

Bouncing Back: Resilience, Aggression, and Depression in Older Gay Men and Lesbians

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Older gay men and lesbians are at greater risk for depression due to a lifetime of sexual minority stress (Fredriksen-Goldsen et al., 2013). For gay men and lesbians, depression is associated with aggression and relationship problems (Bernards & Graham, 2013). However, aggression may foster resilience if aggression is expressed in a healthy, nonviolent manner that motivates a person to take positive action towards a greater purpose (Russell & Richards, 2003). What are the relationships between aggression and resilience with depression in a sample of older gay men and lesbians; and do group differences exist? Data was collected from ($N=50$; Older gay men) and ($N=50$; Older lesbian women). SPSS 20 was used to run a multivariate analysis to test our overall model. Through a minority stress lens (Meyer, 1998), this study hypothesizes resilience moderates the relationship between aggression and depression. Significant differences between older gay men and older lesbians' aggression, resilience, and depression scores exist. For the older gay men and lesbian combined group, a moderation analysis indicated that in addition to aggression and resilience being single significantly predicted depression accounting for approximately 57% of the variance in depression. Furthermore, resilience significantly moderated the relationship between aggression and depression in the model in the sample ($N=100$) of older gay men and lesbians.

Keywords: Older Adult, Minority Stress, Resilience

Our study will examine how aggression, being single, and resilience are associated with depression in older gay men and lesbians, using resilience as a moderator. This study uses three groups to investigate group differences between older gay men and lesbians.

Background

In general, older adulthood is associated with stability, better problem-solving skills, psychological maturity, and wisdom (Mirowsky & Ross, 2001). However, older adulthood is also associated with financial strain, health-related issues, caregiving burdens, isolation, residential relocations, and bereavements of loved ones that negatively affect mental health in older adults (Moos, Schutte, Brennan & Moos, 2005; Pearlin & Skaff, 1996; Wight, Harig, Aneshensel & Detels, 2016). Older adults overwhelmed with age-related stressors may be at greater risk for mental distress and depression (Moos, Schutte, Brennan & Moos, 2005; Wight, LeBlanc, Meyer & Harig, 2015).

Depression and Sexual Minorities

While previous results report the prevalence of depression decreases with older age in the sexual majority population, older gay men and lesbians continue to face risks that may increase their vulnerability to mental health issues (Grossman et al., 2001). Fredriksen-Goldsen (2011) assessed the health risk factors of approximately 2,560 older gay men and older lesbians, between the ages of 50 to 95, and found an elevated risk of mental distress with approximately 31% of older gay men and lesbians reporting depression, 53% reported loneliness and 27% experienced the death

of a partner (Fredriksen-Goldsen, 2011). Similar to older sexual majority adults, older gay men and lesbians experience challenges associated with declines in health, loss of friends, and family and adjustments to retirement (Van Wageningen et al., 2013); however older gay men and lesbians also experience victimization related to their sexual minority status that older sexual majority adults do not (Fredriksen-Goldsen, 2012; Grossman, D'Augelli & O'Connell, 2001).

According to Meyer (1995), sexual minority stress is the chronic stress associated with sexual minority status and is different from normal day-to-day stress because it attacks an individual's identity. When an individual deals with multiple stressors at the same time the various stressors may strain coping resources (Meyer, 2015; Rook, 1998). Older gay men and lesbians matured in a time when hate, discrimination, victimization, and being labeled mentally ill were the norm, and overcoming adversity is a common theme in their development (Kuyper & Fokkema, 2010; Keuzenkamp & Bos, 2007). Overtime the abuse, discrimination, and sexual minority stress associated with sexual minority status may have long-lasting effects on the physical and mental health of older gay men and lesbians (Fredriksen-Goldsen et al., 2013; Hatzenbuehler, 2016).

Additionally, evidence links minority stress to structural and health inequalities which can negatively impact mental and physical health outcomes in older gay men and lesbians (Zeeman et al., 2019). Structural inequalities are evident in the legal, educational, business, government, and healthcare systems (Bentley, 2020). Structural inequalities are when a majority

group sets rules and laws that serve the majority, while minority groups have limited access to resources (Bentley, 2020). The interconnection of different identities and systems of oppression may impact older gay men and lesbians differently based on the beliefs of the majority groups (Herek, 2002). For example, one study found that participants were more likely to regard gay men as mentally ill and supported adoption rights for lesbians more than for gay men (Herek, 2002).

Even though previous researchers argue that men and women may have more similarities than differences, the intersectionality of gender, age, and sexual minority status may alter this theory (Hyde, 2014). Because structural social inequalities exist, gender and sexual minority status differences may be important determinants of health to consider (Denton & Walters, 1999). Therefore, models that investigate the intersectionality of gender and sexual minority status, rather than just controlling for sex, may be more effective in predicting health outcomes for older gay men and lesbians (Denton & Walters, 1999). Just controlling for sex may conceal the effects that sexual minority stress may have on health and hinder a more complete understanding of the effects different life experiences may have on health (Denton & Walters, 1999).

Furthermore, past studies focused more on collecting and interpreting data, rather than developing a model that will better explain the data (Coburn & Eakin, 1993). Combining older gay men and lesbians into one minority group will give us data to interpret; but without consideration of the intersectionality, our generalizations may not adequately apply to the population (Hyde, 2014). When the best model is considered for the data, better therapeutic interventions develop that are beneficial and are more likely to be effective for multiple determinants of health (Denton & Walters, 1999; Hyde, 2014).

Previous studies collapse older gay men and lesbians into a single sexual minority group, and gender differences within sexual minorities may exist and should be investigated (Fredriksen-Goldsen et al., 2010; Vosvick et al., 2010). For example, older gay men lived through and may have experienced personal trauma associated with the AIDS epidemic (Rosenfeld et al., 2012). The AIDS epidemic is a defining moment because many older gay men experienced trauma associated with the death of friends and partners, while others had to learn how to cope

with living with HIV/AIDS (Rosenfeld et al., 2012).

On the other hand, findings suggest depression is equally a concern for lesbians (Bradford et al., 1994; Tait, 1997). In general, 25% of women experience depression in their lifetime (Salk et al., 2017) because of several economic, social, biological, and emotional factors (Reiss, 2013), with lesbians carrying an extra burden because of sexual minority status (Bostwick et al., 2019). Concealment of sexual identity, lack of employment, living in a rural area, and being single are all factors associated with depression for older lesbians (Oetjen & Rothblum, 2000).

Relationship Status and Depression

For older gay men and lesbians, as well as the sexual majority of older adults, having a supportive partner is associated with a greater sense of well-being, positive physical health outcomes, and reported lower scores on loneliness and depressive symptoms (Grossman et al., 2001; Herek, 2006). For example, a longitudinal study reported older gay men and lesbians that reported being divorced/separated had poorer health and more depressive symptoms than those who were married (Luo et al., 2012).

Aggression and Sexual Minorities

Aggression is defined as overtly hurtful behavior towards a target in the form of verbal aggression (insults, sarcasm, and rudeness) or physical harm (Ramirez & Andreu, 2006). Previous results suggest verbal aggression is more common (Björkqvist, 2018). Researchers hypothesized that aggression may stem from exposure to different stressors and negative life experiences (Finch & Graziano, 2001). Therefore, older gay men and lesbians who have experienced discrimination, victimization, and sexual minority stress may be at an increased risk for aggression (Silove, 2009). While aggression might be an understandable reaction to mistreatment, it may be potentially destructive (Offredi, 2016; Painuly et al., 2005) if the emotional expression is internalized or externalized (Bridewell & Chang, 1997). Conversely, Russell & Richards (2003) reported aggression associated with anti-gay politics, may foster resilience if the aggression is expressed in a healthy manner that motivates a person to take positive action towards a greater purpose. Negative emotions associated with discrimination may exist concurrently with taking positive initiative because aggression may motivate collective action that promotes feelings of empowerment (Foster, 2000).

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However, group differences in older gay men's and lesbians' aggression may exist. For example, depressed women report more verbal aggression than depressed men (Zuckerman, 1989). Averill (1983) and Frank, Carpenter, and Kupfer (1988) reported women to become verbally aggressive as often, as intensely, and for similar reasons as men. A different study reported women may have greater difficulty expressing their anger; and may suppress their emotions (Kopper & Epperson, 1996). While some studies found no gender differences in aggression (Im et al., 2018).

Furthermore, aggression is positively associated with relationship problems and separation (Bernards & Graham, 2013) especially if the aggression is uncontrollable (Baron et al., 2007; Offredi, 2016). Goldman & Hagga (1995) reported depressed individuals express more aggression towards their partner when compared to non-depressed individuals (Painuly et al., 2005).

Resilience and Sexual Minorities

Even though current research reports being a sexual minority is associated with negative mental health outcomes, most older gay men and lesbians successfully cope with sexual minority stress (Fredriksen-Goldsen et al., 2017; Kaufman & Compton, 2021). Resilience in current literature has several different definitions, however, this study will define resilience as the ability to 'bounce back' from adversity (Colpitts & Gahagan, 2016; Herrick et al., 2014). Resilience is not a born trait, nor a skill that enables individuals to be resilient to all situations (Bonanno & Burton, 2013). Instead, resilience is a dynamic process that involves internal processes, external and environmental factors, and the specific strategies executed by an individual (Richardson & Waite, 2002). Although, these strategies may change over a lifespan based on the challenge and resources available (Bonanno & Burton, 2013; Fletcher & Sarkar, 2013). Additionally, resilience is associated with positive health outcomes, well-being, life satisfaction, adaptive coping skills, and a decreased risk of depression (Hash & Rogers, 2013; Wagnild, 2003).

Previous research collapsed older gay men and lesbians into a single sexual minority group; however, differences in resilience by gender should not be overlooked. For example, many older gay men learned self-reliance, survival skills, stress management, and how to care for themselves earlier in life and may adjust to older adulthood more successfully than sexual majority men (Hash & Rogers, 2013;

Wight et al., 2012). Unfortunately, there is limited literature on older lesbians and resilience, however, older lesbians generally have increased social support and are less likely to live alone when compared to older gay men (Fredriksen-Goldsen et al., 2013).

Older gay men and lesbians may experience internalized aggression due to a lifetime of sexual minority stress and level of resilience may predict older gay men and lesbians' ability to 'bounce back' from adversity (Snyder et al., 1991). Additionally, unique experiences of structural social inequalities may impact older gay men and lesbians differently (Denton & Walters, 1999). Therefore a model that investigates these two groups separately will better explain our data (Coburn & Eakin, 1993).

Purpose of Present Study

Through a minority stress lens, this study will examine what the relationships are between aggression, being single, resilience, and depression in older gay men and lesbians, and the group differences (Meyer, 2003). This study hypothesizes aggression and being single are positively associated with depression. Resilience will be negatively associated with depression. Aggression, resilience and being single will account for a significant proportion of variance in depression. Resilience will moderate the relationship between aggression and depression. A significant difference between older gay men's and older lesbians' aggression, resilience, and depression scores will exist.

Method

Procedures

After appropriate institutional review board approval was obtained, signed informed consent forms were obtained from all participants. The computerized self-report surveys were provided by the CPHR research team. Participant identity was completely anonymous, and the participants received an incentive of \$25.

Participants

Our NIH-certified research assistants administered a self-report survey to 50 gay cis-men and 50 cis-gender lesbians, 50 years of age and older ($N = 100$), living in the Dallas/Ft Worth (DFW) Metroplex and fluent in English. The CPHR team recruited participants from a variety of places in DFW, including local bars, LGBT-friendly churches, the Gay Pride Parade, community-based social groups, online social media, and professional organizations.

This study will investigate three groups: an older gay men and lesbian combined group, an older gay men only group, and an older lesbian only group. Please see Tables 1, 2 & 3 near here for demographics.

Measures

Participants completed a demographic questionnaire that assessed age, sex, ethnicity, sexual minority status, relationship status, etc. as well as a battery of other psychosocial measures. The Center for Epidemiologic Studies Depression Scale (CESD), The Aggression Questionnaire (AQ), and The Connor-Davidson Resilience Scale (CD-RISC) were used for this study.

The Center for Epidemiologic Studies Depression Scale (CESD; Radloff, 1977) is a 20-item measure that assesses the frequency of depressive symptoms. This measure consists of a four-point Likert-type scale ranging from '0-Rarely or none of the time' to '3-Most or almost all of the time'. The overall scale has strong internal consistency with reported Cronbach's alpha of .90 and adequate concurrent and construct validity.

The Aggression Questionnaire (AQ; Buss & Perry, 1992) is a 29-item measure of aggression and includes 4 subscales that measure aspects such as physical aggression, verbal aggression, anger, and hostility. The AQ consists of a five-point Likert-type scale that ranges from '1-Extremely uncharacteristic of me' to '5-Extremely characteristic of me'. The AQ has good reliability with a reported Cronbach's alpha of .80 and adequate convergent and concurrent validity.

The Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003) is a self-report measure of resilience. This measure consists of 25 items on a 5-point Likert-type scale ranging from '0-Not at all true' to '4-True nearly all of the time'. High scores reflect greater resilience. This instrument has a reported Cronbach's alpha of .89 and demonstrates high convergent validity.

Results

G*power software was used to run a power analysis. Data was collected by The Center for Psychosocial Health Research and SPSS 20 to analyze the data. Prior to the data analyses, a missing data analysis was conducted using Little's MCAR test and no missing data was found. A frequency table to screen for outliers and found that all values were within normal range, except for an education value of 55 years. The median was used instead of the mean for education because

of an outlier value in Table 1. Normality plots were used to check that assumptions for a normal distribution were met. Because our data did not meet the assumption of normality, Log was used to transform the data for aggression and depression for the older gay men and lesbians combined group, the older gay men-only group, and the older lesbian-only group.

Univariates Analysis

Complete data was collected from all our 100 participants and then conducted univariate statistical analyses on all three groups to calculate means, standard deviations, ranges, and alphas for each measure and groups are shown in Tables 4, 5 & 6.

Bivariate Analysis

Bivariate data analyses were conducted, to assess the strength of the relationships between our demographic variables and our variables of interest for the older gay men and lesbian combined group, older gay men-only group, and older lesbian-only group. The correlations are presented in Tables 7, 8 & 9

T-Test Analysis

An independent-sample t-test was conducted to compare the total scores of each variable based on the group to determine any significant differences between older gay men and older lesbians. Our t-test results indicated a significant difference ($t [98] = -3.25, p = .002$) between resilience scores for gay men ($M = 69.56, SD = 21.00$) and lesbians ($M = 80.80, SD = 12.60$) and for depression scores ($t [98] = 2.90, p = .005$) for gay men ($M = 11.32, SD = 8.23$) and lesbians ($M = 7.26, SD = 5.51$). However, aggression scores ($t [98] = 1.91, p = .060$), for gay men ($M = 25.16, SD = 15.69$) and lesbians ($M = 19.62, SD = 13.28$) were not significantly different. In our sample, older gay men significantly reported lower resilience scores (Cohen's $d = 0.65$) and higher depression scores (Cohen's $d = 0.60$) than older lesbians, indicating medium effect sizes.

Multivariate Analysis: Moderation Analysis

For the multivariate analyses, three moderation analyses were conducted, to test our overall model, using the older gay men group, and lesbian combined group, the older gay men-only group and the older lesbian-only group to examine which of our variables of interest serve as predictors of depression, as well as, if resilience moderates the relationship between aggression and depression. The results are shown in Tables 10, 11 & 12. {near here}.

The first moderation analysis (Table 10- Moder

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ation Analyses of older gay men lesbians combined); ($F [4, 95] = 34.10, [\Delta] R^2 = .15, p < .001$) indicated that in addition to aggression ($\beta = .30, p < .001$) and resilience ($\beta = -.69, p < .001$), being single ($\beta = .31, p < .001$) significantly predicted depression accounting for approximately 57% of the variance in depression ($\text{Adj. } R^2 = .57, p < .001$). Furthermore, resilience significantly moderated the relationship between aggression and depression ($\beta = -.55, p < .05$) in our model, $\Delta R^2 = .15, F \text{ change} = 34.93, p < .001$, in our sample ($N = 100$) of older gay men and lesbians.

The second moderation analysis (Table 11- Moderation Analyses of the older gay men-only group); ($F [4, 45] = 16.92, [\Delta] R^2 = .10, p < .001$) indicated that aggression ($\beta = .33, p < .001$) and resilience ($\beta = -.53, p < .001$) significantly predicted depression accounting for approximately 57% of the variance in depression. Furthermore, resilience significantly moderated the relationship between aggression and depression ($\beta = -.33, p < .05$) in our model, $\Delta R^2 = .10, F \text{ change} = 11.02, p < .001$, in our sample ($N = 50$) of older gay men. However, being single was a significant predictor of depression in blocks 1 & 2 ($\beta = .38, p < .05$) ($\beta = .22, p < .05$), but in block 3 it fell out of significance when the interaction effect was added to the model ($\beta = .19, p < .058$).

The third moderation analysis (Table 12- Moderation Analyses of the older lesbian-only group), ($F [4, 45] = 15.51, [\Delta] R^2 = .03, p < .001$) indicated that being single ($\beta = .42, p < .001$) and resilience ($\beta = -.40, p < .001$) significantly predicted depression accounting for approximately 54% of the variance in depression ($\text{Adj. } R^2 = .54, p < .001$). However, aggression was not a significant predictor of depression ($\beta = .13, p = .228$) therefore resilience did not moderate the relationship between aggression and depression ($\beta = -.18, p = .100$) in our model, $\Delta R^2 = .03, F \text{ change} = 2.82, p < .001$, in our sample ($N = 50$) of older lesbians. The variance inflation factors (VIF) and tolerance (TOL) were examined with each analysis to check for multicollinearity and found none.

Discussion

This study investigated the relationships between aggression, being single, resilience, and depression in three groups: older gay men and lesbians combined, older gay men-only group, and older lesbian-only group. These three groups were chosen because older gay men and lesbians' life experiences may differ and

by combining them into a single group, important differences may be missed; and three models better explained the data (Coburn & Eakin, 1993). For all three groups, this study hypothesized that aggression and being single are positively associated with depression, and resilience is negatively associated with depression. This study also hypothesized that aggression, being single and resilience account for a significant proportion of variance in depression; and that resilience moderates the relationship between aggression and depression.

Older Gay Men and Lesbians Combined Group

For the older gay men and lesbian combined group, our results support all our hypotheses. In our sample of older gay men and lesbians, being single was a significant predictor of depression which supports previous literature that single older gay men and lesbians reported a sense of emptiness in their lives because of a lack of companionship (Kuyper & Fokkema, 2010). When compared to partnered older sexual minorities, single older sexual minorities reported an increase in depressive symptoms (Fredriksen-Goldsen & Mura-co, 2010). Having a spouse or partner may be a valuable source of companionship and emotional support (Cutrona, 1996). Additionally, when compared to single older gay men and lesbians, partnered older gay men and lesbians reported more positive attitudes towards aging and improved well-being (Heaphy, 2009).

In our sample of older gay men and lesbians combined, aggression was a significant predictor of depression. This finding is consistent with previous literature that aggression in older gay men and lesbians is positively associated with negative mental outcomes such as depression (Mason et al. 2014; Parham, 2004). While aggression may be a common reaction to human rights violations (Silove et al., 2009) when expressed outwardly in a nonproductive manner aggression is considered a maladaptive coping strategy (Miller et al., 1996) associated with increased depressive symptoms in both gay men and lesbians (Kopper & Epperson, 1996). However, aggression expressed in a manner that motivates an individual to take positive action towards a greater good is associated with adaptive coping (Russell & Richards, 2003).

Resilience was also a significant predictor of depression in our sample of older gay men and lesbians combined. This finding supports previous research that indicates, resilience is associated with positive health outcomes, well-being, life satisfaction, adap

tive coping skills, and a decreased risk of depression (Wagnild, 2003; Wagnild & Young, 1993). Even though older gay men and lesbians experienced a lifetime of adversity, the majority are not only able to “bounce back” from adversity but may develop more adaptive coping strategies which are associated with increased resilience (Hill & Gunderson, 2015).

Furthermore, resilience significantly moderated the relationship between aggression and depression in our sample of older gay men and lesbians combined. This finding supports previous research that indicates, resilient older gay men and lesbians may possess characteristics that allow them to confront and overcome obstacles and challenges (Snyder et al., 1991). Even if they feel anger or aggression towards events of discrimination, negative emotions can exist concurrently, and be associated with increased resilience, if aggression motivates an individual to express their emotions in a constructive manner or take positive action towards a greater good (Foster, 2000).

Older Gay Men-Only Group

Next for our second model, the older gay men-only group, our results support our hypotheses, except being single was not a significant predictor of depression when the interaction effect was entered into the model, which indicated a difference from the results of the older gay men and lesbian combined group. This finding is consistent with previous literature that aggression in marginalized groups is associated with depression and other negative mental health outcomes (Mason et al. 2014; Parham, 2004).

Resilience was also a significant predictor of depression in our older gay men only group. This finding supports previous research that greater resilience is associated with greater well-being, life satisfaction, and decreased risk of depression (Fredriksen-Goldsen & Muraco, 2010; King & Orel, 2012). Furthermore, resilience significantly moderated the relationship between aggression and depression in our older gay men-only group. Possibly because emotional openness and the ability to accept and process emotions in an insightful manner was reported as a factor associated with resilience (Kwon, 2013).

However, being single for older gay men did not significantly predict depression in our sample, once the interaction effect was added to the model, although being single did approach significance. This may be due to our sample size.

Older Lesbians-Only Group

Then for our model with the older lesbians-only group, our results support our hypotheses, except aggression was not a significant predictor of depression thus resilience did not significantly moderate the relationship between aggression and depression. In our sample of older lesbians, being single was a significant predictor of depression. This finding is consistent with previous literature that reports lesbians in a supportive relationship report higher self-esteem and decreased depressive symptoms when compared to single lesbians (Wayment & Peplau, 1995).

Resilience was also a significant predictor of depression in our sample of older lesbians which is consistent with previous research (Averett et al., 2011). Many older lesbians have strong social networks, advocate for the lesbian community, and are less likely to live alone when compared to older sexual majority women and older gay men (Averett et al., 2011). However, aggression was not a significant predictor of depression possibly because of the restriction in the range of aggression. A subscale of aggression is physical aggression and individuals may fail to endorse these items due to social desirability.

Because the experiences of older gay men and lesbians can be quite different an independent-samples t-test was conducted. Significant differences were found between resilience scores for older gay men and lesbians, with older gay men reporting lower resilience than older lesbians. This result may be due to the fact that gay men are more likely to live alone and less likely to have a partner when compared to older lesbians (Fredriksen-Goldsen, 2011).

Furthermore, depression scores for gay men and lesbians were also significantly different with older gay men reporting more depressive symptoms. This finding suggests older gay men might experience more adverse effects of sexual minority stress than older lesbians (Herek, 2002). However, aggression scores for gay men and lesbians were not significantly different. Previous literature shows mixed results for gender differences in aggression in the sexual majority (Allen & Haccoun, 1976; Averill, 1982). No significant difference may suggest that some lesbians experience similar aggression as gay men (Parham, 2004).

Group Differences

At the t-test level, the results indicated significant differences between resilience and depression with older gay men reporting lower resilience and higher depression. Older gay men report more internalized homophobia than older lesbians (Fredriksen-Goldsen, 2011), possibly because society is more accepting of lesbians than gay men (Heaphy, 2009).

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Lastly, resilience was the strongest predictor of depression for older gay men, while being single was the strongest predictor of depression for older lesbians. These results highlight the importance of investigating older gay men and lesbians in separate models. Important differences would have been missed had this study combined the groups into one model, as does most current literature.

Conclusion

This study examined how aggression, being single, and resilience are associated with depression in older gay men and lesbians, using resilience as a moderator. This study used three groups to investigate group differences between older gay men and lesbians. Significant differences between older gay men and older lesbians' aggression, resilience, and depression scores did exist. The older gay men and lesbian combined group, indicated that in addition to aggression and resilience, being single significantly predicted depression. Furthermore, resilience significantly moderated the relationship between aggression and depression in older gay men and lesbians.

Clinical Implications

Because older gay men and lesbians experience a lifetime of sexual minority stress (Meyer, 2003), clinicians should focus on interventions aimed at transforming aggression into motivation for self-advocacy. Therapeutic interventions should promote adaptability, self-reliance, advocacy skills, proactive coping, self-care, spirituality, gender role flexibility, hope, and hardiness; all of which are reported to foster greater resilience (Craig et al., 2014; Colpitts & Gahagan, 2016). Also, a further understanding of what factors predict resilience in the older gay and lesbian community may help clinicians develop better therapeutic interventions.

Limitations

While this was a challenging sample to recruit, this study achieved the needed sample size but acknowledges this sample has limited generalizability. A more diverse sample size would provide an in-depth understanding of the intersectionality of oppression based on different minority identities. Because this was a computerized study taken on provided computers, there were limitations in the ability to reach a more socioeconomically and ethnically diverse sample. As with any self-report survey, some responses may be influenced by self-report bias and social desirability. Also, because our sample is from Texas

our results may not generalize to older gay men and lesbians living in more liberal states. Finally, due to correlational design causation cannot be inferred.

Future Research

Future researchers should investigate factors that predict resilience in older gay men and lesbians. Researchers should also compare resilience, aggression, and depression in a sample that is representative of the older transgender and bisexual population as well as one that is more ethnically diverse. Also, due to limited current literature on the gender differences of sexual minorities, future research should investigate the group differences between gay men and lesbians.

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Table 1*Demographics of Older Gay Men and Lesbian Group Combined*

Variable	N	M (SD)	Range
Age		59.0 (6.5)	50-81
Lesbian	50		
Gay Men	50		
European American	68		
African American	17		
Latinx	8		
Asian American, biracial, other	7		
Single	42		
Partnered	58		
Education		16* (6.4)	8-55

Note. *median.

Table 2*Demographics of Older Gay Men Only Group*

Variable	N	M (SD)	Range
Age		59.0 (6.5)	50-81
Gay Men	50		
European American	28		
African American	13		
Latinx	4		
Asian American, biracial, other	5		
Single	28		
Partnered	22		
Education		16* (5.0)	8-55

Note. *median.

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Table 3*Demographics of Older Lesbian Group Combined*

Variable	N	M (SD)	Range
Age		60.1 (5.6)	50-71
Lesbian	50		
European American	40		
African American	4		
Latinx	4		
Asian American, biracial, other	2		
Single	14		
Partnered	36		
Education		16.4 (2.9)	12-26

Note. *median.

Table 4*Univariates for Older Gay Men and Lesbians Group Combined*

Variable	M (SD)	Possible Range	Actual Range
Aggression	22.4 (14.7)	0-116	3-62
Resilience	75.2 (18.1)	0-100	0-100
Depression	9.3 (7.3)	0-60	4-36

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Table 5

Univariates for Older Gay Men Only Group

Variable	M (SD)	Possible Range	Actual Range
Aggression	25.2 (15.7)	0-116	4-62
Resilience	69.6(21.0)	0-100	0-100
Depression	11.3 (8.2)	0-60	4-36

Table 6*Univariates for Older Lesbians Only Group*

Variable	M (SD)	Possible Range	Actual Range
Aggression	19.6 (13.3)	0-116	3-50
Resilience	80.8 (12.6)	0-100	30-100
Depression	7.3 (5.5)	0-60	4-36

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Table 7

Bivariate for Older Gay Men and Lesbians Combined Group

	1.	3.	4.	5.	6.	7.	8.
1. Age	-						
2. Lesbians	.18	-					
3. African American	-.19	-					
4. Latinx & Other	.08	-.19	-				
5. Single	.01	.10	.04	-			
6. Education	.05	-.13	-.05	-.07	-		
7. AQ	.12	.10	.02	.23*	.18	-	
8. CD-RISC	.10	.01	.06	-.23*	-.00	-.05	-
9. CESD	-.07	.09	-.07	.47**	-.02	.43**	-.37**

05*; $p < .001$ **

Table 8*Bivariate for Older Gay Men-Only Group*

	1.	2.	3.	4.	5.	6.	7.
1. Age	-						
2. African American	-.29*	-					
3. Latinx & Other	-.03	-.28	-				
4. Single	.02	-.07	.11	-			
5. Education	.03	-.18	-.06	.01	-		
6. AQ	-.04	-.17	.02	.12	.24	-	
7. CD-RISC	.22	.06	.18	-.24	-.12	-.16	-
8. CESD	-.17	-.01	-.18	.38**	-.01	.44**	-.59**

<.05*; $p < .001$ **

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Table 9

Bivariate for Older Lesbians-Only Group

	1.	2.	3.	4.	5.	6.	7.
1. Age	-						
2. African American	.13	-					
3. Latinx & Other	.28	-.19	-				
4. Single	.18	.10	.04	-			
5. Education	.10	-.13	-.06	-.07	-		
6. AQ	.40**	.41**	-.01	.26	.10	-	
7. CD-RISC	-.35*	.10	-.17	-.22	.07	-.25	-
8. CESD	.22	.12	.11	.57**	-.20	.31*	-.58**

p<.05*; *p*<.001**

Table 10*Moderation Analysis Older Gay Men and Lesbians Depression is the Outcome Variable*

Model	Variable	β	t	p	Tol	Vif
1	Single	.51	5.91	.000	1.00	1.00
2	Single	.37	4.63	.000	.90	1.11
	Aggression	.31	3.95	.000	.95	1.06
	Resilience	-.30	-3.79	.000	.95	1.05
3	Single	.31	4.43	.000	.95	1.06
	Aggression	.30	4.50	.000	.88	1.14
	Resilience	-.69	-7.30	.000	.48	2.09
	Aggression x Resilience	-.55	-5.91	.000	.50	1.99

Note. Adj. $R^2 = .57$, $F(4, 95) = 34.10$, $(\Delta) R^2 = .15$, $p < .001$

* $p < .05$, ** $p < .01$.

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Table 11

Moderation Analysis Older Gay Men Only Depression is the Outcome Variable

Model	Variable	β	t	p	Tol	Vif
1	Single	.38	2.86	.007	1.00	1.00
2	Single	.22	2.09	.040	.93	1.07
	Aggression	.38	3.61	.001	.93	1.08
	Resilience	-.43	-4.00	.000	.97	1.03
3	Single	.19	1.95	.058	.92	1.08
	Aggression	.33	3.40	.001	.85	1.17
	Resilience	-.53	-5.17	.000	.94	1.06
	Aggression x Resilience	-.33	-2.32	.002	.91	1.10

Note. Adj. $R^2 = .56$, $F(4, 45) = 16.92$, $(\Delta) R^2 = .10$, $p < .001$

* $p < .05$, ** $p < .01$.

Table 12*Moderation Analysis Older Lesbian Group Depression is the Outcome Variable*

Model	Variable	β	t	p	Tol	Vif
1	Single	.57	4.86	.000	1.00	1.00
2	Single	.46	4.40	.000	.91	1.10
	Aggression	.08	.72	.478	.89	1.12
	Resilience	-.46	-4.50	.000	.91	1.09
3	Single	.42	4.09	.000	.88	1.14
	Aggression	.13	1.22	.228	.81	1.24
	Resilience	-.40	-3.74	.001	.81	1.24
	Aggression x Resilience	-.18	-1.68	.100	.81	1.24

Note. Adj. $R^2 = .54$, $F(4, 45) = 15.51$, $(\Delta) R^2 = .03$, $p < .001$

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Figure 1

Simple Slope Analysis for Older Gay Men Aggression and Depression

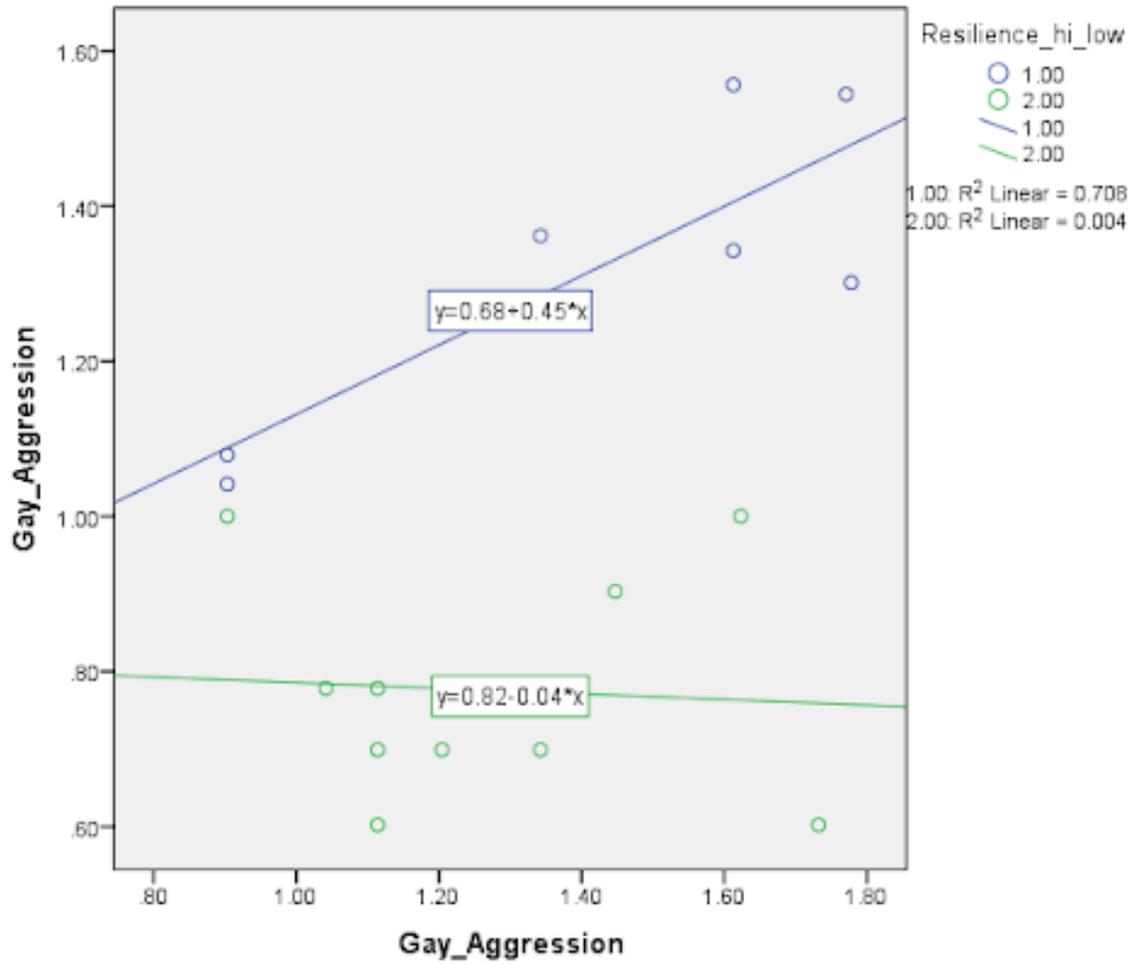


Figure 2

Simple Slope Analysis for Older Lesbians Aggression and Depression

