Elder abuse in the lesbian, gay, bisexual, transgender plus communities

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Executive Summary

Background

This knowledge synthesis reports on the literature on the abuse of older adults who identify as 2SLGBT+ (Two-Spirit, lesbian, gay, bisexual, trans, queer plus) published in the past decade (2013-2023). Although there is not a great deal of literature prior to 2013, what we do have indicates that 2SLGBT+ older adults face particular vulnerabilities that can make them experience elder abuse in ways that are specific to their communities and that can present additional barriers to their health and well-being.

Objectives

(1) synthesize existing knowledge related to 2SLGBTQ+ elder abuse and determine knowledge gaps

(2) identify and evaluate the nature of the academic literature, including methodologies and data sources;

(3) create an evidence-based agenda for future research and advocacy in the area of 2SLGBTQ+ elder abuse; and

(4) where evidence and data are lacking highlight the gaps in order to help shape future data policies and research agendas.

Results

- Elder abuse of all forms is experienced by older 2SLGBTQIA+ people. In many ways this resembles what is 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; Kortes-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, & Kortes-Miller et al., 2018).

- Health and long-term care (LTC) are major issues of concern with discrimination against 2SLGBTQIA+ people remaining present in health and residential care (Robson et al, 2023; 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) assert 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's (2019) US study, encounters with staff of long-term care services accounted for 14 percent 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.

Key Messages

Much elder abuse looks the same as with heterosexual peers but also differs in that it includes:

1. Systemic discrimination in service provision especially in health care, long term care and home care scenarios.
2. LGB are at greater risk for psychological, financial and physical abuse than their heterosexual peers, often due to increased social isolation and living with mental health challenges
3. 2SLGBTQIA+ elders are reluctant to access care given that previous experiences/services do not meet their needs
4. Homophobia and transphobia are factors in the abuse of 2SLGBTQIA+ older adults
5. There is a need for trauma informed and culturally safe care and training.
6. Little agreement as to what age constitutes an older adult across studies.
7. More research is required.

Methodology

Two RAs were hired and trained on scoping review process and procedures by Co-Applicant Reed (month 1). Before the end of the first month, identification and selection of relevant literature were underway by the RAs; this carried into months 2 and 3. As an academic librarian experienced in conducting scoping reviews, Co-Applicant Reed oversaw the RAs in the search for relevant literature using four strategies: (1) discovery-layer searches (2) database-specific searches, (3) Google Scholar searches and citation examination, and (4) general Google searches. All four types of searches were necessary in order to achieve literature saturation (i.e., the point at which no new literature emerges in searches). The records uncovered were then transferred into Zotero and tagged to enable analysis.

Report

Background

This knowledge synthesis reports on the literature on the abuse of older adults who identify as 2SLGBT+ (Two-Spirit, lesbian, gay, bisexual, trans, queer plus) published in the past decade (2013-2023). Although there is not a great deal of literature prior to 2013, what is published indicates that 2SLGBT+ older adults face particular vulnerabilities that can make them experience elder abuse in ways that are specific to their communities and that can present additional barriers to their health and well-being. According to Statistics Canada (2021), Canada has approximately one million people who are 2SLGBT+ which is 4 percent of the population aged 15 years of age and over (in 2018) though this is likely an undercount due to the barriers people face in identifying as 2SLGBT+. People age 65 and over consist 18.5 percent of the population. Of these an estimated 7 percent are LGBT+, leaving the rest (93 percent) recorded as heterosexual. With increasing rights for 2SLGBT+ persons over the past two decades a corresponding increase in literature has occurred. Whilst we include relevant literature from earlier in our time-frame to introduce the subject, this knowledge synthesis focuses on the state of research knowledge emerging over the past decade, as per SSHRC guidelines. The report covers several areas: what is known about 2SLGBT+ elder abuse; how is 2SLGBT+ elder abuse experienced and does it differ from heterosexual and/or cisgender experiences; and what policies and services are effective or otherwise in diminishing 2SLGBT+ elder abuse?

State of Knowledge pre-2013

We include this information here to lay the basis of the state of knowledge before 2013 and to compare the state of knowledge in 2023 to inform our recommendations. Prior to 2013, 2SLGBT+ older adults were often described as an invisible population both outside and within the 2SLGBT+ community (Brotman, Ryan, & Cormier, 2003; de Vries & Blando, 2004). This invisibility is multiply determined and based in stigma and prejudice (LGBT Movement Advancement Project & SAGE, 2010) as well as concealment (Brotman, Ryan, & Meyer, 2006; Kochman, 1997; National Senior Citizen's Law Center, 2011). At the same time, 2SLGBT+ individuals are at increased risk for elder abuse, neglect, and exploitation, since research shows that they are more likely to live alone, less likely to be partnered, and far less likely to have children, or if they do, to find them supportive – all risk factors for elder abuse, neglect, and exploitation (LGBT Movement Advance Project & SAGE, 2010; Cook-Daniels, 1997; Cook-Daniels & munsen, 2010). In addition, 2SLGBT+ individuals are more likely to have experienced various forms of trauma and to have abused drugs and alcohol, also known risk factors for elder abuse.

When 2SLGBT+ individuals do experience abuse, shame, and a desire to be seen as 'normal' may make them reluctant to report it, while fear of disclosure and/or homophobia are thought to keep many abused 2SLGBT+ older adults from seeking help and services (Cook-Daniels, 1997). The problem is exacerbated by the fact that elder abuse, along with most aspects of aging, is insufficiently discussed in 2SLGBT+ public forums or media (Harrison & Riggs, 2006). The reasons for this absence may include ageism in the 2SLGBT+ community and a tendency for 2SLGBT+ couples to conceal problems in their relationships, since they have faced societal and family criticism for being in same sex relationships or identifying as trans.

In addition, Cahill et al (2009) note that 2SLGBT+ older adults face isolation, a lack of social services and a deficit of culturally competent service providers. Further, in the 2SLGBT+ community older adults are three times more likely to live alone than their heterosexual counterparts (De Vries & Blando, 2004). They also report higher rates of loneliness and isolation, especially in rural areas (Kuyper & Fokkema,

2010). In addition. 2SLGBT+ older adults are less likely to have children, and if they do, their children are less likely to be supportive (Tjepkema, 2008).

Objectives

Our wide-ranging scoping review has four objectives:

(1) synthesize existing knowledge related to 2SLGBTQ+ elder abuse and determine knowledge gaps;

(2) identify and evaluate the nature of the academic literature, including methodologies and data sources;

(3) create an evidence-based agenda for future research and advocacy in the area of 2SLGBTQ+ elder abuse; and

(4) where evidence and data are lacking highlight the gaps in order to help shape future data policies and research agendas.

Methods

Due to the wide-ranging and non-cohesive nature of the literature on this topic that make a traditional systematic review of limited value (Munn et al., 2018, p. 2), our methodology and work plan centered on a 6-month scoping review. The scoping review process relied on the staged approach set out by Arksey and O'Malley (2005) and further refined by Levac et al (2010) and Colquhoun et al (2014).

The project began with PI Marchbank hiring two MA RAs who were trained on scoping review process and procedures by Co-Applicant Reed (month 1). Before the end of the first month, identification and selection of relevant literature were underway by the RAs; this carried into months 2 and 3. As an academic librarian experienced in conducting scoping reviews, Co-Applicant Reed oversaw the RAs in the search for relevant literature using four strategies: (1) discovery-layer searches (2) database-specific searches, (3) Google Scholar searches and citation examination, and (4) general Google searches. All four types of searches were necessary in order to achieve literature saturation (i.e., the point at which no new literature emerges in searches).

(1) Discovery layer Searches (month 1-2) – A discovery layer is a software application that is used to conduct multiple searches across article databases and other library holdings (i.e., books, datasets, A/V materials) at the same time. The benefit of starting with the discovery layer is that it provides a broader environmental scan of the literature than was possible in the past. Discovery layers will search almost all library holdings for relevant content. Not limiting the scope to particular databases to start allowed the interdisciplinary shape of a particular topic to emerge. We also found books and datasets that are part of academic library holdings (i.e., not indexed within proprietary databases, and would thus be missed if conducting only database-specific searches). Sample search phrases include: (elder OR "older adult" OR senior) AND (gay OR lesbian OR transgender OR bisexual OR LGBT OR queer OR "sexual minority" OR "gender minority") AND (violence OR abuse OR neglect). Search terms became increasingly nuanced as the scope of the literature took shape and new keywords were determined.

As the RAs searched for literature in months 1-3, they independently reviewed titles, abstracts, and full-text of resources found using established criteria for relevance (i.e. age range falls into 55 plus, subject is elder abuse, source is credible). If criteria were met, the resource was logged in Zotero, a free open-source citation management software that was used to organize results and allowed for easier citation

in the report-writing phase. Additionally, whenever a resource was found it was also logged in a Google Spreadsheet, in order to be able to easily sort the results. To verify that the relevance criteria is being properly applied, Co-Applicant Reed/PI Marchbank duplicated searches previously performed by the RAs to compare results. To enhance accuracy, weekly team meetings were held to discuss issues that arose and consider examples of materials with questionable relevance.

(2) Database-Specific searches (month 2) – While discovery layer searches allow for breadth, database specific searches are focused on depth. Individual databases are organized around particular subjects and include search tools that are not available through discovery layer searching. For our topic, we began our database-specific searches with two health databases: CINAHL and MEDline. By the end of the project, 42 databases were searched.[1]

(3) Google Scholar searches and citation examination (month 3) – Having concluded database specific searches, RAs turned their attention to Google Scholar to seek grey literature (i.e., materials not published through regular academic channels, such as government reports, position papers, pilot project reports, conference presentations, etc.). The same search terms used in discovery layer searching were used, but updated for the proper way to search within the Google environment (i.e. no AND OR NOT Boolean logic). Google Scholar also allows for citation chaining – the practice of seeing who cites a particular document – which allowed RAs to find the most recent literature in a subject area, including materials not yet available via library systems. RAs added relevant literature to Zotero and the Google Spreadsheet.

(4) Google Searches (month 3) – While Google Scholar returned some grey literature, pilot projects involving 2SLGBTQ+ elder abuse, as well as some advocacy group and governmental reports can only be found using general internet searching. RAs explored the first 300 search results in a general Google search for resources related to elder abuse amongst the 2SLGBTQ+ community. They also conducted an advanced Google search for filetype:PDF, which limits the search to PDFs only. This technique helped surface grey literature reports. All relevant resources will be added to Zotero and the Google Spreadsheet.

Results

The search for data resulted in the collection of 76 records with 61 within the date range of the past decade. Of all records found 34 were academic journal articles or academic chapters in books. The 'grey' literature comprised of nine reports from organizations (Brotman et al, 2006; Choi et al, 2016; LGBT Movement Advancement Project & SAGE, 2010; National Centre on Elder Abuse, 2013; National Senior Citizen Law Center, 2011; NICE, 2015; Truman & Morgan, 2022; Vancouver Foundation, 2014); four websites and one training module. A further 12 newspaper articles were also found. In total 21 records

[1] These include: PubMed, JSTOR, Project MUSE, Sociological Abstracts, Taylor & Francis, Proquest Dissertations & Theses, SAGE Journals, Web of Science, Wiley, Social Sciences Citation Index, Canadian Newstream, NexisUni, Proquest Newspapers, and various EBSCO databases (Academic Search Premier, AgeLine, Alternative Press Index Archive, America: History & Life, Anthropology Plus, Applied Science & Technology Index, Bibliography of Asian Studies, Bibliography of Native North Americans, Business Source Complete, CINHAL Complete, Communications & Mass Media, Criminal Justice Abstracts, eBook collection, EconLit, Education Source, Environment Complete, ERIC, General Science Abstracts, Global Health, Humanities Source, International Political Science Abstracts, Maclean's Magazine Archive, Military & Government Collection, Political Science Complete, APA PsycArticles, APAPsycInfo, Social Science Full Text, SPORTDiscus, Women's Studies International).

utilized primary data, of these five were out of our date range. As such, only 16 records were found from the past decade that collected and reported on primary data (Bloemen et al, 2019; Bristowe et al, 2018; Grossman et al, 2014; Gutman et al, 2022; Gutman et al, forthcoming; Kortes-Miller et al, 2018; Neville et al, 2015; Okpodi, 2015; Reygan & Henderson, 2019; Robson et al, 2023; Sussman et al, 2018; Wailing et al, 2019; Westwood, 2016; Willes et al, 2016). Other records often utilized secondary reporting or reported on methodology of studies rather than the findings regarding 2SLGBTQSIA+ elder abuse.

The definition of elder abuse used in this knowledge synthesis was developed by the National Initiative for Care of the Elderly (NICE) (NICE, 2015), which views it as any '[m]istreatment of older adults ..[referring] to actions/behaviors or lack of actions/behaviors that cause harm or risk of harm within a trust relationship' (NICE, 2015, unpaginated). NICE (2015) employs five subcategories.

• Physical – 'Actions or behaviors that result in bodily injury, pain, impairment or physical distress'

• Emotional/Psychological – 'Severe or persistent verbal/non- verbal behavior that results in emotional or physical harm'

• Financial/Material harm – 'An action or lack of action with respect to material possessions, funds, assets, property or legal documents, that is unauthorized or coerced, or a misuse of legal authority'

• Sexual – 'Direct or indirect sexual activity without consent'

• Neglect – 'Repeated deprivation of assistance needed by an older person for activities of daily living' (NICE, 2015, unpaginated).

The context for many 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). Compared to their cisgender/straight counterparts, gender-diverse and LGBT 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).

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, 2018; 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; 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).

Analysis of the Canadian Longitudinal Study on Aging (CLSA) data by Gutman et al (forthcoming) is among one of the first to statistically demonstrate higher prevalence of elder abuse among LGB compared to heterosexual people, with lesbian and bisexual women experiencing the highest prevalence of financial and psychological abuse. Physical abuse was the least common but experienced by gay and bisexual men at a rate of 2.4%, almost double the rate for heterosexual men. This is not surprising as compared to their age cohort of heterosexuals LGB older adults are more likely to be socially isolated and live with physical and mental health challenges (Gutman et al, 2020). Despite bivariate analysis showing higher rates for psychological, financial and physical abuse for LGB,

multivariate analysis showed that sexual orientation was only a significant predictor of financial abuse, likely because other variables were stronger influencers and/or because the sample sizes were small.

Table 1 *Source: Gutman et al, forthcoming*

Form of abuse	Heterosexuals	Lesbian, Gay, Bisexual
Psychological	8.8%	10.5%
Physical	1.3%	1.9%
Financial	1.3%	5.2%
Total	10%	12%

Terms

It is only in recent years that a consensus has been reached on what behaviours are included in the phrase 'elder abuse' (Gutman quoted in Hinzmann, 2016); the Canadian definition is 'actions/behaviours or the lack of actions/behaviours that cause harm or risk of harm within a trust relationship" (Gutman quoted in Hinzmann, 2016, p2). Brotman et al. (2006) raise the question of including homophobic abuse as a separate category of elder abuse and Westwood (2019) provides three categories for LGBTQ+ elder abuse: elder abuse of older people who are LGBTQ+; homo/transphobic abuse towards LGBTQ+ folks who are also older; and abuse of people because they are both older and LGBTQ+. Robson et al.(2023) do not recommend a separate category as being a gender and/or sexual minority (GSM) does increase risk of abuse but not what is actually perpetrated as abuse. Nonetheless, they (Robson et al., 2023) do see an argument for adding spiritual or cultural abuse to the definition.

An issue affecting the ability to synthesis knowledge on 2SLGBTQIA+ elder abuse is the differing terms used by each study. Although we employ 2SLGBTQIA+, we recognize that other studies are not as inclusive, for example Gutman et al (forthcoming) do not include transgender nor non-binary individuals as separate groups because the sample sizes were too small. A search for studies on asexual individuals confirmed the earlier findings of Cook-Daniels and munsen (2010) that there is insufficient data to analyze this group. As such, we use the acronyms of each study discussed as appropriate.

Another issue affecting synthesis is the lack of agreement on who counts as an older adult. There are no global or national age aggregates for older adults in the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. This includes the US, where the discourse about older LGBT has been based on estimates from the Centers for Disease Control and Prevention (CDC) and state-based figures (Hillman, 2020; Butler, 2017; Cohen and Murray, 2006). Therefore, the chronological approach to the aging structure and measurement problems of this community requires conceptual engagement. In this current knowledge synthesis, we present a background to the variations in classification to guide further efforts to disaggregate the concept of older adults in the community. Also, based on the patterns we observed in the literature, we describe the state of the knowledge regarding the use of specific ages like 50+, 55+, 60+ and 65+

The rationale for the variations differs, ranging from unique life course experiences, gender differences, generational gaps, and self-identification among other reasons. For example, in Gutman et al. (2022), the unique trauma associated with the aging process of trans persons requires setting a lower cut-off age like 55+. Similarly, Butler (2021), in her book chapter on LGBTQ older adults, substantiated that a

history of discrimination, criminalization, and stigma has limited researchers' access to older LGBTQ research participants. Hence, the lower age limit pervades the older LGBTQ literature.

Also, in the US, a generational perspective was presented to account for the differences in the rate at which persons aged 50-64 vis-à-vis age 65+ identify as LGBT (Bouton et al., 2023). In the same study, the gender differences showed that within similar age categories, more men than women identify as LGBT. Additionally, Caceres et al. (2020) observed that most study participants are less than age 65, meaning that fewer older-old LGBT were captured in the research. The authors recognized the influence of intersectionality and unequal access to long-term services and supports (LTSS) due to racial differences. They remarked upon the potential for unequal access to care and support resources to account for limiting the research participation of people older than 65 years old.

Furthermore, Robson et al. (2018) noted that 'self-identification' as being 'old' influences the extent to which variation occurs in the classification of actual age groups that qualify for older LGBT research.

The lowest age classification for LGBT elders in the literature is 50+. Hawthorne et al. (2018), in a systematic review of the structure, experiences, and challenges of social support for LGB individuals, argued that while 50 is a younger age than is often used in the general older-age literature, this age has emerged as a common approach in the literature on older LGB adults. In their narrative review of articles predominantly from the US, there were variations regarding the age categories in the LGBT community. Older adults' cut-off age was mostly 50+, while there was scant inclusion of 60+ and 65+ (Benbow et al., 2021). Also, in Westwood's commentary, age 60+ was the reference age for describing LGBT older adults. However, Westwood reflected on how a study in the trans community in the US accommodated participants who are aged 50 and over (Westwood, 2019). Similarly, the 50+ age benchmark was observed in a study conducted in the LGBT community in South Africa and Maine, US (Reygan and Henderson, 2019; Haskell, 2015). Besides, a study in the LGBT2 community in Ontario, Canada aligned the age grouping for older trans people with the 50+ criteria (Kortes-Miller et al., 2018). Additionally, Cooks-Daniel and Munson (2010) reinforced the 50+ age aggregation. In their study of sexual violence, elder abuse, and sexuality of transgender adults, the cut-off age for participation was age 50+. Overall, although Bleomen et al. (2019) recognized that a few studies describe older adults in the LGBT community as being 60+, their study participants on the experiences of elder abuse and neglect in the US were aged 50+. Also, in a systematic review, the inclusion criteria for the reviewed studies were 50+ (Skeldon & Jenkins, 2022). In the same way, the narrative by Connidis and Barnett (2019) on the nature of relationships in marriage and same-sex unions employed 50+ for their study. However, they cited examples of older LGBT adults starting from 60+ years. However, to extend the discourse on the 50+ age mark, Gutman et al (2022) chose 55+ as the cut-off age. The age 55+ was determined based on the disproportionate outcomes of the aging process among marginalized older adults (Gutman et al., 2022). Similarly, Elder Abuse Ontario reports also recognized the use of the 55+ age as the marker for trauma-related research among older LGBT individuals (Elder Abuse Ontario, 2018). In a UK study on gender, sexuality, and housing/care preferences among older LGB individuals participants aged 58+ were recruited into the study (Westwood, 2015).

In the USA, the CDC classifies older adults as persons aged 60 and above (Hillman, 2020) perhaps reflecting earlier studies which also use this category (see Morrison, 2010; Walsh, 2010). In Australia, research on residential and home care services experiences of lesbian and gay participants defined older members as people aged 60+ (Waling et al., 2018). The review of *Aging and Mistreatment: Victimization*

of Older Adults in the United States aligned with the idea that older age in developed and developing countries starts at 60+. Johnston's (2016) book chapter on LGBT Aging and Elder Abuse also referred to older LGBT as persons aged 60 and more. The 60+ standard to include older LGB in research was also observed in the National Centre on Elder Abuse's (2013) research brief. Further to this, Robson et al (2018) reported that participants in their project aimed to raise awareness and address elder abuse in the LGBT community in Vancouver were 60+ years old.

To support the idea of viewing older adults in the trans community as being in the 65+ age range, Teaster et al. (2014) recognized that older adults in the US transgender/LGBT community are neglected, and these older adults are 65+. Additionally, in British Columbia's 'Qmunity', LGBT cohort estimates situate the age category at 65+ years (BC's Queer Resource Centre Society, 2014). Furthermore, a community-based study on *Domestic Harm and Neglect Among Lesbian, Gay, and Bisexual Older Adults* in the US focused on recruiting LGB participants who are 60+ (Grossman et al., 2014). Witten et al. (2012) recognized and described the 65+ age as the benchmark for describing older adults in the LGB community. Espinoza's (2014) newspaper article on the housing challenges facing LGBT older people also defined the LGBT older adult population based on age 65+. Cohen and Murray (2006) recognized the 65+ years classification for LGBT older adults. Butler's (2017) study of the disclosure and discrimination problems among lesbians in Maine, USA utilized the 65+ cut-off age to identify older LGBT in the study. Similarly, in New Zealand, age 65 is the cut-off point for classifying older adults, and this age grade has been applied to LGB research (Neville et al., 2014). The age 65 appears to be characterized by a low level of research participation in the LGBT community.

Types of Abuse

Physical

Canada's Elder Abuse Ontario defines physical abuse among LGBT older adults as including injuries such as skin dehydration, lacerations, burns, bruises in unusual areas such as the chest, abdomen, face, or extremities, unexplained fractures or a history of "accidents" (Elder Abuse Ontario, 2018). According to a Canadian study (Gutman et al, 2022), physical abuse can potentially occur due to stressful situations such as COVID-19, and physical conflict and frequent family discord can be a precursor to abuse and neglect. A US study (Grossman et al., 2014) revealed that up to 25% of caregivers perpetrate physical abuse, which is associated with the stress of providing care. However, stress is not the only reason for physical abuse of LGBT older adults. Another US study (Rosenblum, 2014) showed that physical abuse occurs as a way of punishing LGBT individuals for their sexual orientation such as forcing a trans woman to live in the men's wing of a care facility (Rosenblum, 2014). In Caceres et al's (2019) US study, encounters with staff of long-term care services accounted for 14 per cent of physical attacks on perceived transgender people. Members of staff are not alone in perpetrating physical attacks on LGBT seniors, a US study documented physical abuse perpetrated by co-residents in long-term care settings, including behaviors such as pushing, hitting, kicking, destroying property, or stealing (Bonifas, 2016).

An Australian study identified increased incidences of physical violence against gays and lesbians as a negative response to the legalization of same-sex marriage (Waling et al., 2019). Other studies have identified transphobia as a motive for physical abuse and violent conduct, for instance for the general US population over 16 years the rate of violence against transgender persons was 2.5 times the rate for cisgender persons (Truman & Morgan, 2022).

Reports from the US show that LGBT men experience physical attacks three times more often than women (NCEA, 2013), and at least 43 per cent of transgender older individuals have been physically attacked (Elder Abuse Ontario, 2018). In the UK context this abuse includes violence perpetrated by partners or ex-partners of LGBT older adults (Whitehead, 2022).

Psychological

Verbal abuse is a significant form of psychological abuse and the most common type among older adults, according to a Canadian study which found that it is associated with high levels of depression and anxiety (Gutman et al., 2022). In residential care, a US study established that verbal abuse is the most common type of mistreatment, and LGBT seniors are often subjected to disparaging remarks about their sexual orientation, such as the use of derogatory terms like "fag" which can have a profound emotional impact on them (Bonifas, 2016). Another US study showed that LGBT seniors are likely to experience verbal abuse regarding their sexual orientation throughout their lives, often from intimate partners, close family members, and caregivers (Grossman et al., 2014). Verbal abuse can take many forms, such as silent treatment, insults, and intimidation. The fear of verbal abuse ranks second after neglect (67 percent) as the most feared form of abuse (60 percent) among LGBT older adults, according to an NCEA report in the US (NCEA, 2013). Similarly, Elder Abuse Ontario's report in Canada found that about 80 percent of the population has experienced verbal abuse (Elder Abuse Ontario, 2018).

Another form of psychological abuse that is specific to the wider 2SLGBTQIA+ population is the threat of 'outing' (Gurm et al, 2020), using this perpetual threat to psychologically control another person. Another specific psychological abuse is keeping a person isolated from their 2SLGBTQIA+ community/resources which can result not only in loneliness but a feeling of low self esteem (Gurm et al, 2020).

Financial

One of the two most common forms of elder abuse (the other being psychological) relates to finances (Gutman cited in Hinzmann, 2016). Gutman et al (forthcoming) found that LGB in the CLSA reported financial abuse at 5.2 percent compared to 1.3 percent among heterosexuals, this increased susceptibility of LGB to financial exploitation may be due to the fact that 2SLGBTQIA+ relationships in the past had to make informal arrangements for finances due to a lack of recognition by banks and other institutions (Robson et al, 2023) or as Cook-Daniels (2017) posits, same sex couples may have put all their assets in one name to avoid questions of having two males/female names on a single account.

Financial abuse can be defined as including embezzlement, fraud, misuse, taking money under false pretenses, forced property transfers, forgery, or purchasing expensive items without the knowledge of the LGBT older adult (Grossman et al., 2014). Stealing and misusing an LGBT older adult's money are major forms of financial abuse, as is blackmail. (Grossman et al, 2014). One US study reveals that home care providers blackmail LGBT older adults and tried to prevent their access to financial aid (Haskell, 2015).

Sexual

Sexual abuse of older LGBTQ+ adults is a serious issue that can cause physical and emotional trauma. Sexual abuse is defined as non-consensual sexual contact, including sexualized kissing, fondling, and forceful participation in conversations about sex against the victim's will (Teaster et al, 2014). Sexual

abuse is often marked by trauma to the breasts and genital area and sexually transmitted diseases (Teaster et al., 2014). A US study found that 7 percent of participants had experienced sexual abuse, but faced challenges and barriers to reporting that abuse (Grossman et al., 2014).

Neglect

Neglect towards older LGBT adults is defined as the intentional withholding of support, such as food, water, clothing, medication, personal hygiene, and assistance with activities of daily living. Self-neglect occurs when LGBT older adults live alone and do not seek medical care or eat properly (Grossman et al., 2014). Despite the high occurrence of neglect and self-neglect among older LGB individuals, they are rarely reported to authorities, with 62.8 percent of their respondents reporting experiencing instances of self neglect (Grossman et al., 2014). Troublingly, in this study 22 percent of LGB older adults reported being neglected (and abused) by their caregiver whilst 25 percent reported that they knew someone who was being neglected (Grossman et al, 2014).

An Australian study identified internalized homophobia as the root cause of neglect among LGB older adults (Webb and Elphick, 2017). Fear of discrimination often leaves older 2SLGBTQIA+ adults preferring not to access services (Barret et al, 2014), and fear of neglect is a significant factor in LGBT older adults' decision to hide their sexual orientation (Sussman et al., 2018).

Support networks for older LGB people have a different composition than those for older heterosexual people containing more non-relatives (Hawthorne, et al., 2018). This can create other barriers as LGB report significantly less contact with their support networks than do heterosexuals (Green, 2016) and a history of family rejection (Barret et al., 2014). This may result in lack of support in accessing services (Hawthorne et al., 2018).

Systemic Discrimination in Service Provision

The Vancouver Foundation's study found that systemic discrimination against 2SLGBTQIA+ older adults is deeply rooted in Canadian history which partially decriminalized homosexual acts in private for those over 21 in 1969. Likewise, the removal of the designation of homosexual behavior as a mental health disorder took until 1973 to be achieved, and the legalization of equal marriage occurred in 2003. It was only in 2000 that the pension system granted access to benefits for same-sex couples (Vancouver Foundation, 2014). This systemic discrimination contributes to the invisibility and erasure of older 2SLGBTQIA+ individuals, leading to limited access to resources including within the health care system, assisted living and residential care. Similarly, Webb and Elphick's (2017) study in Australia confirms that older LGBTI+ individuals have been exposed to a lifetime of discrimination and, therefore, require legal services that are not biased but are empathetic to their needs. This study also revealed that older LGBTQI+ individuals are often overlooked in the policy-making process due to the invisibility imposed by the system. This is especially problematic in the legal system because laws intended to protect older adults may have different effects on older LGBTQI+ persons. This includes issues such as same-sex partners' legal rights, property ownership, wills, financial and personal affairs, end-of-life decisions, and advanced planning processes. Bloemen et al's (2017) study in the US highlighted the challenge of accessing Medicaid for older LGBT adults. The support offered by Medicaid may not meet the daily needs of this population.

Stein et al's (2010) research in the US that observed that anticipated discrimination, where LGBT older adults anticipate discrimination before entering the health system and, as such, delay their care-seeking, is another form of discrimination that occurs was confirmed to still be an issue in Canada by Robson et al (2023). Florance and Hermant's (2021) report on Australia confirmed that discrimination occurs legally and is mostly sanctioned by law. Additionally, Waling et. al.'s (2019) research in Australia confirmed that despite being considered a special needs group for access to aged care and related services, LGBT older adults are not provided an enabling environment to form a community within residential and home care services structures. This lack of community limits their ability to develop a system of resilience within healthcare settings.

Healthcare

Butler's US study observed that the LGBT community is implicitly diverse and consists of different population groups. This implies that each population group within the community has its own unique health concerns (Butler, 2017). Waling et al.'s (2019) study in Australia revealed the challenge of identifying specific health needs for lesbians and gays, as care workers were unable to recognize their care needs. A New Zealand study highlighted the fact that transgender LGBTQ+ older adults may face more hormonal health challenges compared to other populations in the LGBT community (Skeldon and Jenkins, 2022). For example, Caceres et al.'s US study reported a practice gap in which some mental health care providers in an LTSS have never cared for LGBT residents and felt unprepared to understand the distinctions in healthcare needs among different population groups in the LGBT community. In another example of advanced care planning, lesbian and bisexual women use multiple planning strategies, including a will and proxy, more than unmarried heterosexual women (Caceres et al., 2020).

Robson et al (2023) found that knowledge of sexual and gender identity was believed to negatively impacted services and even lead to mistreatment of a disabled older lesbian. Rosenblum (2014) concludes that the USA healthcare system has a long history of LGBT abuse, including the use of electrocution in the 1930s. Whilst Robson et al (2023) remind us of the ways in which 2SLGBTQIA+ were negatively treated during the beginnings of the AIDS epidemic still generate continued distrust to the healthcare system in Canada today. Furthermore, Walsh et al.'s study suggested that marginalized older adults are not usually asked if they have experienced abuse, highlighting the need for social workers to be more alert to signs of abuse (Walsh et al., 2010).

The preparedness of the health system to address the healthcare needs of LGBT seniors has been questioned. This is reflected in the Vancouver Foundation's findings in Canada, where research participants noted that the health system is ill-equipped in terms of policies, practices, and facilities to handle the specific needs of LGBTQ seniors (Vancouver Foundation, 2014). A US study found that the rural-urban dichotomy regarding the availability of healthcare services is a major challenge for older LGBT adults living in rural communities (Bouchard et al., 2021). Several studies (Robson et al, 2023; Rosenblum, 2014; Willis et al, 2016) all identify the need to respect the lifelong trauma of LGBT seniors as one of the specific needs that should be considered in healthcare decision-making about LGBT older adults. The healthcare system must also consider the trauma associated with living alone without family support, caregivers, and children, which occurs because of their sexual identity and the need to stay safe. For example, Bouchard et al.(2021) report that LGBT older adults are at increased risk of chronic conditions and cognitive impairment, possibly due to a lifetime of trauma. A New Zealand study notes the disproportionately high poor health outcomes among LGBT seniors compared to heterosexual

people, with a higher incidence of diseases like cardiovascular disease, diabetes, and HIV/AIDS (Skeldon and Jenkins, 2022).

Another area of concern for LGBT seniors' healthcare needs is the establishment of community rules that promote respect and minimize hostility among healthcare workers and other users of health facilities towards their sexual identity (Espinoza, 2014). Canadian research has also revealed that using homophobic pictures in staff rooms can further promote discrimination and disrespect against LGBT seniors (Okpodi, 2015). Additionally, Willis et al.'s UK study and Benbow and colleagues' study of Australia, Canada, UK, and the US have highlighted the issue of "othering," whereby phrases like "not on this floor" are used to make LGB older adults "invisible" within the facility (Willis et al., 2016; Benbow et al., 2022). Not surprisingly, rejection and insensitivity have also been reported (Benbow et al., 2022).

Moreover, Butler's US report has noted that older lesbians constitute the most invisible group within the LGBT community due to multiple assumptions about their social status (Butler, 2017). These assumptions include the conflation of heterosexist assumptions regarding sexual orientation, asexual assumptions about older women, the linking of these assumptions with gay men, and the consequent sexist assumptions about these issues.

Another major challenge within the US healthcare system is that the focus on the growing health needs of the older population overrides the needs of LGBT seniors (Haskell, 2015). Vancouver Foundation's report in Canada also highlights the lack of success in LGBTQ competency or cultural diversity training within the healthcare system (Vancouver Foundation, 2014). Similarly, Kortes-Miller's Canada study has reported that Canada has not been able to meet the needs of LGBTQ+ individuals (Kortes-Miller et al., 2018).

Benbow et al.'s narrative review in the UK described the prevalent concerns and fears of discrimination against trans individuals (Benbow et al., 2022). Health decision-making often requires the disclosure of sexual identity, which can lead to discrimination throughout the continuum of care. Discrimination can manifest in various ways, such as insensitivity, outright refusal of care, denial of agency, and gatekeeping. Discrimination from service providers can lead to reluctance to access services and their ability to be open and honest with healthcare practitioners. Internalized stigma can also compound these concerns. Ultimately, discriminatory practices create a major problem of trust in the health system.

A study in Canada observed the preponderance of the 'Double Wammy' or 'Double disadvantage,' where the challenge of being an LGBTQ older adult is intertwined with the problem of intersectionality – and multiple social positions (Kortes-Miller et al., 2018).

Long Term & Home Care

In residential care settings, Westwood's study in the UK reasoned that heteronormativity reflects both a linguistic and cultural performance of marginalizing and making non-heterosexual relations 'invisible' (Westwood, 2016), such a situation can lead to stressful situations within long term care (LTC) where LGBTQ older adults must return to their original sex definition (return to the closet) to become socially acceptable (Kortes-Miller et al, 2018). A US study confirms that organizational change aimed at developing a community culture that recognizes and supports diversity is an effective way of helping

long-term care residents become more respectful of varying sexual perspectives (Bonifas et al., 2016). Some LGBT older adults also racially profile caregivers and support workers from other ethnic minorities as being culturally averse to working with LGBT individuals (Butler, 2017).

In 2010, Walsh et al found that homophobia was perpetuated when other users isolate or distance themselves from the LGBT older adult within the facility and it appears that the literature shows that such homophobic and transphobic attitudes remain even if they cannot be proven (Robson et al, 2023). In LTC facilities in the US, microaggressions against LGBT older adults have been reported. For instance, bringing a Bible to help an LGBT older adult pray and ask for forgiveness or to be "cured" has been identified as a form of microaggression (Rosenblum, 2014). In the delivery of home-care services, Butler's research in the US has provided evidence of microaggression, such as the lack of eye contact between a lesbian older adult and a female care worker, leaving behind religious material after home visits, and false and outrageous records about LGBT seniors (Butler, 2017). Robson et al (2023) also found instances of clients being told by care givers of special trips to mock 2SLGBTQIA+ folks and of false accusations being made against the client for merely asking the care giver to provide care to an older lesbian.

Research conducted in New Zealand by Neville and colleagues (2014) revealed that care workers who express non-accepting views of LGB among their family members, friends, or colleagues potentially reflect these attitudes in their care of LGB older adults. Caceres et al (2020) review of US studies found that negative attitudes toward LGBT seniors are due to a lack of LGBT health training. Similarly, Neville et al. (2014) found that training gaps exist within formal care settings, and care workers require culturally appropriate formal training to potentially reduce microaggressions. In the US and Canada, there is an acute lack of awareness and training for staff, and LTCs in Canada have recently started adopting LGBT inclusivity training (Sussman et al., 2018).

In Westwood's research in the UK, she writes that issues regarding long-term care are more likely to affect older bisexual women than older bisexual men because women live longer than men and are more likely to spend their final years in residential home-care spaces for older people (Westwood, 2016). Bisexual participants in focus groups expressed real fears about their future as they had very little confidence that home care workers would be trained and supported to provide a sensitive service, free from prejudice (Westwood, 2019).

Older LGBT women may be more likely to want gender-specific provisions than older GBT men. The majority of women in the study (62%) expressed mostly wanting either women-only or lesbian-only accommodation, with many of those who chose lesbian-only as their first option, selecting women-only as their second option (Westwood, 2016, p. 160). The least popular option among the women participants was mixed gender LG, LGB or LGBT provision. The majority of gay men in the sample, by contrast, expressed a first preference for mixed mainstream provision, and a second preference for gay men-only accommodation (Westwood, 2016, p. 160). Willis et al.'s study (2016) also supports Westwood's research, showing that some women indicated their preference for living in gender-specific care facilities. A participant in their study said, "My ideal in terms of care would be to be in a sort of sheltered accommodation that was just for lesbians ...because I wouldn't particularly want men around, to be honest, gay men or straight men" (Willis et al., 2016, p. 294).

Microaggressions

Microaggressions have already been briefly mentioned, but it is worth exploring further. Microaggression is a prevalent form of abuse against individuals in the LGBTQ community. It involves subtle and indirect discriminatory behaviors, attitudes, and experiences that express biases against older adults who have disclosed their sexual orientation or identity. These behaviors occur at the micro-level of interaction through one-on-one social exchanges, such as harassment, slurs, and institutional imbalances. In a US study, microaggression was found to be a type of bullying that frequently occurs and negatively affects well-being (Bonifas,2016). Additionally, Westwood's UK study contextualized discrimination among older LGBTQ individuals as a lifelong experience that co-occurs with disclosing their sexualities (Westwood, 2019).

In homosexual relationships, dimensions of microaggression manifested as homophobia, biphobia, transphobia, and heterosexism have been identified. A US study revealed that microaggression occurs in homosexual relationships when they live in societies that do not fully support the rights of sexual minorities (Grossman et al., 2014). In the home setting, research in Canada established that homophobic family members prohibit LGBT partners from visiting (Walsh et al., 2010). Robson et al (2023) report respondents experiencing what they felt was homophobia without it being overt, yet still harmful.

Microaggressions also have a racial dimension among LGBT individuals. Research in the UK established that LGBT people of colour face additional challenges (Skeldon & Jenkins, 2022), and a study in Canada identified the risk of discrimination, marginalization, and abuse among First Nations persons (Kortes-Miller, 2018). In addition, a US study revealed that multiracial LGBT older adults experience disproportionate levels of depression compared to the white cohort (Bouton et al., 2023) which may be attributable to experiencing microaggressions on several aspects of their identity.

Because of the trauma experienced by LGBT seniors due to discrimination, it is recommended that all social and health service agencies use a trauma informed approach (TIA). TIA approach recognizes and responds to the impacts of trauma on an individual's life. Service providers learn how to communicate, build trust and provide compassionate care in collaboration with those who have suffered trauma in order to create a healing environment.

Other Factors creating Vulnerability

Isolation

It is known that 2SLGBTQIA+ elders are more at risk than their heterosexual peers for abuse and part of this is the increased vulnerabilities that come with isolation. As far back as 2011, the literature (Fredriksen-Goldsen et al., 2011) indicated that over 50 percent of LGB older adults reported feeling isolated with the figure even higher for trans people. This latter fact may be explained by the historical practice of doctors and other practitioners advising trans people to divorce their spouses and move to another region to begin life again in their new identity (Choi & Meyer, 2016).

Living in isolation within the residential care setting is one of the biggest fears for LGBT older adults, as only one long-term care facility in two health authorities in Canada (Vancouver Coastal Health Authority and Fraser Health Authority) openly support trans and queer living environments (Vancouver

Foundation, 2014). A New Zealand study found that the lack of attention to the specific needs of non-heterosexual seniors, combined with being different from most other residents, can lead to isolation. Heteronormativity is also a challenge for gay men, as they are often stereotyped as "perverts" or "sexual predators," which can lead to isolation (Neville et al., 2015).

Geographic isolation is another cause of isolation among older LGBT individuals (Bouchard et al.,2021; Haskall, 2015). Older LGBT individuals living in rural communities often lack necessary social support and transportation, and they may also experience isolation due to the loss of a partner (Bouchard et al., 2021; Haskell, 2015). Race and ethnicity are also factors that contribute to the experience of isolation among older LGB adults, as the complexities of identity and attendant inequalities can promote isolation (Westwood, 2016).

When older LGBT individuals enter residential care, they often feel disconnected and isolated from the support structure provided by the LGBT community in the outside world. LGB seniors are concerned that entering into a residential facility may isolate them from their existing social networks, as noted in Skeldon and Jenkins' review of studies in Australia, Canada, New Zealand, United Kingdom, and the US (Skeldon & Jenkins, 2022). Late-life bullying is also a predictor of self-isolation among LGBT older adults, as the fear of escalated violence occurring because of yelling and other disruptions within the facility are practical considerations for self-isolation among LGBT seniors (Bonifas, 2016).

Isolation also prevents the reporting of abuse as isolated LGBT older adults are vulnerable and face barriers in reporting abuses (Hinzmann, 2016). Webb and Elphick's (2017) study in Australia also revealed that the feeling of isolation extends to the inability of LGB seniors to find legal representation. Waling et al's (2019) study in Australia identified how mobility-related disability among LGBT older adults who live at home could cause isolation, as they may be unable to access certain services or events.

Culture

Teaster et al.'s (2014) study, conducted in the United States, highlights that culture plays a significant role in defining, interpreting, and reporting elder abuse, and in understanding how different generations understand it. Although elder abuse is prevalent among older adults in different cultural groups, LGBT elders face disproportionate abuse due to their sexual orientation.

Reygan and Henderson's (2019) study in South Africa showed that the dominant patriarchal nature of the country creates gender constructs that do not include LGBT persons. For example, regardless of sexual identity, a man is addressed as a man, emphasizing the importance of respect in the culture. Conversely, Haskell's (2015) report from the US presented an example of acceptance, showing that American culture has become more accepting, which has positive implications for the future generation of older LGBT individuals to find support and community.

Witten et al (2014)'s US study highlights that the cultural system embodies the functioning of other aspects of society, such as policies, programs, and institutions, and this burden falls more heavily on lower-income transgender older adults. A New Zealand study (Neville et al., 2015) suggests the existence of an inside culture called the 'homosexual culture.' This study showed that the overarching unsupportive cultural system for LGB individuals contributes to the lack of a culturally safe environment for LGB individuals using health services, including residential care, despite cultural competency being a

regulated competency within the nursing profession (Neville et al., 2015). Gutman et al.'s (2020) Canadian study argued that the LGBT community also lacks a strong culture of supporting LGBT older adults, as the LGBT movement has predominantly been ageist and disproportionately focused on younger people.

Cultural Safety and Humility Training

A one-size service for 2SLGBTQIA+ populations does not work (Gurm et al, 2020) and practitioners need to be trained in cultural safety and humility to work with 2SLGBTQIA+ people. The term cultural safety originally was created to address the discrimination faced by Indigenous peoples but it can be broadly used to create a trusting and equal relationship within healthcare and provide a person-centred approach, where the practitioner does not make assumptions but is open and learns from the person and provides care based on the particular knowledge of the person without causing harm. This training needs to be regular and repeated training as the majority of staff in long term or home care are in precarious employments with regular turnover of staffing (Robson et al, 2023). A lack of cultural safety and humility training leads to unsafe environments, such as discrimination and abuse against LGBT seniors being in the legal, health, and housing sectors. Within the health sector, practitioners, including health staff and physicians, play a crucial role in shaping the experiences of LGBT seniors. Unfortunately, despite this need being identified as early as 2010 (Stein et al., 2010) and cultural safety and humility being adopted as a competency for health professionals, training offered has not resulted in safe environments.

There is a current lack of knowledge among social and healthcare workers in providing culturally safe care to the LGBT senior population. This lack of knowledge and limited evidence will undermine optimal care delivery and permit housing and health disparities in this important and vulnerable population (Okpodi, 2015, p. 22). Evidence suggests that older LGBTQ+ adults have unique needs at the end of life that require social and healthcare workers to receive further training on how to create safe spaces so LGBT residents do not fear disclosure or experience discomfort in care homes (Skeldon & Jenkins, 2022; Sussman et al., 2018).

A primary recommendation to create a supportive environment for LGBT seniors is through training for practitioners. However, Caceres et al.'s (2020) study in the US raises an important observation about the role of sociocultural diversity, making it difficult to develop comprehensive guidelines. Webb and Elphick's (2017) study in Australia also reported that staff members mostly come from culturally diverse regions with different interpretations of same-sex relationships and dimensions of homophobia. This highlights the challenge of designing culturally appropriate responses for practitioners. That being said, Sussman et al.'s (2018) study in Canada observed a gradual attitudinal change among staff members. The report indicated that staff are gradually becoming more open to LGBT-services initiatives, which was achieved through partnerships, collaborations, and the use of toolkits. Therefore, it is important to recognize that the desired change is not solely a result of training but also a combination of various activities implemented over time.

Research conducted in New Zealand by Neville et al. (2015) revealed that care workers who express non-accepting views of LGB among their family members, friends, or colleagues potentially reflect these in their care of LGB older adults. Caceres et als' (2020) review of US studies found that negative attitudes toward LGBT seniors are due to a lack of LGBT health training. Similarly, Neville et al. (2015) found that training gaps exist within formal care settings, and care workers require culturally

appropriate formal training to potentially reduce microaggressions. In the US and Canada, there is an acute lack of awareness and training for staff, and LTCs in Canada have recently started adopting LGBT inclusivity training (Sussman et al., 2018).

In Canada, the Vancouver Foundation reported limited staff training on LGBTQ competence and highlighted the necessity for training programs and internal policies to drive the desired change (Vancouver Foundation, 2014). Such training should include guidance on how to ask questions about sexual orientation when administering the Residential Assessment and Intake (InterRAI) instrument and Robson et al (2023) recommend that all intake protocols should allow for the potential for a client to disclose sexuality/gender identity safely.

Caceres et al.'s (2020) study in the US also observed that mental healthcare providers in long-term support and services struggle to distinguish the healthcare needs of different population groups within the LGBT community. This further emphasizes the importance of improved training and understanding among mental healthcare providers.

Butler's (2017) US study has revealed that staff training in long-term, residential, and home-based care settings has not resulted in significant changes in the quality of care, as most training programs are narrow and focused on professionals. A significant factor contributing to this issue is the specific missing components in the training of care staff. Willis et al.'s (2006) UK study has found that LGB identities and history were absent from the staff training curriculum, leading to limited knowledge of sexual identity and symbols and reluctance to say words like gay/lesbian/bisexual aloud. In extending the discussion about training, while Willis et al.'s (2006) UK study supports the inclusion of LGB identities and history training in the healthcare staff training framework, it was noted that having an exclusive "how-to-work-with-LGB" approach could potentially promote social divisions.

Regarding the privacy and autonomy of LGBT residents, Webb and Elphick's (2017) study in Australia discussed whether the decisions of same-sex partners are genuinely valued or considered in healthcare decision-making. Additionally, when it comes to autonomy in decision-making during illness, it becomes challenging to determine whether the same-sex partner or an "estranged" family member of the LGBT senior will make healthcare decisions.

To ensure lasting change, multilevel training involving both staff and management should be ongoing rather than one-off. This approach promotes awareness, inclusivity, and openness across all levels of care. Supporting this position, a review conducted by Benbow and colleagues across studies conducted in Australia, Canada, the UK, and the US demonstrated that training across all levels, combined with an infusion of positive practices knowledge, will provide the required change (Benbow et al., 2022).

Implications (for policy, practice research)

Research

1. As only 16 records were found from the past decade that collected and reported on primary data (Bloemen et al, 2019; Bristowe et al, 2018; Grossman et al, 2014; Gutman et al, 2022; Gutman et al, forthcoming; Kortes-Miller et al, 2018; Neville et al, 2015; Okpodi, 2015; Reygan & Henderson, 2019; Robson et al, 2023; Sussman et al, 2018; Wailing et al, 2019; Westwood, 2016; Willes et al, 2016) there is a great need to fund both quantitative and qualitative data collection and analysis.

2. The literature highlights particular physical healthcare issues and the need to acknowledge the power of historical experiences that may still influence people many years later. It raises questions and calls for more research about how best to provide person-centred health and social care for gender-diverse elders (Benbow et al., 2022). Although LGBT 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. Such research needs to acknowledge and focus on the nuanced and unique health concerns of gender-diverse elders (Benbow et al., 2022; Kortes-Miller et al., 2018). This work to collect lived-experience narratives has begun (Robson et al., 2023).
3. Like most Gerontological literature there is little from low and medium income countries and most of the extant literature is Anglo-centric (as reflected in this KS). As such, certain groups such as racialized people (Benbow et al., 2022) are under-represented, as are those experiences and voices from the Global South.
4. Further quantitative studies building on Gutman et al (forthcoming) that determine the extent of the abuse of 2SLGBTQIA+ people across intersecting identities.
5. Studies that focus on reaching hard to find voices (Hawthorne et al., 2018; Robson et al., 2023).
6. Research on younger 2SLGBTQIA+ people (Robson et al., 2023) to see if they have different levels of vulnerabilities and resilience than the current older cohort.
7. Research that includes 2SLGBTIA+ older adults as research partners, including on grant applications, research design; analysis is recommended etc. (Robson et al., 2023).

Practice

1. Trauma informed and culturally safe training required for all levels of practitioners. This training needs to be frequent and available to the precariously employed care-aides who are often low-paid and have a high turnover (Robson et al., 2023).
2. Practitioners should have a zero tolerance policy for homophobic and transphobic statements, names, behaviours; with a clearly accessible and safe reporting mechanism.
3. 2SLGBTQIA+ folks are often invisible, whilst displays of rainbows etc. indicate a certain awareness, LTC should also include 2SLGBTQIA+ speakers in their programming and provide 2SLGBTQIA+ materials/resources such as magazines, books, movies.
4. Need to develop 2SLGBTQIA+ competent services for the disclosure of elder abuse (Robson et al, 2023).

Policy

1. Those working with elders need to be aware of the possibility that clients might identify as 2SLGBTQIA+ and might be reluctant to share their identifications. Staff should not assume heterosexuality or cisgender identity. Intake forms should always include 2SLGBTQIA+ identification options (Robson et al, 2023).

2. 2SLGBTQI+ 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 (Robson et l, 2023). 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). The intersectionality of 2SLGBTQIA+ and race places the person at greater risk (Bouton et al, 2023; Kortes-Miller et al, 2018; Skeldon & Jenkins, 2022). Training of staff is needed to help create trust and equal power relations with elders. The staff need to get to know the unique individual in front of them instead of making assumptions based on physical appearances which may lead to discrimination

3. 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).

Conclusion

1. Much of the elder abuse experienced by 2SLGBTQIA+ elders resembles the experiences of heterosexual victims. However, Robson et al (2023) have shown that there are also differences such as systemic cultural violence from having grown up in a hostile historical period; a distrust of medical services due to memories of the treatment of the community during the AIDS epidemic; overt, covert, second-hand and internalized homophobia and transphobia and the invisibility of being assumed cis gender and/or heterosexual.
2. More research is needed – see recommendations
3. What we knew back in the 2010s has mostly been reinforced by the newer research, although there are still many gaps in this area of study.
4. More funding for intersectional research into 2SLGBTQIA+ elder abuse both quantitative and qualitative is necessary and this should be considered a priority area for the future.

Knowledge mobilization activities

1. Participation in SSHRC forum June 2023
2. Report available on URL
3. Marchbank presenting on 2SLGBTQIA+ elder abuse at British Gerontological Society in July,2023; at Dumfries & Galloway Pride event July 2023; at South West Scotland Rape Crisis, July 2023.
4. Will be posted on Network to Eliminate Violence in Relationships (NEVR) website (www.kpu.ca/nevr) and on the elder abuse page of the LGBT Conversations websit www.sfu.ca/lgbteol
5. Will be presented at future NEVR meetings and conference 2024 to potentially 200 organizations.

Bibliography

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *Int J Soc Res Methodol*, *8*(1), 19–32.

Barrett, C., Whyte, C., Comfort, J., Lyons, A. & Crameri, P. (2014) Social connection, relationships and older lesbian and gay people, *Sexual and Relationship Therapy, 30*, 131-142.

Belonging: A Journey of opening Up. (2021). *Times Colonist*. https://advance-lexis-com.proxy.lib.sfu.ca/document/?pdmfid=1516831&crid=9691fae0-db0f-4781-aa4f-972cdc842258&pddocfullpath=%2Fshared%2Fdocument%2Fnews%2Furn%3AcontentItem%3A631G-9TR1-DY2T-10WJ-00000-00&pdcontentcomponentid=249804&pdteaserkey=sr5&pditab=allpods&ecomp=zznyk&earg=sr5&prid=94001862-bf0d-4ea9-b2e0-32086487f0f5

Benbow, S. M., Eost-Telling, C., & Kingston, P. (2022). A narrative review of literature on the use of health and social care by older trans adults: what can United Kingdom services learn? *Ageing and Society*, *42*(10), 2262–2283. https://doi.org/10.1017/S0144686X21000039

Bloemen, E. M., Rosen, T., LoFaso, V., Lasky, A., Church, S., Hall, P., Weber, T., & Clark, S. (2019). Lesbian, gay, bisexual, and transgender (LGBT) older adults' experiences with elder abuse and neglect. *Journal of the American Geriatrics Society*, *67*(11), 2338–2345. https://doi.org/10.1111/jgs.16101

Bonifas, R. P. (2016). The prevalence of elder bullying and impact on LGBT elders. In D. A. Harley & P. B. Teaster (Eds.), *Handbook of LGBT Elders: An Interdisciplinary Approach to Principles, Practices, and Policies* (pp. 359–372). Springer International Publishing. https://doi.org/10.1007/978-3-319-03623-6_18

Bouchard, L. M., Potts, C. A., & Lund, E. M. (2021). Violence and harassment against LGBTQ+ elders: Continued challenges in health, housing, and aging services for pioneers of the movement. In E. M. Lund, C. Burgess, & A. J. Johnson (Eds.), *Violence Against LGBTQ+ Persons: Research, Practice, and Advocacy* (pp. 301–307). Springer International Publishing. https://doi.org/10.1007/978-3-030-52612-2_23

Bouton, L. J. A., Brush, A. M., & Meyer, I. H. (2023). *LGBT adults aged 50 and older in the US during the COVID-19 pandemic*. Williams Institute. https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Older-Adults-Jan-2023.pdf

Bristowe, K., Hodson, M., Wee, B., Almack, K., Johnson, K>, Daveson, B.A., Koffman, J., McEnhill, L. & Hading, R. (2018), Recommendations to reduce inequalities for LGBT people facing advanced illness: ACCESSCare national qualitative interview study, *Palliative Medicine 32*(1), 23-35, DOI: 10.1177/0269216317705102

Brotman, S. Ryan, B. & Meyer,E. (2006). *The Health and Social Services Needs of Gay and Lesbian Seniors and their Families in Canada. Final Report*. McGill University School of Social Work.

Butler, S. S. (2017). Older lesbians' experiences with care home: Varying levels of disclosure and discrimination. *Journal of Gay & Lesbian Social Services*, *29*(4), 378–398. https://doi.org/10.1080/10538720.2017.1365673

Butler, S. S. (2021). LGBTQ Older Adults. In L. W. Kaye (Ed.), *Handbook of Rural Aging* (1st ed., pp. 266–270). Routledge. https://doi.org/10.4324/9781003128267-49

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. https://doi.org/10.1093/geront/gnz012

Cahill, S., South, K. & Spade, J. (2009), *Outing age: Public policy issues affecting gay, lesbian, bisexual and transgender elders*, National Gay & Lesbian Taskforce, Washington, DC.

Choi, S. K., & Meyer, I. H. (2016). *LGBT aging: A review of research findings, needs, and policy implications*. The Williams Institute. https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Aging-Aug-2016.pdf

Cohen, H.L, & Murray, Y. (2012). Older Lesbian and Gay caregivers: Caring for Families of Choice and Caring for Families of Origin. In *Contemporary Issues of Care*. Taylor and Francis.

https://www.zotero.org/groups/4935048/sshrc_ks_2023_-_lgbtq_elder_abuse/tags/age_older/items/ZV2YTPJ4/attachment/V8DXGPVV/reader

Colquhoun, H., Levac, D., & O'Brien, K. K. (2014). Scoping reviews: Time for clarity in definition, methods, and reporting. *Journal of Clinical Epidemiology*, *67*(12), 1291–1294.

Connidis, I. A., & Barnett, A. E. (2019). *Family Ties & Aging*. SAGE Publications, Inc. https://doi.org/10.4135/9781544342306

Cook-Daniels, L. (1997). Lesbian, gay male, bisexual and transgendered elders: Elder abuse and neglect issues. *Journal of Elder Abuse & Neglect*, *9*(2), 35–49. https://doi.org/10.1300/J084v09n02_04

Cook-Daniels, L., & munson, michael. (2010). Sexual violence, elder abuse, and sexuality of transgender adults, age 50+: Results of three surveys. *Journal of GLBT Family Studies*, *6*(2), 142–177. https://doi.org/10.1080/15504281003705238

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, policy*, Springer, Cham, Switzerland, 541-553

Cooper, A. (2021). *Many Older Queer Adults Face Abuse Yet Rarely Report It, Study Says*. https://www.advocate.com/news/2021/11/26/many-older-queer-adults-face-abuse-yet-rarely-report-it-study-says-oregon

DaCosta, C. (2020). SAGE celebrates major victory in reauthorization of Rhe Older Americans Act; First bipartisan piece of LGBT-inclusive legislation to become law during this administration happens in a moment of high COVID-19 vulnerability among LGBT elders. *GlobeNewswire*. https://advance-lexis-com.proxy.lib.sfu.ca/document/?pdmfid=1516831&crid=6fe3906b-7cfb-4cfc-8ab4-c5464e299d03&pddocfullpath=%2Fshared%2Fdocument%2Fnews%2Furn%3AcontentItem%3A5YHB-NGP1-DY2R-411F-00000-00&pdcontentcomponentid=222091&pdteaserkey=sr17&pditab=allpods&ecomp=zznyk&earg=sr17&prid=215aa607-9ce4-41a8-be58-e44cc08b868a

de Vries, B., & Blando, J. (2004). The study of gay and lesbian aging: Lessons for social gerontology. In G. Herdt & B. de Vries (Eds.) *Gay and lesbian aging: Research and future directions* (pp. 3-28). New York: Springer.

Elder Abuse Ontario. (2018). *Past history of abuse*. https://eapon.ca/wp-content/uploads/2018/08/EAPO-Elder-Abuse-in-our-LGBTQ-Community-Training-Module-EN.pdf

Espinoza, R. (2014). LGBT People: Our longing for home, our right to housing. *The Huffington Post*. https://advance-lexis-com.proxy.lib.sfu.ca/document/?pdmfid=1516831&crid=74009ea2-c728-4c1b-90eb-0cb0a2c30784&pddocfullpath=%2Fshared%2Fdocument%2Fnews%2Furn%3AcontentItem%3A5CVH-F471-JCMN-Y0JX-00000-00&pdcontentcomponentid=299488&pdteaserkey=sr66&pditab=allpods&ecomp=zznyk&earg=sr66&prid=8aaa96c0-8c49-4d08-afea-89b7c8a1deab

Fitzgarrald, J. (2018). Scali Rasmussen's Jeffrey Erdman to join SAGE Board of Directors; SAGE: The first and only resource center dedicated to improving the lives of LGBT older adults. *Newswire*. https://advance-lexis-com.proxy.lib.sfu.ca/document/?pdmfid=1516831&crid=46767670-936a-491a-b12f-fa9634bfb209&pddocfullpath=%2Fshared%2Fdocument%2Fnews%2Furn%3AcontentItem%3A5TJX-CND1-DXP3-R007-00000-00&pdcontentcomponentid=8054&pdteaserkey=sr10&pditab=allpods&ecomp=zznyk&earg=sr10&prid=215aa607-9ce4-41a8-be58-e44cc08b868a

Florance, L., & Hermant, N. (2021). After years of discrimination, many LGBTQ people are "terrified" of going into aged care. *ABC Premium News*. https://advance-lexis-com.proxy.lib.sfu.ca/document/?pdmfid=1516831&crid=c842e987-e29e-4671-bfeb-02cfa2962143&pddocfullpath=%2Fshared%2Fdocument%2Fnews%2Furn%3AcontentItem%3A627C-33C1-F031-X0ND-00000-00&pdcontentcomponentid=300224&pdteaserkey=sr98&pditab=allpods&ecomp=zznyk&earg=sr98&prid=0e7def99-31fc-43fe-a217-78ee345071d8

Fredriksen-Goldsen, K.I., Kim, H-J., Emlet, C.A., Muraco, A., Erosheva, E.A>, Hoy-Ellis, C.P. Goldsen, J. & Petry, H. (2011) *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*, Institute for Multigenerational Health, Https://doi.org/10.1037/e561402013-001

Green, M. (2016) do the companionship and community networks of older LGBT adults compensate for weaker kinship networks? *Quality in Ageing Older Adults, 17*, 36-49 https://doi.org/10.1108/QAOA-07-2015-0032

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. https://doi.org/10.1080/00918369.2014.951216

Gutman, G. M., Robson, C., & Marchbank, J. (2020). Elder Abuse in the LGBT Community. In A. Phelan (Ed.), *Advances in Elder Abuse Research* (Vol. 24, pp. 149–164). Springer International Publishing. https://doi.org/10.1007/978-3-030-25093-5_11

Gutman, G., Karbakhsh, M., & Stewart, H. G. (2022). Abuse of marginalized older adults during COVID-19: Proxy findings from the Canadian longitudinal study on aging. *GeroPsych: The Journal of Gerontopsychology and Geriatric Psychiatry*. https://doi.org/10.1024/1662-9647/a000301

Gutman, G., Karbakhsh, M. & Stewart, H. (forthcoming), Sexual orientation and risk for elder abuse: findings from the Canadian Longitudinal Study on Aging, *LGBT Health.*

Harrison, J. & Riggs, D.W. (2006) Editorial: LGBTI aging, *Gay and Lesbian Issues and Psychology Review, 2*, 4-5.

Haskell, M. (2015). Despite growing acceptance, fear threatens Maine's aging LGBT community. *Bangor Daily News*. https://advance-lexis-com.proxy.lib.sfu.ca/document/?pdmfid=1516831&crid=78b6fd8f-afb7-46ff-bf6b-032f60579860&pddocfullpath=%2Fshared%2Fdocument%2Fnews%2Furn%3AcontentItem%3A5HP2-W1J1-DY6V-N1PT-00000-00&pdcontentcomponentid=144564&pdteaserkey=sr56&pditab=allpods&ecomp=zznyk&earg=sr56&prid=24229b1f-b821-4487-991d-9886e4d95444

Hawthorne, O., Camic, P. M., & Rimes, K. A. (2020). Understanding the structure, experiences and challenges of social support for older lesbian, gay and bisexual people: A systematic review. *Ageing & Society*, *40*(2), 282–305. https://doi.org/10.1017/S0144686X18000910

Hillman, J. (2020). Intimate Partner Violence Among Older LGBT Adults: Unique Risk Factors, Issues in Reporting and Treatment, and Recommendations for Research, Practice, and Policy. In B. Russell (Ed.), *Intimate Partner Violence and the LGBT+ Community* (pp. 237–254). Springer International Publishing. https://doi.org/10.1007/978-3-030-44762-5_13

Hinzmann, C. (2016, February 23). Meeting raises awareness of elder abuse in LGBT community. *Prince George Citizen*, A.4. https://www.proquest.com/canadiannews/docview/1767611300/abstract/A5CA12D5DA1C4FF1PQ/1

Johnston, T. R. (2016). LGBT Aging and Elder Abuse. In T. R. Johnston, *Affirmation, Care Ethics, and LGBT Identity* (pp. 79–97). Palgrave Macmillan US. https://doi.org/10.1057/978-1-137-59304-7_5

Kochman, A. (1997). Gay and lesbian elderly: Historical overview and implications for social work practice. In Quam, J.K. (ed.) *Social services for senior gay men and lesbians* (pp.1-10). New York: Harrington Park Press.

Kortes-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. https://doi.org/10.1080/15524256.2018.1487364

Kuyper , L. & Fokkema, T. (2010). Loneliness among older lesbian, gay, and bisexual adults: the role of minority stress. *Archives of Sexual Behavior*, 39 (5), 1171-1180.

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: Advancing the methodology. *Implement Sci*, *5*(1).

LGBT Movement Advance project & SAGE, (2010) *National LGBT Movement Report*, https://www.lgbtmap.org/lgbt-movement-overviews/2010-national-lgbt-movement-report

Lodha, P., Perumal, D., & De Sousa, A. (2021). Geriatric Sexual Health: The Challenges in the Indian Context. In M. K. Shankardass (Ed.), *Ageing Issues in India* (Vol. 32, pp. 193–210). Springer Singapore. https://doi.org/10.1007/978-981-16-5827-3_11

Marchbank, J., Narayan, S., Gutman, G. & Robson, C. (2023) Addressing elder abuse in the LGBT community: an intergenerational artivism initiative, *Metodologia, Journal of International and Finnish Methodology, IV4*, 53-78 Metodologia IV.pdf - Google Drive

Moore, T. (2019). Older Australians abused over sexuality and money, conference hears. *Brisbane Times*. https://advance-lexis-com.proxy.lib.sfu.ca/document/?pdmfid=1516831&crid=7f4e33af-6c34-431a-91d1-042efdad7257&pddocfullpath=%2Fshared%2Fdocument%2Fnews%2Furn%3AcontentItem%3A5WMP-1N01-DY19-C0SW-00000-00&pdcontentcomponentid=404061&pdteaserkey=sr58&pditab=allpods&ecomp=zznyk&earg=sr58&prid=24229b1f-b821-4487-991d-9886e4d95444

Morrissey, C. (2010). Abuse of lesbian, gay, transgender, and bisexual elders. In Gutman, G. Spencer, C. (eds) *Aging, Ageism and Abuse* Elsevier, 45-51. https://doi.org/10.1016/B978-0-12-381508-8.00004-7.

Munn, Z., Peters, M. D. J., 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), 143. https://doi.org/10.1186/s12874-018-0611-x

National Centre on Elder Abuse. (2013). *Mistreatment of Lesbian, Gay, Bisexual, and Transgender (LGBT) Elders*. https://ncea.acl.gov/NCEA/media/Publication/NCEA_RB_LGBT2020.pdf

National Senior Citizens Law Center. (2011). *LGBT older adults in long-term care facilities: Stories from the field.* https://www.lgbtagingcenter.org/resources/pdfs/NSCLC_LGBT_report.pdf

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. https://doi.org/10.1111/opn.12058

NICE (2015). Defining and measuring elder abuse. Retrieved from http://www.nicenet.ca/tools-dmea-defining-and-measuring-elder-abuse

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), 1–25. https://doi.org/10.18848/2327-0004/CGP/v15i01/39956

Reygan, H. & Henderson, N. (n.d.). All bad? Experiences of aging among LGBT elders in South Africa. *2019*, *Volume 88*(Issue 4). https://doi.org/https://doi.org/10.1177/0091415019836929

Robson, C., Gutman, G., Marchbank, J., & Kelsey, B. (2018). Raising awareness and addressing elder abuse in the LGBT community: An intergenerational arts project. *Language and Literacy*, *20*(3), 46–66. https://doi.org/10.20360/langandlit29408

Robson, C., Marchbank, J., Gutman, G. & Prentice, M (2023) *Elder abuse in the LGBTQ2SA+ community: The impacts of Homophobia and Transphobia,* International Perspectives on Aging, 37, Springer, Cham, Switzerland, https://doi.org/10.1007/978-3-031-33317-0

Rosenblum, G. (2014). Film, forum will address struggles facing LGBT elderly. *Star Tribune*. https://advance-lexis-com.proxy.lib.sfu.ca/document/?pdmfid=1516831&crid=80aa1562-9af5-4ce6-a18a-8bcf75c72e23&pddocfullpath=%2Fshared%2Fdocument%2Fnews%2Furn%3AcontentItem%3A5BKY-JVM1-DYRH-94V6-00000-00&pdcontentcomponentid=8384&pdteaserkey=sr63&pditab=allpods&ecomp=zznyk&earg=sr63&prid=8aaa96c0-8c49-4d08-afea-89b7c8a1deab

Seniors' Health: Seniors coming out, living out, aging out. (2018). *Peace Arch News*. https://advance-lexis-com.proxy.lib.sfu.ca/document/?pdmfid=1516831&crid=0928f983-0bf8-43f0-a804-f58daee5cc50&pddocfullpath=%2Fshared%2Fdocument%2Fnews%2Furn%3AcontentItem%3A5SWP-S491-JDH3-G3MY-00000-00&pdcontentcomponentid=438232&pdteaserkey=sr86&pditab=allpods&ecomp=zznyk&earg=sr86&prid=643090c8-514f-440b-8e80-f28fb3c9d747

Skeldon, L., & Jenkins, S. (2022). Experiences and attitudes of the LGBTQ+ community on care/nursing homes. *Journal of Homosexuality*, *0*(0), 1–33. https://doi.org/10.1080/00918369.2022.2086751

Sound Generations. (2020). *What does elder abuse look like for LGBTQ+ seniors?* https://soundgenerations.org/what-does-elder-abuse-look-like-for-lgbtq-seniors/

Statistics Canada. (2021). Table 17-10-0005-01 Population estimates on July 1st, by age and sex. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501

Statistics Canada. (2021). Table 17-10-0009-01 Population estimates, quarterly. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000901

Stein, G. L., Beckerman, N. L., & Sherman, P. A. (2010). Lesbian and gay elders and long-term care: Identifying the unique psychosocial perspectives and challenges. *Journal of Gerontological Social Work*, *53*(5), 421–435. https://doi.org/10.1080/01634372.2010.496478

Sussman, T., Brotman, S., MacIntosh, H., Chamberland, L., MacDonnell, J., Daley, A., Dumas, J., & Churchill, M. (2018). Supporting lesbian, gay, bisexual, & transgender inclusivity in long-term care homes: A Canadian perspective. *Canadian Journal on Aging*, *37*(2), 121–132. https://doi.org/10.1017/S0714980818000077

Teaster, P. B., Harley, D. A., & Kettaneh, A. (2014). Aging and Mistreatment: Victimization of Older Adults in the United States. In H. F. O. Vakalahi, G. M. Simpson, & N. Giunta (Eds.), *The Collective Spirit of Aging Across Cultures* (Vol. 9, pp. 41–64). Springer Netherlands. https://doi.org/10.1007/978-94-017-8594-5_4

Travis, L. A., & Kimmel, D. C. (2014). Lesbian, gay, bisexual, and transgender ageing: Considerations for interventions. In N. A. Pachana & K. Laidlaw (Eds.), *The Oxford handbook of clinical geropsychology* (pp. 776–796). Oxford University Press.

Truman, J. L. & Morgan, R.E.(2022), *Violent Victimization by Sexual Orientation and Gender Identity, 2017-2020*, Bureau of Justice Statistics, https://bjs.ojp.gov/library/publications/violent-victimization-sexual-orientation-and-gender-identity-2017-2020

Vancouver Foundation. (2014). *Aging out: Moving towards queer and trans competent care for seniors*. Qmunity. http://qmunity.ca/wp-content/uploads/2015/03/AgingOut.pdf

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), 1251–1259. https://doi.org/10.1111/hsc.12760

Walsh, C. A., Olson, J. L., Ploeg, J., Lohfeld, L., & MacMillan, H. L. (2010). Elder abuse and oppression: Voices of marginalized elders. *Journal of Elder Abuse & Neglect*, *23*(1), 17–42. https://doi.org/10.1080/08946566.2011.534705

Webb, E., & Elphick, L. (2017). Yesterday once more: Discrimination and LGBTI+ seniors. *Monash University Law Review*, *43*(2), 530–566. https://heinonline.org/HOL/P?h=hein.journals/monash43&i=535

Website offers tips on spotting elder abuse. (2018, December 18). *Prince George Citizen*, A.23. https://www.proquest.com/canadiannews/docview/2158158261/citation/B9FD299BEE8246A8PQ/1

Westwood, S. (2016). 'We see it as being heterosexualised, being put into a care home': gender, sexuality and housing/care preferences among older LGB individuals in the UK. *Health & Social Care in the Community*, *24*(6), e155–e163. https://doi.org/10.1111/hsc.12265

Westwood, S. (2019). Abuse and older lesbian, gay bisexual, and trans (LGBT) people: a commentary and research agenda. *Journal of Elder Abuse & Neglect*, *31*(2), 97–114. https://doi.org/10.1080/08946566.2018.1543624

Whitehead, J. (2022). New film highlights reality of domestic abuse among older LGBT+ people. *The Independent (United Kingdom)*. https://advance-lexis-com.proxy.lib.sfu.ca/document/?pdmfid=1516831&crid=92d0f26a-ba84-41ee-8173-b2f2e0c79e81&pddocfullpath=%2Fshared%2Fdocument%2Fnews%2Furn%3AcontentItem%3A65PB-3K81-DY4H-K2H7-00000-00&pdcontentcomponentid=382507&pdteaserkey=sr4&pditab=allpods&ecomp=zznyk&earg=sr4&prid=94001862-bf0d-4ea9-b2e0-32086487f0f5

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 and Society*, *36*(2), 282–306. https://doi.org/10.1017/S0144686X14001147

Witten, T. (2012). *Gay, Lesbian, Bisexual, and Transgender Aging*. Johns Hopkins University Press. https://doi.org/10.1353/book.16339

Zillich, T. (2022). *Talk about Surrey's LGBTQ2S+ past "helps to bring that history to light" June 9*.

https://advance-lexis-com.proxy.lib.sfu.ca/document/?pdmfid=1516831&crid=2842c583-c036-45c8-95cb-6cc863055b3f&pddocfullpath=%2Fshared%2Fdocument%2Fnews%2Furn%3AcontentItem%3A65KW-5HP1-F0HF-8020-00000-00&pdcontentcomponentid=459610&pdteaserkey=sr0&pditab=allpods&ecomp=zznyk&earg=sr0&prid=d58eab69-2a94-4982-abc3-278ef2baba98