Intersectional Harms: Discriminatory Abuse of Older LGBTQ+ Adults in Long-Term Care

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Abstract

Discriminatory abuse (harm motivated by a person's identity characteristics, including sexual orientation, gender identity, race and sex) remains under-addressed in mainstream "elder abuse" scholarship. This commentary argues that silence in scholarship and absence in data, concepts and regulatory frameworks produce a form of structural invisibility that leaves older LGBTQ+ people in long-term care vulnerable to harm that is neither recognised nor addressed. Drawing on the case of Noel Glynn, a gay man with dementia subjected to homophobic abuse in an English care home, it calls for discriminatory abuse to be more fully recognised conceptually, empirically and within adult protection practice.

Keywords: "elder abuse"; discriminatory abuse; LGBTQ+; long-term care; intersectionality

Introduction

The abuse of older lesbian, gay, bisexual, trans and queer (LGBTQ+) people is under-addressed in the literature on the abuse of older people (Westwood, 2019). Systematic reviews of institutional abuse of older people make little or no reference to sexuality or gender identity, failing even to acknowledge these omissions (Johannesen and LoGiudice, 2013; Pillemer et al., 2016; Yon et al., 2017). Discriminatory abuse - harm motivated by the victim's identity characteristics, including sexual orientation, gender identity, race or sex - appears in some national safeguarding frameworks, including England's Care Act 2014 and its statutory guidance (Department of Health and Social Care, 2024), but has attracted almost

no sustained attention in research on the abuse of older people or in adult protection practice (Mason et al., 2022).

This commentary invites those working in the "elder abuse" fields to reflect on that silence: what produces it, what it means for the people it leaves unprotected, and what would need to change for discriminatory abuse to be fully recognised within conceptual, empirical and practice frameworks. The case of Noel Glynn, a gay man with dementia subjected to homophobic abuse in an English care home, whose experiences were documented in the Channel 4 documentary *Ted and Noel* (Alcamo, 2023), provides one of the few publicly accessible accounts of what this lack of recognition costs in practice.

Key terms used in this commentary

Term	Definition
Deadnaming	Referring to a transgender or non-binary person by a former name that they no longer use.
Cisgender	A person whose gender identity corresponds with the sex assigned to them at birth.
Heteronormativity	Assumptions or practices that treat heterosexuality and heterosexual relationships as the norm.
Cisnormativity	Assumptions or practices that treat being cisgender as the norm.
Outing	Disclosing or revealing a person's sexual orientation or gender identity without their consent.
Microaggression	Subtle or everyday conduct that communicates prejudice, hostility or exclusion towards a marginalised group.
Polyvictimisation	Experiencing multiple, overlapping forms of abuse or victimisation that may intersect and compound their impact.
Intersectionality	An approach that considers how different aspects of identity and social position interact to shape distinctive experiences of advantage, disadvantage and harm.

Ted and Noel

The case of Ted and Noel is significant because it provides a rare publicly documented account of homophobic abuse in a UK long-term care setting involving a resident with dementia together with evidence from media reporting, parliamentary debate and whistleblower testimony.

Ted Brown and Noel Glynn met in 1972 at the first UK Pride march. They were partners for almost fifty years, gay rights activists, a Black man and a white man, who navigated racism and homophobia together across their adult lives, and formed a legal civil partnership in their later years. When Noel developed dementia and Ted could no longer care for him at home, their local authority placed Noel in Albany Lodge, a nursing home in Croydon, London (Alcamo, 2023).

What happened at Albany Lodge is documented in the Channel 4 documentary *Ted and Noel* (Alcamo, 2023), in parliamentary debate (HC Deb, 12 September 2023: Col. 313WH), in media reporting (Banfield-Nwachi, 2023), and in Ted's own accounts. According to these various sources, on one occasion, staff asked Noel whether he was gay as he walked along a corridor with other residents; he was then dragged into a room and physically assaulted. Ted's phone footage reportedly shows bruising on Noel's chest, with visible knuckle marks. Noel also allegedly had cigarette burns on his body (Banfield-Nwachi, 2023). In January 2019, Noel told a social worker he had been assaulted (HC Deb, 12 September 2023: Col. 313WH). Despite this disclosure, he remained at Albany Lodge for a further nine months. The suspected staff were reportedly suspended for two weeks, then returned to a different floor of the same facility (Banfield-Nwachi, 2023). A local authority safeguarding investigation found neglect and homophobic comments substantiated but physical abuse inconclusive.

As their MP, Helen Days, observed in the House of Commons: what happened to Noel was not "merely" discriminatory abuse. It was a hate crime, perpetrated against one of the most vulnerable people in society, behind closed doors (HC Deb, 12 September 2023: Col. 313WH).

Ted was simultaneously excluded from Noel's care: addressed as his father, not invited to psychological assessments, initially refused entry to a room where an assessment

was underway, and where Noel could be heard calling out for him (HC Deb, 12 September 2023: Col. 313WH). This was despite presenting their civil partnership certificate, Ted's power of attorney, and evidence of forty-nine years together.

Discriminatory abuse

Discriminatory abuse of older LGBTQ+ people is not invisible in a single, uniform way. Its invisibility is intersectional: shaped and compounded differently depending on which identity characteristics are in play and how they interact with one another and with the structural conditions of institutional care. It is important to consider these dimensions not as separate silos but as forces that compound one another, producing polyvictimisation, in which multiple, overlapping forms of abuse intersect and compound their impact on the person experiencing them (Westwood, 2019). In terms of the abuse of older LGBTQ+ people, this transects three domains: abuse that is age-related and affects people who happen to be LGBTQ+; homophobic, biphobic or transphobic abuse affecting people who happen to be older; and, most significantly for this commentary, abuse that arises specifically from the intersection of older age and LGBTQ+ identity, where being both older and LGBTQ+ creates a configuration of vulnerability distinct from either dimension alone (Westwood, 2019).

Older LGBTQ+ people in long-term care fear that their identities and relationships will not be recognised, that heteronormative care cultures will fail to recognise them, and that they may face homophobic or transphobic abuse from which exit is constrained (Westwood, 2016; Putney et al., 2018; Löf and Olaison, 2020; Rosser et al., 2023). The US documentary *Gen Silent* (Maddox, 2011) documented older LGBTQ+ people's fears about long-term care, as well as empirical research showing older LGBTQ+ people feeling they will have to "go back into the closet" in care settings (Löf and Olaison, 2020). Such a self-protection concealment strategy simultaneously renders the discriminatory dimension of any harm they suffer invisible to those responsible for their protection. The (non-validated) whistleblower

reports compiled by the charity Compassion in Care (Chubb, 2023; Chubb, undated), which document 486 reports of homophobic abuse in UK care homes submitted by care staff and relatives, and referred to in the film, offer a window into the possible scale of what remains largely unseen.

Gender identity adds further complexity. Older trans and non-binary people face specific forms of misrecognition and harm - deadnaming, refusal to use correct pronouns, inappropriate allocation to gendered care spaces - that are distinct from, though related to, the experiences of cisgender lesbian, gay and bisexual people (Willis et al., 2021; Walker et al., 2023). These forms of harm are not yet adequately captured in existing frameworks for the abuse of older people, nor in data instruments designed to measure its prevalence.

Race compounds these dynamics in ways that are poorly understood. Older LGBTQ+ people who are Black and/or from minority ethnic backgrounds are even further obscured in the literature than older LGBTQ+ people generally (Westwood, 2019). Noel's case is instructive here: Noel was white, his partner Ted is Black. Ted's systematic exclusion from Noel's care - being addressed as Noel's father rather than his civil partner of almost fifty years - operated at the intersection of race and sexuality. As Ted observed: "I'm Black and he's white; they all knew I wasn't his father" (Hart, undated). The racialised dimension of this exclusion was inseparable from its heteronormative dimension. Care systems may fail to recognise either the racial identity or the sexual or gender identity of older LGBTQ+ people who are Black and/or from minority ethnic communities, let alone the interaction between them.

Sex and gender also intersect with these dynamics in ways that are configured differently for older cisgender women and men, and older trans people across genders. Each face differently shaped risks within care environments structured by both hetero-/cis-normativity and assumptions about dependency, identity and care. A framework adequate to

discriminatory abuse must be capable of holding these intersecting dimensions simultaneously rather than treating each as a separate and sequential concern.

Cognitive impairment adds a further layer of compounded non-recognition specific to the long-term care context (Chidiac et al, 2025). As dementia progresses, the capacity for strategic self-concealment diminishes: older LGBTQ+ people with dementia may be inadvertently outed as their inhibitory capacity declines. Noel was identified as gay by staff because of the visible affection between him and Ted - and that outing apparently precipitated his abuse. At the same time, dementia limits the ability to disclose abuse or to mobilise legal protections. Noel told a social worker he was being beaten; his testimony was not sufficient to meet the evidential threshold for a formal finding. The intersection of LGBTQ+ identity and cognitive impairment creates a specific configuration of vulnerability and non-recognition that the adult protection field has not yet adequately addressed.

Intersectional invisibility

It is worth pausing to consider what produces this non-recognition of harm. Here, invisibility is the practical outcome of two related conditions: silence in scholarship and absence in data, concepts and regulatory attention. The limited visibility of older LGBTQ+ abuse in institutional contexts reflects structural features of the field itself: the dominance of prevalence-based, quantitative research methods that require large samples and standardised instruments; data systems that do not routinely capture sexual orientation or gender identity; conceptual frameworks developed without explicit attention to identity-based harm; and the practical challenges of conducting research in closed institutional settings where LGBTQ+ residents may be invisible, unwilling to disclose, or cognitively unable to participate (Law and Ashworth, 2022; Smith et al., 2024).

There are also specific regulatory gaps that compound the invisibility of discriminatory abuse. The Equality Act 2010 prohibits direct and indirect discrimination on grounds including sexual orientation, but excludes harassment protection from goods and services provision (s.29(8)). This gap has particular force in long-term care settings where residents cannot leave and are entirely dependent on those providing their care. Furthermore, as Herring (2021) observes, discrimination law is concerned primarily with whether a service is delivered rather than the quality with which it is delivered. This means that the subtle, relational dimensions of discriminatory abuse, the microaggressions, the omissions of affirming care, the avoidance and contempt that fall short of overt acts, all slip between regulatory frameworks (Westwood et al., 2024). These relational harms are, however, no less damaging for being harder to name.

These structural features have consequences. When discriminatory abuse is not conceptually recognised, it is unlikely to be measured. When it is not measured, it is unlikely to be investigated. When it is not investigated, it is unlikely to be prevented. The absence is self-reinforcing: the less attention the field pays to discriminatory abuse, the less evidence exists to justify paying attention to it. Breaking that cycle requires deliberate and sustained effort.

There is also a broader point about the relationship between research and the populations it studies. Older LGBTQ+ people have lived much of their lives against a backdrop of criminalisation, pathologisation and systematic social exclusion (Westwood, 2019). Many have experienced abuse across their life course (Bloemen et al., 2019). When discriminatory abuse remains outside the field's frame, it risks replicating, at the level of scholarship and practice, the same patterns of non-recognition that have characterised their lives.

What the Field Can Do

The following represent the kinds of systemic changes that would begin to bring discriminatory abuse into fuller view within adult protection research and practice.

Research: Studies of the abuse of older people should routinely include sexual orientation and gender identity as variables. Qualitative research on the actual experiences of older LGBTQ+ people in long-term care, as distinct from their fears and anticipations, is critically needed. Researchers working on the abuse of older people and those working on LGBTQ+ ageing should actively collaborate: the former bringing knowledge of institutional dynamics and abuse typologies; the latter bringing knowledge of identity, intersectionality and the specific vulnerabilities of this population. Researchers need to move out of specialist silos to address issues that extend across their traditional domains.

Data systems: Safeguarding referral data should be disaggregated by protected characteristics, including sexual orientation and gender identity, as a matter of routine. Without this, discriminatory abuse cannot be counted, tracked or responded to at a systemic level. This requires both policy change and practical investment in data infrastructure, with attention to the specific challenges of capturing identity data where adults may be cognitively impaired or reluctant to disclose.

Conceptual frameworks: Discriminatory abuse needs to be fully integrated into adult protection typologies, not as an optional add-on but as a first-order category, with its own intersectional dynamics, its own barriers to disclosure and detection, and its own implications for practice. Frameworks need to be capable of recognising polyvictimisation and the compound ways in which intersecting identities configure vulnerability, rather than treating each characteristic as a separate and sequential concern.

Practice and inspection: Adult protection practitioners need conceptual tools to recognise the discriminatory dimensions of harm, including where those dimensions are diffused, relational and expressed through microaggression rather than overt acts (Westwood et al., 2024). Inspection regimes need to assess care culture – including LGBTQ+ inclusion – not only task compliance. Zero-tolerance policies for discriminatory conduct need to be consistently enforced, and management structures need to make it safe for staff to raise concerns about identity-based harm. Practical resources already exist to support this work. The CIRCLE Care Home Guide, co-designed with older LGBTQ+ people and care providers, provides guidance for embedding LGBTQ+ inclusion within care-home practice (University of Kent, 2024; Keemink et al, 2025) while Skills for Care's LGBTQ+ Learning Framework and associated toolkit support the development of LGBTQ+-affirmative practice within adult social care (Skills for Care, 2024).

Inclusive care and choice: There is no single model of LGBTQ+ inclusive care. Specialist and affirming provision can provide additional choice: Tonic@Bankhouse in London offers LGBTQ+-affirming retirement housing with access to care and support (Tonic Housing, 2026); Kindred House in Manchester is being developed as an LGBTQ+ majority Extra Care scheme (LGBT Foundation, 2026); and Openhouse in San Francisco provides an established US example of housing-related support and community provision for LGBTQ+ older adults (Openhouse, 2023). Initiatives such as London Older Lesbian Cohousing also demonstrate that some older lesbians have sought lesbian- and women-specific forms of later-life housing (UK Cohousing Network, undated). Specialist provision cannot, however, substitute for inclusive mainstream care: many older LGBTQ+ people wish to remain in their existing communities, and geographically concentrated specialist provision will not be accessible to all. Progress therefore requires both meaningful choice and mainstream care that recognises and affirms LGBTQ+ identities, relationships and histories.

Conclusion

Those working in the protection of older adults have brought "elder abuse" into public, professional and policy view. Discriminatory abuse of older LGBTQ+ people – and of others with marginalised/minority identities, whose experiences of identity-based harm remain unmeasured and insufficiently recognised – represents an area where that work needs to be extended. Bringing discriminatory abuse more fully into view requires attention not only to what is present in research, data, policy and practice, but also to what remains absent from them. The experiences of older LGBTQ+ people in long-term care are part of the unfinished agenda of a field concerned with the full humanity of all those it seeks to protect.

Data availability statement

Data sharing is not applicable to this article as no new data were created or analysed in this study.

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