

# National Elder Abuse Research Program: The abuse and mistreatment of lesbian, gay, bisexual, transgender, intersex, queer and/or asexual (LGBTIQA+) older people

Final report

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The Australian Institute of Family Studies acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to lands and waters. We pay our respects to Aboriginal and Torres Strait Islander cultures, and to Elders past and present.

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Views expressed in this publication are those of individual authors and may not reflect those of the Australian Government or the Australian Institute of Family Studies.

## Content warning

The contents of this report are sensitive and may be confronting or distressing to read – including discussions about abuse and mistreatment of LGBTIQ+ older people.

Reader discretion is advised. Please seek help and support if needed – for example, through:

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### **13YARN** – 13 92 76

Offers yarning opportunities for Aboriginal and Torres Strait Islander people who are feeling overwhelmed or having difficulty coping – by phone (call)

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### **Elder Abuse Phone Line** – 1800 ELDERHelp – 1800 353 374

and

### **Compass.Info**

Offers a directory that will redirect people to local support in their state or territory – by phone (call)

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### **Beyond Blue** – 1300 224 636

Offers counselling and information for anyone who may be experiencing anxiety, depression or suicidal ideation – online (web chat or forums) or by phone (call)

---

### **QLife** – 1800 184 527

Offers anonymous and free LGBTIQ+ peer support and referral service from 3 pm to midnight every day – online (web chat) or by phone (call)

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### **1800RESPECT** – 1800 737 732

Offers support to people impacted by sexual assault, domestic violence, family violence, or abuse – 24 hours a day, 7 days a week – online (web chat) or by phone (call)

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### **Lifeline** – 13 11 14

Offers crisis support and suicide prevention services to anyone experiencing a personal crisis. You can call Lifeline at any time – online (web chat 7 pm to 12 am AEDT) or by phone (call)

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### **Rainbow Door** – 1800 729 367

Offers free specialist LGBTIQ+ information, support, and referral to all LGBTIQ+ Victorians, their friends and family – online (email) or by phone (call and text 0480 017 246)

If you or someone else is in immediate danger, call Triple Zero: 000

If you or someone else is in crisis, call Lifeline: 13 11 14

## Abbreviations and glossary

Abbreviation	Term
<b>LGBTIQA+</b>	Lesbian, Gay, Bisexual, Transgender and/or gender diverse, Intersex, Queer, Asexual, Plus (other sexualities)

## Glossary

Term	Definition
<b>Abuse and mistreatment of LGBTIQA+ older people</b>	<p>The terminology 'abuse and mistreatment of older people' refers to the same set of behaviours as 'elder abuse' (see National Prevalence Study). 'Abuse and mistreatment of older people', like elder abuse, refers to 'a single or repeated act or failure to act, including threats, that results in harm or distress to an older person. These occur where there is an expectation of trust and/or where there is a power imbalance between the party responsible and the older person' (Kaspiew et al., 2019, pp 4 &amp; 16).</p> <p>For the purpose of this report, abuse and mistreatment of LGBTIQA+ older people adopts the same definition above and includes the 5 forms of abuse that were examined in the National Prevalence Study (physical, psychological/emotional, financial, sexual and neglect) and considers how these forms of abuse may be experienced differently by LGBTIQA+ people than they are by non-LGBTIQA+ older people. It also acknowledges that LGBTIQA+ older people may experience other forms of abuse and mistreatment that differ from the current definition of elder abuse.</p>
<b>Ageism</b>	Attitudes that are prejudicial and discriminatory towards people because of their age (Swift et al., 2018).
<b>Aromantic/Aro</b>	Refers to individuals who do not experience romantic attraction. Aromantic individuals may or may not identify as asexual.
<b>Asexual/Ace</b>	A sexual orientation that reflects little to no sexual attraction, either within or outside relationships. People who identify as asexual can still experience romantic attraction across the sexuality continuum. While asexual people do not experience sexual attraction, this does not necessarily imply a lack of libido or sex drive.
<b>Biphobia</b>	Refers to negative beliefs, prejudice and/or discrimination against bisexual people. This can include a dismissal of bisexuality, questioning whether bisexual identities are authentic or a focus on the sexual desires and practices of bisexual people (Ross et al., 2018).
<b>Bisexual/Bi</b>	An individual who is sexually and/or romantically attracted to people of the same gender and people of another gender. Bisexuality does not necessarily assume there are only 2 genders (Flanders et al., 2017).
<b>Born with a variation of sex characteristics</b>	Sometimes referred to as intersex, which is an umbrella term that refers to individuals who have anatomical, chromosomal and hormonal characteristics that differ from medical and conventional understandings of male and female bodies. There are at least 40 different variations that may be apparent at different life stages or may remain unknown to the individual and their medical practitioners. Some people with an intersex variation are LGBTQ, many are heterosexual and most are cisgender.
<b>Cisgender</b>	A term used to describe people whose gender corresponds to what they were assigned at birth.
<b>Cisgenderism</b>	Cisgenderism is where something is based on a discriminatory social or structural view that positions (either intentionally or otherwise) the trans experience as either not existing or as something to be pathologised. Cisgenderism is based on the position that gender identity is determined at birth and is a fixed and innate identity that is based on sex characteristics (or 'biology') and that only binary (male or female) identities are valid and real. (TransHub, 2021)

Term	Definition
<b>Consent</b>	The Commonwealth Consent Policy Framework: Promoting Healthy Sexual Relationships and Consent Among Young People provides an Australian community definition of consent that recognises consent must be free and voluntary, specific and informed, affirmative and communicated, ongoing and mutual, and reflective of the consenting parties' capacity to reach, communicate or withhold consent (Department of Social Services [DSS], 2023). Each Australian jurisdiction has a slightly different statutory (legal) definition of consent but they all recognise that consent involves a 'free and/or voluntary' agreement.
<b>Coercive control</b>	'Coercive control' refers to a form of interpersonal violence that involves a course of conduct intended to dominate and control another person (usually an intimate partner but possibly another person in a familial or carer relationship) (Australia's National Research Organisation for Women's Safety [ANROWS], 2021). This kind of domination and control may be established through a pattern of abusive behaviours perpetrated over time (DSS, 2022). Examples of these abusive behaviours may include (but are not limited to) threats to harm; physical, sexual, social, emotional and/or financial abuse; psychologically controlling acts; deprivation of liberty; intimidation and harassment (Carson et al., 2022, citing ANROWS, 2021; DSS, 2022).
<b>Dead name</b>	An informal way to describe the former name a person no longer uses because it does not align with their current experience in the world or their gender. Some people may experience distress when this name is used.
<b>Demisexual/Demi</b>	Demisexuality is a sexual orientation in which someone feels sexual attraction only to people with whom they have an emotional bond. Demisexuals are considered to be on the asexual spectrum (See Asexual).
<b>Discrimination</b>	Discrimination: defined by the <i>Equal Opportunity Act 2010</i> as the treatment of a person unfavourably because that person has a specified personal attribute that is protected. This can include direct discrimination or indirect discrimination: <ul style="list-style-type: none"> <li>• Direct discrimination occurs if a person treats, or proposes to treat, a person with an attribute unfavourably because of that attribute.</li> <li>• Indirect discrimination occurs if a person imposes, or proposes to impose, a requirement, condition or practice that is likely to have the effect of disadvantaging persons with an attribute (McCann et al., 2024).</li> </ul>
<b>Endosexism</b>	Treating particular bodies as valid, and others as disordered or in need of 'fixing'.
<b>Family violence (also known as domestic violence or domestic and family violence (DFV))</b>	'Family violence' refers to a form of interpersonal violence that occurs between intimate partners or family members and in domestic or family-like settings. This definition is intentionally broader than 'domestic violence' so it can capture violence that occurs in the broader familial context (e.g. the abuse and mistreatment of older people, violence perpetrated by children or young people against parents, guardians or siblings, and violence perpetrated by other family members such as parents-in-law) as well as violence within intimate partner contexts (e.g. intimate partner violence) (DSS, 2022; Our Watch, n.d.).
<b>Financial abuse</b>	One of five types of abuse identified by the National Elder Abuse Prevalence Study (National Prevalence Study, Qu et al., 2021) that may involve a range of acts that harm an older person financially - for example, taking or pressuring them into giving or loaning their money, possessions or property without permission; deliberately preventing them from accessing or using their money, possessions or property; pressuring them to make or change their will; making financial decisions for them without their permission or failing to honour an agreement to contribute to household expenses such as rent or food, or aged care/home services (Qu et al., 2021).
<b>Gay</b>	An individual who identifies as a man and is sexually and/or romantically attracted to other people who identify as men (Australian Institute of Family Studies [AIFS], 2022). The term gay can also be used in relation to women who are sexually and romantically attracted to other women.
<b>Greysexual/Greyromantic/Grey-asexuality</b>	Greysexual, greyromantic, or grey-asexuality all are identities that fall 'somewhere between sexual and asexual'. Grey sexual/romanticism is defined as experiencing sexual attraction/romantic attraction rarely, only under certain circumstances, at a low level or for brief periods of time (Davidson & Neilson, 2023).
<b>Gender or gender identity</b>	A person's sense of whether they are a man, woman, nonbinary, agender, genderqueer, genderfluid, or a combination of one or more of these definitions. Gender can be binary (either a man or a woman), or nonbinary (including people who have no binary gender at all and people who have some relationship to binary gender/s).

Term	Definition
<b>Gender pronouns</b>	Refers to how a person publicly expresses their gender identity through the use of a pronoun. Pronouns can be gender-specific or gender-neutral (Rainbow Health Victoria (formerly GLHV), 2016). This can include the traditional he or she, as well as gender-neutral pronouns such as they, their, ze and hir.
<b>Heteronormativity</b>	The societal view that heterosexual relationships are the only natural and normal expression of sexual orientation and relationships. The assumption that everyone is heterosexual unless otherwise stated. (ACON, 2025).
<b>Heterosexual</b>	Typically describes men who are exclusively attracted to women, and women who are exclusively attracted to men. Sometimes referred to as 'straight'. (ACON, 2025).
<b>Homophobia</b>	Refers to negative beliefs, prejudices, stereotypes and fears that exist towards same-sex attracted people. It can range from the use of offensive language to bullying, abuse and physical violence; and can include systemic barriers, such as being denied housing or being fired due to a person's sexual orientation.
<b>Homosexual</b>	A person who is 'homosexual' is a person who is sexually and/or romantically attracted to someone of the same sex or gender. The term 'gay' is now more generally used (Stonewall, 2025).
<b>Hookup culture</b>	Brief uncommitted sexual encounters among individuals who are not romantic partners or dating each other (Garcia et al., 2012).
<b>Intersectionality</b>	A framework for understanding how social characteristics such as race, ethnicity, gender, sexual orientation, physical ability and age combine together to shape individual identities and experiences, including experiences of privilege and/or discrimination (e.g. Black and gay, or deaf and poor, etc.). Term coined by law professor Kimberlé Crenshaw in the 1980s.
<b>Intersex</b>	A person who has a variation in sex characteristics is sometimes called 'intersex'. They are identified as having anatomical, chromosomal and hormonal characteristics that differ from medical and conventional understandings of male and female bodies (AIFS, 2022).
<b>Intimate partner violence</b>	'Intimate partner violence' (IPV) refers to any behaviour within an intimate relationship that causes physical, sexual or psychological harm (DSS, 2022, p 37). IPV does not necessarily involve people living together in a domestic setting. For example, IPV can occur in the context of separated partners (DSS, 2022, p 37). It can also occur in the context of dating relationships that do not involve cohabitation (World Health Organization [WHO], 2013).
<b>Lateral violence</b>	Violence borne out of an individual's experiences of hurt or trauma that is projected onto those close to that individual, such as family or community, as the source of hurt cannot be targeted (Clarke et al., 2024; Gorringer et al., 2011).
<b>Lesbian</b>	An individual who identifies as a woman and is sexually and/or romantically attracted to other people who identify as women (AIFS, 2022).
<b>Lesbian, gay, bisexual, trans, intersex, queer, asexual and other sexually or gender diverse communities (LGBTIQA+)</b>	'LGBTIQA+' is an acronym used to describe members of the lesbian, gay, bisexual, trans, intersex, queer, asexual and other sexually or gender diverse communities (AIFS, 2022). Other variations of this acronym exist. Acronym choice can vary depending on individual preferences and the groups or issues being discussed (AIFS, 2022). This acronym is not intended to reduce the complexity of individuals' experiences and sexualities within the communities it refers to LGBTIQA+ communities are not homogenous groups (AIFS, 2022).
<b>Misgendering</b>	An occurrence where a person is described or addressed using language that does not match their gender identity (Rainbow Health Victoria, 2016). This can include the incorrect use of pronouns (she/he/they), familial titles (dad, sister, uncle, niece) and, at times, other words that traditionally have gendered applications (pretty, handsome, etc.).
<b>National Prevalence Study</b>	National Prevalence Study (Qu et al., 2021). This study was commissioned by the Attorney-General's Department and provides an extensive empirical examination of elder abuse in Australia. The study reported on 5 types of elder abuse including: financial abuse, physical abuse, emotional abuse, sexual abuse, and neglect.
<b>Neglect</b>	One of five types of abuse identified by the National Prevalence Study (Qu et al., 2021) that may involve failing to provide necessary care to an older person such as food, shelter and health care (Roe & O'Hara, 2022), depending on the older person's level of need, the frequency of the person's experience of not receiving help and the impact of the failure to receive help (Qu et al., 2021)

Term	Definition
<b>Non-binary</b>	An umbrella term for gender identities that sit within, outside of, across or between the spectrum of the male and female binary. A non-binary person might identify as gender fluid, trans masculine, trans feminine or could be agender (without a feeling of having any gender or having neutral feelings about gender) (TransHub, 2021).
<b>Older person/old people</b>	As defined for this research, a person aged 65 years or over. However, some people do not feel that 'older people' can be easily classified according to age in years (Stevens et al., 2023). For example, among Aboriginal and Torres Strait Islander peoples, someone over 50 years is likely to be considered an older person (Roe & O'Hara, 2022).
<b>Panromantic</b>	Romantic (rather than sexual) attraction to all genders, or regardless of gender (Pearce, 2012; Yule et al., 2017).
<b>Pansexual/Pan</b>	An individual whose sexual and/or romantic attraction to others is not restricted by gender. Pansexuality can include being sexually and/or romantically attracted to any person, regardless of their gender identity.
<b>Person who engages in abuse and mistreatment</b>	Previously referred to as perpetrators, the term 'people who engage in abuse and mistreatment' refers to individuals who use abuse and/or harm against others. This term is favoured because it emphasises the behaviour rather than labelling the individual, which creates a focus on actions and impact, rather than stigmatising the person.
<b>Physical abuse</b>	One of five types of abuse identified by the National Prevalence Study (Qu et al., 2021) that may involve a range of physical acts that hurt an older person - for example, restraints, grabbing, pushing or shoving them, hitting, punching, kicking or slapping them, threatening them, or giving them drugs or too much medicine to control them or make them docile (Qu et al., 2021).
<b>Psychological or emotional abuse</b>	One of five types of abuse identified by the National Prevalence Study (Qu et al., 2021) that may involve a range of emotionally or psychologically distressing acts against an older person - for example, insulting them, name calling or swearing in offensive or aggressive ways, excluding or repeatedly ignoring them, undermining or belittling them, threatening harm and/or forcing them to be isolated or separated from others (Qu et al., 2021).
<b>Queer</b>	A person who identifies as 'queer' is a person who may fall outside and/or rejects normative expectations or understandings around sexuality, gender identity and/or gender expression (Saint Thomas & Varina, 2014). 'Queer' is a term used to describe a range of sexual orientations and gender identities. Although once used as a derogatory term and still considered derogatory by many LGBTIQ+ older people, the term queer now encapsulates political ideas of resistance to heteronormativity and homonormativity and is often used as an umbrella term to describe the full range of LGBTIQ+ identities. While many people find inclusion, flexibility and community under the label 'queer', not all LGBTIQ+ people identify with the term (Minus18, 2023).
<b>Same-sex attracted</b>	An enduring pattern of emotional, romantic, and/or sexual attractions to people of the same sex (Apostolou & Apostolou, 2020).
<b>Sex</b>	A classification that is often made at birth as either male or female based on a person's external anatomical characteristics. However, sex is not always straightforward, as some people may be born with an intersex variation, and anatomical and hormonal characteristics can change over a life span.
<b>Sex characteristics</b>	A term used to refer to physical parts of the body that are related to body development, regulation and reproductive systems. Primary sex characteristics are gonads, chromosomes, genitals and hormones. Secondary sex characteristics emerge at puberty and can include the development of breast tissue, voice pitch, facial and pubic hair, etc.
<b>Sexual abuse</b>	One of five types of abuse identified by the National Prevalence Study (Qu et al., 2021) that may involve a range of non-consensual sexual acts against an older person - for example, touching them in sexual ways, forcing them to watch pornography, forcing them to engage in sexual acts, talking to them in sexual ways, or otherwise engaging them in other unwanted sexual experiences (Qu et al., 2021).
<b>Sexual orientation</b>	Refers to an individual's sexual and romantic attraction to another person. This can include, but is not limited to, heterosexual, lesbian, gay, bisexual and asexual. It is important to note, however, that these are just a handful of sexual orientations - the reality is that there are an infinite number of ways in which someone might define their sexuality. Further, people can identify with a sexuality or sexual orientation regardless of their sexual or romantic experiences. Some people may identify as sexually fluid; that is, their sexuality is not fixed to any one identity.

Term	Definition
<b>Sexual violence</b>	'Sexual violence' refers to any form of unwanted sexual activity that occurs without consent (DSS, 2022). Sexual violence can take many forms that are not always physical (Australian Institute of Health and Welfare [AIHW], n.d.; Coumarelos et al., 2023; DSS, 2022).
<b>Sexual and gender minority (SGM)</b>	People who are classified or identify as belonging to a 'sexual and gender minority' (SGM) are individuals whose gender and/or sexual identities or expressions differ from dominant/majority cultural norms (Cochat Costa Rodrigues et al., 2020). As with LGBTIQ+ communities generally (AIFS, 2022), SGM individuals have varied experiences (Galupo et al., 2015).
<b>Sistergirl/Brotherboy</b>	Terms used for trans people within some Aboriginal and Torres Strait Islander communities. How the words Sistergirl and Brotherboy are used can differ between locations, countries and nations. Sistergirls and Brotherboys have distinct cultural identities and roles. Sistergirls are Indigenous people assigned male at birth but who live their lives as women, including taking on traditional cultural female practices (Rainbow Health Victoria, 2016). Brotherboys are Indigenous people assigned female at birth but are a man or have a male spirit (Rainbow Health Victoria, 2016).
<b>Skoliosexual</b>	An individual who is primarily or exclusively attracted to non-binary and/or transgender individuals. This term is used to describe those who are primarily, essentially or exclusively attracted to people who do not identify as cisgender (Lexicon Library. LGBT, 2021).
<b>Transgender and/or gender diverse</b>	Umbrella terms used to refer to people whose assigned sex at birth does not match their gender identity. Transgender and/or gender diverse people may choose to live their lives with or without modifying their body, dress or legal status, and with or without medical treatment and surgery. Transgender and/or gender diverse people may use a variety of terms to describe themselves including but not limited to: man, woman, trans woman, trans man, non-binary, agender, genderqueer, genderfluid, trans guy, trans masculine/masc, trans feminine/femme. Transgender and/or gender diverse people have the same range of sexual orientations as the rest of the population. Transgender and/or gender diverse people's sexual orientation is referred to in reference to their gender identity, rather than their sex. For example, a woman may identify as lesbian whether she was assigned female or male at birth. Transgender and/or gender diverse people may also use a variety of different pronouns (see Gender pronouns). Using incorrect pronouns to refer to or describe transgender and/or gender diverse people is disrespectful and can be harmful.
<b>Transphobia</b>	Refers to negative beliefs, prejudices and stereotypes that exist about trans people.

# Executive summary

## Background

The abuse and mistreatment of older people is a serious social, human rights, health and justice issue in Australia. This research project, commissioned by the Attorney-General's Department, focuses on the abuse and mistreatment of lesbian, gay, bisexual, transgender, intersex, queer and/or asexual (LGBTIQ+) older people. It builds on our knowledge of the nature and prevalence of abuse and mistreatment in the National Elder Abuse Prevalence Study (Qu et al., 2021, 'National Prevalence Study') commissioned by the Australian Attorney-General's Department.

The National Prevalence study showed that 15% (14.8%) of older people living independently reported an experience of at least 1 of 5 types of abuse in the 12 months before the survey. Psychological abuse was the most common type (12%), followed by neglect (3%), financial abuse (2%), physical abuse (2%) and sexual abuse (1%). Some people experienced more than one type of abuse (4%), and the most common combination was psychological abuse and neglect.

## The research gap

Following the National Prevalence Study, more specific research was required to better understand the nature and quantum of abuse and mistreatment of LGBTIQ+ older people in Australia. This research contributes to our understanding of LGBTIQ+ older people's specific experiences of abuse and to inform measures to address barriers to accessing services, programs and initiatives that address their specific needs.

There is some research with LGBTIQ+ people on their experiences of abuse and mistreatment over their lifetime from Australia and comparable overseas jurisdictions. However, there is no national research providing both quantitative and qualitative insights on this issue from LGBTIQ+ younger and older people in Australia.

## Research design

This research project has been designed to address this gap and comprises:

- **two concurrent national surveys ( $n = 335$ )** of both younger (18–64 years; 18–49 years for Aboriginal and Torres Strait Islander) LGBTIQ+ people and older (65 years+; 50 years+ for Aboriginal and Torres Strait Islander) LGBTIQ+ people. The survey of participants in each state and territory collects quantitative and qualitative data about the experience and use of abuse and mistreatment as well as its drivers and context, together with help seeking and protective behaviours and experience of services. The geographical spread of participants included 72% residing in major cities, 19% in inner regional and 9% in outer regional, remote or very remote Australia.
- **focus groups (9 in total with  $n = 32$ ) and interviews ( $n = 10$ ) with LGBTIQ+ older people** providing more in-depth qualitative insights on the experiences of abuse and mistreatment; experience of services; and interventions, services, training or supports required. The geographical spread of participants included 52% residing in major cities, 33% in inner regional, 12% in outer regional and 3% remote. Included among the participants were ( $n = 4$ ) participants identifying as Aboriginal. Further information about the focus group and interview sample is included at [section 1.5.3](#) and Appendices A5 and A6.
- **a desktop review of empirical research literature conducted in Australia and international jurisdictions** prior to this study that is relevant to the abuse and mistreatment of LGBTIQ+ older people from Australia and selected international jurisdictions.

## Research aim and questions

The research aim and questions guiding the research presented in this report were designed to improve the understanding of:

- the **types of abuse and mistreatment** experienced by LGBTIQ+ older people
- the **drivers and context** for this abuse and mistreatment
- **who experiences** this abuse and mistreatment and its effects on them
- **who is abusing or mistreating** LGBTIQ+ older people
- **help seeking** and **protective** behaviours of LGBTIQ+ older people

- **experiences of service responses** by LGBTIQ+ older people.

It also includes **case studies** from the perspectives of LGBTIQ+ older people.

Importantly, the findings from this research may be used to inform the development and implementation of the 5-year action plans and future initiatives that sit under the new *National Plan to End the Abuse and Mistreatment of Older People 2025–2035*.

The definition of abuse and mistreatment applied in this project is the working definition for research that was developed for the National Prevalence Study.<sup>1</sup> This definition is:

a single or repeated act or failure to act, including threats, that results in harm or distress to an older person. These occur where there is an expectation of trust and/or where there is a power imbalance between the party responsible and the older person.

The extended scope of this definition facilitates the exploration of additional types of abuse and mistreatment that may be experienced by particular groups such as LGBTIQ+ older people, and captures systemic issues and discrimination, which were included in this project as an additional type of abuse and mistreatment.

## Comparability with the National Prevalence Study

Where applicable, data collected from this LGBTIQ+ study has been referenced in relation to data collected in the earlier AIFS National Prevalence Study.

- The National Prevalence Study findings were based on a representative sample of 7,000 community-dwelling people aged 65 years or older, and data were collected via Computer Assisted Telephone Interviewing (CATI). The findings for this current study are based on data collected via an opt-in, online survey instrument and, as such, it is not a nationally representative sample of LGBTIQ+ people. In the absence of relevant census data, a sampling frame for the different groups of people included in the LGBTIQ+ acronym is not presently available in Australia.
- The National Prevalence Study's CATI data collection and longer interview time allowed a list of indicators to be collected to ascertain and categorise, for example, psychological/emotional abuse, whereas for the current study a single question about experiences of emotional abuse was collected.

Due to these differences in design and methodology, findings from the current study and the National Prevalence Study are **not directly comparable**. Nevertheless, in most cases, the same or similar survey items have been used in both studies, and the National Prevalence Study results referenced in this report **help to place the current findings in the context of the experiences of the wider Australian population**. It also helps to inform our understanding of the prevalence, characteristics and drivers of the experience of abuse and mistreatment of LGBTIQ+ older people and how these are **similar or different to the experiences of older Australians more generally**.

In the analysis that follows, estimated proportions from the LGBTIQ+ study are reported alongside the estimated proportions from the National Prevalence Study for key survey questions asked in each study. The differences in sample sizes between the 2 projects should be kept in mind when interpreting the data/ responses. Where statistical significance is observed in this report, it is important to emphasise that this relates to statistically significant differences **within the LGBTIQ+ surveys**.

<sup>1</sup> Qu, L., Kaspiw, R., Carson, R., Roopani, D., De Maio, J., Harvey, J., & Horsfall, B. (2021). *National elder abuse prevalence study*. Melbourne: Australian Institute of Family Studies.

## Overview of findings

### Forms of abuse and mistreatment experienced by LGBTIQ+ older people

More than one-in-three (36%) LGBTIQ+ older people participating in the survey reported an experience of at least 1 of the 6 identified types of abuse and mistreatment in the 12 months preceding the survey.

# 36%

of LGBTIQ+ older people experienced at least 1 type of abuse/mistreatment in the preceding 12 months



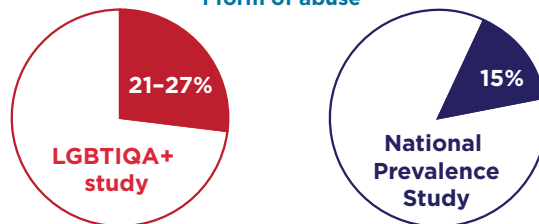
The most common forms of abuse and mistreatment experienced by LGBTIQ+ older people aged 55 years or older were:

- psychological/emotional abuse (23%)
- discrimination (specified in the survey as including homophobia, biphobia, transphobia, endosexism and/or being deliberately misgendered in public and private contexts - 17%) and
- financial abuse (9%).

Largely consistent findings were identified in survey data collected from LGBTIQ+ younger people, with **30% of LGBTIQ+ younger survey participants** reporting at least one observance/concern in the 6 categories of abuse and mistreatment of an LGBTIQ+ older person that they knew.

**When the analysis is restricted to the 5 abuse types examined in the National Prevalence Study, a greater proportion of LGBTIQ+ older people reported experiencing abuse and mistreatment (21%-27%) compared to older people in the broader population, with 15% (14.8%) of people aged 65 years or older in the National Prevalence Study.**

Proportion of older people reporting having experienced at least 1 form of abuse



Financial abuse | Physical abuse | Sexual abuse | Emotional abuse | Neglect

+ Discrimination, included in the LGBTIQ+ survey

- Psychological/emotional abuse and financial abuse are reported in higher proportions by LGBTIQ+ older people. Physical abuse and neglect are similarly reported by participants in the current study and the National Prevalence Study.
- LGBTIQ+ older people commonly experience multiple forms of abuse and mistreatment to a substantially higher degree than for participants in the National Prevalence Study (11% cf., 4%).<sup>2</sup>

Together, the quantitative and qualitative data suggest the pervasiveness and widespread nature of discrimination that spans personal, community and institutional levels, and its intersection with ageism as well as homophobia and sexism. The data also highlight how LGBTIQ+ older people are experiencing discrimination within relationships of trust, as well as more generally.

<sup>2</sup> See Table 2.1. This analysis compares the proportion who reported multiple forms of abuse and mistreatment of any of the five NEAPS abuse and mistreatment types in each study.

**Although the data indicates non-LGBTIQ+ people more commonly engaged in abuse or mistreatment of LGBTIQ+ older people (69%), lateral violence was highlighted by some gay and lesbian older people and transgender and/or gender diverse older people (20%).**



**Lateral violence was highlighted by some gay and lesbian older people and transgender and/or gender diverse older people**

This lateral violence may take a variety of forms including physical and psychological/emotional abuse or discrimination, including within LGBTIQ+ organisations.

Most older participants in the survey, focus groups and interviews who described personal experiences of lateral violence, described their exclusion from LGBTIQ+ events, advocacy efforts and spaces. For example:

- Some transgender and/or gender diverse older people described experiencing psychological abuse and discrimination from LGBTIQ+ people and organisations based on a range of reasons, including age, disability as well as transphobia.
- Some lesbian participants described not being permitted to advocate for and seek cisgender women-only spaces as a form of abuse and mistreatment. Some other LGBTIQ+ participants identified this behaviour as discriminatory against transgender and/or gender diverse women.

Systemic abuse experienced across the life course and into older age was identified by some participants in the form of:

- unequal access to services or the absence of support to access services
- heteronormative interactions with government and healthcare structures
- government and social services that do not accommodate the health and medical needs of transgender and/or gender diverse people, and the health, service and medical needs of older lesbian women and some older gay men, including those with HIV.

## Societal and community factors in the drivers and context of abuse and mistreatment of LGBTIQ+ older people

When compared to participants in the National Prevalence Study, a greater proportion of participants in both LGBTIQ+ surveys perceived abuse and mistreatment to be common and to be ignored in society. Participants in the LGBTIQ+ surveys were also substantially less likely to hold views that could be considered as condoning abuse and mistreatment.

Specifically, awareness and understanding of the experience of psychological abuse and neglect, as well as sexual abuse, were more strongly identified among participants in this project than in the National Prevalence Study, although awareness of physical and financial abuse was equally well represented in both studies.

These data suggest that awareness and understanding of abuse and mistreatment of older people may have improved since the National Prevalence Study in 2020, building upon improvements in awareness and attitudes found in the Evaluation of the National Plan Community Survey (McEwen et al., 2024).

LGBTIQ+ people may also have a stronger awareness and understanding of abuse and mistreatment compared to the broader community. This greater awareness and understanding may, in part, reflect greater lived experience of abuse and mistreatment, including over the life course, for LGBTIQ+ people.

**Factors relevant to the drivers and dynamics of abuse and mistreatment of older people identified by participants include:**

- ageist and abuse-condoning attitudes
- changes in social norms
- increasing diversity of cultural and religious beliefs that may not be accepting of LGBTIQ+ people
- bias and stereotyping in the Australian community (including within LGBTIQ+ communities)



Ageist attitudes and assumptions including those that people make about the perceived vulnerability of older people and about their wealth and other resources and how they should be used, were also identified as contributing to abuse and mistreatment of older people.

**Factors identified in the data as compounding the experience of abuse and mistreatment of LGBTIQ+ older people include:**

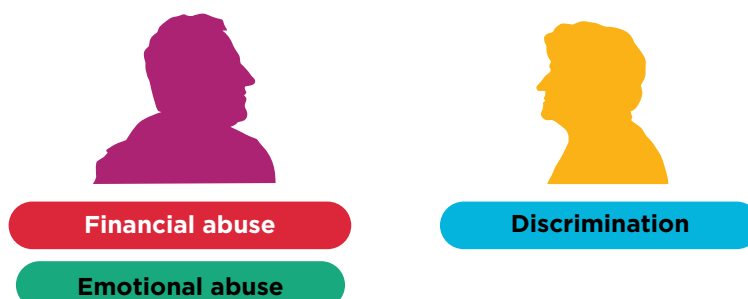
- financial and housing precarity
- isolation (including over the life course)
- experiences of disability and cognitive decline.

## Individual and relationship factors for people who use abuse and mistreatment of LGBTIQ+ older people

Overall, men and women were equally likely to be identified by survey participants as engaging in abuse and mistreatment of LGBTIQ+ older people (43%), with a further 4% of participants reporting abuse undertaken by people who would describe their gender as non-binary.

However, some differences were identified in relation to abuse types.

**Men were more likely to be identified in the survey as engaging in financial abuse and emotional abuse and women were more likely to be identified as engaging in discrimination.**



### Heterosexual people were more likely to be identified in the survey as engaging in abuse or mistreatment of LGBTIQ+ older people.

- Just over two-thirds (69%) of people engaging in abuse or mistreatment were identified by those experiencing abuse to be heterosexual, 16% as gay, lesbian or homosexual, with a further 4% as bisexual or pansexual.

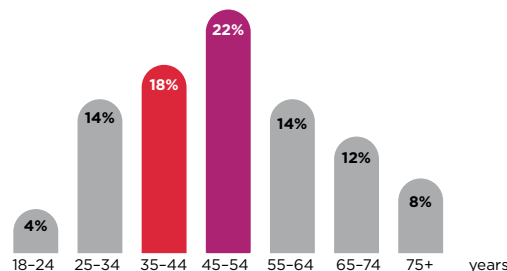
#### Those engaging in abuse or mistreatment, as identified by those experiencing abuse



The qualitative data, particularly from some older lesbian women, gay men and older transgender and/or gender diverse people, also highlighted abuse and mistreatment by LGBTIQ+ people, and most commonly in the form of psychological/emotional abuse and discrimination.

The data indicates that abuse or mistreatment of LGBTIQ+ older people was undertaken by people across the age groups, with those aged 35-44 and 45-54 years more likely to be reported as engaging in abuse or mistreatment (18% and 22% respectively).

#### Those engaging in abuse or mistreatment, by age group



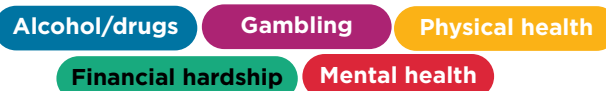
There were no clear patterns in the relationships with people using abuse or mistreatment - however, the most commonly reported relationships were siblings (8%) and LGBTIQ+ and non-LGBTIQ+ friends (8% respectively), followed by partners/spouses (6%). Children (4%), children-in-law (6%) and stepchildren (2%) were also identified by participants, as well as neighbours (6%) professionals and service providers (2-4%).

Just over half (51%) of LGBTIQ+ survey participants who reported experiencing abuse or mistreatment indicated that those engaging in such behaviour had one or more issues involving alcohol and drugs, gambling, financial hardship, mental health or with their physical health.

## Over half



of those reported to engage in abuse/mistreatment had problems with



- Mental health issues, followed by issues with substance use, were most commonly reported and these response patterns were similar to the reports in the National Prevalence Study relating to issues characterising those engaging in abuse or mistreatment of older people.

- A substantial proportion of LGBTIQ+ survey participants who reported experiencing abuse or mistreatment indicated that the person engaging in the abuse or mistreatment had multiple, co-occurring issues.

## Individual and relationship factors for people who experience abuse and mistreatment and its effects

**The data suggest that LGBTIQ+ older people with certain characteristics are at higher risk of abuse or mistreatment.**

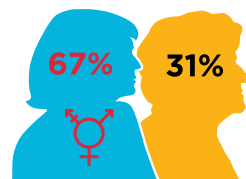
The overall pattern in relation to experiences of abuse and mistreatment varied according to age but these differences were not statistically significant. The highest rate of reported abuse and mistreatment is among participants aged 71 years or older (44%) and the lowest for participants aged 65–70 years.

These higher reports of experiencing abuse and mistreatment among participants aged 71 years and older were particularly evident for financial abuse, sexual abuse and neglect. Higher reports for this age group were less pronounced for emotional abuse and discrimination. After controlling for other characteristics in regression modelling, the effect of age was not found to be statistically significant.

Overall, there was no statistically significant difference in the experience of abuse or mistreatment by gender (women: 37% cf. 33% of men), however, there were some differences by abuse types, with women more likely to report experiencing neglect than men to a statistically significant extent (3% cf. 2%).

**Importantly, transgender and/or gender diverse people were more likely to report experiences of abuse or mistreatment (67% cf., 31%).**

- A large and statistically significant difference in the experience of abuse and mistreatment (discrimination) was identified for those who identify as transgender and/or gender diverse.



**TRANSGENDER/GENDER DIVERSE**  
people were more likely to report experiencing  
abuse/mistreatment

**LGBTIQ+ participants who reported living with a disability were also more likely to experience abuse or mistreatment than those without disability.**

- Statistically significant differences were identified in relation to LGBTIQ+ older people living with disability experiencing abuse, especially financial abuse and neglect.

**There were also statistically significant differences in the experiences of abuse and mistreatment by relationship status, with most participants who reported experiencing at least one form of abuse being separated, divorced, widowed or currently single but previously married or in a de facto relationship, compared to married participants or those in de facto relationships.**



Variations were identified in relation to the sexuality of the person experiencing abuse or mistreatment, with gay men more likely to report financial or emotional abuse and bisexual people more likely to report experiences of physical abuse, neglect and discrimination, compared with other LGBTIQ+ older people.

There were no apparent differences in rates of experiencing abuse or mistreatment by geographical remoteness.

**The reported effects of abuse and mistreatment were far-reaching and devastating. They included isolation and disconnection from social and family relationships and adverse health and wellbeing outcomes including physical health issues, mental ill-health and post-traumatic stress disorder (PTSD).**

**Financial distress and hardship were other identified effects, as was lower quality of life satisfaction and the distressing need to conceal sexuality and gender, including to service providers, professionals and more generally.**

## Seeking help and barriers to seeking help

Most (90%) of those survey participants aged 65 years or older reported they were confident in their ability to identify the signs of abuse and mistreatment, which was significantly higher than the 64% of people aged 49 years or younger.

### Confidence in recognising signs of abuse



65+ years 90%

< 49 years 64%

However, data from both the LGBTIQ+ surveys and from the focus groups and interviews indicated challenges associated with identifying abuse and mistreatment when it occurs and in relation to seeking help.

- Just under half of LGBTIQ+ older people who reported experiencing abuse or mistreatment indicated that they sought help, which is higher than for older people experiencing abuse or mistreatment in the National Prevalence Study.
- Help was most commonly sought when financial abuse was experienced.

**Even where the LGBTIQ+ participants who reported experiencing abuse or mistreatment did not seek help, more than three-quarters (77%) still took at least one form of action to stop this abuse or mistreatment.**

# 77%



**took at least one form of action to stop abuse  
- even if they had not initially sought help**

Most commonly this involved breaking contact with the person engaging in the abuse or mistreatment. This pattern of taking action is consistent with findings from the National Prevalence Study.

Additionally, the data indicate more than one-quarter (28%) of LGBTIQ+ younger participants expressed concerns about experiencing abuse or mistreatment in older age (65 years+). Although participants aged 50 years and older reported higher rates of concern compared to younger participants, age group differences were not statistically significant. Non-binary participants had higher rates of concern than men and women.

## Improving service responses and education and awareness

**Survey participants were most likely to agree that improvements to service responses, education and awareness would be supported by:**

- collaborative partnerships between specialist elder abuse services and other organisations
- mentoring and support programs
- community visitor schemes (where LGBTIQ+ people visit isolated or at risk LGBTIQ+ older people)

Some participants in the qualitative data components, as well as insights from the desktop review, suggested the need for:

- dedicated services for LGBTIQ+ older people with specific knowledge of the issues experienced by LGBTIQ+ adults and older people
- LGBTIQ+ employee representation to ensure LGBTIQ+ older people accessing services feel safe and understood
- improved service linkages and holistic service provision
- greater financial and geographical accessibility of services.



**What would improved awareness and service responses for LGBTIQ+ older people look like?**

**Specialist elder abuse services**

**Collaboration between services**

**Community visitor schemes**

**Support programs**

**Mentoring programs**

Improvements identified to combat discrimination included improving visibility of older people within the LGBTIQ+ groups and improving education and awareness for professionals, the general public and for LGBTIQ+ people too.

**Co-designing education, awareness and response initiatives with LGBTIQ+ people will support measures to address the safety and wellbeing of LGBTIQ+ older people.**

## Implications and next steps

### Understanding abuse and mistreatment for LGBTIQ+ people

The working definition of abuse for research that was developed for the National Prevalence Study facilitated the exploration of additional types of abuse and mistreatment experienced by LGBTIQ+ older people. This included the additional abuse type of discrimination, and it supported the consideration of systemic issues critical to understanding their experiences.

This research shows that because of their experience of discrimination and potentially violence and abuse earlier in their life course, LGBTIQ+ older people commonly have multiple compounding and at times specialised needs that require a careful and specific response.

### Information, awareness and education

**The data in relation to the incidence of abuse suggest a critical need for both public and targeted information, awareness and education campaigns to improve both the community knowledge and understanding of:**

- the experience of each of the National Prevalence Study forms of abuse but, particularly, psychological/emotional abuse and financial abuse, given their higher rates of experience by LGBTIQ+ older people

- the additional abuse type of discrimination specifically experienced by LGBTIQ+ older people.

**This would involve directing these campaigns and education activities at reducing ageist and abuse-condoning attitudes in the general community and LGBTIQ+ communities.**



**Educational campaigns and activities should be directed across BOTH the general community and LGBTIQ+ communities**

For older people in each of the LGBTIQ+ groups, the information, awareness and education campaigns could take into account their generally greater awareness and understanding of abuse and mistreatment as identified in the data and could focus on:

- supporting the continued identification of what constitutes abuse and mistreatment and how abuse and mistreatment might present for LGBTIQ+ older people
- providing information to LGBTIQ+ older people about safeguarding themselves from psychological/emotional and financial abuse (having regard to their assets) and discrimination specifically, as well as other forms of abuse and mistreatment more generally
- providing clear pathways to services and supports LGBTIQ+ older people who experienced abuse.

The data in relation to lower levels of confidence in identifying abuse and mistreatment among LGBTIQ+ younger people and non-binary people participating in the survey (64% and 63% respectively) compared to LGBTIQ+ older participants (90%), suggest a need for information tailored to these cohorts to help them identify the signs of abuse and mistreatment.

Given that less than half of participants sought help for abuse and mistreatment, information, awareness and education campaigns that encourage awareness more generally of elder abuse specific services (including the 1800ELDERHelp phone line), are also warranted.

This would be supported by education and training for health and other service professionals.

In light of the substantial concerns about ageing and about experiencing abuse across LGBTIQ+ communities, information about protective measures and activities to implement these measures are also required. Targeted information for people aged 50 years and older and for non-binary people would assist in addressing the higher levels of concerns among these groups.

**Insights into drivers and dynamics of abuse and mistreatment can also help to inform future information and awareness-raising campaigns and education activities directed at reducing ageist and abuse-condoning attitudes in both the general community and LGBTIQ+ communities.**

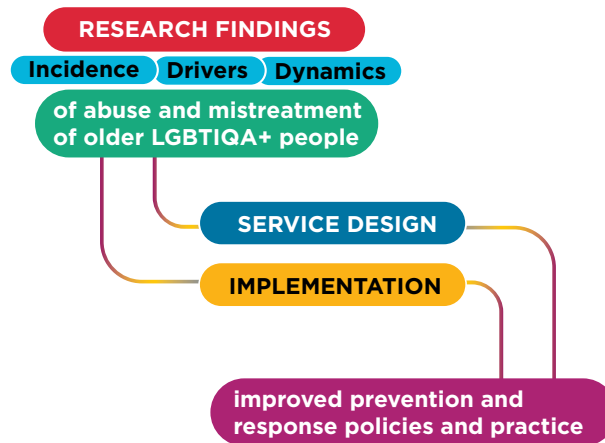
- **Measures could also be designed to target heterosexual people** who are more likely to be identified in the survey as engaging in discrimination and psychological/emotional abuse of LGBTIQ+ older people.
- **The data relating to the co-occurring issues**, including mental health and alcohol and other drug use for people engaging in abuse and mistreatment, suggest that **targeted information, awareness-raising and education materials** designed for these cohorts should also be considered. The data also suggest a need for **improved and evidence-based prevention and response measures for the range of co-occurring issues identified** for those engaging in abuse and mistreatment. A multi-faceted approach that addresses both individuals who experience abuse and mistreatment and those who engage in abuse and mistreatment should be considered. Interventions should be aimed at reducing risk factors, providing support, and promoting awareness of positive attitudes towards LGBTIQ+ older people

The data on experiences of discrimination by LGBTIQ+ older people not only informs the content and target groups for information, awareness and education measures. This data, together with data from the National Prevalence Study on discrimination as a form of cultural abuse experienced by Culturally and Linguistically Diverse

older people, and the data on institutional and systemic abuse/discrimination examined in the Aboriginal and Torres Strait Islander Research Stream, also informs our developing understanding of what constitutes the abuse and mistreatment of older people. This is particularly important for older people who experience intersecting and overlapping factors and characteristics associated with the experience of these forms of discrimination.

## Service design and implementation

The findings from this research in relation to both the incidence and drivers and dynamics of abuse and mistreatment of older people can also inform service design and implementation of improved prevention and response policies and practice.



Specifically, the design and implementation of policy and service provision for prevention and response activities should be informed by data about the priority target populations.

- The finding of a **heightened risk of abuse and mistreatment among LGBTIQ+ people living with a disability** (in relation to financial abuse and neglect) and **transgender and/or gender diverse older people** (in relation to discrimination) suggests the need for **targeted prevention measures** and supports that take an **intersectional approach**.
- **Separated or single LGBTIQ+ older people** were also identified as being in greater need of support.
- Although the effect of age was not found to be statistically significant, the data may still suggest that there are protective effects associated with the earlier stage of older age, with participants in the oldest age group more likely to experience health issues and to require aged care. Targeted measures for LGBTIQ+ people in the older age groups may therefore be warranted.
- The absence of geographic differences in the data may also suggest that **more universal action** is required.
- Given the substantial concerns about **ageing** and about **experiencing abuse** across LGBTIQ+ communities, information about **protective measures** as well as activities to support their **implementation** are required. This may include facilitating connections between LGBTIQ+ people and networks and building LGBTIQ+ friendly services. Targeted information and activities for people aged 50 years and older and for non-binary people would assist in addressing the higher levels of concerns among these groups.
- **With middle-aged men and women equally likely to be identified** overall as engaging in abuse or mistreatment, **service responses must also address the non-gender related aspects of elder abuse**. However, the data suggest targeted prevention and response measures will still be required in relation to specific types of abuse, with men more likely to be identified as engaging in financial abuse and emotional abuse and women more likely to be identified as engaging in discrimination.

**The findings from this study also suggest the need for further education and professional development to support inclusive and specialised service delivery by health, aged care and other professionals.**

Prevention and response activities provided by services will also need to be cognisant of the varying dynamics of abuse and mistreatment of LGBTIQ+ older people – including in the context of relationships with siblings and friends, partners/spouses, children/stepchildren as well as professionals and engagement with members of the public.

Relevant support services should be provided together with the information and education activities for people who engage in abuse towards LGBTIQ+ older people, which will assist in equipping services to both identify and respond to behaviours. In addition to primary prevention efforts, evidence-based interventions supporting

and/or responding to people who engage in abuse and mistreatment towards LGBTIQ+ older people (e.g. behaviour change initiatives) are required in order to prevent incident re-occurrence.

**Services that provide support for co-occurring issues should adopt risk-screening and assessment and response practices to improve:**

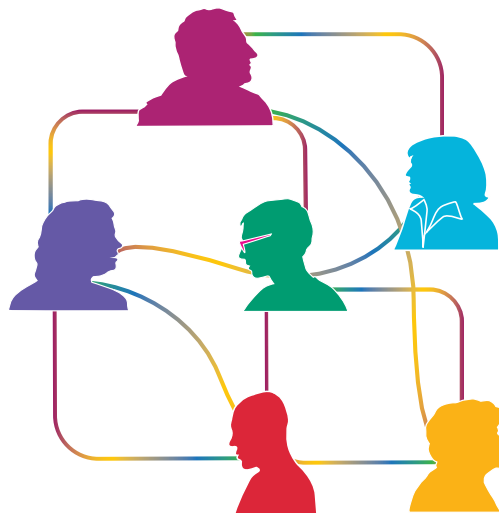
- **the identification of older people who may be at risk of abuse and mistreatment**
- **the services and supports provided to those at risk of engaging in this abuse and mistreatment.**

The development of **specialist responses** should nevertheless be considered given that some people engaging in the abuse and mistreatment will not engage in these mainstream support service settings.

**Given that passive responses to abuse and mistreatment** (including withdrawing contact) are more common than seeking help to address the abuse and mistreatment, service responses will need to provide **broader or alternative support options to those currently available** for older people where they experience abuse and mistreatment. Alternative options raised in the findings of this study included dedicated LGBTIQ+ services that strengthen social networks, dedicated LGBTIQ+ aged care services and services for LGBTIQ+ older people undertaking caring roles (where they may be experiencing abuse).

## Co-design and collaboration

**The co-design of education, awareness and service responses with older people in each of the LGBTIQ+ groups is essential to support their safety and wellbeing.**



The emphasis on collaborative partnerships, consistent with the establishment of a 'web of accountability', facilitates:

- cooperative working relationships and joined-up service provision and referral pathways to **enable effective identification, assessment and specialist responses to abuse and mistreatment**
- engagement with **preventative measures at the broader community level** through education and awareness activities that **challenge LGBTIQ+ discrimination** as well as **ageism**, and **abuse-condoning attitudes** towards older people more generally.

# 1. Introduction

This report presents the findings from a national research study investigating abuse and mistreatment of lesbian, gay, bisexual, transgender, intersex, queer and/or asexual (LGBTIQ+) older people to address a gap in research involving this key population.

The research was commissioned by the Attorney-General's Department and focuses on:

- the **types of abuse and mistreatment** experienced by LGBTIQ+ older people
- the **drivers and context** for this abuse and mistreatment
- **who experiences** this abuse and mistreatment and **its effects** on them
- **who is abusing** or mistreating LGBTIQ+ older people
- **help-seeking** and **protective** behaviours of LGBTIQ+ older people
- LGBTIQ+ older people's **experiences of service responses**.

The research provides an evidence base on these focus areas (Appendix A1) and theoretical framework (Appendix A2) to further advance the conceptualisation of the abuse and mistreatment of LGBTIQ+ older people from a lived experience perspective, and to support further policy development.

It builds on our knowledge of the nature and prevalence of abuse and mistreatment in the National Elder Abuse Prevalence Study (Qu et al., 2021, 'National Prevalence Study') commissioned by the Attorney-General's Department. It may also inform the development and implementation of the 5-year action plans and future initiatives that sit under the *National Plan to End the Abuse and Mistreatment of Older People 2025-2035*.

## 1.1 The use of terminology in this report

The language of sex, sexuality and gender has changed over time and continues to evolve, and different generations within the wider LGBTIQ+ communities use different words and acronyms.

**In undertaking this research, we acknowledge:**

1. **the competing views and discourses among lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse people**
2. **that some people do not view themselves as being part of an 'LGBTIQ+' community but only identify as being part of one of the groups signified by these letters**
3. **that some people take offence to the term 'LGBTIQ+' and/or other terminology used within this report**
4. **the diverse and distinct needs of lesbian, gay, bisexual, transgender, intersex, queer, asexual and all people with diverse genders and sexualities**
5. **the existence of power dynamics within LGBTIQ+ communities that are shaped by the intersections of people's identities and may result in microaggressions expressed through language and/or other means.**

The research team discussed the use of terminology in detail and engaged with our Lived Experience Advisory Panel (LEAP; see further below) and with our advisors, Queerspace (a division of Drummond Street Services Inc). This guidance was in place as we developed our survey instruments, focus group and interview schedules and recruitment material, as well as when analysing the data and writing this report.

Throughout this report we have tried to reflect the terms that participants have used themselves while maintaining participant anonymity. For this reason, participant quotes in this report are unedited to accurately reflect their responses. We have worked to accurately represent the broad range of views in the data in a balanced way, acknowledging that views expressed will not align with everyone's views and experiences. We apologise for any distress caused. We have also included a [glossary](#) of terms at the start of this report.

**For readability, we have been required to use the collective term 'LGBTIQ+ people when referencing the participant groupings collectively but the research team acknowledges that the use of this term is not universally accepted.**

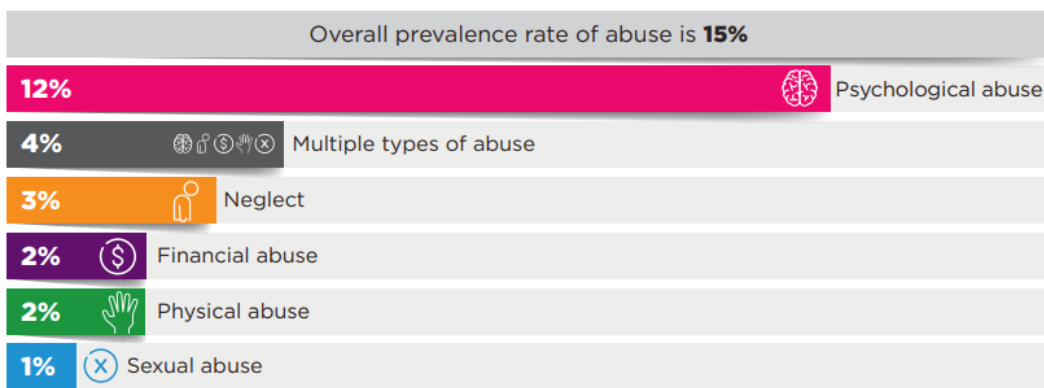
**We emphasise that its use is in no way intended to diminish the diversity of lesbian, gay, bisexual, transgender, intersex, queer, asexual and all people with diverse genders and sexualities. We have referenced the diverse groups of people wherever possible.**

## 1.2 The research gap

There has been increasing recognition among governments and Australian society, more broadly, that the abuse and mistreatment of older people is a serious social, human rights and health problem in Australia. Improving our understanding of this abuse and mistreatment and establishing its prevalence and ways to monitor it is important for informing policy and developing effective prevention, early intervention and response strategies (Royal Commission into Aged Care Quality and Safety, 2021).

AIFS was commissioned by the AGD to deliver the most extensive study to date on the abuse and mistreatment of older people in Australia - the AIFS National Elder Abuse Prevalence Study (Qu et al., 2021, National Prevalence Study). One part of the prevalence study was a Survey of Older People (SOP). This prevalence survey was conducted in 2020 and involved telephone surveys of 7,000 older people aged 65 years and above living in the community in Australia.

**Figure 1.1:** Prevalence rates of elder abuse in Australia, 2021



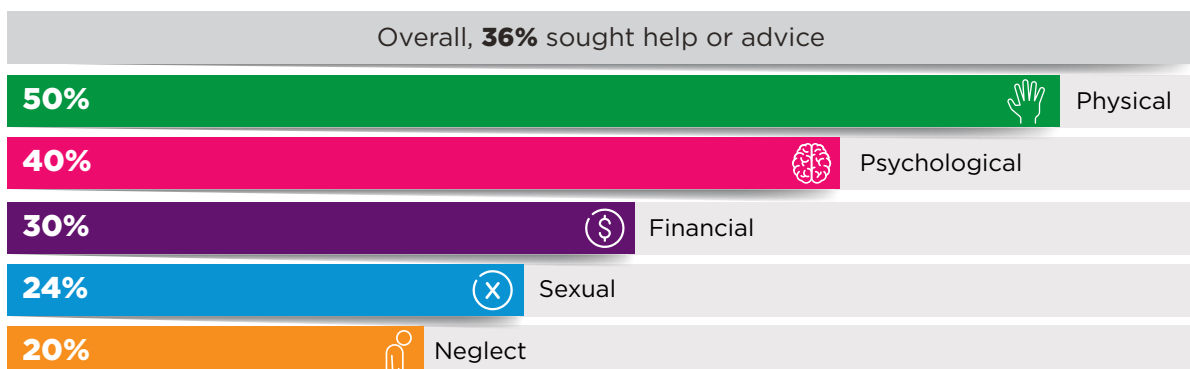
Source: Qu et al. (2021)

The study found that 15% (14.8%) of older people living independently reported an experience of at least 1 of 5 types of abuse in the 12 months before the survey. Psychological abuse was the most common type (12%), followed by neglect (3%), financial abuse (2%), physical abuse (2%) and sexual abuse (1%). Some people experienced more than one type of abuse (4%) and the most common combination was psychological abuse and neglect.

The National Prevalence Study found some characteristics can make some older people at higher risk of abuse. These included being of lower socio-economic status, being single, separated or divorced, and living in rented housing or owning a house with a mortgage. People with poor physical or psychological health and higher levels of social isolation were also at higher risk of abuse.

The National Prevalence Study also showed that most older people who experienced abuse did not seek help or advice from anyone. Only 36% of older people participating in the study said that they told someone else (usually family or friends) about the abuse.

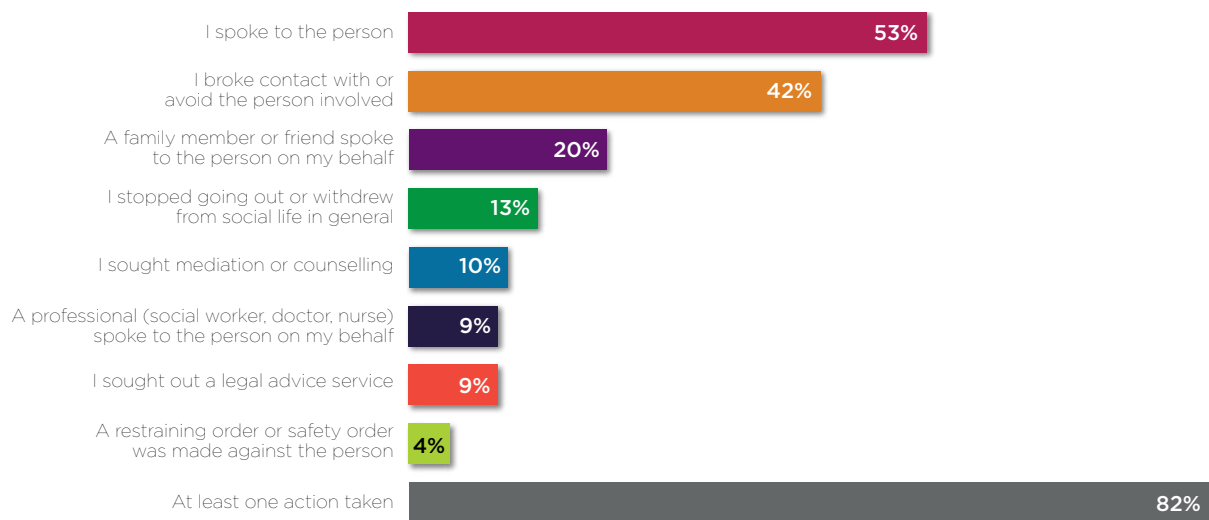
**Figure 1.2:** Proportion of older people who experienced elder abuse who sought help or advice, by abuse type



Source: Qu et al. (2021)

Although most older people did not seek help, they did take some action to stop it happening. The most common actions were the older person speaking to the person using the abusive behaviour or stopping contact with that person altogether.

**Figure 1.3: Action taken by older people who experienced abuse**



Source: Qu et al. (2021)

Following on from the National Prevalence Study, more specific research has been required to better understand the nature and quantum of abuse and mistreatment of LGBTIQ+ older people in Australia. Although aspects of the abuse and mistreatment experienced by LGBTIQ+ older people overlap with abuse and mistreatment experienced by non-LGBTIQ+ older people,<sup>3</sup> the abuse and mistreatment of LGBTIQ+ older people is differently experienced and additional forms of abuse and mistreatment also arise for LGBTIQ+ older people. These forms of abuse and mistreatment can be shaped by, or linked to, experiences of discrimination and abuse over the life course.<sup>4</sup>

There is also no national data capturing the incidence or prevalence of abuse and mistreatment of LGBTIQ+ older people, although there is empirical research from Australia and overseas that provides insight into specific forms of abuse and mistreatment. Relevant data from these sources will be presented alongside data from this current study in chapters 2–8 below.

Following the National Prevalence Study, targeted research was identified as necessary with respect to target populations, including LGBTIQ+ older people, to support improved understanding of their specific experiences of abuse and to inform measures to address barriers to accessing services, programs and initiatives that address their specific needs.

There is some research with LGBTIQ+ people on their experiences of abuse and mistreatment over their lifetime from Australia and comparable overseas jurisdictions. As noted above, these studies are considered where relevant in chapters 2–8. However, until this current research study there has been a dearth of research that is nationally focused and providing both quantitative and qualitative insights from LGBTIQ+ adults in Australia.

<sup>3</sup> See e.g. COTA Tasmania, & Working It Out. (2023). *Raising Tasmanian LGBTIQ+ People's Awareness of Elder Abuse* (Research Report). Tasmania: COTA Tasmania; Furlotte, C., Gladstone, J. W., Cosby, R. F., & Fitzgerald, K. A. (2016). 'Could we hold hands?' Older lesbian and gay couples' perceptions of long-term care homes and home care. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 35(4), 432; Okpodi, J. (2015). Where do we belong: Aging concerns for lesbian, gay, bisexual, and transgender (LGBT) seniors. *The International Journal of Community Diversity*, 15(1), 1; Robinson, P. (2016). Ageing fears and concerns of gay men aged 60 and over. *Quality in Ageing and Older Adults*, 17(1), 6–15; Robson, C., Marchbank, J., Gutman, G., & Prentice, M. (2023). *Elder abuse in the LGBTQ2SA+ community: The impact of homophobia and transphobia* (Vol. 37). Springer Nature; Waling, A., Lyons, A., Alba, B., Minichiello, V., Barrett, C., Hughes, M., Fredriksen-Goldsen, K., & Edmonds, S. (2019). Experiences and perceptions of residential and home care services among older lesbian women and gay men in Australia. *Health & Social Care in the Community*, 27(5), 1251.

<sup>4</sup> Brotman, S., Ferrer, I., Sussman, T., Ryan, B., & Richard, B. (2015). *Access and equity in the design and delivery of health and social care to LGBTQ older adults: A Canadian perspective*; Robson et al., 2023; Stevens, C., Baldassar, L., O'Brien, E., Cokis, E., Krzyzowski, L., Du Plooy, M. G. C., Jones, B., Noonan, G. & Ottolini, F. (2023). *Everyone's business: Research into responses to the abuse of older people (elder abuse) in Western Australia* (Report). Western Australia: Social Ageing (SAGE) Futures Lab.

## 1.3 Research aim and research questions

The aim of this research is to develop an in-depth understanding of the abuse and mistreatment of LGBTIQ+ older people. To improve the understanding of abuse and mistreatment of LGBTIQ+ older people, this research project focused on 7 interrelated research questions (contained in Appendix A, A1) grouped into the following 6 topics:

- the current state of knowledge about the abuse and mistreatment of LGBTIQ+ older people
- types of abuse and mistreatment of LGBTIQ+ older people
- drivers and context of abuse and mistreatment of LGBTIQ+ older people
- characteristics of abuse and mistreatment, and the people who use or experience it, and its effects
- seeking help for abuse and mistreatment of LGBTIQ+ older people and protective behaviours
- experiences of service responses to abuse and mistreatment of LGBTIQ+ older people.

## 1.4 Research advisory partnerships and ethical clearance

The AIFS Research Team was guided by an LGBTIQ+ lived experience advisory panel (LEAP) and research partner Queerspace.

The LEAP comprised of 9 members based on their lived experience as LGBTIQ+ people living in Australia. Together with our research partner Queerspace, LEAP members guided the research design and implementation of the research across the life of this project.

The research team made a detailed application to the AIFS Human Research Ethics Committee (HREC) and received ethical clearance for the research to take place.<sup>5</sup>

## 1.5 Summary of research design and samples

There were 3 parts to this mixed-methods research project, which was exploratory in nature and informed by both the life course and socio-ecological approaches (see Appendix A2 for further discussion of theoretical framework for this project). Each of the three parts of the project are outlined below and further details are provided in the appendices.

### 1.5.1. Desktop scoping review of relevant research on the abuse and mistreatment of LGBTIQ+ older people

The purpose of this desktop scoping review was to address Research Question 1 by examining the existing evidence base about abuse and mistreatment of LGBTIQ+ older people. A scoping review methodology (see e.g. Arksey & O'Malley, 2005; Mak & Thomas, 2022) was used, which involved a systematic and iterative approach to identify and synthesise the research literature preceding this current project. This approach involved a 5-step process to assist us to map the existing research literature and to identify any gaps.<sup>6</sup> This 5-step process and search strategy implemented are presented in Appendix A3 and the resulting sample is presented below.

#### The studies

The search strategy yielded 1,315 records, of which 365 were duplicates and removed, leaving 948 articles that went to screening (first via Covidence, then Excel). After the screening process, 80 records remained and were included in the final scoping study sample. This included 68 studies comprising grey literature and empirical research, together with 13 reviews.

**The desktop review considered the findings from the sample of research literature undertaken prior to this project and these findings are presented at relevant points of the discussion in this report.** Aside from the reviews (which drew on research from various countries), the studies were from 5 countries, listed in Table 1.1 below.

<sup>5</sup> The reference number for the ethical clearance for this research provided by the AIFS Human Research Ethics Committee is O24/05.

<sup>6</sup> Mak, S., & Thomas, A. (2022). Steps for Conducting a Scoping Review. *Journal of Graduate Medical Education*, 14(5), 565–567; Munn, Z., Peters, M. D., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology*, 18, 1–7.

**Table 1.1:** Selected studies

Country/region	Number of studies
Australia	17
Canada	18
New Zealand	2
United Kingdom (the UK)	9
United States of America (USA)	22
Total	68

## 1.5.2. Surveys of LGBTIQ+ people

Two concurrent national surveys of LGBTIQ+ people were conducted between 17 September 2024 and 10 January 2025 ( $n = 335$ ) comprising:

- a survey of LGBTIQ+ older people aged 65+ years or 50+ years for Aboriginal and/or Torres Strait Islander LGBTIQ+ people,<sup>7</sup> referred to as the 'Survey of LGBTIQ+ Older People' ( $n = 87$ )
- a survey of people in the wider LGBTIQ+ communities aged 18–64 years of age (or 18–49 years of age for Aboriginal and/or Torres Strait Islander LGBTIQ+ people),<sup>8</sup> referred to in this report as the 'Survey of LGBTIQ+ Younger People' ( $n = 248$ )
- Participants aged 55 years and older were also asked the abuse module questions and have been included in the analyses of these questions as a part of the Survey of LGBTIQ+ Older People ( $n = 138$ ).
  - This was based on guidance from LEAP and key stakeholders regarding the health challenges experienced by some LGBTIQ+ people, such as those with HIV and health issues associated with transitioning.

The survey instruments for each survey and a summary of the survey items seeking qualitative open-text responses are provided at Appendix A4.

The surveys were administered using the LimeSurvey platform and the datasets were exported to STATA (statistical software) and Microsoft Excel to facilitate the analysis of both qualitative and quantitative data.

Of the overall survey sample size ( $n = 335$ ), 138 participants were aged 55 years or older (or between 50–54 years for Aboriginal and Torres Strait Islander participants). Comprehensive survey participant characteristics and demographics data are presented in Table A3 and A4 in Appendix A, with the key participant characteristics presented in Table 1.2 below.

**Table 1.2:** Survey participant characteristics ( $N = 335$ )

Characteristics	%
<b>Do you identify as Aboriginal and/or Torres Strait Islander?</b>	
Yes, Aboriginal	6
<b>Do you identify as culturally and linguistically diverse?</b>	
Yes	13
<b>How do you describe your gender?</b>	
Woman or female	46
Man or male	35
Non-binary	15
<b>Do you identify as transgender and/or gender diverse?</b>	
Yes	24

<sup>7</sup>  $n = 1$  Aboriginal and/or Torres Strait Islander participant recruited in the Survey of LGBTIQ+ Older People.

<sup>8</sup>  $n = 22$  Aboriginal and/or Torres Strait Islander participants recruited in the Survey of LGBTIQ+ people aged 18–64 years.

Characteristics	%
<b>How would you describe your sexual orientation?</b>	
Gay, lesbian or homosexual	61
Bisexual or pansexual	25
Asexual	5
Another sexual orientation	8
<b>Were you born with a variation of sex characteristics (sometimes called 'intersex')?</b>	
Yes	3
Don't know	5

Notes: a 'another sexual orientation' included queer ( $n = 14$ ), same-sex attracted ( $n = 2$ ), lesbian but previously bisexual ( $n = 1$ ), skoliosexual/pan ( $n = 1$ ), gay and asexual ( $n = 1$ ), aromantic, asexual, queer ( $n = 1$ ), panromantic demisexual ( $n = 1$ ), bisexual and grey and demi ace, demi aromantic ( $n = 1$ ), pansexual asexual ( $n = 1$ ), human ( $n = 1$ ), and '*lesbian but by grouping lesbian with gay and homosexual you are not capturing the real orientation. I do not want to be grouped with gay or homosexual. We need to count lesbians as a distinct group*' ( $n = 1$ ). The above [glossary](#) describes the sexualities listed in this report.

### 1.5.3. Focus groups and interviews with LGBTIQ+ older people

This component of the project comprised:

- Online focus groups ( $n = 9$ ) involving 32 participants identifying as LGBTIQ+ older people. These focus groups were conducted using MS Teams and were mixed in terms of their composition of participants.
  - The aim was to include people aged 65 years or older (or 50 years and older for Aboriginal and/or Torres Strait Islander LGBTIQ+ people) but provisions were made for the inclusion of LGBTIQ+ people aged 50 years and older to ensure that the various LGBTIQ+ communities or locations were included in the focus group data collection.
  - The focus groups were not limited to people with personal experience of abuse and/or mistreatment in older age.
- In-depth, semi-structured online interviews with lesbian, gay, bisexual, transgender, intersex, queer, asexual and/or other sexually or gender diverse older people aged 65 years or older (or 50 years+ for Aboriginal and Torres Strait Islander older people) who have experienced abuse and mistreatment were also conducted for this project ( $n = 10$ ).
- The final sample for the qualitative components was 42 participants, comprising  $n = 32$  focus group participants and  $n = 10$  interview participants. Comprehensive participant characteristics and demographics data are presented in Table A5, in Appendix A, with the key participant characteristics presented in Table 1.3 below. Further details of the methodology are presented in Table A6.

**Table 1.3: Interview and focus group participant characteristics ( $N = 42$ )**

Characteristics		No.
Age	50-54	1
	55-59	7
	60-64	12
	65-69	6
	70-74	9
	75-79	4
	80-84	3
Gender	Man or male	12
	Woman or female	24
	Non-binary	1
	Prefer not to say	1
	Other	4
Sexual orientation	Gay, lesbian, or homosexual	35
	Bisexual or pansexual	4
	Straight or heterosexual	1
	Asexual	1
	Other	1
Identifies as transgender and/or gender diverse	Yes	8
	No	33
	Prefer not to say	1

Characteristics		No.
Born with a variation of sex characteristics (sometimes called intersex)	Yes	2
	No	38
	Don't know	2
Aboriginal and/or Torres Strait Islander	Aboriginal	4
	Torres Strait Islander	0
	Both	0
	Neither	38

## 1.6 Further considerations

### 1.6.1. Comparability with the National Prevalence Study

As noted earlier, for the current study, data on abuse and mistreatment were collected about the experiences of LGBTIQ+ older people via an online survey. Where applicable, data collected from this LGBTIQ+ study has been referenced in relation to data collected in the earlier AIFS National Elder Abuse Prevalence Study (National Prevalence Study).

- The National Prevalence Study findings were based on a representative sample of 7,000 community dwelling people aged 65 years or older, and data were collected via Computer Assisted Telephone Interviewing (CATI). This current study is based on data collected via an opt-in, online survey instrument and, as such, it is not a nationally representative sample of LGBTIQ+ people. In the absence of relevant census data, a sampling frame for the different groups of people included in the LGBTIQ+ acronym is not presently available in Australia.
- The National Prevalence Study's CATI data collection and longer interview time allowed a list of indicators to be collected to ascertain and categorise, for example, psychological/emotional abuse, whereas, for the current study, a single question about experiences of emotional abuse was collected.

Due to these differences in design and methodology, findings from the current study and the National Prevalence Study are **not directly comparable**. In the analysis that follows, estimated proportions from the LGBTIQ+ study are reported alongside the estimated proportions from the National Prevalence Study for key survey questions asked in each study.

The differences in sample sizes between the 2 projects should be kept in mind when interpreting the data/responses. Where statistical significance is observed in this report, it is important to emphasise that this relates to statistically significant differences **within the LGBTIQ+ surveys**.

**Nevertheless**, in most cases, the same or similar survey items have been used in both studies, and the National Prevalence Study results referenced in this report **help to place the current findings in the context of the experiences of the wider Australian population**. They also help to inform our understanding of the prevalence, characteristics and drivers of the experience of abuse and mistreatment of LGBTIQ+ older people and how these are **similar or different to the experiences of older Australians more generally**.

### 1.6.2. Data relating to the experience and use of abuse and mistreatment

As noted, for further context to the earlier discussion of survey sample sizes, 138 participants were eligible to be asked about their direct experiences of abuse and mistreatment, with 51 participants reporting at least one form of abuse. Therefore, follow-up questions about the characteristics of those engaging in abuse or mistreatment and help-seeking behaviours are only asked of this smaller group of 51 participants who reported an experience of abuse or mistreatment.

These sub-population numbers do allow for high level analysis to be reported but does limit some of the further analysis we can do (e.g. by abuse subtype, or for some of the smaller subgroups such as those who identify their sexual orientation as asexual).

Qualitative data collected from both interview and focus group participants and the survey itself provide additional insight into the experiences of participants in these smaller subgroups, where sample sizes mean they cannot be analysed within a quantitative analysis framework.

## 1.7 Structure of this report

**Table 1.4:** Report structure

Chapter	Topic/Research question	
1	Introduction	Introduces the current research project, including how the research was done
2	Forms of abuse and mistreatment of LGBTIQ+ older people	Research Question 2
3	Societal and community factors in the drivers and context of the abuse and mistreatment of LGBTIQ+ older people	Research Question 3
4	Individual, relationship and family factors for people engaging in abuse and mistreatment of LGBTIQ+ older people	Research Questions 5
5	Individual and relationship factors for people who experience abuse and mistreatment and its effects	Research Question 4
6	Confidence identifying abuse and mistreatment and concerns about experiencing abuse as older people	Research Question 1
7	Seeking help for abuse and mistreatment of LGBTIQ+ older people and protective measures	Research Question 6
8	Improving service responses and education and awareness	Research Question 7
9	Implications - next steps	Synthesises key findings from this project and considers their implications

## 2. Forms of abuse and mistreatment of LGBTIQ+ older people

### Key findings

- Substantially more LGBTIQ+ older people participating in this current study report experiencing abuse and mistreatment when compared with older people in the broader population participating in the National Prevalence Study.
- Psychological/emotional abuse, discrimination and financial abuse are the most common forms of abuse and mistreatment reported to be experienced by LGBTIQ+ older people participating in the survey.
- LGBTIQ+ older participants commonly reported experiencing multiple forms of abuse and mistreatment, to a substantially greater degree than the participants in the National Prevalence Study.
- The quantitative and qualitative data suggest that discrimination spanning personal, community and institutional levels and its intersection with ageism as well as homophobia and sexism, is pervasive and widespread and that it is also experienced within relationships of trust.
- Although non-LGBTIQ+ people were more commonly reported in the survey to engage in abuse or mistreatment of LGBTIQ+ older people, lateral violence (including within LGBTIQ+ organisations) was also highlighted by some older gay and lesbian people and transgender older people.
- Systemic abuse experienced across the life course and into older age was identified by some participants.

### 2.1 Introduction

This chapter presents quantitative and qualitative findings from the surveys, focus groups and interviews about the forms of abuse and mistreatment experienced by LGBTIQ+ older people. The discussion begins with an analysis of data from the surveys of LGBTIQ+ people focusing on participants' experiences of **at least 1 of the 6 identified types of abuse and mistreatment** in the 12 months preceding the survey.

The discussion also considers data drawn from the National Prevalence Study in relation to experiences of the 5 types of abuse nominated by participants in the National Prevalence Study aged 65 years and older.

The discussion of experiences of lateral violence and systemic abuse draws more particularly on an examination of the qualitative data from the survey, focus groups and interviews.

Box 1 outlines how survey data relating to participants' experiences of abuse and mistreatment was collected.

#### How we collected information about abuse and mistreatment of LGBTIQ+ older people

The Survey of LGBTIQ+ Older People collected information about direct experiences of abuse and mistreatment by asking participants to reflect on whether, in the past 12 months, they had any concerns that someone else in their family, their carer or a person they trusted had:

- taken advantage of them financially (e.g. coercing you for money or assets, stealing money or assets, preventing you from accessing money or assets) (reported throughout as financial abuse)
- physically hurt or mistreated them (e.g. pushing, shoving) (reported throughout as physical abuse)
- abused them emotionally (e.g. intimidating, threatening you, preventing access to family and others) (reported throughout as emotional abuse)
- abused them sexually (reported throughout as sexual abuse)
- failed to provide adequate care with routine activities or personal care when needed (e.g. shopping, transport, washing/dressing) (reported throughout as neglect).

Noting differences in methodology described earlier in [chapter 1](#), these 5 items were designed to provide a measure of comparability with AIFS' earlier National Prevalence Study. For this project, with its focus on the abuse and mistreatment of LGBTIQ+ older people, an additional item was included asking if they had:

- been homophobic, biphobic, transphobic, endosexist, and/or deliberately misgendered (reported throughout as discrimination).

For participants who indicated that they had experienced and/or were aware of an LGBTIQ+ person who had experienced abuse or mistreatment within the 12 months, a series of questions relating to characteristics of the person who engaged in the abuse was asked.

Survey items relating to the person who engaged in the abuse included: socio-demographics (age, gender, sexual orientation, employment status), their relationship to the LGBTIQ+ older person, living arrangements, and presence of any issues (e.g., alcohol and other drugs etc.).

Results relating to characteristics of people engaging in abuse and mistreatment of LGBTIQ+ older people are presented in [chapter 4](#).

## 2.2 Abuse and mistreatment of LGBTIQ+ older people: how their experiences compare with the 5 types of abuse in the National Prevalence Study

The survey data show that the experience of abuse and mistreatment of LGBTIQ+ older people is common. As illustrated in Figure 2.1, **over one-third (36%)** of 138 participants in the Survey of LGBTIQ+ Older People reported experiencing at least 1 of the 6 identified types of abuse.

Largely consistent findings were identified in survey data collected from LGBTIQ+ younger people, with **30% of LGBTIQ+ younger survey participants** reporting at least one observance/concern in the 6 categories of abuse and mistreatment of an older person that they knew.

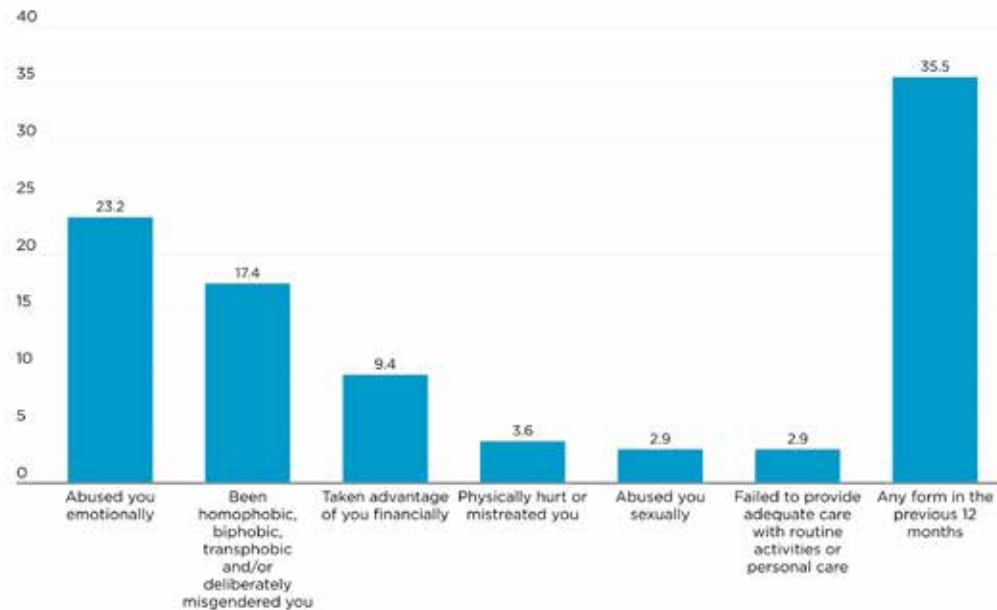
When the analysis is **restricted to the 5 abuse types** captured in the National Prevalence Study, a greater proportion of LGBTIQ+ older people reported experiencing abuse (21%-27%), **compared to 15% (14.8%)** of people aged 65 years or older in the **National Prevalence Study**.

Figure 2.1 shows **LGBTIQ+ older survey participants' reports** of their experiences of the different types of abuse and mistreatment. Key observations from these data include:

- **Psychological/emotional abuse** was most frequently reported, affecting **nearly one-quarter (23%)** of participants.
- **Almost 1 in 5 (17%)** participants reported experiences of **discrimination** (specified in the survey as including homophobia, biphobia, transphobia, endosexism and/or being deliberately misgendered, and these could occur in public or private settings).
- **Almost 1 in 10 (9%)** reported an experience of **financial abuse**.
- Smaller proportions reported experiences of the other abuse types.
- LGBTIQ+ older people commonly experience multiple forms of abuse and mistreatment.

Overall, for those who reported experiences of abuse and mistreatment, **59% reported experiencing 2 or more types** of abuse or mistreatment (data not shown).

**Figure 2.1:** Survey of LGBTIQ+ Older People, overall prevalence of abuse and/or mistreatment of LGBTIQ+ older people



**Notes:** Full question wording for abuse items: Taken advantage of you financially (e.g. coercing you for money or assets, stealing money or assets, preventing you from accessing money or assets); Physically hurt or mistreated you (e.g. pushing, shoving); Abused you emotionally (e.g. intimidating, threatening you, preventing access to family and others); Failed to provide adequate care with routine activities or personal care when needed (e.g. shopping, transport, washing/dressing). Analysis based on  $n = 138$  participants aged 50–54 and identified as Aboriginal and/or Torres Strait Islander, or aged 55 years or older who were asked about direct experiences of abuse and mistreatment. Any form of abuse can also include other specified abuse types, not reported in this chart.

Figure 2.2 shows **LGBTIQ+ younger participants'** (aged 18–64 years) reports of either witnessing or being concerned that an LGBTIQ+ older person known to them was experiencing any of the listed forms of abuse in the past 12 months preceding the survey ( $n = 248$ ).

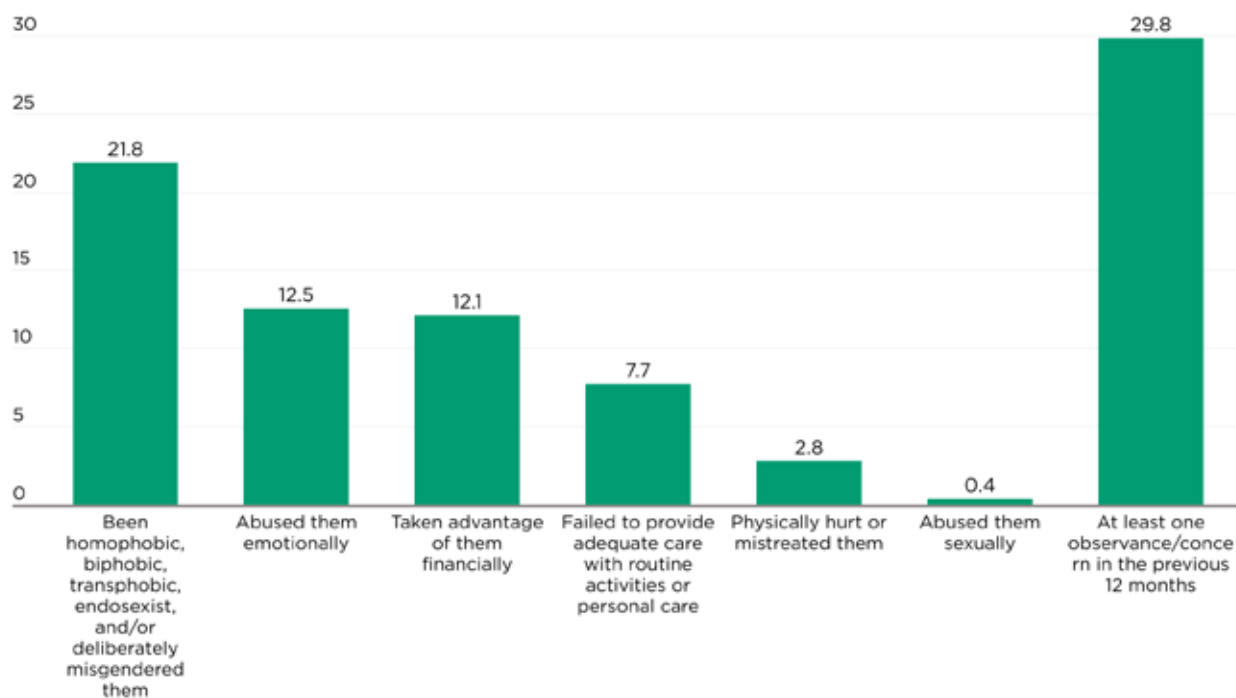
Key observations from these data are:

- Overall, **30% reported at least one observance/concern** of abuse and mistreatment for an older person they knew.
- The most frequently reported concern was **discrimination** towards the LGBTIQ+ older people that they knew (22%), followed by **emotional abuse** (13%) and **financial abuse** (12%).

Similar to the earlier insights reported from the perspective of LGBTIQ+ older people themselves, LGBTIQ+ younger people who had concerns about older people also reported that experiences of **multiple abuse types were common**.

Where younger people had indicated at least one observance/concern for an older person, over half (55%) reported concerns about 2 or more abuse types.

**Figure 2.2:** Overall prevalence of abuse and/or mistreatment of LGBTIQ+ older people that LGBTIQ+ younger people have witnessed and/or been concerned about



**Notes:** Full question wording for abuse items: Taken advantage of them financially (e.g. coercing them for money or assets, stealing money or assets, preventing them from accessing money or assets); Physically hurt or mistreated them (e.g. pushing, shoving); Abused them emotionally (e.g. intimidating, threatening them, preventing access to family and others); Failed to provide adequate care with routine activities or personal care when needed (e.g. shopping, transport, washing/dressing). Analysis based on  $n = 248$  participants aged 18–64 years. Any observance/concern of abuse can also include other specified abuse types, not reported in this chart.

Table 2.1 shows reports of each of the 5 National Prevalence Study abuse types by:

- LGBTIQ+ older people aged 55 years and older, and LGBTIQ+ older people aged 65 years and older
- LGBTIQ+ younger participants who either witnessed or were concerned about an LGBTIQ+ older person experiencing abuse or mistreatment
- older people participating in the National Prevalence Study (aged 65 years and older).

Key observations from these data are:

- **Psychological/emotional abuse was the most common** of the 5 National Prevalence Study abuse types to be reported by each of the participant groups but with **substantially more LGBTIQ+ older participants** reporting this form of abuse.
- **Higher rates of financial abuse** were reported by both **LGBTIQ+ cohorts** compared to reports by National Prevalence Study participants.
- The data also suggest that **LGBTIQ+ younger participants have higher levels of concern about the need for adequate care** and support for LGBTIQ+ older people than the older people themselves.
- Experiences of **multiple forms** of abuse and mistreatment were **more commonly reported** by LGBTIQ+ older people.

These data are consistent with the research literature examined for the desktop review component of this project, which identified that LGBTIQ+ older people experience all the forms of abuse covered by the National Prevalence Study:<sup>9</sup>

<sup>9</sup> Benbow, S. M., & Kingston, P. (2022). Older trans individuals' experiences of health and social care and the views of healthcare and social care practitioners: 'they hadn't a clue'. *Educational Gerontology*, 48(4), 160–173; Gutman, G., Karbakhsh, M., & Stewart, H. G. (2022). *Abuse of marginalized older adults during COVID-19*. *GeroPsych*; Robson, C., Gutman, G., Marchbank, J., & Blair, K. (2018). Raising awareness and addressing elder abuse in the LGBT community: An intergenerational arts project. *Language and Literacy*, 20(3), 46–66; Robson et al., 2018; Stevens et al., 2023; Weatherley, J., Dick, G., Mithani, P., & Bogdan, N. (2022). 1002 A Case Study of Gender Dysphoria in the Elderly. *Age and Ageing*, 51(Supp\_2), afac126-049.

- physical abuse<sup>10</sup>
- psychological/emotional abuse<sup>11</sup>
- financial abuse<sup>12</sup>
- sexual abuse<sup>13</sup>
- neglect.<sup>14</sup>

**Table 2.1:** Reports of different types of abuse between LGBTIQ+ surveys and National Prevalence Study

Type of abuse	LGBTIQ+ 55+ (50+ for Aboriginal and Torres Strait Islander LGBTIQ+) %	LGBTIQ+ 65+ years %	LGBTIQ+ younger participants witnessing/concern for an LGBTIQ+ older person %	National Prevalence Study %
1 or more of the 5 National Prevalence Study abuse types	27	21	19	15
Physical abuse	4	0	3	2
Financial abuse	9	4	12	2
Psychological/emotional abuse	23	19	13	12
Sexual abuse	3	4	0.4	1
Neglect	3	1	8	3
Experiences of multiple forms of the 5 National Prevalence Study Abuse types	11	11	10	4
Discrimination (additional abuse type) asked in the current study	17	11	22	-

**Notes:** Reports are of experiences of abuse or mistreatment in the 12-month period preceding the survey. Estimate of abuse and subtypes for LGBTIQ+ participants aged 55 years or older or 50 years or older for Aboriginal and Torres Strait Islander participants based on  $n = 138$  participants in LGBTIQ+ online survey. LGBTIQ+ participants aged 65 years or older based on  $n=72$  participants. Estimates from younger participants in LGBTIQ+ participants based on sample size of  $n = 248$ . Estimate of 15% from National Prevalence Study participants aged 65 years or older based on sample size of 7,000 CATI survey. In the National Prevalence Study a list of indicators was collected to ascertain and categorise, for example, psychological/emotional abuse, whereas for the current study a single question about experiences of emotional abuse was collected.

Research literature examined as part of the desktop review also indicates that **the way familiar forms of abuse and mistreatment are experienced may be unique for LGBTIQ+ older people**. For example, neglect and physical abuse (2 forms of abuse captured in the National Prevalence Study) were identified as potentially being self-imposed in circumstances where LGBTIQ+ older people (particularly transgender and/or gender diverse people) are not receiving appropriate care.<sup>15</sup>

In a UK study by Benbow and Kingston (2022, p 165) involving interviews and focus groups with 16 trans adults (50+ years), one participant indicated that *'quite a lot of trans people don't own the parts of their body that don't match their gender ... So, they are quite likely to neglect them, not ask for screening.'*

- A UK qualitative case study by Weatherley and colleagues (2022) describes the experience of an older transgender man experiencing gender dysphoria who did not have access to specialist care or sufficient treatment options and ultimately engaged in physical self-harm (alongside experiencing other harm, including serious mental health challenges).
- LGBTIQ+ older people have also been identified as at increased risk of self-neglect.<sup>16</sup>

<sup>10</sup> Gutman et al., 2022; Robson et al., 2018; Weatherley et al., 2022.

<sup>11</sup> Robson et al., 2018.

<sup>12</sup> Robson et al., 2018, 2023.

<sup>13</sup> Robson et al., 2018.

<sup>14</sup> Benbow & Kingston, 2022; Robson et al., 2018; Stevens et al., 2023.

<sup>15</sup> Benbow & Kingston, 2022; Weatherley et al., 2022.

<sup>16</sup> Stevens et al., 2023.

- LGBTIQ+ older people experiences of abuse and mistreatment are also shaped by their experiences of abuse and mistreatment earlier in their lives. This context shapes the way some LGBTIQ+ people experience abuse and mistreatment and is considered in detail in [chapter 3](#).
- The discussion below presents both quantitative and qualitative data relevant to each type of abuse and mistreatment drawn from the surveys, focus groups and interviews.

## 2.2.1. Physical abuse

**Direct experience of physical abuse was reported to have been experienced by 3% of LGBTIQ+ older survey participants, and 4% of LGBTIQ+ younger survey participants reported either witnessing or being concerned that an LGBTIQ+ older person known to them was experiencing this form of abuse.**

Participants in the focus groups and interviews provided further insight into how they directly experienced or witnessed physical abuse of an LGBTIQ+ older person. For example:

*But the elder abuse that I suffered the most was from my ex-partner. And there is literally – I could fill a foolscap page, and both sides, full of the different types of controlling and abusive hate and violence against me, physically as well as mentally. (AIFS ID 26: Aboriginal woman, 60–64 years, transgender and/or gender diverse, bisexual or pansexual, State/Territory anonymised)*

Another focus group participant shared their experience of witnessing a transgender older woman experience verbal abuse, discrimination, and physical abuse, from members of staff while residing in multiple facilities (hospital and residential aged care). The participant explained the lengths she went to intervene, including calling a senior politician – however, the abuse continued.<sup>17</sup>

An interview participant described ongoing abusive experiences with their neighbour who would harass them, shout derogatory insults in public and make threats to harm their dog. The participant described this as having lasted ‘for some years’. The participant described how they were also headbutted by the neighbour while in a supermarket, which led to the person being charged.<sup>18</sup>

## 2.2.2. Psychological/emotional abuse

**Psychological/emotional abuse was identified as a significant concern for both younger and older survey participants, with 23% of LGBTIQ+ older participants reporting that they had directly experienced this type of abuse and 13% of LGBTIQ+ younger participants either witnessing or being concerned that this was happening to an LGBTIQ+ older person known to them.**

- These results indicate a shared awareness of psychological/emotional abuse impacting LGBTIQ+ older people.
- When psychological/emotional abuse was reported as the main concern, the gender of those engaging in the abuse was most commonly reported to be men (57%), compared to women (32%) and non-binary (7%).<sup>19</sup>
- As later data show, and as a marker of intimate partner violence, current partners/spouses or ex partners were most commonly nominated as the ones engaging in psychological/emotional abuse (18%) of those experiencing at least one abuse type. The next most common relationship type nominated was brothers or sisters (14%).

Some focus group and interview participants ( $n = 12$ ) described how they directly experienced psychological/emotional abuse or witnessed experiences of this abuse. Many participants discussed how this form of abuse was ‘more insidious’<sup>20</sup> due to a lack of physical indicators.

<sup>17</sup> AIFS ID 36: woman, 70–74 years, transgender and/or gender diverse, straight or heterosexual, State/Territory anonymised.

<sup>18</sup> AIFS ID 2: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 6.

<sup>19</sup> Note that the sample size of those reporting psychological/emotional abuse was of a size that enabled analysis by gender. This analysis by gender was not possible for other forms of abuse and mistreatment, where the response samples were not sufficient in size to support this analysis.

<sup>20</sup> AIFS ID 19 man or male, 65–69 years, gay, lesbian or homosexual, State/Territory 2.

## Case study 1 – Alex

### LGBTIQA+ older people's experience of intimate partner violence including physical, financial and psychological/emotional abuse

#### Experiences

Alex is a pansexual Aboriginal transgender woman living with a disability in her 60s. Alex experienced years of intimate partner violence (IPV) from her ex-wife including physical, financial and psychological/emotional abuse. The abuse and mistreatment started in her 50s, before Alex informed her ex-wife about her transgender identity. Her ex-wife would restrict access to friends, finances and prevent her from leaving the house. Her ex-wife would police her personal phone calls and online calls with friends and medical professionals by not allowing her the privacy of using headphones and would stand close by to listen in on what she was saying. Alex's described her ex-wife as being bigoted toward LGBTIQA+ people.

*When I got married. She was bigot, a bigot and will always be a bigot. She believes in black and white. You're either a man or a woman. She does not understand the LGBTIQA+ community. She she's just closed off to the whole thing.*

When Alex decided to come out as a transgender woman her ex-wife did not support her, and the abuse escalated. Her ex-wife physically and verbally abused her to the point Alex hid in her bedroom for days. Alex also experienced further abuse from her son who stole tens of thousands of dollars from her and threatened her life.

#### Individual, family, community, societal factors

Alex described feeling helpless, had suicidal ideation and felt isolated when experiencing the abuse.

*During that that period I was lost. I had...There was no one. Apart from the that one phone call to Lifeline, I mean I wasn't offered any like ...I had no avenues I had no idea what to do.*

Since leaving her ex-wife Alex has relocated due to fearing for her safety and has been cut off from family (grandchildren and children).

#### Help seeking and improving service responses

Alex spoke to her doctor about experiencing IPV, but they only advised calling Lifeline, which Alex felt at the time was unhelpful.

*Yeah, that didn't present any information in regard to support groups other than other than Lifeline.*

Some focus group and interview participants discussed experiences of **coercive or controlling behaviour**, often inflicted by their partners at the time.

For example, a survey participant discussed experiencing coercive control and not knowing that it was a form of abuse when her ex-partner would limit and control her communication with others, including those from whom she sought help:

*The last 10 years of my marriage I was a literal prisoner in my home. I wasn't allowed to do anything, go anywhere, talk to people on the phone; but it was such a gradual thing that it wasn't until I met my friend, and she just said, 'Darling, you're being abused. This is abuse. You shouldn't be putting up with this.' And it took me a 4-year journey before I could finally have enough in me to break free from that. (AIFS ID 26: woman, 60–64 years, transgender and/or gender diverse, bisexual or pansexual, State/Territory anonymised)*

Another focus group participant described witnessing a transgender aged care resident being coerced into signing powers of attorney granting enduring authority to make decisions in relation to their care to 2 other residents. The participant described not knowing how to help and that the actions they took (scheduling a justice of the peace to visit the resident) were ineffective.<sup>21</sup>

<sup>21</sup> AIFS ID 36: woman, 70 -74 years, transgender and/or gender diverse, straight or heterosexual, State/Territory anonymised.

An interview participant described multiple experiences of emotional and psychological abuse, that included heterosexual colleagues in their political party making death threats towards them and their pets. They described how other party members did not identify the behaviour as abuse, tolerated it, and how they did not receive support.<sup>22</sup>

One interview participant described emotional abuse when engaging with younger men on dating apps,<sup>23</sup> whereas another interview participant described mistreatment by their neighbour and feeling helpless in being able to prevent it.<sup>24</sup>

The research literature also provides insight into the nature of psychological/emotional abuse experienced by LGBTIQ+ older people in the form of threatening or otherwise coercively controlling behaviour. This was sometimes described in the literature as **a form of blackmail and included threats or actions** by biological family members **to 'out' an LGBTIQ+ older person** without their consent. This was identified in a recent small qualitative study undertaken by COTA & WIO (2023) with LGBTIQ+ older people ( $n = 6$ ). In this study, a trans woman referred to her family's attempts to blackmail her into denying her transgender identity as 'coercive control'.

A transgender woman, who participated in consultations undertaken by Elder Abuse Action Australia [EAAA] (2024, p 35) to inform the development of the new National Plan through interviews and focus groups with 252 service providers and community members (including LGBTIQ+ people), also characterised her experience of this type of 'blackmail' as 'coercive control'.<sup>25</sup>

Relatedly, LGBTIQ+ older people were identified as being subjected to controlling behaviour that **denied their agency and autonomy in relation to their own decision-making**.<sup>26</sup>

Insights from the qualitative components and the research literature include concerns raised by LGBTIQ+ older people that:

- their biological family members may place them in aged care earlier than they would wish, especially in circumstances where their cognition declines or their capacity for communication deteriorates such that they struggle to articulate their wishes<sup>27</sup>
- their biological family members, or other carers including aged care or health services, override or act as gatekeepers in relation to their decisions. For example:
  - excluding the LGBTIQ+ older person's partner(s), chosen family and/or community members<sup>28</sup>
  - overriding decisions relating to their gender presentation, pronouns and name.<sup>29</sup>

The research literature in the desktop review suggests that these types of controlling behaviours may be more pronounced later in LGBTIQ+ older people's lives because as they age, they may be forced into greater reliance or proximity to biological family.<sup>30</sup> Even if LGBTIQ+ older people avoid this reliance or proximity, health professionals and other care providers may nevertheless defer to family members to make decisions on behalf of LGBTIQ+ older people, rather than recognising their chosen family.<sup>31</sup>

Although the denial or gatekeeping of older people's agency and autonomy is something of a universal concern for older people, it is uniquely concerning in this context because the people making decisions on behalf of LGBTIQ+ older people may be intentionally undermining their needs, preferences and rights.<sup>32</sup>

22 AIFS ID 1: Aboriginal trans person: 55-59 years, asexual, State/Territory anonymised.

23 AIFS ID 4: man or male, 60-64 years, gay, lesbian or homosexual, State/Territory 2.

24 AIFS ID 6: Aboriginal woman, 60-64 years, transgender and/or gender diverse, pansexual, State/Territory anonymised.

25 COTA & WIO, 2023, p 15.

26 Cloyes, K. G., & Towsley, G. L. (2024). Engaging sexual and gender minority older adults to elicit concerns and recommendations for communicating care preferences in long-term care: focus group findings. *Clinical Gerontologist*, 47(5), 950-961; COTA & WIO, 2023; Okpodi, 2015; Stevens, 2023; Waling et al., 2019; Westwood, S. (2023). '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. *Journal of Religion, Spirituality & Aging*, 35(4), 359-384.

27 COTA & WIO, 2023

28 Cloyes & Towsley, 2023.

29 Silverman, M., & Baril, A. (2023). 'We have to advocate so hard for ourselves and our people': caring for a trans or non-binary older adult with dementia. *LGBTQ+ Family: An Interdisciplinary Journal*, 19(3), 187-210; Stevens et al., 2023; Westwood, 2023.

30 Stevens et al., 2023.

31 Stevens et al., 2023.

32 Baril, A., & Silverman, M. (2022). Forgotten lives: Trans older adults living with dementia at the intersection of cisgenderism, ableism/cogniticism and ageism. *Sexualities*, 25(1-2), 117-131; Kia, H., Salway, T., Lacombe-Duncan, A., Ferlatte, O., & Ross, L. E. (2022). 'You could tell I said the wrong things': Constructions of sexual identity among older gay men in healthcare settings. *Qualitative health research*, 32(2), 255-266; Stevens et al., 2023; Westwood, 2023.

Having someone suppress or make decisions on behalf of an LGBTIQ+ older person may undermine their lifelong efforts to establish their gender and sexual identity and freedom in the face of extensive discrimination.<sup>33</sup>

## 2.2.3. Financial abuse

**Financial abuse appears prominently in both survey results with 9% in the Survey of LGBTIQ+ Older People and 12% in the Survey of LGBTIQ+ Younger People identifying this form of abuse.** This highlights a critical area for attention to help LGBTIQ+ older people safeguard themselves and their assets.

### Case study 2 – Chris

#### LGBTIQ+ older people's experience of familial financial abuse and psychological/emotional abuse

##### Experiences

Chris is a lesbian woman in her 70s who raised her son on her own who went on to have success in education and stable employment. Over multiple years her adult son has financially and emotionally abused her. The financial abuse began by asking for small amounts of money, then escalating to tens of thousands of dollars. Her son told her he would repay the loans and said he would draw up a legal contract for the larger amount, however, she discovered the contract was never properly executed and registered and he shows no indication of repayment. Her son also emotionally and verbally abuses her via text messaging late at night and shouting at her over the phone. Chris now turns her phone off when she goes to bed. Her son has issues with alcohol and Chris suspects undiagnosed mental health conditions.

##### Individual, family, societal factors

Directly addressing the abuse with her son has been ineffective, with Chris explaining that when she brings up the money he needs to repay he cuts off all communication, including access to seeing her grandson:

And if I if I put any pressure on then he just cuts everything. I don't see my grandson at all

Chris also fears taking further actions to address the abuse would impact her son's career and her broader family. Due to loaning a large amount of money to her son, as an unpartnered older parent, she was unable to move interstate when needed and had to borrow money from a family member. Chris has only spoken about her situation with a few close friends and family, due to feelings of shame and embarrassment. The abuse by her son has impacted her physical and emotional wellbeing as well as financial security.

I'm very sad about it. I love my son, but I no longer trust him.

##### Help seeking and improving service responses

Chris spoke about her experiences of abuse with her GP who offered her medication, which was unhelpful. She also sought advice from her lawyer who helped restructure her will to stipulate that the money she lent from a family member to relocate was to be repaid back by her estate. Chris did not know where else to find help for her situation. Chris described feeling that her situation requires more community education about the pervasiveness of adult children perpetuating abuse against parents and that more support for men engaging in abuse was needed:

In many ways, the best solution would be to reach all of these men and help them to change. You know, it's just we need more support for men.

Some focus group and interview participants described experiencing financial abuse ( $n = 6$ ) while discussions also involved accounts of observing financial abuse or being concerned about it for other LGBTIQ+ older people ( $n = 10$ ).

One focus group participant<sup>34</sup> discussed her experience of financial abuse, which resulted in her having to break contact with her family, illustrating the personal cost of protective measures. This participant also described

<sup>33</sup> Ibid.

<sup>34</sup> AIFS ID 56: woman or female, 75–79 years, gay, lesbian, or homosexual, State/Territory 2.

experiencing other forms of elder abuse (not specified and as described by participant) by a **range of people within their personal community, including neighbours, tradespeople and acquaintances.**

Another focus group participant shared his experience of being financially abused and reflected on how being isolated and a gay man were drivers of the abuse (discussed further in the risk factors/drivers of abuse and mistreatment in [chapter 3](#)):

I had a so-called friend who I was delivering pamphlets, and earning a tuppence income. But in the end he financially tried to – well, he threatened me [physically]. He wanted me to get him to sell my house because I couldn't afford to stay in it ... being on your own and wanting to have a friend ... I had no one to trust, no one. And it turned out that they hated gay people and so on and so forth. (AIFS ID 24: man or male, 70–74 years, gay, lesbian or homosexual, State/Territory 2)

Other participants spoke about witnessing **young men financially abusing older men** (discussed further in [effects of abuse and mistreatment](#)) ( $n = 6$ ), and had witnessed and/or heard of this abuse happening within 'hookup culture'.<sup>35</sup> One participant,<sup>36</sup> who had worked at an LGBTIQ+ organisation, spoke about witnessing multiple forms of abuse whereby younger men were using sexual encounters as a method of accessing older men in order to steal money and threaten to steal HIV medication, move into their homes and enact physical abuse.

Although not directly experienced or witnessed, other participants in the focus group discussed hearing reports within their community that some young straight men were targeting older gay men on dating apps such as Grindr specifically to take advantage of them by threatening to 'out' older gay men and/or steal their credit cards.

An interview participant also discussed their multiple experiences of financial abuse. They described how people targeting older people in this way would arrange for the older person to make a direct deposit to them to pay for Uber transport to the older person's home and then retain the funds and not turn up. The participant was also aware of this happening to other older gay men, with one instance involving his friend being unknowingly given illicit substances. They also described how people would take items from his house, and how he also experienced financial abuse when engaging with male sex workers.<sup>37</sup>

## Case study 3 – Stevie

### LGBTIQ+ older people's experience of financial abuse and the impact of fear of discrimination

#### Experiences

Stevie is a lesbian woman in her 50s living with a disability, who volunteers for a program dedicated to visiting older isolated lesbians in their homes or places of residence. Stevie regularly visits Quinn, an older lesbian woman in her 90s, residing in her home and has dementia. Quinn has not publicly disclosed her lesbian identity.

Stevie described an incident where Quinn had asked if the next time she was over she could move and connect her TV in her bedroom, so that she could watch TV in bed during winter. The next time Stevie visited, she took her tools to move and reconnect the TV, only to find that one of the carers had stolen the TV. Stevie said that each time she visits Quinn, she gradually notices that more of her belongings in her home are missing.

And then every time I go over after that, I noticed that the house is slowly being stripped.

Stevie said that she finds herself in a difficult position, because if she rings the home care provider, she risks outing Quinn's lesbian identity.

Because then there's a risk that I'll out her. So, I had to be really careful about how I framed who I was and what my relationship to her and how we knew each other so that then she wasn't outed because she's not out. She's not out to her family. She's not out at all.

<sup>35</sup> See [Glossary](#).

<sup>36</sup> AIFS ID 33: man or male, 55–59 years, gay, lesbian or homosexual, State/Territory 1.

<sup>37</sup> AIFS ID 4: man or male, 60–64 years, gay, lesbian, or homosexual, State/Territory 2.

### Individual, community, societal factors

Stevie stated that she felt very powerless and frustrated in navigating the situation, as it was out of scope of her volunteer role but she also wanted to help Quinn and stop the abuse without revealing her hidden lesbian identity. Stevie described that Quinn's higher risk due to her early-onset dementia and age makes her susceptible to continuous financial abuse from carers.

*And so seeing this happen and then feeling very powerless about it was it was very, very frustrating trying to navigate. And also it's not within the scope of my role with her.*

### Help seeking and improving service responses

Ultimately Stevie spoke to the home care provider and although the carer was changed, no further action was pursued to avoid risk of revealing Quinn's sexuality without her consent. This incident shared by Stevie illustrates the impact of fear of discrimination and help seeking barriers to older vulnerable LGBTIQ+ people experiencing abuse as well as the effects of significant financial loss and potential diminution in confidence in care staff.

## 2.2.4. Sexual abuse

**Sexual abuse was identified by 3% of LGBTIQ+ younger survey participants in relation to LGBTIQ+ older people that they witnessed experiencing abuse or were concerned about, compared to 0.4% of LGBTIQ+ older survey participants.**

There was limited discussion of the experience of sexual abuse among focus group and interview participants. One interview participant described being the subject of **sexual abuse following consensual sex** with a sex worker and described the effects of this abuse and their engagement with police in response.

Two focus group participants described situations where LGBTIQ+ older people disclosed sexual abuse. For example, a participant<sup>38</sup> described an experience whereby her gay male friend moved into aged care after experiencing neglect by their carer (carer status unknown). During a transfer to hospital, he described a male hospital carer 'hurting' him in the shower, though it was later revealed that this had been an experience of sexual abuse. It is unclear whether the adopted terminology was due to discomfort with explicit language or whether they did not recognise their experience as sexual abuse.

Initial reactions from the aged care staff were dismissive, including delayed support responses due to the initial ambiguity of the disclosure. However, mandatory reporting obligations were immediately enacted when sexual abuse was disclosed. This led to dismissal of the hospital carer.

Further discussion of the service responses in the context of this form of abuse are described in [chapter 7](#).

One interview participant who described multiple experiences of financial abuse while engaging in dating apps and/or engaging with male sex workers. They also described experiencing sexual abuse by a male sex worker. They described how some younger men on dating apps are not practising sexual consent, using pressuring, coercive and persistent methods to push sexual boundaries. They described the vulnerability of knowing that people they are engaging with are able to overpower and hurt them, especially having experienced an incident whereby a man he was engaging in sexual activity with became physically and verbally violent.<sup>39</sup>

## 2.2.5. Neglect

**Neglect is reported in both survey results, 3% in the Survey of LGBTIQ+ Older People and 8% in the Survey of LGBTIQ+ Younger People.**

When considering these data, it is important to keep in mind that LGBTIQ+ younger people were reporting on their observations or concerns about the abuse or mistreatment of LGBTIQ+ older people known to them, as compared to the direct experiences of abuse and mistreatment of the older participants themselves.

Nevertheless, the data suggest that LGBTIQ+ younger participants have higher levels of concern about the need for adequate care and support for LGBTIQ+ older people than the older people themselves.

38 AIFS ID 29: woman or female, 80–84 years, gay, lesbian or homosexual, State/Territory 3.

39 AIFS ID 4: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 2.

These findings underscore the importance of continued support, education and awareness about abuse and mistreatment for both younger and LGBTIQ+ older people.

A small number of focus group participants reported witnessing and/or hearing about neglect ( $n = 3$ ), one of which is briefly described in the incident in the [previous section](#). Another participant's experience is explained within the [Discrimination within aged care section](#) below.

A further focus group participant<sup>40</sup> described how someone within their community **did not receive the appropriate care from their partner** during a period of significant sickness, which resulted in the person dying. This was described to be a distressing experience to witness, with the participant indicating that they called the ambulance that took him to hospital but that he died soon afterwards.

An interview participant also described how their friend, who lived in assisted living, was receiving inadequate support, and had no access to community, which increases risk of abuse, and stated that they considered assisted living to be unsafe for LGBTIQ+ older people.<sup>41</sup>

## 2.3 Abuse and mistreatment specific to LGBTIQ+ people

### 2.3.1. Discrimination (homophobia, biphobia, transphobia, endosexism and/or being deliberately misgendered)

**In the Survey of LGBTIQ+ participants, discrimination was the most commonly reported concern for any LGBTIQ+ older person they knew personally over the age of 65 (22%). It was also commonly reported in the Survey of LGBTIQ+ Older People (17%).<sup>42</sup>**

The people using this form of abuse are the focus of [chapter 4](#) but it is helpful to understand the nature of this broader category of abuse and the context in which it occurs. In the survey, **women** were more likely to be identified by survey participants as engaging in discrimination (58%), compared to men (33%).<sup>43</sup>

Where more than one type of abuse was experienced and **discrimination** was identified as the **main abuse type**, 69% of participants identified women as engaging in this abuse compared to 15% of men, and **non-LGBTIQ+ friends** were the most commonly identified as engaging in this abuse (23%), followed by **professional carers** (15%). **Ex-partners/ex-spouses** were identified as engaging in discrimination by 8% of participants. Work colleagues and the general public were reported to a lower degree (7%) and in similar proportions to the pattern for abuse and mistreatment overall (6% general public and 4% work colleagues).<sup>44</sup>

Also included in Figure 2.2, above, was a small proportion of participants (4%) who reported another observance of, or concern for, an older person that they knew.

- The most commonly reported forms of discrimination in these responses were **ageism** and **ableism**.
- Some participants also noted **sexism, religious/spiritual abuse** and **social isolation**.

40 AIFS ID 19: man or male, 65–69 years, gay, lesbian or homosexual, State/Territory 2.

41 AIFS ID 3: Aboriginal woman, 50–54 years, transgender and/or gender diverse, asexual, State/Territory 6.

42 Barrett, C., Cramer, P., Lambourne, S., Latham, J. R., & Whyte, C. (2015). Understanding the experiences and needs of lesbian, gay, bisexual and trans Australians living with dementia, and their partners. *Australasian Journal on Ageing*, 34, 34–38; Jones, C. (2023). Sexuality in Australian Long-term Care. *Generations*, 46(4), 7–14; Handlovsky, I., Bungay, V., Johnson, J., & Oliffe, J. (2020). Overcoming adversity: A grounded theory of health management among middle-aged and older gay men. *Sociology of Health & Illness*, 42(7), 1566–1580; Pierce, G. (2023). How older white gay men and lesbians leverage advantages to navigate healthcare. *Journal of Homosexuality*, 70(9), 1743–1762; Robson et al., 2023; Wilson, K., Stinchcombe, A., & Regalado, S. M. (2021). LGBTQ+ aging research in Canada: A 30-year scoping review of the literature. *Geriatrics*, 6(2), 60.

43 Sample sizes were too small to further quantitatively analyse the characteristics of women ( $n=14$ ) and men ( $n=8$ ) engaging in discrimination. With this qualification, qualitative examination of associated characteristics tended to indicate women who engaged in this abuse type tended to be older than the men engaging in discrimination.

44 In this context it is also helpful to note that acquaintances and others comprised 13% of reports of people engaging in abuse and mistreatment in the National Prevalence Study.

These findings, drawn from survey participants across Australia, are consistent with the forms of abuse identified in smaller scale qualitative studies from Australia and overseas.<sup>45</sup> For example, US research by Anderson and colleagues (2022) ( $n = 415$ ) identified 56% of lesbian, gay and bisexual participating older people and 70% of transgender participating older people reported experiencing discrimination in the form of denial of health care or the provision of inferior health care based on their gender identity.<sup>46</sup>

Discrimination **can take many forms and it may be covert or overt**.<sup>47</sup> It may involve clear, conflictual tactics, such as the use of **aggression or hate speech**, or **more diffuse forms of heteronormative or cisgenderist violence**, including:

- false assumptions and stereotypes<sup>48</sup>
- the refusal to recognise LGBTIQ+ identities (e.g. mistaking a person's pronouns – i.e. 'misgendering' them)<sup>49</sup> or lifestyles (e.g. refusing to recognise chosen families or relationships)<sup>50</sup>
- spiritual abuse that prevents or removes an LGBTIQ+ older person from their communities.<sup>51</sup>

Some previous studies referred to **disrespect** as a form of abuse or mistreatment against LGBTIQ+ older people that overlaps with other forms of abuse including **discrimination and ageism** in particular,<sup>52</sup> and that it was prevalent in the health care sector.<sup>53</sup>

LGBTIQ+ older people face **intersecting and compounding forms of discrimination**,<sup>54</sup> with abuse and mistreatment experienced in older age likely **compounded by earlier experiences and lifelong discrimination**.<sup>55</sup> As will be discussed in detail in [chapter 3](#), this is particularly so for older people growing up at a time when differences from cis-normative and heteronormative ideals were not just discouraged but criminalised and pathologised.<sup>56</sup>

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- 45 Benbow & Kingston, 2022; Boulé, J., Wilson, K., Kortés-Miller, K., & Stinchcombe, A. (2020). "We live in a wonderful country, Canada, but...": Perspectives from older LGBTQ Ontarians on visibility, connection, and power in care and community. *The International Journal of Aging and Human Development*, 91(3), 235–252; COTA & WIO, 2023; Grant, R., & Walker, B. (2020). Older Lesbians' experiences of ageing in place in rural Tasmania, Australia: An exploratory qualitative investigation. *Health & Social Care in the Community*, 28(6), 2199–2207; Handlovsky et al., 2020; Hurd, L., Mahal, R., Wardell, V., & Liang, J. (2022). 'There were no words': Older LGBTQ+ persons' experiences of finding and claiming their gender and sexual identities. *Journal of Aging Studies*, 60, 10099; Jackson, S. E., Hackett, R. A., Grabovac, I., Smith, L., & Steptoe, A. (2019). Perceived discrimination, health and wellbeing among middle-aged and older lesbian, gay and bisexual people: A prospective study. *Plos one*, 14(5), e0216497; Jones, 2023; Joosten, M., Tinney, J., Barrett, C., Whyte, C., Dow, B., & Maude, P. (2015). *Improving mental health for older LGBTI Australians A resource kit targeting depression and anxiety among older gay, lesbian, bisexual, transgender and intersex Australians (Education Resource)*. Melbourne: National Ageing Research Institute, Australian Research Centre for Sex, Health and Society at La Trobe University & RMIT School of Mental Health; Neville, S. J., Adams, J., Bellamy, G., Boyd, M., & George, N. (2015). Perceptions towards lesbian, gay and bisexual people in residential care facilities: A qualitative study. *International Journal of Older People Nursing*, 10(1), 73–81; Okpodi, 2015; Page, S., Burgess, J., Davies-Abbott, I., Roberts, D., & Molderson, J. (2016). Transgender, mental health, and older people: an appreciative approach towards working together. *Issues in Mental Health Nursing*, 37(12), 903–911; Silverman & Baril, 2023; Singleton, M. C., Green, D. C., & Enguidanos, S. M. (2023). Identifying healthcare stereotype threat in older gay men living with HIV. *Journal of Applied Gerontology*, 42(9), 1965–1973; Stevens et al., 2023; Waling et al., 2019; Westwood, 2023; Willis, P., Maegusuku-Hewett, T., Raithby, M., & Miles, P. (2016). Swimming upstream: The provision of inclusive care to older lesbian, gay and bisexual (LGB) adults in residential and nursing environments in Wales. *Ageing & Society*, 36(2), 282–306.
- 46 Anderson, J. G., Jabson Tree, J. M., Flatt, J. D., Gross, A. L., Williams, I. C., & Rose, K. M. (2022). A comparative analysis of family quality of life between heterosexual and sexual minority caregivers of people with dementia. *Journal of Applied Gerontology*, 41(6), 1576–1584; see also Neville et al., 2015 and Candrian, C., Burke, E. S., Kline, D., & Torke, A. M. (2023). Experiences of caregiving with Alzheimer's disease in the LGBT community. *BMC geriatrics*, 23(1), 293.
- 47 Neville et al., 2015.
- 48 Handlovsky et al., 2020; Singleton et al., 2023.
- 49 Handlovsky et al., 2020; Singleton et al., 2023.
- 50 Okpodi, 2015; Stevens et al., 2023; Waling et al., 2019.
- 51 Robson et al., 2023; see also Anderson et al., 2022; Fredriksen-Goldsen, K. I., Kim, H.-J., Bryan, A. E. B., Shiu, C., & Emler, C. A. (2022). The cascading effects of marginalization and pathways of resilience in attaining good health among LGBT older adults. *The Gerontologist*, 62(1), 29–40; Fredriksen-Goldsen, K., Shuman, A., Jen, S., & Jung, H. H. (2023). Stress and resilience among sexual and gender diverse caregivers. *Research on aging*, 45(9–10), 654–665.
- 52 Okpodi, 2015; Page et al., 2016; Westwood, 2023.
- 53 Okpodi, 2015, p 14.
- 54 Baril & Silverman, 2022; Baril, A., & Silverman, M. (2024). 'We're still alive, much to everyone's surprise': The experience of trans older adults living with dementia in an ageist, cisgenderist, and cognitivist society. *Journal of Aging Studies*, 68, 101208; Furlotte et al., 2016; Handlovsky et al., 2020; Kia et al., 2022; Kortés-Miller, K., Boulé, J., Wilson, K., & Stinchcombe, A. (2018). Dying in long-term care: Perspectives from sexual and gender minority older adults about their fears and hopes for end of life. *Journal of Social Work in End-of-Life & Palliative Care*, 14(2–3), 209–224; McCann, B., Gibson, M., Donnelly, C. A., & Miles, F. (2024). *LGBTIQ+ Mental Health and Wellbeing: Key Findings and considerations (Report)*. Carlton: The Centre for Family Research & Evaluation, Drummond Street Services; Okpodi, 2015.
- 55 Barrett, C., Whyte, C., Comfort, J., Lyons, A., & Cramer, P. (2015). Social connection, relationships and older lesbian and gay people. *Sexual and Relationship Therapy*, 30(1), 131–142; Boulé et al., 2020; Fredriksen-Goldsen, K., Teri, L., Kim, H. J., La Fazia, D., McKenzie, G., Petros, R., Jung, H., Jones, B. R., Brown, C., & Emler, C. A. (2023). Design and development of the first randomized controlled trial of an intervention (IDEA) for sexual and gender minority older adults living with dementia and care partners. *Contemporary clinical trials*, 128, 10714; Handlovsky et al., 2020; Jones, 2023; Pierce, 2023; Robson et al., 2023; Wilson et al., 2021.
- 56 Brotman et al., 2015; Miller, L. R. (2023). Queer aging: older lesbian, gay, and bisexual adults' visions of late life. *Innovation in Aging*, 7(3), igad021; Stevens et al., 2023; Willis, P., Raithby, M., Maegusuku-Hewett, T., & Miles, P. (2017). 'Everyday advocates' for inclusive care? Perspectives on enhancing the provision of long-term care services for older lesbian, gay and bisexual adults in Wales. *British Journal of Social Work*, 47(2), 409–426; Willis et al., 2016.

- This may include (at least) experiences of **ageism and biphobia, homophobia and/or transphobia**. It may also include discrimination based on **gender, race and/or migrant status**.<sup>57</sup>
- These **intersectional experiences of discrimination put people at higher and unique risk** of harm.<sup>58</sup>
- **Transgender and/or gender diverse people are at a particularly heightened risk** of discrimination – for example, due to being unable to use self-protective mechanisms like hiding aspects of their identity or physicality.<sup>59</sup>

The research literature examined for the desktop review indicates that LGBTIQ+ older people fear being discriminated against and, relatedly, having **components of their lives delegitimised or devalued**.<sup>60</sup> This delegitimation and devaluation has been identified in research in relation to older people with dementia and in relation to transgender older people.<sup>61</sup>

The following data demonstrate how discrimination against LGBTIQ+ older people is widespread, occurring at personal, community, and institutional levels, and often intersecting with ageism. Consistent with quantitative data from the survey, the discussion highlights that where discrimination arises, it commonly takes place within trusted relationships – most commonly involving non-LGBTIQ+ friends, carers and other professionals and ex-partners/spouses.

## Discrimination in the context of aged care services

Three focus group participants described experiencing discrimination by aged care support workers. These included:

- a faith-based aged care provider unnecessarily requesting information about someone's sexuality and the nature of his relationship with his husband when trying to organise respite care for their mother<sup>62</sup>
- aged care staff incorrectly defining someone's relationship with his same-sex partner<sup>63</sup>
- a home carer requesting certain household items (i.e. photographs of men or the participant's couple photographs) be concealed during the carer's visit in order to 'de-gay' their house.<sup>64</sup> When complaints were made, the provider dismissed the complaints, exemplifying institutional discrimination.
- comments from a support worker on how they didn't 'act gay', which both stereotyped gay people by implying certain traits and potentially invalidated the participants' identity.<sup>65</sup>

In relation to witnessing abuse or otherwise becoming aware of incidents, 4 focus group participants discussed discrimination towards same-sex couples in aged care:

- repeated misgendering by staff<sup>66</sup>
- seeing an older male gay client in Catholic aged care who was prohibited from displaying pictures that were indicative of their sexuality.<sup>67</sup> The participant also described having to be careful not to accidentally reveal the resident's identity during visits, likening it to aged care residents being forced back into the closet.
- faith-based aged care providers preventing same-sex couples from sharing a room due to the organisation's religious affiliation and because of views about biological family.<sup>68</sup>

57 Suen, Y. T. (2022). Ageing non-heterosexual migrants: Towards global sexual citizenship. *Journal of Aging Studies*, 60, 100980; Willis et al., 2017.

58 McCann et al., 2024.

59 Brotman et al., 2015; Weatherley et al., 2022.

60 Baril & Silverman, 2024; Barrett, Whyte et al., 2015; Changfoot, N., Rice, C., Chivers, S., Williams, A. O., Connors, A., Barrett, A., Gordon, M., & Lalonde, G. (2022). Revisioning aging: Indigenous, crip and queer renderings. *Journal of Aging Studies*, 63, 100930; COTA & WIO, 2023; Elder Abuse Action Australia (EAAA). 2023. *From insight to action: Second National Plan to Prevent and Respond to Abuse of Older People in Australia (Report)*. Victoria: EAAA; Fredriksen-Goldsen, Teri et al., 2023; Robinson, 2016; Silverman & Baril, 2023; Stevens et al., 2023.

61 See e.g. COTA & WIO, 2023; EAAA, 2024; Silverman & Baril, 2023.

62 AIFS ID 10: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 2.

63 AIFS ID 8: man or male, 80–84 years, gay, lesbian or homosexual, State/Territory 3.

64 AIFS ID 11: man or male, 65–69 years, gay, lesbian or homosexual, State/Territory 2.

65 AIFS ID 24: man or male, 70–74 years, gay, lesbian or homosexual, State/Territory 2.

66 AIFS ID 5: non-binary person, 65–69 years, born with a variation of sex characteristics, gay, lesbian, or homosexual, State/Territory anonymised.

67 AIFS ID 35: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 1; AIFS ID 11: man or male, 65–69 years, gay, lesbian or homosexual, State/Territory 2.

68 AIFS ID 11: man or male, 65–69 years, gay, lesbian or homosexual, State/Territory 2.

## Discrimination in health care settings

Some participants described the discrimination that LGBTIQ+ people experienced when engaging with health care professionals (as noted below in the [systemic abuse section](#)).

Some focus group and interview participants described this as especially relevant to transgender and/or gender diverse older people and older people living with HIV. These participants described seeking care from hospitals or GP clinics and experiencing discrimination in the form of unnecessary questioning, inconsistency in care quality between hospital staff, misgendering of older transgender and/or gender diverse women and refusal to provide care including assistance with showering.<sup>69</sup> A lack of education and training was described as a driver of this behaviour.<sup>70</sup>

Examples included:

- older transgender and gender diverse people and those living with HIV as experiencing significant physical abuse and neglect by health and aged care professionals who have limited understanding, or motivation to understand, their health care needs. Older transgender and gender diverse people require medical care for health issues gerontologists are not aware exist, due to the lack of investment in training on these issues and discriminatory attitudes and beliefs.<sup>71</sup> This includes discrimination such as nurses taking unnecessary precautions (using HAZMAT suits) and debating who should take a blood sample for a patient living with HIV.<sup>72</sup>
- concerns about health and social services' ability to provide care to those who experience intimate partner violence outside heteronormative relationships. This extends to the current standard of knowledge in the family violence sector and a need for improved understanding of how violence presents in lesbian relationships to ensure appropriate responses to those who experience and/or use intimate partner violence.<sup>73</sup>
- scepticism in relation to the ability of services (including LGBTIQ+ services) to address the health and wellbeing needs of older lesbian women, due to an apparent lack of understanding among professionals of their needs and issues. Services were seen as having competing priorities as well as having too much of a focus on family violence, as being distinct from elder abuse, exacerbating feelings of being ignored, devalued and invisible.
- views that abuse and mistreatment towards older LGBTIQ+ adults is not taken seriously if the person experiencing abuse has mental health conditions and/or if they use substances such as alcohol and other drugs.<sup>74</sup>
- having power of attorney rights being ignored by health care and other professionals after a friend's death despite being their chosen family, including having more power attributed to the person's family due to their biological connection. This overruling was seen to be a form of institutional abuse that not only caused them distress but greatly impacted their ability to uphold the wishes of the deceased.<sup>75</sup>

## Discrimination in family settings

Some focus group and interview participants described family members engaging in acts of discrimination ( $n = 14$ ). Participants described families failing to acknowledge the LGBTIQ+ identity of the LGBTIQ+ family member and/or to actively erase it due to familial shame. This included family members' instructions to aged care providers regarding how the older person may identify and who may visit them, or families not allowing same-sex partners or members of the LGBTIQ+ communities to attend funerals.

Examples included:

- having a person's life being 'truncated by the family,'<sup>76</sup> or in the instance of a gay friend who had died of an AIDS-related illness having 'his whole life ... obliterated to suit this very, very Christian family funeral'.<sup>77</sup>

69 AIFS ID 5: non-binary person, 65–69 years, born with a variation of sex characteristics (sometimes called 'intersex'), gay, lesbian, or homosexual, State/Territory anonymised; AIFS ID 13: woman, 70–74 years, transgender and/or gender diverse, gay, lesbian or homosexual, State/Territory anonymised; Survey participant: Aboriginal woman, 50–54 years, transgender and/or gender diverse, State/Territory anonymised; AIFS ID 18: woman or female, 60–64 years, gay, lesbian or homosexual, State/Territory 2.

70 AIFS ID 36: woman, 70–74 years, transgender and/or gender diverse, straight or heterosexual, State/Territory anonymised.

71 AIFS ID 41, she/they, 55–59 years, gay, lesbian, or homosexual; State/Territory anonymised.

72 AIFS ID 2: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 6.

73 Survey participant: woman or female, 40–49 years, bisexual or pansexual, State/Territory 2.

74 Survey participant: non-binary person, 40–49 years, asexual, State/Territory 2.

75 AIFS ID 52: female, 70–74 years, gay, lesbian, or homosexual, State/Territory 2.

76 AIFS ID 29: woman or female, 80–84 years, gay, lesbian or homosexual, State/Territory 3.

77 AIFS ID 34: man or male, 70–74 years, gay, lesbian or homosexual, State/Territory 1.

- having to hide their friend's identity after death so as not to 'out' them to family, or for people not being able to openly celebrate and grieve their partner or ex-partner properly.<sup>78</sup>
- lack of autonomy over life and/or care decisions including through the abuse of powers of attorney, which contributed to the erasure of their identity.<sup>79</sup>

Four focus group participants also described how some LGBTIQ+ people become responsible for the care of their parents, some of whom may have been abusive to them during their lifetime (discussed further in [chapter 8](#)). They described being responsible for most of the parents' care, either without recognition of the burden or being actively exploited by other family members such as heterosexual siblings and their marital partners. One of the focus group participants even described how this discrimination extended to LGBTIQ+ carers being written out of their parents' wills despite taking on the carer responsibilities.<sup>80</sup>

When my mother went into decline ... I was the main carer ... But because I'm a lesbian and don't have biological children, I'm really devalued in my family. So there was this expectation from my sister and, in particular, her husband, who's very dominant and sexist and misogynist, that I would do all the work ... So apparently I could just look after my mother 24/7 ... I found that within my heterosexual biological family, I am devalued. I'm dismissed. I'm exploited. (AIFS ID 59: woman or female, 55-59 years, gay, lesbian or homosexual, State/Territory 2)

## Discrimination and marginalisation within the Australian community

Qualitative data from participants in the surveys, focus groups and interviews provide insight into the discrimination and marginalisation experienced by LGBTIQ+ older people in the Australian community. This was also discussed in some survey responses ( $n = 22$ ; 9 older participants), which described the entrenched hostility towards LGBTIQ+ people, highlighting the ongoing risk of victimisation of LGBTIQ+ people of any age.

The sometimes subtle nature of this form of abuse and mistreatment of LGBTIQ+ older people was captured by an interview participant, who described the 'irrelevance' and 'the void' in terms of what they were not receiving as LGBTIQ+ older people that underscored the nature of discrimination and marginalisation.<sup>81</sup>

Some focus group and interview participants described ageism within the broader community (and LGBTIQ+ communities), noting the exclusion of LGBTIQ+ older people from events. Two participants described instances of transphobia and bigotry spanning health service provision, social and community settings such that they were withdrawing more from engagement in community life.<sup>82</sup> Some of these participants attributed ageism and the exclusions of LGBTIQ+ older people to be due to society not valuing or recognising older people.<sup>83</sup> (See [chapter 3](#) in relation to the drivers and dynamics of abuse and mistreatment).

Some lesbian focus group participants illustrated the pervasiveness and widespread nature of discrimination spanning personal, community and institutional levels and its intersection with ageism as well as sexism and homophobia. One participant likened the experience of discrimination in the broader community to double invisibility, whereby they described experiencing invisibility as older women, and invisibility or disconnection within the broader LGBTIQ+ communities because they were lesbian (effects of discrimination are discussed below in [chapter 5](#)). One participant described how mainstream LGBTI services were not providing what she needed and that she felt invisible to mainstream community and commercial care organisations and that:

... it just becomes so difficult having to have these conversations and decisions to be 'out' in multiple places every single time I connect with individuals in these places and have to find ways to make them work as best as possible for me. Which often means passing as an older woman and feeling like I'm not being my true self, which is really undermining my self-esteem and self-confidence and self-respect. And, of course, being an introvert and an old woman means it's very easy to be ignored and overlooked. (Focus group participant: Woman or female, 70-74 years, gay, lesbian or homosexual, State/Territory 2)

78 AIFS ID 42: woman, 65-69 years, lesbian, homosexual, State/Territory 2).

79 AIFS ID 56, woman, 75-79 years, gay, lesbian, homosexual, State/Territory 2.

80 AIFS ID 41: she/they, 55-59 years, gay, lesbian or homosexual, State/Territory anonymised.

81 AIFS ID 42: woman or female, 65-69 years, gay, lesbian, or homosexual, State/Territory 2.

82 AIFS ID 3: Aboriginal woman, 50-54 years, transgender and/or gender diverse, asexual, State/Territory anonymised; AIFS ID 9: Aboriginal woman, 60-64 years, transgender and/or gender diverse, pansexual, State/Territory anonymised.

83 E.g. AIFS ID 19: man or male, 65-69 years, gay, lesbian or homosexual, State/Territory 2.

### 2.3.2. Lateral violence and discrimination and marginalisation within LGBTIQ+ communities

As foreshadowed above, discrimination was most commonly identified as coming from people outside LGBTIQ+ communities but it also manifested within LGBTIQ+ communities and between LGBTIQ+ individuals, including through internalised biphobia, homophobia and/or transphobia.<sup>84</sup> This abuse and mistreatment was characterised as abuse and mistreatment of LGBTIQ+ older people by some participants in this research.

We acknowledge the content discussed in this section is sensitive in nature. For guidance, please revisit section 1.1 for a description of the presentation of findings and the use of terminology in this report. Readers are also encouraged to revisit the 'Content Warning' for a list of support services.

Most older participants in the survey, focus groups and interviews who described personal experiences of lateral violence, including transgender and/or gender diverse older people and older gay and lesbian people, described their exclusion from LGBTIQ+ events, advocacy efforts and spaces, as well as verbal abuse and sometimes physical abuse from other LGBTIQ+ people because of their age. Some interviewees and focus group participants described multiple experiences of lateral violence from different groups in the LGBTIQ+ communities. Others described witnessing or otherwise becoming aware of lateral violence towards others.

For example, some transgender older people described experiencing a range of exclusionary behaviour, psychological abuse and other instances of discrimination from LGBTIQ+ people and organisations.<sup>85</sup> This was identified as being based on a range of reasons, including age, disability and transphobia. One transgender older woman described experiencing lateral violence from some gay men while volunteering at an LGBTIQ+ organisation. They also noted that some of the organisation's staff were discriminating and that they were excluded from staff events, suggesting a lack of education about transgender and/or gender diverse people.<sup>86</sup>

When asked in one focus group if a particular cohort of LGBTIQ+ older people were more at risk of experiencing abuse and mistreatment, all participants in that focus group agreed that transgender and/or gender diverse people are most at risk. More specifically, one participant described lateral violence to be predominately towards older transgender and/or gender diverse people.

*I think because there's still, even in our community, there's segments of our community that's still not really accepting of transgender people. (AIFS ID 18: woman or female, 60-64 years, gay, lesbian, homosexual, State/Territory 2)*

Some older lesbian participants described not being permitted to advocate for and seek cisgender women-only spaces as a form of abuse and mistreatment, while some other LGBTIQ+ participants have identified this behaviour as discriminatory against transgender women.

Some older lesbian women described experiencing discrimination or abuse from LGBTIQ+ people because they did not accept the identity of transgender women and/or excluded them from their community. In one focus group, participants, all of whom were older lesbian women, described not identifying with and/or being a part of the LGBTIQ+ community and having no connection to the LGBTIQ+ acronym. They also described feeling that their identity has been erased by the adoption of the LGBTIQ+ acronym. The participants stated that they felt ostracised by broader LGBTIQ+ communities:

*I'm a lesbian feminist. We're a separate, distinct culture of lesbians that are totally ignored, and I find a queer community actually quite hostile to me and what I am and what I stand for. So that would be a form of elder abuse. Because I never get any gratitude from young people for all the work that I've done for them. (AIFS ID 52, female, 70-74 years, gay, lesbian, or homosexual, State/Territory 2)*

The following quote from an older lesbian survey participant shows how lateral violence may escalate and the division that exists among the diverse people in LGBTIQ+ communities:

*I have repeatedly been threaten[ed] by trans activist[s] including rape threats because I disagree with their politics and don't see them as part of my lesbian community. (Survey participant: woman or female, 71-74 years, gay, lesbian or homosexual, State/Territory 4)*

<sup>84</sup> Stevens et al., 2023.

<sup>85</sup> AIFS ID 36: woman, 70-74 years, transgender and/or gender diverse, straight or heterosexual, State/Territory anonymised; AIFS ID 1: Aboriginal trans person, 55-59 years, asexual, State/Territory anonymised; Survey participant: woman or female, 71-74 years old, transgender and/or gender diverse, gay, lesbian, or homosexual, State/Territory 2.

<sup>86</sup> E.g.: AIFS ID 36: woman, 70-74 years, transgender and/or gender diverse, straight or heterosexual, State/Territory anonymised.

Participants in interviews also described experiencing discrimination from LGBTIQ+ community organisations ( $n = 3$ ). One interviewee described how some organisations are not representing or adequately supporting older people living with HIV, as well as describing being ‘cast out’ and bullied by an AIDS organisation or receiving no support due to the organisation’s religious affiliations.<sup>87</sup> Another participant described having to advocate within an LGBTIQ+ community board meeting for them to include ‘the I’ (for intersex), which they were reluctant to include due to their perception of intersex people being ‘not relevant’.<sup>88</sup>

Experiences of lateral violence were identified by some participants as overlapping with other forms of discrimination, disadvantage and violence, and as associated with complex and co-occurring needs that are interconnected and influence each other.<sup>89</sup> For example, the following focus group participant described how lateral violence co-occurs with the experience of abuse and mistreatment in other settings, and it intersects with age, disability, race, HIV status and socio-economic structures such as class, which compounds the nature of abuse and mistreatment:

There’s the quite obvious things that happen, but there’s also the degree of what I see as lateral violence that is perpetrated on queer elders, from queer community. ... they don’t just experience transphobia and homophobia or biphobia, but they experience that across multiple settings, alongside ableism, ageism, and a whole range of other things. So the intersections of all those things means that just being queer doesn’t mean to say that you’re going to all experience all the systems of oppression in the same way. And, in fact, if you’re white, you’re middle class, and you’re cis [gendered], and if you’re trans and you’re cis, but you’re middle class, your experience is not necessarily any worse. Or even your mental health rates aren’t necessarily that much higher than mainstream. But when you look at – add in class, add in shut out of education, add in having some form of disability, being a person of colour, having HIV status, all those other sorts of things, then it’s a completely different picture ... And we’re a pretty brutal community for call-out culture, for cancelling people. And I see that often most directed at our elders. (AIFS ID 41: she/they, 55–59 years, gay, lesbian or homosexual, State/Territory anonymised)

### 2.3.3. Systemic abuse

Institutions and systems have been identified in the research literature examined for the desktop review as having the potential to perpetrate abuse and mistreatment against LGBTIQ+ older people.<sup>90</sup> Institutional or systemic abuse may involve discriminatory practices that, for example, involve not providing adequate access to services and supports in health care settings or institutions and not assisting LGBTIQ+ older people with, or creating spaces for, socialisation with other LGBTIQ+ older people in aged care settings.<sup>91</sup>

Data relating to systemic abuse were not explicitly sought in the surveys but emerged in the qualitative insights from the open-text survey responses and in the focus groups and interviews.

Some focus group and interview participants described direct experiences of systemic abuse and some reflected on their observations or concerns for other older people experiencing this form of abuse. Together these data suggest the pervasive nature of systemic abuse that LGBTIQ+ older people face across various areas of their lives, including in relation to:

- unequal access to services or the absence of measures to support access to services, government, social services as well as health care structures that uphold heteronormativity or that lack the required skills to respond to non-heteronormative populations, including for:
  - transgender and intersex people and their health and medical needs as they age
  - older lesbian women’s health and support services as they age
  - older gay men’s health and medical services, including those living with HIV
- lack of recognition of their identity reflected in personal documentation such as passports and birth certificates.

Some focus group participants discussed discrimination by government, health care structures and social services that uphold heteronormativity or are not considered able to respond to non-heteronormative

87 AIFS ID 2: man or male, 60–64 years, gay, lesbian, or homosexual, State/Territory 6.

88 AIFS ID 5: non-binary person, 65–69 years, born with a variation of sex characteristics (sometimes described as ‘intersex’), gay, lesbian, or homosexual, State/Territory anonymised.

89 Brotman et al., 2015; Kia et al., 2022; McCann et al., 2024; see also Hurd et al., 2022; Stevens et al., 2023.

90 COTA & WIO, 2023; GRAI (GLBT Rights in Ageing Inc.). (2017). *Our voices: Stories of older LGBTI people*. Perth, WA: GRAI.

91 COTA & WIO, 2023.

populations.<sup>92</sup> This has caused distrust of the government in some LGBTIQ+ communities, as discussed by an interview and survey participant and within a focus group of older lesbian women. For example:

The abuse that I've experienced is not personal to my affairs but is more systemic (particularly by the government) and an uneducated, rural, remote community. That also leads me to the point that our government is still an abuser of LGBTIQ+ people, and a lot of distrust remains. That distrust needs to be bridged and developed for elders to report abuse. It's almost as though they would be reporting one abuser to another. (Survey participant: self-described gender, 40–49 years, gay, lesbian or homosexual, State/Territory 6)

One focus group participant described system responses to LGBTIQ+ older people as being inadequate, and that being treated like heteronormative populations amounted to perpetuating abuse and discrimination.<sup>93</sup> In response to this, another participant in the same focus group remarked that it was not that they were treated the same as heteronormative people but that they considered that LGBTIQ+ people were treated differently in a negative way compared to heterosexual people.<sup>94</sup>

One interview participant described the inadequate care of an older acquaintance who they described as a 'drag queen' and how medical and mental health care models were inadequate for them.<sup>95</sup> Another interviewee, who was mentioned earlier, highlighting the apparent lack of support for older people living with HIV, described feeling ignored by the government.<sup>96</sup> Other participants noted the bureaucratic barriers when reflecting on the abuse and mistreatment that they had experienced, including one focus group participant who described the frustration, effort and distress of being unable to update their deadname with Centrelink:

... Nine months, it took Centrelink, to change to my legal name ... It finally happened last week, only because I wrote a letter to the minister's office, and a lady from the minister's office rang me and said, 'We need to get this sorted real quick for you,' and it was done, literally overnight ... I'd really had enough ... it was a nightmare, because all the correspondence I was getting from them was using my dead name, and it used to break me, every time. [that's] just one example - of abuse [engaged by services]. It's a form of abuse ... (AIFS ID 26, Aboriginal woman, 60–64 years, transgender and/or gender diverse, bisexual or pansexual, State/Territory anonymised)

Another participant indicated that they did not have a passport because of the steps required to be issued a birth certificate passport that reflects that they were born intersex. They described how being without a passport and being unwilling to experience the burdens of international travel (e.g. unnecessary questioning) means they have not met their grandchild who lives overseas.<sup>97</sup> This same participant described their fear of posthumous abuse due to feeling like a human guinea pig all their life and their experience as a medical photographer exposing practices when encountering 'something unusual'.

A small number of interview and focus group participants also described experiencing police profiling and being subject to stereotypes, and the impact of this behaviour.<sup>98</sup>

Similarly, two survey participants highlighted the precarious relationship between law enforcement and transgender and/or gender diverse people due to discriminatory practices.<sup>99</sup>

The experiences of systemic abuse were also identified in the context of LGBTIQ+ people engaging in research where there was no follow up consultation regarding the results of the research.<sup>100</sup>

The implications arising from the findings discussed in this chapter are presented in [chapter 9](#). The discussion in the next chapter will provide further insight into the ongoing impact of [historical systemic discrimination and marginalisation](#) in a broader discussion about the societal and community factors that drive and provide context for the abuse and mistreatment of LGBTIQ+ older people.

92 AIFS ID 24: man or male, 70–74 years, gay, lesbian or homosexual, State/Territory 2.

93 AIFS ID 13: woman, 70–74 years, transgender and/or gender diverse, gay, lesbian or homosexual, State/Territory anonymised.

94 AIFS ID 10: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 2.

95 AIFS ID 8: man or male, 80–84 years, gay, lesbian or homosexual, State/Territory 3.

96 AIFS ID 2: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 6.

97 AIFS ID 5: non-binary person, 64–69 years, born with a variation of sex characteristics (sometimes called 'intersex'), gay, lesbian or homosexual, State/Territory anonymised).

98 AIFS ID 36: woman, 70–74 years, transgender and/or gender diverse, straight or heterosexual, State/Territory anonymised.

99 Survey participant, Aboriginal woman, 50–54 years, transgender and/or gender diverse, identified as 'another sexual orientation', State/Territory anonymised.

100 AIFS ID 50: woman or female, 70–74 years, gay, lesbian or homosexual, State/Territory 2.

## 3. Societal and community factors in the drivers and context of abuse and mistreatment of LGBTIQ+ older people

### Key findings

- When compared to participants in the National Prevalence Study, the participants in both LGBTIQ+ surveys:
  - perceived abuse and mistreatment to be more common and to be ignored in society to a substantially greater extent
  - were substantially less likely to hold views that could be considered as condoning abuse and mistreatment.
- When responses are compared to the National Prevalence Study data collected in 2020, these current data may suggest that LGBTIQ+ people have a stronger awareness and understanding of abuse and mistreatment of older people compared to the broader community.
  - Specifically, awareness and understanding of psychological abuse and neglect, as well as sexual abuse, were more strongly identified among participants in this project than in the National Prevalence Study, although awareness of physical and financial abuse were equally well represented in both studies.
  - Additional comparisons between the LGBTIQ+ surveys, the National Prevalence Study and the Evaluation of the National Plan Community Survey suggest that awareness and attitudes to abuse of older people are improving, particularly for younger people. However, there are differences in survey methodology for participant recruitment in these studies, so inferences are made with caution.
- Reported factors relating to the drivers and dynamics of abuse and mistreatment of older people include:
  - ageist and abuse condoning attitudes
  - changes in social norms
  - increasing diversity of cultural and religious beliefs that may not be accepting of LGBTIQ+ people
  - bias and stereotyping in the Australian community (including in LGBTIQ+ communities).
- Ageist attitudes and assumptions included those that people make about the perceived vulnerability of older people and about their wealth and other resources and how they should be used.
- Factors identified in the data as compounding the experience of abuse and mistreatment of LGBTIQ+ older people include financial and housing precarity, isolation (including over the life course), experiences of disability and cognitive decline.

### 3.1 Introduction

This chapter presents quantitative and qualitative data from the survey, focus groups and interviews, as well as research literature examined for the desktop review, about the societal and community factors, context and potential drivers of abuse and mistreatment of LGBTIQ+ older people.

The discussion begins with the consideration of data about survey **participants' knowledge of what constitutes abuse and mistreatment**. This is followed by an examination of data relating to **attitudes toward the abuse and mistreatment of LGBTIQ+ older people** through the assessment of survey responses to abuse-condoning statements, as well as an examination of qualitative data, and consideration of the research literature from the desktop review.

Data relating to other **risk factors** for abuse and mistreatment **including housing and financial precarity/hardship and isolation** are then examined.

The chapter concludes with an examination of the **historical context** in which abuse and mistreatment of LGBTIQ+ older people is situated and the interaction with ageist attitudes, including consideration of the

evolution of LGBTIQ+ terminology. This discussion provides further context for an examination in subsequent chapters of the use and experience of abuse and mistreatment and the complex community, familial and relationship dynamics underpinning this abuse and mistreatment.

## 3.2 Knowledge, attitudes and awareness of abuse and mistreatment

All survey participants were asked a set of questions relating to their views about whether they considered a range of specified actions and behaviours to be a form of abuse. Survey participants were first asked a set of 6 questions regarding their attitudes toward abuse and mistreatment of LGBTIQ+ older people (data not shown). Survey participants were then asked to consider specific actions or behaviours (as listed in Appendix B) and to indicate the extent to which they agreed that the action or behaviour was abuse or mistreatment.

### 3.2.1. Knowledge about what constitutes the specified forms of abuse and mistreatment

Data relating to survey participants' knowledge of behaviours that constitute specified forms of abuse and mistreatment are described in detail below. The **majority of survey participants were able to recognise the behaviours that constituted all forms of abuse and mistreatment:**

- **Emotional/psychological abuse**

Of the 16 survey items for this form of abuse, the majority of participants strongly agreed or somewhat strongly agreed that actions such as deliberately embarrassing, calling hurtful names, insulting, excluding, undermining and threatening LGBTIQ+ older people constitute psychological abuse.

Threatening to 'out' an LGBTIQ+ older person was widely viewed as a form of abuse but varied by age group, with 97% of people 49 years or younger agreeing that these behaviours were abusive, compared to 92% of people aged 50–64 years.

- **Physical and sexual abuse**

All age groups consistently agreed that the actions specified in these survey items were forms of physical and sexual abuse, with agreement rates between 93% and 98%.

The highest levels of agreement were towards the most overtly violent and abusive actions such as hitting, punching, kicking or slapping, injuring with a weapon and non-consensual sexual acts (averaging 98%).

- **Financial abuse**

Of the 7 survey items for this form of abuse, the majority of participants strongly agreed or somewhat strongly agreed that the actions or behaviours listed were forms of financial abuse.

Selling an LGBTIQ+ older person's home without their consent received high agreement percentages (above 93%) across all age groups.

Not paying bills on behalf of an LGBTIQ+ older person when agreeing to had lower rates of agreement (averaging 92%), compared to other forms – however, it was still strongly recognised as a form of financial abuse.

- **Neglect**

Of the 6 questions asked in this section, the majority of participants strongly agreed or somewhat strongly agreed that the behaviours listed were forms of neglect.

Preventing an LGBTIQ+ older person from having contact with the outside world had the highest levels of agreement across all age groups (95%–97%).

Limiting contact with grandchildren was considered neglect by 83% of respondents aged 49 years or younger, compared to 93% for the 50–64 age group and 94% for people aged 65 years or older, indicating recognition of this form of neglect with age and lived experience.

Preventing access to gender-affirming services had high agreement (95%) as neglect by people aged 49 years or younger compared to 89% of people aged 65 years or older, suggesting a slight generational shift in the recognition of the importance of such services.

- **Discrimination**

There were consistently high levels of agreement (between 94% and 97%) that the various actions and behaviours listed in the 10 survey items constituted discrimination. For example, the highest agreement across all age groups (averaging 95%) was for 'limiting or restricting the older person's contact with LGBTIQ+ friends or other people from their LGBTIQ+ communities'.

### 3.2.2. Comparison with findings from the National Prevalence Study

Table 3.1 shows the data relating to levels of awareness of different forms of abuse and mistreatment when comparing the LGBTIQ+ surveys and the National Prevalence Study.

**Table 3.1:** Levels of awareness of different types of abuse between LGBTIQ+ surveys and National Prevalence Study

Type of abuse	LGBTIQ+ surveys %	National Prevalence Study %
Physical abuse	93-98	86-91
Financial abuse	92-95	67-86
Psychological/emotional abuse	83-98	49-79
Sexual abuse	94-98	76-90
Neglect	83-97	64
Discrimination	94-96	Not collected

**Notes:** Estimates of awareness based on  $n = 335$  participants in LGBTIQ+ online surveys. Estimates from National Prevalence Study participants aged 65 years or older based on sample size of 7,000 CATI survey.

**Physical and financial abuse:** Behaviours relating to physical and financial abuse were strongly recognised in both the National Prevalence Study and the current project.

**Sexual abuse:** Behaviours relating to sexual abuse were more strongly recognised in the current study compared to the National Prevalence Study.

- All age groups in the current project indicated that they agreed that the behaviours and actions listed were forms of sexual abuse (between 94% and 97%), compared to 90% of younger adults and 76% of older people in the National Prevalence Study.

**Psychological abuse and neglect:** Behaviours relating to psychological abuse were more strongly recognised in the current project (reported as emotional abuse) compared to the National Prevalence Study.

- As noted above, all age groups in the current project indicated that they agreed that all behaviours listed were forms of psychological abuse and neglect (between 83% and 98%), compared to all age groups in the National Prevalence Study with agreement ranging from 49% to 79%.

### 3.2.3. Attitudes towards abuse and mistreatment of LGBTIQ+ older people

Table 3.2 presents data in relation to participants in the LGBTIQ+ survey's attitudes toward the abuse and mistreatment of older people. The key highlights of this analysis by age group are summarised below.

**Table 3.2:** Survey participants (all ages), attitudes to abuse of LGBTIQ+ older people (proportion who strongly or somewhat agreed)

Attitudes to types of LGBTIQ+ abuse of older people	49 years or younger %	50-64 years %	65 years or older %
Abuse of LGBTIQ+ older people is common in the general community.	62.3	69.8	60.0
Most people turn a blind eye to or ignore abuse of LGBTIQ+ older people.	71.3	76.1	64.3
Abuse of LGBTIQ+ older people is a private matter to be handled in the family.	1.2	2.0	4.3

Attitudes to types of LGBTIQ+ abuse of older people	49 years or younger %	50–64 years %	65 years or older %
Abuse of LGBTIQ+ older people can be understandable if the person committing the abuse is under a lot of stress in their lives.	0.6	4.1	4.3
Abuse can be understandable if the LGBTIQ+ older person is a difficult person to deal with.	2.4	6.2	4.3
LGBTIQ+ older people should hide their identity in certain circumstances to prevent being abused.	5.4	16.7	11.4

**Notes:** Estimates of attitudes towards elder abuse based on analysis of  $n = 167$  participants aged 49 years or younger,  $n = 96$  participants aged 50–64 years, and  $n = 70$  participants aged 65 years or older.  $n = 2$  participants where age missing not reported.

The data show a strong consensus among participants against the abuse and mistreatment of LGBTIQ+ older people in general – however, the data in Table 3.2 above shows that attitudes did vary across age groups:

- Survey participants aged **50–64 years were more likely to identify the abuse** of LGBTIQ+ older people as **common** (70%, cf. 60% of those over 65 years and 62% aged 49 or younger) and that most people turn a blind eye to this abuse (76%, cf. 64% and 71%).
- However, **greater proportions of older participants** (those aged 50 years or older) **justified abuse under certain circumstances** (bottom 4 rows in Table 3.2).
- In contrast, **participants aged 49 years and younger had the lowest rates for condoning abuse** (between 1% and 5%).
- Participants from both surveys in the current project reported **abuse and mistreatment as common in the community** and greater proportions answered in the affirmative to the proposition that most people ignored abuse when compared to the responses of participants in the National Prevalence Study.

**Agreement rates were higher in relation to the statements that can be viewed as condoning abuse and mistreatment in the National Prevalence Study** when compared with the corresponding views in the current project:

- 15% of older people and 9% of younger people in the National Prevalence Study nominated abuse of older people as a private family matter, compared to 3% of participants in the Survey of LGBTIQ+ Younger People and 4% from the Survey of LGBTIQ+ Older People.
- 20% of older people and 7% of younger people in the National Prevalence Study indicated that they agreed with the statement ‘abuse of older people can be understandable if the person committing the abuse is under a lot of stress in their lives’, compared to 5% of participants in the Survey of LGBTIQ+ Younger People and 4% from the Survey of LGBTIQ+ Older People.
- 25% of older people and 7% of younger people in the National Prevalence Study indicated that they agreed with the statement ‘abuse can be understandable if the older person is a difficult person to deal with’, compared to 9% of participants in the Survey of LGBTIQ+ Younger People and 4% from the Survey of LGBTIQ+ Older People.

As well as the stronger awareness and positive attitudes reported by older and LGBTIQ+ younger participants, additional comparisons with the National Plan Evaluation Survey of Community Members<sup>101</sup> indicate awareness and attitudes towards abuse of older people may be improving over time in the general community since the National Prevalence Study data was collected in 2020. This is supported by the Survey of Community Members conducted in 2024 for the Evaluation of the National Plan which likewise showed improvement in people’s understanding of abuse and mistreatment with more than 90% of both 18–64 years and 65+ years age groups strongly disagreeing or disagreeing that abuse of older people is a private family matter. There were also improvements in participant responses in the National Plan Evaluation Survey of Community Members in relation to agreement that abuse is understandable if the abuser is under a lot of stress or if the older person is difficult to deal with.<sup>102</sup>

<sup>101</sup> McEwen et al., 2024.

<sup>102</sup> McEwen et al., 2024 pp 86–88. In the *Evaluation of the National Plan Survey of Community Members*, 15% of 65+ year olds and 4% or 18–64 year olds, 95% strongly disagreed or disagreed abuse is understandable if the abuser is under a lot of stress in their lives and 93% that abuse can be understandable if the older person is a difficult person. For 65+ year olds, 85% strongly disagreed or disagreed that abuse is understandable if the abuser is under a lot of stress in their lives and 82% that abuse can be understandable if the older person is a difficult person.

These findings when comparing across the three studies may reflect:

- LGBTIQ+ older people's lived experience of abuse and/or mistreatment in older age and that LGBTIQ+ people have a stronger understanding of abuse and mistreatment of older people compared to the broader community
- LGBTIQ+ family members' and carers' observation of this abuse and mistreatment
- tolerance for abuse and mistreatment among older participants compared with young participants, perhaps based on their life course experiences of discrimination
- Awareness and supportive attitudes may have improved over time in the general community, including for LGBTIQ+ older people, and this is particularly evident for LGBTIQ+ younger people, when the current study, the Evaluation of the National Plan Community Survey and the National Prevalence Study findings are compared
- lack of awareness or education among LGBTIQ+ older people about identifying and responding to abusive behaviour and to carer stress compared to LGBTIQ+ younger people.

These generational differences underscore the need for tailored education and support that addresses the different experiences and attitudes toward the abuse and mistreatment of LGBTIQ+ older people. However, some caution is advised with these comparisons given the National Prevalence Study was a population sample whereas the current surveys and the Evaluation of the National Plan Survey of Community Members are self-selected samples (meaning people who have more awareness and supportive attitudes could be more likely to participate).

The qualitative data drawn from the focus groups, interviews and open-text survey responses provided further insight into the **potential attitudinal drivers and dynamics** of abuse and mistreatment of LGBTIQ+ older people. Specifically, focus group and interview participants were asked about:

- the drivers of abuse and mistreatment
- where they thought abuse occurs
- whether they thought there were any specific reasons it might happen.

Themes relating to the potential attitudinal causes and context of abuse and mistreatment from qualitative data included the following drivers of abuse and mistreatment:

- discriminatory attitudes and beliefs
- diversity of cultural beliefs
- discriminatory attitudes that are pervasive, subtle and hidden and intersect with LGBTIQ+ identities
- a lack of person-centred approaches.

These themes are discussed in detail below.

### 3.2.4. Discriminatory attitudes and beliefs

Although discrimination is a form of abuse and mistreatment itself, participants in this study, as well as insights from research literature included in the desktop review, suggested that discriminatory attitudes and beliefs were drivers of abuse and mistreatment of LGBTIQ+ older people.<sup>103</sup>

**Cisgenderism and heteronormativity** are ideologies that can lead to discrimination and are a potential driver of the abuse and mistreatment of LGBTIQ+ older people. This discrimination may be overt, or it may take the form of indirect omissions or failures to proactively care for and meet the needs of this population, and it may arise in a range of public and private settings.<sup>104</sup> For example:

- Willis and colleagues' (2016) identified that heterosexual couples living in residential aged care were provided with accommodations for their intimate and/or sexual relationships, including by way of adjoining rooms and visitation arrangements, where this was not available to LGBTIQ+ older people. This suggested an element of heteronormativity and discrimination against LGBTIQ+ older people's sexual and relationship needs in aged care.
- Simpson and colleagues' (2017) review of Anglophone research literature highlighted how 'ageist erotophobia' (i.e. disgust or fear of sex in the context of ageing and the ageing body and self) was a barrier to sexual

<sup>103</sup> Furlotte et al., 2016; Willis et al., 2017.

<sup>104</sup> Baril & Silverman, 2024; Furlotte et al., 2016; Grant & Walker, 2020; Grigorovich, A. (2016). The meaning of quality of care in home care settings: Older lesbian and bisexual women's perspectives. *Scandinavian Journal of Caring Sciences*, 30(1), 108-116; Kia et al., 2022; Kortés-Miller et al., 2018; Joosten et al., 2015; Willis et al., 2016; Wydall, S., Zerk, R., & Freeman, E. (2023). Making the invisible, visible: older lesbian, gay and bisexual victim-survivors' 'lived experiences' of domestic abuse. *The Journal of Adult Protection*, 25(3), 167-185.

expression and intimacy by older people in care settings, and that fear-based ignorance around non-heterosexual sexuality can induce hostility and result in the exclusion of older LGB&T individuals.<sup>105</sup>

Where people or institutions make false assumptions or stereotype LGBTIQ+ people, then LGBTIQ+ older people may be provided with care that is not adequately person-centred or tailored to their discrete needs.<sup>106</sup>

- For example, for transgender and/or gender diverse people, heteronormativity (coupled with ageism) in the medical profession can be a roadblock to gender confirming treatment – the denial of which can be understood as a form of abuse and mistreatment.<sup>107</sup>
- Robson and colleagues' (2023) described financial institutions as adopting heteronormative assumptions that lead to a failure to acknowledge LGBTIQ+ people and/or their relationships, which may lead LGBTIQ+ people to make informal arrangements for their finances, which can increase their susceptibility to financial abuse or exploitation.

Data from interviews and focus groups, as well as in the open-text survey responses, also provided examples of experiences of abuse and mistreatment where the underlying causes were identified by participants as being related to **discriminatory attitudes** on the basis that they did not conform to cisgender or heteronormative expectations.

Bias and stereotyping were identified in some survey responses as relevant to the drivers and dynamics associated with the abuse and mistreatment of LGBTIQ+ older people:

Abuse and mistreatment can be more prevalent in areas outside of capital cities, rural and suburbs due to lack of understanding, cultural differences, beliefs and unconscious and conscious bias. (Survey participant: woman or female, age unknown, gay, lesbian, or homosexual, State/Territory 1)

Some focus group and interview participants also described how LGBTIQ+ older people were at risk of abuse and mistreatment based on assumptions about their financial wealth and availability for caregiving (described in [chapter 2](#)), based on the belief that they are unpartnered or they do not have children ( $n = 6$ ).

Some transgender, lesbian and gay participants in the interviews and focus groups identified how these attitudes were linked to professionals' failure to provide the health services and social supports that they needed. Discriminatory practices of health and aged care professionals are discussed in [chapter 2](#).

Apprehension about these discriminatory attitudes leading to abuse and mistreatment was also identified in the qualitative data. For example, 2 focus group participants spoke about their fear of entering aged care because of other residents who may have discriminatory attitudes based on conservative and rigid ideas about gender and sexuality. Some focus group participants also discussed examples of homophobia and transphobia within council events (with an example given being the banning of drag queen story time) and some lesbian women described misogynistic attitudes among older men.

**Ageist and disrespectful** attitudes as a form of discrimination were discussed in detail in [chapter 2](#) but numerous participants in the focus groups and interviews also described how **ageism and disrespect** were linked to abuse and mistreatment, with this also reflected in the research literature included in the desktop review.<sup>108</sup>

Some participants described their experience of **ageist attitudes and disrespect** in a general way that was not specifically linked to gender, sex or sexuality status ( $n = 11$ ). For example:

Well, a part of ageism is the assumption that once you reach 65, you've got dementia. Did you know that? So they think you've lost your marbles. And so they disregard you anyway. (AIFS ID 56: woman, 75-79 years, gay, lesbian, homosexual, State/Territory 2)

Some participants in the interviews and focus groups also discussed how **ageism and disrespect** for LGBTIQ+ older people **from within LGBTIQ+ communities could perpetuate** the **lateral violence** described in [chapter 2](#). One focus group participant spoke about attending queer events led by people who do not acknowledge their LGBTIQ+ elders:

... they never fucking acknowledge their own elders. We've got an incredibly ageist community that perpetrates a lot of lateral violence, exclusion, and isolation, to the very people who actually gave them their fucking rights. And it's so outrageous their lack of history, herstory, queer story, which has been

<sup>105</sup> Simpson, P., Horne, M., Brown, L. J., Wilson, C. B., Dickinson, T., & Torkington, K. (2017). Old (er) care home residents and sexual/intimate citizenship. *Ageing & Society*, 37(2), 243–265, p 246.

<sup>106</sup> Willis et al., 2017.

<sup>107</sup> COTA & WIO, 2023.

<sup>108</sup> COTA & WIO, 2023; Waling et al., 2019.

largely white and male. But on the back of many queer women, trans women, and other ones. I think it needs to be addressed, because it's perpetrating incredible amounts of harm. (AIFS ID 41: she/they, 55–59 years, gay, lesbian, or homosexual; State/Territory anonymised)

Focus group data is consistent with recent qualitative research from New Zealand, based on interviews with 31 older sexual and gender minority (SGM) people (aged 60–80 years), that described this cohort as 'twice hidden' or 'twice invisible', where they are overlooked by mainstream society based on their age, as well as with their sexual and gender identities.<sup>109</sup>

Some participants described ageism and disrespect from within LGBTIQ+ communities as being underpinned by evolving norms, terminology, identifiers and experiences. Consistent with earlier observations, these participants also indicated that LGBTIQ+ younger people often disrespected LGBTIQ+ older people because of these differences (see the [evolution of LGBTIQ+ terminology](#) section).

Relatedly, some interview and focus group participants spoke about the link between **ableist attitudes** and abuse and mistreatment. One of these participants commented on how LGBTIQ+ communities can be 'incredibly ableist' and noted how LGBTIQ+ older people with disability face intersecting forms of discrimination. Some participants described how ageism manifests within LGBTIQ+ communities due to some queer communities valuing a 'youth-centric culture'. For example:

The ageism that exists within queer community is outrageous. Because there's been this cultivated culture of body beautiful, either the saunas or you're on the dancefloor or you're this, that, or you're a lipstick lesbian or you're - you know, blah, blah, blah. But it's more than invisibility. It's actually lateral violence (AIFS ID 41: she/they, 55–59 years, gay, lesbian, or homosexual; State/Territory anonymised)

Lastly, one interview participant who is intersex described a lack of accountability, prevention or responses to behaviours as drivers of lateral violence within LGBTIQ+ advocacy organisations. They also described how people who experience abuse can engage in abuse and that a lack of overall care of LGBTIQ+ people is one of the drivers.

Lateral violence as an abuse type was discussed in detail in [chapter 2 section 2.3.2](#) and is explored further below in the context of an analysis of the effects or impact of abuse and mistreatment on those experiencing it.

### 3.2.5. Diversity of cultural beliefs

**Cultural and religious beliefs** were raised by some interview and focus group participants as potential drivers of abuse and mistreatment ( $n = 7$ ). One focus group participant spoke of experiencing discrimination from faith-based aged care organisations and churches whereby care staff and members would hyper-sexualise his relationship with his husband. Other participants noted how medical care, aged care and in-home care services that are either faith-based and/or employing carers with religious and/or cultural beliefs can result in LGBTIQ+ older people being excluded from services, discriminated against and/or lead to other forms of abuse and mistreatment. Another participant suggested that white Australian culture can devalue older people:

And it's Australian culture too. I mean, Indigenous people are horrified when we pack our parents off into aged care. And other Southeast Asian cultures ... they wouldn't do it. But there's a bigger cultural issue there, you know 'out to pasture, not seen, not heard' there's a lot of work there, I think. (AIFS ID 43: man or male, 60–64 years, gay, lesbian, or homosexual, State/Territory 2)

Similarly, some survey participants discussed different cultural and/or religious beliefs that were considered to contribute to the occurrence of abuse and mistreatment of LGBTIQ+ people ( $n = 5/19$ ; 1 older participant):

Multiculturalism's reality is that some people grow up in LGBTIQQA+ (sic) discriminatory communities ... Russian Orthodox for example, also many African cultures ... I grew up when homosexuality was illegal ... I was 19 when it stopped being a mental illness ... I have had years and years and years of cognitive therapy to stop me from self-annihilation. (Survey participant: man or male, 60–64 years, gay, lesbian, or homosexual, State/Territory 2)

### 3.2.6. Discriminatory attitudes that are pervasive, subtle and hidden are complicated by LGBTIQ+ identities

The qualitative data together with the research literature from the desktop review identify the:

<sup>109</sup> Betts, D., Maidment, J., & Evans, N. (2019). Hidden and ignored: Older sexual and gender minorities in New Zealand. *Social Work & Social Sciences Review*, 21(1) pp 96, 102, 104.

- **hidden nature of the abuse and mistreatment**
- **subtle and hidden nature of the discriminatory attitudes in private or unsupervised settings**
- **compounding effect of LGBTIQ+ identities.**

The existing research literature indicates that being in a secretive or private environment can be a potential risk factor for abuse and mistreatment, as it may go undetected in that context. One participant from the COTA & WIO (2023, p 15) study explained:

When it's intra-family, it is so hard to make it visible and control it, because they just say, 'Oh, she's getting old, she's losing her marbles, and this is what I'm doing to look after her.' And that gets believed so much when in actual fact if they talk to her/him they're quite sane. They know what's going on, they know what they want to do. But the overall picture of them doesn't repeat that outlook. The outlook is, they're old and frail and a bit mental - I'll look after them. And that's where a lot of the control has actually germinated ... what actually happens within the family is always so secretive and hidden.

Survey participants similarly observed the pervasive nature of abuse and mistreatment and described how abuse and mistreatment of LGBTIQ+ older people was difficult to identify due to its subtle or hidden nature or lack of understanding of the issue ( $n = 5/19$ ; 2 older participants). When commenting on the difficulties associated with identifying abuse or mistreatment, one survey participant described intersecting LGBTIQ+ identities as a factor that further complicates the nature and understanding of abuse and mistreatment of LGBTIQ+ older people:

It is often insidious and hidden, and further complicated by intersecting identities where discrimination is likely to be experienced on multiple levels. (Survey participant: man or male, 60–64 years, identified as 'another sexual orientation, State/Territory 3)

Some focus group participants highlighted that abuse and mistreatment of LGBTIQ+ older people can occur in **unsupervised environments**, such as in-home care and online. Participants discussed how these settings make LGBTIQ+ older people more vulnerable, as perpetrators feel they can act without accountability. One focus group discussed news reports of younger heterosexual men targeting older gay men on dating apps to abuse them financially and emotionally by threatening to 'out' them. Another older survey participant reflected on the changes in societal norms and expectations that help us to understand the drivers and dynamics of abuse and mistreatment as well as assist us with the identification of, and response to, this abuse and mistreatment:

I, fortunately, think I've managed to get to my age without experiencing elder abuse. Or if I did, it was probably disguised as general rudeness, not customer centric, was normal or acceptable at the time or didn't fall into the category of elder abuse, because there was no such category. Growing up during the times when homosexuality was outlawed, pubs closed at 6 pm and the working-class, battler-blokes wud (sic) stumble home and the alcohol gave rise to domestic violence to wives and children, but that was considered the way it was, nothing wud change that. There were all these things that fell under the category of 'that's how it was' - but now all these things have got identifiers and drivers and triggers and now we can actually call them what they are and also call out the perpetrators, also for what they are. It truly is a wonderful time in which we now live. Thank you for the survey - it certainly educated me, made me aware of and to look out for those who don't necessarily have the best interests of our elders to the fore, which means we each, individually, are protectors of not only our elders but the marginalised and especially for those in our community who do not have a voice at all, or who cannot verbalise what is happening to them and for those who haven't found their voice - yet! (Survey participant: man or male, 65–70 years, gay, lesbian or homosexual, State/Territory 2)

### 3.2.7. Lack of person-centred approaches

As will be discussed in response to Research Question 7 (in [chapter 8](#) below), the research literature in the desktop review indicates person-centred approaches are important. Conversely, the lack of such approaches has been identified as a potential driver and risk of abuse and mistreatment.<sup>110</sup>

In the absence of person-centred approaches, it is often biological family driving decisions on behalf of LGBTIQ+ older people. This has been described as having the potential to lead to decision making that does not align with the LGBTIQ+ older person's desires or interests. It can be difficult for aged care service providers to challenge these family decisions, and this is illustrated in a study by Baril and Silverman's (2022) with the example of a transgender woman named Edna:

<sup>110</sup> COTA & WIO, 2023.

... Edna ... was given an ultimatum by her son to present as male or she would never see her grandchildren again. While the service providers empathised, they were unsure how to challenge Edna's family and were concerned that doing so would jeopardise her access to her grandchildren. Edna's experience highlights how expressing gender can be infringed if transphobic family of origin intervenes ... (for Edna, of being a woman).<sup>111</sup>

Relatedly, **insufficient training and education among professionals to challenge discriminatory attitudes**<sup>112</sup> were identified by some participants as contributing to the lack of appropriate professional care experienced by some LGBTIQ+ older people ( $n = 13$ ). This was relevant to the health and wellbeing of older lesbian women, older people with HIV or transgender and intersex health needs and gender identity. For example, one participant spoke about an LGBTIQ+ older person living with undetectable HIV in aged care who had experienced staff fully covering themselves when interacting with him. Another participant spoke about her experience volunteering whereby her colleagues did not understand her transgender identity at all, stating that:

My own experience, as an elder trans woman – I find that there was a lot of abuse at a particular organisation where I volunteer. It all came from gay men. And to an incredible extent, where they were totally uneducated on what trans was, let alone what trans older people are going through. (AIFS ID 36: woman, 70–74 years, transgender and/or gender diverse, straight or heterosexual, State/Territory anonymised)

The example from Baril and Silverman's (2022) study is also relevant on this point:

Edna was reliant on service providers to advocate on her behalf ... As a consequence of her dementia, Edna lost the capacity to educate staff about her needs, and was more vulnerable to the transphobic demands of her family. She was dependent on others who did not sufficiently understand her transgender needs and she was incapable of self-advocacy.<sup>113</sup>

### 3.2.8. Other relevant risk factors/drivers

#### Financial precarity and housing precarity

A recent inquiry into homelessness among older people aged over 55 in NSW found that LGBTQ+ people experience disproportionately high rates of homelessness and other poor housing outcomes.<sup>114</sup>

- For example, the inquiry noted that 22% of LGBTQ+ people, including 34.3% of trans men, 31.9% of trans women and 33.8% of non-binary people, in Australia reported having experienced homelessness, compared to 13.4% of the broader Australian population.<sup>115</sup>
- The inquiry also noted that LGBTQ+ people are 7 times more likely to be living alone, are less likely to own their home, and are more likely to be unable to work or to be unemployed.<sup>116</sup>

Housing insecurities have been identified as giving rise to risks for abuse and mistreatment.<sup>117</sup> These risks are attached to structural disadvantages and discriminatory decision making and policies with respect to the housing of LGBTIQ+ people.<sup>118</sup> Given this, the risks may be higher for certain groups of LGBTIQ+ older people,

111 Baril & Silverman, 2022, p 5, citing Barrett & Cramer et al., 2015, p 36.

112 Ezhova, I., Savidge, L., Bonnett, C., Cassidy, J., Okwuokei, A., & Dickinson, T. (2020). Barriers to older adults seeking sexual health advice and treatment: a scoping review. *International Journal of Nursing Studies*, 107, 103566; Jurček, A., Downes, C., Keogh, B., Urek, M., Sheaf, G., Hafford-Letchfield, T., ... & Higgins, A. (2021). Educating health and social care practitioners on the experiences and needs of older LGBT+ adults: Findings from a systematic review. *Journal of Nursing Management*, 29(1), 43–57; see also Candrian et al., 2023; Kimberley et al., 2021; Kneale, D., Henley, J., Thomas, J., & French, R. (2021). Inequalities in older LGBT people's health and care needs in the United Kingdom: a systematic scoping review. *Ageing & Society*, 41(3), 493–515.

113 Baril & Silverman, 2022, p 6, citing Barrett, C., Cramer, P., Latham, J. R., Whyte, C., & Lambourne, S. (2016). Person-centred care and cultural safety: The perspectives of lesbian, gay and trans\*(LGT\*) people and their partners on living with dementia. In *Lesbian, Gay, Bisexual and Trans\* Individuals Living with Dementia*. Routledge, p 103.

114 Standing Committee on Social Issues, New South Wales Legislative Council, Parliament of New South Wales. (2022). *Homelessness amongst older people aged over 55 in New South Wales (Report 61, October 2022)*.

115 Standing Committee on Social Issues, 2022, citing ACON. (2022). *Submission to the Inquiry into homelessness amongst older people aged over 55 in New South Wales (Submission no. 19)*. Sydney: Standing Committee on Social Issues, citing Hill, A. Bourne, A., McNair, R., Carman, M., & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia (ARCSHS Monograph Series No. 722)*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

116 Standing Committee on Social Issues, 2022, citing ACON, 2022, citing Hill et al., 2020, citing Ministerial Advisory Council on Ageing NSW. (2022). *Submission to the Inquiry into homelessness amongst older people aged over 55 in New South Wales (Submission no. 27)*. Sydney: Standing Committee on Social Issues, citing Australian Institute of Health and Welfare [AIHW]. (2018). *Specialist homelessness services annual report 2016–17 (Web Report)*. Canberra: AIHW; see also Brotman et al., 2015.

117 Redden, M., Gahagan, J., Kia, H., Humble, Á. M., Stinchcombe, A., Manning, E., ... & Thomas, R. (2023). Housing as a determinant of health for older LGBT Canadians: Focus group findings from a national housing study. *Housing and Society*, 50(1), 113–137.

118 Redden et al., 2023.

including Aboriginal and Torres Strait Islander people as a result of their dislocation from land and property.<sup>119</sup> Survey participants' concerns regarding financial security and housing are discussed in [chapter 6](#), whereas other qualitative data relating to financial hardship as an outcome of experiencing abuse is discussed in [chapter 5](#).

## Health disparities

Health disparities experienced by LGBTIQ+ older people have also been identified in the research literature included in the desktop review as potentially creating a risk of abuse and mistreatment of LGBTIQ+ older people.<sup>120</sup>

The small US study by Candrian and colleagues (2023), described earlier, involving interviews with current or former caregivers of LGBT persons living with Alzheimer's disease, identified LGBT older people as experiencing structural discrimination across their life course that leads to health disparities. The researchers cited studies that found LGBT people have higher rates of depression, alcohol and tobacco use, certain cancers and cardiovascular disease, with these exacerbated in older age. They note these poor health outcomes increase the likelihood of LGBTIQ+ older people receiving an Alzheimer's diagnosis.

## Isolation

Insights from the focus groups and interviews as well as from open-text survey responses and research literature from the desktop review suggest that isolation is a risk factor as well as a form and consequence of abuse and mistreatment.<sup>121</sup>

Isolation can occur for a variety of reasons and involve a variety of people. It may arise:

- because family members exclude the LGBTIQ+ older person from family life, including, for example, through 'grandparent alienation', which involves manipulating a child into cutting ties with their grandparent<sup>122</sup>
- in aged, social and health care services because the services are heteronormative and cis-normative<sup>123</sup>
- in care homes that do not facilitate community events and socialisation<sup>124</sup>
- due to geographical isolation, or the absence of specialist health care and inclusive services in rural areas<sup>125</sup>
- (at least partially) by being self-imposed as a self-preservation mechanism.

LGBTIQ+ people are at increased risk of social isolation later in life.<sup>126</sup> They may have fewer supports, including financially, and become reliant on pension benefits.<sup>127</sup> Being in such a position has been identified as constituting a risk of abuse and mistreatment – for example because it drives people to engage in behaviours that risk their health, wellbeing and safety.

- In Benbow and Kingston's study (2022), introduced above, transgender participants gave the example of engaging in sex work in circumstances where they need money to fund procedures or treatments, which can put them at risk of experiencing sexual abuse and sexual assault.

The isolation experienced by some survey participants was a feature of some open-text responses where it was identified as a key dynamic contributing to and compounding the experience of abuse and mistreatment ( $n = 3$ ; 1 older survey participant). Participants suggested that older people were fearful of reporting abuse due to potential further victimisation and fear of isolation, with the absence of 'tangible and effective' governmental protective measures in place. The need for immediate and effective protection was emphasised to encourage reporting and safeguard older people from further abuse.<sup>128</sup>

Similarly, another older survey participant discussed the significant isolation experienced by LGBTIQ+ people living in rural and/or remote areas of Australia, speaking specifically of their experience living in rural Western Australia:

119 Redden et al., 2023.

120 Stevens et al., 2023.

121 Barrett & Crameri et al., 2015; Barrett & Whyte et al., 2015; COTA & WIO, 2023; GRAI, 2017; Stevens et al., 2023; Waling et al., 2019.

122 Stevens et al., 2023, citing Tasker, F., & Lavender-Stott, E.S. (2020). LGBTQ Parenting Post-Heterosexual Relationship Dissolution. In: A. Goldberg, & K. Allen (Eds.), *LGBTQ-Parent families: Innovations in research and implications for practice*. New York: Springer; see also Baril & Silverman, 2022, p 5, citing Barrett & Crameri et al., 2015, p 36.

123 Brotman et al., 2015; Stevens et al., 2023.

124 COTA & WIO, 2023; Waling et al., 2019.

125 Grant & Walker, 2020; Kortess-Miller et al., 2018; Okpodi, 2015; Robson et al., 2023

126 Stevens et al., 2023.

127 Boulé et al., 2020.

128 Survey participant, gender self-described, 40–49 years, gay, lesbian or homosexual, State/Territory 6.

I have felt shame and been silenced by being ignored all my (sic) life, especially in my rural city. (Survey participant: man or male, 71-74 years, gay, lesbian or homosexual, State/Territory 5)

Isolation as a contributing factor was also raised in focus groups and interviews. For example, one participant expressing how hard it is to be vulnerable and admit to loneliness:

It's very hard to be vulnerable. And loneliness is a huge part of it, in that exclusion and isolation. And I think of how important it is to also – to move people towards being vulnerable and saying, 'Hey, I'm really lonely. I want some company.' Maybe it's an Australian thing, I don't know, but I find it really hard to say I'm lonely. But yeah, I am, because I am excluded from a lot of things. (AIFS ID 43: man, 60–64 years, gay, lesbian, or homosexual, State/Territory 2)

The focus group and interview data, together with research literature in an Australian and international context, provide insight into the nature and effect of experiences of lifelong discrimination and how this can lead LGBTIQ+ people to self-isolate as a 'survival technique ... remaining hidden from view to avoid negative or even dangerous repercussions'.<sup>129</sup> For example, the discussion in one focus group with lesbian women and interviews with transgender and/or gender diverse people highlight the withdrawal from society and from accessing essential health and wellbeing services.

Another form of self-imposed isolation is 'institutional avoidance', involving a reluctance to engage with service providers – for example, due to fears of discrimination and/or inadequate or inappropriate types or standards of care.<sup>130</sup>

Interview and focus group data, together with the research literature from the desktop review, illustrate how the provision of services in heteronormative ways and by professionals lacking LGBTIQ+ expertise contributes to LGBTIQ+ older people not accessing the services that they need:

the systemic issues are really impactful on us/me rather than direct experience of abuse ... and the impact of the systemic trauma is quite profound especially because it's subjective experience and quite subtly invisible from the outside. I want to make it really clear that as an independent lesbian without children or strong family ties or relationships, like many of us lesbians, except with my own lesbian friends who are all getting older and frailer, we really rely upon materials, advice, general service provision that takes us as older women and our needs and lesbian values seriously and respectfully. (AIFS ID 58, woman or female, 70-74 years, gay, lesbian or homosexual, State/Territory 2)

This fear of accessing aged, social and health care services has been identified as a kind of 'minority stress'.<sup>131</sup> A participant in a small Canadian qualitative study involving 12 LGBTIQ+ couples<sup>132</sup> described how they had to 'expend a great deal of energy to ensure their wellbeing in care environments'.<sup>133</sup> Another participant from this study stated:

You learn to bury your feelings and honour theirs in the hope that they'll meet you halfway. **It becomes your job and yours alone to explain, to ignore, to forgive over and over again.** Well, I mean that just sums up what it is like to be a gay person in a straight world, it seems to me. **You're always the one who has to, you know, soften the corners, make things right. And it takes a great deal of work and a great deal of effort.**<sup>134</sup>

LGBTIQ+ older people may also become isolated because members of their chosen families are similar in age to them, meaning they may encounter heightened care and health needs at similar times as they age and may struggle to support each other.<sup>135</sup> This was highlighted in a focus group with lesbian women who were concerned not to over-impose on their network, which was described as one of their few or only avenues for support. In

129 GRAI (2017, p 1) See also Barrett & Whyte et al., 2015; Boulé et al., 2020; Furlotte et al., 2016; Hurd et al., 2022; Jones, 2022; Kia et al., 2022; Kortés-Miller et al., 2018; Miller, 2023; Pierce, 2023; Simpson et al., 2017; Stevens et al., 2023; Willis et al., 2016; Willis et al., 2017; Wydall et al., 2023).

130 Stevens et al., 2023, citing Grossman, A. H., Frank, J. A., Graziano, M. J., Narozniak, D. R., Mendelson, G., El Hassan, D., & Patouhas, E. S. (2014). Domestic harm and neglect among Lesbian, Gay, and Bisexual older adults. *Journal of Homosexuality*, 61(12), 1649–1666 and Cook-Daniels, L. (2017). Coping with abuse inside the family and out: LGBT and/or male victims of elder abuse. In: Dong, X. (Ed.) *Elder Abuse: Research Practice and Policy*. New York: Springer; see also Miller, 2023; Okpodi, 2015; Robson et al., 2023.

131 Savage, B., & Barringer, M. N. (2023, September). The Stress of Expectation: The Significance of Gender on Concerns About Long-Term Care Among Lesbian, Gay, Bisexual, and Transgender Older Adults. *Sociological Forum Vol. 38(3) 770–792*, p 770, citing Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674.

132 N = 24 individuals making up 4 male same-sex couples and 8 female same-sex couples, ranging in age from 39–75 years.

133 Furlotte et al., 2016, p 7.

134 Furlotte et al., 2016, p 9 (emphasis added).

135 Stevens et al., 2023.

these circumstances, LGBTIQ+ older people may opt to isolate themselves because they do not want to burden each other.<sup>136</sup>

COTA and WIO's recent (2023) study, noted earlier, identified that LGBTIQ+ older people who are 'in the closet' may have particularly small and private chosen families or support communities. It may be particularly difficult for these LGBTIQ+ older people to transition into care facilities while maintaining these networks in a discrete way.<sup>137</sup> This means they not only lose social connections but also opportunities to express themselves, creating a heightened sense of isolation. This experience was also reflected in focus group discussion with lesbian older women.

The examination of relevant research literature suggests that the unique experiences of abuse and mistreatment against LGBTIQ+ older people in Australia are not particularly well-understood.<sup>138</sup> There is also limited research in relation to the health and wellbeing of LGBTIQ+ older people generally, and limited knowledge about how best to provide effective services to meet the specific needs of LGBTIQ+ older people.<sup>139</sup> These limitations in understanding and research can lead to 'institutional blindness', where the unique needs of LGBTIQ+ older people are overlooked and, therefore, not specifically met.<sup>140</sup>

In addition to the lack of understanding about LGBTIQ+ older people's experiences and needs with respect to abuse and mistreatment, there is also a general lack of understanding about the histories and life experiences of LGBTIQ+ people and how these may inform care needs.<sup>141</sup> This historical context is examined in the final section of this chapter.

## Dating culture

One interview participant described how the dating culture and dating apps used by gay men puts older gay men at risk of experiencing abuse and mistreatment. They described the risk of inviting people into their home, who they might not have otherwise been exposed to. When discussing dating app abuse, they described the following drivers: perceived vulnerability and/or wealth of older gay men, financial hardship, sex addictions, criminal histories, fetishes and lack of understanding about sexual consent.<sup>142</sup>

## 3.3 Historical, systemic discrimination and marginalisation

This section considers insights from the qualitative components of this project, and from the research literature examined in the desktop review component of this project, together with contextual data about LGBTIQ+ history, discrimination and marginalisation and the [evolution of LGBTIQ+ terminology](#).

Specifically, this final section presents data from focus group and interview participants who discussed the way that LGBTIQ+ history shaped their abuse and mistreatment experienced in old age.

### 3.3.1 Ongoing impact of abuse and mistreatment over the life course

Some participants in the qualitative components of this project described life-course experiences of abuse and mistreatment and how this had shaped their experience of abuse and mistreatment in older age. Discussions of life-course experiences of abuse and mistreatment were common across the participant groups from the qualitative components of this project.

These interview and focus group participants illustrate how abuse and mistreatment can be accepted by LGBTIQ+ older people as part of their lives due to their experience of discrimination over the course of their lives. The participants described:

- abuse and mistreatment occurring throughout their lives as a result of their identity
- having to hide their identity in order to protect themselves

<sup>136</sup> Kortés-Miller et al., 2018.

<sup>137</sup> COTA & WIO, 2023.

<sup>138</sup> Stevens et al., 2023, p 166; see also Wydall et al., 2023 (UK context).

<sup>139</sup> Stevens et al., 2023; see also Brotman et al., 2015; Valenti, K., Bybee, S., Nwakasi, C., Kano, M., & Coats, H. (2024). Palliative care professionals' perceptions of communication with sexual and gender minority patients. *American Journal of Hospice and Palliative Medicine*, 41(7), 771-785.

<sup>140</sup> Stevens et al., 2023, p 174; see also Brotman et al., 2015; Kortés-Miller et al., 2018.

<sup>141</sup> Willis et al., 2017.

<sup>142</sup> AIFS ID 4: man or male, 60-64 years, gay, lesbian or homosexual, State/Territory 2.

- growing up believing something was wrong with them.

Participant responses described life-course experiences occurring in all spheres of life:

- within families and relationships
- within work and social settings
- in public settings and within public and private institutions (including political, legal, and medical) or organisations.

Abuse and mistreatment of LGBTIQ+ older people cannot always be separated from broader societal and structural issues rooted in life-course experiences. Viewing abuse as isolated acts can overlook the complex, systemic nature of harm experienced by LGBTIQ+ older people.<sup>143</sup> The historical trauma of living through discrimination and marginalisation arising from the criminalisation of homosexuality in Australia as well as institutional treatment during the HIV epidemic and the current differences in views in relation to identity politics are important context to the accessibility of systems and services for LGBTIQ+ people.

The experience of abuse and mistreatment across the lifespan for LGBTIQ+ older people illustrates that, even in the absence of documented abuse and mistreatment in older age, trauma-informed initiatives that are specific to lesbian, gay, bisexual, transgender, intersex, queer and/or asexual people are essential:

*My brother abused me, and I think, because at that young age I was so effeminate that he didn't want me to grow up as a poofter - using the old term - and so he tried to bash it out of me. Now, those experiences are who I am, and growing up with that and knowing that, and yeah, it's the core of my being. It has been my whole life. (AIFS ID 26, Aboriginal woman, 60-64 years, transgender and/or gender diverse, bisexual or pansexual, State/Territory anonymised)*

### 3.3.2. Ongoing impact of historical systemic discrimination and marginalisation for older LGBTIQ+ communities

Some interview and focus group participants discussed the consequences of historical systemic discrimination broadly across older LGBTIQ+ communities ( $n = 10$ ). As identified in the earlier discussion in [chapter 2](#) about the nature of [systemic abuse](#), insights from the focus groups and interviews, together with the research literature, suggest that the **forms of abuse and mistreatment experienced by LGBTIQ+ older people are often intrinsically linked to lifelong experiences of individual as well as systemic, structural and institutional discrimination**.<sup>144</sup>

For example, a discussion in one focus group<sup>145</sup> highlighted the ongoing nature of fighting for equality and safety that causes LGBTIQ+ older people stress. One of the focus group participants also remarked on how their fight for equality and safety remains as urgent as ever and how it 'doesn't go away'. Participants discussed how life-course experiences of abuse have resulted in some LGBTIQ+ older people either expecting abuse and/or having difficulty detecting it.<sup>146</sup>

Similarly, an interview participant described growing up during a period of significant discrimination and marginalisation as impacting LGBTIQ+ older people and the associated hurt caused when history is minimised by current advocacy or when LGBTIQ+ older people are expected to embrace LGBTIQ+ pride.<sup>147</sup>

Another participant described life-course experiences of abuse and mistreatment by doctors and their family due to being born with a variation of sex characteristics (sometimes called 'intersex'). They described growing up through 17 years of being an unknowing 'human guinea pig' and spoke about their failed efforts of self-advocacy regarding their gender presentation, and how they were not listened to or consulted, and being medically coerced into treatment (e.g. testosterone injections described as vitamins). They described the long-term impact on their mental health of abuse experienced earlier in their life:

*Years later, I got genetic testing and they confirmed I was biologically female, but in the mean time the damage had been done. It was pretty much hell growing up. Quite frequently suicidal thoughts. Very few friends. Most people would either bash me or abuse me, so it took me a long time to get over the abuse that over the*

<sup>143</sup> Stevens et al., 2023; see also Brotman et al., 2015.

<sup>144</sup> Brotman et al., 2015; Robson et al., 2023; Stevens et al., 2023.

<sup>145</sup> AIFS ID 41, she or they, 55-59 years, gay, lesbian or homosexual, State/Territory anonymised; AIFS ID 42, woman or female, 65-69 years, gay, lesbian or homosexual, State/Territory 2; AIFS ID 43, man or male, 60-64 years, gay, lesbian or homosexual, State/Territory 2.

<sup>146</sup> AIFS ID 42, woman or female, 65-69 years, gay, lesbian or homosexual, State/Territory 2; AIFS ID 24, man or male, 70-74 years, gay, lesbian, or homosexual, State 2.

<sup>147</sup> AIFS ID 1: Aboriginal trans person, 55-59 years, asexual, State/Territory anonymised.

derogatory statements, all that sort of stuff. (AIFS ID 5: non-binary person, 65–69 years, born with a variation of sex characteristics (sometimes called 'intersex'), gay, lesbian or homosexual, State/Territory anonymised)

When discussing long-standing historical trauma and its impact on current help-seeking behaviours (discussed further in [chapter 7](#)), a lesbian focus group participant described how **different experiences over the life course had made them different from other older people** and that appropriate supports needed to be put in place to accommodate their needs so that they didn't need to continue the advocacy of their youth into older age<sup>148</sup>

Another interview participant described the inherent bravery of LGBTIQ+ people who have experienced longstanding historical abuse and how there is a lack of acknowledgement of their courage to advocate for themselves.<sup>149</sup>

Other participants discussed the historical treatment by law enforcement, which has resulted in some LGBTIQ+ communities distrusting police (also discussed further in [chapter 7](#)).

If you went to the police, if you were caught doing anything the police would give your details to the newspaper, so your name and address and your workplace would be published in the paper as well. So, you were really at risk of being forced out. So, that' fear still hangs around a lot of people I think. (AIFS ID 19, man or male, 65–69 years, gay, lesbian, or homosexual, State/Territory 2)

Though some focus group participants indicated that they would personally seek help from the police, if necessary, they also described a delicate relationship between some gay and transgender communities and the police due to historical practices. These participants explained that the presence of police at community events had caused distress among some members due to past interactions and how this has created mistrust that persists today.<sup>150</sup>

### 3.3.3. Ongoing impact of historical systemic discrimination and marginalisation for older gay men

Some focus group and interview participants highlighted the ongoing impact of the HIV epidemic for older gay men, with discussions raising the following:

- impact on current generational social and support structures for older gay men. This was attributed to deaths associated with HIV which prevented the development of social and support structures which could have otherwise developed over time.<sup>151</sup>
- impact on generational learning about abuse and mistreatment, including protective measures, especially for younger gay men, with intergenerational engagement and information sharing highlighted as a means of keeping others safe.<sup>152</sup>
- the significant trauma experienced during the AIDS pandemic and how it is retraumatising when there are barriers to accessing the health and other support needed and when people are prevented from discussing the topic.

For example, a participant discussed how trauma related to historical discrimination of gay men is triggered by 'bureaucratic stuff'.<sup>153</sup>

Additionally, three focus group participants described the historical trauma of living through a significant period of discrimination and marginalisation, especially for gay men, and its negative impact on help-seeking behaviour (considered specifically in [chapter 7](#)). One interview participant described how long-term survivors living with HIV develop maladaptive coping mechanisms, such as issues with alcohol and drugs as well as developing low self-esteem and mental health issues. They also described their concerns with the lack of support structure for this cohort.<sup>154</sup>

Further, another interview participant described the current influence of historical discrimination towards gay men. This participant described how safe spaces for gay men to seek romantic or sexual relationships did

148 AIFS ID 22, woman or female, 75–79 years, gay, lesbian, or homosexual, State/Territory 2.

149 AIFS ID 8: man or male, 80–84 years, gay, lesbian, or homosexual, State/Territory 3.

150 AIFS ID 19, man or male, 65–69 years, gay, lesbian or homosexual, State/Territory 2; AIFS ID 18, woman or female, 65–69 years, gay, lesbian or homosexual, State/Territory 2; AIFS ID 17, woman or female, 65–69 years, gay, lesbian or homosexual, State/Territory 2.

151 AIFS ID 24, man or male, 70–74 years, gay, lesbian, or homosexual, State/Territory 2.

152 AIFS ID 33, man or male, 55–59 years, gay, lesbian, or homosexual, State/Territory 1.

153 AIFS ID 8: man or male, 80–84 years, gay, lesbian or homosexual, State/Territory 3.

154 AIFS ID 2: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 6.

not exist when he was younger, and how this had led him to seek sexual intimacy using dating apps, despite acknowledging the risks of dating apps, and his multiple experiences of abuse from using dating apps.<sup>155</sup>

One focus group participant specifically cited the criminalisation of homosexuality in Australia as well as institutional treatment during the HIV epidemic, impacting current help-seeking behaviours. The participant described distrust of organisations, institutions and government that continues to exist for some older gay people. The participant also highlighted how historical institutional abuse of gay people has had lasting effects on their sense of safety, describing that for some older gay adults, they prefer to conceal their gay identities:

I also want to talk – and I’m specifically talking about the gay subset of the rainbow group at the moment and of people who are older now – what’s forgotten by a lot of younger people is that we lived through when it was alright and considered proper to be discriminated against by society, by institutions, by organisations and by government. We were around before homosexuality was actually legalised. We were around and lived through what the communities’ attitudes did to our community during the AIDS crisis and all that for a lot of people our age never went away. ... Because of that there is still with a lot of members of our community – I’m not saying everyone – of our age, there is still a lot of distrust of organisations, institutions and government. That’s something that’s really, really hard to get through because so – it’s so ground into people that it’s one of the pillars of their beings. Usually the way that they cope with that is being closeted or not telling anyone who they are. (AIFS ID 11, man or male, 65–69 years, gay, lesbian or homosexual, State/Territory 2)

### 3.3.4. Ongoing impact of historical systemic discrimination and marginalisation for older lesbian women

Other interview and focus group participants discussed the ongoing impact of historical discrimination relevant to older lesbian women. Consistent with the observations of some older gay men and transgender and/or gender diverse people noted above, some older lesbian women expressed frustration that their activism and contributions are now ignored or devalued by other women, including younger members of LGBTIQ+ communities. One focus group participant described the sense of having to fight for the same rights, facing conflicts within some other LGBTIQ+ communities.<sup>156</sup>

Another focus group participant described how older lesbian women are a significant group within the LGBTIQ+ acronym, yet there is a feeling of being ignored, dismissed or marginalised and their activism contributions forgotten, including in the context of the Royal Commission into Aged Care Quality and Safety:

They [The Royal Commission into Aged Care Quality and Safety] didn’t mention us once, now also in the research for that I read a booklet put out by an LGBT organisation, which was supposed to be an educational tool for aged care ... they had pages and pages and pages about trans, and they had one paragraph about lesbians ... I remind you that lesbians are the largest cohort [from the LGBTIQ+ acronym] ... we are the majority ... And we got the smallest section in ... So I don’t have a lot of faith that our point of view will be reported, held to, that will be given any priority but I’ll say it again, we are the largest cohort of elders and we deserve it. (AIFS ID 52, female, 70–74 years, gay, lesbian or homosexual, State/Territory 2)

### 3.3.5. Evolution of LGBTIQ+ terminology

As noted in 3.3.2, generational differences in societal attitudes were also evident in the qualitative data in relation to the language adopted within some LGBTIQ+ communities. These differences provide context for the experience of discrimination and reveal complex dynamics and internal conflicts relevant to the experience of abuse and mistreatment.

For example, 2 survey responses specifically described a disconnect from LGBTIQ+ language and/or efforts to improve visibility of LGBTIQ+ people. One older participant stated that current language distorts the truth and diminishes the words they prefer to identify sex and sexuality, and that this was important in the context of extreme sexism faced by lesbians.<sup>157</sup> Another participant stated that visibility efforts, such as widespread

<sup>155</sup> AIFS ID 4: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 2.

<sup>156</sup> AIFS ID 58, woman or female, 70–74 years, gay, lesbian or homosexual, State/Territory 2.

<sup>157</sup> Survey participant, gender not specified, 71–74 years, gay, lesbian or homosexual, State/Territory 1.

rainbows and pronoun usage, has fuelled a backlash from the broader community, which has led to them to feel alienated from both the general community as well as their LGBTIQ+ community.<sup>158</sup>

Similarly, LGBTIQ+ terminology was raised by 6 focus group participants. Two focus group participants described disliking the term 'queer', with one participant explaining their dislike due to its origins of being a derogatory insult for gay people.<sup>159</sup>

In the same focus group, 2 participants discussed how the evolution of terminology referring to transgender and gender diverse people or gay people has created generational divides. They discussed how they often receive backlash from younger people for using terms considered outdated, despite having used them for decades. They also expressed frustration at the expectation for older people to quickly adapt to new language without any education on these changes.

Similarly, another focus group participant described feeling disconnected from the current discourse on gender. They characterised the focus on misgendering as often overshadowing the abuse and mistreatment faced by their community elders. They expressed distress over what they described as disrespect shown toward older community members, including in relation to the language preferences of LGBTIQ+ older people, particularly in the context of significant historical challenges, such as surviving the HIV epidemic.<sup>160</sup>

The intergenerational differences and disconnection between younger and older people emerged as significant context to these views and experiences and will be considered in the following 2 chapters that focus on the characteristics of those who use and experience abuse and mistreatment.<sup>161</sup>

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158 Survey participant, woman or female, age unknown, gay, lesbian or homosexual, State/Territory 2.

159 AIFS ID 10: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 2.

160 E.g. AIFS ID 8: man or male, 80–84 years, gay, lesbian or homosexual, State/Territory 3.

161 AIFS ID, 34, man or male, 70–74 years, gay, lesbian or homosexual, State/Territory 1; AIFS ID 54, woman or female, 55–59 years, gay, lesbian or homosexual, State/Territory 2.

## 4. Individual, relationship and family factors for people engaging in abuse and mistreatment of LGBTIQ+ older people

### Key findings

- Overall, men and women were equally likely to be identified by survey participants as engaging in abuse and mistreatment of LGBTIQ+ older people. However, some differences were identified in relation to abuse types:
  - Men were more likely to be identified in the survey as engaging in financial abuse and emotional abuse.
  - Women were more likely to be identified in the survey as engaging in discrimination.
- Heterosexual people were more likely to be identified in the survey as engaging in abuse or mistreatment of LGBTIQ+ older people (69% cf.20%). However, LGBTIQ+ people also engaged in abuse and mistreatment, particularly in the form of psychological/emotional abuse and discrimination.
- People across the age groups were identified in the survey as engaging in the abuse or mistreatment of LGBTIQ+ older people, with those aged 35–54 years more likely to be reported as engaging in abuse or mistreatment.
- There were no clear patterns in the survey data in relation to the relationships with people using abuse or mistreatment.

However, the most commonly reported relationships were siblings and friends, followed by partners/spouses. Children, children-in-law and stepchildren were also identified by participants, as well as neighbours, professionals and service providers.

- Slightly more than half of LGBTIQ+ survey participants who reported experiencing abuse or mistreatment indicated that those engaging in the behaviour had one or more issues with alcohol and drugs, gambling, financial hardship, mental health or with their physical health.
  - Mental health issues, followed by issues with substance use, were most commonly reported and these patterns of responses were similar to reports in the National Prevalence Study.
  - A substantial proportion of LGBTIQ+ survey participants indicated that the person engaging in their abuse or mistreatment had multiple, co-occurring issues.

### 4.1 Introduction

This chapter presents findings from the surveys of LGBTIQ+ people about the characteristics of people who engage in abuse and mistreatment of LGBTIQ+ older people. These findings are based on descriptive analysis of survey participants ( $n = 51$ ) who reported one or more experiences of abuse or mistreatment.

This examination of the characteristics of people who engage in abuse and mistreatment of LGBTIQ+ older people also includes consideration of insights from the qualitative focus group and interview data, together with insights from earlier empirical research in relation to the effects of this abuse and mistreatment.

### 4.2 Characteristics

#### 4.2.1. Gender

The survey data show that, overall, **men and women were equally likely to be identified as engaging in abuse and mistreatment** (43% respectively), with a further 4% of participants reporting abuse undertaken by people who would describe their gender as non-binary.

Where sample sizes permitted, and there were sufficient numbers of participants reporting each individual abuse type, further analysis showed **some differences in the pattern of who engaged in abuse and mistreatment**. These differences were:

- **Men were more likely to be identified as engaging in financial abuse and emotional abuse.** For financial abuse ( $n = 14$ ):
  - 57% reported abuse by men
  - 29% reported abuse by women
  - 14% reported abuse by a non-binary person.
 For emotional abuse ( $n = 34$ ):
  - 53% reported abuse by men
  - 28% reported abuse by women
  - 6% reported abuse by a non-binary person.
- **Women were more likely to be identified as engaging in discrimination** ( $n = 24$ ):
  - 33% reported abuse by men
  - 58% reported abuse by women
  - 4% reported abuse by a self-described person.

## 4.2.2. Sexual orientation

Just over two-thirds (**69%**) of people engaging in abuse or mistreatment were identified as **straight or heterosexual**, 16% as gay, lesbian or homosexual, with a further 4% as bisexual or pansexual. The qualitative data, particularly from older lesbian women and older transgender and/or gender diverse people, highlighted the abuse and mistreatment by LGBTIQ+ people, particularly in the form of psychological/emotional abuse and discrimination.

## 4.2.3. Age

People across all age groups engaged in the abuse or mistreatment of LGBTIQ+ older people – however, the **35–44 years** and **45–54 years** age groups were most often identified by survey participants as engaging in abuse and mistreatment (**18%** and **22%** respectively).

**Table 4.1:** Characteristics of people who engaged in abuse and/or mistreatment

To the best of your knowledge, how does the person that abused or mistreated you ..	No.	%
<b>Describe their gender</b>		
Man or male	22	43.1
Woman or female	22	43.1
Non-binary	2	3.9
Self-described (please specify)	1	2.0
Prefer not to say	4	7.8
Total	51	100.0
<b>Describe their sexual orientation</b>		
Straight or heterosexual	35	68.6
Gay, lesbian, or homosexual	8	15.7
Bisexual or pansexual	2	3.9
Don't know	5	9.8
Prefer not to say	1	2.0
Total	51	100.0
<b>Identified as transgender and/or gender diverse</b>		
Yes	8	15.7
<b>Born with a variation of sex characteristics (sometimes called 'intersex')</b>		
Yes	2	4

To the best of your knowledge, how does the person that abused or mistreated you ..	No.	%
<b>Which of the following age groups was the person when this last happened?</b>		
18-24	2	3.9
25-34	7	13.7
35-44	9	17.6
45-54	11	21.6
55-64	7	13.7
65-74	6	11.8
75 and over	4	7.8
Don't know	3	5.9
Prefer not to say	2	3.9
Total	51	100.0
<b>What is their relationship to you? <sup>a</sup></b>		
Partner/spouse	3	5.9 (6.5)
Ex-partner/ex-spouse	3	5.9 (6.5)
Parent	3	5.9 (6.5)
Grandson/daughter	1	2.0 (2.2)
Aunt/uncle	1	2.0 (2.2)
Brother/sister	4	7.8 (8.7)
Brother/sister (in-law)	2	3.9 (4.3)
Son/daughter (biological or adopted)	2	3.9 (4.3)
Stepson/stepdaughter	1	2.0 (2.2)
Son/daughter (in-law)	3	5.9 (6.5)
Other family member	4	7.8 (8.7)
LGBTIQA+ friend	4	7.8 (8.7)
Non-LGBTIQA+ friend	4	7.8 (8.7)
Neighbour	3	5.9 (6.5)
Professional carer	2	3.9 (4.3)
Medical professional (e.g. doctor, nurse)	1	2.0 (2.2)
Financial professional (e.g. account, financial advisor, bank employee)	1	2.0 (2.2)
Work colleagues	2	3.9
General public	3	5.9
Other (please specify)	3	5.9 (6.5)
Prefer not to say	1	2.0 (2.2)
Total	51	100.0

**Notes:** Analysis based on  $n = 51$  participants aged 50 years or older who reported an experience of at least one form of abuse or mistreatment. a Percentages in brackets shows distribution excluding categories 'work colleagues' and 'general public'. This analysis is based on  $n = 46$  participants and excludes relationship types not involving a position of trust. Other (please specify) responses included 'religious people' and other members of the queer community.

#### 4.2.4. Relationships

The data also show that in terms of relationships between the people engaging in abuse and mistreatment and the people experiencing the abuse, there were **no clear trends** in the pattern of who abused or mistreated LGBTIQA+ older people (see Table 4.1 above). The data reported in brackets show the distribution of relationships to person engaging in abuse and mistreatment excluding relationship types not involving a position of trust (work colleagues and the general public).

The **most commonly reported relationship (around 1 in 10) or 8% of participants were siblings,<sup>162</sup> LGBTIQ+ friends, and non-LGBTIQ+ friends.**

Additionally, **adult children or children-in-law** were nominated as engaging in abuse or mistreatment by **4%** and **6%** of participants respectively. This contrasted with the National Prevalence Study, where 18% of adult children and 2% of children-in-law were nominated as engaging in the abuse or mistreatment. This difference may in part reflect the lower proportion of LGBTIQ+ older participants with adult children or children-in-law.

**Neighbours** and members of the general public were also nominated (**6%**), together with **other family members (8%)**.

**Partner/spouse** was identified as the person engaging in abuse or mistreatment for 6% of participants.

In relation to intimate partner violence, **current partners or spouses or ex-partners** were the people most commonly nominated as engaging in psychological/emotional abuse (**18%**) of those experiencing at least one abuse type. The next most common relationship type for psychological/emotional abuse was **siblings (14%)**.

In relation to discrimination, non-LGBTIQ+ friends (23%) and professional carers (15%) were most likely to engage in discrimination against LGBTIQ+ older people. Ex-partners/ex-spouses were identified as engaging in discrimination by 8% of participants. Work colleagues and the general public were reported to a lower degree (7%) and in similar proportions to the pattern for abuse and mistreatment overall (6% general public and 4% work colleagues).

The data relating to the abuse or mistreatment by intimate partners is important as domestic and family violence experienced by LGBTIQ+ older people can be overlooked due to cisgenderist and heteronormative assumptions about how this form of behaviour usually looks.<sup>163</sup>

Open-text responses from survey participants provided further insight into the characteristics of the people who engage in abuse and mistreatment when responding to the survey item *'Is there anything you would like to share about your experience in relation to LGBTIQ+ elder abuse and mistreatment?' (n = 21; 11 older participants)*. These data, together with relevant research literature included in the desktop review, are considered below. These responses included:

- descriptions of family members, including adult children, in-laws and partners<sup>164</sup>
- descriptions of residential aged care settings,<sup>165</sup> including aged care staff<sup>166</sup> and other residents,<sup>167</sup> together with in-home care and/or health care staff<sup>168</sup> (discussed [chapter 2](#))
- religious institutions and/or people who follow a religion (identified as engaging in discrimination, including promoting others to be discriminatory through religious teachings)<sup>169</sup>

Other characteristics and settings raised in discussions on those engaging in abuse and mistreatment included younger (LGBTIQ+) people, younger men on dating apps or male sex workers, other LGBTIQ+ people (including LGBTIQ+ older people), the general public, cybercriminals, and associates and/or acquaintances such as neighbours or tradespeople (described by one older person); and previously discussed in [chapter 2](#).

Community organisations, including LGBTIQ+ accredited or specific organisations, were also mentioned as settings where abuse and mistreatment occurs (discussed in [chapter 7](#)).<sup>170</sup> Whereas LGBTIQ+ advocates from LGBTIQ+ organisations were identified in 3 of the interviews.

<sup>162</sup> See also e.g. Baril & Silverman, 2022; COTA & WIO, 2023; EAAA, 2024; Stevens et al., 2023.

<sup>163</sup> Wydall, Zerk & Freeman, 2023.

<sup>164</sup> AIFS ID 34: man or male, 70-74 years, gay, lesbian or homosexual, State/Territory 1; Survey Participant, man or male, 65-70 years, gay, lesbian or homosexual, State/Territory 5. This analysis based on reports where discrimination was identified as the main abuse type.

<sup>165</sup> See also Brotman et al., 2015; COTA & WIO, 2024; EAAA, 2024; Grigorovich, 2016; Jones, 2022; Robson et al., 2023; Silverman & Baril, 2023; Waling et al., 2019.

<sup>166</sup> Brotman et al., 2015; COTA & WIO, 2023; Cloyes & Towsley, 2023; GRAI, 2017; Silverman & Baril, 2023; Stevens et al., 2023; Waling et al., 2019.

<sup>167</sup> AIFS ID 31: woman or female, 55-59 years, gay, lesbian or homosexual, State/Territory 1; EAAA, 2024; Joosten et al., 2015.

<sup>168</sup> Anderson et al., 2022; Baril & Silverman, 2024, 2023; Benbow & Kingston; Candrian et al., 2023; Changfoot et al., 2022; COTA & WIO, 2023; Fredriksen-Goldsen & Teri et al., 2023; Handlovsky et al., 2020; Okpodi, 2015; Singleton et al., 2023; Westwood, 2022.

<sup>169</sup> Survey participant, woman or female, 55-59 years, gay, lesbian or homosexual, State/Territory 6; AIFS ID 11: man or male, 65-69 years, gay, lesbian or homosexual, State/Territory 2. See e.g. Robson et al., 2023.

<sup>170</sup> See e.g. Barrett, Whyte et al., 2015; Boulé et al., 2020; Furlotte et al., 2016; GRAI, 2017; Hurd et al., 2022; Jones, 2022; Kia et al., 2022; Kortés-Miller et al., 2018; Miller, 2023; Okpodi, 2015; Pierce, 2023; Robson et al., 2023; Stevens et al., 2023; Willis et al., 2016; Willis et al., 2017; Wydall et al., 2023.

## 4.3 Issues experienced by people engaging in abuse and mistreatment

Table 4.2 presents survey data on the extent to which people using abuse and mistreatment experienced the following problems from the perspective of the LGBTIQ+ older people who had experienced abuse and mistreatment:

- issues with alcohol and drugs
- gambling
- mental health
- financial
- physical health issues.

Overall, a **slight majority (51%)** of those who experienced abuse or mistreatment were aware that those engaging in abuse **experienced one or more of these issues**. The pattern of responses somewhat mirrored corresponding survey items in the National Prevalence Study where mental health issues (32%) and financial hardship (21%) were the most frequently reported problems.

**Table 4.2:** Issues experienced by people who engaged in abuse and/or mistreatment

To the best of your knowledge, when this last happened (i.e. those behaviours towards you), did this person have problems with any of the following?	Number	%
<b>Issues</b>		
Mental health	21	41.2
Alcohol	10	19.6
Physical health problems	7	13.7
Financial problems	7	13.7
Drugs	6	11.8
Gambling	3	5.9
Total	51	100.0
<b>Number of problems</b>		
No problems	25	49.0
One problem	9	17.7
Two or more problems	17	33.3
Total	51	100.0
<b>Mean</b>		
<b>Average number of problems</b>	<b>1.1</b>	

### 4.3.1. Mental or physical health issues

The **most often identified problem was mental health problems** (41%), whereas the corresponding survey items in the National Prevalence Study were identified as affecting just under one-third of people engaging in abuse and mistreatment (32%).

The interviews and focus groups provided insights into the way that mental health issues were present among people using abuse and mistreatment.

For example, one interview participant described people who engage in abuse and mistreatment of LGBTIQ+ older people as 'insecure' and people who purposely seek out vulnerable people.<sup>171</sup>

<sup>171</sup> AIFS ID 14: woman or female, 60–64 years, gay, lesbian or homosexual, State/Territory 5.

### 4.3.2. Alcohol and drug use

The second most identified problem for people engaging in abuse and mistreatment of LGBTIQ+ older people was issues with alcohol. One-fifth of survey participants who experienced abuse and mistreatment reported they were aware that the person engaging in the abuse and mistreatment had problems with alcohol (20%) compared to 15% that was reported in the National Prevalence Study.

Additionally, 12% of participants reported there to be issues with drug use for people who were engaging in the abuse and mistreatment. This was similar to what was reported in the National Prevalence Study (11%).

Data from the interviews and focus groups also provide insight into the way issues with alcohol and drug use characterise the people engaging in abuse and mistreatment. For example, an interview participant described that men who are engaging in abuse using dating apps are using illicit drugs.<sup>172</sup>

### 4.3.3 Gambling and financial hardship

Survey participants who experienced abuse or mistreatment reported they were aware that the person engaging in the abuse or mistreatment was experiencing **financial hardship (14%) and gambling (6%)**. Within the National Prevalence Study, financial problems were the second most identified problem (21%), while gambling was reported by 4% of participants.

Some interview participants<sup>173</sup> described adult children with, for example, a gambling addiction that was linked by the participant to financial abuse and another described the financial hardship, criminal histories or sex addictions of the men who are targeting older gay men on dating apps, as previously described in [chapter 3](#).

### 4.3.4. Multiple co-occurring issues

One-third of those who experienced abuse indicated the complex dynamics underlying the abuse, with the person engaging in it having **multiple co-occurring problems**. This contrasted with the majority of the National Prevalence Study participants, who indicated they were aware that the perpetrator had one or more problems (72%).

While this chapter has examined the individual and relationship factors for people who engaged in abuse and mistreatment, the next chapter will focus on the individual and relationship characteristics of people who experience abuse and mistreatment and the effects of this abuse and mistreatment.

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172 AIFS ID 4: man or male, 60–64 years, gay, lesbians, or homosexuals, State/Territory 2.

173 AIFS ID 4: man or male, 60–64 years, gay, lesbians, or homosexuals, State/Territory 2.

## 5. Individual and relationship factors for people who experience abuse and mistreatment and its effects

### Key findings

- The data suggests that older people with certain characteristics are at higher risk of abuse or mistreatment.
- The overall pattern in relation to experiences of abuse and mistreatment varied according to age but the differences were not statistically significant. Nevertheless, the highest rate of reported abuse and mistreatment was among participants aged 71 years or older and the lowest for participants aged 65–70 years.
  - The higher reports for participants aged 71 years and older were particularly evident for financial abuse, sexual abuse and neglect.
  - Higher reports for this age group were less pronounced for emotional abuse and discrimination.
- Transgender and/or gender diverse participants were more likely to report experiences of abuse or mistreatment. A large and statistically significant difference in the experience of abuse and mistreatment (discrimination) was found for those who identify as transgender and/or gender diverse compared to other survey participants.
- Participants who reported living with a disability were more likely than other participants (to a statistically significant extent) to experience abuse or mistreatment, especially financial abuse and neglect.
- There were statistically significant differences in the experiences of abuse and mistreatment by relationship status, with most participants who reported experiencing at least one form of abuse being separated, divorced, widowed or currently single but previously married or in a de facto relationship.
- Abuse or mistreatment was reported by 37% of women, compared to 33% of men, although this difference was not statistically significant. However, there were some differences by abuse types, with women more likely to report experiencing neglect than men to a statistically significant extent. Variations were identified in relation to the sexuality of the person experiencing abuse or mistreatment, with gay men more likely to report financial or emotional abuse and bisexual people more likely to report experiences of physical abuse, neglect and discrimination.
- There were no apparent differences in rates of experiencing abuse or mistreatment by geographical remoteness.
- The reported effects of abuse and mistreatment were far-reaching and devastating, and included isolation and disconnection from social and family relationships and adverse health and wellbeing outcomes including physical health issues, mental ill-health and post-traumatic stress disorder (PTSD). Financial distress and hardship were other identified effects, as was lower quality of life and satisfaction, and the distressing need to conceal sexuality and gender, including to service providers, professionals and more generally.

### 5.1 Introduction

This chapter presents survey findings on the socio-demographic characteristics of the LGBTIQ+ older people who reported experiencing abuse and mistreatment in the last 12-months, and of the older people about whom younger survey participants were concerned about experiencing abuse and mistreatment. The discussion in this chapter also includes consideration of the qualitative data and insights from the research literature examined in the desktop review.

The discussion first focuses on reporting an analysis of the experience of abuse and how this varies by each demographic characteristic listed ('bivariate' analyses). Additional 'multivariate' analyses are then presented to show the extent to which various demographic characteristics are associated with abuse or mistreatment, and to assess the strength of this association.

The chapter concludes with insights from data relating to the effects of abuse and mistreatment on LGBTIQ+ older people.

## 5.2 Characteristics

The research literature emphasises that LGBTIQ+ older people are at unique risk of abuse and mistreatment, and those risks are not inherent to being lesbian, gay, transgender, intersex, queer, asexual or belonging to any other sexually or gender diverse communities. Risk factors are not the fault of the LGBTIQ+ people – they are created by societal, structural and systematic factors, such as discrimination.<sup>174</sup>

Relevant characteristics include being older in age, and being lesbian, gay, transgender, intersex, queer or being otherwise sexually or gender diverse. Some LGBTIQ+ older people may have additional characteristics that draw discrimination, including:

- having an anatomical sex that does not align with identified gender<sup>175</sup>
- living with HIV, which can expose people to ongoing discriminatory stereotyping<sup>176</sup>
- living with cognitive decline, disability or impairment, which can put people at risk of ableist and cognitivist discrimination.<sup>177</sup>

Having an intersectional profile of characteristics that draw discrimination can put some subgroups of older LGBTIQ+ at particularly high risk of experiencing abuse and mistreatment.<sup>178</sup> For example, an older transgender and/or gender diverse person who is same-sex attracted and who lives with dementia may experience ageism, transphobia, homophobia and ableist/cognitivist discrimination – all which compound to make them vulnerable to abuse and mistreatment (including discrimination itself, as well as other forms).<sup>179</sup>

Other characteristics that may create vulnerabilities to abuse and mistreatment referenced in [chapter 3](#) in relation to drivers and dynamics of abuse and mistreatment include financial precarity,<sup>180</sup> health disparities,<sup>181</sup> housing insecurity,<sup>182</sup> experiencing isolation,<sup>183</sup> and having an especially secretive and/or private family.<sup>184</sup>

### 5.2.1. Age

As shown in Figure 5.1, the overall pattern of abuse and mistreatment (experiencing at least one form of abuse) varied according to age.

- The highest rate of reported abuse was for participants in the **oldest age group (44% for participants aged 71 years or older)**.
- More than one-third (**36%**) of participants aged **55–64 years** reported experiencing abuse.
- The **lowest rate** of reported abuse (14%) was for the **middle-aged group (aged 65–70 years)**.
- This age-related pattern was also **evident for emotional abuse**, with more than one-quarter of the eldest (28%) and youngest age groups (26%) reporting this form of abuse, compared to reports from 11% of participants in the middle-aged group.

<sup>174</sup> McCann et al., 2024.

<sup>175</sup> Brotman et al., 2015.

<sup>176</sup> Porter, K. E., Brennan-Ing, M., Burr, J. A., Dugan, E., & Karpiak, S. E. (2019). Stigma and psychological well-being among older adults living with HIV: The moderating role of resilience. *AIDS and Behavior*, 23(2), 418–428; Singleton et al., 2023; see also Handlovsky et al., 2020.

<sup>177</sup> Changfoot et al., 2022; Fredriksen-Goldsen, Teri et al., 2023.

<sup>178</sup> McCann et al., 2024.

<sup>179</sup> Changfoot et al., 2022; Fredriksen-Goldsen, Teri et al., 2023.

<sup>180</sup> Benbow & Kingston, 2022; Boulé et al., 2020.

<sup>181</sup> Stevens et al., 2023.

<sup>182</sup> Redden et al., 2023.

<sup>183</sup> Grant & Walker, 2020; Kortess-Miller et al., 2018; Miller, 2023; Okpodi, 2015; Robson et al., 2023; Stevens et al., 2023.

<sup>184</sup> COTA & WIO, 2023.

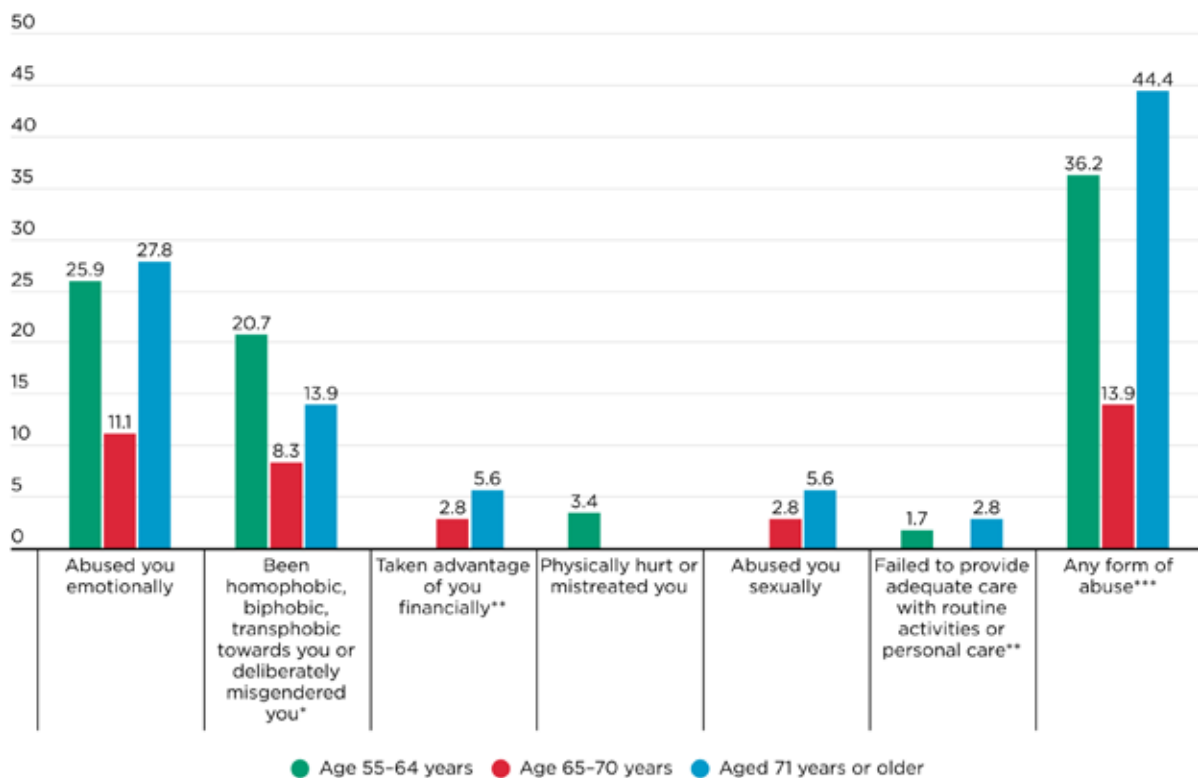
- Age-related patterns for **discrimination** were **less pronounced** but still evident, with reports of this form of abuse higher for the youngest age group, followed by the oldest age group, with the lowest reports of this form of abuse among the middle-aged group.
- **Financial abuse, sexual abuse and neglect** were reported at the **highest rates** by the oldest age group (LGBTIQA+ people **aged 71 years or older**).
- **Physical abuse** was the **lowest** form of abuse reported **across all age groups**, with 3% of people aged 55–64 years experiencing this form of abuse and no reports by participants in the other age groups.

The age-related patterns in experiences of abuse and mistreatment described here may appear surprising, particularly as we may expect a more linear trend because disability rates increase with age, and older people with disabilities may face higher risk of abuse and mistreatment.

After adjusting for other variables that may be associated with age such as disability and relationship status (that are also potentially associated with abuse and mistreatment), age was not found to be significantly associated with experiences of abuse and mistreatment<sup>185</sup>. However, the **U-shaped pattern** found in the bivariate analysis reported here is of interest and **may reflect the protective effects of moving into retirement for the 65–70 age group**. As reflected in some of the later qualitative comments in [chapter 6](#), the higher rates of abuse for those aged 71+ years could potentially be related to movement into aged care settings.

Additionally, many focus group and interview participants raised concerns relevant to this pattern in the data, whereby aged care residents were identified as at higher risk of abuse and mistreatment ( $n = 21$ ).

**Figure 5.1:** Survey of older people, prevalence of abuse and mistreatment, by age group



**Notes:** Full question wording for abuse items: Taken advantage of you financially (e.g. coercing you for money or assets, stealing money or assets, preventing you from accessing money or assets); Physically hurt or mistreated you (e.g. pushing, shoving); Abused you emotionally (e.g. intimidating, threatening you, preventing access to family and others); Failed to provide adequate care with routine activities or personal care when needed (e.g. shopping, transport, washing/dressing). Analysis based on  $n = 138$  participants aged 50–54 and identified as Aboriginal and/or Torres Strait Islander, or aged 55 years or older who were asked about direct experiences of abuse and mistreatment. Due to small sample sizes,  $n = 8$  participants aged 50–54 years not reported. Sample sizes,  $n = 58$  participants aged 55–64 years,  $n = 36$  participants aged 65–70 years,  $n = 36$  participants aged 71 years or older. The asterisks indicate that the differences across the age groups are statistically significant based on Pearson Chi Square test (\* $p < 0.05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ). Any form of abuse can also include other (please specify) abuse types, not reported in this chart.

185 See later regression model and Table 5.1.

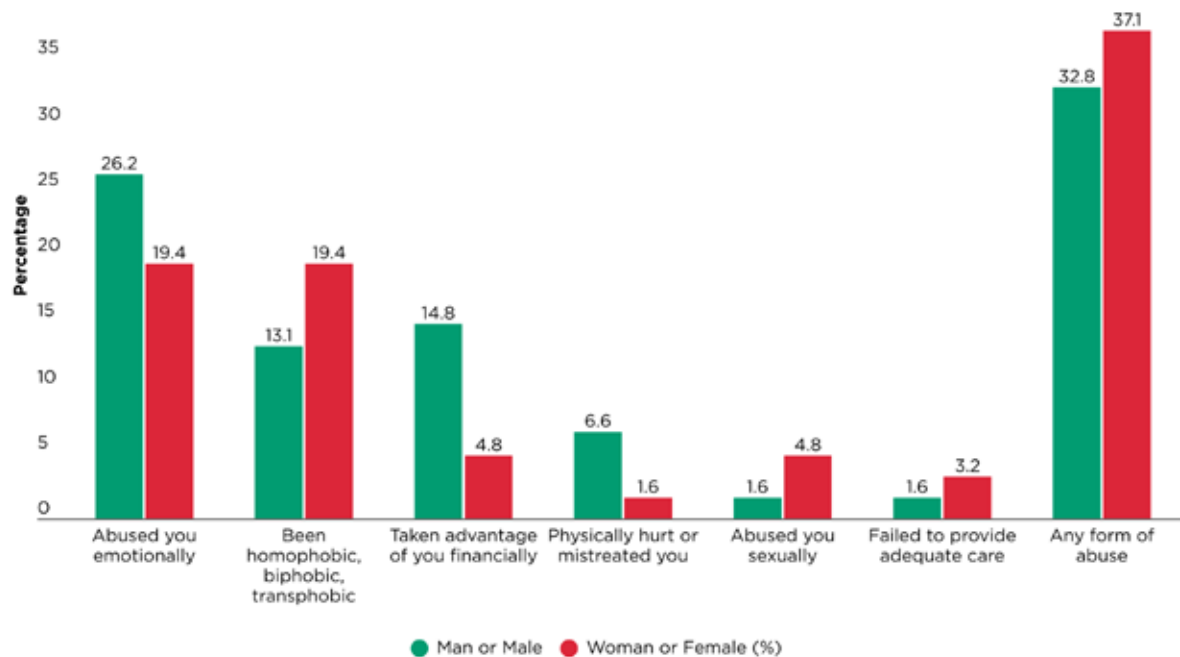
## 5.2.2. Gender

Overall, there was no statistically significant difference in the experience of abuse or mistreatment by gender (Figure 5.2). Due to small sample sizes, other genders, outside of man and woman, are not reported here.

- Experience of **any form of abuse or mistreatment** was reported by **37% of women compared to 33% of men**.
- Emotional abuse was the highest abuse subtype reported for both men (27%) and women (19%).
- This was followed by discrimination, reported by 13% of men and 19% of women.
- **Financial abuse differed by gender**, with 15% of men reporting experiences of this abuse subtype and 5% of women.
- **Men reported experiencing more physical abuse** (7%) than women (2%) and women (5%) experienced more sexual abuse than men (2%).
- **Neglect was reported more by women** (3%) than men (2%). Although there was only a small percentage difference, this was still **statistically significant**.

LGBTIQ+ younger survey participants who expressed concern about an LGBTIQ+ older person experiencing abuse or mistreatment in the last 12-months, reported similar levels of concern about older men and women (45% and 46% respectively), followed by a smaller percentage of non-binary people (5%) (see Table C1 in Appendix C).

**Figure 5.2:** Survey of older people, prevalence of abuse and mistreatment, by gender



**Notes:** Full question wording for abuse items: Taken advantage of you financially (e.g. coercing you for money or assets, stealing money or assets, preventing you from accessing money or assets); Physically hurt or mistreated you (e.g. pushing, shoving); Abused you emotionally (e.g. intimidating, threatening you, preventing access to family and others); Failed to provide adequate care with routine activities or personal care when needed (e.g. shopping, transport, washing/dressing). Analysis based on  $n = 137$  participants aged 50–54 and identified as Aboriginal and/or Torres Strait Islander or aged 55 years or older who were asked about direct experiences of abuse and mistreatment. Due to small sample sizes,  $n = 9$  participants who identified as non-binary,  $n = 3$  participants for people who self-described,  $n = 2$  prefer not to say are not reported. Sample sizes,  $n = 61$  participants identified as man or male,  $n = 62$  participants identified as woman or female. The asterisks indicate that the differences across gender are statistically significant based on Pearson Chi Square test (\* $p < 0.05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ). Any form of abuse can also include other (please specify) abuse types, not reported in this chart.

## 5.2.3. Transgender and/or gender diverse

The survey data highlight that there are **large and statistically significant differences** in the experience of abuse and mistreatment for those who identify as transgender and/or gender diverse.

- As shown in Figure 5.3, 67% of transgender and/or gender diverse older people reported at least one form of abuse, over double the corresponding proportion of 31% of cisgendered LGBTIQ+ older people.

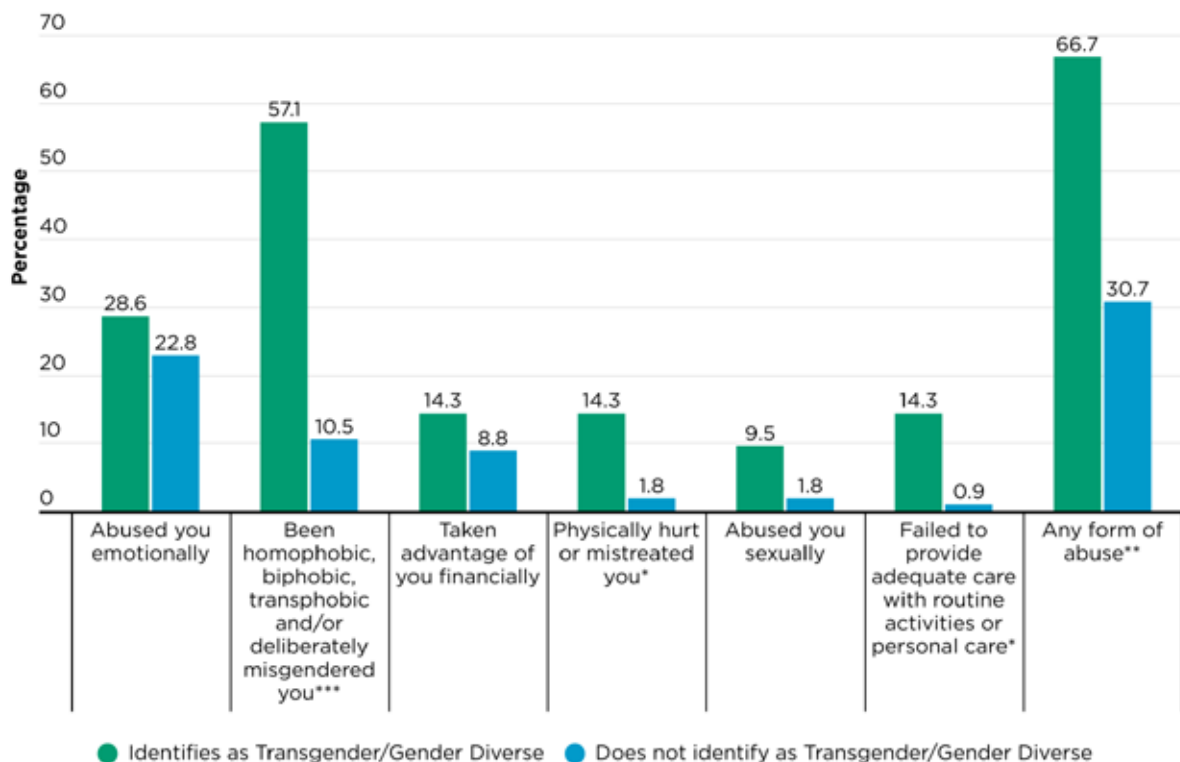
- This finding was **driven in part by 57%** of transgender and/or gender diverse older people experiencing **discrimination**, compared to 11% of cisgendered LGBTIQ+ older people. This difference was statistically significant.
- The 2 other forms of abuse that were statistically significant between transgender and/or gender diverse and cisgendered LGBTIQ+ older people were **physical abuse** (14% cf. 2%) and **neglect** (14% cf. 1%).
- Transgender and/or gender diverse older people were more likely to report **emotional abuse** (29% cf. 23%), **financial abuse** (14% cf. 9%) and **sexual abuse** (10% cf. 2%).

These findings highlight the heightened vulnerability experienced by transgender and/or gender diverse older people to abuse and mistreatment.

Just over a quarter (27%) of younger survey participants reported concern for transgender and/or gender diverse older people known to them. A small proportion (4%) raised these concerns for older people born with a variation of sex characteristics, although 39% of participants reported not knowing whether the LGBTIQ+ older person they were concerned about was intersex and/or born with a variation of sex characteristics (see Table C1 in Appendix C).

Additionally, some focus group and interview participants raised concerns about transgender and/or gender diverse people being at risk of abuse and mistreatment ( $n = 12$ ).

**Figure 5.3:** Survey of older people, prevalence of abuse and mistreatment experienced, by transgender and/or gender diverse older people



**Notes:** Full question wording for abuse items: Taken advantage of you financially (e.g. coercing you for money or assets, stealing money or assets, preventing you from accessing money or assets); Physically hurt or mistreated you (e.g. pushing, shoving); Abused you emotionally (e.g. intimidating, threatening you, preventing access to family and others); Failed to provide adequate care with routine activities or personal care when needed (e.g. shopping, transport, washing/dressing). Analysis based on  $n = 137$  participants aged 50–54 and identified as Aboriginal and/or Torres Strait Islander or aged 55 years or older who were asked about direct experiences of abuse and mistreatment. Due to small sample sizes,  $n = 2$  participants who preferred not to say in response to transgender and/or gender diverse question not reported. Sample sizes,  $n = 21$  participants identified as transgender and/or gender diverse,  $n = 114$  participants answered no to this question. The asterisks indicate that the differences across transgender and/or gender diverse status are statistically significant based on Pearson Chi Square test (\* $p < 0.05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ). Any form of abuse can also include other (please specify) abuse types, not reported in this chart.

### 5.2.4. Relationship status

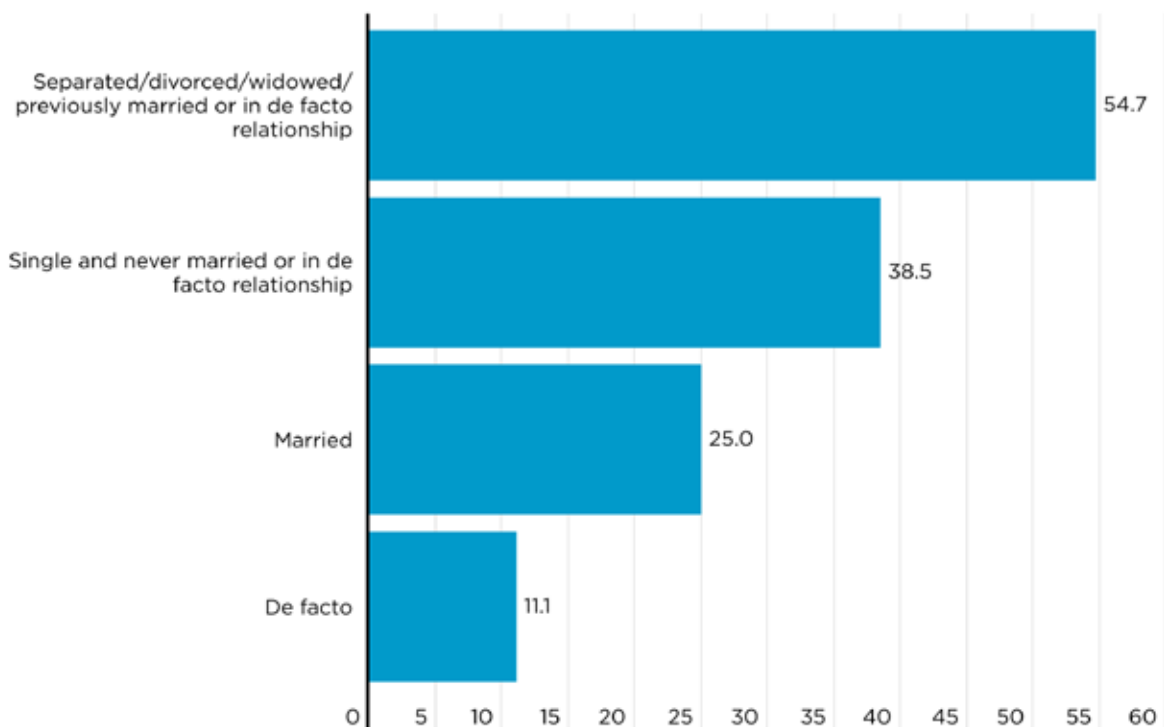
There were **statistically significant differences** in the experience of abuse and mistreatment **by relationship status**. Figure 5.4 shows the differences in rates of older participants' experiences of abuse and mistreatment for any form of abuse.

- Overall, 55% of participants who reported they were either separated, divorced, widowed or single but previously married or in a de facto relationship reported at least one form of abuse.

Two focus group participants also observed that unpartnered women were at greater risk of abuse and mistreatment.

Table C3 in Appendix C presents the same data further analysed by abuse type and shows the same general pattern that a higher proportion of those who are separated/divorced reported each abuse type compared to other relationship types.

**Figure 5.4:** Survey of older people, prevalence of abuse and mistreatment (any form of abuse or mistreatment), by relationship status



**Notes:** Analysis based on  $n = 138$  participants aged 50–54 and identified as Aboriginal and/or Torres Strait Islander or aged 55 years or older who were asked about direct experiences of abuse and mistreatment. Due to small sample sizes,  $n = 5$  participants who prefer not to say are not reported. Sample sizes,  $n = 53$  Separated/divorced/widowed/single but previously in married or in a de facto relationship;  $n = 13$  Single and never married and never been in de facto relationship;  $n = 40$  Married; and  $n = 27$  De facto. These differences by relationship status were statistically significant at  $p < 0.01\%$  level. Any form of abuse can also include other (please specify) abuse types, not reported in this chart.

### 5.2.5. Sexual orientation

Figure 5.5 presents the proportion of LGBTIQ+ older people experiencing each abuse type and any form of abuse or mistreatment by sexual orientation. Due to small sample sizes, gay non-binary, asexual or other sexual orientations are not reported.

The overall rate of abuse (at least one form) **slightly varied by sexuality**, with 31% of gay men and bisexual or pansexual older people reporting overall abuse and 35% of gay women.

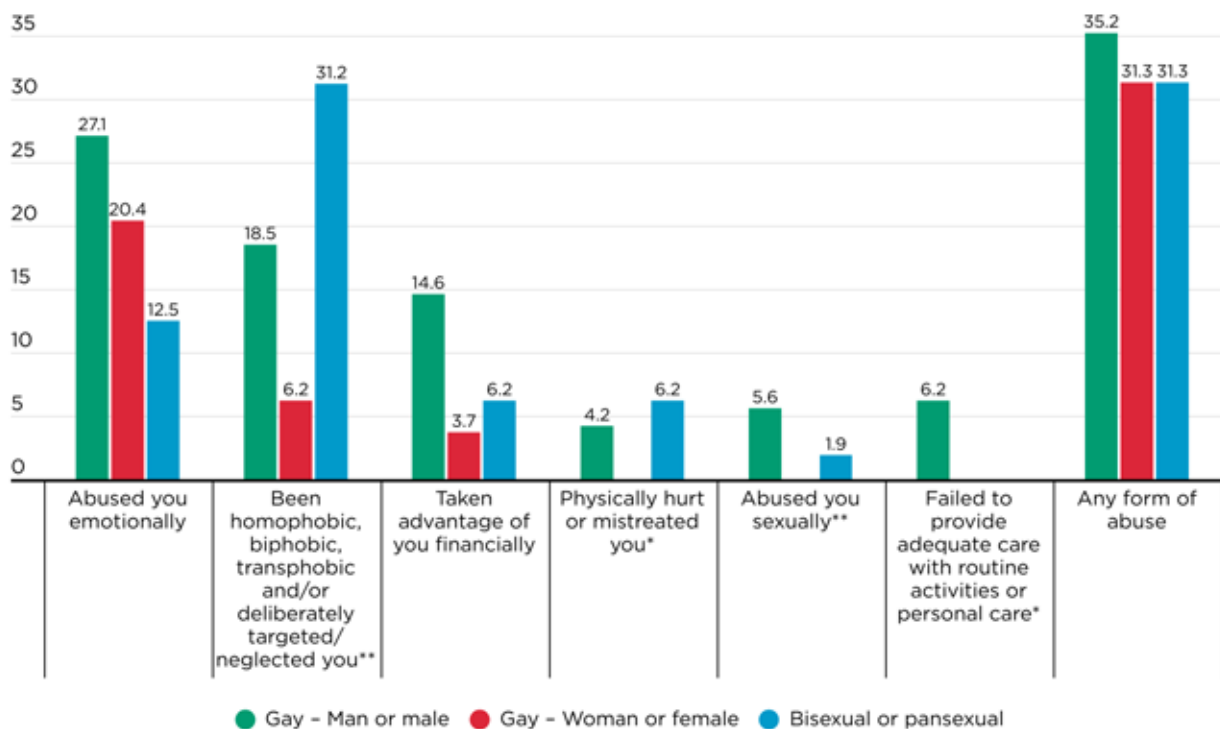
- Emotional abuse varied by sexuality, with 27% of gay older men reporting this subtype of abuse, 20% of gay older women and 13% of bisexual or pansexual older people.
- Financial abuse was experienced by 15% of gay older men, 6% of bisexual or pansexual older people and 4% of gay older women.

### Differences in the experience of 4 types of abuse were statistically significant:

- Identity-based discrimination was reported by 31% of bisexual or pansexual older people, 19% of gay women and 6% of gay men.
- Physical abuse was reported by 6% of bisexual or pansexual older people, 4% of gay older men and not reported by gay older women.
- Neglect was reported by 6% of bisexual or pansexual older people, 2% of gay older women and not reported by gay older men.
- Sexual abuse was reported by 6% of gay older women and not reported by either gay older men or bisexual or pansexual older people.

Younger participants were most likely to report concern about gay, lesbian or homosexual older people (65%), while a notable proportion were older people where participants were unsure of their sexuality or preferred not to say (18%) (see Table C1 in Appendix C).

**Figure 5.5:** Survey of older people, prevalence of abuse and mistreatment, by sexual orientation



**Notes:** Full question wording for abuse items: Taken advantage of you financially (e.g. coercing you for money or assets, stealing money or assets, preventing you from accessing money or assets); Physically hurt or mistreated you (e.g. pushing, shoving); Abused you emotionally (e.g. intimidating, threatening you, preventing access to family and others); Failed to provide adequate care with routine activities or personal care when needed (e.g. shopping, transport, washing/dressing). Analysis based on  $n = 137$  participants aged 50–54 and identified as Aboriginal and/or Torres Strait Islander or aged 55 years or older who were asked about direct experiences of abuse and mistreatment. Due to small sample sizes,  $n = 16$  participants who identified as gay non-binary, or asexual or other sexual orientation are not reported. Sample sizes,  $n = 48$  participants identified as a gay man or male,  $n = 54$  participants identified as a gay woman or female,  $n = 16$  participants identified as bisexual. The asterisks indicate that the differences across sexual orientation groups are statistically significant based on Pearson Chi Square test (\* $p < 0.05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ). Any form of abuse can also include other (please specify) abuse types, not reported in this chart.

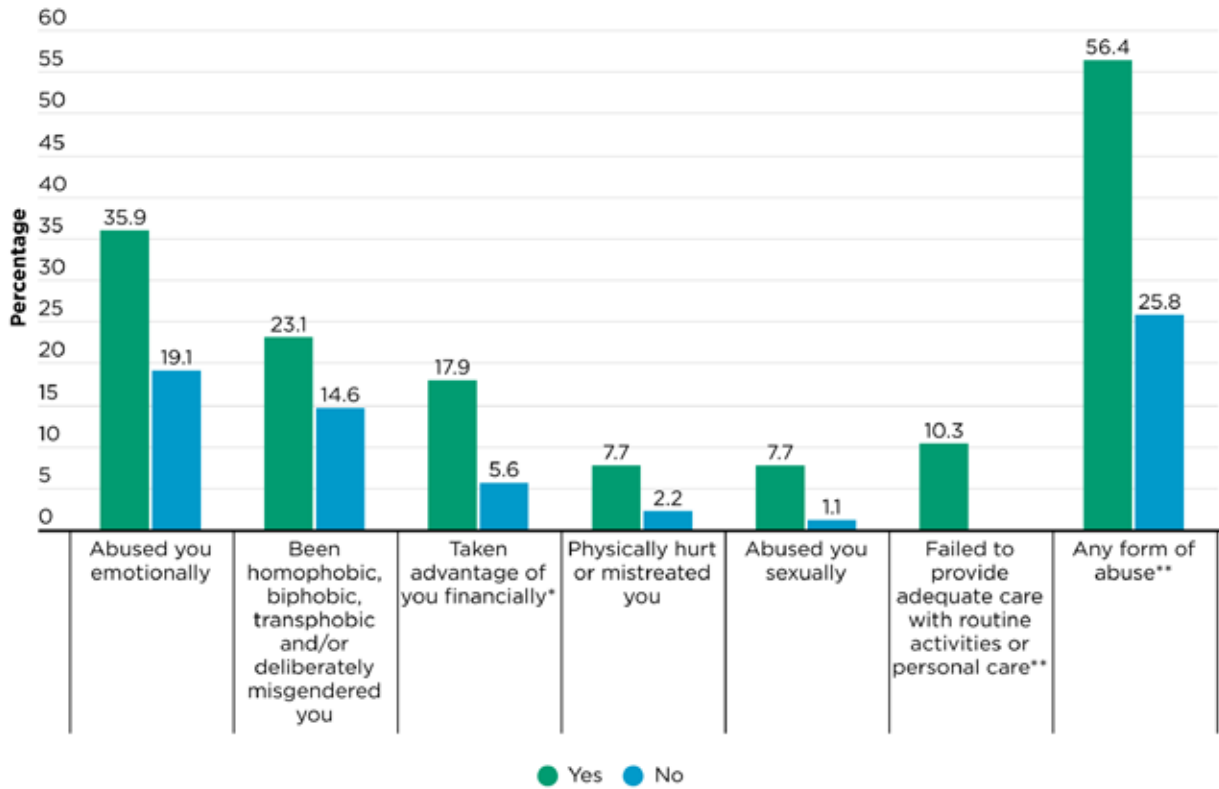
### 5.2.6. Disability

Figure 5.6 illustrates the proportions who experienced any form of abuse or mistreatment as well as each abuse type analysed by whether participants reported disability.

- The **overall incidence of abuse** (at least one form) **varied** between those who had **disability** (57%) and those LGBTIQ+ older people who didn't (26%).
- Emotional abuse was the highest abuse subtype reported for those with disability (36%) and those without (19%), followed by discrimination (23% cf. 15%).

- Two types of abuse were statistically significant: financial abuse (18% cf. 6%) and neglect (10% cf. 0%). People with disability were more likely to report physical abuse (8% cf. 2%) as well as sexual abuse (8% cf. 1%).

**Figure 5.6:** Survey of older people, prevalence of abuse and mistreatment, by LGBTIQ+ older people with disability



**Notes:** Full question wording for abuse items: Taken advantage of you financially (e.g. coercing you for money or assets, stealing money or assets, preventing you from accessing money or assets); Physically hurt or mistreated you (e.g. pushing, shoving); Abused you emotionally (e.g. intimidating, threatening you, preventing access to family and others); Failed to provide adequate care with routine activities or personal care when needed (e.g. shopping, transport, washing/dressing). Analysis based on  $n = 137$  participants aged 50–54 and identified as Aboriginal and/or Torres Strait Islander or aged 55 years or older who were asked about direct experiences of abuse and mistreatment. Due to small sample sizes,  $n = 7$  participants who did not know and  $n = 2$  participants who preferred not to say are not reported. Sample sizes,  $n = 39$  participants identified as having a disability,  $n = 89$  participants answered no to this question. The asterisks indicate that the differences across disability status are statistically significant based on Pearson Chi Square test ( $*p < 0.05$ ,  $**p < .01$ ,  $***p < .001$ ).

These findings highlight the compounding challenges faced by older people with disability and who are lesbian, gay, bisexual, transgender, intersex, queer and/or asexual. This was also evident in the focus group and interview data, where some participants described how people with disability, neurodiverse people and/or people with health issues were at higher risk of abuse and mistreatment.

### 5.2.7. Geographical remoteness

There were no apparent differences in experiences of abuse or mistreatment by geographical remoteness. Although, as noted in Appendix A, Table A3, most participants were living in major cities or inner regional Australia (91%). Due to small sample sizes in other areas, this analysis was restricted to comparing differences between those living in major cities and those in inner regional areas.

- As Table C2 in Appendix C shows, 43% of those living in inner regional areas reported at least one form of abuse or mistreatment in the past 12 months, compared to 31% living in major cities, with these differences not statistically significant.
- The broad pattern of responses for each subtype was also similar between the 2 groups.

## 5.2.8. Other characteristics

Additionally, some focus group and interview participants discussed that people who are isolated and/or with a limited support network were vulnerable to abuse and mistreatment ( $n = 8$ ). Other characteristics that focus group and interview participants believed made LGBTIQ+ older people vulnerable to abuse included the following:

- people lacking the technology skills to seek help and/or understand they are experiencing abuse or mistreatment
- people in unsupervised environments (public housing, in-home care, aged care, online)
- LGBTIQ+ older people who come out in later life
- people without wills, end of life plans and/or powers of attorney.

## 5.2.9. Characteristics most likely to be associated with abuse and mistreatment

This section sets out the findings of regression analysis that assessed the strength of associations between various socio-demographic characteristics described above and experiences of abuse or mistreatment for LGBTIQ+ older people.

### Analysis of data

In this chapter, additional 'multivariate' analyses have been undertaken to further explore the extent to which various demographic characteristics are associated with abuse.

- These more complex analysis techniques were used for this chapter to reflect that various personal characteristics and their association with abuse and mistreatment are being considered.
- This allows us to assess the association between a variable and abuse after controlling for other characteristics that might also be associated with that particular variable and experiences of abuse.

For example, disability could potentially be associated with higher rates of abuse and mistreatment, however disability can also vary with age, which in turn may also be associated with abuse or mistreatment. The multivariate analysis allows us to isolate the effect of disability after adjusting for age and other variables.

### Associations between participant's characteristics and abuse and mistreatment using logistic regression

Logistic regression modelling has been used to examine whether an individual's characteristics, such as whether they live with disability, are correlated with the experience of any form of abuse or mistreatment, taking into account other characteristics or variables such as age, gender, relationship type and so on. This is particularly important to assess the association between a variable such as disability and experiences of abuse and mistreatment, as variables like disability can also vary with other characteristics such as age.

Logistic regression allows us to examine the relative importance of each characteristic after controlling for other potentially correlated variables. When interpreting the results, the logistic regression model estimates provide an indication of the correlation between a specific participant characteristic and the experience of abuse or mistreatment.

It **does not** indicate causality between the explanatory variable and abuse and mistreatment. It is also possible that there are other characteristics or unobservable circumstances that are not able to be captured in an online survey that may nevertheless be important in explaining experiences of abuse and mistreatment. Such variables cannot be included in the logistic model and considered here as they did not form part of the data collection.

Due to smaller sample sizes for specific subtypes of abuse, model results are only presented for overall experience of abuse and mistreatment for LGBTIQ+ older people.

The regression results confirm that the statistically significant bivariate associations with any form of abuse continue to hold, after considering demographic and other individual characteristics in the regression model. The **3 statistically significant characteristics correlated with abuse and mistreatment** that the model identified are:

- **separated/divorced/widowed or single but previously married or in a de facto relationship**
- **identifying as transgender and/or gender diverse**
- **has a disability.**

The results are summarised in Table 5.1 and described below:

- LGBTIQ+ older people who are separated/divorced/widowed or report a relationship type of single but previously married or in a de facto relationship were characteristics associated with a higher likelihood of abuse and mistreatment compared to married participants or those in de facto relationships, as noted earlier in this [chapter](#).
- Those who identified as transgender and/or gender diverse were more likely to report experiences of abuse or mistreatment.
- Participants who reported having a disability were also more likely to experience abuse or mistreatment.

The full regression results are reported in Appendix C, Table C4.

**Table 5.1:** Survey of older people, socio-economic characteristics associated with higher likelihood of abuse and mistreatment, summary of logistic regression results<sup>a</sup>

Characteristic	Any form of abuse or mistreatment
Gender	-
Age	-
Geographical remoteness	-
Transgender and/or gender diverse	Identifies as transgender and/or gender diverse
Disability status	Has a disability
Relationship status	Separated/divorced/widowed or single but previously married or in a de facto relationship
Employment status	-

Notes: <sup>a</sup> The regression coefficient is statistically significant at the 5% level.

## 5.3 Effects of abuse and mistreatment

The survey data, together with interview data and the research literature from the desktop review, shed some light on the effects of abuse and mistreatment on LGBTIQ+ older people. For those who experienced abuse the **most common action taken in response was breaking off contact or avoiding the person involved** (see also [chapter 7](#)). Others also reported **withdrawing from social life or stopping going out in general**. These actions and the **associated loss of social connections and isolation may further compound the negative effects of abuse and mistreatment**.

The research literature provides more in-depth insight into the effects of abuse and mistreatment. The literature shows that effects included:

- isolation and disconnection from social and family relationships (as noted above)<sup>186</sup>

<sup>186</sup> Barrett, Whyte et al., 2015; Candrian et al., 2023; COTA & WIO, 2023; Fredriksen-Goldsen, Teri et al., 2023; GRAI, 2017; Jackson et al., 2019; Perry, N., Goldenberg, T., Huebner, D., Brown, A. L., Ware, D., Meanley, S., ... & Plankey, M. (2023). Longitudinal associations of relationship support and strain and internalized homophobia with mental health among middle-aged and older gay and bisexual men. *Aging & Mental Health*, 27(8), 1609-1618; Pierce, 2023; Singleton et al., 2023; Stevens et al., 2023.

- adverse health and wellbeing outcomes<sup>187</sup> including physical health issues,<sup>188</sup> mental ill-health,<sup>189</sup> and post-traumatic stress disorder (PTSD)<sup>190</sup>
- financial distress and hardship<sup>191</sup>
- concealing sexuality and gender, including to service providers, professionals<sup>192</sup>
- concealing sexuality and gender more generally and returning to a closeted life<sup>193</sup>
- lower quality of life and satisfaction.<sup>194</sup>

In relation to effects of specific forms of abuse, discrimination can cause a variety of health problems, particularly due to the biological consequences of prolonged exposure to stress.<sup>195</sup> In turn, health problems can create additional risks of abuse and mistreatment. Discrimination can also lead to trauma, which can, again, create risks of abuse and mistreatment. For example, transgender and/or gender diverse people are at risk of a variety of forms of abuse and mistreatment after experiencing discrimination and exclusion, especially from health care communities and systems.<sup>196</sup>

As discussed [earlier](#), the abuse and mistreatment of LGBTIQ+ older people is often intrinsically linked to lifelong experiences of individual as well as systemic, structural and institutional discrimination.<sup>197</sup> Indeed, it can be understood as a continuation of them. By extension, it may not be easy to isolate the effects of a discrete act or series of acts perpetrated by one or several individuals – often, they are continuous, compounding and long-term.

Some studies discussed the long-term effects of abuse and mistreatment against LGBTIQ+ people, in general, arising across the life course and continuing into older age.

### 5.3.1. Isolation and disconnection from important social relationships

As noted in [chapters 2 and 3](#) of this report, isolation emerges as an effect of abuse and mistreatment as well as a form of abuse and mistreatment and a risk factor. The data discussed directly above regarding the most common actions taken to stop the abuse and mistreatment illustrate that isolation and disconnection can result.

One component of ‘remaining hidden from view’ can be self-isolating.<sup>198</sup> This may involve LGBTIQ+ older people distancing themselves from their communities, intimate partners and other important social relationships.<sup>199</sup>

This kind of isolation, which can be stressful and lonely,<sup>200</sup> can also strain intimate relationships, with partners disappointed their sexuality is being kept secret. This can be especially hard on them given that the lack of recognition or validation based on sexuality is a lifelong experience for many LGBTIQ+ older people.<sup>201</sup>

187 Candrian et al., 2023; Fredriksen-Goldsen, K., Prasad, A., Kim, H. J., & Jung, H. (2023). Lifetime violence, lifetime discrimination, and microaggressions in the lives of LGBT midlife and older adults: Findings from aging with pride: National health, aging, and sexuality/gender study. *LGBT health*, 10(S1), S49–S60; Handlovsky et al., 2020; Jurček et al., 2021; Kneale et al., 2021; Kimberley et al., 2021; Singleton et al., 2023.

188 Fredriksen-Goldsen, Shuman et al., 2023.

189 Jackson et al., 2019; Masa, R., Inoue, M., Prieto, L., Baruah, D., Nosrat, S., Mehak, S., & Operario, D. (2024). Mental health of older adults by sexual minority status: evidence from the 2021 National Health Interview Survey. *Journal of Applied Gerontology*, 43(3), 276–286; Miller, 2023; Page et al., 2016.

190 Alba, B., Lyons, A., Waling, A., Minichiello, V., Hughes, M., Barrett, C. Fredriksen-Goldsen, K., Edmonds, S. Savage, T., Pepping, C.A., & Blanchard, M. (2022). Factors associated with self-reported PTSD diagnosis among older lesbian women and gay men. *Journal of Gerontological Social Work*, 65(2), 129–142.

191 Miller, 2023.

192 Candrian et al., 2023; GRAI, 2017; Lyons, A., Alba, B., Waling, A., Minichiello, V., Hughes, M., Barrett, C., Fredriksen-Goldsen, K., Edmonds, S. & Pepping, C. A. (2021). Comfort among older lesbian and gay people in disclosing their sexual orientation to health and aged care services. *Journal of Applied Gerontology*, 40(2), 132–141; Pierce, 2023.

193 Barrett, Whyte et al., 2015; Boulé et al., 2020; Furlotte et al., 2016; GRAI, 2017; Hurd et al., 2022; Jones, 2022; Kia et al., 2022; Kortess-Miller et al., 2018; Miller, 2023; Pierce, 2023; Simpson et al., 2017; Stevens et al., 2023; Willis et al., 2016; Willis et al., 2017; Wydall et al., 2023.

194 Feinstein, B. A., Katz, B. W., Benjamin, I., Macaulay, T., Dyar, C., & Morgan, E. (2023). The roles of discrimination and aging concerns in the mental health of sexual minority older adults. *LGBT health*, 10(4), 324–330; Fredriksen-Goldsen, Shuman et al., 2023; Jackson et al., 2019; Kim, H. J., Fredriksen-Goldsen, K., & Jung, H. H. (2023). Determinants of physical functioning and health-related quality of life among sexual and gender minority older adults with cognitive impairment. *Journal of Aging and Health*, 35(1–2), 138–150 and contemplation of euthanasia (Waling et al., 2019.; Waling, A., Lyons, A., Alba, B., Minichiello, V., Barrett, C., Hughes, M., Fredriksen-Goldsen, K., & Edmonds, S. (2020). Trans women’s perceptions of residential aged care in Australia. *The British Journal of Social Work*, 50(5), 1304–1323).

195 Handlovsky et al., 2020; see also Boulé et al., 2020.

196 Weatherley et al., 2022.

197 Brotman et al., 2015; Robson et al., 2023; Stevens et al., 2023.

198 GRAI, 2017, p 1.

199 Barrett, Whyte et al., 2015; Candrian et al., 2023; COTA & WIO, 2023; Fredriksen-Goldsen, Teri et al., 2023; Jackson et al., 2019; Pierce, 2023; Singleton et al., 2023; Stevens et al., 2023.

200 Barrett, Whyte et al., 2015.

201 Barrett, Whyte et al., 2015, p 136; see also Perry et al., 2023.

A recent study by Perry and colleagues (2023) in the USA, involving 517 older (60+ years) gay, bisexual and other men who have sex with men [GBMSM], found that internalised homophobia is also linked to strain within intimate relationships. Further, it found that relationship strain is linked to negative mental health symptoms.<sup>202</sup>

The devastating effect of losing critical familial and social relationships can be such that LGBTIQ+ older people cannot see a life for themselves after these relationships are gone. This issue was identified in a study by Barrett, Whyte and colleagues (2015) involving interviews with 6 lesbians and gay men (aged 65–79 years). As one participant said: after the loss of such relationships, they may feel *'isolated and alone, surrounded by services and people who did not understand or value them'*.<sup>203</sup>

Similarly, this was expressed by one older gay participant from Miller's (2023, p 6) US study, who explained that he had negative views of medical facilities because staff were often 'abusive' and some of the residents were not accepting of LGBTIQ+ people. He noted he is 'not interested in that environment and if it gets to that point, I'd rather just kill myself'.<sup>204</sup> Isolation and disconnection from important social relationships was also discussed within focus groups and interviews. The following participant recounted knowing older transgender women who, from loneliness, were developing relationships with others who were exploiting them. This resulted in multiple forms of abuse as well as isolation:

And they're quite lonely ... [so] they invite [younger] men, into their lives, and [then] they're living with them, they've taken their pensions, and they're drug-using [and drug dealing] in their apartment ... And unfortunately they become an absolute mess, and the only resource that I have is by calling police and just washing it all out of their homes; and with their permission, of course. And they just feel trapped, totally trapped. (AIFS ID 36: woman, 70–74 years, transgender and/or gender diverse, straight or heterosexual, State/Territory anonymised)

The above participant spoke about inviting the older transgender women to LGBTIQ+ organisations and spaces but found the impact of the abuse had left them so afraid of further abuse that they would not attend, exacerbating their isolation.

Another participant who had multiple experiences of gender-based discrimination described feeling unsafe to go out in public, having to force themselves to go out and experiencing significant anxiety. Additionally, they described having no connection to their mother, and little connection with other family members due to them controlling and denying their existence as an intersex person.<sup>205</sup> Despite these barriers, they described having a small network of gay and lesbian people, along with foster children, which helps combat isolation.

An interview participant described being isolated from LGBTIQ+ communities and the additional barriers for older transgender and/or gender diverse people connecting with LGBTIQ+ communities. They described how younger LGBTIQ+ communities are reluctant to engage with LGBTIQ+ older people, which has resulted in them partly removing themselves from communities due to feeling alienated, unappreciated and unwanted.<sup>206</sup> They also described feeling unsafe at night, being cautious and hypervigilant when out, afraid of being attacked, and unwilling to explore new areas. Another participant shared that her older LGBTIQ+ friend residing in assisted living, was isolated from her personal networks which (consistent with previous research) was identified as increasing their risk of experiencing abuse.<sup>207</sup>

Another interview participant described withdrawing from LGBTIQ+ activism and advocacy organisations due to their experiences of bullying from fellow activists and board members.<sup>208</sup>

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<sup>202</sup> Perry et al., 2023.

<sup>203</sup> Barrett, Whyte et al., 2015, p 138.

<sup>204</sup> Miller, 2023, p 6.

<sup>205</sup> AIFS ID 5: non-binary person, 64–69 years, born with a variation of sex characteristics (sometimes called 'intersex'), gay, lesbian or homosexual, State/Territory anonymised.

<sup>206</sup> AIFS ID 1: Aboriginal trans person, 55–59 years, asexual, State/Territory anonymised.

<sup>207</sup> AIFS ID 3: Aboriginal woman, 50–54 years, transgender and/or gender diverse, asexual, State/Territory anonymised.

<sup>208</sup> AIFS ID 6: gender not specified, 70–74 years, born with a variation of sex characteristics (sometimes called 'intersex'), sexual orientation described as 'other', State/Territory anonymised.

As observed in [chapter 2](#), experiences of lateral violence can result in isolation and exclusion from LGBTIQ+ events and spaces (interview and focus group ( $n = 12$ ) older survey participants ( $n = 3$ ). As one participant explained:

[At a LGBTIQ+ venue with a friend] I had a young guy come up to me an[d] said, I had no right to be there!!!?? Just because I am older?? ... Respect is one and thinking of all the blood, sweat and tears I went through as a volunteer in those dark, distressing times. Myself an[d] many others made it so much easier for the young ones now. I get emotional even thinking about it. (Survey participant: man or male, 65-70 years, gay or homosexual, State/Territory 2)

### 5.3.2. Adverse health and wellbeing outcomes

Previous research has demonstrated inequalities in outcomes relating to health and social wellbeing for LGBTIQ+ older people '*perpetuated by the cumulative disadvantages from discrimination and social exclusion throughout the life course and a lack of culturally competent workforce*'.<sup>209</sup>

- In relation to mental health specifically, analysis of data from older people participating in the 2021 US National Health Interview Survey ( $n = 15,559$ ), where 2% self-identified as LGB ( $n = 380$ ), showed that older LGB adults had significantly higher odds of reporting a diagnosis of depression and anxiety, experiencing depression and anxiety more frequently and experiencing serious psychological distress when compared with non-LGB older people.<sup>210</sup> The researchers identified an increased risk for mental illness as potentially being a long-term consequence of stigma and discrimination experienced by lesbian, gay and bisexual people over their life course.<sup>211</sup>
- Fredriksen-Goldsen, Shuman and colleagues' (2023) study that focused on sexual and gender minority (SGM) caregivers aged 50–98 ( $n = 754$ ) identified that older SGM caregivers experienced higher levels of stress due to lifetime victimisation.
- Feinstein and colleagues' (2023) study that involved an online survey of 477 sexual minority (SM) older people (50+ years) identified that experiences of discrimination based on age and/or sexual orientation were positively associated with depression and anxiety.
- One component of the discrimination that LGBTIQ+ older people may face is stereotyping. For example, health professionals may falsely assume that the sexual health of gay men living with HIV is the priority, causing them to narrowly focus on their sexual health at the expense of other aspects of their physical health.<sup>212</sup>

### Post-traumatic stress disorder (PTSD)

In a recent survey of 243 cisgender lesbian women and 513 cisgender gay men (60–85 years), Alba and colleagues (2022) found that experiences of lifelong discrimination based on sexual orientation were associated with having ever been diagnosed with PTSD.

Trauma is one of the risk factors for abuse and mistreatment against older people identified in a landmark systematic literature review by Johannesen and LoGiudice (2013). Further, as Alba and colleagues (2022) note in elaborating on the implications of their findings, PTSD is associated with:

- poorer quality of life<sup>213</sup>
- poorer current physical health<sup>214</sup>
- poorer current psychosocial functioning<sup>215</sup>
- mental health disorders (namely depression and anxiety disorders)<sup>216</sup>

209 Jurček et al., 2021; see also Candrian et al., 2023; Kimberley et al., 2021; Kneale et al., 2021.

210 Masa et al., 2024.

211 Masa et al., 2024.

212 Handlovsky et al., 2020; Singleton et al., 2023.

213 Alba et al., 2022; Chopra, M. P., Zhang, H., Pless Kaiser, A., Moye, J. A., Llorente, M. D., Oslin, D. W., & Spiro, A. (2014). PTSD Is a chronic, fluctuating disorder affecting the mental quality of life in older adults. *The American Journal of Geriatric Psychiatry*, 22, 86–97; Lamoureux-Lamarche, C., Vasiliadis, H.-M., Prévile, M., & Berbiche, D. (2016). Post-traumatic stress syndrome in a large sample of older adults: Determinants and quality of life. *Ageing and Mental Health*, 20, 401–406.

214 Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2012a). Physical health conditions associated with posttraumatic stress disorder in U.S. older adults: Results from wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of the American Geriatrics Society*, 60, 296–303.

215 Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2012b). Psychiatric comorbidity of full and partial posttraumatic stress disorder among older adults in the United States: Results from wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. *The American Journal of Geriatric Psychiatry*, 20, 380–390.

216 Chopra et al., 2014.

- a greater likelihood of other mental health disorders over the lifetime.<sup>217</sup>

The English study by Jackson and colleagues (2019) found that participants who perceived discrimination were more likely (than participants who did not feel discriminated) to experience depression and loneliness. Similarly, a study drawing on data from the 2021 US National Health Interview Survey, with a sample of 15,559 older people, including 380 of whom self-identified as LGB, found that LGB adults experienced more depression and anxiety compared to non-LGB older people.<sup>218</sup> Further, these participants more frequently reported experiencing psychological distress compared to non-LGB older people.

Fredriksen-Goldsen, Shuman and colleagues' (2023) study identified that experiences of day-to-day discrimination and identity stigma (defined above) were associated with a reduction in physical activity (a determinant of health-related quality of life).

Another recent study by Fredriksen-Goldsen, Prasad and colleagues (2023), drawing on a sample of 2,450 SGM adults involved in the US Aging with Pride: National Health, Aging and Sexuality/Gender Study, identified high levels of lifetime violence among SGM adults. Most commonly, this involved verbal insults (60%), followed by threats of physical violence (41%). These experiences of violence, together with lifelong discrimination and ongoing microaggressions, significantly predicted reduced mental and physical health outcomes among SGM adults.<sup>219</sup>

Adverse health effects were also evident in the qualitative data from focus groups and interviews. One focus group participant described the ongoing pain and distress of experiencing discrimination and abuse. This pain and distress arising from the experience of abuse and mistreatment was referenced in the description of experiences of abuse and mistreatment drawn from the qualitative data presented in chapter 2. For example:

Discrimination sort of reverberates with all that pain that is still down inside you ... [But] I would never have done my social work degree if I hadn't got fired from the women's shelter. And it's made me a lot more strong and able to explain how discrimination hurts. It's like a good slap in the face, or a punch in the face; and it's a physical pain too, it's not just emotional ... It feels physical, it's big. (AIFS ID 25: gender and sexuality not provided, 75 years, State/Territory 6)

One interview participant described an ongoing battle for recognition and support for LGBTIQ+ older people living with HIV, describing the lingering trauma of the past and the uncertainty of the future regarding health repercussions from current HIV treatments:

'You take a pill and get on with it' ... they don't have any idea about the people that are actually living out there, that lived through The HIV Holocaust. That lost all their friends - Partners loved ones and all that sort of thing, but still managed to cling on, and most of them have got comorbidities, mental health issues... [the] whole new Pill regime we've had that brought up a number of times that nobody's 100% sure that there aren't any long term side effects from the new meds. The earlier ones were dreadful ... now we're starting to see things like leaky gut syndrome and stuff like that that aren't attributed to anything else at the moment. (AIFS ID 2: man or male, 60-64 years, gay, lesbian or homosexual, State/Territory 6).

The same interview participant shared how years of discrimination and abuse from HIV organisations has led to complex post-traumatic stress disorder, impacting their mental health. They described the significant personal cost, including emotional distress and the ongoing challenge of countering negative perceptions within the community.<sup>220</sup>

Another interview participant described how older generations of LGBTIQ+ people are likely to have post-traumatic stress disorder due to historical abuse and mistreatment from society. This was especially pertinent for the participant who was intersex, and felt being 'intersex' was at the 'pointy end of LGBTI hatred'.<sup>221</sup>

Experiences of anxiety were also described by a participant who was sexually abused when engaging male sex workers. This participant spoke not only of the impact of the abuse but about others diminishing the impact of the experience and failing to acknowledge it as sexual abuse.<sup>222</sup> He also described the challenges for older

217 Pietrzak et al., 2012b.

218 Masa et al., 2024.

219 Fredriksen-Goldsen, Prasad et al., 2023.

220 AIFS ID 2: man or male, 60-64 years, gay, lesbian or homosexual, State/Territory 6.

221 AIFS ID 6: gender not specified, 70-74 years, born with a variation of sex characteristics (sometimes called 'intersex'), sexual orientation described as 'other', State/Territory anonymised; AIFS ID 9: Aboriginal woman, 60-64 years, transgender and/or gender diverse, pansexual, State/Territory anonymised.

222 AIFS ID 4: man or male, 60-64 years, gay, lesbian or homosexual, State/Territory 6.

gay men when deciding whether to progress with reporting this abuse, particularly where illicit substances are present during these sexual encounters, and that further isolation may ensue for fear of being re-victimised.

### 5.3.3. Deciding not to disclose sexuality or gender to service providers and professionals

Experiences of discrimination and other forms of abuse and mistreatment across the life course can make it less likely for people to disclose their sexual orientation to health and aged care service providers.<sup>223</sup>

Additionally, LGBTIQ+ people may not seek the support they require and/or fail to build relationships with medical professionals who would best support their health and wellbeing needs.<sup>224</sup> For example, one interview participant spoke about concealing their sexuality and their distrust in doctors:

I hide the fact that my (sic) asexual because I don't need the assumptions being made ... like the doctor I've got now. He's been pretty good but at the same time, um, you know, over the last for a year or so when going for an STI, he's never asked a single question about sexuality or anything like that ... I don't go to the doctors on my own cause I don't trust them. And yeah, I tend to try to make sure I'm not on my own. (AIFS ID 3: Aboriginal woman, 50-54 years, transgender and/or gender diverse, asexual, State/Territory anonymised)

The same participant further reflected that concealing their identity from medical practitioners put them at extra risk of not getting required medical advice or care which could be dangerous in some situations.

### 5.3.4. Concealing identity in the general public

As explained earlier, experiences of lifelong discrimination can lead LGBTIQ+ people to resort to the 'survival technique of remaining hidden from view to avoid negative or even dangerous repercussions.'<sup>225</sup> This technique may involve going 'back in the closet'.<sup>226</sup>

This act of 'going back in the closet' and denying one's gender or sexual identity can be associated with negative mental health effects. One participant reflected on his experience of denying his sexuality in a qualitative study by Willis and colleagues (2016, p 11), involving 29 LGB older people (aged 50-76 years) in Wales, whereby hiding his sexuality resulted in a mental health crisis and hospitalisation.

One focus group participant in our current study described concealing their transgender identity in the military and post military life due to discrimination and early life-course experiences of abuse.<sup>227</sup>

The discriminations that I faced - especially in the [military] services - was very difficult. And because I'd known since a very, very early age - I think I was 7 years of age when I realised that my body didn't match who I was. My first abuses happened very early on, so I learnt to hide who I was at a very early age, and life progressed and things happened. But the discrimination in the [military] services was bad enough, but after I was discharged I found that the discriminations were probably even worse, especially with services and just with general bigotry; people that you meet. (AIFS ID 26: Aboriginal woman, 60-64 years, transgender and/or gender diverse, bisexual or pansexual, State/Territory anonymised)

Lastly, an interview participant described witnessing a friend who is living with HIV hiding his HIV status and gay identity from the regional community where he lives and his family due to the ongoing stigma within society about HIV.<sup>228</sup>

223 Candrian et al., 2023; GRAI, 2017; Lyons et al., 2021.

224 Candrian et al., 2023; Pierce, 2023.

225 GRAI, 2017, p 1; see also Barrett, Whyte et al., 2015; Boulé et al., 2020; Furlotte et al., 2016; Hurd et al., 2022; Jones, 2022; Kia et al., 2022; Kortés-Miller et al., 2018; Miller, 2023; Pierce, 2023; Simpson et al., 2017; Stevens et al., 2023; Willis et al., 2016; Willis et al., 2017; Wydall, 2023.

226 Barrett, Whyte et al., 2015, p 138.

227 AIFS ID 26: Aboriginal woman, 60-64 years, transgender and/or gender diverse, bisexual or pansexual, State/Territory anonymised.

228 AIFS ID 2: man or male, 60-64 years, gay, lesbian, or homosexual, State/Territory 6.

### 5.3.5. Financial hardship and distress

Qualitative responses from interviews and focus groups with LGBTIQ+ older people highlight financial hardship and distress as an effect of experiencing abuse and mistreatment ( $n = 5$ ).

In addition to those experiences of financial hardship detailed in in [chapter 2](#), other examples of included the financial barriers to gender-affirming care for transgender and/or gender diverse older people. As one explained:

A lot of trans women that I've worked with, who go into care, stop taking their hormones, so they become androgenous, out of fear that they'll be assaulted. And they also stay in their rooms a lot. We've currently got a woman who is in care. [a transgender woman in aged care known to participant] She can't afford her medications because they're just – she's what they call a 'high needs' client. So all of her pension covers just the residential aged care fees. So she's got into some [she's in] debt regarding trying to keep up the gender-affirming medications that she needs, so our service is currently looking at financial hardship. But it's a real issue that someone has to stop a medication that they've been taking for years, because they can't afford [it]. (AIFS ID 33: man or male, 55–59 years, gay, lesbian or homosexual, State/Territory 1)

The same focus group participant also discussed concerns regarding secure housing for older people living with HIV, especially those who are denied access to aged care due to behaviours associated with HIV Associated Neurocognitive Disorder (HAND). This illustrates a lower quality of life for some older people living with HIV, when they do not receive appropriate care.<sup>229</sup>

Additionally, another focus group participant described experiencing discrimination in the workplace (community services), which led to the loss of their job and financial insecurity. The participant described engaging in legal action, which potentially involved additional financial and emotional cost, and described the incident as very traumatic.<sup>230</sup>

One interview participant discussed their fear of discrimination based on their age and gender identity as impacting their employment prospects and ability to secure stable housing:

I feel scared a bit because, being in private rental at this age and my rent just went up ... I have this fear like shit what am I going to do? I have to try and find part-time work. And when I was younger, I could just do. Now [I'm older] it's a lot more difficult. So there are different sorts of challenges and also the fact that my health [problems] makes it difficult ... [Am I] going to be judged when it comes to future rentals because of my age? So that discrimination. I am scared of it. I really am because it means you have less visibility and your independence, and that to me is so important to be as independent as I can be. (AIFS ID 1: Aboriginal trans person, 55–59 years, asexual, State/Territory anonymised)

Interestingly, Miller (2023) found that partnered LGB older people were twice as likely to report fears of financial distress than non-partnered people. Authors opined that LGB partnered people's sexual identity may be more visible, therefore increasing risk of discriminatory practices that impact financial distress.<sup>231</sup>

### 5.3.6. Lower quality of life and lower life satisfaction

A recent study by Kim and colleagues (2023) drew on data from the US Aging with Pride Study, with a subsample of 855 SGM older people (aged 50–97) reporting difficulties with cognition. The data from this study showed that experiences of discrimination and victimisation over the life course, as well as 'identity stigma' (i.e. negative attitudes and feelings (e.g. shame) towards one's own sexual or gender identity) and maintaining smaller social networks, were all factors associated with lower health-related quality of life.<sup>232</sup>

Another recent study drawing on data from the Aging with Pride study, but with a focus on LGBTQ caregivers aged 50–98 ( $n = 754$ ), identified that experiences of day-to-day discrimination and identity stigma ([defined above](#)) were associated with lower health-related quality of life.<sup>233</sup>

Further, a recent English study by Jackson and colleagues (2019), drawing on data around 304 older lesbian and gay men and women (aged 41–85 years) from the English Longitudinal Study of Ageing, found that participants who perceived discrimination were more likely to experience lower life satisfaction and lower quality of life in terms of their perceptions of autonomy, control, self-realisation and pleasure.

<sup>229</sup> AIFS ID 33: man or male, 55–59 years, gay, lesbian or homosexual, State/Territory 1.

<sup>230</sup> AIFS ID 25, gender and sexuality not provided, 75 years, State/Territory 6.

<sup>231</sup> Miller, 2023.

<sup>232</sup> Kim et al., 2023.

<sup>233</sup> Fredriksen-Goldsen, Shuman et al., 2023.

Interestingly, Jackson and colleagues (2019) found that the effect sizes were consistently larger for participants who attributed the perceived discrimination to their sexual orientation, compared to other factors such as their age, sex or race. A similar finding emerged in COTA and WIO's study where a participant described how it 'hurts a lot more to be discriminated against for being a lesbian' because 'they think there's something really wrong with you.' The participant contrasted this with being discriminated against because you're old because 'everybody gets old eventually, so it doesn't hurt', 'whereas being lesbian, it's much more specific, and it's dirty and repulsive to people who are homophobic.'<sup>234</sup>

Abuse and mistreatment resulting in lower quality of life and lower life satisfaction was raised by some focus group and interview participants ( $n = 4$ ). These participants described being used to and/or expecting to experience abuse and mistreatment. These participants described shame, low self-esteem or forced compliance that led to these expectations, which suggests some LGBTIQ+ older people may settle for a lower quality of life.<sup>235</sup>

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<sup>234</sup> COTA & WIO, 2023, pp 21-22.

<sup>235</sup> AIFS ID 18 woman or female, 60-64 years, gay, lesbian, homosexual, State/Territory 2.

## 6. Confidence identifying abuse and mistreatment and concerns about experiencing abuse as older people

### Key findings

- Most (90%) LGBTIQ+ older people aged 65 years or older participating in the survey reported they were confident in their ability to identify the signs of abuse and mistreatment, which was significantly higher than the 64% of people aged 49 years or younger.
- Just over three-quarters (76%) of participating women reported they were confident in their ability to identify abuse and mistreatment, compared to 71% of men and 63% of those who identify as non-binary, with the difference between women and non-binary people being statistically significant.
- Key themes emerging from the qualitative data regarding the ability to identify abuse and mistreatment were lived and learned experiences, professional experience, training and expertise, and general knowledge and awareness.
- Indicators that assisted LGBTIQ+ older people to identify abuse and mistreatment in others included people self-isolating, reduced social engagement or becoming withdrawn, weight loss, body language and changes in demeanour, changes to routine habits and fearfulness.
- A substantial proportion (28%) of younger survey participants reported that they were moderately or extremely worried about experiencing abuse or mistreatment when they were aged over 65 years.
- Older survey participants aged over 50 years reported higher rates of concern compared to younger participants but there was no statistically significant difference in the pattern of responses by age group. Non-binary participants had higher rates of concern than men and women.
- Substantial proportions of participants across all age groups planned to take protective measures as they age, with the most often reported protective measure being deliberately building LGBTIQ+ friendship networks. Other measures included making themselves aware of LGBTIQ+ services, relocating to somewhere they feel safer and actively seeking LGBTIQ+ friendly medical services.

### 6.1 Introduction

In this chapter, we present quantitative and qualitative survey data relating to participants' level of confidence in their ability to identify abuse and mistreatment of LGBTIQ+ older people.

This discussion is followed by analysis of the data on how to improve the identification of abuse and mistreatment.

The chapter concludes with a discussion of participants' concerns about ageing as well as their concerns about experiencing abuse and mistreatment when they are older.

Together, these data are critical to informing both our understanding of experiences of abuse and mistreatment and more specifically, informing the prevention and response activities discussed in [chapters 7](#) and [8](#) to follow.

### 6.2 Identifying signs and symptoms of abuse and mistreatment

#### 6.2.1. Confidence identifying abuse and mistreatment

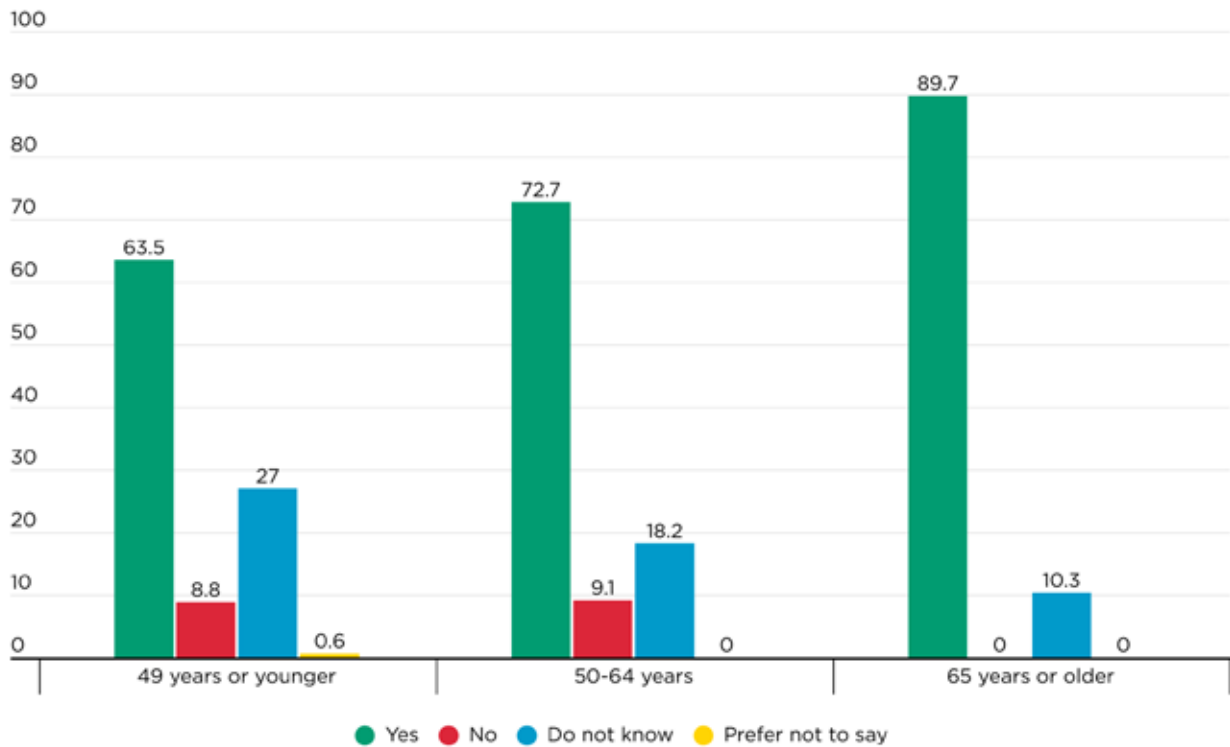
All survey participants were asked to reflect on their level of confidence in identifying the signs and symptoms of abuse and/or mistreatment of LGBTIQ+ older people. Figure 6.1 highlights that LGBTIQ+ **older people are more confident in their ability to identify abuse and mistreatment compared to LGBTIQ+ younger people.**

- 9 in 10 participants (90%) aged 65 years or older reported they were confident in their ability to identify the signs of abuse and mistreatment, which was significantly higher than the 64% of people aged 49 years or younger.

- A large proportion of this younger age group (27%) also expressed uncertainty in response to this question.

These results indicate the **benefit of supports and awareness campaigns that are tailored to LGBTIQ+ younger people** to help them identify signs and symptoms of abuse and mistreatment.

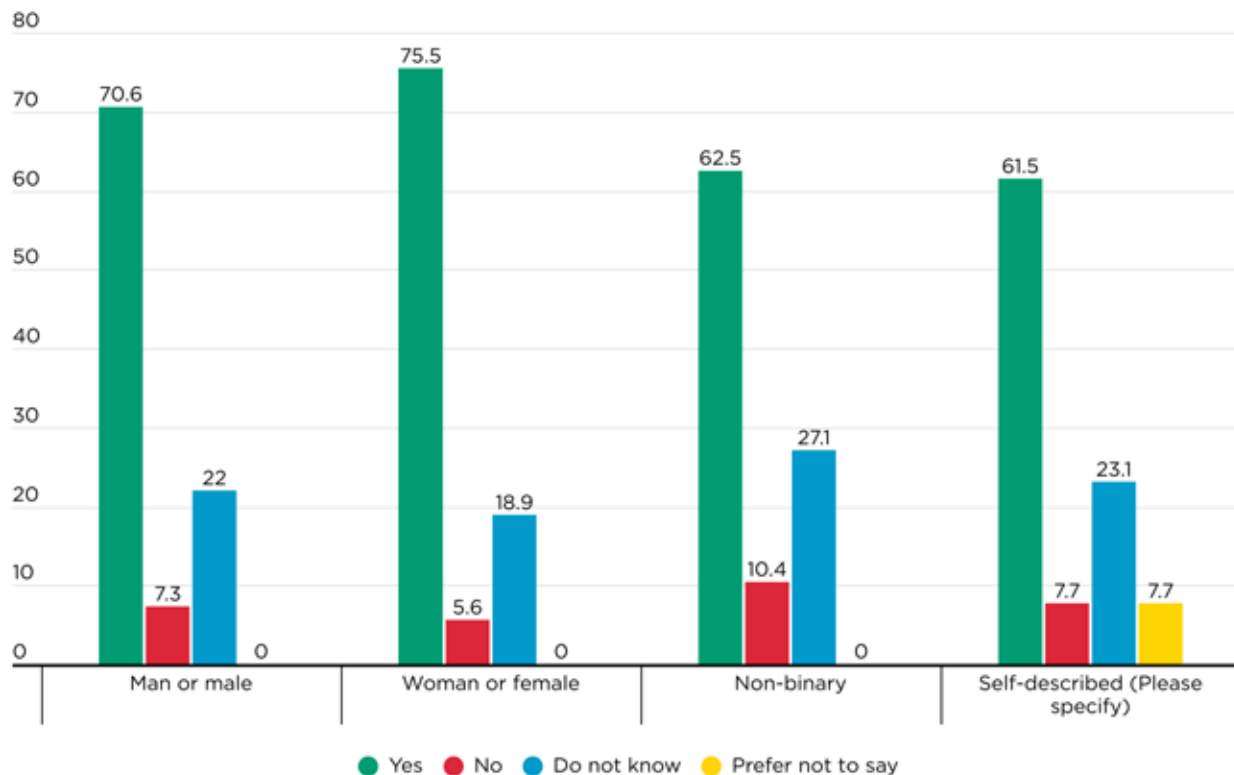
**Figure 6.1:** Confidence in identifying signs and symptoms of abuse and mistreatment, by age group



**Notes:** Analysis based on  $n = 315$  participants aged 49 years or younger, 50–64 years or 65 years or older who were asked about their recognition of abuse and mistreatment. Sample sizes:  $n = 159$  participants were 49 years or younger,  $n = 88$  participants were aged 50–64 years,  $n = 68$  participants were aged 65 years or older. Differences across the age groups are statistically significant based on Pearson Chi Square test ( $*p < 0.05$ ,  $**p < 0.01$ ,  $***p < 0.001$ ).  $Pr = 0.005$ .

A similar **analysis by gender** reveals that participants who identify as **non-binary are less confident in recognising abuse** than those who identify as men or women (Figure 6.2). As all participants were asked this question, there were sufficient sample sizes to analyse responses by gender, including those who identified as non-binary.

- Just over three-quarters of women (76%) reported they were confident in their ability to identify abuse and mistreatment, compared to 63% of those who identify as non-binary, with these differences being statistically significant.

**Figure 6.2:** Confidence in identifying signs and symptoms of abuse and mistreatment, by gender

Notes: Analysis based on  $n = 316$  participants. Sample size:  $n = 109$  men,  $n = 143$  women,  $n = 48$  non-binary participants,  $n = 13$  self-described genders,  $n = 3$  participants preferred not to say (due to small sample size not reported above). Differences across gender are statistically significant based on Pearson Chi Square test ( $*p < 0.05$ ,  $**p < 0.01$ ,  $***p < 0.001$ )  $Pr = 0.006$ .

Survey participants who were confident in identifying the signs and symptoms of abuse and mistreatment of LGBTIQ+ older people were then asked what has helped them with this identification. Fifty-eight responses were from LGBTIQ+ older participants ( $n = 58/180$ ). Detailed participant characteristics are presented in Appendix Table D1.

Themes were similar across the Survey of LGBTIQ+ Younger People and the Survey of LGBTIQ+ Older People. These included identifying abuse and mistreatment through:

- lived and learned experiences
- professional experience, training and expertise
- general knowledge and awareness.

There is a discussion of these themes below.

### 6.2.2. Identifying abuse and mistreatment of older LGBTIQ+ adults through lived and learned experiences

Survey participants discussed how lived experiences of abuse and mistreatment and/or general life experiences have helped them to identify abuse and mistreatment of LGBTIQ+ people ( $n = 100$ ; 52 older survey participants). For example:

- Older participants shared how their lived experience of historical abuse and/or abuse in older age improved their ability to recognise the abuse and mistreatment of other LGBTIQ+ older people ( $n = 11$ ).
- Younger participants noted their lived experiences have improved recognition of abuse and mistreatment in older cohorts ( $n = 15$ ), with some noting abuse indicators to be similar across all ages.<sup>236</sup>

<sup>236</sup> E.g. Survey participant, woman or female, 18–29 years, identified as 'another sexual orientation' State/Territory 8; Survey participant: Man or male, 65–69 years, gay, lesbian or homosexual, State/Territory 1.

- Some survey participants also described knowing an older victim-survivor which they noted improved their awareness ( $n = 10$ ; 5 older participants).
- Some younger participants also noted that contemporary and historical attitudes and treatment of LGBTIQ+ people across the life span has informed their ability to identify abuse and mistreatment of LGBTIQ+ older people ( $n = 3$ ).

### 6.2.3. Professional experience and identifying abuse and mistreatment of older LGBTIQ+ adults through training

Some survey participants discussed how current and/or previous professional experiences, training and/or education has helped them identify abuse and mistreatment of those in the general population, older people, and/or LGBTIQ+ older people ( $n = 68$ ; 14 older participants).

When specified, survey participants discussed working in the following fields:

- the family and/or domestic family violence, elder abuse, guardianship of vulnerable persons, community or refuge sector
- as a social worker, lawyer, police officer, housing support worker, aged care worker and mental health nurse.

Within survey responses the following professional training and/or education was specified:

- specific elder abuse training or LGBTIQ+ elder abuse training. Of interest, only 2 older participants had undertaken specific elder abuse training
- training provided to residential aged care or medical staff for working with older people
- general family and/or domestic family violence training (any age).

### 6.2.4. Identifying abuse and mistreatment of LGBTIQ+ older people through general knowledge and awareness

Some survey participants ( $n = 35$ ; 13 older participants) discussed how general knowledge has helped to identify abuse and mistreatment of LGBTIQ+ older people. They highlighted intuitive understandings or values like empathy for others, having a sense of 'right and wrong' and common sense as key factors. However, some participants raised identifying abuse and mistreatment for LGBTIQ+ older people, noting:

- how definitions can vary and some behaviours be overlooked or normalised<sup>237</sup> or
- highlighted the presence of power imbalances within relationships (unspecified) as increasing risk of abuse for LGBTIQ+ older people.<sup>238</sup>

Only a small number of participants described acquiring knowledge through engaging with available resources and/or seeing the topic in the media. Further, some participants ( $n = 9$ ; 7 older participants) suggested greater efforts are needed to improve overall resources and/or advocacy and visibility of this topic. One older participant noted how 1800RESPECT was more helpful than resources specific to older and/or older LGBTIQ+ adults and another described discussing the topic with their LGBTIQ community (as described by the participant) as helping them identify abuse and mistreatment.<sup>239</sup>

### 6.2.5. Indicators that help to identify abuse and mistreatment of LGBTIQ+ older people

Some survey participants noted certain indicators that would alert them to an LGBTIQ+ older person having experienced abuse and mistreatment ( $n = 13$ ; 2 older participants), referring mostly to behavioural, emotional, psychological changes and/or signs including:

- confusion and/or lack of awareness of current circumstances (undefined)
- body language and facial expressions (not described) or changes in demeanour, behaviour, habits, engagement and/or physical presentation
- weight loss

<sup>237</sup> Survey participant: man or male, 65–69 years, old gay, lesbian or homosexual, State/Territory 2; Survey participant: woman or female, 30–39 years, gay, lesbian or homosexual, State/Territory 5.

<sup>238</sup> Survey participant: man or male, 65–70 years, gay, lesbian or homosexual, State/Territory 4.

<sup>239</sup> Survey participant: woman or female, 75–79 years, gay, lesbian or homosexual, State/Territory 2 and Survey participant: transgender and/or gender diverse woman, 75–79 years, gay, lesbian or homosexual, State/Territory 2.

- self-isolation, reduced social engagement or becoming withdrawn
- changes to routine habits such as eating, exercising, hobbies and self-care
- fear of others known to them or fear of disclosure
- defensiveness.

Physical indicators were infrequently noted, with 2 survey participants raising this to identify abuse and mistreatment, discussing bruises and other unexplainable marks on the body. One participant described indicators of financial abuse. Two participants who completed the Survey of LGBTIQ+ Younger People described there being no distinction between the indicators of abuse and mistreatment and age or sex, gender and/or sexuality status.<sup>240</sup>

Some survey participants ( $n = 14$ ; 4 older participants) discussed the importance of conversations with LGBTIQ+ older people and actively listening and observing to help identify abuse and mistreatment.

One older survey participant also described experiences of responding to disclosures of abuse and mistreatment made by LGBTIQ+ older people when the signs are subtle or vague in nature.

An older gay man I visited regularly as an LGBTIQ+ Seniors volunteer told me he was being 'hurt' by a male staff member while being assisted with showering. Other staff dismissed it as the male carer just being a bit 'rough'. Gentle questioning identified sexual abuse was happening. (Survey participant: woman or female, 80–84 years, gay, lesbian or homosexual, State/Territory 3)

## 6.3 What would help improve identification of abuse and mistreatment of LGBTIQ+ older people?

Survey participants who indicated they were not confident in identifying the signs and symptoms of abuse and mistreatment of an LGBTIQ+ older people were asked 'What would you like to know more about?' ( $n = 74$ ; 19 older participants). Detailed characteristics are presented in Appendix D, Table D2.

Themes were similar across both surveys regarding what would help identify abuse and mistreatment. These included:

- information regarding the characteristics of the abuse and mistreatment of LGBTIQ+ older people
- information about the types of abuse and mistreatment.

Distinctions are made where possible in the next section.

### 6.3.1. Information about characteristics of abuse and mistreatment of LGBTIQ+ older people

Survey participants discussed wanting more information about the abuse and mistreatment of LGBTIQ+ older people ( $n = 17$ ; 6 older participants). including information regarding:

- prevalence
- characteristics of people who use abuse and mistreatment towards LGBTIQ+ older people
- associated risk factors and indicators of abuse and mistreatment of LGBTIQ+ older people
- mental health impact for LGBTIQ+ older victim-survivors
- how and why abuse of LGBTIQ+ older people occurs, including:
  - unique attributes of the abuse and mistreatment of LGBTIQ+ older people compared to elder abuse in heteronormative populations
  - An intersectional understanding of the unique experience of abuse and mistreatment experienced by each cohort across the LGBTIQ+ acronym.<sup>241</sup>

<sup>240</sup> Survey participant: transgender and/or gender diverse non-binary person, 18–29 years, bisexual or pansexual, State/Territory 5 and Survey participant: woman or female, 50–54 years, gay, lesbian or homosexual, State/Territory 2.

<sup>241</sup> Survey participant: woman or female, 75–79 years, gay, lesbian or homosexual, State/Territory 1; Survey participant: woman or female, 18–29 years, asexual, State/Territory 8.

Information was also identified as needing to be tailored to specific groups:

There is NO such person as 'an LGBTIQ+ person' – there are lesbians, gay men, bisexual people, trans people, intersex people – all have different life experiences and factual biological features. (2) Public, private & community organisations should have mandated training in respectful interactions with clients and generally with members of the public. What are organisations doing to give real information – not just standardised ideas about 'identity'. (Survey participant: woman or female, 75–79 years, gay, lesbian or homosexual, State/Territory 1)

A small number of survey participants discussed the benefit of hearing from LGBTIQ+ older survivors to improve their understanding of abuse and mistreatment of older people ( $n = 3$ ).

Education and awareness are discussed further in [chapter 8](#).

### 6.3.2. Information about types of older LGBTIQ+ abuse and mistreatment

Among survey responses, participants also discussed the need for information about certain types of abuse and mistreatment ( $n = 28$ ; 6 older participants).

Some participants identified wanting to know more about financial abuse, psychological abuse, neglect, coercive control and family violence, while others raised issues specifically affecting LGBTIQ+ people. This included more information regarding:

- institutional exclusion ( $n = 3$ ) including the lack of access and inclusive practices for transgender and/or gender diverse older people, particularly in religious charities and/or institutions.<sup>242</sup> institutional abuse, specifically in medical and religious contexts ( $n = 5$ )
- the suppression of LGBTIQ+ identity and harmful practices of preventing access to LGBTIQ+ resources and communities ( $n = 2$ ). Gendered abuse, specifically a greater understanding and awareness of:
  - historical and current experiences specific to older lesbian women<sup>243</sup>
  - manifestation of cultural misogyny (e.g., the poor portrayal of women as 'mentally-ill' to uphold power) for other LGBTIQ+ people. The same participant also discussed that 'LGBTIQ+ community is a particularly medicalised community' and called for greater understanding of how this leads to abusive behaviour.<sup>244</sup>

A small number of older participants raised unique forms of abuse, not discussed by the younger survey participants, such as information on conversion practices during end-of-life care,<sup>245</sup> voluntary euthanasia and lack of control over end-of-life care decisions.<sup>246</sup>

Additionally, public guardianship orders and abuse and mistreatment in residential aged care services were highlighted as areas requiring more information. Some participants discussed the need for safe and appropriate residential aged care options and services for LGBTIQ+ older people ( $n = 9$ ; 4 older participants).

Pointing to specific behaviours when talking with LGBTIQ+ people about abuse and mistreatment was also recommended in a focus group:

One, they [LGBTIQ+ older people] don't identify it... if you ask a queer person, 'Are you experiencing family violence or elder abuse?' They'll always say no. [but if you ask] 'Oh, have you ever felt pressured to give money over?'... or all of a sudden your partner's introduced a new poly person into the relationship and you're being forced to have sex with them. You'll get answers and your rates go massively up. Like it more than doubles. So you've got to always talk behaviours, when you're trying to screen queers around any form of violence. Because they just are used to [abuse and mistreatment]. (AIFS ID 41, she or they, 55–59 years, gay, lesbian, or homosexual, State/Territory anonymised)

<sup>242</sup> Survey participant: man or male, 55–59 years, gay, lesbian or homosexual, State/Territory 2; Survey participant: transgender and/or gender diverse non-binary person, 18–29 years, State/Territory 1; Survey participant: non-binary person, 40–49 years, asexual, State/Territory 2.

<sup>243</sup> Survey participant: woman or female, 18–29 years, bisexual or pansexual, State/Territory 3.

<sup>244</sup> Survey participant: woman or female, 40–49 years, bisexual or pansexual, State/Territory 2.

<sup>245</sup> Survey participant: woman or female, 65–70 years, gay, lesbian or homosexual, State/Territory 5.

<sup>246</sup> Survey participant: woman or female, 65–70 years, gay, lesbian or homosexual, State/Territory 1.

## 6.4 Concerns about ageing

The following discussion presents quantitative and qualitative data on participants' reports on the extent to which participants were concerned about ageing within LGBTIQ+ communities. Discussions within [section 6.5](#) then present similar data on the extent to which survey participants reported they were worried about experiencing abuse and mistreatment when they were older. Survey items relating to concerns about ageing were included to better understand the broader context in which abuse and mistreatment of LGBTIQ+ older people can occur, including perceived vulnerabilities and risk factors that may impact perception of abuse and mistreatment and the protective actions they may take as they age.

### 6.4.1. By age

Participants from the Survey of LGBTIQ+ Younger People were asked to indicate how worried they were about getting older within the LGBTIQ+ community. When these data were analysed by age group, no statistically significant difference in the pattern of responses by age was found.

These data showed that there were some concerns about ageing within the community and, overall, almost a third (32%) of younger participants aged 64 years or younger were either moderately or extremely worried about getting older. Further detail about the pattern of responses by age is provided in Figure E1 in Appendix E.

Although the differences were not statistically significant, the data show that the proportion who reported they were extremely worried tended to be higher for older age groups compared to younger participants. Between 17% and 26% of those aged 50–54, 55–59 and 60–64 years reported being extremely worried, compared to between 6% and 11% of those aged 18–29, 30–39 and 40–49 years.

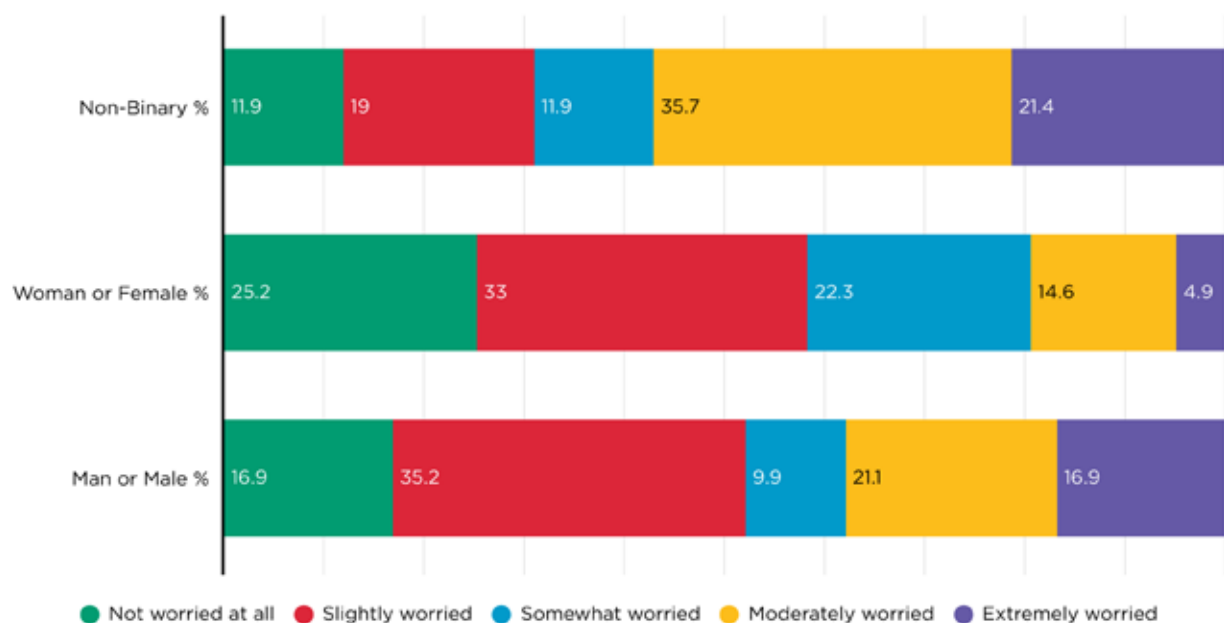
### 6.4.2. By gender

Figure 6.3 illustrates ageing concerns by gender. Non-binary people were statistically significantly more worried about getting older within the LGBTIQ+ community than women and men.

More than half (57%) of those who identified as non-binary reported they were either moderately or extremely worried about ageing. The corresponding proportions for men (38%) and women (20%) were significantly lower.

These findings suggest that more inclusive supports for non-binary people are needed that specifically address the unique challenges they face as they age.

**Figure 6.3:** Concerns about ageing, by gender



**Notes:** Analysis based on  $n = 228$  participants. Sample size:  $n = 71$  men,  $n = 103$  women,  $n = 42$  non-binary participants,  $n = 11$  self-described genders,  $n = 1$  participant preferred not to say (due to small sample size self-described and

undisclosed genders not reported above). Differences across genders are statistically significant based on Pearson Chi Square test (\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ ) Pr = 0.013.

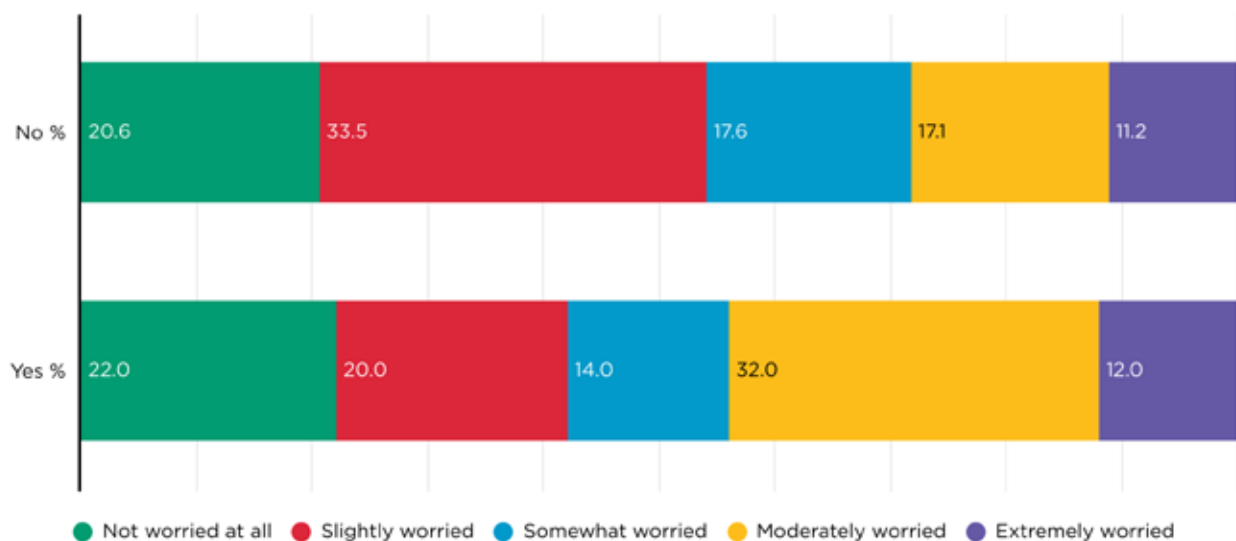
### 6.4.3. By transgender and/or gender diverse

When the data were analysed by whether participants identified as transgender and/or gender diverse, differences in the pattern of responses between the 2 groups did not quite reach statistical significance.

- Almost one-half (44%) of those who identified as transgender and/or gender diverse reported being moderately or extremely worried about getting older within the LGBTIQ+ community, compared to 28% of those who did not identify as transgender and/or gender diverse.

These findings suggest more inclusive supports for transgender and/or gender diverse and/or non-binary people are needed that specifically address the unique challenges they face as they age.

**Figure 6.4:** Transgender and/or gender diverse people, concerns about ageing



**Notes:** Analysis based on  $n = 224$  participants. Sample size:  $n = 50$  participants who identified as transgender and/or gender diverse,  $n = 170$  participants who did not identify and  $n = 4$  participants who preferred not to say (not reported above). Differences across gender were not statistically significant based on Pearson Chi Square test (\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ ) Pr = 0.088.

## 6.5 Concerns about experiencing abuse and/or mistreatment when older

Similar data were collected from younger participants aged 64 years or younger on the extent to which they were worried about experiencing abuse and/or mistreatment when they were aged 65 years or older. Findings for this question mirrored the previous findings about getting older, and there were no significant differences by age. However, older aged participants generally reported higher rates of worry about future experiences of abuse. Similarly, those identifying as non-binary were more likely to report these concerns compared to men and women.

### 6.5.1. By age

Figure E2 in Appendix E, shows that, overall, 28% of younger participants reported that they were moderately or extremely worried about experiencing abuse or mistreatment when they were aged over 65 years. Older participants aged over 50 years reported higher rates of concern compared to younger participants but, overall, there was no statistically significant difference in the pattern of responses by age group.

### 6.5.2. By gender

When analysed by gender, differences in rates of concern about experiencing abuse did not quite reach statistical significance. Figure 6.5 shows that non-binary participants had the highest rates of being moderately or extremely worried about future abuse (45%), compared to 20% of men and 19% of women.

**Figure 6.5:** Concerns about experiencing abuse and mistreatment when over 65, by gender

**Notes:** Analysis based on  $n = 228$  participants. Sample size:  $n = 72$  men,  $n = 103$  women,  $n = 42$  non-binary participants,  $n = 10$  self-described genders,  $n = 1$  participant preferred not to say (due to small sample sizes self-described and undisclosed genders not reported above). Differences across gender were not statistically significant based on Pearson Chi Square test ( $*p < 0.05$ ,  $**p < 0.01$ ,  $***p < 0.001$ )  $Pr = 0.130$ .

### 6.5.3. LGBTIQ+ older people's concerns about experiencing abuse and mistreatment

Some focus group and interview participants shed light on the reasons why some LGBTIQ+ older people are worried about experiencing abuse and mistreatment.

The following themes were identified in the data:

- Concerns about abuse and mistreatment due to perceived vulnerabilities with ageing and becoming more of a target (e.g., a decline in physical or mental health).<sup>247</sup>
- Concerns about abuse and mistreatment due to participants' limited informal support networks. For example, not having children, families or partners to provide care or advocate for and/or protect them from abuse and mistreatment.
  - This was a particular issue for transgender and/or gender diverse older people (also acknowledged by participants who were not transgender and/or gender diverse)<sup>248</sup> and older lesbian women and gay men, particularly where family ties were limited or estranged, and they experienced social or geographical isolation.<sup>249</sup>
  - Some expressed concern about the risk of increased isolation if they were to disclose that they were an LGBTIQ+ person.<sup>250</sup>
- Concerns about abuse and mistreatment due to loss of autonomy and independence.<sup>251</sup>

247 E.g. AIFS ID 10: man or male, 60–64 years gay, lesbian or homosexual, State/Territory 2; AIFS ID 36: woman, 70–74 years, transgender and/or gender diverse, straight or heterosexual, State/Territory anonymised.

248 E.g. AIFS ID 17: woman or female, 60–64 years, gay, lesbian, homosexual, State/Territory 2; AIFS ID 43: man or male, 60–64 years, gay, lesbian, or homosexual, State/Territory 2; AIFS ID she/they, 55–59 years, gay, lesbian, or homosexual, State/Territory anonymised.

249 E.g. AIFS ID 36: woman, 70–74 years, transgender and/or gender diverse, straight or heterosexual, State/Territory anonymised; AIFS ID 31: woman or female, 55–59 years, gay, lesbian or homosexual, State/Territory 1; AIFS ID 23: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 2.

250 E.g. AIFS ID 6: gender not specified, 70–74 years, born with a variation of sex characteristics (sometimes called 'intersex'), sexual orientation 'other', State/Territory anonymised; AIFS ID 56: woman, 75–79 years, gay, lesbian or homosexual, State/Territory 2.

251 E.g. AIFS ID 21: woman or female, 75–79 years, gay, lesbian, homosexual, State/Territory 2; AIFS ID 19: man or male, 65–69 years, gay, lesbian or homosexual, State/Territory 2; AIFS ID 24: man or male, 70–74 years, gay, lesbian or homosexual, State/Territory 2.

- Concerns about entering residential aged care.<sup>252</sup>
  - Numerous studies identified that LGBTIQ+ older people specifically feared being discriminated against by health and/or aged care service providers (especially in residential settings).<sup>253</sup> The fear of discrimination can be related to the lack of inclusivity, which makes it difficult for LGBTIQ+ older people to determine whether, or how, they would be accepted by people and institutions.<sup>254</sup> It can also be related to the lack of understanding of LGBTIQ+ people and their relationships among service providers.<sup>255</sup>
- Being aware of abuse and mistreatment of LGBTIQ+ older people (e.g., witnessing or hearing about incidents and/or becoming aware through news segments)<sup>256</sup>

The concern arising from awareness of abuse and mistreatment is consistent with earlier research identifying that some LGBTIQ+ older people reported that they developed a fear of abuse and mistreatment based on the abuse and mistreatment experienced by other older people (Waling et al., 2019). The data from the current study, as well as previous research, suggest that this fear can lead to self-isolation or not feeling safe within the broader community, amongst young people, or within aged care.<sup>257</sup>

Similarly, a small number of interview participants ( $n = 4$ ) described feeling at increased vulnerability of experiencing abuse and mistreatment due to ageing and its effect on their financial stability, cognitive capacity, physical ability and social connectedness. The lack of informal support networks was nominated as a particular issue for transgender and/or gender diverse older people but was also raised by older lesbian women and gay men, particularly where family ties were limited or estranged, and they experienced social or geographical isolation.

In the absence of children and without connections to other family members, lack of supports exacerbated concerns about experiencing abuse. For example, one focus group participant described hiding their lesbian identity due to concerns about isolation and how their support systems might react. They mentioned that they rely on their community connections to avoid feeling isolated, but fear homophobia and rejection if they were to come out. Another stated:

Because I'm 62, my partner is 67. I can see the difference that the age, how it's affecting our ability to do things around the house. You can feel the physical decay, isn't it? It's obvious with age. And that's so worrying to me, that's so worrying to me. I said, "How long am I going to live? I have no children. I have no relatives here. Who is going to care? Would they be sympathise with me as a gay man with my partner? So, I haven't yet experienced abuse but it really, really concerns me, it really does. (AIFS ID 23: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 2).

#### 6.5.4. LGBTIQ+ younger people's concerns about ageing and experiencing abuse and mistreatment

Survey participants aged between 18–64 years who indicated they were worried about (a) experiencing abuse and mistreatment when they are over 65 years and/or (b) getting older within the LGBTIQ+ community were also asked to provide qualitative insights about their concerns ( $n = 175$  responses). Notably, more than one-third (36%;  $n = 63/175$ ) of participants who provided a response were aged between 50 and 64 years (See Appendix E, Table E1 for sample characteristics).

Survey themes from participants aged 18–64 years included:

- concerns about experiencing abuse and mistreatment when they reached older age due to:
  - its prevalence and a perceived lack of dedicated action to address it ( $n = 13$ ) or

252 E.g. AIFS ID 24: man or male, 70–74 years, gay, lesbian, or homosexual, State/Territory 2; AIFS ID 31: woman or female, 55–59 years, gay, lesbian, or homosexual, State/Territory 1.

253 Barrett, Whyte et al., 2015; Benbow & Kingston, 2022; Boulé et al., 2020; Brotman et al., 2015; EAAA, 2024; Furlotte et al., 2016; Hurd et al., 2022; Kia et al., 2022; Kortés-Miller et al., 2018; McPhail, R., & Fulop, L. (2016). Champions' perspectives on implementing the national lesbian, gay, bisexual, transgender and intersex ageing and aged care strategy in Queensland. *Australian Health Review*, 40(6), 633–640; Miller, 2023; Joosten et al., 2015; Reynolds et al., 2015; Robinson, 2016; Robson et al., 2023; Silverman & Baril, 2023; Stevens et al., 2023; Waling et al., 2019, 2020; Westwood, 2022; Wydall et al., 2023; Willis et al., 2016.

254 Waling et al., 2019.

255 Waling et al., 2019.

256 E.g. AIFS ID 17: woman or female, 60–64 years, gay, lesbian, homosexual, State/Territory 2; AIFS ID 19: man or male, 65–69 years, gay, lesbian or homosexual, State/Territory 2; AIFS ID 21: woman or female, 75–79 years, gay, lesbian, homosexual, State/Territory 2; AIFS ID 23: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 2.

257 E.g. AIFS ID 24: man or male, 70–74 years, gay, lesbian, or homosexual, State/Territory 2; AIFS ID 32: woman or female, 60–64 years, bisexual or pansexual, State/Territory 5; AIFS ID 10: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 2; AIFS ID 18: woman or female, 60–64 years, gay, lesbian, homosexual, State/Territory 2; AIFS ID 17: woman or female, 60–64 years, gay, lesbian, homosexual, State/Territory 2.

- previous lived experience of abuse and mistreatment exacerbating concerns ( $n = 53$ )
- perceived increased vulnerability of experiencing abuse and mistreatment due to increased dependency and declining physical and cognitive abilities ( $n = 51$ )
  - some expressed that they were at greater risk of experiencing isolation, exploitation, abuse and mistreatment due to being a person with disability/ies and/or mental health condition(s) ( $n = 7$ )
- concerns about experiencing ageism ( $n = 13$ ; most of which were gay men aged 60 – 64 years) including:
  - losing their sexual/identity due to heteronormative bias and/or the false presumption that older people do not wish to engage in intimacy or sexual activity.
- ageism within LGBTIQ+ communities e.g., excluding LGBTIQ+ older people from events and communities, including by not catering to the accessibility needs of older people, including those with disabilities
- isolation from LGBTIQ+ communities due to racism<sup>258</sup>
- concerns about entering residential aged care ( $n = 74$ ) (discussed further below)
- concerns about their access to or treatment within health care services ( $n = 12$ ) including due to:
  - the existing discriminatory attitudes and practices within the health care system towards LGBTIQ+ adults (as discussed in [chapter 2](#))
  - the lack of education and training for professionals engaged with LGBTIQ+ adults (see later discussion in [chapter 8](#))
- concerns about a lack of support networks ( $n = 33$ ) due to not having children, families or partners to provide care or advocate for them, leaving them reliant on unfamiliar or unsafe caregivers. This issue is particularly significant for:
  - transgender and/or gender diverse people due to limited community or familial support. Lack of informal support for this cohort can result in fewer or unsafe alternatives to turn to for informal assistance and care, especially given systemic discrimination experienced by transgender and/or gender diverse people<sup>259</sup>
  - people who are asexual who do not intend to marry or have children<sup>260</sup>
  - non-binary people, who may already feel disconnected from LGBTIQ+ communities<sup>261</sup>
  - LGBTIQ+ people who identify as culturally and linguistically diverse<sup>262</sup> or who are refugees<sup>263</sup>
  - LGBTIQ+ people with disabilities who face compounding challenges to access support, which is likely to increase as they age
- concerns about autonomy over decision making ( $n = 12$ ), losing independence and having their preferences overlooked, including in relation to their sexuality
- concerns related to their roles as parents, particularly regarding the recognition and security of their parental roles ( $n = 2$ ). One participant explained that they were worried that their children would not be supported due to having lesbian parents, while the other worried that they would not be recognised as a parent due to not being biologically related to their children<sup>264</sup>

A small number of younger survey participants also described broader concerns with losing their identity, including sexual identity, as they age:

I'm worried that there are very few safe spaces for LGBTIQ+ people to be our queer and authentic selves. As we age, our 'sexual' selves seem to be eroded by society and spaces become more a-sexual and, as a result, more heteronormative. Older people's sexualities and genders aren't discussed or celebrated, they become something that is assumed (and assumed as straight and cis). I'm worried that I will not be able to be out and be myself. I'm also worried because as I age I will most likely need more medical support (just for general age-related health reasons) and the medical sector is SO heteronormative (sic) and cisnormative (sic), the medical sector is such a male/female gendered space and I'm worried that I will have to continually advocate for myself (as a queer, non-binary person), or otherwise be erased.

258 Survey participant: woman or female, 30–39 years, identified as 'another sexual orientation', State/Territory 8.

259 Survey participant: man, 18–29 years, transgender and/or gender diverse, bisexual or pansexual, State/Territory 7.

260 Survey participant: woman or female, 18–29 years, asexual, State/Territory 8.

261 Survey participant: non-binary person, 55–59 years, bisexual or pansexual, State/Territory 5; Survey participant: non-binary person, 40–49 years, asexual, State/Territory 2.

262 Survey participant: non-binary person, 55–59 years, bisexual or pansexual, State/Territory 5.

263 Survey participant: woman or female, 30–39 years, identified as 'another sexual orientation', State/Territory 8.

264 Survey participant: woman or female, 30–39 years, gay, lesbian or homosexual, Queensland and Survey participant: woman or female, 40–49 years, gay, lesbian or homosexual, State/Territory 3.

(Survey participant: transgender and/or gender diverse non-binary person, 30-39 years, gay, lesbian or homosexual, State/Territory 2)

These concerns were consistent with concerns expressed by LGBTIQ+ older people in the interviews and focus groups about their progression to older old age – a period during which they anticipated that their support needs would increase while their autonomy and support networks decline, and with some identifying the need to suppress their sexuality or gender identity (see [chapter 2](#)).

## Concerns with entering a residential aged care facility

As foreshadowed earlier, many participants who completed the Survey of LGBTIQ+ Younger People were concerned about entering residential aged care ( $n = 74/175$ ). Their concern stemmed from hearing negative stories from others or in the media or from personal experiences of aged care services. Concerns about entering aged care were amplified for LGBTIQ+ people and included:

- the quality of care provided to older people in aged care
- experiencing abuse and/or mistreatment in aged care because they are an LGBTIQ+ older person
- the lack of LGBTIQ+ inclusive and/or LGBTIQ+ specific aged care service options
- the lack of LGBTIQ+ inclusive practices in aged care and/or inadequate aged care staff knowledge of LGBTIQ+ people, especially transgender and/or gender diverse older people
- being denied access to services and/or supports in aged care due to discrimination and/or religious affiliations and lack of acknowledgement and/or dismissing romantic partners
- having to hide their LGBTIQ+ identity and/or the assumption from others in aged care that they are heteronormative
- lack of access to gender-affirming practices and/or gender-affirming health care – e.g. hormones.

Aspects of these concerns are captured in the following quotations from transgender and/or gender diverse survey participants below:

Relying on the care of others is truly terrifying when you identify as transgender. The neglect and abuse of older persons is already common within aged care environments in Australia, and transgender people face huge risk of violence and sexual abuse within everyday life already. AFAB people experience systemic discrimination within all forms of health care as well as heightened risks of sexual violence when in care. To be transgender and participate in the aged care system is the intersection of these and many other aspects [of] the discrimination we face. The idea of growing old under our current system and losing what little autonomy and protection I do have is something I can barely bare to think about. The idea that I may need to rely on underpaid and under-trained care staff who may be part of the very populations who have fought to make my existence illegal my entire life chills me to the bone. The protective factors of connection to community, advocacy and family that older people rely on to navigate the current system simply do not exist for most transgender people. (Survey participant: man, 18-29 years, transgender and/or gender diverse, bisexual or pansexual, State/Territory 7)

Some survey participants highlighted the financial difficulties in accessing residential aged care and/or secure housing ( $n = 9$ ). One participant described how transgender and/or gender diverse adults face significant financial challenges due to discrimination:

The quality of life under the aged care system as it currently stands is hugely based on the financial position that you are in upon retirement. AFAB transgender people are hugely disadvantaged under this system, through the intersection of misogyny and transphobia, our lifetime savings and access to schemes such as superannuation are significantly impaired and like to cause cascading disadvantage within the aged care system. There are huge rates of histories with domestic violence, complex abuse and financial discrimination amongst my demographic. This paints a grim picture of any potential future within the current system. (Survey participant: man, 18-29 years, transgender and/or gender diverse, bisexual or pansexual, State/Territory 7)

Two survey participants also remarked on the financial challenges of persons with disabilities finding secure affordable housing, safe affordable care or obtaining financial security for retirement<sup>265</sup> and one participant remarked on older women being vulnerable to experiencing homelessness:

Being female, and not owning a home, with no children, I am fearful that I will not be cared for or have support. Women over 55 are the largest growing homeless population. 55 is not so far away for me. Without owning a home, and with having a sore back already, I worry that I may not be able to work or pay rent, and could become homeless. (Survey participant: woman or female, 30–39 years, bisexual or pansexual, State/Territory 2)

Our findings relating to LGBTIQ+ concerns with ageing are consistent with previous literature, which has also found that LGBTIQ+ older people fear losing their privacy, autonomy or independence when they seek support as they age.<sup>266</sup> This kind of fear may be particularly frightening if LGBTIQ+ older people feel they will have to become reliant on people or service providers who do not align with their lifestyle or values.<sup>267</sup> It may also be particularly frightening for LGBTIQ+ older people who are in abusive relationships with an intimate partner and/or biological family members.<sup>268</sup>

A subset of this fear is losing the ability to resist the religious influence of service providers. A recent UK study by Westwood (2022, p 373) involved a survey of 63 older LGBTQ people, 3 family members and friends of older LGBTQ people, and 4 advocates working with older LGBTQ people – with participants ranging in age from 50–89 years:

I have no desire to live in a care home where there are practising religious people whose attitude towards me is negative to a greater or lesser extent. Older people often feel themselves to be in a weaker position unable to stand up for themselves. No-one should be allowed to exploit that vulnerability by imposing their religious prejudices upon them.

Although this theme did not emerge in the current study, in an Australian study conducted by Waling and colleagues (2020) involving 10 interviews with older trans women, participants mentioned that they viewed euthanasia as a potential alternative to aged care. Participants explained this was not necessarily due to discrimination in services, but because euthanasia would provide them with some personal control. This idea also emerged in an earlier study by Waling and colleagues (2019) involving interviews with older gay men ( $n = 14$ ) and lesbian women ( $n = 19$ ) (aged 60–70 years).

<sup>265</sup> Survey participant: woman or female, 40–49 years, identified as 'another sexual orientation', State/Territory 2; Survey participant: non-binary person, 40–49 years, bisexual or pansexual, State/Territory 3.

<sup>266</sup> Boulé et al., 2020; COTA & WIO, 2023; Furlotte et al., 2016; Kia et al., 2022; Kortés-Miller et al., 2018; Page et al., 2016; Robinson, 2016; Silverman & Baril, 2023; Waling et al., 2019; Willis et al., 2016.

<sup>267</sup> Kia et al., 2022; Stevens et al., 2023; Westwood, 2022.

<sup>268</sup> Stevens et al., 2023.

## 7. Seeking help for abuse and mistreatment of LGBTIQ+ older people and protective activities

### Key findings

- Just under half of LGBTIQ+ older people who reported experiencing abuse or mistreatment have sought help, which is higher than for older people experiencing abuse or mistreatment who participated in the National Prevalence Study.
- According to the data, help was most commonly sought when financial abuse was experienced.
- Even where LGBTIQ+ participants who experienced abuse or mistreatment did not seek help, **more than three-quarters (77%)** still took at least one form of **action to stop this abuse**. Most commonly this involved breaking contact with the person engaging in the abuse or mistreatment. This pattern of taking action is consistent with findings from the National Prevalence Study.
- Participants' confidence and ability to seek help, and awareness about options for support, indicate that more awareness of elder abuse-specific services including the 1800 elder abuse helpline are required.

### 7.1 Introduction

This chapter presents data relating to the help-seeking behaviours or action taken in response to abuse and mistreatment. This is followed by a discussion on the effectiveness of these help-seeking behaviours and actions. The chapter concludes with an analysis of data from the Survey of LGBTIQ+ Younger People who were asked if they had made any decisions, or taken any steps, to specifically protect themselves from abuse and mistreatment in their older age. Qualitative insights regarding actions, help-seeking behaviours and protective measures are also discussed.

### 7.2 Seeking help in relation to abuse and mistreatment

The discussion in this section presents data about the actions that LGBTIQ+ older people take when experiencing abuse and mistreatment. For LGBTIQ+ older survey participants who reported at least one form of abuse ( $n = 51$ ), a follow-up question was asked about whether they sought help or advice.

Noting the relatively small sample sizes for those reporting at least one form of abuse and mistreatment, only a high-level analysis of these data could be undertaken. Nevertheless, the survey responses provide some insights around the extent that help is sought and the types of help-seeking behaviours of LGBTIQ+ older people who report abuse and mistreatment.

- The survey data show almost one-half (47%) of people who experienced abuse or mistreatment sought help. This compared favourably with findings from the National Prevalence Study, which found just over one-third (36%) had sought help or advice from a third party in relation to their experience of abuse and mistreatment.
- For those living in inner regional Australia, more than half (56%) reported seeking help compared to those in major cities (41%).
- Similarly, those who did not have disability sought help in 50% of cases compared to 39% of those who did identify as having disability.
- However, for both these variables, differences were not statistically significant.

Further insights are provided in Table 7.1 for the more prevalent types of abuse and mistreatment, such as emotional abuse, discrimination and financial abuse, and where sufficient sample sizes allowed further analysis.

- Table 7.1 shows those reporting financial abuse were most likely to seek help (79%), followed by those experiencing emotional abuse (56%) and those experiencing discrimination (38%).
- Due to small sample sizes, other forms of abuse are not reported in Table 7.1 – however, we note for the small number of participants who reported physical hurt, all these participants responded that they sought help.

**Table 7.1:** Survey participants experiencing abuse who sought help

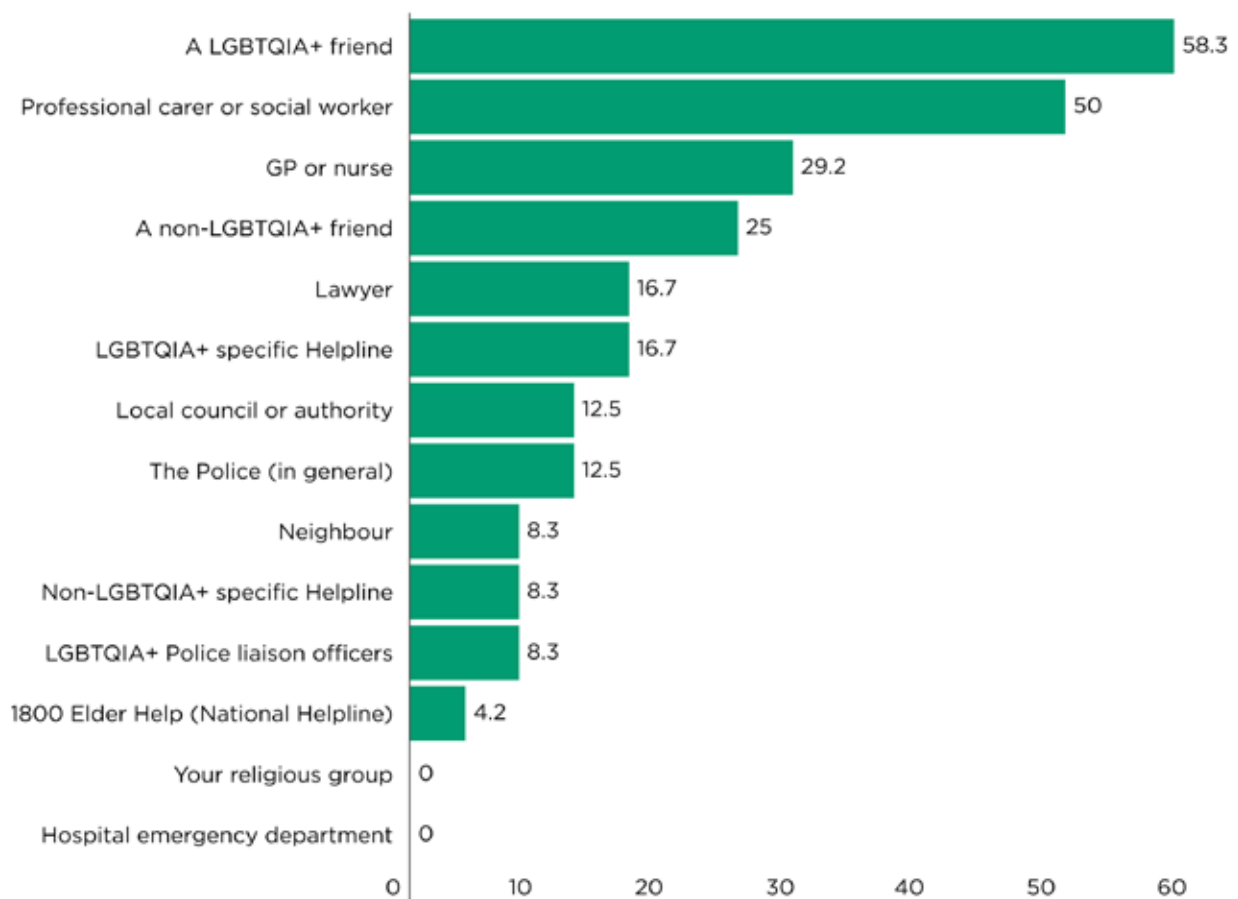
Form of abuse and mistreatment reported	Did you seek help or advice? (%)
Taken advantage of you financially ( <i>n</i> = 14)	78.6
Abused you emotionally ( <i>n</i> = 34)	55.9
Been homophobic, biphobic, transphobic, endosexist, and/or deliberately misgendered you ( <i>n</i> = 24)	37.5

Notes: Multiple responses so percentages may not sum to 100.0%.

Survey participants who had sought help or advice were asked who they had sought help or advice from. This analysis is based on an eligible sample of *n* = 24 participants and these findings should be interpreted with that in mind.

- LGBTIQIA+ friends or a professional carer or social worker were the most frequently reported sources of help for those who had experienced abuse and mistreatment.
- This was followed by a GP or nurse.
- Non-LGBTIQIA+ friends were also commonly identified.

**Figure 7.1:** Survey participants experiencing abuse who sought help or advice, sources of assistance



Notes: Survey participants who reported at least one form of abuse and sought help or advice about this issue. Proportions based on eligible sample of *n* = 24. Multiple responses so percentages may not sum to 100.0%.

Help-seeking actions unique to subpopulations within the LGBTIQIA+ cohort were also identified within previous literature. For example, a US longitudinal study of midlife and older lesbian, gay and bisexual people (*n* = 163)<sup>269</sup> identified that effective coping mechanisms for mitigating the impact of discrimination on physical and mental

<sup>269</sup> US longitudinal data from lesbian, gay and bisexual mid-life and older people (*n* = 163) and propensity-matched heterosexual mid-life and older people.

wellbeing somewhat varied by sexual orientation. Results found problem-focused and avoidance responses moderated the impact of discrimination for lesbian, gay and bisexual people.<sup>270</sup>

Similarly, the help-seeking barriers identified in the literature are related to seeking support *generally* (i.e., *non-abuse related help seeking*). The following barriers can be heightened for LGBTIQ+ older people who experience intersecting forms of discrimination and disadvantage – for example, due to experiences with dementia, homelessness, cultural and linguistic diversity, being Aboriginal or Torres Strait Islander, and/or having disability.<sup>271</sup> These are discussed throughout the beginning of this chapter.

Many focus group and interview participants discussed help-seeking behaviours for LGBTIQ+ older people who have experienced abuse and mistreatment as well as the types of help-seeking behaviours they believe others might engage in ( $n = 28$ ).

However, some participants from the same focus group discussed concerns with LGBTIQ+ older people's willingness to engage in help-seeking behaviours ( $n = 3$ ) or described being unwilling to seek help themselves ( $n = 2$ ). For example, one focus group participant described multiple factors hindering help seeking including being estranged from family and secluded from communities, isolation and loneliness, lack of available services and survivor shame and embarrassment, as well as discrimination in public settings.

Similarly, one interview participant who had experienced multiple forms of discrimination and emotional abuse described their reluctance to report or make a formal complaint about abuse they have experienced due to a lack of confidence to report. They also described their decision not to report as a way to protect themselves from experiencing secondary trauma and described having to 'just get on with life'.<sup>272</sup>

The same participant also reported self-managing their mental health, describing it to be 'safer to keep it on the inside'. While another discussed not being willing to utilise free counselling sessions, believing from past experience they do not offer adequate care.<sup>273</sup>

Reluctance to report due to trauma associated with processes and complexities that may follow from seeking legal/police help were also identified by an interview participant in reference to an experience of sexual abuse.<sup>274</sup>

Another interview participant described how distrust of medical professionals is common within transgender and gender diverse communities, which they acknowledged adds an additional barrier for the detection of abuse for transgender and/or gender diverse older people. They also described how this is especially compounded for Aboriginal and Torres Strait Islander elders.<sup>275</sup>

As discussed earlier, previous literature found controlling or otherwise volatile family dynamics can pose risks of abuse and mistreatment against LGBTIQ+ older people, and family members can engage in abuse and mistreatment. Conversely, family can pose barriers to seeking support, including due to:

- conflict between families or care networks, including adult children, same-sex partners or 'families of choice'<sup>276</sup>
- secrecy and the lack of detection.<sup>277</sup>

Similarly, some studies identified that LGBTIQ+ people were reluctant to seek support in their older age – including particularly in terms of residential care – because they feared this would mean losing or surrendering their community and social supports.<sup>278</sup>

This was echoed by focus group and interview participants who described:

- systemic abuse towards LGBTIQ+ or specifically gay people as impacting help-seeking behaviour of older LGBTIQ+ adults, as discussed in [chapter 3](#).
- how internalised homophobia, as a product of life-course discrimination, can prevent help-seeking.<sup>279</sup>

270 Nelson, C. L. (2025). Coping with discrimination: A longitudinal study of health outcomes in lesbian, gay, and bisexual and heterosexual midlife and older adults. *Journal of Aging and Health*, 37(1-2), 18-30. See also Pierce, 2023.

271 Jones, 2022; Page et al., 2016; Stevens et al., 2023.

272 AIFS ID 1: Aboriginal trans person, 55-59 years, asexual, State/Territory anonymised.

273 AIFS ID 2: man or male, 60-64 years, gay, lesbian or homosexual, State/Territory 6.

274 AIFS ID 4: man or male, 60-64 years, gay, lesbian, or homosexual, State/Territory 2.

275 AIFS ID 3: Aboriginal woman, 50-54 years, transgender and/or gender diverse, asexual, State/Territory anonymised.

276 Stevens et al., 2023.

277 COTA & WIO, 2023.

278 Boulé et al., 2020; Kortés-Miller et al., 2018; Robinson, 2016; Waling et al., 2019.

279 AIFS ID 17: woman or female, 60-64 years, gay, lesbian, homosexual, State/Territory 2.

- barriers to identifying behaviours as abuse or mistreatment as a factor that impacts help seeking ( $n = 4$ ), including difficulty recognising abuse and mistreatment due to framing as family violence – or the use of non-behaviour specific terminology (see [chapter 6](#)).<sup>280</sup>
- experiencing intimate partner violence, being unaware they were experiencing abuse and becoming isolated from their support network and using alcohol as a coping mechanism. The importance of having LGBTIQ+ police liaison officers able to recognise abusive behaviour was seen as critical.
- not knowing where to seek help and/or remarked that other LGBTIQ+ older people do not know where to seek help ( $n = 13$ ), exacerbated by isolation<sup>281</sup> or insufficient guidance from their doctor regarding in-person community supports (as distinct from being able to access resources from their community).<sup>282</sup>
- not having any older clients at an LGBTIQ+ homelessness service and being concerned about where these people were getting help.<sup>283</sup>
- additional help-seeking barriers for LGBTIQ+ older people with mental health issues, including isolation, as well as fatigue and withdrawal due to a constant need to fight for support.<sup>284</sup>
- reluctance to seek help from mainstream services as these may not be safe or welcoming and have the potential to exacerbate trauma due to ill-informed and/or discriminatory practices; and the need for more LGBTIQ+ dedicated services.<sup>285</sup>
- not being able to express care preferences, such as the sex of professionals when disclosing abuse (either witnessed or experienced), as barriers for some older lesbian women seeking help.<sup>286</sup>

Previous literature has also reported on the lack of informed, tailored services as a barrier to help seeking. For example, some studies identified that services are often not informed about LGBTIQ+ experiences and needs, nor tailored to them.<sup>287</sup> This means LGBTIQ+ older people may feel barred from accessing appropriate support and will often rely on their chosen family and/or partners to care for them as they age.<sup>288</sup>

For example, recent US research based on qualitative interviews ( $n = 20$ ) with palliative care providers identified barriers to providing care that is inclusive of the sexual and gender minority patients' needs. There were challenges associated with organisational and environmental inclusion and a lack of training platforms and opportunities to identify and discuss the needs of sexual and gender minority patients.<sup>289</sup>

Additionally, in a local context, COTA and WIO's (2023) study identified that the lack of training and resources available in some services can be a barrier to providing appropriate support to LGBTIQ+ older people. Miller's recent (2023) qualitative study also identified that LGBTIQ+-friendly care homes can be too expensive and therefore inaccessible.<sup>290</sup> This can be a barrier to seeking support. Accessibility of services is discussed further in [chapter 8](#).

## 7.2.1. Examples of help-seeking avenues nominated by participants

In relation to help-seeking behaviours discussed in focus groups and interviews, participants described potential help-seeking options that they could use should they experience abuse and mistreatment. These included going to their local police ( $n = 10$ ), going to a specific LGBTIQ+ organisation or service ( $n = 5$ ), seeking support from their friendship groups ( $n = 2$ ), going to their doctor or counsellor ( $n = 1$  respectively), and using an 'abuse helpline' ( $n = 1$ ).

280 AIFS ID 41, she or they, 55–59 years, gay, lesbian, or homosexual, State/Territory anonymised.

281 AIFS ID 7: woman or female, 60–64 year, gay, lesbian, or homosexual, State/Territory 5.

282 AIFS ID 9: Aboriginal woman, 60–64 years, transgender and/or gender diverse, pansexual, State/Territory anonymised.

283 AIFS ID 43: man or male, 60–64 years, gay, lesbian, or homosexual, State/Territory 2.

284 AIFS ID 24: man or male, 70–74 years, gay, lesbian or homosexual, State/Territory 2.

285 AIFS ID 42: woman, 65–69 years, gay, lesbian or homosexual, State/Territory 2.

286 AIFS ID: 59, woman, 55–59 years, gay, lesbian, or homosexual, State/Territory 2.

287 Grant & Walker, 2020; Waling et al., 2020.

288 Fredriksen-Goldsen & Shuman et al., 2023; Stevens et al., 2023. This may not provide them with enough care, given LGBTIQ+ carers are often not sufficiently supported to perform their roles as informal carers (Alba et al., 2023; Di Lorito, C., Bosco, A., Peel, E., Hinchliff, S., Denning, T., Calasanti, T., ... & Harwood, R. H. (2022). Are dementia services and support organisations meeting the needs of lesbian, gay, bisexual and transgender (LGBT) caregivers of LGBT people living with dementia? A scoping review of the literature. *Aging & Mental Health*, 26(10), 1912–1921; Joosten et al., 2015; Silverman & Baril, 2023).

289 Valenti et al., 2024.

290 Miller, 2023.

Additionally, a small number of focus group participants were able to name specific help-seeking services ( $n = 4$ ). Services recalled by focus group participants included GRAI, Switchboard, QLife, Rainbow Door, Queerspace, the Older Person Advocacy Network (OPAN), Aged and Disability Advocates (ADA) and Council of the Ageing (COTA).

Focus group participants also shared how they have and/or would assist an LGBTIQ+ older person experiencing abuse or mistreatment. They described finding someone with 'qualified expertise' ( $n = 1$ ), going to an LGBTIQ+ police liaison officer ( $n = 1$ ) or reporting to the local police ( $n = 1$ ), and informing the person of an LGBTIQ+ support service ( $n = 1$ ).

Conversely, other focus group participants were unsure where to seek help for themselves and/or other LGBTIQ+ older people ( $n = 6$ ). One participant was particularly concerned that LGBTIQ+ older people were being referred to inappropriate heteronormative support services. This was attributed to a lack of knowledge of how to assist an LGBTIQ+ older person experiencing abuse and mistreatment.<sup>291</sup>

## Seeking help from the police

Some focus group participants said that they would seek help from the police ( $n = 10$ ), however, others stated they would not seek help or were unsure if they would seek help from the police ( $n = 8$ ), describing concerns over police responses due to the historical relationships between LGBTIQ+ people and law enforcement (as discussed earlier in [chapter 3](#)).

Reported experiences included:

- negative contact with police in a particular jurisdiction
- varying attitudes towards police, especially for those with histories of abuse and trauma<sup>292</sup>
- fear of police by someone who had been sexually abused by hospital staff during a temporary hospital stay (as previously discussed in [chapter 2](#)), and only engaging as a result of a mandatory report that was made that was inconsistent with his wishes. This is particularly pertinent for LGBTIQ+ older people, given the historical context with law enforcement (as discussed in [chapter 3](#)).
- positive interactions with police when reporting intimate partner violence<sup>293</sup> or theft,<sup>294</sup> noting however reservations from older gay men to report sexual abuse in the context of dating app encounters or encounters with sex workers due to distrust and/or presence of illegal substances.<sup>295</sup>
- varying experiences when reporting sexual abuse to the police, ranging from 'helpful' to 'annoyed for having their time wasted', or perceptions that sexual abuse is a 'women's issue'.<sup>296</sup>
- police being unhelpful and lacking 'LGBTIQ+ presence' for someone who lost money in an online scam, as well as the bank.<sup>297</sup>
- the importance of LGBTIQ+ police officers and other support services for transgender and/or gender diverse older people due to a lack of knowledge and understanding about transgender and/or gender diverse people and gaps within legal systems.<sup>298</sup>

It is clear throughout the existing research, and indicated throughout this report, that LGBTIQ+ older people experience lifelong stigma and discrimination, which act as barriers to care.<sup>299</sup> They can create deeply entrenched fear and distrust of conventional avenues for support – particularly from institutions of power, including police. As one participant from a study explained<sup>300</sup>:

Criminalising elder abuse then takes it into the domain of police. That's not going to be so helpful for communities – including Aboriginal people and LGBTIQ+ people – who've had a history of negative experiences of being policed.

291 AIFS ID 11: man or male, 65–69 years, gay, lesbian or homosexual, State/Territory 2.

292 AIFS ID 22: woman or female, 75–79 years, gay, lesbian or homosexual, State/Territory 2.

293 AIFS ID 9: Aboriginal woman, 60–64 years, transgender and/or gender diverse, pansexual, State/Territory anonymised.

294 AIFS ID 4: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 2.

295 AIFS ID 4: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 2.

296 AIFS ID 4: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 2.

297 AIFS ID 6: gender not specified, 70–74 years, born with a variation of sex characteristics (sometimes called 'intersex'), sexual orientation described as 'other', State/Territory anonymised.

298 AIFS ID 14: woman or female, 60–64 years, gay, lesbian or homosexual, State/Territory 5.

299 Kimberley et al., 2021. See also Ezhova et al., 2020; Caceres, B. A., Travers, J., Primiano, J. E., Luscombe, R. E., & Dorsen, C. (2020). Provider and LGBT individuals' perspectives on LGBT issues in long-term care: A systematic review. *The Gerontologist*, 60(3), e169–e183. 300 EAAA, 2024, p 46.

Fear and distrust are compounded by the legacies of discrimination LGBTIQ+ older people encounter throughout their life course,<sup>301</sup> having grown up and come of age in an era when being LGBTIQ+ led to criminalisation and systemic exclusion by biological families, religious institutions, workplaces and broader society.<sup>302</sup> Indeed, older people who grew up in times when homosexuality was criminalised are more scared of coming out.<sup>303</sup>

This fear and distrust may be heightened around specific institutions, including those who have historically participated in the criminalisation or pathologisation of features of LGBTIQ+ people's identities and lives (e.g. state-based services such as housing and police, as well as medical institutions)<sup>304</sup> and/or who have been particularly discriminatory to LGBTIQ+ people in the past (e.g. religious organisations).<sup>305</sup>

## Seeking help from the LGBTIQ+ organisations

Two focus group participants also described concerns about seeking help from an LGBTIQ+ organisation, doubting their ability to respond effectively. One participant expressed their distrust of such services, despite having worked for them. They believed that significant abuse would be required before someone would seek help, such as severe instances of physical abuse. This participant noted that during their employment at one LGBTIQ+ organisation, they never encountered a same-sex attracted women seeking help for abuse, suggesting either a deeper level of concealing their identity or turning to internal same-sex attracted support networks.<sup>306</sup>

Similarly, the latter focus group participant criticised LGBTIQ+ organisations for being unprepared to support ageing people living with HIV and transgender and/or gender diverse people, as well as describing ageism within some LGBTIQ+ services.<sup>307</sup>

In another focus group of older lesbian women, some participants described how they would not access LGBTIQ+ specific services as they did not feel connected to LGBTIQ+ communities and/or felt these services poorly understood the needs specific to older lesbian women. One participant described how the broader community assumes that these organisations provide sufficient support to older lesbians, which they argued is not the case, especially for issues beyond typical elder abuse, such as family disputes involving powers of attorney.<sup>308</sup>

Additionally, one interview participant described using a sexual assault helpline as well as reporting abuse to dating app operators. However, they did not proceed with using the sexual assault service as they were concerned it was a service intended for women survivors.<sup>309</sup>

Two interview participants described not seeking help from LGBTIQ+ organisations due to not wanting to disclose certain personal information. For example, while acknowledging organisations such as Qlife and 'other LGBT support lines', one participant explained they would not seek their support. They explained they did not want to share information about their dating app use, sexual activity or substance use due to concerns LGBTIQ+ organisations would not be supportive or understanding. They further described the lack of support for older gay men who experience dating app abuse.<sup>310</sup>

Another interview participant, who had experienced abuse from their neighbours (see [chapter 2](#)), explained they did not seek help from an LGBTIQ+ organisation as they described themselves to be 'drinking too much at that stage'.<sup>311</sup> They later explained how other people have stopped accessing a state AIDS organisation as it is no longer seen as a safe place. These examples illustrate compounded help-seeking barriers for LGBTIQ+ older people.

Lack of accessibility was described by another interview participant. They stated that there was little support for older people and pointed out that LGBTIQ+ spaces like Pride Centres are not designed to be accessible for older people.<sup>312</sup>

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301 Waling et al., 2020.

302 Kia et al., 2022; Stevens et al., 2023; Willis et al., 2016, 2017.

303 Hurd et al., 2022.

304 See e.g. Miller, 2023.

305 Westwood, 2023.

306 AIFS ID 33: man or male, 55–59 years, gay, lesbian or homosexual, State/Territory 1.

307 AIFS ID 32: woman or female, 60–64 years, bisexual or pansexual, State/Territory anonymised.

308 AIFS ID 56, woman, 75–79 years, gay, lesbian, or homosexual, State/Territory 2.

309 AIFS ID 4: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 2.

310 AIFS ID 4: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 2.

311 AIFS ID 2: man or male, 60–64 years, gay, lesbian or homosexual, State/Territory 6.

312 AIFS ID 1: Aboriginal trans person, 55–59 years, asexual, State/Territory anonymised.

Lastly, another interview participant, who had experienced lateral violence by LGBTIQ+ organisation activists, reported a complaint to the organisation, but said it was never investigated and no outcome followed. They described not being able to find the support they needed from any LGBTI (as described by participant) organisations and had to rely on a limited number of Medicare rebated psychology sessions, which were not sufficient. Additionally, they remarked that ACON was the only one they were aware of that provides widely available, easily accessible and well-resourced supports, especially for people living in regional and rural areas. They also remarked that they would not be willing to seek support from a non-LGBTIQ+ organisation or service.<sup>313</sup>

When asked what type of support would have been helpful, they explained they wished they had received counselling from a professional with appropriate LGBTIQ+ knowledge, acknowledgement and validation from their LGBTIQ+ community, and recognition that intervention within the LGBTIQ+ organisation was required to prevent further incidents.

### 7.3 Actions to stop abuse and mistreatment

Table 7.2 shows survey data about the types of actions LGBTIQ+ older people took, or the actions taken on their behalf, to stop abuse from happening again, regardless of if they had reported seeking help.

- Overall, the vast majority of participants who had experienced abuse or mistreatment reported they had taken action to address the abuse (77%).
- These actions ranged from informal (e.g. speaking to the person) to more formal approaches (e.g. seeking legal advice or restraining orders). Table 7.2 shows breaking off contact with the person was the most frequently reported action in response to abuse and mistreatment (47%).
- This broadly mirrored the National Prevalence Study findings, where this action was also the most often taken, with the corresponding proportion from that study at 53%.
- Almost one-third (30%) spoke to the person causing the abuse or mistreatment. More formal responses such as seeking mediation or legal advice were less common (22% and 20% respectively) but higher than the corresponding proportion found in the National Prevalence Study (10% sought mediation and 9% sought legal advice).
- Almost 1 in 5 (18%) LGBTIQ+ older people indicated they withdrew from their social life or stopped going out in general. Adopting passive approaches, such as withdrawing from friends, family or social life, can raise concerns, as the loss of social connections may exacerbate the negative effects of abuse and mistreatment.

**Table 7.2: Survey participants who reported abuse, actions taken to stop abuse from recurring**

Type of action taken	Number	Percentage
I broke contact with or avoided the person involved	24	47.1
I spoke to the person causing the abuse or mistreatment	15	29.4
I sought mediation or counselling	11	21.6
I sought out a legal advice service	10	19.6
I withdrew or stopped going out from social life in general	9	17.6
A family member or friend spoke to the person on my behalf	8	15.7
A professional (social worker, doctor, nurse) spoke to the person on my behalf	3	8.8
A restraining order or safety order was made against the person	2	3.9
<b>At least one action taken</b>	<b>39</b>	<b>76.5</b>

Notes: Multiple responses so percentages may not sum to 100.0%.

#### 7.3.1. Personal experiences of abuse and the effectiveness of actions

Survey participants who described taking some form of action when experiencing abuse and/or mistreatment in the last 12 months were asked to provide insight as to whether they believed the action they took was effective. Thirteen survey participants who completed the LGBTIQ+ survey for older people provided qualitative insights. Characteristics of those who provided a qualitative response are presented in Appendix F1.

<sup>313</sup> AIFS ID 6: gender not specified, 70–74 years, born with a variation of sex characteristics (sometimes called ‘intersex’), State/Territory anonymised.

Some of the older LGBTIQ+ survey participants described effective actions ( $n = 4/13$ ). However, half of those describing effective actions also described the impact of the actions taken. For example, one older LGBTIQ+ participant had to move state to stop experiencing daily discrimination (being called their dead name) and inadequate care.<sup>314</sup> Another older LGBTIQ+ participant described having to break contact with their family, as well as counselling, talking to friends and the LGBTIQ+ helpline to prevent emotional abuse.<sup>315</sup>

Other LGBTIQ+ older survey participants described the action they took to be ineffective ( $n = 5/13$ ). For example, one older LGBTIQ+ participant who was experiencing daily emotional abuse described talking to the person using the abuse and mistreatment, having someone talk to them on their behalf, and breaking contact with the person using the abuse and mistreatment as 'totally ineffective'.<sup>316</sup>

Other older participants described the abuse and/or mistreatment stopping due to actions out of their control ( $n = 3/13$ ). Examples of this included the family breaking contact, the person engaging in the abuse moving away, and the replacement (but not dismissal) of a home-carer.<sup>317</sup>

### 7.3.2. Observed experiences of abuse and the effectiveness of actions

Survey participants who observed abuse and/or mistreatment of an LGBTIQ+ older person in the past year were asked about the effectiveness of their actions. Thirty-three survey participants responded (see Appendix F2 for participant characteristics). Fifteen participants reported that their actions were effective or somewhat effective. Twelve described their actions as ineffective, commonly expressing a sense of powerlessness. Four participants were unsure about the effectiveness of their actions, with one noting the fear of taking protective measures.

## 7.4 Pre-emptive actions

Participants from the Survey of LGBTIQ+ Younger People were asked if they had made any decisions, or taken any steps, to specifically protect themselves from abuse and mistreatment in their older age. Table 7.3 outlines the protective measures taken by gender.

- Generally, a substantial proportion of participants across all age groups plan to take protective measures as they age – women (45%), non-binary people (41%) and men (36%).
- 13% of women and 10% of men do not plan to take protective measures, compared to 4% of non-binary participants. The most often reported protective measure was the deliberate building of LGBTIQ+ friendship networks (28%). A higher proportion of non-binary participants (35%) took this action than men (30%) and women (25%).
- Men (40%) were most likely to make themselves aware of LGBTIQ+ services, followed by non-binary people (26%) and women (20%).
- Non-binary people (26%) were more likely to relocate to somewhere they feel safer compared to men (16%) and women (6%).
- Non-binary people (20%) and men (18%) actively seek LGBTIQ+ friendly medical services more than women (14%).

These findings indicate that non-binary people are generally more proactive in taking measures to protect themselves from abuse and mistreatment, particularly by creating supportive networks and relocating for safety or community. Non-binary people also expressed higher levels of fear of discrimination, reflected in the higher numbers hiding their identity and avoiding LGBTIQ+ communities.

314 Survey participant: Aboriginal woman, 50–54 years, transgender and/or gender diverse, 'another' sexual orientation, State/Territory 6.

315 Survey participant: woman or female, 65–70 years, gay, lesbian or homosexual, State/Territory 1.

316 Survey participant: Aboriginal woman, 55–59 years, gay, lesbian or homosexual, State/Territory 2.

317 Replacement of the home carer was not related to abuse and mistreatment and their behaviour remained unaddressed.

**Table 7.3:** Protective measures taken, by gender

Have you made any decisions, or taken steps, to specifically protect yourself from abuse and mistreatment in your older age?	Man or male (%)	Woman or female (%)	Non-binary (%)	Total (%)
I have deliberately built LGBTIQ+ friendship networks	31.2	24.8	34.8	27.8
I have made myself aware of LGBTIQ+ services	40.3	20.4	26.1	27.4
I have actively investigated or found LGBTIQ+ friendly medical services	18.2	14.2	19.6	16.9
I have moved or plan to move to a city/town/suburb where I feel safer as an LGBTIQ+ person (or as someone from one of these groups)	15.6	6.2	26.1	12.9
I have moved or plan to move to a city/town/suburb that has many LGBTIQ+ people (or one of these groups)	16.9	6.2	17.4	12.5
I have actively investigated or found LGBTIQ+ friendly lawyers and/or legal services	10.4	9.7	10.9	10.9
Other (please specify)	9.1	5.3	13	8.5
I hide my sexuality, gender identity and/or a variation of sex characteristics from neighbours, colleagues, family or friends	5.2	7.1	13	7.7
I have actively investigated or found LGBTIQ+ friendly aged care services	7.8	3.5	6.5	6.0
I intend to avoid other LGBTIQ+ people (or just part of those communities), events, venues and/or specific services as I fear discrimination from others in those communities	5.2	1.8	6.5	4.0
<b>I have not done anything</b> but I will as I get older	36.4	45.1	41.3	40.3
<b>I have not done anything</b> and don't plan to	10.4	13.3	4.3	10.9
	<i>n</i> = 77	<i>n</i> = 113	<i>n</i> = 46	<i>n</i> = 248

Notes: Due to small sample sizes *n* = 11 'self-described'; and *n* = 1 'prefer not to say' are not reported above. Multiple responses so percentages will not sum to 100.0%.

Seven survey participants provided an open-text response after indicating they had taken other decisions, or steps, to protect themselves. Two survey participants discussed being active in their LGBTIQ+ communities and/or with relevant support programs to help advocate for others and/or to ensure the support services are equipped. They described activism for the benefit of themselves and other LGBTIQ+ people in the future.

Survey participants also discussed:

- implementing boundaries to protect themselves from abuse and mistreatment occurring within the family
- actively pursuing financial stability in preparation for retirement to ensure they have comfortable aged care options that suit their needs.

Three survey participants with disability/ies also described decisions or steps to protect themselves, as discussed later in this chapter.

Most focus group and interview participants also described protective measures (*n* = 37) that included:

- identifying safe communities
- disengaging from unsafe relationships and settings and self-isolation
- concealing their identity
- other safety measures (e.g. locking doors)
- advanced planning (considered in [section 7.5](#)).

### 7.4.1. Finding safe communities

Some focus group and interview participants discussed the importance of choosing and being engaged with an LGBTIQ+ community, chosen family, and/or otherwise accepting and safe community.<sup>318</sup>

For some cohorts, there were barriers to securing safe communities, for example, an Aboriginal transgender person described the added difficulty of finding safe and supportive communities for gay Aboriginal and Torres Strait Islander people and those born overseas.<sup>319</sup> An older gay man described how prior to dating apps, gay men used to 'self-police' and expose anyone dangerous. They indicated that there is no longer this method of protection within gay dating culture.<sup>320</sup>

Lastly, a small number of participants also described the importance of having choice over their living arrangements as they age ( $n = 6$ ). They highlighted the significance of being able to choose residential aged care services that they consider safe for LGBTIQ+ older people.

### 7.4.2. Self-isolation

Some focus group participants discussed isolating themselves due to feeling unsafe ( $n = 4$ ). A number of interview and focus group participants described withdrawing from their LGBTIQ+ communities because they were no longer welcoming, no longer reflected their views or now excluded them ( $n = 11$ ).

### 7.4.3. Concealing their LGBTIQ+ identities

Some focus group and interview participants reported hiding their LGBTIQ+ identity within certain relationships or communities ( $n = 5$ ) such as retirement villages, their veteran community, their rural community, doctors and home carers. Participants expressed concerns that revealing their identity could increase their risk of abuse and mistreatment.

Other participants discussed concealing their sexual orientation from their aged care settings, and medical professionals, raising concerns about unmet health needs, particularly sexual and mental health. This was particularly evident during a focus group discussion whereby two participants knew older transgender and/or gender diverse people who are ceasing their gender affirming medications (i.e. hormones) in order to appear more androgynous, avoid being targeted and/or to ensure they can physically protect themselves. One participant suggested that older transgender people have been using protective measures from the early 1960s, highlighting generational trauma and ongoing safety concerns:

*Through my personal experience, there's probably a good 90% of aged trans women that I know, have stopped taking their hormones for two reasons: (1) they can't afford it, and the second reason is they've been placed in unsavoury areas and housing- that they need that extra strength to bash. And that old saying of half a brick in your handbag, I don't know whether you use that terminology now, but in the 60s we did carry a bottle, or half a brick, in our handbag so we could wallop them. That era has returned amongst the aged trans, when they are nipping to the shop to get something. And then they're the first that police arrest. (AIFS ID 36: woman, 70-74 years, transgender and/or gender diverse, straight or heterosexual, State/Territory anonymised)*

### 7.4.4. Other safety measures

Some interview and focus group participants described modifying their behaviours to protect themselves from abuse and mistreatment. Modifications to behaviours included limiting themselves going out at night (Focus group:  $n = 1$ ; Interviews:  $n = 2$ ), double-checking who is around before leaving their property ( $n = 1$ ), ensuring their home and car doors are locked ( $n = 2$ ), being hypervigilant when in public (e.g. making mental assessments of people around them) ( $n = 2$ ), being verbal or willing to respond physically (e.g. 'fighting back') ( $n = 1$ ), keeping financial records ( $n = 2$ ), switching their phone off at night to prevent receiving abusive text messages ( $n = 2$ ), learning from previous experiences of dating app fraud, discussing it with other gay men, and adjusting who they gave their contact information to ( $n = 1$ ). Lastly, one participant described owning a weapon, while another had installed a home security alarm. Three survey participants with disabilities reported avoiding events and having support animals as protective measures, highlighting overlaps between elder and disability abuse.

<sup>318</sup> AIFS ID 5: non-binary intersex person, 65-69 years, gay, lesbian, or homosexual, State/Territory anonymised; AIFS ID 10: woman or female, 70-74 years, gay, lesbian, or homosexual, State/Territory 2.

<sup>319</sup> AIFS ID 1: Aboriginal trans person, 55-59 years, asexual, State/Territory anonymised.

<sup>320</sup> AIFS ID 4: man or male, 60-64 years, gay, lesbian, or homosexual, State/Territory 2.

## 7.5 Advanced planning

This section presents data in relation to the extent to which LGBTIQ+ survey participants reported having a will or power of attorney. These advanced planning mechanisms are further analysed by age group.

### 7.5.1. Who had a will?

Overall, slightly less than one half of the survey sample had a will (49%). There was a clear trend according to age, with older people more likely to report having a current will. For those aged 65 years or older – 84% reported having a will, this was significantly higher than the corresponding proportion of people aged 49 years or younger (25%), but similar to older participants in the National Prevalence Study (88%).

For those who did have a current will, they were asked a follow-up question about whether they had ever had a discussion with friends or family about their current will. There was no difference in the pattern of responses by age, with the vast majority (between 78%–91%) of participants in each age group reporting such discussions. See Appendix G1 for comprehensive details regarding wills.

### 7.5.2. How common are enduring powers of attorney?

Enduring powers of attorney were less common. Table G2 in Appendix G shows that, overall, 25% of participants had granted an enduring power of attorney. Those aged 65 years or older were most likely to have a power of attorney (52%), significantly higher than the younger cohort aged 49 years or under (11%). The proportion of LGBTIQ+ older people aged 65 years or over who had a power of attorney was very similar to the corresponding rates found in the National Prevalence Study (also 52%).

For survey participants with a power of attorney, most were currently active (83%), with no statistically significant differences found in this pattern by age group. Almost universally, power of attorney type was for both medical and financial (92%), but these had rarely ever been used (6%) (data not shown in the table).

Additionally, some focus group and interview participants described having the following formal protective measures in place: powers of attorney, wills, and advanced care directives (ACDs), so their families and/or other support networks are informed about their preferences.

Some focus group participants also provided further insight into the importance of legal documentation due to lack of recognition of LGBTIQ+ people and families in favour of ‘families of origin’ where medical and posthumous decisions are not stipulated in existing legal documentation (as discussed earlier in [chapter 2](#)). Concerns about lack of recognition for non-biological parents was also raised in some survey responses, as discussed in [chapter 6](#). One participant shared:

[Children] came from a previous marriage. But I've been parenting those kids for 33 years or something ... we've had to have ironclad wills and a whole range of things to protect ourselves. Otherwise as a ward of the state, everything would go back to my – because I don't have children, I don't have a wife, we're not legally married and don't intend to. So, my family would dictate everything in relation on where I got buried, my estate, all those sorts of things, unless I was covered particularly by a will. (AIFS ID 41: she/they, 55–59 years, gay, lesbian, or homosexual; State/Territory anonymised)

There was a robust discussion in 2 focus groups about LGBTIQ+ older people not understanding the importance of having these legal protective measures in place with trusted appointees, with many not knowing how to make this knowledge more widespread:

A lot of queer folk don't believe they need wills, because they don't have any property or necessarily anything. But what they don't realise is that that actually means that your family of origin, parents if you don't have kids, will have a say about how you – your funeral, they'll shut out your families of choice and friends from funerals and all sorts of other things. And we know a lot of trans folk end up being buried, dead named, all sorts of things like that. (AIFS ID 41: she/they, 55–59 years, gay, lesbian, or homosexual; State/Territory anonymised)

Another participant emphasised the priority of ensuring ACDs in the event of cognitive decline:

I think the end of live plan is actually in some ways more important than – I mean, it's important to have a will, but for me, as in like sort of personal stuff, to know what's going to happen – I mean, the dying is one thing, it's when you're not capable necessarily of making decisions and you're still here. That's the big –

you know, that hits me. And I think that's the stuff that people are unaware of. (AIFS ID 42: woman, 65–69 years, gay, lesbian, homosexual, State/Territory 2)

One interview participant also described adjusting their will due to experiencing financial abuse from their adult child to ensure those who had provided her with subsequent financial support are reimbursed from her estate.<sup>321</sup>

The discussion in this section highlights the importance of providing clear and specific information about advanced planning mechanisms that are directed to LGBTIQ+ people and their particular circumstances to support informed decision-making about enacting these measures.

## 7.6 Ideas to prevent abuse

When talking about preventative measures, focus group participants sometimes offered ideas that they believed would prevent abuse. These included:

- encouraging self-advocacy for LGBTIQ+ older people to speak up as well as fostering safe environments for older people to have these conversations and/or offer ideas
- a more comprehensive understanding of life-course experiences, generational influences and intersectional factors of people experiencing abuse
- intergenerational mentorship and/or social initiatives
- addressing health inequalities some LGBTIQ+ older people face and ensuring people have access to appropriate health and mental health services
- a better understanding of medical, treatment and geriatric needs, as well as relational needs of older transgender and/or gender diverse people
- strengthening LGBTIQ+ community connections and peer support, including across generations
- conducting longitudinal research on effectiveness of protective factors as well as evaluation of prevention initiatives
- LGBTIQ+ organisations to adopt employee screening, factoring in interpersonal characteristics and qualities and addressing internalised homophobia that can exist within LGBTIQ+ organisations' interventions and supports tailored to people who engage in abuse and mistreatment of LGBTIQ+ older people.

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<sup>321</sup> AIFS 10: woman or female, 70–74 years, gay, lesbian or homosexual, State/Territory 2.

## 8. Improving service responses and education and awareness

### Key findings

- Most survey participants agreed that the following options would improve service responses and encourage help seeking by LGBTIQ+ older people:
  - collaborative partnerships between specialist elder abuse services and other organisations
  - community visitor schemes (where LGBTIQ+ people visit isolated or at risk LGBTIQ+ older people) and
  - mentoring and support programs.
- Some participants in the qualitative data components, as well as insights from the desktop review suggested the need for:
  - dedicated services for LGBTIQ+ older people with specific knowledge of the issues experienced by LGBTIQ+ adults and older people
  - LGBTIQ+ employee representation to ensure LGBTIQ+ older people accessing services feel safe and understood
  - improved service linkages and holistic service provision
  - greater financial and geographical accessibility of services.
- Improvements identified to combat discrimination included improving visibility of older people within the LGBTIQ+ groups and improving education and awareness for professionals, the general public and for LGBTIQ+ people too.
- Co-designing education, awareness and response initiatives with LGBTIQ+ people will support measures to address the safety and wellbeing of LGBTIQ+ older people.

### 8.1 Introduction

In this chapter, quantitative and qualitative data are examined to provide broader context to the research question about older people's experiences of the service system and how to improve service systems. The discussion first presents survey findings on participants' awareness of information, resources and services.

Qualitative data from all research components is also considered to provide in-depth insight into how to improve awareness of abuse and mistreatment as well as ideas to improve services. This chapter concludes with survey participants' insights in response to a concluding survey question about what participants 'would like to see prioritised by [governments](#) to respond to the abuse and mistreatment' of LGBTIQ+ older people..

### 8.2 Awareness of information, resources and services

All survey participants were asked a set of 3 questions relating to their knowledge of, and access to, information, resources and services to support older people experiencing or at risk of experiencing abuse and mistreatment. Participants were first asked if they were aware of any of 17 sources of supports (see the list in Table 8.1 below), followed by if they had ever accessed or referred someone to any of these services or supports. Where participants had accessed a service or support, they were then asked a follow-up question gauging how helpful they found this service.

These results are reported in the following 3 tables and show that, overall, participants were most aware of Lifeline and Beyond Blue (95%), followed by medical, legal and financial services (hereby referred to as 'general services' collectively).

Table 8.1 also shows that there was a high awareness of lawyers (78%) and banks/financial institutions (65%) as possible sources of services or supports in the context of abuse and mistreatment of older people.

Awareness of LGBTIQ+ specific services and supports was also generally indicated, with almost 60% being aware of LGBTIQ+ Police Liaison officers, 56% aware of QLife, 50% aware of LGBTIQ+ Health Australia, and a slightly lower proportion (44%) aware of LGBTIQ+ health advocacy organisations.

There were lower levels of awareness of 1800 Elder Help (43%) and elder abuse helplines and prevention units (38%). Transcend (specific transgender and/or gender diverse service), InterLink (intersex variation service) and a seniors rights service were the least known.

Non-binary participants were more likely (to a statistically significant extent) to be aware of Transcend (44%), compared to men (22%). Non-binary participants were also more likely to be aware of LGBTIQ+ Police Liaison officers, compared to men and women.

**Table 8.1: Awareness of sources of support, by gender**

Yes, I am aware of this organisation or service	Man or male (%)	Woman or female (%)	Non-binary (%)	Total (%)
Lifeline, Beyond Blue	90.7	97.1	100.0	94.7
Doctor, chemist or other health care professional	90.6	88.3	86.0	88.4
Lawyer or legal service	78.5	80.0	76.7	78.3
Bank/financial institution	66.4	66.4	60.5	65.0
Non-LGBTIQ+ specific advocacy service/network	47.7	61.3	69.8	57.9
LGBTIQ+ Police Liaison officers in your state or territory*	63.6	52.9	65.1	57.5
13YARN	48.6	60.3	67.4	56.8
QLife	46.7	56.6	69.8	55.6
LGBTIQ+ Health Australia	45.8	50.4	53.5	49.5
LGBTIQ+ rights and advocacy organisations	42.1	39.4	60.5	44.4
ReachOut Australia	35.5	51.1	44.2	43.8
1800 ELDERHelp	36.2	48.9	44.2	43.3
Elder abuse helpline or prevention unit in your state or territory	29.9	45.2	37.2	38.2
Rainbow Door	29	33.6	41.9	32.9
A seniors rights service	25.7	32.3	37.2	30.1
Transcend*	21.5	30.9	44.2	29.6
Interlink and/or Intersex Peer support Australia	15.1	16.5	25.6	17.2
	<i>n</i> = 107	<i>n</i> = 137	<i>n</i> = 43	<i>n</i> = 302

**Notes:** Due to small sample sizes, *n* = 13 'self-described' and *n* = 3 'prefer not to say' not reported above but included in the overall total column. Multiple responses so percentages may sum to more than 100.0%. Asterisks indicate differences by gender statistically significant according to Pearson Chi Square test (\**p* < 0.05, \*\**p* < 0.01, \*\*\**p* < 0.001).

Participants were most likely to access medical (47%) or legal services or supports (30%) for themselves. In terms of participants not accessing supports themselves but referring services to someone in need, Lifeline and Beyond Blue reported the highest rate of referrals (31%). This was followed by QLife (27%) and then a non-LGBTIQ+ specific advocacy service (22%).

Interestingly, as Table 8.2 shows, medical (14%) and financial (10%) support services had some of the least referrals, even though they were relatively highly accessed and known.

**Table 8.2:** Extent to which sources of support have been accessed and/or referred, by gender

Service	Man or male (%)	Man or male (%)	Woman or female (%)	Woman or female (%)	Non-binary (%)	Non-binary (%)	Total (%)	Total (%)
	Yes, I have accessed	No, I have not accessed but have referred	Yes, I have accessed	No, I have not accessed but have referred	Yes, I have accessed	No, I have not accessed but have referred	Yes, I have accessed	No, I have not accessed but have referred
Doctor, chemist or other health care professional	43.7	10.7	49.6	17.6	42.1	10.5	46.7	13.9
Lawyer or legal service	28.2	12.6	36.9	15.4	13.2	31.6	30.4	16.8
Bank/financial institution	27.5	6.9	33.6	10.7	21.1	13.2	28.7	10.1
Lifeline, Beyond Blue	16.5	25.2	31.1	36.4	23.7	34.2	25.3	31.2
LGBTIQ+ Health Australia	9.7	10.7	10.6	17.4	13.2	15.8	10.8	14.2
QLife	6.8	24.3	6.1	28.0	18.4	31.6	8.3	27.1
LGBTIQ+ Police Liaison officers in your state or territory	12.6	11.7	3.8	17.7	13.2	10.5	8.0	14.3
Non-LGBTIQ+ specific advocacy service/network	4.9	25.2	9.2	19.8	2.6	21.1	7.0	22.0
LGBTIQ+ rights and advocacy organisations	4.9	14.6	6.1	19.8	5.3	21.1	5.2	18.1
A senior's rights service	2.9	13.6	5.3	17.6	2.6	18.4	3.8	16.0
Rainbow Door	2.9	11.7	3.1	19.1	5.4	18.9	3.5	16.1
1800 ELDERHelp	1.0	9.7	3.1	17.7	7.9	15.8	3.1	14.3
ReachOut Australia*	0.0	7.8	3.8	19.8	2.6	18.4	2.8	14.6
13YARN*	1.0	11.7	2.3	19.2	5.3	26.3	2.4	17.5
Elder abuse helpline or prevention unit in your state or territory*	0.0	15.5	3.1	16.3	2.6	13.2	2.1	15.7
Transcend	0.0	14.7	3.1	16.9	0.0	18.9	1.4	16.5
Interlink and/or Intersex Peer Support Australia	1.9	8.7	0	13	0	13.2	0.7	11.5
	<i>n</i> = 103		<i>n</i> = 137		<i>n</i> = 43		<i>n</i> = 302	

Notes: Analysis based on *n* = 103 men or male; 137 women or female and *n* = 43 non-binary. Due to small sample sizes, *n* = 13 'self-described' and *n* = 3 'prefer not to say' not reported above but included in the overall total column. Multiple responses so percentages may sum to more than 100.0%. Asterisks indicate differences by gender statistically significant according to Pearson Chi Square test (\**p* < 0.05, \*\**p* < 0.01, \*\*\**p* < 0.001).

Where participants indicated they had accessed a service, they were asked a follow-up question about how helpful that service or support was (Table 8.3). It should be noted that, depending on the level at which services were accessed, sample sizes for how helpful each service was will vary and some may be based on small sample sizes.

This analysis shows that LGBTIQ+ specific services, older adult specific services and mental health and general health services were reported as the most helpful. While there was variation in how helpful participants found the services and supports listed below, for each service accessed, many participants (at least 56%) reported the service as being helpful.

These findings are important for assessing the awareness, accessibility, referral and effectiveness of different services. They provide insight into where awareness raising of services should be prioritised as well as highlighting the services LGBTIQ+ older people do not find as helpful or perhaps feel less supported and safe using.

**Table 8.3:** Extent to which sources of support were helpful, by gender

Yes, it was helpful	Man or male (%)	Woman or female (%)	Non-binary (%)	Total (%)
LGBTIQ+ rights and advocacy organisations	100.0	100.0	100.0	100.0
Interlink and/or Intersex Peer Support Australia	100.0	0.0	0.0	100.0
ReachOut Australia	0.0	100.0	100.0	100.0
Non-LGBTIQ+ specific advocacy service/network *	80.0	100.0	100.0	90.0
LGBTIQ+ Health Australia	77.8	92.9	100.0	90.0
Doctor, chemist or other health care professional	90.9	89.2	86.7	88.6
13YARN (13 92 76)	0.0	100.0	100.0	85.7
Lawyer or legal service	96.4	79.2	75.0	84.7
Rainbow Door	66.7	75.0	100.0	80.0
Qlife	85.7	87.5	50.0	78.3
Bank/financial institution	80.8	72.7	71.4	75.9
Transcend	0.0	75.0	0.0	75.0
LGBTIQ+ Police Liaison officers in your state or territory	83.3	40.0	80.0	72.7
Elder abuse helpline or prevention unit in your state or territory	0.0	75.0	100.0	66.7
Lifeline, Beyond Blue	75.0	68.3	44.4	65.3
A senior's rights service	33.3	71.4	100.0	63.6
1800 ELDERHelp	0.0	25.0	100.0	55.6

**Notes:** Various sample sizes, as questions sequenced from how many participants had indicated they had accessed each service. Multiple responses so percentages may sum to more than 100.0%. Asterisks indicate differences by gender statistically significant according to Pearson Chi Square test (\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ ).

Lastly, participants were asked if they had suggestions for improving services for LGBTIQ+ older people (comprehensive results can be viewed in Appendix H3):

- Overall, 60% suggested collaborative partnerships between specialist elder abuse services and other organisations as improvements. Nearly half of participants also reported community visitor schemes as options for improvement and more than half (58%) of participants nominated mentoring support programs specific to LGBTIQ+ people.

- More specifically, non-binary people (57%) were more likely to agree that community visitor schemes could improve service delivery, compared to men (48%) and women (47%), as well as LGBTIQ+ mentoring support programs – non-binary (65%), men (58%) and women (57%).

The next section considers suggestions for service improvement in more depth by exploring qualitative responses from participants.

## 8.3 Qualitative insights from the survey, focus groups and interviews for service improvements

Ideas for service improvements were discussed by most focus group and interview participants ( $n = 37$ ). Additionally, responses to survey questions about improving awareness, government priorities and personal experiences (see Appendix H1 and H2 for sample characteristics) provide insight into ways to improve services for LGBTIQ+ older people. Themes from these components included:

- dedicated services for LGBTIQ+ older people, including services to address abuse and mistreatment and broader LGBTIQ+ services
- improving service accessibility
- improving community knowledge of existing services
- increased service funding to support services to respond to LGBTIQ+ older people in affirming and inclusive ways
- visible LGBTIQ+ allyship within services
- dedicated LGBTIQ+ residential aged care services and improved LGBTIQ+ aged care accreditation standards.

Themes are discussed throughout this chapter and distinctions are made where possible.

### 8.3.1. Dedicated services for LGBTIQ+ older people

A substantial number of survey participants discussed service improvements ( $n = 64$ ; 20 older participants). They called for **specialised services** specifically designed for LGBTIQ+ people and LGBTIQ+ older people ( $n = 32$ ; 11 older participants) and/or the necessity for dedicated services to address abuse and/or mistreatment effectively ( $n = 8$ ; 4 older participants). Specific LGBTIQ+ services were also discussed within some focus groups and by a small number of interview participants.

The Victorian State Government should reinvest in Senior Rights Victoria and re-establish elder abuse specialist officers at major public hospitals. Increase research into working with perpetrators of elder abuse as many older adults wish to maintain the relationship despite risks. E.g. Behaviour change programs for those that commit acts of elder abuse. (Survey participant: man or male, 30–39 years, gay, lesbian or homosexual, State/Territory 2)

Some focus group participants shared similar views. Some noted limited help-seeking options for LGBTIQ+ or LGBTI older people and pointed out the lack of intersectionality in service responses:

I think those in LGBTI communities that recognise they've been abused and are perhaps looking for help, there are very few avenues for them to get that help. I've done a massive amount of training over the years, particularly in aged care homes and I echo the thoughts about faith-based organisations, they still think they can treat everyone the same or that we're so different that we're beyond treatment. (AIFS ID 13: woman, 70–74 years, transgender and/or gender diverse, gay, lesbian, or homosexual, State/Territory 2)

Some survey participants suggested a **dedicated emergency line** for the abuse of LGBTIQ+ older people or simplified help-seeking pathways to ensure LGBTIQ+ older people know who to contact ( $n = 6$ ; 1 older participant).

One older survey participant also discussed the need for **improved confidential reporting** when abuse and mistreatment occur, and another participant remarked that services need to offer tangible support and/or practical assistance.

### Non-abuse related services for LGBTIQ+ older people

Some survey participants discussed the need for non-abuse-related services for LGBTIQ+ older people to ensure they receive adequate care and support ( $n = 17$ ; 3 older participants). Suggestions included **dedicated**

**programs** such as visitor services, housing and financial programs, counselling, care teams and peer navigators, intergenerational buddy programs and priority access to social activities to reduce social isolation.

Similarly, another participant from the Survey of LGBTIQ+ Younger People described the importance of **peer support** for LGBTIQ+ older people who have experienced abuse and/or mistreatment:

When you slip through the cracks, there's not enough support, if you're overly engaged with services, your identity starts to become over-focused on your vulnerability. You tell your story of being abused to too many professionals, you start seeing yourself as a 'high-needs trans SA victim' and not as a ... musical artist who loves tea collecting and fashion projects, or whatever. So, services, especially for older Queer people, really need to find, create, and maintain ongoing opportunities to create informal peer support networks, this makes a huge difference to self-esteem and self-care, and facilitates formal supports to be far more effective. Developing an informal peer support network is extremely difficult for older people in general, but especially older Queer people who have decades of experiencing subtle rejection by the majority of local community. (Survey participant: transgender and/or gender diverse non-binary person, 30–39 years, bisexual or pansexual, State/Territory 1)

Another participant from the Survey of LGBTIQ+ Younger People suggested intergenerational **buddy programs**, which they thought would benefit both older LGBTIQ+ adults (i.e. social connection, mentoring and opportunity to fill care gaps) and LGBTIQ+ younger adults (enhance mental health and assist in preventing suicide). They further suggested amplifying the voices of marginalised groups and the importance of intersectionality within service supports for LGBTIQ+ older people. Lastly, they suggested widespread 'safety in ageing' campaigns beyond LGBTIQ+ communities, to combat the issue of LGBTIQ+ older people hiding their identities while in aged care.<sup>322</sup>

The importance of general services for improving LGBTIQ+ older people's connection to communities and ensuring general support and care was also raised within previous literature. For example, although LGBTIQ+ people often feel connected to communities of other LGBTIQ+ people, they may also have connections with communities based on their geographic areas,<sup>323</sup> mutual interests<sup>324</sup> and demographic characteristics.<sup>325</sup> Facilitating participation in a variety of communities can be useful for LGBTIQ+ older people, particularly given they may specifically seek non-LGBTIQ+ people's company and/or feel they do not belong in LGBTIQ+ communities.<sup>326</sup>

A recent systemic review of research investigating quality of life among LGBTQ older people in the USA indicates there should be a focus on 'strengthening non-family social networks', as an existing area of strength for these adults.<sup>327</sup>

One participant in a qualitative Canadian study<sup>328</sup> noted that communities can be 'healing' because they facilitate social connections that people may previously have been denied or otherwise unable to access:

Although sometimes if you're alone by yourself, going into a home actually heals the person because you're now with people. They belong. They can identify. We can make it for LGBTQ people as well, that can identify. Living alone, isolated, 92 years old in a little apartment, putting yourself on the fifth floor, no air conditioning, and [then] you're put into a home. That can sometimes revive peoples' health [ ... ] So then, let's make that as accommodating, as wonderful, for all of us in the home, if we ever get there, as we can.<sup>329</sup>

<sup>322</sup> Survey participant: man or male, 18–29 years, transgender and/or gender diverse, bisexual or pansexual, State/Territory 7.

<sup>323</sup> Grant & Walker, 2020.

<sup>324</sup> Joosten et al., 2015; Westwood, 2022.

<sup>325</sup> Boulé et al., 2020.

<sup>326</sup> Barrett, Whyte et al., 2015; Boulé et al., 2020.

<sup>327</sup> Preston, R. (2024). Quality of life among LGBTQ older adults in the United States: A systematic review. *Journal of the American Psychiatric Nurses Association*, 30(2), 221–239; see also Catlett, L. (2024). Healthcare needs and assets of gender diverse older adults: A systematic integrative review. *Journal of Nursing Scholarship*, 56(1), 119–141.

<sup>328</sup> Kortés-Miller et al., 2018.

<sup>329</sup> Kortés-Miller et al., 2018, p 10.

Additionally, one older Australian LGBTIQ+ man described community in terms of a 'requirement'.<sup>330</sup>

[It] provides friendship ... you know it's doing us a service, that's something we require, you can't just sort of isolate yourself.<sup>331</sup>

### 8.3.2. Improve services accessibility

When discussing available support services that are missing and would be beneficial, 2 interview participants described the barriers for people living in rural and regional areas to access relevant services. They were also unaware of any local LGBTIQ+ older adult services. Further, one of the interview participants described not being able to access an Aboriginal community group as:

cause I still can't do because of being stolen Gen[eration], I still can't. I can't verify my Aboriginality, I can't prove it. (AIFS ID 3: Aboriginal woman, 50–54 years, transgender and/or gender diverse, asexual, State/Territory anonymised)

Some survey participants also discussed the need for **improved liaison between services** to ensure LGBTIQ+ older people have access to and/or are supported to access required information or support ( $n = 4$ ; 2 older participants).

Other survey participants raised concerns about the **accessibility of services** for LGBTIQ+ older people, remarking that services need to be accessible for them in terms of cost and location. Some participants noted that accessibility of services was particularly challenging for those living in rural, regional or remote Australia, for Aboriginal and/or Torres Strait Islander LGBTIQ+ older people and/or those with disabilities ( $n = 3$ ).

Additionally, 2 survey participants, including one older person, remarked it is unfeasible for non-specific community organisations to meet the needs of older people from all diverse populations and stressed the need for more **funding for specific localised services**.

Similarly, some survey participants highlighted the difficulty of accessing services due to their limited capacity, suggesting more services are needed. Of interest, most survey participants that discussed this were lesbian women, though it was also discussed by one non-binary older person:

More resources. The one time I tried to access this service nobody responded and I assumed that like other organisations for older queers they don't have resources/enough funding to help everyone. (Survey participant: non-binary person, 60–64 years, gay, lesbian or homosexual, State/Territory 2)

Furthermore, some survey participants described **the importance of specialist services for the different communities within the LGBTIQ+ umbrella**. This was discussed by 5 survey participants who identified as lesbians ( $n = 4/5$ ) and suggested the need for dedicated services for cisgender lesbians, offered separately from services for cisgender men or transgender and/or gender diverse people, given distinct health needs across the different communities.

### 8.3.3. Improve community knowledge of relevant existing services

Some survey participants discussed a lack of knowledge of existing services and/or the need to improve awareness of existing relevant services ( $n = 12$ ; 4 older participants). Among the responses, participants referred to general services, elder abuse services and services for LGBTIQ+ people and older people, including knowledge of 'community educational programs [working] in concert with the LGBTIQ+ organisations'.<sup>332</sup>

Some focus group participants also described the need to **improve knowledge of existing services** amongst LGBTIQ+ older people to ensure they know where to find help ( $n = 3$ ). One focus group participant highlighted that this is particularly important for rural and regional communities:

I think we need to see more investment for LGBTI-led organisations, we need to have more promotion of what's available, we need to make it more available in rural and regional areas ... So we need more of that sort of activity and us calling out for the government to be doing more. (AIFS ID 13, woman, 70–74 years, transgender and/or gender diverse, gay, lesbian or homosexual, State/Territory anonymised)

<sup>330</sup> Barrett, Whyte et al., 2015.

<sup>331</sup> Barrett, Whyte et al., 2015, p 137.

<sup>332</sup> Survey participant: man or male, 65–70 years, gay, lesbian or homosexual, State/Territory 2.

Another focus group participant highlighted the particular importance of **improving service knowledge for Aboriginal and Torres Strait Islander LGBTIQ+ people**, especially sister brothers (as described by participant) who they acknowledge experience significant difficulty finding services:

Sister brothers have been accepted in our mob for tens of thousands of years, and have been recognised for that long, and so there's very little – if no – sort of negativity, as far as the community goes, out in the bush. It's only when our mob come to live in the cities and the towns that they find it very difficult, especially finding services. So, the second part of the answer, for me, would be that more government involvement in advertising; television ads, newspaper ads, popular magazine ads. Swamp the media. (AIFS ID 26, Aboriginal woman, 60–64 years, transgender and/or gender diverse, bisexual or pansexual, State/Territory anonymised)

### 8.3.4. Increase service funding

Some survey participants discussed the need for additional **investment in services** supporting LGBTIQ+ older people ( $n = 29$ ; 5 older participants). They reported both general and LGBTIQ+ specific services are currently underfunded. Others suggested that inadequate funding contributed to gaps in services' ability to provide specialised support and resources, as illustrated below:

Specific funding offered to Rainbow Organisations – these are the organisations in direct contact with my communities, and they are the companies who I would reach out to for support and information ... From what I know of ALL Rainbow Organisations, they would extend their reach and provide more information to more people if there was specific funding allocated to enable them to employ more staff and provide more information and support for more people. If government provided \$1m per year in Adelaide alone specifically to Rainbow Organisations, it would provide between \$150K and \$250K per Rainbow Organisation – this is additional staff, additional services, additional information dissemination ... with a MINIMAL spend from government to support communities. (Survey participant: man or male, 50–54 years, gay, lesbian or homosexual, State/Territory 4)

### 8.3.5. Visible allyship within service providers

Some interview and focus group participants also described the importance of **visible allyship within services** ( $n = 4$ ), and the importance of promoting positive ageing ( $n = 2$ ). The importance of service providers with staff from the communities that they service and/or for staff to be able to demonstrate their knowledge of, and ability to address the specific needs of, the diverse groups was also evident in the focus groups and interview data.

Visible allyship such as rainbow flags, rainbow lanyards and staff providing their pronouns were described as safety gestures, which might help some people feel safe and comfortable and/or to improve their confidence in the service's ability to support them ( $n = 5$ ).

However, one focus group participant raised concerns about superficial as opposed to genuine allyship in services that offer support to people who have experienced abuse and mistreatment, describing it as an empty act of inclusion if the service providers are not adequately educated regarding LGBTIQ+ survivors:

People consider themselves as being inclusive and organisations think they're inclusive if they just stick a rainbow flag on their page, 'hey, look at us, we're inclusive' ... It's not inclusive, it's misleading. (AIFS ID 11: man or male, 65–69 years, gay, lesbian or homosexual, State/Territory 2)

Two focus group participants<sup>333</sup> also discussed the need for LGBTIQ+ older people to be accurately represented in efforts that intend to celebrate older people. They described having seen patronising approaches that discount the bravery and strength of LGBTIQ+ older people:

I think having the conversations are really important, but not in a patronising way. Like nothing makes me crosser than seeing old people with bloody floral hat. A lot of those sort of celebration of aging things, it's like you're a granny [with no] courage and bravery and – you know, all that stuff. (AIFS ID 42, woman, 65–69 years, gay, lesbian or homosexual, State/Territory 2)

<sup>333</sup> AIFS ID 42, woman, 65–69 years, gay, lesbian or homosexual, State/Territory 2 and AIFS ID 41, she/they, 55–59 years, gay lesbian or homosexual, State/Territory anonymised.

Similarly, visible allyship was raised as an important factor within previous literature. Some studies indicated it would be useful to have LGBTIQ+ staff in aged care services.<sup>334</sup> However, these staff would also require support.<sup>335</sup> Further, support will ensure they have sufficient skills, alongside experiential knowledge.

Additionally, a consistent theme that emerged from previous research was the importance of ensuring services are inclusive and non-judgemental towards LGBTIQ+ older people.<sup>336</sup> As one participant in a recent, qualitative Canadian study<sup>337</sup> explained, inclusion does not necessarily mean special treatment:

And, like I said, if I have to be, you know, in some sort of care home or residence it's got to be completely gay positive ... it [gay identity] would be invisible because it wouldn't matter ... I don't want special treatment if that means bad treatment, just treat [me] normal, yeah.<sup>338</sup>

In fact, many studies stress the importance of facilitating LGBTIQ+ older people's control and discretion.<sup>339</sup>

Certain physical signs can signify to LGBTIQ+ older people that they are welcome and included, for example 'Gay Friendly' signs or rainbow flags.<sup>340</sup> Conversely, for some LGBTIQ+ older people, certain signs can signal exclusion, such as religious symbols (e.g. crucifixes).<sup>341</sup>

Other initiatives to advertise and ensure inclusivity can include:<sup>342</sup>

- accepting LGBTIQ+ people's chosen families and partners
- adopting organisational policies and values that advocate for and model inclusion
- advertising that staff have undergone relevant training
- championing and role modelling inclusivity through positive leadership
- clearly adopting a 'zero tolerance' policy towards homophobia
- ensuring practices are culturally competent, including through adequately trained staff
- using individuals' preferred name and pronouns
- using gender-inclusive language (e.g. 'partner' rather than 'husband' or 'wife')
- creating gender-inclusive spaces (e.g. bathrooms) and materials (e.g. posters, web materials)
- using non-intrusive and respectful communication
- proactively providing people with easy access or referrals to information about relevant advocates, community groups, resources and practitioners that are LGBTIQ+-friendly
- providing assurances about confidentiality.

However, some studies flag the importance of privacy as a critical component of caring for LGBTIQ+ older people. For example, it is important for aged care service providers to avoid contributing to a sense of anxiety or risk by inviting LGBTIQ+ older people to disclose their sexual orientation or gender on intake forms – particularly in circumstances where it is unclear whether disclosing this information would be beneficial to the person filling out the form, whether this information would be kept confidential, and how the person would be kept comfortable and safe.<sup>343</sup>

Although it is important to ensure sensitive information is private, this does not mean sensitive topics should be ignored altogether.<sup>344</sup> Ultimately, privacy should be balanced with the openly inclusive measures set out [above](#), where the tone and space are set for LGBTIQ+ people to be as private or as open as *they* want to be at any given time.

334 Benbow & Kingston, 2022; COTA & WIO, 2023; EAAA, 2024; Furlotte et al., 2016; Joosten et al., 2015; Silverman & Baril, 2023; see also Willis et al., 2016.

335 Alba et al., 2023; Di Lorito et al., 2021; Joosten et al., 2015; Silverman & Baril, 2023.

336 Benbow & Kingston, 2022; Furlotte et al., 2016; Grigorovich, 2016; Joosten et al., 2015; Kia et al., 2022; Kortés-Miller et al., 2018; McPhail & Fulop, 2016; Okpodi, 2015; Reynolds et al., 2015; Robinson, 2016; Willis et al., 2016.

337 Kia et al., 2022.

338 Kia et al., 2022, p 260.

339 COTA & WIO, 2023; Kia et al., 2022; Joosten et al., 2015; Willis et al., 2017.

340 Benbow & Kingston, 2022; Kortés-Miller et al., 2018; see also Furlotte et al., 2016.

341 Kortés-Miller et al., 2018.

342 Benbow & Kingston, 2022; Fogel, 2016; Lyons et al., 2021; Willis et al., 2016, 2017.

343 COTA & WIO, 2023; see also Brotman et al., 2015; Joosten et al., 2015; Kia et al., 2022; Robson et al., 2023; Willis et al., 2017.

344 Willis et al., 2016.

### 8.3.6. Person-centred approach

The literature indicates that, rather than adopting tokenistic approaches to addressing abuse and mistreatment against LGBTIQ+ older people, services must adopt person-centred approaches that ensure individuals are understood on their own terms, and that embrace and celebrate the multiple identities, histories and biographies that exist within LGBTIQ+ communities.<sup>345</sup> Person-centred approaches go beyond existing measures of 'diversity' and inclusion by being specifically tailored to the unique needs of LGBTIQ+ older people, noting LGBTIQ+ communities are not heterogeneous.<sup>346</sup>

Person-centred approaches show promise in promoting cultural competency when working with diverse clients. For example, US research drawing on the Aging with Pride: National Health, Aging, and Sexuality/Gender Study (NHAS,  $n = 2,450$ ; Jung et al., 2023) found that trust-based relationships between LGBT older people and their health care providers, enabled by facilitating cultural competency, were key to reducing barriers to health care, increasing social support and decreasing marginalisation.

Person-centred approaches emphasise *choice*. For example, participants in COTA and WIO's (2023) study stressed the importance of giving people control, allowing for discretion, and ultimately respecting the wishes of each unique LGBTIQ+ older person. Further, a recent small-scale US qualitative study comprising focus groups including with SGM older people, identified concerns about autonomy and discrimination and about chosen family and community.<sup>347</sup> Acknowledgement of older SGM people's 'personhood' and preferences was identified as critical to their quality of life when in long-term care.<sup>348</sup>

Person-centred approaches also allow for patients to be understood as whole people, not just subjects. This allows for recognition of their capacities and strengths,<sup>349</sup> their experiential knowledge<sup>350</sup> and listening to and respecting their personal stories.<sup>351</sup> One participant in a qualitative Australian study<sup>352</sup> explained that such approaches not only allow for a better understanding but also dignity:

I would like people to be more accepting, and for people to realise that people have their own lives, their own choices, and to be able, not just for me, to live in peace, and be respected for who they are ... You need to convince service providers that gay people have a right to feel as they feel. To have a right to be – without explanations, or excuses.

Another benefit of these approaches is that they allow for services to build trusting relationships with the LGBTIQ+ older people they serve, which allow them to navigate challenges together and 'talk across differences'.<sup>353</sup> A key component of being person-centred involves not assuming everyone is the same, nor reducing them to a label. As one participant from a study<sup>354</sup> said:

... they [health practitioners] see the trans thing and they don't think of us as ... they see the, the trans label, rather than there is a patient that needs care and, alright, this is their problem ...'

Fundamentally, these approaches are respectful and anchored in a human rights approach.<sup>355</sup>

### 8.3.7. Support for carers of LGBTIQ+ older people

From previous literature, 2 studies flagged that some LGBTIQ+ older people may seek to be supported in their own home or residence of choice.<sup>356</sup> This may be particularly important to LGBTIQ+ older people who are partnered<sup>357</sup> and/or living in regional, rural or remote locations.<sup>358</sup>

<sup>345</sup> Grigorovich, 2016; Handlovsky et al., 2020; Stevens et al., 2023; Willis et al., 2016; see also Jones, 2022.

<sup>346</sup> Brotman et al., 2015.

<sup>347</sup> Cloyes & Towsley, 2024.

<sup>348</sup> Cloyes & Towsley, 2024; see also Silverman & Baril, 2023.

<sup>349</sup> Handlovsky et al., 2020; Wilson et al., 2019.

<sup>350</sup> Baril & Silverman, 2024; Silverman & Baril, 2023; see also Changfoot et al., 2022.

<sup>351</sup> Joosten et al., 2015.

<sup>352</sup> Joosten et al., 2015, p 13.

<sup>353</sup> Morris, K. A., Greteman, A. J., & Weststrate, N. M. (2023). Rainbows and mud: Experiments in LGBTQ+ intergenerational care. *Signs: Journal of Women in Culture and Society*, 49(1), 183–207, p 203.

<sup>354</sup> Benbow & Kingston, 2022, p 166.

<sup>355</sup> Willis et al., 2016, 2017.

<sup>356</sup> Grant & Walker, 2020; Miller, 2023.

<sup>357</sup> Miller, 2023.

<sup>358</sup> Grant & Walker, 2023.

One study, involving 218 lesbian and gay caregivers in Australia aged over 60, found that these caregivers faced challenges to their health and wellbeing and did not feel socially supported, especially if they were caring for another LGBTI person (as were over 40% of participants).<sup>359</sup> It is therefore important to ensure health and social care service providers that work alongside caregivers are supportive, inclusive and well-trained in gender and sexuality to enable accessibility.<sup>360</sup>

Other studies indicated that organisational support is essential to ensure carers can provide appropriate support to LGBTIQA+ older people.<sup>361</sup> A component of this involves celebrating the importance of working with LGBTIQA+ older people. As one participant from a Welsh qualitative study said:<sup>362</sup>

So, part of the thing about caring is actually how do we change the perception of the role, or the marketing of the role of caring ... the fact that you're working here shows how exceptional that you are ... Or that it's like a badge of honour that you've made the grade and can work in this care home.

As discussed previously in [chapters 2 and 3](#), some of the focus group participants were carers for their ageing parents. There was some discussion regarding the significant responsibility and demand of caring for ageing parents, some of whom had complex care needs such as those with dementia. These participants discussed the **unique challenges for LGBTIQA+ carers**.

For example, one focus group participant described caring for both their parents with Alzheimer's and requiring support from Dementia Australia regarding showing affection towards their mother who had previously engaged in abuse. This highlights the unique support LGBTIQA+ carers require, especially in circumstances where they are providing care for parents who may have engaged in abuse and mistreatment.<sup>363</sup>

Additionally, one focus group participant remarked on the impact caring responsibilities has on their ability to engage with their LGBTIQA+ communities, describing how they are unable to attend a rainbow coffee week due to being a full-time carer for their mother who requires significant support with activities of daily living. This highlights the need for increased support for LGBTIQA+ carers. Another focus group participant remarked on the selflessness and demanding nature of being a carer for an older adult and the importance of supporting carers:

Now when we're coming into elder abuse and everything else I really feel for carers, no matter what gender they are because when you're caring for someone fulltime it's a bloody hard, thankless job. The frustration that gets there is hard to diffuse as a standalone carer a lot of the time. It's really important also to support people who are caring so that their frustration doesn't topple over into abusive practices. Support for the carers [is needed to prevent abuse and mistreatment]. (AIFS ID 11: man or male, 65-69 years, gay, lesbian or homosexual, State/Territory 2)

Additionally, one survey participant remarked on carer burnout for those caring for LGBTIQA+ older people and attributed this to being influenced by the reluctance to enter residential aged care:

I think that there is a lot of carer fatigue and burnout in this space due to the hesitation of older LGBTI people to access aged care services specifically due to fear of discrimination or harm. (Survey participant: woman or female, 40-49 years, bisexual or pansexual, State/Territory 3)

### 8.3.8. Dedicated residential aged care services for LGBTIQA+ older people

Both younger and older survey participants expressed concerns regarding the prospect of entering a residential aged care service and/or expressed the need for there to be aged care services specifically for LGBTIQA+ older people, including services providing specialist social activities.<sup>364</sup>

Two participants who completed the Survey of LGBTIQA+ Younger People discussed wanting more information on residential aged care service options. They highlighted the unique concerns for some LGBTIQA+ people about the prospect of entering aged care and whether they will be safe and supported:

<sup>359</sup> Alba et al., 2019.

<sup>360</sup> Alba et al., 2019.

<sup>361</sup> McPhail & Fulop, 2016; Silverman & Baril, 2023.

<sup>362</sup> Willis et al., 2017, np.

<sup>363</sup> AIFS ID 43: man or male, 60-64 years, gay, lesbian, or homosexual, State/Territory 2.

<sup>364</sup> E.g. Survey participant: transgender and/or gender diverse non-binary person, 30-39 years, asexual, State/Territory 4.

What aged care is going to be available to me and if someone is homophobic in the care home will I be protected? If I ever need aged care – I don't think I would feel safe going into a home? But equally I don't really want to go into an aged care home full of other gays (it would be torture) so what can I do?' (Survey participant: man or male, 40–49 years, gay, lesbian or homosexual, State/Territory 4)

Three focus group participants also expressed the need for dedicated LGBTIQ+ residential aged care options. One participant described the importance for transgender and/or gender diverse and other LGBTIQ+ specialist support workers within aged care as well as for those living in the community, describing it as pertinent due to accumulated trauma experienced across the life course for transgender and/or gender diverse people.

One interview participant expressed the need for residential aged care that is not affiliated with religious institutions. They also described how it can be difficult to implement LGBTIQ+ initiatives within non-LGBTIQ+ specific aged care services due to fear of the repercussions of 'outing' residents. They described this as an added barrier for aged care residents to access LGBTIQ+ community events.<sup>365</sup> Another interview participant raised the need for a more compassionate care lens within aged care.<sup>366</sup>

Lastly, 3 focus group participants discussed the need for improved and mandatory LGBTIQ+ accreditation standards within aged care, and consequences for aged care providers if the accreditation standards are not upheld.<sup>367</sup> This was discussed within the same focus group:

The legislation has to be sitting behind it, and then the compliance and so forth, and then people will start understanding it; or a bit of both, but it does seem to take a little bit of law and putting things out there, before people's attitudes and actual behaviours change.

## 8.4 Qualitative insights from the survey, focus groups and interviews about ideas to improve awareness of abuse and mistreatment of older LGBTIQ+ adults

Discussions within focus groups and interviews as well as responses to the qualitative survey items regarding improving awareness, government priorities and experiences provide insight into the education, information and/or awareness initiatives that could improve understanding of abuse and mistreatment of LGBTIQ+ older people. Distinctions are made where possible in the discussion of these themes.

Themes were similar across participants and included:

- Education and awareness are lacking, and widespread improvements are needed across broad society, including among professionals engaged with LGBTIQ+ older people.
- A co-design approach for education, information and/or awareness initiatives is necessary.
- Widespread education and/or awareness campaigns that are accessible are needed to ensure society understands the abuse and mistreatment of LGBTIQ+ older people.
- Widespread education and/or awareness campaigns that celebrate all LGBTIQ+ people and are inclusive of celebrating and acknowledging LGBTIQ+ older people's advocacy and strength.

### 8.4.1. Improving education and awareness of abuse and mistreatment of LGBTIQ+ older people

In relation to previous literature, many studies indicated that there needs to be greater awareness of abuse and mistreatment – both against older people generally and LGBTIQ+ older people specifically.<sup>368</sup> Improving awareness was also a prevalent finding from the current study. For example, survey responses highlighted a lack of education and awareness campaigns on the abuse and mistreatment of LGBTIQ+ older people.

<sup>365</sup> AIFS ID 3: Aboriginal woman, 50–54 years, transgender and/or gender diverse, asexual, State/Territory anonymised.

<sup>366</sup> AIFS ID 8: man or male, 80–84 years, gay, lesbian or homosexual, State/Territory 3.

<sup>367</sup> AIFS ID 30: woman or female, 65–69 years, gay, lesbian or homosexual, State/Territory 4; AIFS ID 29: woman or female, 80–84 years, gay, lesbian or homosexual, State/Territory 3 and AIFS ID 31: woman or female, 55–59 years, gay, lesbian, or homosexual, State/Territory 1.

<sup>368</sup> EAAA, 2024; Reynolds, R., Edmonds, S., & Ansara, Y. G. (2015). Silver Rainbows: Advances in Australian ageing and aged care. *Australasian Journal on Ageing*, 34, 5–7; for an example of what this might look like, see Robson et al., 2018.

Many survey participants ( $n = 95/176$ ) emphasised the need for improved societal education and awareness across the broader population, government, services and organisations and relevant professionals. This was also reflected within some focus group and interview responses.

Only some survey participants provided detail on the content focus of education and/or awareness efforts ( $n = 23/95$ ; 23 older participants). Suggestions included:

- Improve **awareness of abuse and mistreatment of LGBTIQ+ older people** (including what it is, how it occurs, risk factors, incident indicators and how to respond) ( $n = 6$ ; 2 older participants).
- Provide education and information about **relevant support services** to ensure knowledge and understanding of help-seeking pathways and available services for LGBTIQ+ older people ( $n = 16$ ; 5 older participants).
- **Improve understanding of lateral violence** within LGBTIQ+ communities ( $n = 3$ ; 1 older participant) as there is minimal knowledge and understanding of this within research and across all communities.

The need for improved education and awareness of abuse and mistreatment of LGBTIQ+ older people was also discussed by some focus group participants ( $n = 17$ ). Some provided suggestions on the content focus of education and awareness, including:

- education and awareness that depicts gender-diverse dynamics
- education for LGTBIQA+ older people regarding behaviours that constitute abuse
- education for LGTBIQA+ older people regarding financial abuse, financial scams or financial management and safety
- education for LGBTIQ+ older people regarding assigning power of attorney
- education regarding incidents involving adult children who engage in abuse and mistreatment of LGBTIQ+ people
- education regarding older gay adults living with HIV.

## Greater education and awareness of all LGBTIQ+ people

Some survey participants discussed the need for **improved visibility of all LGBTIQ+ people** ( $n = 11$ ; 5 older participants). This was also raised by some focus group and interview participants. Responses highlighted the lack of established broader representation of LGBTIQ+ people, and the continued marginalisation experienced by LGBTIQ+ adults:

General elder abuse campaigns are okay as long as we can see ourselves in them, because otherwise, I know with me I just turn off. I kind of think, 'Oh, that's for straight people.' (AIFS ID 7: woman or female, 60–64 years, gay, lesbian or homosexual, State/Territory 5)

Additionally, one survey participant highlighted the lack of visibility of LGBTIQ+ people within Australia and described the lack of foundational understanding of LGBTIQ+ people as a barrier to understanding and addressing specific forms of abuse.

Improve data through better census questions and more government research and official population data. We have so little broad data on our communities, let alone specific age groups, etc. We can't address this specific abuse when we don't even have an accurate picture of the population as a whole. (Survey participant: transgender and/or gender diverse non-binary person, 18–29 years, bisexual or pansexual, State/Territory 1)

Similarly, one interview participant and 2 focus group participants described the need to improve the visibility of LGBTIQ+ people and their contributions in society using mainstream media. One focus group participant described how improving the visibility of gay people and their contributions has helped improve safety for gay people.

Some focus group participants also described the importance of acknowledging LGBTIQ+ older people's advocacy and their significant contributions to improve the lives of all LGBTIQ+ people through their fight for human rights and other freedoms, some of which felt unappreciated by younger generations:

I think GRAI has done this very well, in WA, by getting younger LGBTI people to go and talk to older people, in detail. And I'm not aware that that's been done anywhere else. Because I think it's a really important thing. (AIFS ID 31: woman or female, 55–59 years, gay, lesbian, or homosexual, State/Territory 1)

## Intersectional approaches to education and awareness

### Intersectionality across the LGBTIQ+ acronym

One focus group participant discussed the importance of creating community education that **frames the issue in terms of specific behaviours** or acts (i.e. has someone ever taken money from you without asking), rather than using abuse terminology (i.e. financial abuse). They described behaviourally specific language improved people's ability to recognise what they are experiencing. They further stressed the **importance of intersectional education**, which considers socio-economic class and other factors that put some within the acronym more at risk. They described information about abuse and mistreatment of LGBTIQ+ older people without an intersectional lens as being of low value to LGBTIQ+ communities.

The same focus group described the need to address the ageism that exists within some LGBTIQ+ communities and the importance of **promoting positive ageing**. They described the importance of utilising information that is already known, such as the risks that exist for LGBTIQ+ older people in aged care:

We had a Royal Commission into aged care services. Half the recommendations weren't implemented. Women are incredibly at risk. And then you can double it again for queer folk who are too scared to say anything whatsoever because they'll be turfed out. We know all this stuff. We just don't have a will to do anything about it because aged people are expendable, aren't they? They're seen as a problem. And that's the problem of the Western world, I think. (AIFS ID 41, she/they, 55-59 years, gay, lesbian or homosexual, State/Territory anonymised)

A small group of older lesbian focus group participants ( $n = 7$ ) also described feeling invisible within research, education and/or training initiatives. They described there being a poor understanding of issues and needs specifically for older lesbian women, including their experiences of abuse and mistreatment. Consequently, it was discussed that older lesbian women have multiple unmet needs:

So how can you address this issue if you don't even know anything about our community? Everything is kind of dispersed through the rainbow community, not one bit of funding is lesbian specific. So, until that issue is addressed you're going to have this this problem where our issues are not being met because you don't know anything about them and when you do, it's not actually us, it's about broad [LGBTIQ+] communities. (AIFS ID 54, female, 55-59 years, gay, lesbian, or homosexual, State/Territory 2)

Additionally, some survey participants raised the importance of recognising intersectionality when developing education and information regarding LGBTIQ+ older people ( $n = 8$ ; 4 older participants). They highlighted the overt differences in which abuse and mistreatment can occur across LGBTIQ+ communities.

Two older survey participants discussed the issues with the use of the terminology 'LGBTIQ+ community' and/or the LGBTIQ+ acronym. These survey responses discussed the diversity across LGBTIQ+ people and how the use of the term 'community' does not recognise LGBTIQ+ people as individuals with unique experiences and ideologies. This highlights the need for an intersectional approach when discussing issues relating to LGBTIQ+ people.

One older survey participant highlighted what they described as the pervasive sexist and gendered nature of violence within LGBTIQ+ communities, with this reinforcing women's experience of discrimination, violence and abuse across the life course. This participant indicated that 'it would be helpful if the government could see that we are not all the same'.<sup>369</sup>

Across both surveys, 2 participants raised the need for dedicated education relating to specific LGBTIQ+ groups. One survey participant discussed the invisibility of older transgender and/or gender diverse people, noting it as a form of harm:

The fact that there ARE older LGBTIQ+ Australians, combatting the narrative that being trans or gender diverse is a 'new' phenomenon as this hurts our elders who need support and visibility to have pride in their identities. (Survey participant: transgender and/or gender diverse non-binary person, 18-29 years, asexual, State/Territory 6)

<sup>369</sup> Survey participant: woman or female, 75-79 years, gay, lesbian or homosexual, State/Territory 2.

Another survey participant discussed the need for improved awareness of intersex people, highlighting the particular isolation of this population within education and awareness efforts:

Better comprehension of intersex people and attention to specific needs. (Survey participant: man or male born with variations of sex characteristics, 55-59 years, bisexual or pansexual, State/Territory 1)

### **Distinguishing family violence from abuse and mistreatment of older people**

One focus group participant described how service providers require education about the differences between elder abuse and family violence. They described the lack of distinction to be harmful as incidents can involve non-family members. Subsuming elder abuse into family violence was described as contributing to the lack of understanding about abuse and mistreatment, especially for older lesbian women. The same participant also described the need to provide clarity on the specific forms of abuse and mistreatment and who experienced it, as well as ensuring definitions outline all cohorts who engage in it:

I keep seeing everywhere on websites and what have you in Victoria that elder abuse is regarded as family violence and it's much more than family violence ... [and we] try to advocate for the Victorian Government [and those providing services] to actually try to broaden their language on this ... so they can talk about elder abuse in all its entities rather than just family violence which really distresses us as we see the full gamut of it down here. (AIFS ID 56: woman, 75-79 years, gay, lesbian, or homosexual, State/Territory 2)

### **Conceptually sound definition of 'older people'**

Previous literature also identified some issues around concepts and definitions used to frame and understand abuse and mistreatment against older people. For example, as discussed earlier in this report, some participants from a recent WA study<sup>370</sup> raised concerns around how to define and classify 'older people'. Of participants who responded to the survey offered as part of that study, 43.8% stated the definition of abuse and mistreatment against older people should not be limited by age, with some stressing this particularly for Aboriginal and Torres Strait Islander people.<sup>371</sup>

In considering these responses, Stevens and colleagues (2023, p. 66) noted that '*[c]ontextual circumstances, defined risk factors, and individual functional ability*' may be more relevant in defining 'older people' and determining the support different people may need for abuse and mistreatment against older people. Relatedly, 51.2% of survey respondents from this study stated they would prefer using the term 'abuse of older people' over 'elder abuse' for use with the broader population.<sup>372</sup>

### **A greater focus on older LGBTIQ+ survivors**

Some survey, focus group and interview participants emphasised the current focus of resources on LGBTIQ+ younger people. They described the double invisibility of LGBTIQ+ older people (noted in chapters 2 and 5 above) due to being both older and a part of the non-heteronormative population, highlighting the need to prioritise LGBTIQ+ older people:

More partnership activities between elder abuse-focused organisations and LGBTIQ+ organisations, as I feel like LGBTIQ+ organisations are very focused towards the young, with exception of possibly ACON. (Survey participant: woman or female, 30-39 years, bisexual or pansexual, State/Territory 1)

One survey participant described the need for greater focus on LGBTIQ+ older people and acknowledged historical trauma from ageing through significant periods of widespread discrimination:

There is a strong focus on protecting LGBTIQ+ young people, which is so important; however, given the historical traumas many LGBTIQ+ elders have experienced the potential for abuse and mistreatment may be significant. We grew up hiding, feeling shame, being publicly abused and demonised. We had to fight for any freedoms we may have. It all feels so tenuous. (Survey participant: woman or female, 55-59 years, identified as 'another sexual orientation', State/Territory 6)

One older survey participant described the greater focus on LGBTIQ+ younger people resulting in feeling invisible (across broader society and among some LGBTIQ+ communities), including in relation to their contributions to advocate for LGBTIQ+ people. They discussed the need for greater acknowledgement, visibility, inclusion and recognition of LGBTIQ+ older people across all society:

<sup>370</sup> Stevens et al., 2023.

<sup>371</sup> Stevens et al., 2023, p 66.

<sup>372</sup> Stevens et al., 2023, p 59.

It seems as I get older, I'm now invisible!! All the volunteer work in the mid-80s and 90s with all the angst + drama seems to be forgotten on young people today The LGBTIQA community seems and is portrayed as eternally young!! (Survey participant: man or male, 65–70 years, gay, lesbian or homosexual, State/Territory 2)

## 8.4.2. Education and training for professionals engaging with LGBTIQA+ older people

Some interview and focus group participants reflected on the need for professionals to receive **improved training and professional development** to ensure that there was increased awareness of the diversity of experience and needs in each of the lesbian, gay, bisexual, transgender and/or gender diverse, intersex, queer, asexual and other sexually or gender diverse groups. Similarly, some survey participants also discussed this ( $n = 36$ ; 7 older participants).

A variety of professionals were identified within survey responses, including mainstream service providers and community organisations, LGBTIQA+ service providers, public guardians, community visitors, Human Rights Commissioners, financial counsellors, general practitioners, medical professionals and frontline services, psychologists, disability and aged care workers, police and family violence specialists.

Some participants noted training and education for professionals was needed to improve awareness of, and expertise when responding to, abuse and mistreatment, ensuring appropriate knowledge of the needs of all LGBTIQA+ older people they may be in contact with.

Additionally, one younger survey participant and a some interview participants described education needs to include foundational knowledge of appropriate and inclusive terminology. One participant recognised the cultural shift and generational differences in terminology, some of which may be considered outdated, though preferred by LGBTIQA+ older people. They also recognised the need to respect and adopt older adult preferences when using terminology that relates to them.

Proper education of all staff, and an understanding and recognition of LGBTIQA+/Queer-specific issues that older Australians can face (e.g. discrimination from older Australians, staff, younger people, etc., both verbally and expression-wise). This would include basic knowledge of acceptable terms and unacceptable terms; including terms that certain people can use, such as when reclaiming slurs, or terminology use that may be outdated for most younger people but is the most comfortable language for self-reference for older people. (Survey participant: transgender and/or gender diverse nonbinary person, 18–29 years, identified as 'another sexual orientation', State/Territory 2)

Many studies identified training as another important mechanism to support best practice for supporting this client group.<sup>373</sup> Some studies suggest this training could specifically incorporate education and sensitisation to the experiences and needs of LGBTIQA+ older people.<sup>374</sup> Research literature included in the desktop review also found that training and education should:

- be regular and repeated in order to have sustainable impacts, given regular turnover of staffing in aged care services<sup>375</sup>
- be monitored and compliance to be investigated by external agencies<sup>376</sup>
- be robustly evaluated allowing for a more sustained effect on LGBTIQA+ experiences and wellbeing in older age<sup>377</sup>
- allow for staff to become 'everyday advocates' who could share some of the emotional and energetic load borne by LGBTIQA+ older people who are trying to protect themselves from the risk and/or real experiences of abuse and mistreatment.<sup>378</sup>

Within the current study, one participant from the Survey of LGBTIQA+ Younger People also discussed the need for professionals to engage in training to better protect at-risk LGBTIQA+ older people and to respond appropriately to those who have experienced abuse and/or mistreatment. Within their response, they also discussed the need to empower LGBTIQA+ older people to seek help and support from trusted services.

373 Alba et al., 2019; Baril & Silverman, 2024; Benbow & Kingston, 2022; Caceres et al., 2020; Fogel, 2016; Lyons et al., 2021; McPhail & Fulop, 2016; Okpodi, 2015; Reynolds et al., 2015; Silverman & Baril, 2023; Willis et al., 2017.

374 Baril & Silverman, 2024; Furlotte et al., 2016; Grigorovich, 2016.

375 Robson et al., 2023.

376 Willis et al., 2017.

377 Ezhova et al., 2020; Jurček et al., 2021.

378 Willis et al., 2017.

Empowering LGBTIQ+ older people was also identified in the literature to be important for self-advocacy and help seeking. For example, although LGBTIQ+ older people experience abuse and mistreatment, including anticipated or personal experience of discrimination in health care settings and a lack of access to health services or family support,<sup>379</sup> a systematic integrative review of recent US studies of gender diverse older people's health care needs ( $n = 35$ ) identified that LGBTIQ+ older people also had 'assets' that assisted in 'mitigating' these risks.<sup>380</sup> In addition to:

- service policies that address and prevent discrimination
- increased training for health care providers to facilitate safe and gender-inclusive care environments
- expanded community resources and advocacy to support gender diverse older people

this research also recommends **empowering LGBTIQ+ older people** by acknowledging their 'healthcare assets', including inclusivity and acceptance, antidiscrimination protections, community, care of mind, body and spirit, end of life preparations, financial security and intersectionality.<sup>381</sup>

A recent UK systematic scoping review similarly identified what may be described as risk mitigation or protective factors in the form of LGBT focused social groups to offset social isolation.<sup>382</sup>

One component of empowering LGBTIQ+ older people to participate in responses to the abuse and mistreatment of themselves and their peers is building on their capacity to contribute to and/or lead these responses.<sup>383</sup> Peer-led capacity building is a particularly promising approach, as it leverages existing intra-community strengths while also providing enriching opportunities for personal development and social connection.<sup>384</sup> For example, in one Canadian project involving LGBT youth and seniors collaborating on creative initiatives to raise awareness around the abuse and mistreatment of older people, LGBT youth and elders engaged in peer-led capacity building.<sup>385</sup> During the project, both groups developed their own skills in activism and advocacy to respond to abuse and mistreatment, and they also grew to learn from, respect and understand each other.<sup>386</sup>

A randomised control trial of a culturally responsive cognitive behavioural and empowerment intervention for SGM older people living with dementia, that was informed by findings from the longitudinal National Health, Aging and Sexuality/Gender study, identified that this intervention supported a reduction in perceived stress and stigma and increased physical functioning, social support and engagement and use of resources.<sup>387</sup> Smaller scale US research also identified that 'video-recorded statements of daily preferences, facilitated and supported by a peer network' were measures that could also facilitate and encourage 'culturally competent, person- and community-centered care' for sexual and gender minority older people in care settings.<sup>388</sup>

Within the current study, educating professionals was also discussed by 5 focus group participants, all of whom acknowledged there to be gaps in training. Four focus group participants expanded on their comments regarding educating professionals. One focus group participant discussed the importance of making sure professionals have the time to complete training, while another highlighted the need to develop education to combat discrimination within health care services.

You wonder, 'Oh, if I disclose to this man [GP], he appears to be from a country where homosexuality is vilified, how can I disclose it to him?' It should be the other way around. You should think, 'Okay, they are health professionals, they are well educated. They will not judge me by my sexual preferences, they will not judge me. They will see me as a human being that needs care.' I think that's the main point. I think people, the community, I don't know how we may achieve that. (AIFS ID 23: man or male, 60-64 years, gay, lesbian or homosexual, State/Territory 2)

379 See e.g. Caceres et al., 2020; Catlett, 2024; Ezhova et al., 2020; Fasullo, K., McIntosh, E., Buchholz, S. W., Ruppert, T., & Ailey, S. (2022). LGBTQ older adults in long-term care settings: An integrative review to inform best practices. *Clinical Gerontologist*, 45(5), 1087-1102; Marchbank, J., Robson, C., Gutman, G., Gurm, B., & Reed, M. K. (2023). *Elder abuse in the lesbian, gay, bisexual, transgender plus communities* (Knowledge Synthesis); Preston, 2024.

380 Catlett, 2024.

381 Catlett, 2024, p 134.

382 Kneale et al., 2021.

383 Robson et al., 2018; see also Morris et al., 2023; Wydall et al., 2023.

384 Robson et al., 2018.

385 Robson et al., 2018.

386 Robson et al., 2018.

387 Fredriksen-Goldsen et al., 2023.

388 Cloyes & Towsley, 2023.

One focus group participant described the need for training to be compulsory, and to adopt an intersectional approach that includes content relating to First Nations LGBTQI+ people, especially sister-brothers (as described by participant).

But professionals – and I'd like to point out, not just nursing staff, but support staff, and this is including all of your community welfare staff, DVA support staff, your support staff in any government sector. They all need to do formal education on caring for LGBTQI+ SB elderly people. The problem we're facing with that is because it's been simply cis people who have been looked after, and what they don't understand is that our community have more complicated issues than cis people do. And that's not just our bodies, but our relationships. (AIFS ID 26, Aboriginal woman, 60–64 years, transgender and/or gender diverse, bisexual or pansexual, State/Territory anonymised)

Similarly, one interview participant described the deep-rooted distrust of government-related services for Aboriginal and Torres Strait Islander adults due to the ongoing impact of the Stolen Generations. They described the need for more LGBTQIQA+ and First Nations frontline workers. They also described the need for improved training for doctors in relation to transgender and/or gender diverse people.

Particularly for First Nations ... It needs to be taken away from the government and being in private hands ... there's so much past trauma from government agencies and like they might have stopped the stolen generation but they're still stealing the children. and things like that. that needs to change ... [they need] more LGBTQIQA+ and more First Nations People actually at the front lines dealing with it and helping the members and helping their community their own communities go through the system and dealing with it. Doctors need a lot more training on a transgender and gender diverse people. They have no clue how to deal with them in general. (AIFS ID 3: Aboriginal woman, 50–54 years, transgender and/or gender diverse, asexual, State/Territory anonymised)

Additionally, another interview participant described how there is not enough done to support LGBTQIQA+ Aboriginal and Torres Strait Islander older people and the additional barriers to recognising this cohort.

Being a sister girl I really believe that there is not nearly enough done. Not enough recognition. (AIFS ID 9: Aboriginal woman, 60–64 years, transgender and/or gender diverse, pansexual, State/Territory anonymised)

Some interview participants also raised the importance of professional training related to people living with HIV as well as professional training in relation to providing care and supporting transgender and/or gender diverse older people.

Within previous literature, trauma-informed care was identified as a critical aspect of caregiving for LGBTQIQA+ older people.<sup>389</sup> One participant in Joosten's (2015) study explained that it is important for aged care service providers to specifically understand LGBTQIQA+ older people's traumatic histories of discrimination and fear and recognising that '*sometimes their only safe place has been their home where only people who knew them were allowed in and now aged care providers may be coming to their home*'.<sup>390</sup>

One aspect of trauma-informed care is recognising histories of compounding medical trauma experienced by LGBTQIQA+ people.<sup>391</sup> Although this medical trauma may specifically relate to certain members of LGBTQIQA+ communities – such as people living with HIV and transgender and/or gender diverse people who may have been denied gender-affirming care – all members of LGBTQIQA+ communities can be affected by the histories associated with that trauma.<sup>392</sup>

Kneale and colleagues' (2021) and other systematic reviews also identified the need for service providers to be sensitive to challenges including the lifetime history of discrimination, anxiety about future discrimination and potential social isolation (e.g., due to lack of family support and/or minimal opportunities for identity-affirming social connections). Overall, these reviews indicate services must improve the holistic quality of life for LGBTQIQA+ older people, in a trauma-informed way.<sup>393</sup> Trauma-informed care is not only important from a practical perspective but also a symbolic one.<sup>394</sup>

389 Baril & Silverman, 2024; EAAA, 2024; Handlovsky et al., 2020; Joosten et al., 2015; Robson et al., 2023.

390 Joosten et al., 2015, p 15; see also Kia et al., 2022.

391 COTA & WIO 2023; see also Handlovsky et al., 2020; Joosten et al., 2015; Robson et al., 2023.

392 Miller, 2023.

393 Preston, 2024, np; see also Catlett, 2024.

394 Willis et al., 2017.

The cornerstone of cultural change within aged care homes must be the recognition of the history and legacy of illegality and stigma surrounding LGBTIQ+ communities.<sup>395</sup>

## Improved education within residential aged care services

Some participants discussed the need for improved training and/or education within residential aged care services ( $n = 12/36$ ; 7 older participants). Of the 7 older participants who discussed the need for improved education and training for professionals, almost all referred to upskilling residential aged care staff ( $n = 5/7$ ).

Only one survey response discussed the nature of the training required for aged care staff. This participant highlighted the preference of using LGBTQ+ older people (as described by participant) educators when delivering training specifically in relation to older transgender and/or gender diverse education content.

Six focus group participants also raised the need to improve education within residential aged care services to support them to adopt inclusive practices and to combat discriminatory attitudes:

The most important things in aged care homes – most of them are facilities, they're not homes. But the most important thing is that when people are employed, they go through a rigorous education program, and that there's ongoing education. And that the senior personnel running the place need to have very open and welcoming attitudes towards aged care, people from different nationalities and cultures, straight and LGBTI men and women, the whole gamut. (AIFS ID 22: woman or female, 75–79 years, gay, lesbian or homosexual, State/Territory 2)

In recent literature involving reflections on her practice in nursing homes, practice guides were identified as key facilitators of best practice in working with LGBTIQ+ older people.<sup>396</sup> Mixed experiences of inclusive practices have been identified in reviews of research with staff and LGBTQ older people in long-term care facilities, with increased staff training (including regarding communications that do not assume heterosexuality or cisgender identity) and the importance of community networks also identified in this context.<sup>397</sup> The importance of improving education and training for professionals engaging with LGBTIQ+ older people was also a prominent finding within the current study.

Additionally, flexibility is important, to ensure aged care service providers can adapt to the evolving needs and profiles of their patients. This is particularly important when working with patients living with Alzheimer's disease or dementia, for whom person-centred care involves acknowledging and then validating the subjective reality they are experiencing at any given time.<sup>398</sup> It is even more important when working with trans patients living with dementia, as their gender identities and expression may change.<sup>399</sup>

To this end, one study proposed a 'trans-affirmative fluid approach' that involves being led by trans patients on how they choose to identify or express themselves at any given time and refrains from imposing a gender identity on them, even if they historically claimed and embodied a particular gender.<sup>400</sup> This may involve, for example, providing a diversity of pins/badges that the person could wear to indicate the pronouns they prefer, and having masculine, feminine and 'neutral' clothing items in the closet for the person to wear.<sup>401</sup> Again, this approach emphasises the importance of *choice*. Such a flexible, patient-led approach requires that aged care services do not make assumptions about LGBTIQ+ older people's gender identity, expression or cognitive ability.<sup>402</sup> This, in turn, requires they have some understanding of gender and gender fluidity,<sup>403</sup> which dovetails into the need for training.

<sup>395</sup> Willis et al., 2017, np.

<sup>396</sup> Jones, 2022.

<sup>397</sup> Fasullo et al., 2022.

<sup>398</sup> Fazio, S., Pace, D., Flinner, J., & Kallmyer, B. (2018). The fundamentals of person-centered care for individuals with dementia. *The Gerontologist*, 58(suppl\_1), S10–S19; see also Changfoot et al., 2022.

<sup>399</sup> Baril & Silverman, 2022, 2024.

<sup>400</sup> Baril & Silverman, 2022.

<sup>401</sup> Baril & Silverman, 2022.

<sup>402</sup> Baril & Silverman, 2024; Robson et al., 2023.

<sup>403</sup> See e.g. Hurd et al., 2022.

### 8.4.3. Co-design and collaboration

The importance of co-designed, community-focused and community-led initiatives was raised in previous literature. Some studies indicated that initiatives related to supporting LGBTIQ+ older people should be co-designed with them.<sup>404</sup> As one participant in EAAA's (2024) study said:

*It needs to be 'by our community, for our community'.<sup>405</sup>*

Some participants in the COTA & WIO (2023) study celebrated the opportunity for LGBTIQ+ people and organisations to co-design and deliver awareness-raising initiatives, building on the advocacy and organising skills and solidarity they have forged over decades of activism.<sup>406</sup>

Furthermore, as discussed throughout this report, discrimination is often a lifelong experience for LGBTIQ+ people. One place LGBTIQ+ people seek refuge, resilience, resources and advocacy against discrimination and violence is in their social relationships.<sup>407</sup> This can include intimate relationships and communities of other LGBTIQ+ people. Many studies noted the importance of allowing LGBTIQ+ older people to age together, in communities of other LGBTIQ+ people.<sup>408</sup>

The importance of co-designing information about abuse and mistreatment of LGBTIQ+ older people was also discussed within the current study ( $n = 2$  focus group participants;  $n = 4$  interview participants;  $n = 19$  survey participants; 7 older survey participants). Participants described the importance of co-designing with:

- LGBTIQ+ older people with lived experience
- LGBTIQ+ organisations and people trusted within the community
- other relevant community organisations
- aged care services
- relevant researchers.

One older person described the current lack of collaboration and involvement with older gay and lesbian adults having resulted in their disconnection from LGBTIQ+ organisations. They described gaps in some LGBTIQ+ organisation approaches and service delivery for LGBTIQ+ older people and those living outside metropolitan areas of Australia:

*Involve mature socially aware, out and proud lesbians, gay men, etc. from grass roots community organisations. The ACONS, LGBTIQ+ Health, i.e. big funded organisations, are not in touch with grass roots community – including people living out of metropolitan areas. (Survey participant: woman or female, 75–79 years, gay, lesbian or homosexual, State/Territory 1)*

Another survey participant described the need for close engagement with marginalised LGBTIQ+ people, which would require face-to-face efforts to engage. One interview participant described how contributions from LGBTIQ+ older people are undervalued:

*The contribution that we can make to society because we're fringed dwellers is highly underrated in my opinion and highly undervalued. (AIFS ID 8: man or male, 80–84 years, gay, lesbian or homosexual, State/Territory 3)*

### 8.4.4. Widespread education and awareness campaigns

#### Campaigns need to be disseminated across a variety of means and audiences

A number of survey participants discussed specific audiences and/or dissemination channels for education and awareness initiatives ( $n = 68$ ; 17 older participants). Most described broad dissemination through various means is required to ensure outreach and engagement ( $n = 46$ ; 11 older participants).

404 Benbow & Kingston, 2022; EAAA, 2024; Page et al., 2016.

405 EAAA, 2024, p 35.

406 COTA & WIO, 2023.

407 Barrett, Whyte et al., 2015; Boulé et al., 2020; Brotman et al., 2015; Changfoot et al., 2022; Handlovsky et al., 2020; Joosten et al., 2015; Miller, 2023; Morris et al., 2023; Perry et al., 2023; Silverman & Baril, 2023; Waling et al., 2019; Willis et al., 2016.

408 COTA & WIO, 2023; Furlotte et al., 2016; Miller, 2023.

Some survey participants raised the need for education and resources specifically for LGBTIQ+ people, focusing on providing information through LGBTIQ+ community events, spaces and media ( $n = 10$ ; 1 older participant). This highlighted the need for tailored approaches to ensure accessibility and relevance.

Some survey participants discussed engaging other distinct groups ( $n = 16$ ; 3 older participants), highlighting the need for inclusive strategies to engage widespread audiences. These included:

- heteronormative and younger audiences to foster broad social responsibility to prevent abuse and mistreatment ( $n = 5$ ; 1 older participant)
- school-aged audiences to ensure early intervention within schools and promote inclusivity, diversity and combat discrimination ( $n = 3$ )
- people living in regional and remote areas of Australia who may have limited access to education ( $n = 4$ )
- culturally and linguistically diverse audiences and/or religious audiences to promote understanding, acknowledgement and acceptance of LGBTIQ+ people and diversity ( $n = 3$ )
- people who use abuse and mistreatment to better protect older LGBTIQ+ adults and aid in prevention ( $n = 1$ ).

## Widespread dissemination strategies using a variety of communication channels

Some participants discussed dissemination strategies and/or communication channels within survey responses ( $n = 29$ ; 10 older participants). Survey participants described utilising a wide range of outlets encompassing both traditional and modern platforms. This was also discussed by 3 focus group participants.

For example, suggestions included providing information within print media, social media, television, radio and other mainstream and/or LGBTIQ+ media, via text messages, paper-based pamphlets, booklets and posters displayed at key locations (e.g. doctors, religious institutions, libraries, pharmacies, law firms, LGBTIQ+ and/or older adult events, services and organisations). Results suggested the need to use a multifaceted and widespread approach to improve engagement and/or increase awareness and knowledge.

## Improving accessibility of information

Some survey participants discussed the need for accessible information relating to abuse and mistreatment of LGBTIQ+ older people ( $n = 17$ ; 3 older participants). Ideas to improve accessibility of education, information and awareness campaigns included use of plain language, language translations, large print, electronic and/or paper-based information, easy to access hyperlinks and/or QR codes.

One younger survey participant suggested needing a greater understanding of how LGBTIQ+ older people access information to tailor outreach efforts and create more accessible resources for LGBTIQ+ older people.

Lastly, some survey responses highlighted how information must be available via more traditional approaches to reach and engage older people who may find navigating online platforms difficult ( $n = 6$ ; 2 older participants). They also discussed the need to upskill older people's digital literacy.

### 8.4.5. The Australian governments need to prioritise LGBTIQ+ older people

Survey participants raised several possible legislative and policy improvements. Out of 167 participants, 58 discussed improved legislation and/or policies for LGBTIQ+ older people, including 16 who were older participants.

Themes were similar across participants and included:

- greater advocacy of LGBTIQ+ people within Australian governments and legislation
- greater protection of LGBTIQ+ older people within legislation.

## Greater advocacy of LGBTIQ+ people within Australian governments and legislation

When discussing legislative and/or policy improvements, some survey participants called for greater LGBTIQ+ representation ( $n = 21$ ; 8 older participants). Some participants emphasised the need for greater advocacy within government ( $n = 18$ ; 9 older participants). They highlighted the importance of inclusive leadership and

visible government alliance with LGBTIQ+ people, especially when combating abuse and mistreatment. Ten participants, most who were older people ( $n = 7/10$ ), stressed this need:

Government(s) to see and understand that they are – and should be behaving as – advocates for all constituents, especially those who are – or feel that they are – disadvantaged and marginalised. (Survey participant: woman or female, 65–70 years, gay, lesbian or homosexual, State/Territory 3)

Similarly, some older lesbian women focus group participants described the lack of government allyship with older lesbian women as well as the lack of specific initiatives. They discussed this as a form of institutional abuse for older lesbian women.

Additionally, some survey participants also referred to the need for dedicated government action and/or advocates relating to LGBTIQ+ people ( $n = 10$ ; 3 older survey participants). For example, participants suggested:

- state and territory LGBTIQ+ commissioners ( $n = 3$ )
- a national strategy for tackling abuse and mistreatment of LGBTIQ+ older people or the inclusion of LGBTIQ+ older people in family and domestic violence national plans ( $n = 3$ ; 1 older survey participant). This was suggested to improve education and awareness and recognise LGBTIQ+ abuse and mistreatment of older people as distinct from other forms of violence.
- an LGBTIQ+ older adult care standard ( $n = 1$ ). This suggestion highlighted the need for existing care models to have a greater focus on a non-discriminatory and respectful standard of treatment of LGBTIQ+ older people.
- improving anti-discrimination and other forms of legislation to ensure greater protection of LGBTIQ+ adults and that the rights of LGBTIQ+ people are upheld ( $n = 5$ ; 1 older participant); or introducing a relevant LGBTIQ+ government Act ( $n = 1$  interview participant).

Some participants from the Survey of LGBTIQ+ Younger People also discussed the exclusion of LGBTIQ+ people from within Australian census data ( $n = 4$ ). This was described as further entrenching the invisibility of LGBTIQ+ people and their needs. They discussed how the inclusion of LGBTIQ+ people within the census would validate their existence and experiences and serve as a stronger foundation for informed efforts and initiatives:

And the latest distress about the census (are we in or are we not?) has shown how little mainstream society seems to care and understand the impact on the community when we are discussed (or not discussed) as if we are not important, worthwhile, citizens, contributing members of society, quite similar to the marriage equality debate. (Survey participant: woman or female, 60–64 years, gay, lesbian or homosexual, State/Territory 2)

Lastly, some survey participants also expressed scepticism or a lack of trust regarding current government initiatives to combat abuse and mistreatment of LGBTIQ+ older people ( $n = 4$ , 1 older participant). One survey participant reflected on distrust in government initiatives aimed at aiding LGBTIQ+ older people, citing tokenistic efforts and inadequate, superficial support. They emphasised the need for genuine, effective action, allyship and compassion from government and society.

I was involved very closely and deeply with service providers and the provision of government funding for same. I never saw a project or service that I thought provided real in-depth support. I never saw any organisation that wanted to really get their hands dirty, doing the work and staying in touch with the person in difficulties. There was far too much money wasted in scoping, organising gabfests, printing some kind of report, having a launch of report and then applying for another tranche of funding. Given the disfunction found within marginalised and abused communities, the level of funding is pitiful and the understanding of needs is almost non-existent. (Survey participant: self-described gender, 71–74 years, born with a variation of sex characteristics, identified as 'another sexual orientation', State/Territory anonymised)

This was also expressed by an interview participant who described the tokenistic government initiatives to address abuse and mistreatment towards LGBTIQ+ older people. They suggested appointing LGBTIQ+ ministers, who represent and identify with LGBTIQ+ communities and who have a vested interest as more meaningful initiatives.<sup>409</sup>

409 AIFS ID 6: gender not specified, 70–74 years, born with a variation of sex characteristics (sometimes called 'intersex'), sexual orientation described as 'other', State/Territory anonymised.

## Greater protection of LGBTIQ+ older people within legislation

Some survey participants who completed the Survey of LGBTIQ+ Younger People discussed the need for greater protections and support for LGBTIQ+ older people who have experienced abuse and mistreatment ( $n = 6$ ).

Stronger regulations to ensure people who experience elder abuse are protected, service organisations respond in a timely manner to abuse, funding for counselling services that cater for all victims of elder abuse that are culturally relevant. (Survey participant: man or male, 55-59 years, gay, lesbian or homosexual, State/Territory 2)

One survey participant acknowledged the challenges for LGBTIQ+ older people seeking help after experiencing abuse and/or mistreatment and described how LGBTIQ+ older people may fear disclosing incidents due to increased isolation:

The government needs to provide some level of immediate, tangible and effective protection to the elder in the event that they do report abuse. It would be an incredibly scary and vulnerable time for elders if they were a victim of abuse, and the fear of isolation or further abuse would absolutely prevent reporting. (Survey participant: self-described gender, 40-49 years, gay, lesbian or homosexual, State/Territory 6)

Additionally, a small number of survey participants discussed the need for improved legislation to ensure accountability for the abuse and mistreatment of LGBTIQ+ older people ( $n = 5$ ; 1 older survey participant). They raised the need for legal action, the introduction of specific elder abuse offences, and the introduction of harsher consequences and/or mandatory judicial sentencing.

Some survey participants also raised concerns regarding legal exemptions for religious institutions, which were described as allowing religious organisations and institutions to marginalise, discriminate or abuse LGBTIQ+ people ( $n = 6$ ; 1 older participant). They discussed the removal of exemptions for religious organisations and institutions who engage in abuse and mistreatment of LGBTIQ+ people, including LGBTIQ+ older people.

Lastly, some survey participants discussed the need to prioritise investigating residential aged care settings and/or improve regulations and mandatory reporting and/or care standards within the health and residential aged care settings ( $n = 8$ ; 1 older participant).

## 9. Implications – Next steps

### 9.1 Introduction

This project involved a national research study investigating the abuse and mistreatment of lesbian, gay, bisexual, transgender, intersex, queer and/or asexual older people to address a gap in research involving LGBTIQ+ older people in Australia. It was commissioned by the Australian Attorney-General's Department and builds on existing knowledge of the nature and prevalence of abuse and mistreatment in the National Prevalence Study.

Comprising a desktop review of relevant research literature preceding this project, 2 concurrent national surveys of LGBTIQ+ people and focus groups and interviews with LGBTIQ+ older people, this project examined the types of abuse and mistreatment experienced by LGBTIQ+ older people, and the drivers and context for this abuse and mistreatment. It examined who uses and who experiences this abuse and mistreatment and its effects on them. It also examined help-seeking and protective behaviours of LGBTIQ+ older people and their experiences of service responses.

The findings from this research are relevant not only to the work of the Australian Attorney-General's Department as the commissioning agency, but also to state and territory governments and service providers to inform their legislative, policy and practice activities aimed at preventing and addressing the abuse and mistreatment of LGBTIQ+ older people. Importantly, the findings may be used to inform the drafting and development of the *National Plan to End the Abuse and Mistreatment of Older People 2025-2035* and its subsequent 5-year action plans, as well as the prevention and response activities designed and implemented in accordance with these plans.

### 9.2 Understanding abuse and mistreatment for LGBTIQ+ people

As noted in [chapter 1](#), the definition of abuse and mistreatment applied in this project is the working definition for research that was developed for the National Prevalence Study, which provides for abuse and mistreatment to include:

a single or repeated act or failure to act, including threats, that results in harm or distress to an older person. These occur where there is an expectation of trust and/or where there is a power imbalance between the party responsible and the older person.<sup>410</sup>

The extended scope of this definition (beyond the World Health Organisation definition) facilitated the exploration of additional types of abuse and mistreatment experienced by LGBTIQ+ older people, including the additional abuse type of discrimination. It also supported the consideration of systemic issues critical to understanding their experiences.

The research team acknowledges the focus on relationships of trust and on the 5 abuse types examined in the National Prevalence Study. However, this research shows that because of their experience of discrimination and potentially violence and abuse earlier in their life course, LGBTIQ+ older people commonly have multiple compounding and at times specialised needs that require a careful and specific response.

### 9.3 Information, awareness and education

The data in relation to the incidence of abuse and mistreatment suggest a critical need for both public and targeted information, awareness and education campaigns. The goal is to improve broader community knowledge and understanding of:

- the experience of each of the National Prevalence Study forms of abuse but, particularly, psychological/emotional abuse and financial abuse, given their higher rates of experience by LGBTIQ+ older people
- the additional abuse type of discrimination specifically experienced by LGBTIQ+ older people.

This would involve directing these campaigns and educational activities at reducing ageist and abuse-condoning attitudes in the broader community *and* within LGBTIQ+ communities.

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For LGBTIQ+ older people, the information, awareness and education campaigns could take into account their generally greater levels of awareness and understanding of abuse and mistreatment, as identified in the data. These campaigns could focus on:

- supporting the continued identification of what constitutes abuse and mistreatment and how abuse and mistreatment might present for LGBTIQ+ older people
- providing information to older LGBTIQ+ community members about safeguarding themselves from psychological/emotional and financial abuse (having regard to their assets) and discrimination specifically, as well as other forms of abuse and mistreatment more generally
- providing clear pathways to services and supports for older LGBTIQ+ community members who experienced abuse.

The insights from this research project into the drivers and dynamics of abuse and mistreatment including insights relating to people who use abuse and mistreatment, can assist the design, format, content and implementation of future information, awareness and education initiatives.

The findings suggest future information, awareness and education initiatives should be designed to target:

- LGBTIQ+ older people experiencing psychological/emotional abuse and discrimination
- heterosexual people, who are more likely to be identified as engaging in abuse or mistreatment of LGBTIQ+ older people
- people engaging in abuse and mistreatment who have co-occurring issues, including mental health and issues with alcohol and other substance use.

In particular, the data in relation to lower levels of confidence in identifying abuse and mistreatment among LGBTIQ+ younger people and non-binary people participating in the survey (64% and 63% respectively) compared to older LGBTIQ+ survey participants (90%), also suggest a need for information tailored to these cohorts to help them identify the signs of abuse and mistreatment.

Given the substantial concerns about ageing and about experiencing abuse across LGBTIQ+ communities, information about protective measures and activities to implement these measures are also required. Targeted information for people aged 50 years and older and for non-binary people would assist in addressing the higher levels of concerns in these groups.

LGBTIQ+ people's confidence and ability to seek help (with less than half of participants seeking help) also indicate that more awareness is required of elder abuse specific services including the 1800 elder abuse helpline. This would be supported by education and training for health and other service professionals.

Insights into drivers and dynamics of abuse and mistreatment can also help to inform future information and awareness-raising campaigns and education activities directed at reducing ageist and abuse-condoning attitudes in the general community and LGBTIQ+ communities.

- Measures could also be designed to target heterosexual people who are more likely to be identified in the survey as engaging in discrimination and psychological/emotional abuse of LGBTIQ+ older people.
- The data relating to the co-occurring issues, including mental health and alcohol and other drug use, for people engaging in abuse and mistreatment suggest that targeted information awareness-raising and education materials designed for these cohorts should also be considered. The data also suggest a need for improved and evidence-based prevention and response measures for the range of co-occurring issues identified for those engaging in abuse and mistreatment (see further below).

The data on experiences of discrimination by LGBTIQ+ older people not only informs the content of information, awareness and education measures. This data, together with data from the National Prevalence Study on discrimination as a form of cultural abuse experienced by Culturally and Linguistically Diverse older people, and the data on institutional and systemic abuse/discrimination examined in the Aboriginal and Torres Strait Islander Research Stream, also informs our developing understanding of what constitutes the abuse and mistreatment of older people. This is particularly important for older people who experience intersecting and overlapping factors and characteristics associated with the experience of these forms of discrimination.

## 9.4 Service design and implementation

The findings from this research project in relation to both the incidence and drivers and dynamics of abuse and mistreatment of older people can inform service design and implementation of improved prevention and

response policies and practice. This would support service providers to better address the specific needs and experiences of LGBTIQ+ older people.

The design and implementation of policy and service provision for prevention and response activities should be informed by data on the priority target populations – both in relation to people who experience abuse and mistreatment and people who use this behaviour.

Specifically in relation to people experiencing abuse and mistreatment, the data relating to the heightened risk of abuse and mistreatment for LGBTIQ+ people living with a disability (in relation to financial abuse and neglect) and transgender and/or gender diverse older people (in relation to discrimination), suggests an intersectional approach is required with targeted prevention measures and supports. Additionally, separated or single LGBTIQ+ older people have been identified as being in greater need of support.

Although the effect of age was not found to be statistically significant, the data may still suggest that there are protective effects associated with the earlier stage of older age, with participants in the oldest age group more likely to experience health issues and to require aged care. Targeted measures for LGBTIQ+ people in the older age groups may therefore be warranted.

More generally, the absence of geographic differences in the data may also suggest that more universal action is required to address the experiences of abuse and mistreatment.

Improved support as well as information for LGBTIQ+ older people to report abuse and mistreatment and to facilitate improved response strategies are also required. Passive responses adopted by older people experiencing abuse and mistreatment (withdrawing from friends, family or social life) have been identified as raising particular concerns, as the loss of social connections may exacerbate the negative effects of abuse and mistreatment. This emphasises the need to tailor service responses to provide broader or alternative help-seeking options for LGBTIQ+ older people, including service responses that are tailored to address the individual and specific needs and experiences of older people in the different LGBTIQ+ groups. Alternative support options raised in the findings of this study included dedicated LGBTIQ services, (including services that address abuse and mistreatment and other LGBTIQ+ services) that strengthen social networks, dedicated LGBTIQ+ aged care services and services for LGBTIQ+ older people undertaking caring roles (where they may be experiencing abuse).

In addition to the information about protective measures for LGBTIQ+ older people noted earlier, activities to support their implementation are required. This may include facilitating connections between LGBTIQ+ people and networks and building LGBTIQ+ friendly services. Targeting this information and activities for people aged 50 years and older and for non-binary people would assist in addressing the higher levels of concerns among these groups. Services responses that are designed to change the behaviours of those engaging in abuse and mistreatment are also required.

In relation to these people engaging in abuse and mistreatment, the data indicating that middle-aged men and women are equally likely to be identified overall as engaging in abuse or mistreatment suggests that service responses need to address the non-gender-related aspects of abuse and mistreatment of LGBTIQ+ older people. Nevertheless, the data also suggest targeted prevention and response measures will still be required in relation to specific types of abuse of LGBTIQ+ older people, with men more likely to be identified as engaging in financial and emotional abuse and women more likely to be identified as engaging in discrimination.

The findings in relation to heterosexual people being more likely to be identified as engaging in the abuse or mistreatment of LGBTIQ+ older people, and in relation to the use of psychological/emotional abuse and discrimination, also suggest the need for further education, training and professional development for non-LGBTIQ+ people to support them to provide inclusive and specialised service delivery to LGBTIQ+ older people. This is particularly so in the health and aged care sector, as well as other professionals providing services to LGBTIQ+ older people.

In the absence of clear patterns in the data regarding the relationships between those engaging in abuse and mistreatment and those experiencing it, it will be important for service responses and prevention activities to be cognisant of the varying dynamics of abuse and mistreatment of LGBTIQ+ older people – including siblings and friends, partners/spouses, children/stepchildren as well as other family members and professionals and members of the broader community.

Relevant support services should be provided together with the information and education activities for people who engage in abuse towards LGBTIQ+ older people, which will assist in equipping services to both identify and respond to behaviours. In addition to primary prevention efforts, evidence-based interventions supporting and/or responding to people who engage in abuse and mistreatment towards LGBTIQ+ older people (e.g., behaviour change initiatives) are required in order to prevent incident re-occurrence.

As with abuse and mistreatment of older people in Australia more broadly, a critical part of the service response for people who engage in abusive behaviours is the ability of service providers to identify and provide services that address the often multiple and co-occurring issues that are experienced by these people, including mental health and alcohol and other drug (AOD) use. Services that provide support for co-occurring issues should adopt risk-screening and assessment and response practices to improve:

- the identification of older people who may be at risk of abuse and mistreatment
- the services and supports provided to those at risk of engaging in this abuse and mistreatment.

The development of specialist responses should nevertheless be considered given that some people engaging in the abuse and mistreatment will not engage in these mainstream support service settings.

## 9.5 Co-design and collaboration

The findings in this project emphasise the need to co-design education, awareness and service responses with the broad range of different groups of LGBTIQ+ older people to support their safety and wellbeing. Establishing collaborative partnerships was identified as a priority and would facilitate a 'web of accountability' through joined-up service provision and referral pathways. This web of accountability would enable effective identification, assessment and specialist responses to abuse and mistreatment. It would also facilitate engagement with preventative measures at the broader community level through education and awareness activities that challenge LGBTIQ+ discrimination as well as ageism, and abuse-condoning attitudes of older people more generally.

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