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**Abuse and Older Lesbian, Gay Bisexual and Trans (LGBT) People:  
A commentary and research agenda**

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# **Abuse and Older Lesbian, Gay Bisexual and Trans (LGBT) People: A scoping study and research agenda**

## **Abstract**

The experiences of elder abuse among minority populations is under-researched. This article offers a commentary on the knowledge gaps pertaining to older lesbian, gay, bisexual and trans (LGBT) people and proposes a future research agenda. It suggests that there is a need to understand the intersection of older age, sexualities and gender/gender identities and its implications for abuse in later life, especially in organisational contexts.

## **Introduction**

With increasing recognition of the problems associated with the abuse of older people, and increasing visibility of older LGBT people, there is an urgent need to understand abuse in their lives. This article highlights the findings of an exploratory research project. It is based on a review of the international literature on lesbian, gay bisexual, and/or trans (LGBT) ‘elder abuse’ together with an analysis of a small sub-set of empirical data taken from a larger scale UK study of the lives of older lesbian, gay and bisexual people (Westwood, 2015, 2016a). The analysis of the combined data formed the basis of a paper presented at a workshop on ‘LGBT Elder Abuse’ held at Keele University in 2017, convened and chaired by the author. This article’s purpose is to take forward the conversations from that workshop by: mapping the terrain of current knowledge; identifying knowledge gaps; proposing a research agenda; and making a case for why such a research agenda is important.

There has so far been only limited research on abuse experienced by older people from minority groups (Ploeg, Lohfeld & Walsh, 2013; Jervis et al, 2016), particularly older LGBT people. As Cook-Daniels (2017) has recently observed ‘studies of LGBT elder abuse are

practically non-existent' (p.543). There is a growing appreciation of domestic abuse in LGBT relationships (Renzetti & Miley, 2014; Donovan & Hester, 2015; Donovan & Barnes, 2017). However, this awareness has primarily focussed on younger and mid-life adults, rather than older people. Similarly, while there is a growing awareness of the presence of LGBT adults among the older population, little attention has so far been paid to the abuse of older LGBT adults, either in domestic settings, or in wider contexts. The experiences of older LGBT people 'of colour' (to use the USA term) or from Black and minority ethnic backgrounds (UK term) are even further obscured (Woody, 2014).

In terms of the general literature on 'elder abuse', its focus has so far been on majority populations. Even when minority populations are taken into consideration, this has been primarily in relation to racial/ethnic/cultural minorities (Dong, 2015) or socio-economic factors which do not include considering sexuality and/or gender diversity (Eslami et al, 2017). Indeed, there appears to be a 'rhetorical silence' (Brown, 2009, p 65) on the abuse of older LGBT people. Several recent systematic reviews of the literature on 'elder abuse' (Daly, Merchant and Jogerst, 2011; Dong et al 2013; Johannesen & LoGiudice, 2013; Dong, 2015; Pillemer et al, 2016; Yon et al 2017), make not a single reference to sexuality/sexual identity or gender identity, even to highlight their absence in research. Yon et al (2014) merely mention in passing that 'separate analyses should be conducted on each gender, as well as for LGBT (lesbian, gay, bisexual, transgendered) populations' (p. 100). There is, then, a need to understand what is currently known about LGBT elder abuse, and what still needs to be known.

## **Definitions**

There are many varying definitions of abuse and neglect, including that which specifically relates to older people (Bows, & Penhale, 2018). This article draws upon the classifications of abuse provided in the Care and Support Statutory Guidance (Department of Health, 2018), part of the Care Act (England and Wales) 2014. These are (Section 14.7): physical abuse; domestic violence (psychological, physical, sexual, financial, emotional abuse & 'honour' based

violence in domestic contexts); sexual abuse; psychological abuse; financial or material abuse; ‘modern slavery’; neglect and acts of omission; discriminatory abuse (harassment, slurs based on race, gender and gender identity, age, disability, sexual orientation and religion); and organisational abuse. The latter is described as follows:

[It includes] neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation. (Department of Health, 2018, Section 14.7)

The abuse of older people, including older LGBT people can encompass any or all the above categories (Bows, & Penhale, 2018). The abuse of an older LGBT person can be broken down into three sub-categories: age-related abuse of older people who are also LGBT; homophobic, biphobic and/or transphobic abuse towards LGBT people who are also older; and abuse which is associated with the intersections of older age and homophobia, biphobia and/or transphobia, i.e. abuse towards people associated with them being *both* older *and* LGBT.

### **Theoretical Context**

The theoretical frames used in this paper are those of polyvictimization, intersectionality and feminist analyses of power relations. Polyvictimization (Hamby et al 2016) refers to multiple forms of abuse experienced by one person and/or perpetrated against one person by multiple others. In older age, multiple forms of abuse often intersect - ‘one form of harm can spill into another’ (Ramsey Klawnsnick, 2017, p309) - compounding their impact on an older person, increasing the risk to their physical and mental well-being. Intersectionality engages with ‘forms of inequality which are routed through one another, and which cannot be untangled to reveal a single cause’ (Grabham, Cooper, Krishnadas & Herman, 2009, p. 1). It is an important tool to use in the conceptualisation of the way(s) in which, age(ing), gender and sexuality

interact to inform the uneven experiences of older LGBT people (Westwood, 2016a). It can also be of use in understanding intersectional stigma in relation to the abuse of older people (Crockett, Cooper & Brandl, 2018), including older LGBT people.

Feminism has much to offer understandings of the abuse of older people, although some argue that feminism overly attends to structural inequalities and to the place of gender and patriarchy in those inequalities (see Donovan and Barnes, 2017, for a more detailed consideration of the debate). Feminist analyses are interested in imbalances of power, both those associated with gender, and those associated with other (intersecting) unequal social locations, including (older) age (Calasanti and Slevin, 2007). Davina Cooper has written about inequalities of power (economic, social, cultural, political and relational power), arguing that equality of power involves no-one having ‘an inherent right to impact more on their social and physical environment than anyone else’ (Cooper, 2004, p.77). The abuse of older people involves, at its heart, an imbalance of power relations and associated risk and protective factors (Yon et al, 2014): those who are at the greatest risk of abuse are very often in relatively less powerful positions compared with those who abuse them. Such positions of relative disempowerment are often informed at key social locations, particularly, in the case of older people, older age, gender and care needs (Weeks et al, 2017). Julia Twigg, for example, has written extensively of embodied power imbalances in older age care contexts, particularly in relation to personal care where during bathing ‘clients are naked, dependent, and below; workers are clothed, powerful, and above. (Twigg, 2004, p.65)

The abuse of older people has multiple and complex causations (Johannesen & LoGiudice, 2013; Dong, 2015; Pillemer et al. 2016). It can involve the perpetuation of long-term abusive relationships. It can involve predatory encounters with those who are positioned – opportunistically or circumstantially – in relatively greater positions of power (friends and family members, for example). It can also involve the reversal of power relations, where someone previously in a position of dominance, now finds themselves dependent upon those

people whom they have previously abused. The stresses and strains of informal caregiving, within a system which inadequately supports informal care can also increase the risk of abuse. And, sadly, frail, dependent, older people are also particular targets to those who seek gratification from mis-treating vulnerable others. Underpinning all of these, and other, dynamics, are relations of power. People who abuse older people do so, ultimately, because they *can*, because they have the power to do so, and because the older person either does not have the power to prevent them from doing so, or is, through age-related dependence, unable to exercise that power. This is further compounded for older people from marginalised groups (Walsh et al 2010) including older LGBT people (Weeks, 2007, p.12; Cook-Daniels, 2017). Their social exclusions can mean that they are both more vulnerable to abuse, and less likely to be able to access resources to help stop/prevent it.

Older LGBT people, particularly current cohorts, have had lifelong experiences of discriminatory abuse associated with their sexualities/sexual identities and/or their gender identities. In older age, they are both more vulnerable to such abuse, in that they may be less able to avoid/negotiate it, and in that, due to older age-related care needs, they may also be in care contexts when they are more likely to be exposed to it. In this way older LGBT people are *both* at risk of ‘elder abuse’ as are all older people *and* at risk of LGBT-specific abuse in older age (Westwood, 2016a, 2016b).

## **Methodology**

The data analysed in this article are taken from two main sources: a literature review; and an analysis of a small subset of data taken from a larger research project.

### ***Literature review***

A detailed literature review was conducted by the author, with the aim of identifying all relevant empirical research on the abuse of older LGBT people. The search parameters were as follows:

- Search terms:
  - ‘Elder abuse’ + lesbian +/- gay +/- bisexual +/- transgender +/- trans +/- LGB +/- LGBT/minority
  - ‘Elderly + abuse’ + lesbian +/- gay +/- bisexual +/- transgender +/- trans +/- LGB +/- LGBT +/- minority
  - ‘Abuse + older’ + lesbian +/- gay +/- bisexual +/- transgender +/- trans +/- LGB +/- LGBT +/- minority
  - ‘Later + life + abuse’ + lesbian +/- gay +/- bisexual +/- transgender +/- trans +/- LGB +/- LGBT +/- minority
- Timeframe: Jan 2010 – December 2017.
- Contexts: All contexts, i.e. community-dwelling and residential/nursing home contexts.
- Geography: International studies.
- Exclusions: non-empirical research
- Sources/databases: MEDLINE (EBSCO); CINAHL (EBSCO); Cochrane Library, National Institute for Clinical Excellence (NICE) Online Evidence Search; Google Scholar.
- Other sources: snowball sampling of references in relevant articles identified from primary and secondary trawl of literature.

### ***Empirical data subset***

The data subset analysed here is drawn from a wider data set taken from a PhD research project (Westwood, 2015), which explored how the intersection of ageing, gender and sexuality influences later life equality. The project was given ethical approval by Keele University’s Ethics Committee. Semi-structured interviews were conducted with older lesbian, gay and bisexual (LGB) individuals the United Kingdom, recruited via online advertising, networking, opportunistic and snowball sampling. Data were analysed using a staged process of thematic analysis.<sup>(2)</sup>



A total of 60 interviews were conducted, with 36 women and 24 men, aged between 52 and 92. Of these, 14 participants – 7 women and 7 men aged between 61 and 76 - spoke (unprompted) of abusive experiences in later life. A further three women aged between 60 and 73 spoke of their fears of being abused in older age care contexts. All 17 participants' narratives are reported here. Abuse was not one of the research questions and was not something the interviewer had initially intended to explore. It emerged unexpectedly in some participants' accounts of their lives. This article is not intended to suggest that these viewpoints are representative of the whole sample, nor of wider LGBT populations.

## **Findings**

Overall, the literature on the abuse of older LGBT people is scant. There has not, so far, been any research which has specifically focussed on this area. The abuse of older LGBT people, when referred to in the literature, has only so far been as an aside to other more central research questions.

## ***Prevalence***

Little is known about the prevalence of abuse in the lives of older LGBT people. This is partly due to these often being hidden lives (Westwood, 2016a) as well as issues relating to disclosure (which will be addressed later). In a rare exception to the silence on this issue, Grossman et al (2014) reported on a study of abuse among 113 LGB adults in the USA, aged between 60 and 88 years. Over a fifth of the participants revealed that they had experienced physical, emotional, verbal, sexual and financial abuse and neglect by caregivers. A quarter of the participants said they knew of other older LGB adults who had experienced abuse.

Very little is yet known about the lives of older trans\* people in general (Fredriksen-Goldsen et al, 2013) or abuse in those lives (Donovan & Barnes, 2017), let alone in relation to elder abuse. Also, in a rare exception to this, Cook-Daniels & Munson (2010), reported on an

online survey (with limited sampling) in the USA with trans people aged 50 and over, and concluded that ‘sexual violence and elder abuse had been experienced by a strong majority of those surveyed’ (p. 142).

### ***Partner Abuse***

Although there is an emerging body of literature on partner abuse among LGBT people (Donovan & Hester, 2015; Donovan & Barnes, 2017), there is a lack of research on partner abuse among older LGBT people. My own research only peripherally identified some issues. Rupert, aged 68, had experience violence at the hands of a previous partner, and his current partner.

Speaking of an ex-partner, Rupert, aged 68, said:

Bernard had issues. He was difficult for me to deal with. He’d have sulky episodes, which I always find difficult [detail] ... he would become a bit violent, there were a couple of times when he would attack me, I didn’t retaliate, ‘Oh, mind my glasses’, I think I used to say (laughs)

(Westwood, 2016a, page 98)

Rupert’s current partner has major mental health problems, experiencing periodic psychotic breakdowns. During these times, he can be aggressive towards Rupert:

He’s never been dangerous to me. Unless he gets frustrated.

(Westwood, 2015, unpublished data)

Same-sex partner abuse was also referred to by the women in my research. Rene, a cis <sup>(1)</sup> lesbian, aged 63, left her woman partner of fourteen years shortly before her 60th birthday. She left to get away from her ex-partner’s violence and spent her 60th birthday in hiding in a refuge.

I think it's the psychological stuff that was [the worst] ... 'cos you get really worn down, don't you? It really affects your self-esteem and general confidence. (Rene, aged 63)

(Westwood, 2015 unpublished data)

In the refuge, Rene found herself marginalised by multiple factors: as an older woman; as a lesbian; and as a person with disabilities (she had to be located a long way from home to be given a room with disabled access). She struggled, but survived, aided by the support of friends and her biological family, and now lives in sheltered housing in relative safety, although she conceals her sexuality:

I'm not out to the neighbours, because I think they'd be – apart from one I made a pass at who's also a lesbian but more closety – but I don't think they'd handle it all that well, it's a bit petty bourgeois respectable working class. (Rene, aged 63)

(Westwood, 2016a, page 112)

The fear of exposure and the need to conceal one's sexuality in older age housing/care contexts is a major concern for older LGB people. This is explored in a subsequent section.

Growing numbers of older people who have previously identified/presented themselves as heterosexual and/or cisgender are 'coming out' in later life. Older women especially are forming same-sex relationships for the first time in their 60s, 70s and 80s. The oldest woman to come out in my research did so when she was 85, after her husband of 60 years had died. Some older women in later life same-sex relationships have previously experienced heterosexual domestic violence as older women.

Ellen is now in a civil partnership <sup>(3)</sup> with Tessa. She was 59 when she left her abusive husband who had repeatedly raped her across 40 years of marriage.

He was distant, cold, you know days would go and he wouldn't speak a word to me... I'd cut off years ago, but I'd continued to be the good mummy, the good wife, and the sex, just, I didn't feel able, I hated it, but he would insist upon it, and the most degrading thing was, I mean I would just endure it .... And then I would get out of bed, because I had an adult son in the bedroom next door, and so it was really, trying to keep quiet, didn't want my son to hear, basic, basic, sex, I call it sex, I know true love and true love-making now, and I'd get up and go to the bathroom, and wash and all other things, come back to bed, and he'd roll over and say 'ah, you sex maniac, you, you love it, don't you?' And there were times I just wanted to get a knife and stab him. (Ellen, 64).

(Westwood, 2015, unpublished material)

Because Ellen is now in a relationship with a woman, it is possible that her previous experiences of heterosexual rape and assault, which still affect her now ('I think I'd have to have a woman-only [care home], I couldn't bear to be in close proximity with men', Westwood, 2016a, 147) could be obscured, and her associated care and support needs ignored by formal care providers.

According to Roch, Ritchie & Morton (2010), trans people report high rates of partner abuse, with emotional abuse being most common:

She [ex-partner] knew about my transgender status. At first, she was okay about it, but then she started using it against me. She was happy when she thought I was more like a transvestite, you know, cross-dressing, but as it carried on, she wasn't happy about it. She started threatening to tell my friends about it if I didn't do what she wanted... I trusted her, but she abused that... After we broke up, she went around my friends and told them I was transgender. (Unnamed participant, transgender DV research) (Roch, Ritchie & Morton, 2010, p15)

The fear of being ‘outed’ can give an abusive partner greater power over an abused person, especially those in older age, who a) are more likely to be concealed and b) are more likely to be fearful of exposure to formal health and social care providers.

### ***Family Abuse***

Many older LGBT people have fractured family relationships due to family rejection of their sexualities/sexual identities/gender identities. While for many LGB people this happened in early life, for some, especially those who ‘come out’ in later life, this can happen in older age too. Moreover, while the stereotype prevails of parents rejecting their children because of their non-conforming sexualities, this can also happen the other way around too:

Iris has a ‘conflictual’ relationship with her son and daughter (her daughter lives with her, along with one of Iris’s grandsons).

They would stand up for any gay person, but if I was to say anything about being a lesbian, my daughter would say ‘You dyke’ or something rude. But both of them are staunchly in favour of friends who are gay or people in the public eye who are gay. I mean, my daughter’s best friend is a gay man. But they don’t want their mother to be gay. (Iris, aged 61)

(Westwood, 2016a, 123)

Another participant in my research, Ronald, was aged 60, married to a woman, with two teenage children. After wrestling with his sexuality for many years, he finally told his wife and teenage daughters that he was gay. One of his daughters was supportive, but his wife and other daughter, both strictly orthodox Christians, could not accept it. Ronald “received a rather nasty letter from my elder daughter saying ‘Well, Daddy, we had hoped to be with you in Heaven, but we think you might not be’” (Ronald, age 60, Westwood, 2017a, page 16).

Family non-acceptance of LGB sexualities can be lifelong too. Alastair's brother-in-law makes negative remarks about Alistair being gay. According to Alastair he recently said, "“Oh come off it Alastair, admit it, if you could change to being heterosexual tomorrow, you'd just do it'. I said 'no, I bloody wouldn't'". (Alastair, aged 76) (Westwood, 2015 unpublished data).

Rupert, 68 (referred to earlier in terms of partner abuse) is White British and his partner (with mental health problems) is from overseas and is from a Black and minority ethnic background. Rupert's father had been violent towards him as a child, linked to his sexuality/gender non-conformity, setting a template for future relationships ('I suspect he made some kind of calculation that this wasn't, really, the type of son he wanted', Rupert, aged 68, quoted in Westwood, 2017b, 14) and in adulthood his mother was not accepting of his sexuality (in response to his cohabiting with a male partner, "my mother said to me 'I'm so glad your father didn't live to see you living like this'"). Robert, White British, has suffered from severe depression for much of his life. His partner, who has a recurrent psychotic illness, comes from a minority ethnic background. They have few friends and are not supported by Rupert's biological family, who live nearby ('They don't like gay people. They don't like different ethnic groups. And they don't like mental illness', Rupert, aged 68, Westwood, 2017b, 14). This informs Rupert's plans to end his life in due course:

Well, I, to be honest, I always keep a lethal dose of something, because I don't want to become an elderly isolated person. And I certainly don't want to be a burden to other people. And also, it is possible my mood will deteriorate again. And it's quite hard to deal with. And there isn't that much support, to be honest . . . I've come to realise that when it's my turn to need support, I'm going to be in a bit of a vacuum . . . there will be a point at which, I think, it will be wise to exit. (Rupert, aged 68)

(Westwood, 2017b, 14)

Rupert's fear of end-of-life isolation and a lack of support is echoed in the plight of KrysAnne, a trans woman who transitioned when she was over 50 and who was featured in the USA film on LGBT older people, *Gen Silent* <sup>(4)</sup>. KrysAnne had concealed her gender identity for most of her life, fearing rejection, but consequently suffering from severe depression. After she transitioned - 'cured the depression!' - she was rejected by her entire family, including her children and grandchildren.

Most people that transition expect losses, sometimes a great many losses, but I didn't expect [to lose] everyone. I haven't heard from them since. For two years I desperately tried to connect with my family. And some of [the letters] weren't even opened. [The letters were returned saying] 'this person is dead' [images of letters with name struck out saying 'no such person!' and 'deceased']. It was horrible. It was vile (quoted in Riggs and Kentlyn, 2014, p224).

KrysAnne was subsequently diagnosed with lung cancer, and died lonely, frightened and isolated, without any informal care and support.

Interestingly, lifelong family abuse can inform not only the abuse of older LGBT people in later life, but also the potential for 'elder abuse' by older LGBT people in later life:

Frank is a 68-year-old transman... who has lived with full surgical realignment in his target identity for over 30 years. Frank's 90-year-old father Bob lives alone in his own home and has COPD (chronic obstructive pulmonary disease). He requires Frank's daily visitation and support. Bob's unresolved anger at Frank's transition leads him to abusive behaviors against Frank. Frank finds he is increasingly unable to control his own anger and has had numerous shouting matches with his father - recently having to restrain himself from hitting Bob.

(Witten, 2009, p. 46)

While ‘revenge abuse’ of older people by partners/children they had previously abused is an emerging theme, the possibility of revenge abuse in discriminatory contexts has not yet been explored.

### *Neighbour Abuse*

Many older LGBT people living in the community live concealed lives to avoid real/anticipated abuse from their neighbours, as in the case of 63-year-old Rene referred to above. Abuse from neighbours was mentioned by some of the participants in my study.

Les, a cis gay man, had experienced repeated homophobic harassment in two different sheltered housing organisations.

It came out accidentally... some stupid man came to visit me and made an awful racket, I think he was just showing off. And the people in the flat above me heard, and told the people behind me, and the same day there were shouts of ‘Poof, poof’... over three years of abuse.... It never became physical, thank goodness, although there was one threat of that. Just shouted abuse day or night.... This woman had her little child out at 2 in the morning and she taught him to shout ‘Poof’. (Les, aged 64)

(Westwood, 2016a, page 112)

Sally, a cis lesbian, was excluded by several neighbours after she came out a few years ago to one who was a close friend. She had wanted to tell her friend ‘because I felt she didn’t really know me’, but they subsequently ceased be friends. She was told not to attend the funeral of a heterosexual neighbour because she was gay. One neighbour put a note through her door saying she didn’t want to have anything more to do her because she was a lesbian. Another rang her up and said, ‘Drop Dead’.

And so, I’m never, never, never telling another heterosexual person again that I’m gay. (Sally, aged 73)

(Westwood, 2015 unpublished data)



The UK campaigner and activist on behalf of older trans people, Jenny-Anne Bishop, transitioned in later life, and experienced abuse from neighbours after she had transitioned.

When I transitioned full-time [in 2007] we had difficulties like having the car regularly damaged and having “the trannies live here” painted on the house. When I moved to north Wales to live with my trans partner, Elen, no one knew me as anyone else, so almost all the abuse stopped. (Jenny-Anne Bishop OBE, 70) (Lyons, 2016)

These quotes highlight how, even in enlightened times, in the UK, a country where LGBT people experience a wide range of rights and protections, they can still be subject to everyday harassment and abuse, including in later life.

### ***Organisational abuse***

Many older LGBT people have lifelong experiences of discriminatory abuse (D'Augelli & Grossman, 2001; Whittle, Turner & Al-Alami, 2007) and have historically been pathologized and/or excluded by health and social care providers. Many are fearful of older age care, some of which they may have experienced first-hand, while supporting others (Westwood, 2016b). There is a growing body of evidence about older LGBT people's concerns about health and social care provision for older people (Mahieu, Cavolo & Gastmans, 2018). Many of those concerns are about poor standards of care in general, as well as more specifically in relation to fearing being abused in care contexts.

I've no family, they're all dead, no children, I never wanted any, no partner. And so there wouldn't be anybody there for me. And I can't imagine anything worse to be in hell hole in the armpit of a care home, where I'm abused or neglected. I'd rather die, thank you! (Sally, aged 73) (Westwood, 2016a, 135)

Some have concerns specifically relating to sexuality/sexual identity/gender identity

I worry that I will become incapacitated and not be able to communicate my history as a trans\* person (medical, surgical history) before requiring care. I worry that caregivers

will not be experienced in dealing with trans\* bodies and health issues and I will at best not get the care I need and at worst be ridiculed, mocked or ignored because of the state of my body (Witten 2016).

Care contexts (especially religious-based care, Westwood and Grigorovich, 2019) are understood as being unique site of vulnerability:

Participants at lesbian, gay and bisexual and transgender focus groups expressed real fears about their future as they had very little confidence that home care workers would be trained and supported to provide a sensitive service, free from prejudice. Organisations supporting lesbian, gay and bisexual older people told us about people they had had contact with feeling the need to remove all signs of their sexual orientation from their houses, such as pictures of their partner, in order to avoid negative reactions. (EHRC, 2016, p.37)

Sally Knocker has reported on overt homophobia from care staff:

One older disabled lesbian woman describes being given leaflets by religious care workers suggesting that she could be 'saved'; an experience that has made her feel unsafe and alienated in her own home. (Knocker, 2013, p.10)

In their recent review of home care in the UK, the Equality and Human Rights Commission reported on the following:

One older transgender woman described being stared at like a 'freak' by her home care workers and sometimes sitting crying after they had left. (EHRC, 2016, p. 37)

An older gay man with dementia decided to stop receiving services because of the homophobic reaction of care staff. This had led to him having to move into residential care earlier than necessary as his elderly partner had struggled to cope alone with caring responsibilities. (EHRC, 2016, p. 37)

It is likely that these examples are just the tip of the iceberg. Abuse in care contexts is generally under-reported (Moore and Moore, 2016), and older people from minorities may be even more reluctant to raise concerns:

They [older women/women with disabilities] were acutely aware of their lack of power in relation to many of the institutions and individuals on whom they relied for assistance. . . Fear of getting known as a complainer and of its possible consequences meant that participants who had complaints were reluctant to voice them... Significantly, participants who felt in some way different expressed particular reluctance about speaking up on their own behalf. . . a lesbian participant who felt her case manager disapproved of her observed: “I’m already on thin ice. I have to be careful.” (Aronson & Neysmith, 2001, p. 161)

Older LGBT people may also be reluctant to engage with specialist domestic violence agencies (Rogers, 2016) which they can perceive as ‘seeking help from the enemy’ (Donovan & Hester, 2011, p.26). As Donovan and Barnes (2017) have written, LGB people who have experienced abuse

... rarely seek help from formal agencies such as the police or specialist domestic violence services because of their fears of not being believed, their experiences being minimised, or because they feared experiencing homo/bi/transphobia from professionals/practitioners. (p.11)

Barriers to accessing support can operate on several different levels, as identified by a recent study in Wales, UK, on LGBT people accessing domestic abuse, stalking and harassment, and sexual violence services:

These included “individual barriers” related to their knowledge and perceptions, “interpersonal barriers” related to control and abuse from other people on the basis of their sexual orientation and gender identity, and “structural and cultural barriers” that

related to the way existing services have been designed with the needs of heterosexual, cisgender women in mind. (Harvey et al, 2014, p1).

Older LGBT people are therefore marginalised at the intersection between their avoidance of health and social care provision in general and of abuse-specific support, both in the community and in care contexts. Those who have experienced LGBT support networks as sites of solidarity in the face of wider societal exclusion may be reluctant to speak out to beyond those networks because of an unwillingness to ‘betray’ that sense of solidarity. Yet at the same time, in older age, ageism may operate - especially for older gay men (Simpson, 2013) – in ways which make those communities less safe and supportive. Older LGBT people may then face hostile, or at least less than hospitable, environments *both* in LGBT contexts *and* in older age ones.

## **Conclusion**

Polyvictimization is key in relation to older LGBT people, both in that one older LGBT person may be vulnerable multiple forms of abuse and, in the case of organisational abuse, potentially suffered from abuse perpetrated by multiple others. The multiple sites of vulnerability – older age, older-age-related disabilities and/or care needs, minority sexualities and/or gender identities – can intersect to create complex forms of abuse, and unique challenges in responding to it. Age-related diminished power, agency and capacity can undermine the opportunities for resistance that LGBT people may have been able to exercise when younger, even the simple act of removing themselves from situations when they feel unsafe (Westwood, 2016b). It is the issue of diminished power while also being reliant upon care from more powerful others, that is a key feature of the abuse of older LGBT people, and one which needs to be much more thoroughly understood. Given the correlation between abuse and physical/psychological well-being among older people (Wong & Waite 2017), the current lack of understanding of abuse experienced by older LGBT people is a cause for concern. This is particularly as non-detection,

delayed or non-intervention can have ‘serious consequences for the victim’s health’ (Gallione et al, 2017, p.2154).

In terms of mapping the terrain of current knowledge on LGBT elder abuse, it would be fair to say that currently such knowledge is scant. However, the literature and data analysed here suggest that older LGBT people are vulnerable to abuse as much as, if not more than, the general population. Older LGBT people are vulnerable to abuse specifically relating to their minority sexualities and/or gender identities, while also being at greater risk of non-disclosure due to their social marginalisation. This ties in with research which suggests that higher levels of social support and greater embeddedness in a social network lower the risk of elder abuse (Pillemer et al 2016). Specialist services may be ill-prepared to meet the needs of older LGBT people experiencing abuse. Organisational, discriminatory, abuse, in old age care settings is a special concern.

There are many knowledge gaps which need to be addressed. Firstly, mainstream research on elder abuse should include minority as well as majority populations, and this includes older LGBT people. Secondly, older people should be included in studies of LGBT domestic abuse, and age itself considered as a feature of that abuse. Thirdly, issues of disclosure and access to services specifically in relation to older LGBT people needs to be explored, together with the readiness (or not) of specialist agencies to meet their needs. Fourthly, the issue of organisational abuse, including religious-based abuse, in older age care contexts requires urgent examination. It will be important for researchers to move out of their specialist ‘silos’ (Jervis et al, 2016, 313) to study issues which extend beyond their traditional domains, i.e. diversity and minority issues to be addressed by researchers of elder abuse, ageing issues to be addressed by LGBT domestic abuse researchers, and organisational/institutional abuse to be considered by both.

The abuse of older people matters because of their suffering, because of its injustice, and because of society's duty to protect its members, especially the most vulnerable. It also matters because of the impact upon an older person's wellbeing and associated morbidity and mortalities. The abuse of older LGBT people is significant, not only because they are just as likely to be abused as all other older people, but also because of their heightened sensitivities and vulnerabilities due to a lifetime of social exclusion and marginalisation. Older LGBT people have resisted discrimination all their lives, and we have a responsibility to ensure they are not subject to further abuse in their final years.

### Notes

- (1) Cis is the abbreviation for cisgender, the term for those who identify with the (sole) gender they were assigned at birth
- (2) For further information on methodology, see Westwood, 2016a.
- (3) Same sex marriage had not yet been made lawful in the UK at the time of the interviews; only civil partnerships were available at that time.
- (4) [https://en.wikipedia.org/wiki/Gen\\_Silent](https://en.wikipedia.org/wiki/Gen_Silent)

### Limitations

The findings described here are based on a literature research conducted by a single researcher, which was only quasi-systematic. Empirical data findings analysed here are from one UK study only which was not exploring LGBT elder abuse, and which cannot be considered representative of wider older LGB/LGBT populations.

### Disclosure

The author has no financial interests or conflicts of interest to declare.

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