

Evidence Brief:

Elder Abuse in the 2SLGBTQ+ Community

This knowledge synthesis is an overview of what has been published regarding 2SLGBTQIA+ elder abuse since 2012 and covers material from Canada and internationally (including USA, UK, Australia, South Africa, New Zealand). The majority of studies are quantitative and focus on health care. The context for 2SLGBTQ+ older adults is a lifetime experience of violence, abuse and hate crimes, extending from child abuse to end-of-life care (Benbow et al., 2022; Robson et al, 2023; Vancouver Foundation, 2014). The forms of abuse experienced by 2SLGBTQ+ older adults include physical harm (Bonifas, 2016; Elder Abuse Ontario, 2018; Grossman et al, 2014; Gutman et al, 2022); psychological abuse (Bonifas, 2016; NCEA, 2013; Grossman et al, 2014; Gutman et al, 2022); neglect (Bloemen et al, 2019; Hawthorne et al, 2020; Grossman et al, 2014) including self-neglect (Webb & Elphick, 2017) and fear of neglect if sexuality disclosed (Sussman et al, 2018). Financial abuse was also found (Grossman et al, 2014; Haskall, 2015; Hinzmann, 2016) and sexual abuse was included in several studies (Grossman et al, 2014; Hawthorne et al, 2020; Teaster et al, 2014; Whitehead, 2022). Micro aggressions were also found to be present (Bonifas, 2016; Florance & Hermant, 2021; Waling et al, 2019; Westwood, 2019).

Key findings

- Elder abuse of all forms is experienced by older 2SLGBTQIA+ people. In many ways this resembles that experienced by their heterosexual counterparts (Robson et al, 2023) but is also rather different (Robson et al, 2023). When considering the experiences of elder abuse cognizance must be taken of other intersections of identity such as race (Bouton et al, 2023; Kortés-Miller et al, 2018; Skeldon & Jenkins, 2022).
- Compared to their cisgender/straight counterparts, gender-diverse and 2SLGBTQIA+ elders are more likely to experience socioeconomic barriers that prevent healthy aging and put them at risk of abuse (Benbow et al., 2022; Bouton et al., 2023). Gender-diverse elders are also less likely than straight/cisgender older adults to have supportive relationships with families of origin who can provide age-related informal caregiving and social support and are less likely to be married, resulting in an increased reliance on formal social care services because of a lack of family/social support (Benbow et al., 2022, Bouton et al., 2023, & Kortés-Miller et al., 2018).
- Health and long-term care are major issues of concern with discrimination against 2SLGBTQIA+ people remaining present in health and residential care (Vancouver Foundation, 2014). Some hold a great distrust in health systems, partially due to memories of how gender & sexual minorities (GSM) have been pathologized and neglected in the past (Robson et al, 2023). 2SLGBTQIA+ older adults anticipate discrimination before entering the health system and, as such, delay their care-seeking (Stein et. al., 2010). Florance and Hermant (2021) confirm that discrimination occurs legally in Australia. Waling et. al (2019) confirm that despite being considered a special needs group for access to aged care and related services, 2SLGBTQIA+ older adults are not provided an enabling environment to form a community within residential and home care services. This limits their ability to develop a system of resilience within healthcare. Further, in stressful situations within LTCs, 2SLGBTQIA+ older adults must return to the closet to

become socially acceptable (Kortes-Miller et al, 2018). Benbow et al (2022) point out that health decision-making often requires the disclosure of sexual and/or gender identity, which can lead to discrimination throughout the continuum of care and can lead to reluctance to access services. Internalized stigma can also compound these concerns.

- Abuse occurs in long term care. Rosenblum (2014) reports a trans woman being forced to live in the men's wing of a care facility. In Caceres et al (2019) US study, encounters with staff of long-term care services accounted for 14% of physical attacks on perceived transgender people. Staff is not alone in the physical attack on LGBT seniors. Bonifas' (2016) US study documents physical abuse perpetrated by co-residents in long-term care.

Policy Implications

- Queer competent training and Cultural safety training are essential. Particular attention should be given to residential and in-home care aides, who are often low paid and lack nuanced awareness of GSM issues and rights. Training should be ongoing, rather than discrete and annual. It should include attempts to provide education around the histories and rights of GSM people in Canada, the extra sensitivities of GSM individuals with regard to assistance with personal hygiene, and the special medical needs of trans clients (Robson et al, 2023).
- Those working with elders need to be aware of the possibility that clients might identify as GSM and might be reluctant to share their identifications. Staff should not assume heterosexuality. Intake forms should always include 2SLGBTQIA+ identification options (Robson et al, 2023).
- There is a need for further research, both qualitative and quantitative that acknowledges the power of historical experiences that may still influence people. More is needed about how best to provide person-centred care (Benbow et al, 2022). Although 2SLGBTQIA+ people have many shared lived experiences, they also have unique life histories which require more research to develop information and interventions to support their later-life care and prevent abuse (Benbow et al, 2022; Kortes-Miller et al, 2018). It is imperative for future research to consider the socioeconomic inequities faced by racialized 2SLGBTQIA+ elders (Benbow et al, 2022; Bouton et al, 2023). (196 without references).

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