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Abstract

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ABSTRACT

While research has begun to examine social networks and social support among LGBT older adults living in rural contexts, no research to date has examined these issues within the unique context of rural southern Appalachia. Thus, the purpose of this qualitative study was to extend this emerging area of research by exploring the perspectives of LGBT older adults on their social networks and social support while living in rural southern Appalachia. In this study, 11 LGBT-identifying older adults were interviewed regarding their social networks and social support within the cultural context of rural Southern Appalachia. Participants generally described having rich informal social support networks that seemed to buffer and mitigate the deleterious effects of the wider culture of homophobia and transphobia. These networks, while varying from person to person, included families of choice (spouse / partner, close friends), neighbors, pets, biological family / families of origin, religious and spiritual communities, women's or men's social groups, and current or former coworkers. While six of the participants voiced that their support system was adequate for their needs, there were reports of mixed, tenuous, or insufficient support systems for five participants. After reviewing main findings, implications for research, practice, and policy are discussed.

KEYWORDS

qualitative analysis; social support; sexual and gender minority (LGBTQ) populations issues; rural issues; social networks

The population of older adults in the United States is growing rapidly and is expected to double in size to be 98 million by the year 2060, at which time about one-quarter of U.S. adults will be 65 or older (Mather et al., 2015). In one-quarter of all U.S. counties older adults make up 20% of the population (Mather et al., 2015). Similarly, in rural areas of the U.S., about 20% of the population is composed of older adults (Butler, 2017; Krout & Hash, 2015; Mather et al., 2015). Although historically an “invisible” population, lesbian, gay, bisexual, and transgender (LGBT) older adults represent a rapidly growing and increasingly visible portion of the general older adult population in rural areas of the U.S. (Movement Advancement Project (MAP) and SAGE, 2017).



Social support, social networks, and LGBT older adults

Berkman and Glass (2000) define social networks as the social bonds found among specific groups of people based on common social behaviors, whereas social support is the emotional, instrumental, informational (e.g., advice), and/or tangible (e.g., financial) support that is obtained through interactions with one's social network. Multiple studies have found that LGBT older adults rely on "families of choice", i.e., families primarily composed of close friends, LGBT and other community networks, and affirmative religious and spiritual groups for social support (Choi & Meyer, 2016; Dorfman et al., 1995; Orel, 2017; Shippy et al., 2004). Social networks include relationships with family, friends, colleagues, neighbors, members of the community, acquaintances, as well as online networks (Erosheva et al., 2016).

Ilan Meyer (2003) posited that being a LGB minority in a heteronormative culture can create chronic stress that leads to detrimental health and mental health outcomes. We suggest that Meyer's minority stress model (Meyer, 2003) can be expanded to include people who identify as transgender and/or gender nonconforming in a cisgender-normative culture. In LGBT populations, social support is theorized to help ameliorate the harmful effects of psychological distress resulting from stigma, prejudice, discrimination, and violence (Meyer, 2003; Moody & Smith, 2013; Oswald & Culton, 2003). Supporting this contention, a study by Fokkema and Kuyper (2009) found that LGB older adults who were embedded in supportive LGB social networks were more protected against loneliness and minority stress.

Various research has demonstrated the linkages between social support, social network size, and quality of life indicators and decreased odds of poor general health, disability, and depression among LGB (K. I. Fredriksen-Goldsen et al., 2013, 2015; Masini & Barrett, 2008). Strong social networks and higher perceived social support have been found to promote resilience in older adults experiencing poor mental health (McKibbin et al., 2016). In addition, having a pet has been found to increase the level of perceived social support among LGBT older adults, even among those LGBT older adults with a disability and smaller social networks (Muraco et al., 2018). K. I. Fredriksen-Goldsen et al. (2013) found that transgender older adults had larger social networks yet reported lower levels of social support and community belonging compared to nontransgender LGB older adults. These lower levels of social support and community belonging were, in turn, associated with poorer mental health (K. I. Fredriksen-Goldsen et al., 2013).

LGBT older adults in rural southern appalachia

Communities in rural areas of the U.S. may espouse more socially conservative values, homophobia, and transphobia than metropolitan communities (Butler,



2017; Lee & Quam, 2013). Relatedly, LGBT older adults living in rural U.S. environments may experience unique stressors, such as a need to carefully manage the disclosure of one's gender or sexual minority identity, and there may also be a lack of formal social support networks (e.g., LGBT-inclusive senior centers or LGBT support centers), which may contribute to marginalization and social isolation (Butler, 2017; King & Dabelko-Schoeny, 2009).

Older adults living in rural Appalachia have less access to formal support systems (e.g., formal services and public transportation), but on the other hand, may benefit from more abundant informal support systems (e.g., extended family members and neighbors) (Pope et al., 2014). Much of the culture of rural Southern Appalachia is characterized by widespread poverty, and values of kinship or familism, neighborliness, mutual respect or egalitarianism, hospitality, loyalty to people and place, independence, self-reliance and a dedication to hard work, patriotism, pride, a sense of beauty and humor, a distrust of outsiders and institutions, social conservatism, and traditional gender role norms (Appalachian Regional Commission (ARC), 2019; Coyne et al., 2006; Jones, 1994; Keefe, 2005; Latimer & Oberhauser, 2005). Thus, aspects of this social climate may contribute to stigma, limited social support, and a smaller social network size for LGBT older adults residing in rural southern Appalachia.

While research (Aaron, 2015; Butler, 2017; Comerford et al., 2004; Lee & Quam, 2013; Rowan et al., 2013) has begun to examine social networks and social support among LGBT older adults living in rural U.S. contexts, no research to date has examined these issues within the unique context of rural southern Appalachia. Thus, the purpose of this qualitative study was to extend this emerging area of research by exploring the perspectives of LGBT older adults on how they build their social networks and social support while living in rural southern Appalachia.

Methodology

The Consolidated Criteria for Reporting Qualitative Studies (COREQ) provides a framework and checklist for comprehensively reporting on qualitative research developed through compiling reporting criteria from 22 existing checklists (Tong et al., 2007). We describe our methodology using the criteria included in the COREQ.

Research team and reflexivity

The research team was comprised of the authors, who are three cisgender, female faculty in the Department of Social Work at Appalachian State University, and two research assistants, who were cisgender, female graduate students in social work. The three faculty researchers each possess an MSW (or



an MSSA–MSW equivalent) and a PhD in social work/social welfare and have training and experience in social research. There was no or minimal preexisting relationship with the participants; one of the researchers knew several of the participants through community circles.

Participants

We received IRB approval from Appalachian State University prior to beginning data collection for this study. Patton (2015) suggests that research aims are often best achieved by combining purposeful sampling strategies. Our study specifically combined maximum variation (heterogeneity) and snowball sampling (Patton, 2015). In maximum variation (heterogeneity) sampling, the goal is to select a variety of cases to explore themes of both diversity and commonality in the area under investigation (Patton, 2015). In snowball sampling, interviewed subjects are asked to identify other relevant subjects as a means of further exploring these themes of commonality and difference (Patton, 2015). Furthermore, snowball sampling has been identified as a valuable approach for reaching isolated or hidden populations, such as the population of this study—LGBT older adults residing in rural southern Appalachia (Browne, 2005; Padgett, 2017; Patton, 2015).

Recruitment information about the study was shared at a local senior center, through several welcoming and affirming faith communities, and via an informal e-mail listserv for lesbians in the local community. We also partnered with several area long-term care facilities (an assisted living facility and several area nursing homes) to recruit residents of those facilities. We also recruited participants through snowball sampling, whereby study participants notified others whom they thought might be interested in participating. In all these approaches, care was taken to avoid coercion in that we never directly asked anyone to participate. Rather, we recruited indirectly by sharing our study materials and allowing people to approach us if they were interested in participating.

Eligibility criteria for participation in this study included being age 60 or older, identifying as lesbian, gay, bisexual, or transgender, and living full-time in the high country region of rural southern Appalachia. The reason for the full-time criterion was that this region has a substantial population of people who live in other areas for part of the year and then live in this region for part of the year, often during the summer months. This population presents a very different, and often more economically advantaged, demographic profile from people who reside in the region year-round.

Through our recruitment efforts, we interviewed 11 participants (see Table 1 for further information). Qualitative research commonly involves small sample sizes, and the more in-depth the data the fewer participants there will be (Padgett, 2017; Patton, 2015). On the one hand, since our interviews



Table 1. Participant background information.

Location of interview	7 interviews took place at the participant's home; 3 took place at the university campus; 1 took place at county library
Relationship status	4 participants were legally married (2 married couples, each member of couple was interviewed); 3 participants were single, not widowed; 3 participants were partnered (1 person and 1 couple—each member of couple was interviewed); 1 participant was widowed
Age	Participants ranged in age from 60–88. Seven participants were in their 60's, 2 participants were in their 70's, and 2 participants were in their 80's.
Sexual orientation	All participants were community dwelling; none resided in long-term care setting such as assisted living facility or nursing home
Gender identity	10 participants identified as cisgender (7 women, 3 men), 1 participant identified as transgender
Race	All participants identified as Caucasian
Residential status	All participants were community dwelling; none resided in long-term care setting such as assisted living facility or nursing home
Education level	4 participants had PhDs, 2 participants had master's degrees, 2 participants had a bachelor's degree + some graduate school, 2 participants had bachelor's degrees, 1 participant had completed high school + some college
Length of time in region	Length of time living in region ranged from 11 to 48 years. Age at time of moving to region ranged from adolescence to 60 s.

produced a large amount of data, having 11 participants actually represented a robust sample size. On the other hand, we used a maximum variation sampling strategy that aimed to explore the diversity of perspectives in our population of interest. We desired to recruit LGBT older adults who lived in both community and long-term care settings. We were unable to recruit any participant with a sexual orientation other than gay or lesbian, and we had only one transgender individual. We also were only able to interview three men. All interviewed participants were community-dwelling; despite our recruitment efforts, we were not able to interview any residents of local long-term care facilities. This in part speaks to the invisibility of this population in these facilities. We eventually ended our recruitment efforts after continuing to be contacted by cisgender, lesbian community-dwelling women, but not by other LGBT older adults. Although we reached saturation (no new themes emerging from additional participants) with a number of our themes (Padgett, 2017; Patton, 2015), it is difficult to know what might have emerged with a sample that represented greater diversity amongst LGBT older adults, in the ways mentioned here, as well as with respect to socioeconomic, racial, and ethnic diversity. (See the limitations section for further discussion of these issues.)

Interviews

We developed our interview guide after completing a review of the literature pertinent to LGBT older adults in rural areas. This literature review helped us identify the following four domains to target for our needs assessment of LGBT older adults in rural Southern Appalachia: 1) cultural climate and experiences of discrimination related to LGBT identity, 2) self-acceptance of LGBT identity, 3) social support and social networks, and 4) concerns related



to formal health care, social services, and long-term care services. In this article, we report on the findings pertaining to social support and social networks within the context of the cultural climate of this region. Our interview guide questions about social support and social networks encompassed several domains, including family of origin, family of choice, animals, religion and spirituality and other supports (e.g., friends, neighbors, coworkers).

Our interviews were conducted in a private setting of the participant's choice. Most of the participants chose to have the interviews take place in their home, while a few of the interviews took place in private rooms in the university or county library. The interviews ranged in length from approximately 30 minutes to two hours. The interviews were conducted by the project team—the three social work faculty and two social work graduate students. All project team members were trained in qualitative interviewing prior to conducting any interview.

Data analysis

Our interviews were digitally recorded, and transcribed, and then a template analysis was performed on the transcribed interviews. Thematic analysis is a general approach to identifying themes in qualitative research that is used by a variety of qualitative research methodologies, such as grounded theory, phenomenology, case study, and narrative analysis (Padgett, 2017). Template analysis is a relatively recent approach to thematic analysis emerging from phenomenology and grounded theory (Brooks et al., 2015; Waring & Wainwright, 2008). In template analysis, a hierarchical coding structure is developed and then refined through successive iterations until a final coding structure is arrived at that encompasses the entirety of the data (Brooks et al., 2015). In template analysis, it is permissible for the initial, preliminary coding structure to consist of a priori (pre-determined) themes (Brooks et al., 2015). The ability to begin data-analysis with an initial coding structure of pre-determined themes structured around our interview guide was chief among our considerations in using template analysis. Our initial coding template was structured a priori around the domains of our interview guide, with the coding structure and nested levels of subthemes then further developed and refined through successive coding iterations. We applied each iteration of the template coding structure to some or all of the 11 transcripts until we arrived at what we believed to be the final structure, which was the 11th iteration. We then recoded all 11 transcripts with this structure, which allowed us to assess and confirm that this coding structure was sufficient to encompass the totality of the data and thus that it was the final coding structure.

The concept of credibility in qualitative research concerns the accuracy with which researchers have depicted individual participants' realities, and it is considered an important aspect of establishing the trustworthiness of



qualitative research findings (Lincoln & Guba, 1985). We took a variety of steps to establish the credibility of our data analysis. In the member check, researchers share their emerging analysis with participants to obtain participant feedback about whether their perspectives have been accurately represented (Lincoln & Guba, 1985). Member checks were built into our interview guide by the interviewer providing a summary at three intervals throughout the interview, and after each of three summaries asking the participant, “Have I accurately represented what you’ve said?” We also promoted credibility in our data analysis by having two coders work together to create each coding template, and then independently code the transcripts using each iteration of the coding structure. After independently coding the transcripts with each coding iteration, the two coders met to discuss and reach consensus about the coding structure for that iteration. The data analysis was aided by the qualitative data analysis software NVIVO 10.

Results

Here we report findings that pertain to social support and social networks in the cultural context of rural southern Appalachia. Please note that in providing quotes, we will just use participant number and limit providing additional information to protect identities that could be revealed in this rural setting.

Cultural context: “I think it’s a very easy place to live but also a hard place to live.” (P3)

We sought to learn about LGBT older adults’ social networks and social supports within the cultural context of rural Southern Appalachia. See [Table 2](#) for a summary of themes related to life as an LGBT older adult within this cultural context.

For example, participants were asked about whether they felt that they were able to be “out” about their sexual orientation or gender identity in their everyday lives. While everyone was out to some degree, the majority of the participants (nine of the 11) varied in the degree to which they were open about their sexual orientation

Table 2. Cultural context themes.

Theme	Subtheme	Number of participants endorsing theme
Experience in region as an LGBT person		11
	Positive	8
	Negative	7
	Mixed	6
Degree of outness		11
	Fully “out”	9
	Mixed degree of “outness”	9

Note: Total numbers of participants endorsing subthemes may add up to more than 11 (more than the total number of participants) because a participant could endorse more than one subtheme.



or gender identity, depending on the context or people they were interacting with. This could present in the sense of the participant living in “two worlds”, one in which they made an effort to pass as heterosexual or cisgender, and the other in which they felt free to be themselves. Often where people felt closeted was in work environments, although two participants described not being out to their families. For example, Participant 1, who was transgender, did not feel able to be out to her mother:

P1: I have to go back and forth and now over the past couple months, three months, [between] being P1 and being momma’s son . . .

Three participants described being somewhat guarded about their identity. For example, Participant 4 discussed sort of “testing the waters” with someone before deciding whether or not to disclose her sexual orientation. Similarly, when asked if he was comfortable being out in his everyday life, Participant 6 stated:

P6: Yes, but I wouldn’t be comfortable putting a rainbow flag on my car, things like that. Personally I’m completely open. Everyone that knows us knows that we are a gay couple but there are some elements here that are very hostile and so I just, I don’t flaunt it.

These considerations about whether or not to be out could extend to the participants’ spouse or partner. For example, one participant discussed hiding her relationship with her spouse when out in public, because her spouse was working and didn’t want to jeopardize her employment.

Participants were asked to discuss their experiences living in the region as an LGBT person. This elicited a variety of both negative and positive aspects of this experience, which are nicely encapsulated by Participant 3’s comment that:

P3: I think it’s a very easy place to live but also a hard place to live.

Specifically, the majority of the participants expressed a mixture of both positive and negative aspects of this experience; only two participants had comments that were coded entirely as “positive” and one participant had comments that were coded entirely as “negative”. Several of the participants discussed instances of feeling discriminated against, ranging from recently to years ago, including experiencing discrimination by service providers, in a writer’s group, within a church setting, as lesbian parents, and being fired from employment due to sexual orientation. Two participants described a sense of background tension or worry about their LGBT status. As Participant 4 stated:

P4: ‘course every now and then I I think we all hear in the background . . . maybe a little . . . how do you even describe what I’m about to to . . . call it but . . . a little tension you know. You that’s always on the periphery if it’s not right in your face you know.

In addition to region-specific concerns, four participants discussed concerns about the broader (not limited to just the rural Southern Appalachian region) political climate as being hostile to LGBT persons:



P6: We (P6 and spouse) are completely open but we do not flaunt it and I think people respect that. We've run into some [people] that have made rude comments but we ran into that in [previous city of residence]. So it's no different here.

On the other side of this discussion, eight participants described positive experiences of living in the region as an LGBT person. Much of what participants described as being positive came from having supportive social networks within which they felt safe and comfortable. These supportive spaces included places of physical neighborhoods and neighbors, places of employment or volunteerism, and religious and/or spiritual communities, and these supportive spaces were able to act as a protective barrier if the larger environment at times felt hostile. For example, participant 11 stated:

P11: So, that [needing to be closeted due to protect spouse's employment] was for me that was tough cause I'm used to being [an] activist. So, you know, of course the nice [thing] about living in in [an intentional community] is at least at home we could be ourselves.

Two additional positive aspects of living in the region were noted. Participant 10 described a positive sense of neighborliness as part of the local culture:

P10: we've for the most part, overwhelmingly experienced, I think this categorizes it, live [and] let live kind of philosophy or attitude and in fact some of our neighbors have been, you know, warm and inviting . . . You know, they greet, they return greetings. I have not, I happily cannot say that you know, that I've had any negative experience in that regard.

Similarly, Participant 6 discussed the positive benefits of living in a small, tight-knit community where everyone knows and looks after one another:

P6: It's actually much better here [than in previous city of residence] because those people no matter where, in a big city they [people who are hostile to LGBT persons] are in a minority. But here, people are so close that they don't dare get too carried away because somebody will call them down. So I find it very pleasant to be gay here.

A final point that came up implicitly and explicitly in four participants' comments was a major benefit of being an older LGBT person—retirement. Specifically, participants often expressed that they currently or had in the past been guarded about their LGBT identity when they or their spouse were employed. Participants voiced a sense of freedom or anticipated freedom that being retired offered, in terms of being able to choose one's social network and being unafraid of job loss. For example, as Participant 2, who was 88 and no longer working at the time of interview, so eloquently stated:

P2: You know at my age, I only run with who I want to run with.



Table 3. Social support themes.

Theme	Subtheme	Sub-subtheme	Number of participants endorsing theme
Discussion of family of choice			11
	Has family of choice		10
	Does not have family of choice		1
	Comments about family of choice as source of support		8
			6
Discussion of family of origin		Family of choice is source of support	2
		Family of choice is a mixed source of support	11
	Discussion of family of origin		11
	In contact with family of origin		11
		Comments about family of origin as source of support	
		Family of origin is source of support	5
		Family of origin is mixed source of support	7
	Family of origin is not a source of support	3	
Role of religion and spirituality discussed			11
	Current participation in religious or spiritual activities or communities		10
	Social support mentioned in religious or spiritual activities or communities		4
Discussion of whether or not animals are sources of support			11
	Animals are not a source of support		2
		Animals are a source of support	
		Animals are emotional support	8
		Animals are instrumental support	2
Participant identifies other supports			9
	Neighbors discussed as source of support		6
Discussion of adequacy of support			11
	Support system is adequate		7
	Support system has mixed adequacy		2
	Support system is inadequate		2

Note: Total numbers of participants endorsing subthemes may add up to more than 11 (more than the total number of participants) because a participant could endorse more than one subtheme.

Themes related to participants' social support and social networks

We now turn to a discussion of themes specifically related to participants' social supports and social networks within this unique cultural context. See [Table 3](#) for a summary of themes related to social support and social networks.



Family of choice

All 11 participants identified as having a family of choice. These included close friends, spouses or partners, and in one case, family members of former spouses. The close friends identified by participants did not necessarily live nearby, and in two cases, the close friends were described as including friends from childhood. Of these, six participants described various types of support that they received from their family of choice, which ranged from emotional support to instrumental support. When six participants were specifically asked if they could rely on their family of choice in the event of a healthcare crisis, four participants stated yes. For example, Participant 3 (P3) stated:

P3: . . . truly to me when I talk about family I leave off the “of choice” because they are my family. My friends and all are my family.

Two other participants were more mixed in their response. For example, one participant had intermittent contact with someone in her family of choice and would be concerned about not wanting to impose on this person. And the other participant discussed having an extensive family of choice network that was geographically dispersed, and while providing substantial emotional support, would not be able to provide financial or instrumental support.

Family of origin

Participants were asked whether they were in touch with their family of origin, and if they were, to discuss the kinds of support they received from their family of origin, and whether they could be relied upon in the event of a healthcare crisis. All of the participants had at least some degree of contact with their family of origin/biological family, which ranged from fairly minimal to extensive contact and involvement. Five participants described their families of origin as being supportive, three participants described a lack of support, and seven participants described mixed support. In terms of support, participants talked about receiving a variety of instrumental and emotional support from family members such as siblings, parents, a cousin, children, nieces, or nephews. Three participants described a lack of support from their family of origin, whether that be due to dysfunctional family dynamics, support being more from the participant to the family (rather than the other way around), or a lack of earlier support in life. Seven participants gave descriptions of support from their family of origin that were coded as “mixed”. Reasons for the “mixed” in degree of supportiveness included factors like relatives being well-meaning but unable to provide support (e.g., being older themselves, living far away, taking care of other relatives), or having relatives with varying degrees of support with respect to LGBT identity. For example, when asked to describe the types of support received from his family of origin (P9) stated:



P9: *Um, emotional support. Not because I'm gay, but because I'm their son and we have a very close family. In terms of my being gay, we just really don't talk about it. . . . Because they're still very uh fundamentalist in their religious beliefs.*

The role of religion and spirituality

Participants were asked about religion and spirituality as sources of support for them. One participant identified as being an atheist and so did not find religion or spirituality to be a source of support. However all of the other 10 participants described current religious or spiritual participation in a way that was supportive to them. Four of the participants discussed involvement in religious or spiritual activities in ways that clearly and specifically connected with concepts of social networks and social support. Two participants, who were married to each other, discussed (in separate interviews) participating remotely (via conference call) in a spiritual group with friends from where they had lived previously, and that this group had been meeting for over 25 years. Two participants, P2 and P8, discussed the value of being members of a church from the standpoint of the friendships and affirming community it provides. As Participant 8 stated:

I can't say that I'm really religious. . . . In the true sense that other people might consider religious, but so religion is not the thing that draws me to [name of faith community], it's the community and opportunities of becoming close to a large group of people that I like.

Animals as support

Participants were asked about whether they had ever relied on animals for comfort and emotional support. Two participants said no, one due to allergies that made keeping a pet inappropriate and one due to allergies and because having a pet was viewed as being “confining to a certain extent”.

The other nine participants, however, discussed the past and current roles of animals in their lives. Two participants described receiving instrumental support from animals. One participant stated that he had a stray cat that he was continuing to feed because it hunted ground squirrels, and another participant had chickens that laid eggs that she would then give away.

Eight of the participants described the past or current role of animals in providing emotional support. Five of these currently had one or more pet cats at the time of interview, and another three described support that they had received from various animals (including dogs and horses) in the past. One participant described receiving emotional support from the [in the participant's terminology] service dog belonging to that participant's mental health provider. It is interesting to note that this participant found support from an animal within their social network rather than from an animal that the participant lived with. Various more specific aspects of emotional support are identifiable within participants' comments about the role of animals in



their lives. Five participants discussed the value that pets had played in their lives in providing companionship. The role of pets in providing companionship seemed to be especially important at times when participants were single. As one participant stated:

P3: They [cats] are great support. They have been in my life when I've had no partners in my life or a loved one so they have been great support.

And in fact, two of the participants who had a pet cat or cats at the time of the interview were also single and described their pet(s) as being a valued source of companionship to them. As participant 9 stated:

P9: ... I'm a cat person. And I've had a whole series of cats since I've moved here and currently have two. Yeah and it's they're great it's just so nice to have somebody to greet you when you come home. Yeah.

Note the use of the term “somebody” in P9’s quote above; this language reflects the meaning of the pet as providing the basis of a significant relationship. Two participants also discussed the sense of unconditional love that having a pet provided. Finally, two participants talked about pets as being members of the family. One of these, a single person at the time of the interview, stated that his cats were:

P9: Like um two more members of the family really. ... Probably a substitute for kids in some degree.

Other supports

Nine participants discussed additional forms of support in their lives, besides family of origin, family of choice, religion, and animals. Six participants described neighbors as being a source of support to them. Both emotional and instrumental types of supports were included in participant comments about support received from their neighbors. For example, when asked to describe the type of support received from neighbors, participant 10, who lived in an intentional community, stated:

P10: Well emotional and on occasion health. You know we do in our community here, we do look out for each other and offer assistance where it might be needed or accepted.

Three participants mentioned men’s or women’s groups that currently or previously had regularly met. For example, in describing a social group of women who met for brunch monthly, Participant 8 stated:

P8: Right um that's a group that gets together and I think if somebody needed help you know the ... it would sort of go out and people would help

And then six participants described a variety of other types of supports. Two participants discussed current or former colleagues as sources of support, and



another participant discussed the significance of volunteering within an organization where she felt supported and affirmed as a lesbian. One participant discussed a local disease support group for patients and caregivers as being a helpful support in his life. This participant, who attends the support group with his spouse, stated:

P5: we also have a support group in the [name of disease] community that meets, once, well meets twice a month. . . . They are very supportive. From a [name of disease] angle basically but they never had any problem to my knowledge, of our relationship.

Adequacy of support

Participants were asked about the adequacy of their support systems. Having a perceived adequate support system did not hinge on being partnered or married, nor did being married or partnered necessarily equate to having an adequate perceived social network. Seven of the participants viewed their support systems as being adequate. While six of these simply affirmed that their support system was adequate for their needs, one participant expressed a nuanced perspective:

P7: It is right now. I mean if [spouse] were to die, I don't know . . . I'm still intellectually engaged enough that I could lose myself in writing and work you know, something like that but if I were to lose my eyesight or if I were to not be mobile or, you know, I don't know. It is right now.

Two participants expressed a mixed degree of adequacy of their support network, one because some of her local friends were leaving the area. The second one who expressed a mixed degree of adequacy of her support system was one of the two most recent participants to arrive in the area, having arrived 11 years prior to the interview. When asked about the adequacy of her support system, this participant expressed concern about not having cultivated enough close friends in this new location to call upon should she need help. Finally, two participants expressed that their support system was inadequate for their needs. In describing the reasons or circumstances related to this, our study's one transgender participant expressed feeling isolated and lonely, and the other participant felt stressed and viewed his support system as being inadequate in relation to being a spousal caregiver and maintaining his home.

Discussion

Overall, our participants described the local social climate as generally tolerant and comfortable as long as they did not openly display their sexual and/or gender minority status, meaning that the local social climate appears to generate both positive and negative effects. Therefore, it can be hypothesized that traditional southern Appalachian values such as familism, neighborliness,



egalitarianism, and independence may at times conflict with prevalent social, religious, and politically conservative values, which tend to deny LGBT identities and rights (Drumheller & McQuay, 2010; King & Dabelko-Schoeny, 2009; Willging et al., 2006). Thus, it is possible that some aspects of rural southern Appalachian culture may increase the isolation and minority stress load for some LGBT older adults (Meyer, 2003).

However, consistent with Meyer's (2003) minority stress model, participants did generally describe the benefits of having rich social support networks that seemed to buffer and mitigate the deleterious effects of the wider culture of heterosexism, cisgenderism, homophobia and transphobia. These networks, while varying from person to person, included families of choice (spouse/partner, close friends), neighbors, biological family/family of origin, religious and spiritual communities, women's or men's social groups, and current or former coworkers.

Several aspects from our findings merit particular emphasis. First, the majority of the participants (six of 11) described their neighbors as a source of support to them—given the caveat noted above about the often-voiced need to be guarded with disclosing and expressing one's sexual and/or gender minority identity. The generally positive experiences with neighbors highlights the “neighborliness” and “live and let live” aspects of the southern Appalachian culture.

Second, despite some participants having experienced or witnessed harm from religion in the past, 10 of the 11 participants described that they experienced meaningful and affirming current participation in religious or spiritual communities. This finding affirms that religion can be a source of support and community for LGBT older adults—provided that affirming faith-based organizations are available. Indeed, prior research has found that LGBT older adults who are involved in religious activities tend to have larger social networks (Erosheva et al., 2016).

Third, pets were identified by nine of 11 participants as a source of current or past emotional comfort and support. This finding is consistent with a mixed methods study by Muraco et al. (2018), which found that LGBT older adults considered their pets as kin and companions that provide both emotional and social support and also helped to expand their social network size and stay active. The role of pets as a form of social support is frequently overlooked in both research and practice, and this is unfortunate given the significant and positive roles that pets play in the lives of their human guardians.

Fourth, it is important to acknowledge the significance of chosen families in the social support systems of LGBT older adults (Weston, 1991). The findings from our study are congruent with findings from a previous study that surveyed 527 nonmetropolitan GLBT people who considered their own self-acceptance, close relationships, involvement with the GLBT community, and high quality of life among the “best things” about their living environment



(Oswald & Culton, 2003). In addition, participants' chosen family networks may include persons who live far away, highlighting the importance of various technologies (e.g., social media, internet, video conferencing) in maintaining social support and social networks (Erosheva et al., 2016).

Fifth, our one transgender research participant described the greatest degree of social isolation and the most inadequate support system, likely exacerbated by an absence of inclusive community support services. This finding raises questions about the increased vulnerability for older gender minorities in rural southern Appalachia and is consistent with previous research that found that transgender older adults reported overall lower levels of social support (K. I. Fredriksen-Goldsen et al., 2011; Witten, 2003).

Finally, while six of the participants voiced that their support system was adequate for their needs, almost half (five) said that it was not adequate. We posit that there were various reasons for this, including close friends or relatives living far away; having chosen family members who are also older and unable to provide instrumental support; social isolation; caregiver burden; or due to only having a spouse as a primary source of support, leaving an older adult vulnerable if the spouse became unavailable due to death or illness, and the absence of formal social support services and organizations that specifically serve LGBT older adults. This illustrates the importance of the formal care system to help fill in gaps in LGBT older adults' informal support system and is perhaps why none of the participants mentioned any local services or organizations as a source of social support. It also highlights concerns about the scarcity of formal social support services in rural environments as well as the importance of a formal care system that is culturally competent to serve LGBT older adults.

Study limitations

There were several important limitations to this study. We had a variety of organizations—an area senior center, several affirming faith-based communities, and several nursing facilities—partner with us around recruitment, and we also recruited via a listserv for lesbians in the local community, as well as through snowball sampling techniques. Because of how we obtained our sample, our participants were likely to be embedded within supportive and affirming social networks. This could have the result of overstating the degree to which the cultural climate was positive. However, even if these participants were embedded within more supportive networks, they did still voice concerns about homophobia or transphobia, and expressed the need to remain closeted and guarded at times. This highlights the challenges facing LGBT individuals in the region.

In addition, as noted in our methodology section, our sample did not necessarily reflect the views of the LGBT population of the region as



a whole. Our sample's socioeconomic status was higher than the norm for the region, with 10 of 11 participants possessing at least a bachelor's degree. Although the population in rural Southern Appalachia is predominantly white, our study population was entirely white, thus, it was not representative of racial or ethnic minority populations in the region. Male-identifying and transgender individuals were underrepresented in our sample, as our study had only three male-identified participants and one transgender participant. Finally, although several area long-term care facilities agreed to partner with us to recruit for this study, we were unable to identify any residents of these facilities as eligible to participate in our study. This speaks to the extreme invisibility of the LGBT population in long-term care settings.

Implications for research, practice, and policy

Taken together, the results and limitations of our study have implications for research, practice, and policy in the unique context of aging among LGBT older adults in rural Southern Appalachia. Future research undertaken with a larger, more representative sample will yield a fuller picture of the types of social support and social networks of LGBT older adults in rural southern Appalachia. Such research will also help elucidate how LGBT older adults in rural Southern Appalachia form and maintain their social supports and social networks, and the benefits of these networks. Also, the social isolation and lack of support experienced by our study's one transgender older adult suggests the importance of future research to explore the experiences and needs of transgender older adults in the region.

The availability in rural areas of both adult services organizations and the Internet make it possible for rural older adults—including LGBT older adults—to connect in face-to-face and online venues. Though, as was the case in our study, rural areas typically lack an organized network of formal LGBT-specific services. Area Agencies on Aging (AAAs) can play a vital role in planning for the social support needs of LGBT older adults. Established and funded through the Older Americans Act, AAAs are tasked with developing a coordinated network of community-based services for older adults within their catchment area, with senior centers as the identified focal point of service delivery (Wacker & Roberto, 2019). It is important for AAAs and associated senior centers in rural southern Appalachia, as well as other rural areas, to receive training specific to the unique needs and concerns of LGBT older adults so that staff can acquire both sensitivity and competence in serving this population. Training should include specific measures to change the “culture” of an agency from one of LGBT invisibility to one of LGBT inclusion. Finally, AAAs should coordinate LGBT-specific programming—both in-house within senior centers and via technology (i.e., Internet, phone, video webconferencing). One example of specific programming would be a Friendly-Caller



program to help address social isolation in LGBT older adults (Perone et al., 2019). An important policy implication would be advocacy for continued Older Americans Act funding, because of the centrality of this funding for the network of services for older adults—and especially older adults in rural areas, given their relative scarcity of resources. Area Agencies on Aging in rural Southern Appalachia may or may not be making an effort to effectively serve LGBT older adults. Therefore, another policy recommendation would be for State Units on Aging to mandate staff training around the needs of LGBT older adults population as a condition of receiving Older Americans Act Funding. Finally, affirming faith communities could collaborate to develop community-based programs that facilitate connections and serve the spiritual and social needs of LGBT older adults.

However, social workers serve older adults in rural areas in a wide variety of settings, beyond AAA-funded services. These settings include community-based services (provided or funded through AAA's, nonprofit organizations, or fee-for-service providers), as well as hospice and other home-health agencies, hospitals, behavioral health providers, community planning organizations and regional councils on government, and assisted living and skilled nursing facilities. It is important for undergraduate and graduate social work students in rural Southern Appalachia to receive training in the needs of LGBT older adults, and it is also important for the needs of this population to be addressed through continuing education for practicing social workers. Social workers serving older adults in rural Southern Appalachia could partner with organizations such as SAGE to provide this training.

The findings related to pets as social support have implications for research, practice and policy especially as LGBT older adults are more likely to live alone and lack family connections (Muraco et al., 2018). The role of pets in the lives of LGBT older adults residing in rural communities is an area for future study particularly as these smaller social network sizes contribute to lower health outcomes (Gee et al., 2017). Moreover, there is an urgent need to understand more about challenges LGBT older adults may face in keeping pets, including functional limitations, financial considerations, housing restrictions and concerns should the individual fall ill or die (Huss, 2013; McNicholas, 2014; Ormerod, 2012). In addition, it is noted that one participant who reported keeping chickens seemed to benefit from giving eggs away to others. This utilitarian role of animals may be an important consideration for older adults living in rural communities. Not only could this type of relationship keep LGBT older adults active it could also contribute to their continued engagement in the community. The findings regarding pets also have implications for practice as social workers in agencies serving LGBT older adults should ask their clients specifically about the roles and meaning of pets in their lives, and perhaps help them to consider the feasibility of fostering or adopting a pet as a means of enhancing social networks and social support.



Both social support and social network size are associated with improved physical and mental health quality of life in LGBT older adults (K. I. Fredriksen-Goldsen et al., 2015). Our findings align with prior research suggesting that LGBT older adults in rural communities are more guarded about disclosing their full identities to friends, families, neighbors, and coworkers, which may contribute to smaller social networks, diminished social support, and risk of social isolation (Butler, 2017; Lee & Quam, 2013). Due to historical societal stigma, including family rejection, LGBT older adults are more likely to live alone and less likely to receive support from children, siblings, and family members (Movement Advancement Project (MAP) and SAGE, 2017). Indeed, though the social networks of LGBT older adults are diverse and varied, they are often centered around friends and families-of-choice (Brennan-Ing et al., 2014; Erosheva et al., 2016; Kim et al., 2017; Masini & Barrett, 2008). One challenge in aging for LGBT older adults is that informal friend networks are typically composed of similar-aged adults who may also be dealing with aging-related challenges, including caregiving to a spouse or partner, which may limit the quantity and quality of support they are able to provide others (Movement Advancement Project (MAP) and SAGE, 2017). Hence, the importance of formal LGBT-inclusive social services in rural communities must be underscored to help fill these gaps. Overall, for LGBT older adults in rural southern Appalachia, the continued development of formal and informal support networks and services is needed to support health- and mental health related quality of life and the ability to age in place successfully.

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