity.* As has been described previously, diversity was a challenging and contested element in participants' descriptions of safe and inclusive housing. In contrast to the previous section where religious and racial diversity manifested fear within some participants, this section describes how it promoted security. Specifically, in this study many participants remarked how diversity and being surrounded by people who were different from them was a marker for acceptance of difference. This preference for diversity was found in one other study on housing for older LGBT\* adults. In this study, Sullivan (2014) held focus groups for LGBT\* older adults who resided within one of Los Angeles LGBT\* senior living communities. Although participants in this study resoundingly wanted to live in a housing environment that catered to the LGBT\* community, it was also evident that it was important that these spaces be diverse. In both this study and Sullivan's, participants either described or alluded to their understandings of diversity as being open to non-sexual and gender minorities.

Both of these studies highlight how the presence of diversity can contribute to establishing an environment where people, regardless of sexual orientation or gender can feel affirmation and a sense of belonging. However, unlike Sullivan, this current study also demonstrates there are limits to diversity's potential for safety and inclusion, particularly around race and religion. In approaching the concept of diversity and identifying where the 'tipping

points' lie to either promote or hinder LGBT\* people feel safe and included, an intersectionality lens is very helpful. While this study clearly demonstrates limits for some participants I interviewed, and I would argue this is not unique to my sample, there are other social categories that should be explored in future research. For example, would those who see diversity as affirming and inclusive feel similarly if there were large class divides between residents? It is well known different forms of oppression are reproduced within the LGBT\* community and while it is hopeful to know there are individuals who appreciate diversity, it is both the findings from this study and my perspective that suggest diversity must be understood as more than just non-sexual and gender minorities to learn where boundaries of acceptance are, and to use that knowledge to challenge oppression and discrimination that could manifest in any housing space.

As this section has outlined, LGBT\* older adults want to live in housing environments where they can feel safe and included. In thinking about Age-Friendly and the principles this process embodies, what this population wants is very much consistent with other older adults. While other adults might not have to contend with heterosexism or cissexism, the fundamental need to feel accepted and be connected to others is a shared experience. By applying an intersectional lens, it is possible to appreciate there are specific considerations that must be given to ensure older LGBT\* adults feel safe and included in their housing environments. More importantly perhaps is the recognition that feeling safe and included, that is to be accepted and connected not only impacts their experience at home, but also profoundly affects their quality of aging. The presence of diversity also plays a prominent role in whether LGBT\* older adults feel safe and included, although as this study has demonstrated, can work in ways to affirm difference or be something to fear.

## **Recommendations**

As has been demonstrated in this study, LGBT\* older adults recognize and can articulate their understanding of what safe and inclusive housing is. In many ways, what that is and what they want is no different from other older adults: feeling accepted, developing connections, and participating in their living environments is part of successful aging (Reichstadt et al., 2010). While heterosexism and cissexism differentiate the aging experience of older LGBT\* adults from others, attention to other forms of discrimination can also influence aging. Of particular interest is ageism, especially as this form of discrimination is one that does not only affect sexual and gender minorities, but still profoundly shapes their aging experiences. In this section, I have summarized the recommendations participants provided while also offering my own analytic overview of how to establish safe and inclusive housing consistent with the principles of Age-Friendly, that is responsive to the unique experiences of LGBT\* older adults.

The most resounding recommendation from participants was the need for them to have options. Many recognized that as they age, their agency to make their own decisions will likely decrease, whether that was due to cognitive and/or physical decline, lack of financial resources, or lack of support. For many participants, moving into some kind of residential care space would mean leaving their neighbourhoods as they lacked affordable options. The fear of displacement was compounded in recognizing that to the best of their knowledge, few options existed that could provide an affirming environment for an LGBT\* older adult. Thus, not only would participants be forced to leave their neighbourhood and live somewhere unfamiliar, there was a good chance wherever they ended up, they would have to deal with some kind of homophobia or transphobia. In recognizing the limited options available to them, participants repeatedly said

they wanted more choices that were affordable, in a location where they wouldn't feel displaced, and be accepting of who they are.

One of those options that participants discussed was LGBT\* specific housing. It is interesting in this study that participants had mixed opinions on whether they would want to live exclusively with other LGBT\* older adults, as it is often presented as the most desirable. My own reflection on the participants' ambivalence is that while LGBT\* specific housing might afford greater opportunity to live with 'the community' and thus safer, their safety in housing spaces should not be through being isolated from the rest of society. In recognizing the imperative to have this as an option, a question emerged for me during the analysis about whether LGBT\* older adults would live exclusively among LGBT\* people, regardless of age. Considering that several participants described their experiences with ageism specifically within the LGBT\* community, it would be interesting to know whether they would find it acceptable to live among young adults, or conversely, whether young adults would want to live with older adults. While this may be a question for future research, the idea of having LGBT\*-specific housing, regardless of whether participants wanted it for themselves, was seen to be a necessary option.

As one aspect of Age-Friendly housing is having options (WHO, 2007), it is important to consider the participants' recommendation of having more choice available to them that would be affordable, nearby, and affirming. It is also important to consider from an Age-Friendly perspective is that although many participants would not choose to live in LGBT\* specific housing, it can offer a safe and affirming space for many older adults, and as such should be an available option in Winnipeg.

In recognizing that even if LGBT\* housing was available in Winnipeg, many participants understood it would likely not be able to accommodate everyone who would want to live there. Given the current and anticipated reality that older LGBT\* will live in a mixed housing environment, participants provided several recommendations for addressing the heterosexism and cissexism they anticipated to encounter in those spaces:

- Cultural competency training. Many participants recognized there is benefit to ensuring staff have had training specific to sexual and gender minority people, as it can lead to greater levels of mutual respect and acceptance.
- Signage. Several participants also discussed the importance of appropriate visible messages and signage. LGBT\* people look for cues that indicate whether a space is welcoming. Stickers and posters that explicitly communicate a space is LGBT\*-friendly are helpful to that end. However, as several participants also pointed out, displaying those messages should only happen when staff and management are confident and able to support their commitment. Displaying stickers or posters or other types of messages when there is no ability to follow through can actually do more harm than good as residents might have false expectations about their safety.
- Developing policies and communicating them clearly. In recognizing that other residents also have a role to play in ensuring a space is safe and inclusive, some participants recommended that residences develop policies that outline their intention to be affirming and inclusive, and that they are communicated clearly to other residents to ensure they are aware that discrimination will not be tolerated.

Importantly, these recommendations are commonly found in guides on creating welcoming and affirming spaces for LGBT\* people more generally, and more relevantly, have been echoed in the OUTSaskatoon report. The relationship between these recommendations and those found in other reports, demonstrates that there are effective processes and steps residences can take to make their spaces safer and more inclusive for older LGBT\* adults.

In addition to the participants' recommendations, I will offer my own observations:

- It was common for participants to discuss their concerns around coming out and disclosing their identity. Given their hesitations, I am proposing that residential care spaces be aware of the challenges LGBT\* face with coming out. Many older LGBT\* adults have experienced some level of rejection, some of whom lost families and friends. As a result, they may be hesitant to disclose. LGBT\* should never be forced to disclose their identity, as coming out typically happens when one feels safe to do so. It is not the responsibility of an LGBT\* person to make a space safe, that is the role of staff. Should someone come out, whether that is to a staff member or resident, it is of the utmost importance that that information stays between the parties involved, unless they are given permission to share with others. By allowing LGBT\* to negotiate their own disclosure, it is likely they will feel safer as they are aware of who knows what about who they are.
- It is important to acknowledge the cultivating safety and inclusion is an ongoing process. While the above recommendations demonstrate that there are some things that can be done to communicate a space is safe and inclusive, these are not things that are only done once. Heterosexism and cissexism are dynamic and constant, and require vigilance. It is



reasonable to expect mistakes will be made, but care must be given in how they are addressed.

It is also important to emphasize more must be done to better align and integrate Age-Friendly practices and goals with what it means to be LGBT\*-friendly. From my perspective and based on how participants articulated their needs, there already is significant overlap. In interviews participants' shared that both their social and physical environments must feel comfortable and accommodate their mobility needs as they age. This idea is very much consistent with Age-Friendly, which represents a continuum between the physical and social environments, and adapting them to ensure older adults can age with the supports and resources they require (Lui et al., 2009). Moreover, as the axis of Age-Friendly is a continuum of participation, it is essential to recognize and understand the participants, and I would anticipate a large population of older LGBT\* adults want some involvement in making decisions that will shape their aging environments. LGBT\* older adults represent a diverse group of individuals with simultaneously converging and diverging life histories, and are very much aware of what they want and need. Given both their similarities and differences to other aging populations, their agency should be affirmed and voices included in any conversations around making communities Age-Friendly. Since they are quite similar it is somewhat baffling to me that at this point there is less effort to embed the ideas of what it means to be LGBT\*-friendly into broader Age-Friendly conversations and planning. Through their participation both at a grass-roots level and also at a committee level however, it is my belief that these two seemingly distinct approaches can operate with a greater concordance.

As Age-Friendly requires attention to the heterogeneity of older adults, it is essential to consider how to integrate the experiences of older LGBT\* adults into broader discourse around

this initiative. These recommendations cannot be considered an endpoint, but are the beginning of a conversation about what can be done to ensure LGBT\* adults can age in safe and inclusive housing.

## **Limitations**

This current study adds to the existing body of research on housing for older LGBT\* adults in various ways. Despite the success of this study, there are several limitations that constrain the applicability of its findings. In particular, while there was good diversity in terms of gender identity, sexual orientation, and socioeconomic status, this was a small convenience sample and as such the findings cannot be generalized to the broader LGBT\* community. Moreover, while efforts were made to recruit older LGBT\* adults currently living in residential care environments, there were many obstacles to identifying eligible participants. As a result, the age limit was modified to include younger participants, as well as removing the restriction that participants had to live in congregate housing. Although this sample provided valuable insight and perspective, most of the interviews revolved around ‘what if’ and hypothetical situations and less about current experiences in congregate housing. A second limitation of this study was the lack of intersectionality within my intersectional approach. Although it was my intention to identify how various intersecting forms of oppression influenced the aging experience of my sample, the specific focus on being LGBT\* resulted in the analysis mostly exploring the experiences of heterosexism and cissexism. While some participants did describe navigating other forms of oppression, particularly ageism, it was not a prominent theme in the findings. As such, it is important to be mindful that while sexual and gender minorities realities are fundamentally shaped by heterosexism and cissexism, they are also shaped by other types of privileging and disadvantaging in the same way that non-LGBT\* are. Finally, the inability to

recruit a sufficient number of participants to carry out this study using photovoice has limited the project's ability to describe findings in a visually appealing way. Moreover, while in no way does it diminish the overall results or the contributions of the participants, the failure to produce an engaging and interactive exhibit will limit opportunities to spark conversations with relevant stakeholders to motivate change.

## **Conclusion**

This study contributes to the growing body of literature on LGBT\* aging in several ways. Firstly, the findings from this research build on a previous needs assessment on gay and lesbian senior adults by not only advocating for LGBT\*-friendly housing or LGBT\*-specific housing, but also outlines what considerations should be made prior to beginning those projects. In particular the use of an intersectional lens and the inclusion of gender diverse perspectives demonstrates that is necessary to recognize and be intentional to include the diversity within the community. Secondly, this project's findings and recommendations on applying Age-Friendly concepts and principles to the establishment of those housing environments are timely and relevant, and perhaps more importantly demonstrate that the gap between being Age-Friendly and LGBT\* friendly can be bridged. As a key principle of Age-Friendly is to strive towards inclusion and older adults feeling safe in their housing environments, it behoves those involved with the planning and execution of such initiatives to recognize that the needs of LGBT\* older adults are both the same and different. Third, the results from this study add to previous studies' findings by yet again demonstrating the fear and concern older LGBT\* adults have around experiencing discrimination and isolation in spaces they deserve to feel affirmed and supported. Also significant is that these findings also point to specific areas of future research. One of which is the role of racism and white privilege in how LGBT\* adults negotiate and manage safety.

While undoubtedly a challenging topic, it is nevertheless an important area to explore further as it implicates privilege and disadvantage in ways that remain uncontested. As well, in thinking about intersectionality and its relevance to the lives of older LGBT\* adults, it would be helpful to explore in greater detail the differences that exist within the LGBT\* community. While this was an objective of the current study, and to some extent touched the surface of this, the focus ended up on differences between LGBT\* and non-LGBT\* older adults. To those ends, this study found that while differences do exist, by and large, their experiences are more similar than not. Wanting acceptance, connection, and the ability to participate in their environments is not unique to older LGBT\* adults. The difference and thus focus needs to be on ensuring the perspectives and needs of sexual and gender minorities are considered when creating space intended to be safe and inclusive for any older adult.

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**Appendix A**  
**Informed consent form**

**Faculty of Human Ecology**  
**Family Social Sciences**

Winnipeg, Manitoba  
Canada R3T 2N2  
Phone: (204) 474-6354

**Research Project Title:** Safe and Inclusive Housing for LGBT\* Older Adults

**Contact information:**

**Principal Investigator:**

Morgan Stirling,

M.Sc Student

Family Social Sciences

University of Manitoba



umstirli@myumanitoba.ca

**Research Supervisor:**

Dr. Kerstin Roger,

Associate Professor

Family Social Sciences/Community Health Sciences

University of Manitoba



Kerstin.Roger@umanitoba.ca

This consent form, a signed copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask now or at any time throughout the study. Please take the time to read this carefully and to understand any accompanying information. Two copies of this form are included in this package so that you may sign one to give back to the researcher if you would like to participate.

### **Introduction:**

The purpose of this study is to understand the experiences of LGBT\* older adults living in congregate housing spaces by identifying barriers to feeling safe and included in those spaces, and also to identify what is currently being done that helps older LGBT\* feel safe and included in those spaces. As part of this study, you will be asked to participate in one interview, expected to last less than two hours. You will also be asked to fill out a general demographic form at the beginning of the study.

### **Study Design:**

The study's focus is on the experiences of older LGBT\* adults in Winnipeg Manitoba, Canada, however there are many cities in the United States that have created specific housing for LGBT\* older adults. One of which is the Triangle Square Building in Los Angeles. Since there are many lessons that can be learned from the experiences of individuals living in those spaces, the study is seeking to draw upon their expertise to identify what makes housing safe and inclusive for older LGBT\* adults. To do this, the investigator will be interviewing participants who are LGBT\* and living in such spaces as well as service providers providing care and service in those settings, for both in Winnipeg and in Los Angeles.

Prior to the interview, the investigator will ask participants to fill out a demographic survey. The interview will include a series of open-ended questions and is expected to last less than two hours. The interview will be conducted by the principle investigator, at a location chosen by the participant. Probes based on interview questions may be introduced. These interviews will be tape-recorded. If you agree (this is not mandatory), notes will also be taken during the interview and follow up questions may be asked at a later time.

When all the data has been collected both in Los Angeles and in Winnipeg, the principle investigator will analyze the data set and prepare a final document. All participants will be given the option of receiving any reports or summaries that are developed when the study has finished. The thesis committee will review selected parts of the interview data, and the final document may be shared in peer reviewed publications or public presentations.

### **Feedback and Debriefing:**

There will be an opportunity to debrief the interview after it has finished. You will also be given the principle investigator's contact information and are encouraged to contact the investigator if you need to discuss the interview at a later time.

**Possible Risks:**

It is possible that sharing personal information about yourself and your experiences could result in others being able to identify your narratives. All personal information and identifying characteristics will be removed from disseminated results to protect your confidentiality.

It may be uncomfortable, or even painful, talking about your experiences living in congregate housing. Keep in mind that you do not have to talk about anything you do not want to. Participation in this study may raise your anxiety or leave you feeling distressed. Contact information for a crisis line can be provided to you if this is the case.

Winnipeg

Klinic Crisis Line – (204)-786- 8686 or Toll-free – 1-888-322-3019

Manitoba Suicide Line – 1-877-435-7170

Los Angeles

Didi Hirsch Community Mental Health Services 24hr Suicide Prevention Crisis Line – 1-877-7-CRISIS or 1-877-727-4747

**Possible Benefits:**

Your participation in this study can have several benefits. Among those is the ability to help determine which priorities need to be addressed to make housing safer and more inclusive for an ageing LGBT\* population. One benefit could include a more inclusive housing policy in Manitoba. Another benefit could be education development for staff in long-term care, or prevention measure for stigmatization and exclusion of those already living in congregate and related older adult housing. Ideally this information will be shared amongst a variety of different agencies and organizations that serve older LGBT\* adults across North America. Your participation could also help in increasing awareness about the challenges older LGBT\* adults face as they age, regardless of where they live.

**Anonymity and Confidentiality:**

All data will be kept confidential, during the analysis phase you will be assigned a pseudonym that will be used in the results. As well, your transcribed interview will be kept in a locked drawer in the investigator's home or in the research supervisor's office. To assist in the data analysis, it may be necessary for the investigator's committee to review data.

You are free to withdraw your participation from the study at any point without consequence. To do so, you can contact the principle investigator directly either via email or by phone, using the above contact



information. Should you wish to withdraw your participation, any data collected will be destroyed and not included in any part of the study.

Any confidential information, and any transcribed data will be destroyed by shredding 3 years after the thesis has been completed. Publications may emerge from the study, and every attempt will be made to not reveal who participated in the study by using pseudonyms and removing otherwise identifying information about individuals. Having said this, please know that even despite our best efforts sometimes individuals can be identified.

### **Sharing of Results:**

Due to the study's potential for increasing awareness about housing for LGBT\* older adults as well as influencing housing-related policy direction, the results from this study should be shared among a variety of stakeholders.

A. Community groups: This includes Rainbow Resource Centre, Positive Space Initiative, and Age & Opportunity. As well, data will be shared with the LA LGBT Center, the Triangle Square Building, SAGE (Services & Advocacy for GLBT elders), and National Resource Center on LGBT aging. The groups will be provided a summary of the final analysis, including priorities for change and then offered an opportunity to discuss the results.

B. Participants: Participants will be given a summary of findings.

C. Academic: The principle investigator will continue to pursue opportunities to present data at academic conferences

D. Government: A summary of findings and final report will be sent to Government of Manitoba Secretariat Seniors and Healthy Aging Secretariat, the Manitoba Council on Aging, and the Mayor's Age-Friendly and Seniors Advisory Committee.

In addition to presenting the information to a wide variety of stakeholders, you will be offered a summary of the report's findings. The summary of findings will be available when the thesis is completed and can be emailed or mailed to you. To receive the findings, you will need to provide the investigator with an email or mailing address.

### **Consent:**

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued

participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way. This research has been approved by the University of Manitoba Joint-Faculty Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above named persons, Morgan Stirling or Dr. Kerstin Roger or the Human Ethics Coordinator (HEC), Margaret Bowman at 474-7122 or email her at [margaret.bowman@umanitoba.ca](mailto:margaret.bowman@umanitoba.ca). A copy of this consent form has been given to you to keep for your records and reference.

Morgan Stirling, Principle Investigator

I, \_\_\_\_\_ consent to participating in this study.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principle Investigator's Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ consent to having my interview audio recorded.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principle Investigator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Appendix B**  
**Demographic information**

**What is your age:**\_\_\_\_\_

**What is your gender identity:**\_\_\_\_\_

**What is your sexual orientation:**\_\_\_\_\_

**What is your ethnicity:**\_\_\_\_\_

**Highest level of education achieved:**

Below high school ( ); Some high school ( ); Completed high school ( );

Some university/technical school ( ); Completed university/technical school ( )

Masters degree ( ); Doctoral degree ( )

**Current relationship status:**

Single ( ); Married ( ); Divorced ( ); In a relationship ( ); Widowed ( ); Separated ( )

**Do you have any children? If so, how many?** \_\_\_\_\_

**Do any of your children currently live with you?** \_\_\_\_\_

**Employment status:**

Employed full-time ( ); Employed part-time ( ); Self-employed ( ) Unemployed ( );

Retired ( )

**Income:**

Below \$20,000 ( ); \$20,001-\$40,000 ( ); \$40,001-\$60,000 ( ); Over \$60,001 ( )

Appendix C

Recruitment poster

**SAFE AND INCLUSIVE  
HOUSING FOR 55+ LGBT\*  
ADULTS**


Do you  
identify as  
LGBT\*?

Are you 55  
or older?

Do you live in an  
apartment complex,  
55+ housing,  
retirement home, or  
personal care home ?

You're invited to participate in a project on  
Safe and Inclusive Housing for Older LGBT  
Adults.

Please contact the researcher, Morgan Stirling,  
for more information.

 or [umstirli@myumanitoba.ca](mailto:umstirli@myumanitoba.ca)

This study has been approved by the University of  
Manitoba's Joint-Faculty Ethics Review Board

