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Mental health and identity adjustment in older lesbian and gay adults: Assessing the role of whether their parents knew about their sexual orientation

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## Abstract

**Objective:** Research suggests that lesbian and gay people's disclosure of their sexual orientation to parents is associated with better mental health and identity adjustment. However, adolescents and younger adults have been the main focus with little known about the experiences of older people. The following study focused on older lesbian and gay adults, and examined whether believing that their parents knew about their sexual orientation is linked to better current mental health and identity adjustment.

**Method:** A survey of 548 lesbian and gay adults aged 60 years and older in Australia measured psychological distress, positive mental health, internalised homonegativity, sexual identity affirmation, and whether participants believed their parents knew about their sexual orientation

**Results:** After controlling for age of first disclosure, whether their parents were alive, and socio-demographic variables, women who reported at least one parent definitely knowing of their sexual orientation were significantly lower on psychological distress and higher on positive mental health and identity affirmation than those who reported neither parent knowing or were uncertain of their parents' knowledge. No significant effects were found for the men.

**Conclusion:** Believing that at least one parent definitely knew about their sexual orientation was linked to better mental health outcomes among lesbian women, but not among older gay men. These findings reveal a potential risk factor for poorer mental health among older lesbian women, as well as important gender differences, and may be useful in understanding and supporting the well-being of older lesbian and gay adults.

**Keywords:** LGBT, aging, mental health, disclosure, parents

## Introduction

For lesbian women and gay men, being ‘out’ to parents about their sexual orientation can come with benefits as well as potential costs (Fredriksen-Goldsen, Kim, Bryan, Shiu, & Emlet, 2017; Fredriksen-Goldsen et al., 2011; Green, 2000; Meyer, 2003). On the one hand, it may increase intimacy and connectedness with one another, and potentially remove ongoing stress related to non-disclosure. On the other hand, it might result in rejection, stigma, and a loss of support (Barrett, Whyte, Comfort, Lyons, & Cramer, 2015). This may be particularly relevant for the current cohort of older lesbian and gay adults who grew up when stigma was greater than today, at least in many developed countries (Fredriksen-Goldsen & Muraco, 2010; Lyons, Croy, Barrett, & Whyte, 2015). In Australia, homosexuality was first decriminalised in the state of South Australia in 1975 with Tasmania the last state to do so in 1997. Marriage equality was only legalised throughout the country in 2017 following a national debate and postal vote by Australian citizens. More generally, homosexuality remained listed as a mental illness in the Diagnostic and Statistical Manual of Mental Disorders (DSM) until 1980 (Drescher 2015). Given these circumstances, it is likely that the older population faced greater difficulties than younger generations in disclosing their sexual orientation to their parents, as qualitative research on Australian gay men suggests (Grierson & Smith, 2005).

Parents are usually a large part of people’s lives, and the quality of relationships with parents in early life relates to well-being later in life (Poon & Knight, 2013). For some older lesbian and gay adults, their parents may have never known about their sexual orientation and may consequently feel that their parents never fully knew them. Research has shown that being out to one’s parents is associated with better mental health across a range of age groups (D’Amico & Julien, 2012; LaSala, 2000; Rothman, Sullivan, Keyes, & Boehmer, 2012), and could form an important part of the development and management of sexual identity for

many older lesbian and gay people (Fredriksen-Goldsen, Bryan, et al., 2017). Of particular relevance is the Health Equity Promotion Model (Fredriksen-Goldsen, Kim, et al., 2017; Fredriksen-Goldsen et al., 2014), which describes how health and well-being outcomes in lesbian, gay, bisexual and transgender (LGBT) populations are shaped by the stigma experienced by this group as well as resilience and protective factors. Taking a life course perspective (Elder, 1994), the model emphasises the importance of social and historical factors uniquely relevant to particular age cohorts. The life course perspective posits that major life events, social roles, and socio-structural factors (which may include stigma) influence life decisions and outcomes, including health. Indeed, a qualitative study of lesbian and gay adults aged 50 and over in the United States found that coming out to family was a major turning point in their lives (Muraco & Fredriksen-Goldsen, 2016). For these reasons, it may be important to examine whether older lesbian women and gay men had, or still have, parents who knew about their sexual orientation, particularly in relation to their current well-being.

A handful of studies, conducted in the United States, have examined rates of sexual orientation disclosure to parents among older lesbian women and gay men. Early research found over half of lesbian, gay, and bisexual participants aged 60 and over had not told their parents (D'Augelli & Grossman, 2001). A more recent study found approximately 77% of older lesbian women were out to their mother and 65% to their father, with 62% of older gay men out to their mother and 50% to their father (Fredriksen-Goldsen et al., 2011). Another recent study on LGBT adults aged 50 and over found that some participants became aware of their sexuality and came out much later in life, with most having been in heterosexual marriages, especially the women (Fredriksen-Goldsen, Bryan, et al., 2017). However, none of these studies investigated links between parental knowledge and mental health. Given that being out to parents is associated with better mental health in younger samples (D'Amico &

Julien, 2012; LaSala, 2000; Rothman et al., 2012), research is needed on older samples to examine whether similar associations are present.

In addition to its potential role in mental health, having a parent who knows may also be associated with several aspects of sexual identity adjustment. In this article, sexual identity adjustment refers to the degree to which people have psychologically adjusted to their sexual orientation identity and in particular whether they feel positively or negatively about their identity. Internalised homonegativity and sexual identity affirmation are two common indicators of the degree to which a sexual identity is experienced negatively or positively. Internalised homonegativity refers to the internalisation of negative attitudes about homosexuality, whereby lesbian or gay people believe there is something wrong with them. Identity affirmation refers to feeling proud about one's sexual orientation. Both internalised homonegativity and sexual identity affirmation are known to relate to mental health among older lesbian women and gay men (Fredriksen-Goldsen et al., 2013; Fredriksen-Goldsen, Kim, et al., 2017), and those with greater internalised homonegativity are also less likely to be out to others more generally (Durso & Meyer, 2013). However, we know of no published research involving older lesbian women and gay men on parental knowledge of their sexual orientation in relation to their current identity adjustment. Such knowledge could be useful in further building an understanding of socio-historical risk factors related to well-being in this cohort.

The following study aimed to examine how being out to parents in older gay and lesbian adults relates to mental health and sexual identity adjustment. We conducted a nationwide survey involving lesbian and gay adults aged 60 years and older living in Australia and specifically focused on the extent to which participants believed their sexual orientation was known by their parents, as a key predictor variable. In line with a life course perspective and the Health Equity Promotion Model, this was particularly important, as

having their parents know or not know may have influenced aspects of their lives, such as their relationship with their parents and other family, with potential associations with well-being.

## Method

### Participants

A sample of 895 participants living in Australia and aged 60 years and older took part in the survey. Of this, 139 participants indicated their gender as other than male or female, or did not specify, and/or indicated a sexual orientation other than lesbian or gay, or did not specify. These included trans women ( $n = 35$ ), trans men ( $n = 4$ ), and people with a gender identity other than male, female, or trans ( $n = 16$ ). It also included bisexual people ( $n = 48$ ), and people who had a sexual identity other than lesbian, gay, or bisexual ( $n = 56$ ). Overall, these numbers were too low to examine separately. Also, experiences of coming out, or even what this term means for specific groups, can vary considerably depending on the gender and/or sexual identity. We therefore focused this paper specifically on older lesbian women and gay men. Of this group, 208 participants were excluded due to missing or incomplete responses on our predictor variable (i.e., parental knowledge), leaving a final sample of 154 cisgender lesbian-identified women and 394 cisgender gay-identified men aged 60-85 years ( $M = 65.76$ ,  $SD = 4.52$ ).

### Procedure

We conducted the survey between August and December 2017 with the objective of collecting data across diverse topics of health and well-being such as mental and physical health and use of health services, in which assessing parental knowledge was one aspect of

the survey. The survey was promoted via paid Facebook advertisements, as well as notices placed in lesbian, gay, bisexual, trans, and intersex (LGBTI) ageing and aged care newsletters and sent to the contact lists of relevant community organisations. Participants could complete the survey online or request to be sent a paper copy (including a reply paid envelope for its return). Paper copies were provided at several LGBTI seniors' events in Victoria, Australia, including a large LGBTI ageing conference. This range of recruitment strategies was employed in order to target a diverse sample of participants. Approval for the study was provided by the La Trobe University Human Ethics Committee (reference S17-088) and participants were informed that their responses were anonymous.

## **Materials**

The following survey measures were included in this study:

**Socio-demographic variables.** Participants provided a range of socio-demographic information, including their age, gender, sexual orientation, country of birth, residential location, highest educational qualification, employment status, pre-tax household income in Australian dollars, and their relationship status (i.e., whether or not they considered themselves to be in a relationship). In addition, we asked how old participants were when they first told another person they were attracted to people of the same sex and whether their parents were still alive (Yes, more than one is alive; Yes, one is still alive; No; Don't know; Other, please describe), as these could potentially influence the likelihood with which their parents could have known about their sexual orientation.

**Parental knowledge of sexual orientation.** Given the focus on an older sample, we approached the issue of parental knowledge somewhat differently to previous studies. Rather than asking whether they had ever disclosed their sexual orientation to their parents, we asked the likelihood of their parents knowing. This allowed for the possibility that some participants

may have never formally disclosed their sexual orientation but were nevertheless aware their parents knew through some other means (Grierson & Smith, 2005). Thus, the critical component here is whether participants considered themselves “out”, that is, were aware their parents knew or maybe knew about their sexual orientation. This could be particularly important among older adults, many of whom may no longer have parents who are alive and therefore no longer have the opportunity for their parents to know.

We asked: “Do the following people know, or have known, that you are lesbian, gay, bisexual, transgender or intersex?” Participants were presented with “mother” and “father” and given five response options (1 = Definitely do not know, 2 = Probably do not know, 3 = Probably know, 4 = Definitely know, as well as 5 = Not applicable). This was coded into a variable with three categories, where responses 2 and 3 were coded to “parents maybe knew” given the uncertainty about the parents’ knowledge. We excluded participants who responded “not applicable” since it was unclear what this response may have meant. For example, some participants may have selected this option if the relevant parent was no longer alive regardless of whether or not they had known about their sexual orientation. We then combined each of the two questions about the mother and father into a single variable. Preliminary analyses showed no significant differences between whether one or two parents definitely knew. Thus, the variable was computed to indicate whether participants believed that: 1) at least one parent definitely knew; 2) at least one parent maybe knew (but neither definitely knew), or; 3) neither parent knew.

**Psychological distress.** We used the 10-item K10 Psychological Distress Scale (Kessler et al., 2002), a validated and widely-used measure of psychological distress (Anderson et al., 2013; Furukawa, Kessler, Slade, & Andrews, 2003). Items cover symptoms of psychological distress during the past 30 days with item responses on a scale from 1 (None of the time) to 5 (All of the time). An example item is “how often did you feel so depressed

that nothing could cheer you up?”. Scores were added for a total between 10 and 50. Internal reliability (Chronbach’s alpha) in this study was  $\alpha = .92$ .

**Positive mental health.** In addition to psychological distress, we measured positive mental health or the degree to which people are flourishing. The 7-item Short Warwick Edinburgh Mental Well-Being Scale (Stewart-Brown et al., 2009) was used, which has similar validity to the longer version of the scale (Fat, Scholes, Boniface, Mindell, & Stewart-Brown, 2017). Items cover indicators of positive mental health over the last two weeks with item responses on a scale from 1 (None of the time) to 5 (All of the time). An example item is “I’ve been dealing with problems well”. Scores were added for a total between 5 and 35. Internal reliability was  $\alpha = .91$ .

**Internalised homonegativity and identity affirmation.** We examined identity adjustment using the internalised homonegativity and identity affirmation subscales from the Lesbian, Gay, and Bisexual Identity Scale (Mohr & Kendra, 2011). The internalised homonegativity subscale measures the extent to which a person rejects their LGB identity and the identity affirmation subscale measures the extent to which a person affirms their LGB identity. Example items include “I wish I were heterosexual” (internalised homonegativity) and “I am proud to be LGB” (identity affirmation). Participants responded on a scale from 1 (Disagree strongly) to 6 (Agree strongly). Scores were averaged across the items for each subscale. Internal reliability was  $\alpha = .79$  (internalised homonegativity) and  $\alpha = .70$  (identity affirmation).

## Data Analysis

We computed descriptive statistics for all study variables. We examined associations between each outcome variable (psychological distress, positive mental health, internalised homonegativity, identity affirmation) and the predictor variable (parental knowledge) in

separately conducted unadjusted linear regressions for each outcome variable. These were repeated while adjusting for the socio-demographic variables (age, residential location, education, employment status, income, country of birth, and relationship status), age at first sexual orientation disclosure, and whether the parents were still alive. These adjustments were included given the possibility that these variables may be related to both mental health and parental knowledge. All analyses were conducted separately for the women and men to assess whether patterns varied between these two groups. Analyses were performed using Stata Version 14.1 (StataCorp, College Station, TX).

## Results

### Sample Profile

Table 1 displays a profile of participant characteristics. The majority of both the older lesbian women and gay men were born in Australia, had an income of less than \$50,000, were retired, and no longer had living parents. Of the women, similar proportions were living across different geographical areas, more than half had a university degree, and close to 70% were in a relationship. Of the men, the largest proportion lived in a capital city or inner suburban area, a little less than half had a university degree, and around half were in a relationship. Around three-quarters of both groups reported that their mother definitely knew about their sexual orientation and about two-thirds or less reported their father definitely knowing. A majority of both groups reported least one parent definitely knowing about their sexual orientation. Approximately one-fifth of the women and one-quarter of the men indicated that neither parent definitely knew (i.e., maybe knew or definitely did not know). A chi-square test revealed no significant differences in parental knowledge between the older lesbian women and gay men,  $\chi^2 = 5.32, p = .07$ .

### Parental Knowledge, Mental Health, and Sexual Identity Adjustment

Table 2 displays associations between parental knowledge and the outcome variables for the older lesbian women. In the unadjusted analyses, women who reported at least one parent definitely knowing about their sexual orientation scored significantly higher than one or more other parental knowledge groups for positive mental health,  $F(2, 150) = 3.17, p = .04$ , and identity affirmation,  $F(2, 143) = 7.94, p < .001$ . Following adjustment for socio-demographics, age at first disclosure, and whether parents were alive, significant associations were again found for positive mental health,  $F(5, 107) = 2.96, p = .01$ , and identity affirmation,  $F(5, 102) = 2.38, p = .04$ . Following adjustment, a significant association was also found for psychological distress,  $F(5, 100) = 4.42, p = .001$ , with distress scores lower for those with at least one parent definitely knowing compared to neither parent knowing. For these adjusted analyses, the total variance explained was  $R^2 = 0.47$  for the positive mental health analysis,  $R^2 = 0.20$  for the identity affirmation analysis, and  $R^2 = 0.51$  for the psychological distress analysis.

Table 3 displays associations between the parents' knowledge variable and the outcome variables for the older gay men in the sample. None of the unadjusted or adjusted analyses revealed any significant associations between parental knowledge and the mental health and identity adjustment variables.

### Discussion

This study examined whether being out to one's parents was linked with current mental health and sexual identity adjustment among Australian lesbian women and gay men aged 60 years and older. After adjusting for socio-demographics, age at first disclosure, and

whether their parents were alive, older lesbian women in the sample who reported at least one parent definitely knowing about their sexual orientation were significantly lower on psychological distress and higher on positive mental health and identity affirmation than those who either reported at least one parent maybe knowing or both parents not knowing. Only the women showed significant associations between parental knowledge and their mental health and identity adjustment, with none found for the men.

The patterns found for the older lesbian women in our study are broadly in line with research involving other age groups, where being out to parents has also been associated with better mental health (D'Amico & Julien, 2012; LaSala, 2000; Rothman et al., 2012), including a tendency for a greater effect among women than men (Rothman et al., 2012). In line with the Health Equity Promotion Model (Fredriksen-Goldsen et al., 2014), the results suggest that being out to at least one parent might point to potential resilience factors that could counter some of the stress experienced from having a stigmatised sexual orientation. For example, having at least one parent who is aware of their sexual orientation might provide an opportunity to be authentic with someone who likely raised them as a child, and feelings of authenticity have been linked to better mental health in lesbian, gay, and bisexual people (Riggle, Rostosky, Black, & Rosenkrantz, 2017). From a life course perspective, it is further possible that not being able to be themselves with their parents may have impacted some of their life decisions, such as how they managed romantic relationships, with influences on their overall well-being (Barrett et al., 2015). On the other hand, it is also possible that being out to a parent may simply reflect a supportive parent-child relationship more generally, and this relationship itself may have been conducive to countering stress and fostering better mental health in later life.

There may be a range of possible explanations for the gender differences we found, which would require further study. One possibility is that being out to parents is somehow

more important overall to women than to men (LaSala, 2000), or that women experience greater stress from not disclosing their sexual orientation to their parents (Rothman et al., 2012). Some participants, for example, may have been in heterosexual relationships and raised children, with support from their parents, but also had to face ongoing concealment of their sexual orientation in interactions with their parents. The lesbian women in our study were older than the gay men on average when they first disclosed their sexual orientation. In some cases, there may have been women who did not come out until after the end of a heterosexual marriage or after raising children, as has been suggested by some previous research (Floyd & Bakeman, 2006; Fredriksen-Goldsen, Bryan, et al., 2017). Another possibility is that with the HIV/AIDS crisis in the 1980s and the prior criminalisation of male homosexuality, the men relied more heavily on friendship circles with other gay men for support and expressions of authenticity, which may have helped buffer the effects of non-disclosure to their parents. That said, these are only possible explanations and a closer examination of parental relationships, current or historical, may help to explain the gender differences, such as whether older lesbian and gay adults disclosed their sexual orientation to their parents and when, the importance they gave to their relationship with their parents, and the extent to which they found alternative sources of support in life.

With regard to which parent participants were out to, we found similar percentages to a study conducted on disclosure to parents among older lesbian women and gay men in the United States (Fredriksen-Goldsen et al., 2011). However, our figures for gay men were somewhat different to those found in the U.S. study, with more men in our study reporting that their mother (71% vs 62%) and father (60% vs 50%) definitely knew of their sexual orientation. This may reflect some methodological differences in the way parental knowledge was assessed or could potentially indicate cultural differences that may need to be explored between Australian and American gay men. Nonetheless, our finding that fewer participants

were out to their fathers than their mothers, particularly among the men, is consistent with previous research findings from Australia (Grierson & Smith, 2005), and findings that fathers tend to be less accepting than mothers (Brown & Trevethan, 2010). Most of the participants in our study no longer had any living parents, which suggests that in many cases, the parents found out some time ago. It is possible that some participants did not explicitly disclose their sexual orientation, but were nevertheless aware that one or more parents knew about them, which may also explain differences when compared to studies of disclosure.

This study adds to the understanding of potential risk factors for mental health and sexual identity adjustment issues among older lesbian women and gay men. In particular, it highlights the potential relevance of being out to parents among older lesbian and gay men of today, whose life histories were likely shaped by the sociocultural context in which they came of age. Further research is needed to examine other generations of lesbian and gay people to compare differences across time and across generations in how parental relationships, openness about sexuality, and mental health interact in the lives of older lesbian women and gay men. There may also be important gerontological implications among those who are not out to their parents and who have a same-sex partner, and whose parents are still alive. The caregiving role that such individuals can play for their ageing parents may be limited. It may also create stressful relationships among older gay and lesbian couples acting as caregivers for their parents if their parents do not recognise the full potential of the caregiving capacity of their child and their partner.

There were a few limitations to this study. First, we did not ask additional questions about how participants' sexual orientation was either known or not known by their parents. While we broadly examined beliefs about parental knowledge to identify relationships with current mental health and identity adjustment, it would be useful to examine specific circumstances. These might include, for example, whether older lesbian women and gay men

actively chose to disclose their sexual orientation to their parents or whether their parents questioned them about their sexual orientation. The age at which their parents became aware may also be a factor. Given we had an older sample, it is possible that some participants came out to their parents much later in life, possibly after having a heterosexual marriage. We did, however, control for the age at which participants first disclosed their same-sex attraction to anyone. In all, our study should be viewed as a preliminary investigation and a starting point for further research, as there are likely to be a range of different experiences that older people have had around the disclosure of their sexual orientation.

Second, we do not know the reasons why some participants responded “not applicable” when asked about the mother’s or father’s knowledge, who were then excluded from the analysis. It is possible that some participants selected this option because they had little or no contact with the relevant parent or they were no longer alive irrespective of whether they knew about their sexual orientation, or the relevant parent died before they came out. It is also possible that some participants were raised in a single parent family or had step-parents or adopted parents. Given the uncertainty and to avoid potentially confounding the analysis, we were not able to include participants who selected “not applicable.” Our study was therefore limited to participants who could report on having a mother and a father, although a large majority were able to do this. We did ask participants in a subsequent question whether their parents were still alive, with a large majority reporting that none of them were living, and therefore controlled for this variable. The survey was intended to collect data on a range of topics related to health and well-being, so there was limited scope to explore parental relationships in greater depth. That said, our study provides preliminary indications of the potential importance of being out to one’s parents, but it is recommended that future research involving larger samples provide a more detailed

examination of a variety of parental relationships, family structures such as single-parent families and step-parents, and factors such as whether parents are still alive.

Third, we did not ask participants about how their parents responded upon first knowing about their sexual orientation. Gathering these data in the future would be valuable. Previous research in younger populations has shown that individuals who received positive responses from their parents had better mental health than those who received negative responses (D'Augelli, 2002; Rothman et al., 2012; Ryan, Huebner, Diaz, & Sanchez, 2009; Ryan et al., 2010). For older lesbian women and gay men, experiences across the life course may be particularly important in influencing well-being in later life. Some individuals may have received negative responses from their parents when they were much younger due to the sociocultural context at the time, such as greater homophobia or homosexuality being illegal. For some, their relationship with their parents may never have recovered, but for others their relationship may have improved over the years. These and other varied trajectories may have an impact on their mental health today. Further research that drills down into different life trajectories related to the experiences of being out or not out to parents may provide important nuance, particularly around changes with mental health over time. It may also be possible that being out to parents is linked to mental health outcomes under specific circumstances for gay men, despite the absence of significant findings when examined on the measures used in our study. On this note, it may be useful for future studies to examine additional aspects of mental health, such as post-traumatic stress disorder and indicators of resilience, as well as broader aspects of well-being such as self-esteem, to provide further assessment of how disclosure or concealment from parents may have impacted the lives of older lesbian and gay adults today. In the meantime, and as mentioned earlier, our study should be viewed as a preliminary investigation into potential links between being out to

parents and mental health and identity adjustment, and therefore as a starting point for further research.

Finally, the cross-sectional design of this study meant that we were unable to assess causal links between variables. It may be that in some cases a history of feeling proud or affirmed regarding one's sexual orientation meant that participants were more likely to have also been out to their parents. At the same time, being out to one's parents may have been affirming. Longitudinal research is needed to track changes over time and to therefore draw conclusions about causality. The study was also not necessarily representative of all older lesbian women and gay men. It is possible, for example, that given that the recruitment strategy targeted people who identified as lesbian or gay, the survey may have tended to attract participants who were mostly out to others, while those who were not out may have been less likely to have come across or complete the survey. We therefore do not know whether those who are not out to anyone or who are, for example, same-sex attracted but identify as heterosexual, display different patterns on the variables we examined in our study. Further sampling, ideally with larger samples and alternative recruitment strategies, could therefore be considered in future research to obtain data from a wider range of groups to further corroborate our findings. In addition, our study did not include bisexual people or those with other non-heterosexual identities, or people with diverse gender identities. Future research is recommended that seeks to gather data from specific sexual orientation or gender identity populations to examine the issues that may arise in these groups regarding disclosure or parental knowledge of their sexual orientation or gender identity.

This study was the first to our knowledge to examine how mental health and identity adjustment among older lesbian women and gay men relates to whether they believed their parents knew about their sexual orientation. We found that older lesbian women for whom at least one parent definitely knew of their sexual orientation had better mental health and

identity adjustment than those who either believed their parents did not know or were unsure. No significant associations were found for the older gay men. These findings are valuable because they point to potential benefits associated with being out to one's parents, at least among lesbian women, and add to our knowledge of potential risk factors for mental health and identity adjustment. This may be particularly useful to clinicians and other mental health and support workers who seek to further understand and support the well-being of older lesbian and gay populations, as well as inform future research involving more detailed assessments of a history of sexual orientation disclosure and concealment from parents in relation to well-being.

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Table 1

Participant characteristics ( $N = 548$ )

	Lesbian women		Gay men	
	No.	%	No.	%
Country of birth				
Australia	107	71.3	286	74.5
Overseas	43	28.7	98	25.5
Residential location <sup>1</sup>				
Capital city or inner suburban	37	24.0	150	38.2
Suburban	42	27.3	104	26.5
Regional town or city	43	27.9	99	25.2
Rural or remote	32	20.8	40	10.2
Education				
Secondary or lower	29	18.8	109	27.7
Non-university tertiary	35	22.7	105	26.6
Undergraduate university degree	50	32.5	110	27.9
Postgraduate university degree	40	26.0	70	17.8
Employment status				
Full-time	25	16.2	65	16.5
Part-time or casual	33	21.4	66	16.8
Retired	76	49.4	223	56.7
Other	20	13.0	39	9.9
Annual pre-tax household income (AUD)				
0-19,999	16	10.7	43	11.3
20,000-49,999	62	41.6	157	41.2
50,000-99,999	43	28.9	114	29.9
100,000+	28	18.8	67	17.6

Relationship status				
No relationship	47	31.8	194	50.4
Relationship	101	68.2	191	49.6
Are your parents still alive?				
Yes, more than one is alive	14	9.1	22	5.6
Yes, one is alive	30	19.5	70	17.8
No	109	70.8	301	76.4
Don't know	1	0.6	1	0.3
Parents' knowledge of sexual orientation				
At least one parent definitely knew	126	81.8	298	75.6
At least one parent maybe knew	16	10.4	72	18.3
Neither parent knew	12	7.8	24	6.1
Parents definitely knew of sexual orientation – mother and father				
Mother	119	77.3	281	71.3
Father	102	66.2	236	59.9
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	64.92	4.08	66.08	4.65
Age in years at first disclosure	25.42	10.85	20.80	8.68
Psychological distress (possible range 10-50)	16.41	6.47	15.93	6.42
Positive mental health (possible range 5-35)	26.51	4.93	26.83	5.12
Internalised homonegativity (possible range 1-6)	1.39	0.69	1.57	0.87
Identity affirmation (possible range 1-6)	5.13	1.01	4.93	0.97

<sup>1</sup> Capital city refers to any of the eight state or territory capital cities. In Australia, the capital cities are the largest cities in their respective state or territory.

Table 2

Mental health and identity adjustment among lesbian women aged 60 years and over in Australia according to whether their sexual orientation was known by their parents

	Unadjusted <sup>a</sup>			Adjusted <sup>b</sup>	
	<i>M (SD)</i>	<i>b (95% CI)</i>	<i>p</i>	<i>b (95% CI)</i>	<i>p</i>
Psychological distress			<b>.07</b>		<b>.001</b>
At least one parent definitely knew <sup>c</sup>	16.01 (6.02)	-	-	-	-
At least one parent maybe knew	16.62 (5.68)	0.62 (-2.75, 3.98)	.72	-1.28 (-4.52, 1.97)	.44
Neither parent knew	20.90 (10.88)	4.89 (0.73, 9.05)	<b>.02</b>	7.45 (3.37, 11.54)	<b>&lt;.001</b>
Positive mental health			<b>.04</b>		<b>.01</b>
At least one parent definitely knew <sup>c</sup>	26.94 (4.74)	-	-	-	-
At least one parent maybe knew	25.44 (5.05)	-1.50 (-4.05, 1.05)	.25	-0.50 (-2.93, 1.93)	.68
Neither parent knew	23.50 (5.87)	-3.44 (-6.34, -0.53)	<b>.02</b>	-5.17 (-8.05, -2.28)	<b>.001</b>
Internalised homonegativity			.48		.91
At least one parent definitely knew <sup>c</sup>	1.36 (0.66)	-	-	-	-
At least one parent maybe knew	1.56 (0.88)	0.20 (-0.16, 0.57)	.26	0.16 (-0.27, 0.59)	.46
Neither parent knew	1.48 (0.66)	0.13 (-0.30, 0.55)	.56	0.07 (-0.44, 0.58)	.79
Identity affirmation			<b>&lt;.001</b>		<b>.04</b>
At least one parent definitely knew <sup>c</sup>	5.28 (0.90)	-	-	-	-

At least one parent maybe knew	4.37 (1.24)	-0.90 (-1.41, -0.40)	<b>.001</b>	-0.78 (-1.40, -0.17)	<b>.01</b>
Neither parent knew	4.61 (1.17)	-0.67 (-1.28, -0.07)	<b>0.03</b>	-0.54 (-1.26, 0.18)	.14

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<sup>a</sup> Not adjusted for sociodemographic variables.

<sup>b</sup> Adjusted for age at first disclosure, whether parents were still alive, and the following sociodemographic variables: age, residential location, education, employment status, income, country of birth, and relationship status.

<sup>c</sup> Reference category.

Table 3

Mental health and identity adjustment among gay men aged 60 years and over in Australia according to whether their sexual orientation was known by their parents

	Unadjusted <sup>a</sup>			Adjusted <sup>b</sup>	
	<i>M (SD)</i>	<i>b (95% CI)</i>	<i>p</i>	<i>b (95% CI)</i>	<i>p</i>
Psychological distress			.88		.12
At least one parent definitely knew <sup>c</sup>	15.86 (6.36)	-	-	-	-
At least one parent maybe knew	16.28 (5.63)	0.43 (-1.26, 2.12)	.62	0.60 (-1.21, 2.41)	.51
Neither parent knew	15.83 (6.61)	-.02 (-2.71, 2.66)	.99	-1.67 (-4.89, 1.54)	.31
Positive mental health			.85		.85
At least one parent definitely knew <sup>c</sup>	26.81 (5.23)	-	-	-	-
At least one parent maybe knew	27.03 (4.48)	0.21 (-1.11, 1.54)	.75	0.06 (-1.35, 1.48)	.93
Neither parent knew	26.35 (5.72)	-0.47 (-2.65, 1.72)	.67	0.19 (-2.36, 2.75)	.88
Internalised homonegativity			.21		.78
At least one parent definitely knew <sup>c</sup>	1.53 (0.83)	-	-	-	-
At least one parent maybe knew	1.67 (0.95)	0.14 (-0.09, 0.37)	.22	0.07 (-0.19, 0.34)	.57
Neither parent knew	1.79 (1.06)	0.26 (-0.10, 0.62)	.16	0.04 (-0.43, 0.50)	.87
Identity affirmation			.84		.84
At least one parent definitely knew <sup>c</sup>	4.94 (0.99)	-	-	-	-

At least one parent	4.93 (0.87)	-0.01 (-0.27, 0.24)	.92	-0.06 (-0.35, 0.22)	.65
maybe knew					
Neither parent knew	4.82 (1.12)	-0.12 (-0.53, 0.28)	.55	-0.04 (-0.47, 0.55)	.88

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<sup>a</sup> Not adjusted for sociodemographic variables.

<sup>b</sup> Adjusted for age at first disclosure, whether parents are still alive, and the following sociodemographic variables: age, residential location, education, employment status, income, country of birth, and relationship status.

<sup>c</sup> Reference category.