

Perceived Support and the Retirement Expectations of Sexual Minority Adults*

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RÉSUMÉ

Malgré l'importance de la planification de la retraite chez une population vieillissante, on sait peu sur la planification de la retraite par les adultes appartenant à la minorité sexuelle (homosexuels, lesbiennes, bisexuels) et leurs défis potentiellement uniques. Nous avons comparé les perceptions concernant la planification de la retraite de ces adultes et celle des adultes hétérosexuels, en examinant le rôle potentiel du soutien social. Il n'y avait pas de différences significatives entre les minorités sexuelles et les adultes hétérosexuels concernant l'âge prévu à la retraite, l'âge réel de la retraite et l'adéquation prévue du revenu pendant la retraite; les niveaux plus élevés de soutien perçus et une plus grande certitude dans la planification étaient associés à un âge plus précoce à la retraite. Le soutien perçu a également montré une association plus forte avec la planification de la retraite chez les adultes appartenant à la minorité sexuelle, comparativement aux hétérosexuels, de sorte qu'un faible soutien perçu était associé à la retraite à un âge plus avancé et des niveaux inférieurs de soutien perçu étaient liés à une diminution de l'adéquation du revenu à la retraite pour les adultes de la minorité sexuelle.

ABSTRACT

Despite the importance of retirement planning among an aging population, little is known about the retirement planning of sexual minority adults (e.g., gay, lesbian, bisexual) and their potentially unique challenges. We compared retirement planning perceptions of these adults with heterosexual adults and examined the potential role of social support. There were no significant differences between sexual minorities and heterosexual adults regarding their expected retirement age, certainty of retirement age, and anticipated income adequacy in retirement, and higher levels of perceived support were associated with younger anticipated retirement age and greater certainty in retirement planning perceptions. Perceived support also had a stronger association with retirement planning perceptions for sexual minority adults compared to heterosexuals, such that lower perceived support was associated with a later retirement age and less certainty about retirement age, and lower levels of perceived support were linked to diminished anticipated retirement income adequacy for sexual minority adults.

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Retirement planning is an important midlife task, increasingly so because of greater longevity, uncertainty about pensions and future health care costs (McDonald & Donahue, 2011), and ambiguous choices employees sometimes face between defined benefit and defined

contribution retirement plans (Lusardi & Mitchell, 2005). Greater retirement planning enhances confidence in the retirement transition (Taylor-Carter, Cook, & Weinberg, 1997) as well as satisfaction with retirement (Quick & Moen, 1998). Researchers are developing an

understanding of diversity in retirement planning experiences and how retirement planning may be shaped by gender (Smith & Moen, 1998; Szinovacz, DeViney, & Davey, 2001), race, or ethnicity (Richardson & Kilty, 1992; Silverman, Skirboll, & Payne, 1996), and a number of studies carried out over the past decade have examined how sexual minority status (e.g., gay, lesbian, bisexual) has an impact on retirement planning (Metlife Mature Market Institute & The Lesbian and Gay Aging Issues Network of the American Society on Aging, 2010; Mock & Cornelius, 2007; Mock, Sedlovskaya, & Purdie-Vaughns, 2011).

One particularly important challenge for many sexual minorities is homophobia and the impact – known as *minority stress* – it has on their well-being (Mays & Cochran, 2001; Meyer, 2003). A defining characteristic of minority stress is the sense of social exclusion or lack of support created by homophobia. Given the importance of social support for future orientation and planning (Emmons, 1986; Hershey & Mowen, 2000), perceived social support may be a particularly important factor for retirement planning among sexual minorities. Drawing on theory related to marginalized identities and those with low power, we propose that sexual minorities may be particularly mindful of social cues and information (Frable, Blackstone, & Scherbaum, 1990; Keltner, Gruenfeld, & Anderson, 2003). Thus, in the present study, we examined the retirement planning perceptions of sexual minority adults focusing on the role of perceived social support.

Retirement Planning

Retirement has traditionally been defined as a late-life withdrawal from the workforce, but this definition masks the increasing complexity in the nature of that transition. For example, some people may retire but then return to work because of financial needs or because they missed the social contacts and challenge of the workplace (Schellenberg, Turcotte, & Ram, 2005). Retirement planning is a complex process that involves planning for health care needs, housing arrangements, leisure in retirement, and potential post-retirement employment or volunteering (Moen, 2003). Financial security is a key factor required to carry out most other retirement activities (Dennis & Migliaccio 1997), underscoring the importance of retirement financial planning. Typical factors that shape retirement planning include age, income, and family composition. To be specific, people tend to plan more the older they are (Kosloski, Ekerdt, & DeViney, 2001) and the greater their incomes (Phua & McNally, 2008). Those with children tend to plan less for retirement, and unmarried men are less likely to retire than other men and women (Szinovacz et al., 2001).

Research on retirement timing (as opposed to intentions or planning) sheds light on pre-retirement circumstances

that have an impact on retirement planning. For example, health concerns have been found to be an even more important factor in the retirement decision than income security and employment satisfaction (Cobb-Clark & Stillman, 2006; Dwyer & Mitchell, 1999). Dwyer and Mitchell (1999) noted that men who reported poor health expected to retire up to two years sooner than did their healthy counterparts. Similarly, longitudinal research with Canadian data shows that poor health hastens the retirement transition as does pension wealth (Shirle, 2010). In addition to considerations of timing, diverse demographic characteristics also shape retirement financial planning. A recent cross-cultural study has highlighted the contribution of financial knowledge as well as financial resources (e.g., income, employer pension, and assets) to financial planning activities and perceptions of adequacy of retirement savings (Hershey, Henkens, & van Dalen, 2010). In sum, multiple demographic characteristics – including gender, wealth, family composition, health, and access to pensions – shape retirement and the retirement planning process.

Psychological Factors Associated with Planning

In addition to these demographic and structural factors, psychological resources and perceived support have been linked to future orientation and planning in general but also to retirement planning in particular. The pursuit of goals and the planning that accompanies this process gives structure and meaning to life but is also linked to challenges, setbacks, and accomplishments that both undermine and enhance well-being (Brandtstädter & Rothermund, 2002). Conversely, well-being is also an antecedent of planning, with distress and diminished well-being having a negative impact on goal-directed behaviour (Emmons, 1986). To be specific, anxiety has been linked to a greater likelihood of pursuing avoidance goals (e.g., avoiding negative situations) of depression, and of decreased involvement in approach goals (e.g., achievement-focused goals) (Dickson & MacLeod, 2004). These broader findings are reflected in more specific research on psychological factors and how they relate to retirement planning. For example, emotional stability (e.g., emotional lability, moodiness) and future time perspective (e.g., enjoyment from contemplating the future, future goal orientation) are both linked to retirement planning (Hershey & Mowen, 2000).

Perceived Support, Well-being, and Planning

Social support plays a critical role at the intersection of well-being, future orientation, and planning. Social ties and perceived social support can be both intrinsically rewarding and also fundamental for well-being

by providing emotional and tangible resources (e.g., Cohen & Wills, 1985; Uchino, Cacioppo, & Kiecolt-Glaser, 1996). In fact, one of the ways social resources enhance well-being is through social support that enhances personal goal striving (Diener & Fujita, 1995). Other research on future orientation and planning has found that both psychological well-being (e.g., lower neuroticism) and perceived support (e.g., presence of emotionally supportive and caring relationships) are linked to greater planning (Prenda & Lachman, 2001). Thus, perceived support likely enhances future orientation and planning through support for goal striving (e.g., Diener & Fujita, 1995) as well as by the role that support plays in enhancing psychological well-being.

Sexual Minority Status and Perceived Support

A consideration of the role of social support in future orientation and perceptions of retirement planning touches on perhaps one of the greatest challenges for the well-being and retirement planning of sexual minority adults. To be specific, despite recent advances towards equality for sexual minorities in Canada (Nicol & Smith, 2008), homophobic stigmatization persists (Morrison, Morrison, & Franklin, 2009; Rye & Meaney, 2009). Both the direct experience and potential threat of stigmatization create considerable distress for many sexual minority individuals (Mays & Cochran, 2001; Meyer, 2003). This distress, characterized as minority stress (Meyer, 2003), stems largely from internalization of negative social cues that devalue sexual minority identities (i.e., internalized homophobia; Herek, Cogan, Gillis, & Glunt, 1997) and from a sense of alienation and social rejection caused by stigmatization (Durkheim, 1951; Goffman, 1963; Meyer, 2003).

In addition to the potentially negative impact of the minority stress process for sexual minorities, marginalization has also been linked to heightened vigilance during social interactions. Research by Frable et al. (1990) shows that in social interactions, those with non-normative identities and, in particular, concealable identities (e.g., sexual minorities), had more detailed recall of their surroundings during social interactions than those with normative identities; engaged in more perspective-taking; and paid closer attention to partners' behaviours (Frable et al., 1990). Those with a concealable stigma could also be said to have relatively lesser power in social situations. Research examining the role of power in perceptions and attitudes shows that those with lower (vs. higher) social power are more vigilant to social cues and information (e.g., scanning for potential threat and judgement by others) (Keltner et al., 2003). This heightened vigilance to social cues, coupled with the minority stress process outlined above, suggests that perceived social support, although a potentially precarious resource for sexual

minorities, may also be something to which they are keenly attuned.

Summary and Hypotheses

In the present study, we examined the role of perceived social support in the retirement planning perceptions of sexual minorities. Previous research on planning in general and retirement planning in particular suggests that perceived support is associated with enhanced planning (Hershey & Mowen, 2000; Prenda & Lachman, 2001). For sexual minorities, stigmatization and rejection (e.g., Meyer, 2003) may not only disrupt typical social support processes but also make them vigilant to social information such as perceived support (Frable et al., 1990; Keltner et al., 2003). Thus, we expect that although greater perceived support may be associated with enhanced retirement planning perceptions in general, perceived support will have a particularly strong impact on the retirement planning perceptions of sexual minorities.

Methods

Data were drawn from the nationally representative General Social Survey (GSS), Cycle 21 (Statistics Canada, 2007). In the GSS 21 survey, more than 23,000 adults aged 45 and older provided responses to questions focused on sexual identity, social support, retirement planning, and other measures (e.g., caregiving) not included in the current study. Data were collected using random-digit dialing with a response rate of 57.7 per cent, and interviews were approximately 40 to 45 minutes in length. To focus on adults for whom retirement planning is likely a particularly salient issue, analyses were conducted with respondents between the ages of 45 and 70, who identified their sexual orientation, and who were not retired but reported that they did plan to retire eventually, yielding a final sample of 6,068 participants.

Measures

Demographics

Age was calculated in years based on reported date of birth. Response options for *gender* were coded as male = 1 or female = 2. Trans status was not assessed. *Marital status* options were re-coded for the present analyses as a series of dichotomous variables including *cohabiting*, *widowed*, *separated or divorced*, and *single* (never married) with married as the reference group. Participants' children were taken into account with two measures, one that assessed presence of *children at home* (yes = 1, no = 0), and the other assessing *children out of home* (yes = 1, no = 0). *Education* was assessed at five levels (1 = some secondary/elementary/no schooling,

2 = high school diploma, 3 = some university/college, 4 = diploma or certificate from college, 5 = university degree, bachelor's or greater). *Employed* was defined by participant responses to a measure in which they identified their main activity during the past 12 months as working at a paid job or business (1), or some other activity (0). Other activities included looking for paid work, going to school, household work, and so on. *Income* was measured ranging from no personal income = 1, to less than \$5,000 = 2, then to increments up to \$80,000 to \$99,000 = 11 and \$100,000 and more = 12. *Workplace pension* was assessed with a question asking participants if they had a pension plan through current employment (yes = 1, no = 0). Participants' ratings of *physical health* were reverse-scored to 1 = poor, 2 = fair, 3 = good, 4 = very good, and 5 = excellent. Similarly, self-rated *mental health* was recoded on the same scale.

Perceived support was calculated as the mean of three items (i.e., "There are plenty of people that I can rely on when I have problems," "There are many people I can trust completely," and "There are enough people I feel close to"), answered with response options from no (1) to more or less (2) or yes (3) ($\alpha = .72$; De Jong Gierveld & Van Tilburg, 2006).

Participants were asked to describe their sexual orientation identities with the following options: heterosexual, bisexual, homosexual (gay or lesbian), or unknown. For the purposes of the analyses, two sexual minority variables were constructed, one for gay/lesbian (1) with heterosexual as the reference (0) and bisexual (1), again, with heterosexual as the reference (0). Recall that for the present analyses, we included only participants with complete information for sexual orientation.

Retirement Planning

We assessed retirement planning perceptions with three different items. For Expected Retirement Age, participants were asked to report, in years, the age at which they planned to retire. Participants rated their Certainty of Retirement Age on a scale from 1 ("not at all certain") to 2 ("somewhat certain") to 3 ("very certain"). Finally, respondents rated their Anticipated Income Adequacy in retirement on a 5-point scale coded from 1 ("very inadequate") to 5 ("more than adequate").

Analysis Plan

Analyses began with the calculation of means, standard deviations, and frequencies for all variables. We used linear regression analyses to test the association of the three retirement planning criteria variables (expected retirement age, certainty of retirement age, and anticipated income adequacy in retirement), with demographic

characteristics, a measure of social support, and respondents' self-identified sexual orientation identity. Two regression models were analysed for each criterion variable with demographic factors, social support, and sexual minority status included in Model 1. Sexual minority status included bisexual and gay/lesbian identity with heterosexual as the reference group. To test the hypothesis that perceived social support may have a stronger association with retirement planning perceptions for sexual minorities compared to heterosexuals, Model 2 included all variables from Model 1 with the addition of sexual minority status (e.g., bisexual or gay/lesbian) by perceived support interaction terms.

Any statistically significant interaction terms were probed by calculating simple slopes at relatively low or high levels of the moderator using Hayes' Process macros for SPSS (Hayes, 2013). For the current analyses, simple slopes represent the association of sexual minority status (vs. heterosexual) with each criterion variable at low ($M - 1 SD$), and high ($M + 1 SD$) levels of the moderator variable (i.e., perceived support). Finally, the GSS sampling weight was adjusted to account for the selection criteria and applied to univariate and multivariate analyses in order to account for the number of people represented by each respondent within the population (Statistics Canada, 2007).

Results

On average, participants were approximately 53 years old, just over half were women, and approximately 67 per cent were married (Table 1). Just under half reported having children living in the home and just under half reported having children who were not currently in the home. Sixty-four participants (0.7%) reported a bisexual identity and 101 (1.1%) reported a gay or lesbian sexual orientation identity with the remainder reporting a heterosexual identity. The average level of education was 3.32, slightly above the mid-point of "some university or college". Just over 80 per cent were employed, and the average annual personal income level of 7.68 corresponded approximately to \$40,000 to \$49,999 per year. Forty-two percent reported having a workplace pension.

Mean ratings for physical health and for mental health were both above the mid-point of "good". Similarly, the mean value for social support was above the mid-point of "more or less" (Table 1). Finally, the average expected retirement age was just over 61, the mean rating for certainty of retirement age was just over the mid-point of "somewhat certain", and the average rating for anticipated income adequacy was over the mid-point of "barely adequate".

Table 1: Means and percentages of demographics, socioeconomic status, well-being, and retirement expectations

Variables	M (%)	SD
Demographics		
Age	53.38	6.10
Female	52.00	—
Cohabiting	10.20	—
Widowed	2.60	—
Separated/ Divorced	12.20	—
Single	7.50	—
Married	67.50	—
Children at Home	47.80	—
Children out of Home	48.00	—
Heterosexual	98.30	—
Bisexual	0.70	—
Gay/ Lesbian	1.10	—
SES		
Education Level	3.32	1.44
Employed	81.00	—
Annual Income	7.36	2.90
Workplace Pension	42.00	—
Well-being		
Physical health	3.73	1.04
Mental health	4.11	0.91
Social Support	2.63	0.52
Retirement Expectations		
Expected Retirement Age	61.64	4.95
Certainty of Retirement Age	2.20	0.74
Anticipated Income Adequacy	3.63	0.82

Regression Results

Expected Retirement Age

Expected retirement age was later for older participants and those who were divorced or single (vs. married), currently working for pay (compared to those who were not), and those with a higher level of education (Table 2, Model 1; Retirement Age). In contrast, expected retirement age was lower for women compared to men, and was also lower the more income participants earned and the more supported they felt (Table 2, Model 1; Expected Retirement Age). Sexual minority status (e.g., bisexual or gay/lesbian vs. heterosexual) was not associated with expected retirement age. However, the gay/lesbian by perceived support interaction term was statistically significant (Table 2, Model 2; Expected Retirement Age). To better understand the nature of the interaction, simple slopes were calculated and showed that at lower levels of perceived support, the gay/lesbian respondents had an older expected retirement age than did heterosexual participants ($b = 1.52$, $SE = 0.70$, $p < .05$). However, at higher levels of perceived support, those who identified as gay or lesbian did not differ from those who identified as heterosexual in terms of expected retirement age ($b = -0.53$, $SE = 0.55$, $p = .43$).

Certainty of Retirement Age

Certainty of retirement age was greater the older the participants were, the more income they earned, and for those with a workplace pension (vs. those without a workplace pension) (Table 2, Model 1; Certainty of Retirement Age). Similarly, those with better self-rated physical health and mental health, and also higher levels of perceived support, reported greater certainty about expected retirement age (Table 2, Model 1; Certainty of Retirement Age). Uncertainty about retirement age was greater for participants in cohabiting relationships, separated/divorced, or single (vs. married), participants with any children in the home, and those who were currently employed (Table 2, Model 1; Certainty of Retirement Age). Sexual minority status was not statistically associated with certainty of retirement age. The gay/lesbian (vs. heterosexual) by perceived support interaction term was statistically significant (Table 2, Model 2; Certainty of Retirement Age). Probing this interaction showed that at lower levels of support, gay or lesbian participants were less certain about their retirement age than heterosexual participants ($b = -0.25$, $SE = 0.11$, $p < .05$). At higher levels of perceived support, sexual minority status was unrelated to certainty about age of retirement ($b = 0.11$, $SE = .09$, $p = .20$).

Anticipated Income Adequacy

Anticipated income adequacy in retirement was greater for older respondents, women (compared to men), those with a greater personal income, workplace pension, better physical health and mental health, and those with higher levels of perceived social support (Table 2, Model 1; Anticipated Income Adequacy). Conversely, individuals who were currently cohabiting, divorced or single (compared to those who were married), with children in or out of the home, or employed, reported lower levels of anticipated retirement income adequacy (Table 2, Model 1; Anticipated Income Adequacy). Sexual minority status was not associated with anticipated income adequacy. The gay/lesbian (vs. heterosexual) by perceived support interaction term was statistically significant (Table 2, Model 2; Anticipated Income Adequacy). Probing this interaction term showed that at lower levels of perceived support, anticipated adequacy of retirement income did not differ significantly by sexual minority status ($b = -0.14$, $SE = 0.12$, $p = .35$). Similarly, at higher levels of perceived support, the simple slope was not statistically significant ($b = 0.10$, $SE = 0.09$, $p = .28$). To clarify, although higher or lower support perceptions did not have a statistically significant association with sexual minorities' retirement planning, these simple slopes were significantly different from each other and represent a spreading interaction. To be specific, there is a trend that lower perceived support is linked to lower anticipated income adequacy for gays and lesbians

Table 2: Regression coefficients showing the association of retirement expectation criterion variables with demographics, social support, sexual minority status, and sexual minority status by perceived social support interaction terms

Regression Models	Retirement Expectation Criterion Variables					
	Expected Retirement Age		Certainty of Retirement Age		Anticipated Income Adequacy	
	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>
Model 1						
Constant	49.77***	0.83	0.92***	0.13	2.26***	0.14
Age	0.28***	0.01	0.02***	0.00	0.01*	0.00
Female ^a	-1.10***	0.14	-0.01	0.02	0.06*	0.02
Cohabiting ^b	-0.16	0.20	-0.08*	0.03	-0.07*	0.04
Widowed ^b	0.11	0.46	-0.05	0.07	-0.07	0.08
Separated/ Divorced ^b	1.20***	0.20	-0.14***	0.03	-0.37***	0.03
Single ^b	0.87***	0.26	-0.11**	0.04	-0.24***	0.04
Children at Home	0.21	0.14	-0.06**	0.02	-0.05*	0.02
Children out of Home	-0.01	0.15	-0.02	0.02	-0.06*	0.03
Education Level	0.11*	0.05	-0.01	0.01	0.01	0.01
Employed	0.83***	0.24	-0.21***	0.04	-0.17***	0.04
Income	-0.20***	0.03	0.03***	0.01	0.07***	0.01
Workplace Pension	-2.06***	0.13	0.18***	0.02	0.11***	0.02
Physical Health	-0.08	0.08	0.04**	0.01	0.10***	0.01
Mental Health	-0.11	0.09	0.04**	0.01	0.07***	0.02
Social Support	-0.21**	0.07	0.05***	0.01	0.12***	0.01
Bisexual ^c	1.15	0.79	-0.12	0.12	-0.03	0.14
Gay/ Lesbian ^c	-0.02	0.57	-0.05	0.09	-0.02	0.10
<i>R</i> ²	.17		.07		.15	
Model 2						
Bisexual X Social Support	-.31	0.69	-.10	.11	0.11	0.12
Gay/ Lesbian X Social Support	-1.22*	0.53	.18*	.08	0.17*	0.09
<i>R</i> ²	.17		.07		.15	

* $p < .05$, ** $p < .01$, *** $p < .001$

^a male is reference group; ^b married is reference group; ^c heterosexual is reference group; Model 2 includes all Model 1 variables

(compared to heterosexuals), and greater perceived support is linked to higher levels of anticipated income adequacy for gays and lesbians (compared to heterosexuals).

Discussion

With the present study, we sought to compare the retirement planning perceptions of sexual minority and heterosexual adults drawing on nationally representative data and to examine the potential role of perceived support in shaping retirement planning perceptions. Although our focus was on sexual orientation identity and perceived support, some consistent patterns emerged in the regression analyses. For example, being separated or divorced as well as being single (vs. married) was associated with later expected retirement age, and less certainty regarding retirement age and income adequacy in retirement. Conversely, greater income and having a workplace pension was associated with younger expected retirement age and greater certainty regarding age and income adequacy. The more supported that participants felt, the younger their expected

retirement age and the greater their certainty about retirement age and anticipated income adequacy. Finally, sexual minority adults did not differ significantly from heterosexual adults in terms of expected retirement age, certainty of retirement age, or anticipated income adequacy in retirement.

Given the potential challenges sexual minorities face related to stigmatization and the minority stress process outlined above (e.g., Meyer, 2003), as well as the role of psychological resources and perceived support in future orientation and retirement planning (e.g., Hershey & Mowen, 2000; Prenda & Lachman, 2001), it is perhaps surprising that in a direct comparison, no significant differences were found in terms of sexual orientation identity and retirement planning perceptions. Consistent with previous research on perceived support, future orientation, and planning (e.g., Diener & Fujita, 1995; Prenda & Lachman, 2001), the more supported participants felt (regardless of sexual minority status), the earlier they expected to retire and the more certain they were about their retirement timing and finances.

However, perceived social support appears to play a particularly important role for the retirement planning perceptions of sexual minorities. In particular, for gay and lesbian (but not bisexual) adults, lower perceived support was associated with a later retirement age and less certainty about retirement age, and there was some evidence that lower levels of perceived support were linked to lower anticipated retirement income adequacy for sexual minority adults. This finding is consistent with research that shows those with marginalized identities or with lesser power in social situations – in particular, those with concealable marginalized identities – process social information more thoroughly than those who are not marginalized (Frable et al., 1990; Keltner, et al., 2003). Specifically, the current findings suggest that this more thorough processing of social support perceptions (whether positive or negative) may explain why perceived support has a greater impact on gay and lesbian adults compared to heterosexual adults. Other social psychological research supports this association: namely, that more socially oriented groups (e.g., people from Eastern vs. Western cultures; those with low vs. high socioeconomic status) are more strongly affected by social information (e.g., Markus & Kitayama, 2010).

A few limitations to the current study are worth noting. First, the data are cross-sectional, precluding causal claims. Next, although we predicted that perceived support would be particularly important for sexual minorities resulting from their marginalized status, the data set we drew from did not have information on perceived stigmatization to more directly assess how marginalized participants may feel. Additionally, although our findings highlight the importance of social support for retirement planning perceptions among gay and lesbian adults, we were unable to consider the sources of this support.

The nature and sources of support have been found to differ for sexual minority adults compared to the general population. For example, some research suggests sexual minority adults turn to close friends or families of choice for support rather than biological kin (Oswald, 2002). Lesbian, gay, and bisexual adults are also more satisfied with the support they receive from those who know about their sexual orientation compared to those who do not (Grossman, D'Augelli, & Hershberger, 2000). Thus, future research on the impact of social support on development and well-being of sexual minority adults would benefit from a more finely grained consideration of the source and nature of the support. Finally, sexual minority status is sometimes more broadly defined and includes, in addition to sexual orientation identity, a more diverse consideration of gender (e.g., trans) than was available in the data. However, this study does represent one of the first overviews of the nature of retirement planning perceptions across diverse sexual orientation identities with

nationally representative data. It is worth noting that although the link of perceived support to retirement planning perceptions was particularly strong for gay and lesbian adults, this was not the case for bisexual adults. We recommend future research be done to explore diversity among sexual minorities in terms of their retirement planning. In sum, this study adds to a growing body of research that shows how sexual minority status shapes retirement planning and highlights the unique role of perceived support for those with a marginalized identity.

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