

Older Gays and Lesbians: Surviving a Generation of Hate and Violence

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SUMMARY. This article discusses the impact that coming of age in the Pre-Stonewall era has had on older gays and lesbians. Anti-gay hate and violence, within a historical context of homophobia and heterosexism, are examined. Risk factors, as well as coping capacities, for older lesbians and gays are explored. Research on the psychological adjustment and well-being of older gays and lesbians is reviewed, and suggestions for intervention with this population are proposed. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2001 by The Haworth Press, Inc. All rights reserved.]*

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The current cohort of older gay and lesbian Americans (i.e., those who are 65 years old or older) came of age in an era when gay-related hate and violence were even more pervasive than they are today. Many

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of these 3.5 million Americans (Dawson, 1982; Slusher, Mayer, & Dunkle, 1996) led clandestine lives in an effort to avoid the harm and violence that could befall them because of their sexual orientation (Adelman, 1990; Appleby & Anastas, 1998; Deevey, 1990; Kehoe, 1986; Kimmel, 1979). They learned to conceal their sexual identity as a means of survival (Grossman, 1995; Martin & Lyon, 1992; McLeod, 1997; Shenk & Fullmer, 1996). Others, pioneers in what would become the “modern” lesbian and gay rights movement, dared to push the envelope of visibility in order to challenge the societal homophobia and heterosexism that defined them as sick, sinful, and criminal. This article explores the impact that coming of age in the Pre-Stonewall era has had on older gay and lesbian adults. It includes an examination of older gays and lesbians as survivors of a hostile, and many times violent, anti-gay American culture. The social forces that have abused and oppressed this generation are explored and their abilities to cope and respond to such forces are addressed. In addition, suggestions for social work intervention with this population are proposed.

HISTORICAL CONTEXT

A historical perspective is a useful starting point for understanding the anti-gay social and cultural oppression that has impacted the lives of the current cohort of older gay and lesbian Americans. Their development from youth into adulthood has occurred within a context of severe homophobia and heterosexism. Homophobia is defined as the fear and hatred of those who are, or are presumed to be, gay or lesbian (Weinberg, 1972), and heterosexism is defined as the belief in the superiority of heterosexuality over other forms of sexual orientation identities (Morrow, 1996a). Homophobia and heterosexism are interlocking forms of oppression that are institutionalized in major social systems (e.g., laws, employment benefits, marriage, health care, etc.). Homophobia arises out of heterosexist beliefs which serve to systematically privilege those who have a heterosexual identity while simultaneously oppressing those who have a gay or lesbian identity. The historical events to be highlighted here were selected because of their influence on societal attitudes toward lesbian and gay people. These events became the social/cultural framework within which this cohort came of age.

Stonewall Rebellion

The Stonewall Inn rebellion, which occurred on June 27, 1969, has been identified as the watershed event initiating the modern lesbian and gay civil rights movement in the United States (Duberman, 1993; Getzel, 1998; Poindexter, 1997; Weiss & Schiller, 1988). The Stonewall Inn was a gay bar in the Greenwich Village area of New York City. It was common in the 1960s for police to raid gay bars and arrest the patrons. On the night of June 27, 1969, the police arrived to raid the Stonewall Inn. Instead of acquiescing, the bar patrons fought back and rioting ensued for the next three days (Poindexter, 1997; Weiss & Schiller, 1988). The Stonewall Inn rebellion is a significant historical event for gay and lesbian culture in that it signifies movement from submission to active resistance in responding to institutionalized anti-gay violence.

While the Stonewall Inn rebellion is a major event in the history of the gay and lesbian liberation movement, it is important to recognize that older lesbians and gays grew into adulthood primarily in the Pre-Stonewall historical period. For example, gays and lesbians who are now in their 70s were in their 40s at the time of Stonewall. Thus, the Pre-Stonewall years (i.e., the years prior to 1969) are especially important in understanding the historical context of today's older lesbian and gay cohort.

Pre-Stonewall Era

Studies have found that many of today's older gays and lesbians felt alone and isolated in the Pre-Stonewall decades of the 1920s through the mid-1960s (Berger, 1982; Friend, 1987). Accurate information, as we know it today, about homosexuality was not available at that time. Research on sexual orientation and the psychological health of lesbians and gays was in its infancy, and opportunities for social supports and meeting other gays and lesbians were few.

Psychoanalytic Theory. During the 1920s and 1930s, the decades in which many in the current cohort of older Americans were born, psychoanalysis was emerging as the dominant theory of psychological development (Fadiman & Frager, 1994). In his essays on sexuality, Sigmund Freud portrayed an ambivalent stance on homosexuality. He viewed it as both a natural feature of human sexuality and also as arrested development representing a fixation in the Oedipal stage of

psychosexual development (Bayer, 1981). Psychoanalytic theory continued to grow and dominate psychological literature into the 1960s, and homosexuality came to be widely viewed as pathological, resulting from dysfunctional parent-child relationships (Bieber, 1962; Socarides, 1968). Based on this social construction of homosexuality as abnormal, many lesbians and gays living in the first half of the twentieth century dared not disclose their sexual orientation (come out) for fear of being institutionalized as mentally ill.

Early Research. While psychoanalytic perspectives dominated popular discourse on homosexuality in the first half of the twentieth century, several other researchers began the process of investigating sexual identity and the psychological adjustment of gays and lesbians. In the 1930s, Dr. Magnus Hirschfield founded the Institute for Sexual Science in Germany (Plant, 1986; Weiss & Schiller, 1988). His research initially proposed that lesbians and gays constituted a “third sex.” Hirschfield’s work, however, ended prematurely when his Institute for Sexual Science was destroyed by Nazi forces during Hitler’s ascent to power in Germany (Nardi & Bolton, 1998).

In the United States, Kinsey and his associates (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953) developed the classic research studies commonly known as the Kinsey Studies. Based on interviews with 5,300 men and 5,940 women, the Kinsey researchers proposed that sexual orientation was much broader and more variable than the heretofore presumed heterosexual norm. They proposed a seven point continuum of sexual orientation identities (The Kinsey Scale) ranging from heterosexuality to bisexuality to homosexuality. They argued that homosexuality was as normative as heterosexuality:

In view of the data we now have on the incidence and frequency of the homosexual, and in particular on its co-existence with the heterosexual in the lives of a considerable portion of the male population, it is difficult to maintain the view that psychosexual reactions between individuals of the same sex are rare and therefore abnormal or unnatural, or that they constitute within themselves evidence of neuroses or even psychoses. (Kinsey, Pomeroy, & Martin, 1948, p. 659)

Building upon Kinsey’s argument that homosexuality per se was not indicative of abnormality, Dr. Evelyn Hooker conducted research

on the psychological health of gay men in the 1950s (Gonsiorek, 1982; Hooker, 1957). In comparing the mental health of heterosexual men and gay men, Hooker found no distinction between the groups in relation to psychological well-being, thus challenging the popular notion that homosexuality was a form of mental illness.

American Culture. Despite the work of Kinsey and Hooker, American culture held fast to the social construction of homosexuality as mental illness and moral depravity. Homophobia and heterosexism were becoming increasingly embedded in American mainstream culture. The Motion Picture Code had banned all references to homosexuality in motion pictures as early as 1935 (Weiss & Schiller, 1988). By the late 1940s and into the 1950s, the House UnAmerican Activities Committee, in tandem with the McCarthy Hearings in the Senate, targeted gays and lesbians, along with presumed Communists and others, as threats to the stability of the country (D'Emilio & Berube, 1984; Poindexter, 1997). Popular magazines, including *Time*, *LOOK*, and *Life*, ran articles about gay men (women were often completely ignored) depicting them as poorly adjusted individuals who were lonely, isolated, and interested in seducing innocent others into their "lifestyle" (Weiss & Schiller, 1988). In the book, *Everything You Always Wanted to Know About Sex But Were Afraid to Ask*, physician David Reuben labeled homosexuality as "tragic" and urged gays to "convert" to heterosexuality: "If a homosexual who wants to renounce homosexuality finds a psychiatrist who knows how to cure homosexuality, he has every chance of becoming a happy, well-adjusted, heterosexual" (Reuben, 1969, p. 162).

The United States government fired gays and lesbians from federal jobs based on the rationale that the threat of having their homosexuality revealed made them susceptible to blackmail and a security threat to the government (Poindexter, 1997). While the presence of gays and lesbians in military service during the critical years of World War II was, for the most part, a non-issue, gays and lesbians were dismissed from the military after the war was over (Appleby & Anastas, 1998; Weiss & Schiller, 1988). By the late 1940s, the military was discharging an average of 1,000 gays and lesbians per year; by the 1950s, that number rose to over 2,000 per year (D'Emilio & Berube, 1984). Lesbians and gays terminated from military service were given "undesirable" discharges which precluded their receiving future military benefits and marred their reputations for seeking civilian employment. Mandatory

lectures on the pathology of homosexuality were instituted for new military troops.

Thus, the Pre-Stonewall era was an oppressive time to be gay or lesbian in America. Gays and lesbians were portrayed only in negative terms by mainstream media. Medical authorities depicted homosexuality as an illness to be cured, and religious authorities viewed it as a lapse of moral conviction. Furthermore, the legal system provided no options for the protection of the civil liberties of gays and lesbians. In fact, being gay or lesbian meant living with the risk of being arrested or institutionalized because of one's sexual orientation. Although the forces of homophobia and heterosexism remain rampant today, one must recognize the even greater pervasiveness and maliciousness of those social forces for lesbians and gays who came of age during the Pre-Stonewall years.

HATE AND VIOLENCE

The Hate Crimes Statistics Act of 1990 defines hate crimes as, "Crimes in which the defendant's conduct was motivated by hatred, bias, or prejudice based on the actual or perceived race, color, religion, national origin, ethnicity, gender or sexual orientation of another individual or group of individuals" (U.S. Congress, 1992). Hate crimes are also referred to as "bias crimes." Such crimes serve to victimize and intimidate not only individuals, but also entire groups of people. The threat of being victimized because of some status characteristic, such as sexual orientation, promotes silence and invisibility among members of the target group.

Clearly violence and the threat of violence—in the form of both psychological harm, such as hate and discrimination, and physical harm—perpetuated invisibility among older gays and lesbians of the Pre-Stonewall era. There were no hate crime laws during those decades. Furthermore, hate and violence against gays and lesbians were institutionalized into American culture in the form of felony imprisonment, forced psychiatric treatment, termination from employment, religious persecution, and widespread social ostracism (Katz, 1976).

Research on the incidence of anti-gay hate crimes was not initiated until after Stonewall. Nonetheless, studies on violence against lesbian and gay adults in the 1970s and 1980s provide clues to its prevalence during the middle adulthood years of today's older gay and lesbian

cohort. Jay and Young (1977) found that 27% of 4,400 gay males and 14% of 1,000 lesbians had experienced physical assault in connection with their homosexuality. In the same study, 77% of the men and 71% of the women had experienced verbal abuse because of their sexual orientation. In a sample of 289 gay men, Anderson (1982) found that 72% had experienced verbal assault and 23% has experienced physical assault because of being gay. In a study of 291 gay men and 146 lesbians in the Philadelphia area, Gross, Aurand, and Adessa (1988) found that 73% of the men and 42% of the women had experienced criminal violence because of their sexual orientation. In that study, 92% of the men and 81% of the women reported having experienced anti-gay verbal abuse. In a study by the National Gay and Lesbian Task Force (1986), results showed that nearly all of the 654 lesbians and 1,429 gay men in their sample had experienced some type of anti-gay harassment, threat, or assault. Marcus (1992) has suggested that gays and lesbians who adopted manners of dress that made them readily targeted as gay or lesbian by society were particularly at risk of physical violence.

Studies have also shown that the emotional and psychological consequences of enduring a lifetime of hate and violence can be exhausting. Outcomes reported in the literature include depression, anxiety, anger, and symptoms of Post-Traumatic Stress Disorder (Barnes, 1994; Herek, Gillis, & Cogan, 1997); hiding one's lesbian or gay orientation in order to avoid harm (Cook-Daniels, 1997; Herek, 1989); and relocation to minimize the likelihood of becoming a target for violence (Barnes, 1994).

The limited data available on gay-hate crimes likely underestimate the severity and pervasiveness of hate and violence endured over a lifetime for the current cohort of older gays and lesbians. The invisibility needed for survival in this Pre-Stonewall generation made sample attainment and data gathering difficult; and, police authorities did not view bias crimes, particularly those involving gays and lesbians, as a serious problem (Berrill, 1986; Herek, 1989; Finn & McNeil, 1987).

PSYCHOLOGICAL WELL-BEING OF OLDER LESBIANS AND GAYS

The impact of coming into adulthood in the Pre-Stonewall era has created mixed results for older lesbians and gays. Studies have identi-

fied the challenges encountered by some older gays and lesbians as including loneliness, isolation, fear of coming out (disclosure), and fear of losing family, friends, and jobs because of their sexual orientation (Kehoe, 1986; Kelly, 1977; Minnigerode & Adelman, 1978). Yet, the bulk of the literature suggests that the majority of older gays and lesbians are psychologically healthy, happy, and well-adjusted (Almwig, 1982; Berger, 1980, 1982; Dunker, 1987; Friend, 1980, 1990; Francher & Henkin, 1973; Kehoe, 1986; Kimmel, 1978; Raphael & Robinson, 1980). This section will explore the psychological health and well-being of older lesbians and gays.

Impact of Oppression

Older lesbian and gay adults must contend with the negative impact of multiple layers of oppression, including homophobia and heterosexism, ageism, racism for lesbians and gays of color, and sexism for lesbians. These multiple layers of oppression are intersecting social and cultural forces whose impact over time is cumulative. As a result, a primary challenge for this cohort has been learning how to manage anti-gay hate and discrimination over a lifetime (Berger, 1984; Hamburger, 1997; Kelly, 1977; Kimmel, 1978; Minnigerode & Adelman, 1978; Whitford, 1997).

Friend (1991) identified two options for lesbians and gays in managing the socially constructed negative identity of homosexuality: internalization and resistance. Internalization relates to internalizing societal homophobia and heterosexism (i.e., internalized homophobia). Resistance pertains to resisting society's negative image of gays and lesbians. Friend identifies resistance as the most desirable of the two options in that it leads to deconstructing negative stereotypes of homosexuality and reconstructing a positive sense of self as gay or lesbian. Both options, nonetheless, require significant emotional energy expenditures on a daily basis.

We may never know the full toll of internalized homophobia for older lesbian and gay Americans. We do know, however, that one consequence of chronic internal stress can include alcohol and drug abuse, and research has shown that substance abuse is more common among gays and lesbians than heterosexuals (Fifield, 1975; Saghir & Robins, 1973). The "gay bar" was the primary social gathering place for gays and lesbians of the Pre-Stonewall era. Thus, the presence of alcohol became not only one option for coping with the stress of

stigma, but also a staple of socializing within the gay and lesbian community.

Another consequence of stress related to the internalization of societal homophobia and heterosexism can be an increased risk of suicide. Numerous researchers have identified the suicide risk for lesbians and gays as from two to four times the risk for heterosexual people (Climent, Ervin, Rollings, Plutchik, & Batinelli, 1977; Motto, 1977; Saghir & Robins, 1973; Saunders & Valente, 1987; Woodruff, Clayton, & Guze, 1972). Saunders and Valente (1987) found that vulnerability for interrupted social ties was a risk factor for suicide among gays and lesbians. Older gays and lesbians came of age in a time when the risk of broken social and family ties resulting from homophobic rejection was possibly even more pervasive than today.

Identity Development

A primary challenge for older gays and lesbians has been to develop a positive sense of self as gay or lesbian within the context of severe cultural homophobia and heterosexism. Friend (1990, 1991) identified three categories for understanding gay/lesbian identity among older gays and lesbians. The first, "stereotypic" older lesbians and gays, includes those who have severe internalized homophobia. Their sense of self mirrors their internalization of homophobic and heterosexist ideology. They are described as unhappy, lonely, depressed, and socially alienated. Stereotypic gays and lesbians tend toward isolation and invisibility and may be at greater risk for suicide and substance abuse due to their low self-esteem and self-hatred. They are secretive about their sexual orientation and remain socially "closeted" regarding their sexual identity.

The second identity category is known as "passing" older gays and lesbians (Friend, 1990, 1991). Individuals in this category may identify themselves as gay or lesbian within certain contexts (e.g., among gay or lesbian friendship circles), yet they also seek to "pass" as heterosexual in other contexts (e.g., with family members, at work, etc.). While their identity as gay or lesbian may not be as severely impaired as that of the stereotypic person, they still experience internalized homophobia so that their full sense of self-acceptance remains compromised. Friend's passing category is similar to Cass's (1979) stage of "identity tolerance." Gays and lesbians in the identity tolerance stage have learned to tolerate (rather than accept) the reality that

they are gay or lesbian. As a result, they are likely to have some context within which they relate with other gays and lesbians. Yet, their gay or lesbian identity remains fairly compartmentalized and hidden within a broader social presentation of presumed heterosexuality.

The third identity category is described as “affirmative” older gays and lesbians (Friend, 1990, 1991). Those in the affirmative stage have successfully reconstructed a socially defined negative lesbian or gay identity into one that is positive and affirming. Affirmative lesbians and gays have challenged their own internalized homophobia and societal heterosexism, and they are more likely to be “out,” or open, regarding their sexual orientation. This category corresponds to the stage of “identity acceptance” in the Cass (1979) model. Individuals in identity acceptance realize that being lesbian or gay is not, in itself, inherently flawed and that homophobia and heterosexism are negative social forces that engender oppression of gays and lesbians.

Both the Friend and Cass models make assumptions that progression in identity development for gays and lesbians is related to deconstructing negative images of homosexuality into images that are more positive. Experiencing episodes of hate and violence, or even living with the threat of hate and violence, can intensify and perpetuate internalized homophobia, which can inhibit the identity development process.

Erikson (1968) proposed stages of psychosocial development over the life span. He suggested that, within each life stage, there is a predictable and challenging psychosocial crisis with which each individual must contend. The psychosocial crisis for older adulthood is depicted as “ego integrity versus despair.” Older adults who arrive at the outcome of integrity exhibit positive beliefs about their inherent goodness and perceive their lives as meaningful overall. The negative outcome of this psychosocial crisis is despair, the sense that one’s life has been essentially meaningless, significantly flawed, and not worth living.

Given that the social construction of homophobia and heterosexism has resulted in an image of lesbians and gays as abnormal and immoral, it can be inferred that arriving at the outcome of integrity can be a formidable challenge for older lesbians and gays. Internalized homophobia can hinder movement toward the desired psychosocial outcome of integrity. Yet, research studies suggest an amazing resilience

and resistance to the negative social constructions of homosexuality for many older gays and lesbians (Appleby & Anastas, 1998; Berger, 1982; Dorfman, Walters, & Burke, 1995; Friend, 1990; Kimmel, 1978). Despite the anti-gay culture of their time, older gays and lesbians have emerged, for the most part, as psychologically healthy and well-adjusted people.

Strengths Perspective

A number of psychosocial strengths have been documented as helpful for the experience of aging among older gays and lesbians. Those strengths, including crisis competence, gender role flexibility, and resilience and independence, will be reviewed in this section.

Crisis Competence. Crisis competence in older gays and lesbians is the learned ability to manage crisis-type events (Friend, 1991; Kimmel, 1978). Throughout their lives, older gays and lesbians have had to manage numerous social crisis experiences related to others' reactions to their sexual orientation. Many older gays and lesbians have been ostracized and rejected by family members, co-workers, and neighbors. Coming of age as a lesbian or gay person in the Pre-Stonewall era meant living with the threat of physical harm and coping with homophobia, heterosexism, and discrimination based on sexual orientation. Friend (1991) suggests that, because of their experiences in managing social stress related to prejudice and discrimination, older lesbians and gays may be even more prepared than heterosexual people to cope with the losses and social discrimination that come with aging.

Gender Role Flexibility. Some researchers have suggested that lesbians and gays are less dichotomized into rigid gender roles compared to most heterosexual people (Lee, 1987; Whitford, 1997). People who are multi-task oriented (i.e., those who can perform a variety of roles across gender defined expectations) may be better prepared for the changing roles that can accompany the aging process, especially the loss of a partner. This gender role flexibility, often present in lesbians and gays, can facilitate adjustment to the changes encountered by people as they grow older. Thus, it can be an important strength for older gays and lesbians.

Resilience and Independence. While many older lesbians and gays share warm, supportive relationships with their kinship network, others have learned to not expect their families to care for them in old age

(Cook-Daniels, 1997). Many older gays and lesbians have lost significant family, friends, and community supports because of homophobia and heterosexism. Virtually all older lesbians and gays have suffered social reproach from larger society, including the media, religion, and the legal system. As a result, members of this cohort can be described as resilient survivors. Many have not only survived, but thrived despite a social culture that condemned them. In reality, it is today's cohort of older gays and lesbians who initiated the beginnings of the gay civil rights movement as a response to their societal oppression in the United States. This is the generation that in the 1950s developed the first gay activist groups, including One, Inc., the Mattachine Society, and the Daughters of Bilitis (Weiss & Schiller, 1988).

Older gays and lesbians have also learned the importance of personal independence in planning for their own futures. In a study of 50 lesbians between the ages of 65 and 85, Kehoe (1986) found that these older women were independent survivors who had learned to make their own way in life. In the absence of supportive traditional family systems, some older lesbians and gays have constructed chosen families consisting of partners and friends who agree to share care and support needs interdependently (Weston, 1991). The strengths of resilience and independence cultivated by gays and lesbians over a lifetime can advantage them in coping with the changes and challenges that arise as a result of the aging process.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Social work intervention with older gays and lesbians must recognize the historical context of homophobia, heterosexism, and violence within which this generation came of age. It is important for social workers to respect the oppression and discrimination older gays and lesbians have endured and to honor their capabilities for survival. This section will offer strategies to consider when delivering social work services to older lesbians and gays.

Diversity. It is important for social workers to recognize the diversity among older lesbians and gays. Even though older gays and lesbians share in common a sexual identity status and an age status that carry certain predictable reactions from the larger society, they also vary greatly in terms of individual abilities, resources, support systems, political views, values, and life perspectives. For example, the

life experiences, and thus social needs, for an older urban Latino lesbian would be significantly different from those of an older rural European American white gay man. Thus, while sexual orientation may be thought of as a commonality among all older gays and lesbians, it remains essential that social workers view older gay and lesbian clients from a multi-faceted and individualistic perspective.

Assessment. A broad examination of support systems is useful when assessing older lesbian and gay clients. It is important to assess the quality of not only traditional family supports (parents, siblings, and children), but also “chosen” family systems which clients may have created over the years. The client’s life partner should be treated with the same dignity and respect that would be accorded legally recognized married spouses.

Another important area of assessment includes the client’s identity related to being gay or lesbian (Cass, 1979; Friend, 1991; Morrow, 1996b). For many older clients, keeping their sexual orientation a secret has been adaptive given the punitive social climate in which they have lived. In such cases, pressuring them to be more open about their sexual orientation could be construed as a lack of respect and a devaluing of their right to self-determine. In contrast, many older gays and lesbians embark on the journey of coming out in their 60s, 70s, or even later in life. In these situations, it becomes important for the worker to support and assist clients in the coming out process. For information on assisting clients with coming out, the reader is referred to Boykin (1996), Kaufman and Raphael (1996), Marcus (1993), Morrow (1996b), and Signorile (1995).

Yet another aspect of assessment in working with older lesbians and gays lies in assessing for substance abuse, depression, and suicidality. Research suggests that, given the social stress, including overt hate and violence, endured by many older gays and lesbians, they are at higher risk for these maladies compared to the broader population (Rothblum, 1990; Sandmaier, 1980; Saunders & Valente, 1987). In particular, patterns of isolation and internalized homophobia, as precipitators of high risk behaviors, should be assessed.

And finally, workers should assess for a history of hate-related violence among older gay and lesbian clients. A descriptive understanding of the violence, including when it occurred, its severity, and its resulting impact on the client, should be established. This information can be particularly useful in that violence can be a risk factor for

the development of depression, substance abuse, and post-trauma reaction symptoms, all of which may benefit from intervention. In addition, the impact of anti-gay violence can produce difficulties related to self-esteem, gay or lesbian identity development, degree of "outness," and effective coping skills, which may also be improved through supportive intervention.

Empowerment. Working with older members of the gay and lesbian community involves providing services to people who can be considered, to some degree, disempowered relative to a dominant youth-centered, heterocentric culture. Thus, seeking to empower older gay and lesbian clients is critical to the social work process. Solomon (1976) defines empowerment as "the process whereby persons who belong to a stigmatized social category throughout their lives can be assisted to develop and increase skills in the exercise of interpersonal influence and the performance of valued social roles" (p. 6). McWirter (1991) builds on this definition by suggesting that empowerment has to do with helping people become aware of the dynamics of power in their lives and with helping them take action toward gaining control over their lives. Older gays and lesbians are in need of becoming empowered in order to respond to the inequities of prejudice and discrimination (e.g., ageism, heterosexism, sexism, racism) that influence their lives.

Advocacy. The social work profession is grounded on principles of social justice. Social workers must recognize the lack of social justice for older gay and lesbian clients in areas such as insurance benefits, health care decision-making, inheritance laws, and marriage laws. Workers must advocate at the micro level on behalf of individual clients and at the macro level for passage of laws preventing discrimination based on sexual orientation.

Resource Development. Few community resources for serving the needs of older lesbians and gays exist. Yoakam (1997) states, "Because an older generation of gay and lesbian clients were secretive about their sexual orientation, no one talked about homosexuality or made provisions for same gender couples" (p. 28). Thus, current needs extend beyond available services. Kochman (1997) reports that traditional senior programs are often not open and affirming places for lesbian and gay clients. A few community supports have been developed in states such as New York, California, and Minnesota (Berger & Kelly, 1992; Martin & Lyon, 1992; Yoakam, 1997). Yet, there are

virtually no community services for older gays and lesbians in most areas of the country. Particular resource development needs for older lesbians and gays include socialization opportunities, gay-affirmative housing, and gay-affirmative health care.

CONCLUSION

This article has presented an overview of the impact that coming of age in a Pre-Stonewall era has had on older gays and lesbians. Historical events which framed homophobia and heterosexism, and concomitant hate and violence, toward lesbians and gays were identified. The resilience and coping capacities of older lesbians and gays were explored. Despite enduring a generation of severe oppression and violence related to homophobia and heterosexism, older gays and lesbians appear to have emerged as a relatively psychologically healthy and well-adjusted group. The psychological adjustment of older lesbians and gays, including risks and strengths, was explored, and suggestions for intervention with this client population were offered.

REFERENCES

- Adelman, M. (1990). Stigma, gay lifestyles, and adjustment to aging: A study of later-life gay men and lesbians. *Journal of Homosexuality*, 20 (3/4), 7-32.
- Amvig, C. (1982). *The invisible minority: Aging lesbianism*. New York: Utica College of Syracuse University.
- Anderson, C.L. (1982). Males as sexual assault victims: Multiple levels of trauma. *Journal of Homosexuality*, 7, 145-162.
- Appleby, G.G., & Anastas, J.W. (1998). *Not just a passing phase*. New York: Columbia University Press.
- Barnes, A. (1994). The impact of hate violence on victims: Emotional and behavioral responses to attacks. *Social Work*, 39(3), 247-251.
- Bayer, R. (1981). *Homosexuality and American psychiatry*. New York: Basic Books.
- Berger, R.M. (1980). Psychological adaptation of the older male. *Journal of Homosexuality*, 5(3), 161-175.
- Berger, R.M. (1982). *Gay and gray: The older homosexual man*. Urbana, IL: University of Illinois Press.
- Berger, R.M. (1984). Realities of gay and lesbian aging. *Social Work*, 29(1), 57-62.
- Berger, R.M., & Kelly, J.J. (1992). The older gay man. In B. Berzon (Ed.), *Positively gay* (pp. 121-129). Berkeley, CA: Celestial Arts
- Berrill, K. (1986). *Anti-gay violence: Causes, consequences, responses*. Washington, D.C.: National Gay and Lesbian Task Force.
- Bieber, I. (1962). *Homosexuality: A psychoanalytic study*. New York: Basic Books.

- Boykin, K. (1996). *One more river to cross: Black and gay in America*. New York: Doubleday.
- Cass, V.C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, 4, 219-135.
- Climent, C.E., Ervin, F.R., Rollings, A., Plutchik, R., & Batinelli, C.J. (1997). Epidemiological studies of female prisoners. *Journal of Nervous and Mental Diseases*, 164(1), 25-29.
- Cook-Daniels, L. (1997). Lesbian, gay male, bisexual, and transgendered elders: Elder abuse and neglect issues. *Journal of Elder Abuse & Neglect*, 9(2), 35-49.
- Dawson, K. (1982). Serving the older gay community. *SEICUS Report* (Nov.), 5-6.
- D'Emilio, J., & Berube, A. (1984). The military and lesbians during the McCarthy years. *Journal of Women in Culture and Society*, 9(4), 759-775.
- Deevey, S. (1990). Older lesbian women: An invisible minority. *Journal of Gerontological Nursing*, 16(5), 35-39.
- Dorfman, R.A., Walters, K., & Burke, P. (1995). Old, sad, and alone: The myth of the aging homosexual. *Journal of Gerontological Social Work*, 24(1/2), 29-44.
- Duberman, M. (1993). *Stonewall*. New York: Dutton.
- Dunker, B. (1987). Aging lesbians: Observations and speculations. In the Boston Lesbian Psychologies Collective (Ed.), *Lesbian Psychologies* (pp. 72-82). Chicago: University of Illinois Press.
- Erikson, E.H. (1968). *Identity, youth and crisis*. New York: W.W. Norton.
- Fadiman, J., & Frager, R. (1994). *Personality and personal growth*. New York: Harper Collins.
- Fifield, L. (1975). *On my way to nowhere: Alienated, drunk*. Los Angeles: The Gay Community Services Center.
- Finn, P., & McNeil, T. (1987). *The response of the criminal justice system to bias crime: An exploratory review*. Submitted to the U.S. Department of Justice. Cambridge, MA: Abt. Associates.
- Francher, S.J., & Henkin, J. (1973). The menopausal queen. *American Journal of Orthopsychiatry*, 43, 670-674.
- Friend, R.A. (1980). GAYging: Adjustment and the older gay male. *Alternative Lifestyles*, 3, 231-248.
- Friend, R.A. (1987). The individual and social psychology of aging: Clinical implications for lesbians and gay men. *Journal of Homosexuality*, 4(1/2), 307-331.
- Friend, R.A. (1990). Older lesbians and gay people: Responding to homophobia. *Marriage & Family Review*, 14(3/4), 241-263.
- Friend, R.A. (1991). Older lesbian and gay people: A theory of successful aging. *Journal of Homosexuality*, 20(3/4), 99-118.
- Getzel, G.S. (1998). Group work practice with gay men and lesbians. In G.P. Mallon (Ed.), *Foundations of social work practice with lesbian and gay persons*. New York: Harrington Park Press.
- Gonsiorek, J.C. (1982). *Homosexuality and psychotherapy*. New York: The Haworth Press, Inc.
- Gross, L., Aurand, S.K., & Adessa, R. (1988). *Violence and discrimination against lesbian and gay people in Philadelphia and the Commonwealth of Pennsylvania*.

- Philadelphia: Philadelphia Gay and Lesbian Task Force (1501 Cherry St., Philadelphia, PA 19102).
- Grossman, A.H. (1995). At risk, infected, and invisible: Older gay men and HIV/AIDS. *Journal of Association of Nurses in AIDS Care*, 6(6), 13-19.
- Hamburger, L.J. (1997). The wisdom of non-heterosexually based senior housing and related services. *Journal of Gay & Lesbian Social Services*, 6(1), 79-95.
- Herek, G. (1989). Hate crimes against lesbians and gay men. *American Psychologist*, 44(6), 948-955.
- Herek, G.M., Gillis, J.R., & Cogan, J.C. (1997). Hate crime victimization among lesbian, gay, and bisexual adults: Prevalence, psychological correlates, and methodological issues. *Journal of Interpersonal Violence*, 12, 195-215.
- Hooker, E.E. (1957). The adjustment of the male overt homosexual. *Journal of Projective Techniques*, 21(1), 18-31.
- Jay, K., & Young, A. (1977). *The gay report*. New York: Summit.
- Katz, J. (1976). *Gay American history*. New York: Crowell.
- Kaufman, G., & Raphael, L. (1996). *Coming out of shame: Transforming gay and lesbian lives*. New York: Doubleday.
- Kehoe, M. (1986). A portrait of the older lesbian. *Journal of Homosexuality*, 12(3/4), 157-161.
- Kelly, J. (1997). The aging male homosexual: Myth and reality. *Gerontologist*, 17(4), 328-332.
- Kimmel, D.C. (1978). Adult development and aging: A gay perspective. *Journal of Social Issues*, 34(3), 113-130.
- Kimmel, D.C. (1979). Adjustments to aging among gay men. In B. Berzon (Ed.), *Positively gay* (pp. 146-170). Milbrae, CA: Celestial Arts.
- Kinsey, A.C., Pomeroy, W.B., & Martin, C.E. (1948). *Sexual behavior in the human male*. Philadelphia: W.B. Saunders Co.
- Kinsey, A.C., Pomeroy, W.B., Martin, C.E., & Gebhard, P.H. (1953). *Sexual behavior in the human female*. Philadelphia: W.B. Saunders Co.
- Kochman, A. (1997). Gay and lesbian elderly: Historical overview and implications for social work practice. *Journal of Gay & Lesbian Social Services*, 6(1), 1-10.
- Lee, J.A. (1987). What can homosexual aging studies contribute to theories of aging? *Journal of Homosexuality*, 13, 43-71.
- Marcus, E. (1992). *Making history: The struggle for gay and lesbian elder rights, 1945-1970: An oral history*. New York: Harper Collins.
- Marcus, E. (1993). *Is it a choice? Answers to 300 of the most frequently asked questions about gays and lesbians*. New York: Harper Collins.
- Martin, D., & Lyon, P. (1992). The older lesbian. In B. Berzon (Ed.), *Positively gay* (pp. 111-120). Berkeley, CA: Celestial Arts.
- McLeod, B. (1997). Yvonne and Helen: Finding a way to trust. *Journal of Gay & Lesbian Social Services*, 6(1), 105-107.
- McWirtter, E.H. (1991). Empowerment in counseling. *Journal of Counseling and Development*, 69(3), 222-227.
- Minnigerode, F.A., & Adelman, M.R. (1978). Elderly homosexual women and men: Report on a pilot study. *The Family Coordinator*, 27(4), 451-456.

- Morrow, D.F. (1996a). Heterosexism: Hidden discrimination in social work education. *Journal of Gay & Lesbian Social Services*, 5(4), 1-16.
- Morrow, D.F. (1996b). Coming out issues for adult lesbians: A group intervention. *Social Work*, 41(6), 647-656.
- Motto, G. (1977). Estimation of suicide risk by use of clinical models. *Suicide and Life Threatening Behavior*, 7(4), 236-245.
- Nardi, P.M., & Bolton, R. (1998). Gay-bashing: Violence and aggression against gay men and lesbians. In P.M. Nardi & B.E. Schneider (Eds.), *Social perspectives in lesbian and gay studies* (pp. 412-433). New York: Routledge.
- National Gay and Lesbian Task Force. (1986). Antigay violence: Homosexual victims of assault and murder. *Qualitative Sociology*, 3(3), 169-185.
- Plant, R. (1986). *The pink triangle: The Nazi war against homosexuals*. New York: Henry Holt & Co.
- Poindexter, D.D. (1997). Sociopolitical antecedents to Stonewall: Analysis of the origins of the gay rights movement. *Social Work*, 42(6), 607-615.
- Raphael, S.M., & Robinson, M.K. (1980). The older lesbian. *Alternative Lifestyles*, 3, 207-229.
- Reuben, D. (1969). *Everything you always wanted to know about sex but were afraid to ask*. New York: Bantam.
- Rothblum, E.D. (1990). Depression among lesbians: An invisible and unresearched phenomenon. *Journal of Gay & Lesbian Psychotherapy*, 1(3), 67-87.
- Saghir, M.T., & Robins, E. (1973). *Male and female homosexuality: A comprehensive investigation*. Baltimore: Williams and Wilkins.
- Sandmaier, M. (1980). *The invisible alcoholics: Women and alcohol abuse in America*. New York: McGraw Hill.
- Saunders, J.M., & Valente, S.M. (1987). Suicide risk among gay men and lesbians: A review. *Death Studies*, 11, 1-23.
- Shenk, D., & Fullmer, E. (1996). Significant relationships among older women: Cultural and personal constructions of lesbianism. *Journal of Women & Aging*, 8(3/4), 75-89.
- Signorile, M. (1995). *Outing yourself*. New York: Simon & Schuster.
- Slusher, M.P., Mayer, C.J., & Dunkle, R.E. (1996). Gays and lesbians older and wiser (GLOW): A support group for older gay people. *The Gerontologist*, 36(1), 118-123.
- Socarides, C.W. (1968). *The overt homosexual*. New York: Grune and Stratton.
- Solomon, B.B. (1976). *Black empowerment social work in oppressed communities*. New York: Columbia University Press.
- United States Congress. (1992). H.R. 4797. 102nd Congress, 2nd Session.
- Weinberg, G. (1972). *Society and the healthy homosexual*. New York: St. Martin's Press.
- Weiss, A., & Schiller, G. (1988). *Before Stonewall: The making of a gay and lesbian community*. Tallahassee, FL: Naiad Press.
- Weston, K. (1991). *Families we choose: Lesbians, gays, kinship*. New York: Columbia University Press.

- Whitford, G.S. (1997). Realities and hopes for older gay males. *Journal of Gay & Lesbian Social Services*, 6(1), 79-95.
- Woodruff, R.A., Clayton, P.J., & Guze, S.B. (1972). Suicide attempts and psychiatric diagnosis. *Diseases of the Nervous System*, 33(2), 617-622.
- Yoakam, J. (1997). Playing bingo with the best of them: Community initiated programs for older gay and lesbian adults. *Journal of Gay & Lesbian Social Services*, 6(1), 27-34.