

Understanding and Addressing Elder Abuse in Gender and Sexual Minority Communities

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Elder abuse affects roughly one in ten of all older adults who live at home¹, with significant impacts on their health and wellbeing. The recent COVID-19 pandemic has also drawn increased attention to ongoing elder abuse and neglect in other living situations, such as hospitals and residential care homes.

Though limited, current research suggests that elders who belong to a Gender and Sexual Minority (GSM)^{*} are more at risk for abuse than their heterosexual counterparts, pointing to a hidden problem that requires increased awareness, resources, and supports. There are also specific contextual considerations in supporting GSM older adults who lived through their identities being criminalized and pathologized by various sectors including health and justice. More research is needed to better understand these experiences to enhance access to services and supports.

This Backgrounder sheds light on this underreported social issue, by reviewing recent research and forefronting the lived experiences of survivors. Drawing upon stories shared by survivors, it recommends changes and additions to existing practices for organizations and individuals working with elders to better support GSM elders and end elder abuse.

**The term Gender and Sexual Minority (GSM) is used throughout this Backgrounder to refer to 2SLGBTQIA+ communities. These communities are diverse and we acknowledge the consequent risk of conflating the wide range of needs, backgrounds, and identification covered by this acronym.*



This Backgrounder was guest-authored by Dr. Claire Robson.

Dr. Claire Robson, an adjunct professor at Simon Fraser University, is a writer and researcher and lead researcher on *The Indigo Project* – a collaboration between Simon Fraser University and QMUNITY (BC's resource centre for LGBTQ2sA+ people). She is the author of *Love in Good Time*, *Writing for Change*, and *Writing Beyond Recognition*. In 2022, she began working with Dr. Jen Marchbank, Dr. Gloria Gutman, and Makaela Prentice on the *Indigo Project*. Subsequently the team co-authored *Elder Abuse in the LGBTQ2SA+ community: The Impact of Homophobia and Transphobia*, a book featuring the narratives of nine GSM survivors of elder abuse.



Experiences of Elder Abuse in GSM Communities

Elder abuse refers to the “mistreatment of older adults through actions and behaviours, or lack of actions and behaviours, that cause harm or risk of harm within a trust relationship.”²

This definition distinguishes elder abuse from instances such as random attacks and slights by strangers (though these are egregious) and restricts it to abuse from those such as relatives, partners, friends, and care providers. It is traditionally considered to include five forms of abuse: physical, emotional/psychological, financial/material, sexual, and neglect, and people in the GSM community report all of these.³

However, elders also experience identity-based abuse where their sexual orientation, gender expression, religion, race, disability, culture, and more are targeted. Definitions and discussions of elder abuse must take into consideration the whole person and the various forms of violence they may face.

Though very little has been published on the topic, a recent quantitative study found that GSM individuals do indeed report higher incidences of abuse and neglect.⁴



Research suggests that older adults who belong to GSM communities are at greater risk for abuse than their heterosexual counterparts since they are more likely to:

- Live alone⁵
- Feel isolated and depressed⁶
- Not have children or be estranged from their children if they have them⁷
- Have disabilities⁸
- Misuse drugs and alcohol⁹
- Have experienced trauma¹⁰

These vulnerabilities are connected to the unique lifetime of discrimination faced by GSM communities, and they not only increase the risk of abuse, but also reduce both the likelihood of reporting it, and the ability to access key supports and services when it has occurred.

Abuse and neglect of GSM elders can also occur in a variety of settings including: residential care, health care settings such as doctors’ offices and hospitals, within intimate partnerships and friendships, and during visits by in-home care staff.

The early homophobic indoctrination I received was so deep, and not just from my faith tradition, but from our larger culture. I call it cultural conversion, entirely kindred to conversion therapy. The damage it did was as profound as any type of long-term sustained abuse. Forced conversion interferes with one’s capacity to form relationships. It’s certainly messed mine up. Longing is intricately locked together with extreme panic, shame, feelings of personal degradation and deep anger; all forming a wall that so far shows no signs of dissolving.

— Grace* (participant, Indigo Project)

*The quotes used in this Backgrounder are drawn from interviews conducted with participants during the Indigo Survivors Project. We thank them for their bravery in sharing their stories and expertise.



Rates of Elder Abuse Against GSM Communities

GSM older adults have remained a largely invisible population in elder abuse research, and much of the work that has been carried out treats them as a uniform entity, with little examination of how different forms of abuse are experienced.

Research findings from recent studies found that:

22.1% of GSM respondents reported exposure to **at least one** form of elder abuse (physical, emotional, verbal, sexual, financial, or neglect).¹¹

25.7% reported knowing another GSM older adult who had encountered **at least one** of these forms of elder abuse at the hands of a caregiver.¹²

62% of GSM elders reported self-neglect.¹³ Self-neglect occurs when older adults live in a way that poses harmful impacts to their health, safety, or well-being.

One study used nation-wide data from the Canadian Longitudinal Study on Aging (CLSA) to study the prevalence rates for psychological, physical, and financial elder abuse of gay, lesbian, and bisexual (LGB) respondents.¹⁴ Sadly, insufficient data was gathered from trans or nonbinary respondents to draw robust conclusions, though it is likely that they are even more at risk.

The prevalence of psychological, physical, and financial elder abuse among LGB participants in the CLSA was 12%, compared to 10% among heterosexual participants. Psychological abuse was the most common form of abuse, followed by financial abuse, with physical abuse being the least common. While psychological and financial abuse had the highest prevalence among lesbian and bisexual women, physical abuse was more common among gay and bisexual men.

Overall, lesbian and bisexual women experienced the highest rates of elder abuse, with a prevalence of 18.1%, as compared with 9.9% of adult heterosexual women.¹⁵



Barriers to Help-Seeking

GSM older adults have lived through times when their sexual and gender identities were not only marginalized, but also criminalized and pathologized. The risks of being locked up, fired, given electric shock treatment, or losing custody of children were very real.¹⁶

Many who identify as GSM also felt unsupported by health care providers during the AIDS epidemic; for this and other reasons, many report mistrust of mainstream organizations and systems, such as the healthcare system, residential care administrators and staff, and the police.

This was classic homophobia in the police force. And ageism for sure. It would have been different if I were younger and a woman in a relationship with a man, because they'd have been trained how to do that. They didn't want to get close to me. They just didn't know what to do about it. I have all these tattoos, which makes me suspect and unreliable. I just felt it. I knew it. When they looked at me, they almost smirked.

– Joseph (participant, Indigo Project)



From 1990 until 1994, I worked for AIDS community hospice in LA. It was emotionally exhausting, and it gave me a deep mistrust of the health care system, and the way that people in the straight world can treat us.

– Douglas (participant, Indigo Project)

Another, often insuperable, barrier to seeking help is the shame and stigma experienced by those who identify as GSM abuse survivors, particularly those who lived through times when their identities were severely marginalized.

One of the participants (Grace) told us that homophobia “assaults the most profound levels of being, impeding healthy emotional development and maturation, the capacity for rewarding wholesome relationships with oneself and others.”

GSM people report higher levels of abuse as children and throughout their lifespans¹⁷ and in this way are ‘groomed’ into greater tolerance of cruelty and injustice. It is one thing to bravely come out as lesbian, gay, or trans, and quite another to admit that one’s relationship is abusive, especially when it was deemed ‘wrong’ or ‘abnormal’ by friends or family in the first place. Queer culture itself tends to be focussed on the young and the happy¹⁸, and in this context of pride and celebration, darker narratives and the challenges of ageing tend to be overlooked and even avoided.

Project Spotlight: Indigo Survivors Project

The stories and information shared in this Backgrounder are drawn from the Indigo Survivors Project which was a partnership between Simon Fraser University (Drs. Robson, Marchbank, and Gutman & Makaela Prentice) and QMUNITY, a Vancouver-based non-profit that supports Queer, Trans & Two-Spirit people across British Columbia. Conducted from 2022 until 2024, it aimed to:

1. Find GSM survivors of elder abuse and publish their stories.
2. Offer participants mental health supports during the retelling of traumatic events – a safe and sustainable space for healing and advocacy.
3. Raise awareness of the issue of elder abuse in the GSM community.
4. Think about how elder abuse might look different, and the same, in the GSM community, as compared with heteronormative individuals and relationships.

A cowritten grant allowed QMUNITY to hire an experienced trauma counsellor who provided free one-on-one counselling to participants, as well as facilitating a peer support group, which was also available free of charge.

There were 9 participants who consisted of two trans women, two gay men, and five lesbians all of whom experienced abuse and neglect in their senior years (60+). They were each interviewed at least three times.

One valuable outcome of the project was that participant interview transcripts were turned into focused, engaging, first person narratives. These were published together with a literature review, an account of the methodology, a historical overview of GSM rights and struggles, some analysis of the stories, and a series of recommendations for those working with elders.¹⁹

The stories told through the project offered a deep dive into the lived experiences of participants.

The following stories are from two respondents who were abused and neglected in residential care:

Michele's Story:

Michele (a lesbian), lives with ALS and is unable to move or speak, except through her iPad. When she was overdosed with laxatives by one of her care aides (without her knowledge or consent), she reported it to the administration, and was subsequently subjected to a campaign of harassment that included homophobic insults, rough handling, refusal to toilet, ostracism, and deliberate interruption of sleep.

Trudy's Story:

Trudy is a bisexual trans woman who experienced early sense of dislocation and difference, which was so severe that she attempted suicide (at the age of five). Trudy sought out gay bars when she was still a teen, just to “watch the people come in.” Later, she went to New York, alone, to receive gender affirming surgery from a “shady” doctor, and lay alone in a rented room with a raging vaginal infection. She now lives with myalgic encephalomyelitis (ME) and requires assistance with showering from in-home care staff. One refused to touch her or help her in any way, another told her how she and a friend visit gay enclaves to laugh at GSM people as they pass by, and yet another insisted on towelling her genital area, even when Trudy asked her not to and registered a complaint.

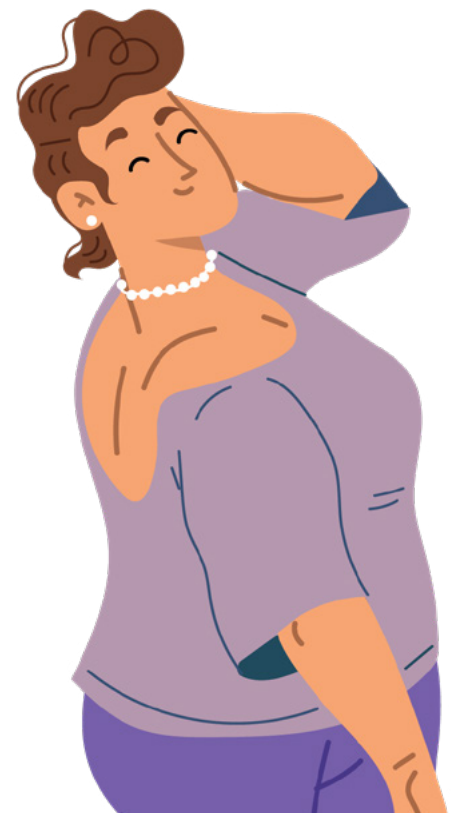
The common theme in the stories was the lingering impact of homophobia and transphobia – both internalized by participants and present in contemporary society. These internalized oppressions made it difficult for participants to protest, resist, or report abuse and also undermined their sense of pride and agency, particularly since they continued to encounter prejudice and discrimination, often covert and thus difficult to challenge directly.

In addition to stories of violence, participants also shared their stories of resilience, community, and strength:

- Joseph sought out bathrooms where he met older gay men who became his mentors.
- Rejected by battered women’s support services, Pam eventually found support from friends.
- Even though Jackie was terrified of identifying as a lesbian, she could comfortably identify with the old school butch/femme community.
- Grace persisted in her pursuit of accepting faith communities and, at the time of writing, is working with QMUNITY, a supportive psychiatrist, an accepting spiritual teacher, and an Anglican priest.
- Candace came out as trans at the age of 70, emboldened by contemporary media representations of trans people that were unavailable during her youth.
- Matthew was unable to act on his own behalf but was eventually removed from residential care and taken care of at home by his loyal and loving partner.



It is worth noting here that it took great courage for participants to share their stories so publicly, and usually in great fear of retribution. We attribute this to their exceptional resilience and the support they received, applying strategies and seeking supports outside of more traditional family and community supports, that were not as readily available to those outside of mainstream communities.



Concrete Recommendations to Better Support Survivors

The following recommendations are made to assist those providing services to elders as they seek to better support those in the GSM community.

- Those working with elders should not assume gender identity or sexual orientation. Intake questions should always include the possibility of GSM identifications by including nonjudgmental questions such as "Who do your sexual partners include?"
- Queer competent training is essential at all levels of administration and provision of care. Particular attention should be given to 'on the ground' care providers, such as residential and in-home care aides, who are often low paid and lacking in nuanced training with regard to GSM issues, histories, and rights.
- Training should include education about the histories and cultures of GSM people in Canada, their particular vulnerabilities, and special needs.
- Given the rapid turnover of staff in the healthcare industry, training should be ongoing, rather than sporadic.
- Visible institutional signage such as rainbow stickers and inclusive mission statements are an important first step toward inclusion, but administrators should go beyond these by including GSM speakers and advocacy groups, celebrating events such as Pride and the International Day Against Transphobia and Homophobia, making books, films, and images of GSM history available, and encouraging storytelling projects that forefront the narratives of all residents, including GSM people.
- There should be zero tolerance for homophobia and transphobia. Homophobic and transphobic jokes, slights, and slurs should be addressed immediately.
- Language used in trainings, bulletins, communications, and signage should be inclusive of GSM communities.
- Counselling, support, and advocacy should be provided for GSM survivors of elder abuse. The participants in our study reported that they gained important insights, healing, and increased confidence from the peer support groups and individual counselling offered in the Indigo Project.
- Specific processes should be provided for GSM victims/survivors of abuse to report or disclose their situations.



Future Research

Further research is called for with regard to GSM populations. This research should include:

- Quantitative studies that determine the extent of the abuse of GSM people.
- Studies that focus upon reaching invisible, closeted, or hard-to-reach minorities.
- Studies that capture lived experience through such practices as storytelling and photo/video narratives.
- More outreach to GSM, Indigenous, Black and racialized communities, including researchers from within those communities, cowritten grants, outreach to community organizers and organizations, and the inclusion of non-academics and activists.
- Given that 62% of GSM elders report self-neglect, future research should explore the reasons for this situation and how it might be addressed.

Resources for Further Learning

Elder Abuse in the LGBTQ2SA+ Community: The Impact of Homophobia and Transphobia
<https://link.springer.com/book/10.1007/978-3-031-33317-0>

5 Tips to Support Inclusion of 2SLGBTQI+ Seniors
<https://gbvlearningnetwork.ca/our-work/facebook-lives/2slgbtqi-seniors-inclusion/index.html>

Support Rainbow Seniors! 3 Things for Service Providers to Know
<https://gbvlearningnetwork.ca/our-work/infographics/supportrainbowseniors/index.html>

Fact sheets and videos about GSM Elder Abuse
<https://www.sfu.ca/lgbteol/lgbt-elder-abuse-2.html>



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