

gay, or bisexual (LGB) (2.1%). Social support and depressive symptoms were measured using validated instruments. Four functional social support subscales were derived: tangible, positive social interaction, affectionate, and emotional/informational. Multiple linear regression models adjusted for relevant covariates were conducted. LGB identification was associated with greater depressive symptoms when compared to heterosexual participants ( $p = 0.032$ ). As evidenced by a significant 3-way interaction ( $p = 0.030$ ), increasing tangible social support was associated with a corresponding decrease in the risk of depressive symptoms; this relationship was most pronounced for lesbian and bisexual women. A significant 2-way interaction ( $p = 0.040$ ) revealed that as emotional/informational social support increased, depressive symptoms decreased, with greater disparity between LGB and heterosexual participants at lower levels of social support. The results highlight the importance of social support in promoting mental health, especially among sexual minority older adults.

#### SEXUAL ORIENTATION AS MULTIDIMENSIONAL: AGE AND GENDER DIFFERENCES IN SEXUAL MINORITY OLDER ADULTS

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Recommendations to conceptualize sexual orientation as a continuum and as multidimensional rather than one dichotomous variable (e.g., DeBlaere et al., 2010; Kinsey et al., 1948) have been largely unexplored in sexual minority older adults, including how these dimensions might differ by age and gender. In this study, participants indicated their sexuality using three continua representing (1) attraction in general, (2) emotional attraction, and (3) physical attraction. Possible responses ranged from 0=exclusively opposite sex to 7=exclusively same sex. The current sample included 187 participants (50-86 years; 73 men, 114 women) self-identifying their sexual attraction in general as not exclusively to the opposite sex. Age groups were 50-55 ( $n=56$ ), 56-64 ( $n=84$ ), and 65-86 ( $n=47$ ) years. MANOVA results indicated a significant multivariate age group by gender interaction ( $p=.040$ ) that was significant for all three attraction variables--attraction in general ( $p=.035$ ), emotional attraction ( $p=.010$ ), and physical attraction ( $p=.029$ ). In the 50-55 age group, the average response for physical attraction was closer to exclusively same sex for men than for women. For the 56-64 age group, the average response for attraction in general and emotional attraction was closer to exclusively same sex for women than men. Among those 65+, women responded closer to exclusively same sex than men only for emotional attraction. Gender differences on all three sexual attraction continua were not consistent across age groups, which may reflect a more fluid and complex understanding of sexuality in older LGB adults. Future studies should consider using multidimensional and continuous variables when measuring sexual orientation.

#### EXPLORING HOW AGE PREDICTS OUTNESS AND INTERNALIZED HOMOPHOBIA IN A LIFESPAN SAMPLE OF SEXUAL MINORITIES

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Minority Stress Theory posits that specific minority stressors, such as internalized homophobia and outness, predict negative health outcomes in sexual minorities. There has been substantial work in addressing these stressors in young adult samples; however, less is known about older adults. Older sexual minorities were socialized in a time in which same-sex relations were considered deviant and illegal, and therefore, have been exposed to a lifetime of marginalization. Although there is evidence that minority stressors negatively impact health in older adults, many studies exclude a complete lifespan sample. The goal of this study was to collect a sample of individuals in same-sex relationships ranging in age from 18-80 ( $N = 228$ ,  $M = 40.93$ ,  $SD = 15.87$ ) and examine whether age correlates with outness and internalized homophobia. We found that older participants had higher degrees of outness ( $r = .21$ ,  $p < .01$ ) and less internalized homophobia ( $r = -.20$ ,  $p < .01$ ) resulting in less overall minority stress. We also analyzed different social resources that might explain the age-related decrease in minority stress and found that age was related to higher self-esteem ( $r = .24$ ,  $p < .01$ ). We tested whether self-esteem moderated the direct relationships between age and the minority stressors and found a significant interaction for internalized homophobia ( $B = .0175$ ,  $p < .01$ ), but not outness. Our findings provide support that older sexual minorities report less minority stress and more research is needed to explain what promotes these trends.

#### FOR BETTER OR FOR WORSE: MARITAL TRANSITIONS AND SEXUAL LIFE IN MIDDLE AND OLDER AGE

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Marital transitions have known implications for health and well-being. However, little research has examined the effects of such transitions on adults' sexual lives. This study uses longitudinal data from the National Study of Midlife Development in the United States (1995-2014) to compare different marital status and transition groups' sexual activity, satisfaction, control, and effort throughout mid-and-later life. Across all outcomes, effects of marital status/transitions were contingent upon baseline values of the outcome. Consistently married adults reported more frequent sexual activity, greater sexual satisfaction, and greater effort put into sexual life than other groups when baseline values of those outcomes were average or above-average; such group differences were reduced or reversed at below-average baseline values. Among the not-married, women reported significantly less sexual activity than men. The consistently divorced/separated, consistently widowed, newly divorced/separated, and newly widowed all reported greater control over sexual life at follow-up than the consistently married, when baseline sexual control was average and/or below-average. Lastly, women reported lesser effort put into sexual life at follow-up than men across all groups, accounting for baseline effort; these gender gaps were least pronounced among the consistently and newly married, and most pronounced among the newly widowed and newly divorced/separated. Overall, findings indicate that implications of marital transitions for midlife and older adults' sexual lives depend upon both gender and pre-transition context. Marriage is not