White Rose Research Online

eprints@whiterose.ac.uk
https://eprints.whiterose.ac.uk
Universities of Leeds, Sheffield and York

Deposited via The University of York.

White Rose Research Online URL for this paper:
https://eprints.whiterose.ac.uk/id/eprint/207441/

Version: Published Version

Article:
Westwood, Sue, Hafford-Letchfield, Trish and James, Jemma (2024) Older LGBTQ people and religious abuse: implications for the UK regulation of care provision in later life. OBM GERIATRICS. 270. ISSN: 2638-1311

https://doi.org/10.21926/obm.geriatr.2401270

Reuse
This article is distributed under the terms of the Creative Commons Attribution (CC BY) licence. This licence allows you to distribute, remix, tweak, and build upon the work, even commercially, as long as you credit the authors for the original work. More information and the full terms of the licence here:
https://creativecommons.org/licenses/

Takedown
If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

UNIVERSITY OF LEEDS
University of Sheffield
UNIVERSITY of York

Open Access

OBM Geriatrics

LIDSEN Publishing Inc.

Commentary

Older LGBTQ People and Religious Abuse: Implications for the UK Regulation of Care Provision in Later Life

Sue Westwood [1, *], Trish Hafford-Letchfield [2], Jemma James [3]

1. York Law School, University of York, Law and Management Building, Freboys Lane, York, UK; E-Mail: sue.westwood@york.ac.uk
2. School of Social Work and Social Policy, University of Strathclyde, 16 Richmond St, Glasgow, UK; E-Mail: trish.hafford-letchfield@strath.ac.uk
3. Northumbria University, Albert St, Shieldfield, UK; E-Mail: jljames1306@gmail.com

* **Correspondence:** Sue Westwood; E-Mail: sue.westwood@york.ac.uk

Academic Editor: Claire Robson

Special Issue: Elder Abuse in the LGBT Community: A Hidden Problem

OBM Geriatrics
2024, volume 8, issue 1
doi:10.21926/obm.geriatr.2401270

Received: October 16, 2023
Accepted: January 08, 2024
Published: February 21, 2024

Abstract

Research suggests health, social care, and social work professionals who are highly religious, and adhere closely to traditional doctrine, are more likely to take a negative view of LGBTQ people. This includes those who provide services to older people. Negative attitudes towards lesbian, gay, bisexual, trans and/or queer (LGBTQ) people can translate into poor care and even abuse. This commentary discusses recent literature on older LGBTQ people's experiences of religious abuse. It highlights the concerns among many older LGBTQ people about care from religious based providers where religion becomes a factor leading to abuse, associated with microaggressions, psychological abuse, harassment, discriminatory abuse, neglect, and poor care. Even though only a minority of religious care providers may hold negative attitudes towards LGBTQ people, and even fewer may allow this to inform poor/abusive practice, this is nonetheless an area of concern and merits further investigation. All care providers, including those with strongly held religious beliefs, should

© 2024 by the author. This is an open access article distributed under the conditions of the Creative Commons by Attribution License, which permits unrestricted use, distribution, and reproduction in any medium or format, provided the original work is correctly cited.

deliver equally good, affirmative, non-abusive care to older LGBTQ people, and to LGBTQ people of all ages.

Key words
LGBTQ; religious care providers; abuse; adult protection; equality and human rights; law

1. Introduction

This commentary discusses tensions relating to the provision of affirmative care to older lesbian, gay, bisexual, trans and/or queer (LGBTQ) people in cases where religious providers disapprove of them on religious grounds. LGBTQ people face wide-ranging health and social care inequalities [1-4]. They are at increased risk of mental and physical health concerns, primarily attributable to minority stress, i.e., the effects of social exclusion and marginalisation across the life course [5]. Older LGBTQ people are particularly affected because they have experienced its cumulative effects over extended periods of time.

Current cohorts of older LGBTQ people living in more liberal contexts where they enjoy greater legal rights and protections nevertheless have histories involving structural and systemic legal, social, and religious censure [6-9]. Some of that is religious censure which remains to this day. This may be contextual to both liberal countries, among the more conservative/traditional arms of the major religions, and in those countries where they continue to play a dominant role in informing law, culture, politics, and everyday life [10]. Further, LGBTQ people of all ages continue to experience religious persecution and resistance to LGBTQ rights, some of which amounts to abuse, in both liberal and illiberal countries [11-16]. As Super & Jacobson observe,

> …religious abuse may occur when a religious group or leader, whether intentionally or unintentionally, uses coercion, threats, rejection, condemnation, or manipulation to force the individual into submission of the religious views about sexuality [17].

The same definition would apply in relation to gender identity, i.e., when religious 'coercion, threats, rejection, condemnation, or manipulation' are used to force an individual into submission to religious views about gender identity.

LGBTQ people have complex relationships with religious beliefs and religious organisations [18-27]. Some LGBTQ people, including older people, hold religious beliefs and some of these are affiliated with organised religion [18, 27-30]. Some are not. Many older LGBTQ people have reported historical experiences of abuse perpetrated on the grounds of religious beliefs [30]. Westwood [30] has described both historical experiences of religious abuse among older lesbian, gay and bisexual individuals, based on her empirical research. For example, one of her research participants described her religious mother's hostility towards her "homosexuality": 'I had the wrath of god put on me' (Cat, age 63). Rene, a 63-year-old lesbian, described her highly religious mother saying to her as a young woman, when she found out Rene was in a relationship with another woman, '"You're worse than a death in the family."' Several of her participants described trying to conceal their sexualities from their families: 'I mean, they were terminally Catholic and I would have been shoved out of the door' (Frank, a gay man, age 70). Another of Westwood's

participants, Ian, a gay man, described being forced to undergo religious 'cleansing' when he came out to his wife many years previously,

> …oh blimey, I had hands laid on me and all sorts [by Methodist minister], once I'd come out to [my wife] … to get rid of the devil and all that. Telling me, because we'd got kids by then, telling me, if you take a child to something, it's better if you have a rope hung round your neck, or drowned in the river or something. They quoted the bible and all that (Ian, age 69).

Although the majority of Westwood's participants were from Christian backgrounds, a lesbian of dual heritage, described religious rejection from the Sikh community,

> I had to seek out an Asian culture and try and get my head around it. So I sought out the Sikh community… But I wasn't accepted… We [me and a gay Sikh friend] were shunned. It was very hurtful (Alice, age 60).

Another older lesbian described cross-faith religious opposition to LGBT [sic] rights during the times of Section 28. This was a piece of legislation created by the Conservative Thatcherite government which prohibited discussion about same-sex relationships and rights (the "promotion of homosexuality") in schools and public services from 1988 to 2000 in Scotland and from 1988 to 2003 in England and Wales. The woman said,

> We'd a big campaign here around Section 28. And I lived in an area that was ethnically quite mixed. But the posters in the shop windows, in the Asian shop windows, [said] "Keep Section 28," "Don't let your children learn about homosexuality in school," "Don't let them be indoctrinated. It will turn them all into homosexuals." Usual kind of nonsense. And that was the kind of thing, posters, coming from the imams in the mosques, or the community leaders. That was most obvious. But I am sure the Catholic Church, the ultra-fundamental Christian sects, you know ... these people were usually opposed to each other but they were united in hatred (Claire, age 65).

These historical experiences can inform older LGBTQ people's fears and concerns about religious-based care in later life. Older LGBTQ people face wide-ranging structural inequalities in the provision of home care, day care and residential/nursing home care in long-term care facilities [31-41]. These inequalities are associated with heteronormativity, cisnormativity, homophobia and transphobia. Many care providers take a 'we treat them all the same' approach which fails to consider the lives, needs and diverse identities of older LGBTQ people [42]. Older LGBTQ people have expressed fear that healthcare, social care and social work providers will hold negative attitudes towards them and that this may impact the quality of the services delivered to them [43-49]. Some of these concerns relate to certain types of religious-based care, i.e., care provided by religious organisations and/or by healthcare, social care and social work professionals whose care practices are informed by religious beliefs. Religious beliefs can enhance care practices, e.g., promoting compassion, kindness and non-judgmentalism. However, some conservative, traditionalist, religious beliefs can involve disapproval of LGBTQ individuals, their lives and relationships, negatively impacting care providers' attitudes and, potentially, their practice [50]. Recent research suggests that those professionals who are strict adherents of conservative religious orthodoxy are more likely to hold such negative attitudes, and also be less comfortable/willing to deliver care to LGBTQ people, based on their beliefs [50, 51]. This has been documented among, although not necessarily being inclusive of, migrant religious care workers

from countries where LGBTQ people have few or no legal protections and are persecuted on religious grounds [50].

This commentary draws upon recent authorship to consider older LGBTQ people's experiences of abuse in general, religious abuse, and their associated concerns about religious-based care, specifically potential discrimination, religious conversion attempts, inferior care, and overt abuse. While overt incidents of religious abuse are clearly unacceptable and warrant formal intervention, there are many more subtle forms of religious microaggressions which also amount to abuse, but which may be harder to identify. Those religious health, social care and social work professionals who hold negative attitudes towards LGBTQ people may be in the minority of all religious professionals, but it is a minority whose actions need to be addressed to ensure equitable care for all LGBTQ people. This project was granted ethical approval by the University of York's Economics, Law, Management, Politics and Sociology Ethics Committee (ELMPS).

We first look at what we mean by abuse in later life. We then consider the research on abuse experienced by LGBTQ people in later life including the scarcity of research, the silences in the literature on abuse and its cumulative effects. Lastly, we discuss the specific issue of religion and abuse and the impact on the LGBTQ older population.

2. Abuse and Older LGBTQ People

The English Care Act 2014 is the primary legislation relating to social care and support for adults, including older people. It prohibits the abuse of adults (including older adults) and provides for a range of measures to protect adults from abuse and neglect ("Safeguarding"). Its Statutory Guidance categorises and defines abuse and neglect (see Table 1) as: physical abuse; sexual abuse; psychological abuse; financial or material abuse; discriminatory abuse; organisational abuse; domestic violence; modern slavery; neglect; and acts of omission.

Table 1 Classification and definitions of abuse and neglect (Dept of Health and Social Care, Care and support statutory guidance, 2023, 14.17). [52]

Physical abuse including: assault hitting slapping pushing misuse of medication restraint inappropriate physical sanctions	**Domestic violence** including: psychological physical sexual financial emotional abuse so called 'honour' based violence
Sexual abuse including: rape indecent exposure sexual harassment inappropriate looking or touching sexual teasing or innuendo sexual photography subjection to pornography or witnessing sexual acts indecent exposure sexual assault sexual acts to which the adult has not consented or was pressured into consenting	**Psychological abuse** including: emotional abuse threats of harm or abandonment deprivation of contact humiliation blaming controlling intimidation coercion harassment verbal abuse cyber bullying isolation unreasonable and unjustified withdrawal of services or supportive networks
Financial or material abuse including: theft fraud internet scamming coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions the misuse or misappropriation of property, possessions, or benefits	**Discriminatory abuse** including forms of: harassment slurs or similar treatment because of race gender and gender identity age disability sexual orientation religion
Organisational abuse including: neglect and poor care practice within an institution, e.g., a hospital or care home or care provided in one's own home. may range from one off incidents to on-going ill-treatment. can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.	**Modern slavery** encompasses: slavery human trafficking forced labour and domestic servitude. traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
Neglect and acts of omission including: ignoring medical, emotional or physical care needs failure to provide access to appropriate health, care and support or educational services the withholding of the necessities of life, such as medication, adequate nutrition and heating	

"Elder abuse" is, quite simply, the abuse of older persons, although attempts to produce more nuanced definitions have proved complex and lack consensus [53-60]. Growing numbers of authors are uncomfortable with the term "elder" because of the risk of stereotyping older people [60]. This article will generally refer to "the abuse of older people" unless engaging with authorship which specifically uses the term "elder abuse." The World Health Organization (WHO) offers the following definition: 'The abuse of older people, also known as elder abuse, is an intentional act, or failure to act, by a caregiver or another person in a relationship involving an expectation of trust that causes harm to an adult 60 years and older.' [61].

The abuse of older people may or may not be age-related in terms of the causal factors which are involved. In other words, it may not simply be because they are older. Some older people experiencing intimate partner violence (IPV), for example, may have been experiencing that same violence in earlier adulthood [62-64]. However, the abuse of older people *is* age-related in that older people - especially those in very old age, with heightened frailties and care needs – may be more exposed to the risk of abuse, less able to defend themselves when it occurs, and less able to advocate for themselves/make their voices heard when they are being/have been abused [65]. The abuse of older people is 'a human rights violation resulting in suffering, decreased quality of life and even in some situations hastening mortality' [66]. It involves an imbalance of power, with those older individuals in lesser positions of power being vulnerable to abuse by those (often younger) people in greater positions of power in relation to them [67].

The abuse of older people is generally under-researched [67] especially in relation to those from minority groups [68]. There is very little research in relation to older LGBTQ people and abuse [69-74]. Although there is a growing body of research on LGBTQ intimate partner violence [62, 63, 75-78] this primarily focuses on younger people, with, little research involving older LGBTQ people. Most recent reviews of the literature on "elder abuse" [53, 54, 56-59, 64, 79-83] fail to mention sexual orientation or gender identity at all. As Hannah Bows has observed, in her review of the literature on the sexual abuse of older people, 'little is known about the impacts of sexual violence' on older LGBTQ people [83]. The intersection of LGBTQ "elder abuse" in relation to other key social locations, e.g., race and ethnicity, is even less well-understood [84, 85].

This scarcity of research obscures the significance of abuse in the lives of older LGBTQ people. Focus groups conducted by Bloeman et al [74] identified that LGBTQ people consider LGBTQ "elder abuse" to have added dimensions to it. In addition to 'typical definitions of elder abuse,' participants also emphasised 'ostracism due to LGBT status' and issues in relation to service provision (poor/prejudicial responses, biased providers, under-resourced long-term care). Older LGBTQ people are at increased risk of abuse due to heightened marginalisation associated with both ageing [57, 86-88] *and* sexual orientation and/or gender identity [66, 70, 74].

Many older LGBTQ people have experienced abuse earlier in their lives, in the form of emotional, physical and/or sexual abuse as children, bullying and harassment in schools, family rejections, being ejected from the armed forces if 'outed', enforced psychiatric "cures" and "aversion therapy" and religious "conversions" [89-94]. In the UK, older gay and bisexual men lived in fear of criminalisation, many being targeted by undercover police and/or subjected to blackmail [95]. Some are now ageing with criminal records simply because of their sexualities. Gay and bisexual men ageing with HIV often experienced associated stigmatised rejection both in earlier adulthood and in later life [96]. LGBTQ people have also experienced abuse later in their

lives in the workplace, in social and familial contexts, in intimate relationships and in religious contexts [62, 63, 66, 70, 74].

3. Religious Abuse

Tensions between religious freedoms and LGBTQ rights remain an enduring dilemma [10]. The major world religions are closely implicated in prejudice towards LGBTQ people [97, 98] and in LGBTQ oppression worldwide [99]. In the UK, with increased legal protections for LGBTQ people, there are 'juridically competing equality claims' [100]. Many religious individuals feel that they are now the oppressed minority [101]. Christianity is divided on the issue. Christian fundamentalist dogma holds 'that homosexuals are bad, diseased, perverse, sinful, other, and inferior' [102]. The Christian Institute, a leading UK Christian campaign organisation, describes same-sex marriage as 'not real marriage', 'blasphemous' and 'sinful' [103] while claiming 'A transsexual is living in defiance of their Creator and "sex change" surgery desecrates a God-given body' [104]. When religious beliefs which disapprove of and/or condemn LGBTQ people are imposed on them, this amounts to "religious abuse."

In addition to historical experiences of religious abuse, described earlier, some older LGBTQ people have experienced religious-based rejection in later life. Westwood [30] has described the experience of Marcia, when she informed her religious choir that she was about to enter into a civil partnership with a woman,

> There was this silence for a while. And then some people clapped. Some people didn't. And as I went back to my seat, I could see and hear people ... saying "I didn't know she was like that! Did you know she was like that? We've known her for 10 years. I never knew she was like that." There was quite a stir ... After choir some people came up to me and shook my hand and other people didn't speak to me at all, people who would always speak to me, people in the row in front of me, turned their backs on me, did not speak to me. That was where I had my biggest rejection, in the choir (Marcia, age 66) [30].

Another woman spoke of her Catholic priest welcoming her when she left her abusive husband: "He said 'you come to the sacraments, you come to Mass…we don't need saints here'" (Ellen, age 64) [30]. However, the same priest rejected her when she formed a relationship with a woman: "'Well, it's quite obvious, I'm not welcome and I shouldn't receive the sacraments… So, soul in limbo, if you like. An outcast ... it's been torture" (Ellen, age 64)' [30]. Westwood also described how Arthur and Ian, a gay couple, were regular churchgoers for many years but have now left their church after the recent appointment of a senior figure who expressed public opposition to "homosexuality."

> We've recently stopped going to church. We've been going to an inclusive church in [town], very accepting, but we've recently withdrawn, because we don't think the hierarchy are as accepting … I do miss it (Arthur, age 60) [30].

> Now, for me, after my divorce, I went to another Methodist church, and that was fine. And then when I got together with Alan, we decided to go to the Anglican church round the corner, didn't we? Where we've been going since 1990 … We've always had great vicars [they've both had a number of key roles in church, on committees, volunteering, etc.] … We got very involved, didn't we? … But I've just lost it with them. I think the people are fine, but

> the clergy ... [details about specific new member of the clergy and public statements he has made against homosexuality]. Quite honestly, I'd sooner be down the allotment, and that's where we go (Ian, age 69) [30].

4. Religious Microaggressions and Abuse

Microaggressions are 'brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults toward members of oppressed groups' [105]. LGBTQ microaggressions can be expressed in discomfort, unease and/or disapproval when in the company of LGBTQ people; assuming their deviance/pathology/sinfulness; discounting/denying anti-LGBTQ prejudice and oppression; language/assumptions which devalue LGBTQ relationships; and misgendering trans people, including not using their correct pronouns. Microaggressions can be amplified when they are grounded in religious beliefs, especially if there is an implied moral/spiritual authority associated with them [106-108]. This can be further complicated by other intersections, for example for LGBTQ people of colour, for whom there are additional racial and cultural implications [109, 110]; for LGBTQ people with disabilities, for whom there are intersecting ableist implications [111, 112]; and, for older LGBTQ people who face the added complications of ageist microaggressions [113, 114].

Microaggressions can be extremely harmful, having a profound impact on LGBTQ individuals' health and wellbeing, causing depression, low self-esteem, and trauma-related symptoms, including post-traumatic stress (PTSD) [115-117]. Their impact can be worsened when the source of microaggressions is from an intimate, important or significant relationship [118-120] including one involving a care provider such as a counsellor, therapist, healthcare or social worker [121, 122]. This is compounded when such microaggressions are perpetrated by care-based spiritual leaders, such as hospital chaplains [123], and/or when they are supported by organisational systems which directly or indirectly reinforce systematic bias [105, 124].

Westwood, James and Hafford-Letchfield have recently highlighted how a toxic ward culture can create fertile ground for homophobic and transphobic attitudes towards older LGBTQ people to go unchallenged [51]. Decker et al. [125] have identified the following LGBTQ microaggressions in healthcare settings:

- 'Using biased language in which LGBTQ+ identities are implied as unnatural or abnormal'.
- 'Communicating a lack of knowledge about LGBTQ+ identities and/or related healthcare needs, often requiring education from the patient'.
- 'Displaying discomfort such as tense body language, difficulty speaking, or avoiding eye contact'.
- 'Referring LGBTQ+ patients for care that could otherwise be completed by the provider'.
- 'Applying a generalized conception of LGBTQ+ identities while talking with the patient or making decisions about health services or needs'.
- 'Misgendering, misnaming, or addressing a patient with incorrect honorifics verbally or within health records'.
- 'Overattributing health concerns to or spending a disproportionate amount of time discussing a patient's identity'.
- 'Implying or stating that LGBTQ+ identity is invalid or shameful'.

Many of these microaggressions stray into the realms of abuse. According to the English Care Act's definitions of abuse, behaviour that involves emotional abuse, humiliation, blaming, intimidation, harassment, or verbal abuse amounts to psychological abuse [52]. Behaviour which involves harassment, 'slurs or similar treatment' because of gender and gender identity and/or sexual orientation, constitutes discriminatory abuse [126]. Neglect and poor care practice in a hospital, care home (aka 'long-term care facility') or domiciliary care is organisational abuse.

Microaggressions can impede care delivery. Trusty et al recently reported that religious microaggressions (minimization or avoidance of religious issues) were 'negatively associated with the working alliance and outcomes' in psychotherapy [127]. Microaggressions in care contexts may have a detrimental impact on an LGBTQ person's sense of psychological safety and willingness to disclose, and may result in 'feelings of shame, isolation, and humiliation' [125]. This can lead to LGBTQ people avoiding, resisting and/or disengaging from care and support, even when much-needed [35, 41, 128-132]. The UK Equality and Human Rights Commission's review of home care for older people [133] described the following:

> 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.

Those older LGBTQ people in positions of care dependency, i.e., in long-term care facilities which they cannot leave and where they are reliant on carers to meet their everyday living needs, have no exit strategies from exposure to microaggressions. This is something many older LGBTQ people fear deeply when anticipating future care needs [43, 44, 46-49, 92]. As Knauer [92] explains, 'they are afraid that as they age, they will lose the ability to retreat to the relative safety of their homes because they will be forced to live in a place that is both unwelcoming and dangerous.' As Webb and Elphick also observe, 'for many older LGBTI+ people there is a real concern that times may not have changed enough and that, as they age and are likely to navigate the health and aged care systems, experiences of […] discrimination may recur' [134].

5. Older LGBTQ People, Care, and Religion

There is a growing body of literature which now suggests that care services for older people lack awareness, understanding, sensitivity and expertise in relation to LGBTQ people [32, 33, 39] [135-137]. This can be compounded by providers' religious attitudes and beliefs. Many religious organisations and practitioners take an inclusive and affirmative approach to LGBTQ individuals, and indeed many practitioners identify as L/G/B/T/Q themselves. However, some religious practitioners have negative perspectives. In a recent scoping review of 70 selected studies from 25 different countries, Westwood [138], in a review of the literature, found a close connection between religious affiliation and negative attitudes towards LGBTQ people, heightened by elevated religiosity, particularly among Christian and Muslim, healthcare, social care and social work practitioners and students.

In many parts of the world religious organisations provide care to older people, and many health care, social care and social work professionals are affiliated with a religion [138, 139]. In the US, seven out of ten adults in the US are religiously affiliated [140] with many care and social work professionals motivated by religious beliefs [141]. In the UK's National Health Service (NHS),

despite the decline in religious affiliation in the UK to less than 50% of the population [142], over 70% of the NHS workforce identify with a religion [143]. Many reportedly experience conflict between their religious beliefs and their professional values [144].

Religious organisations play a key role in the UK voluntary sector [145]. Over 2,000 UK residential care and nursing homes are run by religious organisations [146], as well as day care centres and community support services. The leading providers include Methodist Homes Association (MHA), the Catholic Orders of St John Care Trust (OSJCT), the Salvation Army, and Jewish Care. 42% of social workers in England also identify as Christian [147].

Little is known so far about how negative religious attitudes inform the provision of healthcare, social care, and social work [138]. Westwood [148] has identified disagreement between UK social work practitioners in terms of whether religious disapproval impacts practice with LGBTQ service users. Some practitioners believe it is possible to separate off personal views, including those based on religious beliefs, while others believe it is not possible and that, indeed, religious disapproval of LGBTQ people and their lives are contrary to social work values [149]. These findings echo previous research on social work training from the US, where similar divided views prevail [150-155].

In terms of the minimal evidence available on problematic religious-based practice in UK care contexts, Knocker [163] has previously quoted an older disabled lesbian who was told that it was not too late for her to be 'saved' which Knocker reported 'has made her feel unsafe and alienated in her own home.' Guasp [128] has identified anxieties about religious-based care among older lesbian, gay and bisexual people, quoting the following research participant:

> There is a severe lack of understanding about the particular needs of older lesbian and gay people, especially from some faith-based organisations that provide care services. (John, 57, London)

Westwood has also described the experiences of some trainers delivering LGBTQ training to health and social care providers, including those working with older people,

> One woman said that if her daughter was lesbian she'd have to "exorcize the demon out of her" and another man just starting from the point of "where does this perversion come from?" on the training and then wanting to go into the whole spiel about how the male and female anatomy are meant for each other. (Joy, UK Activist) [30]

A UK action research project delivering training to care home staff working with older people also reported, "One staff member declared ... that they 'knew how to deal with that disease' and 'One woman [care staff member] stated she would ban her son from the house if he came out as gay.'" [32]. The researchers commented that,

> This observation suggests, despite emphasis on person-centred care, persistence of ingrained homophobia and partial tolerance of LGBT individuals in a setting where care is provided for vulnerable, older individuals. Such anxieties were animated by tensions between religious beliefs and sexuality.

Westwood, James and Hafford-Letchfield [51] reported on a recent case study in which a newly qualified nurse described a toxic work culture on an NHS hospital ward for older people, where she witnessed some religious nurses holding negative attitudes towards older LGBTQ people, which also impacted their care. The nurse, Claire (a pseudonym), described 'casual homophobia'

among some nurses, e.g., assuming someone is too old to be gay. She also described some religious nurses saying they disagreed with people being gay because 'it goes against my beliefs' and that some nurses expressed dislike of delivering care to an older LGBTQ person because '"I don't like being around them."' One religious nurse reportedly said she would pray for an older gay man who was a patient on the ward because he was '"going to go to Hell."' Another reportedly said she didn't want to let the gay man's husband visit '"because it's just encouraging their lifestyle."'

6. Older LGBTQ People's Fears about Religious-Informed Care

The provision of care is often reliant on a mixed economy within which providers from religious-based organisations are included. While people of faith employ strategies of empathy, compassion and care to accommodate minoritized people, Westwood has highlighted how many older LGB/LGBT individuals are fearful about religious-based care [50]. These relate to potential discrimination, religious conversion attempts, inferior care, and overt abuse which they may have already experienced or have been highlighted by others. These fears include concerns about the attitudes of care staff on whom they are forced to depend:

> Some religions are very hostile towards homosexuality and gender fluidity, and care workers who are members of those religions may carry that hostility into their work (SPL062) [50].

Older LGBTQ people are also fearful that they will receive inferior care from religious care staff:

> People sometimes use their religious beliefs as a reason for not wanting to provide care to an individual and/or providing poor care and/or being abusive as they believe for example, that their sexual orientation is wrong or a sin (SPL066) [50].

This potential for strained relationships, tense interactions and lack of recognition of gender and/or sexual diversity is complex and intersecting and can culminate in poor care and overt abuse if not recognised and challenged within care settings.

7. Regulatory Implications

Regulation provides a key role in care services in relation to addressing abuse of older people. This includes rules prohibiting such abuse, and systems for recognising, identifying and naming discrimination via the inspection of care services. and providing structures for abuse to be reported and responded to at both an interpersonal and structural level. However, it is rarely reported in practice [156]. 'Discriminatory abuse' is a category of abuse that frames the ways that prejudice can motivate abuse and impact adults with care and support needs. It is defined in the Care and Support Statutory Guidance [157] as: 'forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, religion' (section 14.17). A review of existing research on discriminatory abuse [126] found definitional obscurity, differing interpretations and the hidden or stigmatised nature of discriminatory abuse which are likely to hamper reporting. The authors concluded that subtle micro-aggressions are often normalised and difficult to label as abuse and the link with protected characteristics may add layers of stigma, shame and embarrassment and give the example of labelling abuse associated with homophobia as physical abuse.

As highlighted in this article, LGBTQ people can be at risk of abuse across their lives. However, in older age, especially very old age when they are likely to have heightened care needs, LGBTQ people can be especially vulnerable to abuse and neglect; particularly discriminatory abuse and other types of abuse which might be underpinned by it. Some aspects of psychological abuse, also identified in the Care Act 2014, are particularly relevant, namely emotional abuse, deprivation of contact, humiliation, blaming, intimidation, harassment, verbal abuse, and unreasonable and unjustified withdrawal of services or supportive networks. Organisational abuse (a further form of abuse categorised in the Act) can also be relevant, where long-term care facilities systemically fail to meet the individual needs of older LGBTQ people. As recent research has highlighted, older LGBTQ people are very fearful of such abuse and neglect.

A review of published English Safeguarding Adult Reviews [126] identified four reviews in which there was limited analysis concerning any interaction between sexual identity, disability, contextual factors and experiences of abuse. Applying the lens of epistemic injustice, Mason highlighted themes of practitioner and institutional bias, inattention to social identities and the importance of context and place offer a more realistic reflection of the ways in which discriminatory abuse plays out.

Overt forms of religious abuse are likely to result in sanctions. For example, David Mackereth, a UK hospital doctor, was recently dismissed from his job for refusing to use the correct pronouns for transgender patients on religious grounds. His subsequent claim for unfair dismissal on the grounds of conscientious objection failed [158]. However, it is the more subtle interpersonal religious microaggressions in care contexts which pose particular challenges and can slip between regulatory frameworks. Moreover, religious care professionals are also entitled to assert their own rights to religious freedoms in expressing their views. As the recent "gay cake" cases in the UK and US have highlighted, organisations/individuals are within their rights to refuse to create products with messages which are contrary to their religious beliefs [159]. Similarly, while health and social care workers cannot refuse to deliver services to LGBTQ people under the Equality Act 2010, they are not required to enjoy doing so, and they cannot realistically be expected to authentically deliver affirmative messages to LGBTQ people if those messages are contrary to their religious beliefs.

This is where microaggressions/subtle forms of abuse can slip through the regulatory nets. The microaggression of discomfort in engaging with LGBTQ people can be demonstrated by some religious individuals who strongly disapprove of them, as highlighted by Westwood, James, and Hafford-Letchfield's case study [51]. That case study also highlighted how religious disapproval can prevent support for same-sex relationships and/or gender reassignment and fail to provide LGBTQ-affirmative caring relationships. Services will still be provided, thereby complying with the Equality Act 2010. However, the *quality* of those services come into question, which the Act is not sufficiently fine-tuned to address.

Discrimination law is primarily interested in whether a thing is done, rather than how well it is done: 'As long as you meet the legal standard … the law will not intervene: it has little interest in whether you just scrape into legality or whether you are with the angels, flying far higher than the legal minimum' [160]. This may miss the subtleties of relational services such as counselling, psychotherapy, healthcare, social care, and social work [161], which involve the intentional 'use of self' [162]. In such services, the quality of the professional interpersonal relationship will

determine whether the service is delivered *equally well* to all. Despite this being an equality issue, the Equality Act is not currently calibrated for this level of subtlety.

A lack of support for same-sex relationships (e.g., by not 'encouraging' partners to visit, due to religious approval) may be in breach of the European Convention on Human Rights (ECHR) Article 8 (right to respect privacy and family life). However, if it does not amount to actively preventing someone's partner from visiting, but "only" involves a lack of enthusiasm in doing so, this again may be too subtle to pick up on in relation to formal rights. Moreover, at the same time, religious care staff's rights under ECHR Article 9 (freedom of thought, conscience and religion) may be engaged, resulting in competing rights claims.

According to the Care Act 2014, discriminatory abuse includes harassment and slurs or similar treatment because of gender identity and sexual orientation. However, while overt conversion attempts by care providers would be considered unacceptable, offers to pray for someone might not. Yet, as the recent case study [51] showed, such offers may not be supportive and may actually be homophobic and/or transphobic microaggressions. Supervisors may find it difficult to challenge such behaviours, being wary of being accused of impinging upon a member of staff's religious freedoms. Similarly, while religious disapproval may leak into care delivery in ways which may leave a care-recipient feeling emotionally abused, blamed or humiliated, it may be difficult to identify how this is taking place, and, again, may be difficult to challenge via interpersonal and/or supervisory processes.

Moreover, also according to the Care Act 2014, neglect includes ignoring emotional care and support needs. Older LGBTQ people need affirmative services, which celebrate, validate, and approve of their lives, histories, and relationships. This is supported by the UN Principles for Older Persons [163] which state that a) older persons should be able to live in environments that are safe and adaptable to their personal preferences, and b) that they should be able to receive full respect for their dignity, beliefs and needs and privacy and for the right to make decisions about their care and the quality of their lives. As the case study described earlier highlights, some staff have attitudes which preclude doing so. Unless a care environment is explicitly LGBTQ-inclusive, then this may go unnoticed, especially in environments which take a "we treat them all the same" approach [42]. Such a systemic failure to address the needs of older LGBTQ people can amount to organisational abuse, under the Care Act 2014.

8. Conclusion

This article has highlighted the significance of religious abuse in the lives of some older LGBTQ people, and their associated fears and concerns about possible religious abuse in older age care contexts. It has also raised concerns about actual/potential incidents of problematic religious-based delivery of care to older LGBTQ people. Policies which explicitly support affirmative care for older LGBTQ people and which mandate LGBTQ-inclusive care practices can encourage care cultures which promote LGBTQ-equitable care. However, such policies and care standards are only effective if they are fully implemented. They cannot in and of themselves create LGBTQ-affirmative care environments.

Many authors suggest that training is the way forward, helping to raise staff awareness and encouraging self-reflective practice among practitioners, including religious practitioners [39, 164-170]. However, training is not enough [129, 171]. Research has suggested that deeply conservative

religious practitioners may avoid and/or resist engaging in training when it conflicts with their religious values and beliefs, and that indeed this can create tensions for them in their practice [136, 152, 172]. Training cannot undo those religious beliefs which underpin religious microaggressions and abuse towards LGBTQ care recipients. Indeed, many religious staff who feel their religious beliefs are being persecuted by compulsory LGBTQ-inclusivity will feel it is their duty to defend those beliefs if they feel they are being attacked [148].

The elephant in the room is what to do when those religious care providers who disapprove of LGBTQ people, their lives and relationships are required as part of their organisational/professional roles to affirm and celebrate them despite that disapproval. Common sense suggests that it is not possible to do so, given it would require them to authentically display values and beliefs which they do not hold. Similarly, employment screening for negative attitudes towards LGBTQ people could itself be perceived as discriminating against religious beliefs legitimately held by some employees/employers. There are no easy answers here. Nevertheless, the dilemma remains: how can the right to hold one's religious beliefs, including those which disapprove of LGBTQ people, be balanced against the rights of LGBTQ+ people to receive affirmative care? LGBTQ people are entitled to the delivery of equitable care provision, including from all religious care providers. The question is how this can be achieved. More research and greater dialogue is needed to continue to explore this challenging issue.

Author Contributions

Dr Westwood wrote the preliminary and final drafts of the article. Professor Hafford-Letchfield made revisions. Ms James offered critical comments.

Competing Interests

The authors have declared that no competing interest exist.

References

1. Fredriksen Goldsen KI, Simoni JM, Kim HJ, Lehavot K, Walters KL, Yang J, et al. The health equity promotion model: Reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. Am J Orthopsychiatry. 2014; 84: 653-663.
2. Zeeman L, Sherriff N, Browne K, McGlynn N, Mirandola M, Gios L, et al. A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. Eur J Public Health. 2019; 29: 974-980.
3. Fish J, Almack K, Hafford Letchfield T, Toze M. What are LGBT+ inequalities in health and social support-why should we tackle them? Int J Environ Res Public Health. 2021; 18: 3612-3617.
4. Medina Martínez J, Saus Ortega C, Sánchez Lorente MM, Sosa Palanca EM, García Martínez P, Mármol López MI. Health inequities in LGBT people and nursing interventions to reduce them: A systematic review. Int J Environ Res Public Health. 2021; 18: 11801-11818.
5. Meyer IH. Resilience in the study of minority stress and health of sexual and gender minorities. Psychol Sex Orient Gender Divers. 2015; 2: 209-213.

6. Fredriksen Goldsen KI, Kim HJ, Barkan SE, Muraco A, Hoy-Ellis CP. Health disparities among lesbian, gay, and bisexual older adults: Results from a population-based study. Am J Public Health. 2013; 103: 1802-1809.
7. Correro AN, Nielson KA. A review of minority stress as a risk factor for cognitive decline in lesbian, gay, bisexual, and transgender (LGBT) elders. J Gay Lesbian Mental Health. 2020; 24: 2-19.
8. Kneale D, Henley J, Thomas J, French R. Inequalities in older LGBT people's health and care needs in the United Kingdom: A systematic scoping review. Ageing Soc. 2021; 41: 493-515.
9. Westwood S, Willis P, Fish J, Hafford Letchfield T, Semlyen J, King A, et al. Older LGBT+ health inequalities in the UK: Setting a research agenda. J Epidemiol Community Health. 2020; 74: 408-411.
10. Eskridge WN, Wilson RF. Religious freedom, LGBT rights, and the prospects for common ground. 1st ed. New York, NY: Cambridge University Press; 2018.
11. Browne K, Nash CJ. Resisting LGBT rights where “we have won”: Canada and Great Britain. J Hum Rights. 2014; 13: 322-336.
12. Bjork James S. Christian nationalism and LGBTQ structural violence in the United States. J Relig Violence. 2019; 7: 278-302.
13. Vitikainen A. LGBT rights and refugees: A case for prioritizing LGBT status in refugee admissions. Ethics Glob Polit. 2020; 13: 64-78.
14. Williams CC, Forbes JR, Placide K, Nicol N. Religion, hate, love, and advocacy for LGBT human rights in Saint Lucia. Sex Res Soc Pol. 2020; 17: 729-740.
15. Alessi EJ, Greenfield B, Kahn S, Woolner L. (Ir) reconcilable identities: Stories of religion and faith for sexual and gender minority refugees who fled from the Middle East, North Africa, and Asia to the European Union. Psychol Relig Spiritual. 2021; 13: 175-183.
16. Kondakov AS. Challenging the logic of progressive timeline, queering LGBT successes and failures in Ireland and Russia. Sexualities. 2023; 26: 105-124.
17. Super JT, Jacobson L. Religious abuse: Implications for counseling lesbian, gay, bisexual, and transgender individuals. J LGBT Issues Couns. 2011; 5: 180-196.
18. Brennan Ing M, Seidel L, Larson B, Karpiak SE. “I'm created in god's image, and god don't create junk”: Religious participation and support among older GLBT adults. J Relig Spiritual Aging. 2013; 25: 70-92.
19. Beagan BL, Hattie B. Religion, spirituality, and LGBTQ identity integration. J LGBT Issues Couns. 2015; 9: 92-117.
20. Rosenkrantz DE, Rostosky SS, Riggle ED, Cook JR. The positive aspects of intersecting religious/spiritual and LGBTQ identities. Spirituality in Clin Pract. 2016; 3: 127-138.
21. Levy DL, Harr J. “I never felt like there was a place for me:” Experiences of bisexual and pansexual individuals with a Christian upbringing. Journal of Bisexuality. 2018; 18: 186-205.
22. Boppana S, Gross AM. The impact of religiosity on the psychological well-being of LGBT Christians. J Gay Lesbian Mental Health. 2019; 23: 412-426.
23. Taylor Y, Cuthbert K. Queer religious youth in faith and community schools. Educ Rev. 2019; 71: 382-396.
24. McCann E, Donohue G, Timmins F. An exploration of the relationship between spirituality, religion and mental health among youth who identify as LGBT+: A systematic literature review. J Relig Health. 2020; 59: 828-844.

25. White JJ, Dangerfield DT, Donovan E, Miller D, Grieb SM. Exploring the role of LGBT-affirming churches in health promotion for Black sexual minority men. Culture Health Sex. 2020; 22: 1191-1206.
26. Lockett GM, Brooks JE, Abreu RL, Sostre JP. "I want to go to a place that's openly talking about the experiences of people of color who also identify as LGBTQ+": Cultural, religious, and spiritual experiences of LGBTQ people of color. Spiritual Clin Pract. 2022; 10: 261-270.
27. Bower KL, McGeorge CR, Bermudez JM. "It doesn't say except, it just says love each other": Mapping spiritual reconciliation among LGBTQ older adults. J Feminist Fam Ther. 2023; 35: 55-84.
28. Fair TM. Lessons on older LGBTQ individuals' sexuality and spirituality for hospice and palliative care. Am J Hospice Palli Med. 2021; 38: 590-595.
29. Escher C, Gomez R, Paulraj S, Ma F, Spies Upton S, Cummings C, et al. Relations of religion with depression and loneliness in older sexual and gender minority adults. Clin Gerontol. 2019; 42: 150-161.
30. Westwood S. Religion, sexuality, and (in) equality in the lives of older lesbian, gay, and bisexual people in the United Kingdom. J Relig Spiritual Aging. 2017; 29: 47-69.
31. Erdley SD, Anklam DD, Reardon CC. Breaking barriers and building bridges: Understanding the pervasive needs of older LGBT adults and the value of social work in health care. In: Lesbian, gay, bisexual, and transgender aging. 1st ed. London: Routledge; 2015. pp.288-311.
32. Hafford Letchfield T, Simpson P, Willis PB, Almack K. Developing inclusive residential care for older lesbian, gay, bisexual and trans (LGBT) people: An evaluation of the care home challenge action research project. Health Soc Care Community. 2018; 26: e312-e320.
33. Hafford Letchfield T, Pezzella A, Connell S, Urek M, Jurček A, Higgins A, et al. Learning to deliver LGBT+ aged care: Exploring and documenting best practices in professional and vocational education through the World Café method. Ageing Soc. 2023; 43: 105-126.
34. Willis P, Almack K, Hafford Letchfield T, Simpson P, Billings B, Mall N. Turning the co-production corner: Methodological reflections from an action research project to promote LGBT inclusion in care homes for older people. Int J Environ Res Public Health. 2018; 15: 695-710.
35. Caceres BA, Travers J, Primiano JE, Luscombe RE, Dorsen C. Provider and LGBT individuals' perspectives on LGBT issues in long-term care: A systematic review. Gerontologist. 2020; 60: e169-e183.
36. Fasullo K, McIntosh E, Buchholz SW, Ruppar T, Ailey S. LGBTQ older adults in long-term care settings: An integrative review to inform best practices. Clin Gerontol. 2022; 45: 1087-1102.
37. Valenti KG, Jen S, Parajuli J, Arbogast A, Jacobsen AL, Kunkel S. Experiences of palliative and end-of-life care among older LGBTQ women: A review of current literature. J Palli Med. 2020; 23: 1532-1539.
38. Candrian C, Cloyes KG. "She's dying and I can't say we're married?": End-of-life care for LGBT older adults. Gerontol. 2021; 61: 1197-1201.
39. Jurček A, Downes C, Keogh B, Urek M, Sheaf G, Hafford Letchfield T, et al. Educating health and social care practitioners on the experiences and needs of older LGBT+ adults: Findings from a systematic review. J Nurs Manage. 2021; 29: 43-57.
40. Bailey D, Calasanti T, Crowe A, di Lorito C, Hogan P, de Vries B. Equal but different! Improving care for older LGBT+ adults. Age Ageing. 2022; 51: afac142.

41. Burton CW, Lee JA, Waalen A, Gibbs LM. “Things are different now but”: Older LGBT adults’ experiences and unmet needs in health care. J Transcult Nurs. 2020; 31: 492-501.
42. Simpson P, Almack K, Walthery P. ‘We treat them all the same’: The attitudes, knowledge and practices of staff concerning old/er lesbian, gay, bisexual and trans residents in care homes. Ageing Soc. 2018; 38: 869-899.
43. Furlotte C, Gladstone JW, Cosby RF, Fitzgerald KA. “Could we hold hands?” older lesbian and gay couples’ perceptions of long-term care homes and home care. Can J Aging. 2016; 35: 432-446.
44. Westwood S. ‘We see it as being heterosexualised, being put into a care home’: Gender, sexuality and housing/care preferences among older LGB individuals in the UK. Health Soc Care Community. 2016; 24: e155-e163.
45. Almack K. "I didn't come out to go back in the closet": Ageing and end of life care for older LGBT people. In: Older lesbian, gay, bisexual and trans people: Minding the knowledge gaps. 1st ed. London: Routledge; 2018. pp. 158-171.
46. Putney JM, Keary S, Hebert N, Krinsky L, Halmo R. “Fear runs deep:” The anticipated needs of LGBT older adults in long-term care. J Gerontol Soc Work. 2018; 61: 887-907.
47. Löf J, Olaison A. ‘I don’t want to go back into the closet just because I need care’: Recognition of older LGBTQ adults in relation to future care needs. Eur J Soc Work. 2020; 23: 253-264.
48. Willis P, Raithby M, Dobbs C, Evans E, Bishop JA. ‘I'm going to live my life for me’: Trans ageing, care, and older trans and gender non-conforming adults’ expectations of and concerns for later life. Ageing Soc. 2021; 41: 2792-2813.
49. Walker RV, Powers SM, Witten TM. Transgender and gender diverse people’s fear of seeking and receiving care in later life: A multiple method analysis. J Homosex. 2023; 70: 3374-3398.
50. Westwood S. “People with faith-based objections might display homophobic behaviour or transphobic behaviour”: Older LGBTQ people’s fears about religious organisations and staff providing long-term care. J Relig Spiritual Aging. 2023; 35: 359-384.
51. Westwood S, James J, Hafford-Letchfield T. ‘He’s a Gay, He’s Going to Go to Hell.': Negative nurse attitudes towards LGBTQ people on a UK hospital ward: A single case study analysed in regulatory contexts. Ethics Soc Welfare. 2023; 17: 387-402.
52. Department of Health and Social Care. Care and support statutory guidance. UK Government; 2013.
53. Lachs MS, Pillemer K. Elder abuse. Lancet. 2004; 364: 1263-1272.
54. Penhale B. Elder abuse in the United Kingdom. J Elder Abuse Negl. 2008; 20: 151-168.
55. Dong XQ. Elder abuse: Research, practice and policy. 1st ed. Chicago, IL: Springer; 2017.
56. Yon Y, Mikton CR, Gassoumis ZD, Wilber KH. Elder abuse prevalence in community settings: A systematic review and meta-analysis. Lancet Global Health. 2017; 5: e147-e156.
57. Storey JE. Risk factors for elder abuse and neglect: A review of the literature. Aggression Violent Behav. 2020; 50: 101339. doi: 10.1016/j.avb.2019.101339.
58. Dixon J, Manthorpe J, Biggs S, Mowlam A, Tennant R, Tinker A, Mccreadie C. Defining elder mistreatment: Reflections on the United Kingdom study of abuse and neglect of older people. Ageing Soc. 2010; 30: 403-420.
59. Pillemer K, Burnes D, Riffin C, Lachs MS. Elder abuse: Global situation, risk factors, and prevention strategies. Gerontol. 2016; 56: S194-S205.

60. Westwood S. I may be older, but I ain't no elder: A critique of elder law. Temp Pol Civ Rights L Rev. 2011; 21: 485.
61. World Health Organization. Abuse of older people [Internet]. Geneva, Switzerland: World health organization; 2024. Available from: https://www.who.int/health-topics/abuse-of-older-people#tab=tab_1.
62. Hillman J. Intimate partner violence among older LGBT adults: Unique risk factors, issues in reporting and treatment, and recommendations for research, practice, and policy. In: Intimate partner violence and the LGBT+ community: Understanding power dynamics. 1st ed. Cham, Switzerland: Springer; 2020. pp. 237-254.
63. Hillman J. Lifetime prevalence of intimate partner violence and health-related outcomes among transgender adults aged 50 and older. Gerontologist. 2022; 62: 212-222.
64. Fraga Dominguez S, Storey JE, Glorney E. Help-seeking behavior in victims of elder abuse: A systematic review. Trauma Violence Abuse. 2021; 22: 466-480.
65. Penhale B. Gender Issues in Elder Abuse. In: Advances in elder abuse research. 1st ed. Cham, Switzerland: Springer; 2020. pp. 165-179.
66. Westwood S. Abuse and older lesbian, gay bisexual, and trans (LGBT) people: A commentary and research agenda. J Elder Abuse Neglect. 2019; 31: 97-114.
67. Phelan A. Introduction. In: Advances in elder abuse research: Practice, legislation and policy. 1st ed. Cham, Switzerland: Springer; 2020. pp. 1-9.
68. Jervis LL, Hamby S, Beach SR, Williams ML, Maholmes V, Castille DM. Elder mistreatment in underserved populations: Opportunities and challenges to developing a contemporary program of research. J Elder Abuse Neglect. 2016; 28: 301-319.
69. Robson C, Gutman G, Marchbank J, Blair K. Raising awareness and addressing elder abuse in the LGBT community: An intergenerational arts project. Lang Lit. 2018; 20: 46-66.
70. Gutman GM, Robson C, Marchbank J. Elder Abuse in the LGBT Community. In: Advances in elder abuse research: Practice, legislation and policy. 1st ed. Cham, Switzerland: Springer; 2020. pp. 149-164.
71. Cook Daniels L. Lesbian, gay male, bisexual and transgendered elders: Elder abuse and neglect issues. J Elder Abuse Neglect. 1997; 9: 35-49.
72. Cook-Daniels L. Coping with abuse inside the family and out: LGBT and/or male victims of elder abuse. In: Elder abuse: Research, practice and policy. 1st ed. Chicago, IL: Springer; 2017. pp. 541-553.
73. Cook Daniels L, Munson M. Sexual violence, elder abuse, and sexuality of transgender adults, age 50+: Results of three surveys. J GLBT Fam Stud. 2010; 6: 142-177.
74. Bloemen EM, Rosen T, LoFaso VM, Lasky A, Church S, Hall P, et al. Lesbian, gay, bisexual, and transgender older adults' experiences with elder abuse and neglect. J Am Geriatr Soc. 2019; 67: 2338-2345.
75. Donovan C, Barnes R. Help-seeking among lesbian, gay, bisexual and/or transgender victims/survivors of domestic violence and abuse: The impacts of cisgendered heteronormativity and invisibility. J Soc. 2020; 56: 554-570.
76. Donovan C, Barnes R. Domestic violence and abuse in lesbian, gay, bisexual and/or transgender (LGB and/or T) relationships. Sexualities. 2019; 22: 741-750.
77. Donovan C, Hester M. 'I hate the word "victim"': An exploration of recognition of domestic violence in same sex relationships. Soc Pol Soc. 2010; 9: 279-289.

78. Renzetti CM, Miley CH. Violence in gay and lesbian domestic partnerships. 1st ed. New York, NY: Routledge; 2014.
79. Daly JM, Merchant ML, Jogerst GJ. Elder abuse research: A systematic review. J Elder Abuse Neglect. 2011; 23: 348-365.
80. Johannesen M, LoGiudice D. Elder abuse: A systematic review of risk factors in community-dwelling elders. Age Ageing. 2013; 42: 292-298.
81. Yunus RM, Hairi NN, Choo WY. Consequences of elder abuse and neglect: A systematic review of observational studies. Trauma Violence Abuse. 2019; 20: 197-213.
82. Yon Y, Mikton C, Gassoumis ZD, Wilber KH. The prevalence of self-reported elder abuse among older women in community settings: A systematic review and meta-analysis. Trauma Violence Abuse. 2019; 20: 245-259.
83. Bows H. Sexual violence against older people: A review of the empirical literature. Trauma Violence Abuse. 2018; 19: 567-583.
84. Kum S. Gay, gray, black, and blue: An examination of some of the challenges faced by older LGBTQ people of color. J Gay Lesbian Mental Health. 2017; 21: 228-239.
85. Chen J, McLaren H, Jones M, Shams L. The aging experiences of LGBTQ ethnic minority older adults: A systematic review. Gerontologist. 2022; 62: e162-e177.
86. Phelan A, Ayalon L. The Intersection of Ageism and Elder Abuse. In: Advances in elder abuse research: Practice, legislation and policy. 1st ed. Cham, Switzerland: Springer; 2020. pp. 11-21.
87. Burnes D, MacNeil A, Nowaczynski A, Sheppard C, Trevors L, Lenton E, et al. A scoping review of outcomes in elder abuse intervention research: The current landscape and where to go next. Aggress Violent Behav. 2021; 57: 101476. doi: 10.1016/j.avb.2020.101476.
88. Mikton C, Beaulieu M, Yon Y, Cadieux Genesse J, St Martin K, Byrne M, et al. PROTOCOL: Global elder abuse: A mega-map of systematic reviews on prevalence, consequences, risk and protective factors and interventions. Campbell Syst Rev. 2022; 18: e1227.
89. Jenkins D, Johnston LB. Unethical treatment of gay and lesbian people with conversion therapy. Fam Soc. 2004; 85: 557-861.
90. Cant B, Hemmings S. Radical records (routledge revivals): Thirty years of lesbian and gay History, 1957-1987. 2nd ed. New York, NY: Routledge; 2010.
91. Dickinson T. 'Curing queers': Mental nurses and their patients, 1935–74. 1st ed. Manchester, UK: Manchester University Press; 2015.
92. Knauer NJ. The politics of eradication and the future of LGBT rights. Geo J Gender L. 2019; 21: 615-670.
93. Higbee M, Wright ER, Roemerman RM. Conversion therapy in the Southern United States: Prevalence and experiences of the survivors. J Homosex. 2022; 69: 612-631.
94. Spandler H, Carr S. Lesbian and bisexual women's experiences of aversion therapy in England. Hist Hum Sci. 2022; 35: 218-236.
95. Knight C, Wilson K. Lesbian, gay, bisexual and trans people (LGBT) and the criminal justice system. 1st ed. London, UK: Palgrave Macmillan; 2016.
96. Rosenfeld D, Bartlam B, Smith RD. Out of the closet and into the trenches: Gay male baby boomers, aging, and HIV/AIDS. Gerontologist. 2012; 52: 255-264.
97. Herek GM, McLemore KA. Sexual prejudice. Annu Rev Psychol. 2013; 64: 309-333.
98. Hunt S. Religion and LGBTQ sexualities: Critical essays. 1st ed. London, UK: Taylor & Francis; 2016.

99. Gerber P, Gory J. The UN Human Rights Committee and LGBT rights: What is it doing? What could it be doing? Hum Rights Law Rev. 2014; 14: 403-439.
100. Cooper D, Herman D. Up against the property logic of equality law: Conservative Christian accommodation claims and gay rights. Feminist Legal Stud. 2013; 21: 61-80.
101. Wilkins CL, Wellman JD, Toosi NR, Miller CA, Lisnek JA, Martin LA. Is LGBT progress seen as an attack on Christians? Examining Christian/sexual orientation zero-sum beliefs. J Pers Soc Psychol. 2022; 122: 73-101.
102. Barton B. "Abomination"-Life as a Bible belt gay. J Homosex. 2010; 57: 465-484.
103. Christian Institute. Same-sex marriage. Your legal rights to object a guide for churches and Christian employees [Internet]. Newcastle, UK: Christian Institute; 2017. Available from: https://www.christian.org.uk/resource/same-sex-marriage-your-legal-rights-to-object/.
104. Christian Institute. Transsexualism [Internet]. Newcastle, UK: Christian Institute; 2016. Available from: https://www.christian.org.uk/resource/transsexualism-briefing/.
105. Sue DW, Capodilupo CM, Torino GC, Bucceri JM, Holder A, Nadal KL, et al. Racial microaggressions in everyday life: Implications for clinical practice. Am Psychol. 2007; 62: 271-286.
106. Lomash EF, Brown TD, Galupo MP. "A whole bunch of love the sinner hate the sin": LGBTQ microaggressions experienced in religious and spiritual context. J Homosex. 2018; 66: 1495-1511.
107. Hollier J, Clifton S, Smith Merry J. Mechanisms of religious trauma amongst queer people in Australia's evangelical churches. Clin Soc Work J. 2022; 50: 275-285.
108. Sorrell SA, Lefevor GT, Bell JH, Berg CO, Skidmore SJ. "You're not gay; You're a child of god": Microaggressions experienced by LGBTQ+ teens and their parents in the Church of Jesus Christ of Latter-day saints. Fam Process. 2023. doi: 10.1111/famp.12863.
109. Cyrus K. Multiple minorities as multiply marginalized: Applying the minority stress theory to LGBTQ people of color. J Gay Lesbian Mental Health. 2017; 21: 194-202.
110. Chen A. A journey of spirituality: Effects and perceptions of religion among older LGBTQ+ people of color. J Black Sex Relat. 2021; 8: 63-92.
111. Conover KJ, Israel T. Microaggressions and social support among sexual minorities with physical disabilities. Rehabil Psychol. 2019; 64: 167-168.
112. Kattari SK. The development and validation of the ableist microaggression inventory. J Soc Serv Res. 2019; 45: 400-417.
113. Gendron TL, Welleford EA, Inker J, White JT. The language of ageism: Why we need to use words carefully. Gerontologist. 2016; 56: 997-1006.
114. Gietzen LJ, Lewis H, Buchanan JA. Age-related microaggressions: A descriptive study. Gerontologist. 2023; 63: 820-830.
115. Nadal KL. Microaggressions and traumatic stress: Theory, research, and clinical treatment. 1st ed. Washington DC, WA: American Psychological Association; 2018.
116. Nadal KL, Whitman CN, Davis LS, Erazo T, Davidoff KC. Microaggressions toward lesbian, gay, bisexual, transgender, queer, and genderqueer people: A review of the literature. J Sex Res. 2016; 53: 488-508.
117. Nadal KL. A decade of microaggression research and LGBTQ communities: An introduction to the special issue. J Homosex. 2019; 66: 1309-1316.

118. Chang TK, Chung YB. Transgender microaggressions: Complexity of the heterogeneity of transgender identities. J LGBT Issues Couns. 2015; 9: 217-234.
119. Pulice Farrow L, Brown TD, Galupo MP. Transgender microaggressions in the context of romantic relationships. Psychol Sex Orient Gender Divers. 2017; 4: 362-373.
120. Pulice Farrow L, Clements ZA, Galupo MP. Patterns of transgender microaggressions in friendship: The role of gender identity. Psychol Sex. 2017; 8: 189-207.
121. Kia H, MacKinnon KR, Legge MM. In pursuit of change: Conceptualizing the social work response to LGBTQ microaggressions in health settings. Soc Work Health Care. 2016; 55: 806-825.
122. Bryan SE. Types of LGBT microaggressions in counselor education programs. J LGBT Issues Couns. 2018; 12: 119-135.
123. Klitzman R, Natarelli GD, Garbuzova E, Al Hashimi J, Sinnappan S. Barriers and facilitators faced by hospital chaplains in communicating with lesbian, gay, bisexual, transgender and questioning patients. Patient Educ Couns. 2023; 113: 107753.
124. Resnick CA, Galupo MP. Assessing experiences with LGBT microaggressions in the workplace: Development and validation of the microaggression experiences at work scale. J Homosex. 2019; 66: 1380-1403.
125. Decker H, Combs RM, Noonan EJ, Black C, Weingartner LA. LGBTQ+ microaggressions in health care: Piloting an observation framework in a standardized patient assessment. J Homosex. 2022; 16: 528-544.
126. Mason K, Biswas Sasidharan A, Cooper A, Shorten K, Sutton J. Discriminatory abuse: Time to revive a forgotten form of abuse? J Adult Prot. 2022; 24: 115-125.
127. Trusty WT, Swift JK, Black SW, Dimmick AA, Penix EA. Religious microaggressions in psychotherapy: A mixed methods examination of client perspectives. Psychotherapy. 2022; 59: 351-362.
128. Guasp A. Lesbian, gay and bisexual people in later life. 1st ed. London, UK: Stonewall; 2011.
129. Dean MA, Victor E, Guidry Grimes L. Inhospitable healthcare spaces: Why diversity training on LGBTQIA issues is not enough. J Bioethical Inq. 2016; 13: 557-570.
130. Casey LS, Reisner SL, Findling MG, Blendon RJ, Benson JM, Sayde JM, et al. Discrimination in the United States: Experiences of lesbian, gay, bisexual, transgender, and queer Americans. Health Serv Res. 2019; 54: 1454-1466.
131. Vaccaro A, Koob RM. A critical and intersectional model of LGBTQ microaggressions: Toward a more comprehensive understanding. J Homosex. 2019; 66: 1317-1344.
132. Byers DS, McInroy LB, Craig SL, Slates S, Kattari SK. Naming and addressing homophobic and transphobic microaggressions in social work classrooms. J Soc Work Educ. 2020; 56: 484-495.
133. Equality and Human Rights Commission. Close to home: An inquiry into older people and human rights in home care [Internet]. Manchester: Equality and human rights commission; 2011. Available from: https://www.equalityhumanrights.com/sites/default/files/close_to_home.pdf.
134. Webb E, Elphick L. Yesterday once more: Discrimination and LGBTI+ seniors. Monash Univ L Rev. 2017; 43: 530-566.
135. Fredriksen Goldsen KI, Hoy Ellis CP, Goldsen J, Emlet CA, Hooyman NR. Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian,

gay, bisexual, and transgender (LGBT) older adults in the health and human services. J Gerontol Soc Work. 2014; 57: 80-107.
136. Hardacker CT, Rubinstein B, Hotton A, Houlberg M. Adding silver to the rainbow: The development of the nurses' health education about LGBT elders (HEALE) cultural competency curriculum. J Nurs Manage. 2014; 22: 257-266.
137. Rosser BS, Shippee T, Wright MM, Aumock C, Moone R, Talley KM, et al. "Going back in the closet": Addressing discrimination against sexual and gender minority residents in long-term services and supports by providing culturally responsive care. J Aging Soc Policy. 2023; 1-3. doi: 10.1080/08959420.2023.2226300.
138. Westwood S. Religious-based negative attitudes towards LGBTQ people among healthcare, social care and social work students and professionals: A review of the international literature. Health Soc Care Community. 2022; 30: e1449-e1470.
139. Sullivan SC. Religion, gender, and social welfare: Considerations regarding inclusion. Soc Inclusion. 2019; 7: 44-47.
140. Smith GA. About three-in-ten U.S. adults are now religiously unaffiliated [Internet]. Washington DC, WA: Pew Research Center; 2021. Available from: https://www.pewresearch.org/religion/2021/12/14/about-three-in-ten-u-s-adults-are-now-religiously-unaffiliated/.
141. Mapp S, McPherson J, Androff D, Gatenio Gabel S. Social work is a human rights profession. Soc Work. 2019; 64: 259-269.
142. The National Centre for Social Research. Religion. 2019. Available from: https://www.bsa.natcen.ac.uk/media/39293/1_bsa36_religion.pdf.
143. Héliot YF, Gleibs IH, Coyle A, Rousseau DM, Rojon C. Religious identity in the workplace: A systematic review, research agenda, and practical implications. Hum Res Manage. 2020; 59: 153-173.
144. Héliot YF. Religious Identity and Working in the NHS [Internet]. Guildford, UK: The University of Surrey; 2020. Available from: https://openresearch.surrey.ac.uk/esploro/outputs/report/RELIGIOUS-IDENTITY-AND-WORKING-IN-THE-NHS/99512632702346.
145. Bull D, de Las Casas L, Wharton R. Faith matters: Understanding the size, income and focus of faith-based charities. London: New Philanthropy Capita. 2016. Available from: https://www.semanticscholar.org/paper/Faith-Matters%3A-Understanding-The-Size%2C-Income-And-Bull-Casas/58a38147b67a4a9e96883258ef8c0dd307c0cdb7#citing-papers.
146. Collinge T. Charity care homes: Small, but impactful [Internet]. London, UK: NPC; 2020. Available from: https://www.thinknpc.org/blog/charity-care-homes/.
147. Westwood S. Freedom of information [Internet]. Sheffield, UK: Social Work England; 2020. Available from: https://www.socialworkengland.org.uk/about/freedom-of-information/.
148. Westwood S. Can religious social workers practice affirmatively with LGBTQ service recipients? An exploration within the regulatory context. J Soc Welfare Fam Law. 2022; 44: 205-225.
149. Mason K, Cocker C, Hafford Letchfield T. Sexuality and religion: From the court of appeal to the social work classroom. Soc Work Educ. 2022; 41: 77-89.
150. Chonody J, Woodford MR, Smith S, Silverschanz P. Christian social work students' attitudes toward lesbians and gay men: Religious teachings, religiosity, and contact. J Relig Spiritual Soc Work Soc Thought. 2013; 32: 211-226.

151. Jaffee KD, Dessel AB, Woodford MR. The nature of incoming graduate social work students' attitudes toward sexual minorities. J Gay Lesbian Soc Serv. 2016; 28: 255-276.
152. Dessel A, Levy DL, Lewis TO, McCarty Caplan D, Jacobsen J, Kaplan L. Teaching note-challenges in the classroom on LGBTQ topics and Christianity in social work. J Soc Work Educ. 2019; 55: 202-210.
153. Woodford MR, Atteberry Ash B, Jaffee K, Dessel AB. "My Church teaches homosexuality is a sin" religious teachings, personal religious beliefs, and MSW students' attitudes toward sexual minorities. J Relig Spiritual Soc Work Soc Thought. 2021; 40: 216-235.
154. Prock KA, Cavanaugh DL, Cummings CE, Russo C, Aersolon D, Prieto LR, et al. Do we practice what we preach? Exclusionary LGBTQ+ policy at religiously-affiliated institutions of higher education with CSWE-accredited social work programs. Soc Work Educ. 2022; 1-9. doi: 10.1080/02615479.2022.2149392.
155. Knocker S. Perspectives on ageing: Lesbians, gay men and bisexuals. 1st ed. York: Joseph Rowntree Foundation; 2012.
156. NHS Digital. Safeguarding Adults, England, 2020-21 [Internet]. London, UK: NHS Didital; 2021. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2020-21.
157. Department of Health and Social Care. Care and Support Statutory Guidance. UK Government; 2023. Available from: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance.
158. Webber A. Christian doctor loses transgender pronoun case, but beliefs worthy of protection [Internet]. London, UK: Personnel Today; 2022. Available from: https://www.personneltoday.com/hr/christian-doctor-transgender-pronoun-case-appeal-judgment/.
159. Guth JL. New frontiers of religious freedom? LGBTQ rights versus religious conscience. Relig State Soc. 2022; 50: 338-355.
160. Herring J. Law through the life course. 1st ed. Bristol, UK: Bristol University Press; 2021.
161. Howe D, Kohli R, Smith M, Parkinson C, McMahon L, Solomon R, et al. Relationship-based social work: Getting to the heart of practice. 2nd ed. Philadelphia, PA: Jessica Kingsley Publishers; 2018.
162. Sewell KM. Examining the place of emotions, affect, and regulation in social work education. J Soc Work Educ. 2020; 56: 5-16.
163. United Nations. United nations principles for older persons [Internet]. Geneva, Switzerland: United Nations; 1991. Available from: https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-principles-older-persons.
164. Carabez R, Pellegrini M, Mankovitz A, Eliason MJ, Dariotis WM. Nursing students' perceptions of their knowledge of lesbian, gay, bisexual, and transgender issues: Effectiveness of a multi-purpose assignment in a public health nursing class. J Nurs Educ. 2015; 54: 50-53.
165. Dunjić Kostić B, Pantović M, Vuković V, Randjelović D, Totić Poznanović S, Damjanović A, et al. Knowledge: A possible tool in shaping medical professionals' attitudes towards homosexuality. Psychiatr Danub. 2012; 24: 143-151.
166. Grubb H, Hutcherson H, Amiel J, Bogart J, Laird J. Cultural humility with lesbian, gay, bisexual, and transgender populations: A novel curriculum in LGBT health for clinical medical students. MedEdPORTAL. 2013; 9: 9542.

167. Higgins A, Downes C, Sheaf G, Bus E, Connell S, Hafford Letchfield T, et al. Pedagogical principles and methods underpinning education of health and social care practitioners on experiences and needs of older LGBT+ people: Findings from a systematic review. Nurs Educ Pract. 2019; 40: 102625.
168. Hunt R, Bates C, Walker S, Grierson J, Redsell S, Meads C. A systematic review of UK educational and training materials aimed at health and social care staff about providing appropriate services for LGBT+ people. Int J Environ Res Public Health. 2019; 16: 4976.
169. Holman EG, Landry Meyer L, Fish JN. Creating supportive environments for LGBT older adults: An efficacy evaluation of staff training in a senior living facility. J Gerontol Soc Work. 2020; 63: 464-477.
170. Solchanyk D, Ekeh O, Saffran L, Burnett Zeigler IE, Doobay Persaud A. Integrating cultural humility into the medical education curriculum: Strategies for educators. Teach Learn Med. 2021; 33: 554-560.
171. Westwood S, Knocker S. 11 One-day training courses on LGBT* awareness–are they the answer? In: Lesbian, gay, bisexual and trans* individuals living with dementia: Concepts, practice and rights. 1st ed. London, UK: Routledge; 2016. pp. 155-167.
172. Vinjamuri M. Using reflection and dialogue to prepare social work students for practice with LGBT populations: An emerging pedagogical model. J Gay Lesbian Soc Serv. 2017; 29: 144-166.