

Raising Tasmanian LGBTIQ+ People's Awareness of Elder Abuse

A Research Report

Prepared by COTA Tasmania and Working It Out

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1 Introduction

In December 2021, the Commonwealth Attorney-General released the results of Australia's first ever *National Elder Abuse Prevalence Study* (the prevalence study)¹, which found almost one in six older Australians living in the community experience elder abuse.²

The prevalence study, conducted by the Australian Institute of Family Studies (AIFS), was robust, and ground-breaking, and its results were troubling. However, despite being comprehensive in so many ways, its methodology did not enable adequate evaluation of the prevalence of elder abuse among people who are intersex or people who are lesbian, gay, bisexual, trans, queer or of another gender identity or sexual orientation (LGBTIQ+). The study's authors concluded it would be preferable for LGBTIQ+ people's experiences to be explored through "more targeted research methods"³. Specifically, they recommended that "further research should examine the form elder abuse takes in this context, its impact and what effective service responses look like from an LGBTIQ perspective"⁴. In making such a recommendation, the AIFS was not alone: the Australian Law Reform Commission (ALRC) had come to a similar conclusion when it had investigated elder abuse a few years earlier⁵.

The small qualitative study reported below is one step towards addressing the relative absence of LGBTIQ+ people in research about elder abuse. Through long interviews, it sought insights into how elder abuse, ageism and LGBTIQ+ discrimination is understood by older LGBTIQ+ Tasmanians. The research was undertaken by COTA Tasmania – the peak body advocating for older Tasmanians at a system level – in close collaboration with Working It Out, Tasmania's sexuality, gender and intersex status support and education service. The authors hope the results will inform the development and distribution of elder-abuse information and resources for LGBTIQ+ Tasmanians and the general Tasmanian population.

Research based on the testimony of six people cannot possibly fill the many gaps in our understanding of how LGBTIQ+ people experience elder abuse. However, our thematic analysis has yielded rich qualitative information that we hope makes a useful reference and contribution outside of the local Tasmanian context.

It is acknowledged that some findings for consideration will rely on future local funding, legislative changes and opportunities for further reform in Aged Care outside of the Tasmanian context.

Our report synthesises research, analysis, writing and review by COTA Tasmania and Working It Out staff. We sincerely thank the six impressive and compassionate research participants who made this report possible by sharing their time, insights and recollections so generously.

¹ Qu, L., Kaspiew, R., Carson, R., Roopani, D., De Maio, J., Harvey, J., and Horsfall, B. 2021. *National Elder Abuse Prevalence Study: Final Report*, Australian Institute of Family Studies, Melbourne, p. 84. Available at <https://aifs.gov.au/research/research-reports/national-elder-abuse-prevalence-study-final-report>

² The prevalence study excluded "older people without access to a telephone (landline or mobile), residents of institutional premises (e.g. prisons, nursing homes, military bases), people incapable of undertaking an interview due to a physical or health condition and people appearing to be under the influence of drugs or alcohol".

³ Ibid., p. 22.

⁴ Ibid., p. 170.

⁵ Australian Law Reform Commission 2017, *Elder Abuse – A National Legal Response*, Commonwealth of Australia, Sydney. Available at <https://www.alrc.gov.au/publication/elder-abuse-a-national-legal-response-alrc-report-131/>

1.1 Summary of findings for consideration

Findings	Impact
<p>1: Efforts to raise LGBTIQ+ people’s awareness of elder abuse should be rights-based and supported by a Tasmanian charter of human rights.</p>	<p>Consistent with sector calls for Tasmanian legislation, if not surpassed by a National Charter of Human Rights.</p>
<p>2: Efforts to raise awareness of elder abuse among LGBTIQ+ Tasmanians should address LGBTIQ+ people of all ages and refer to both general and LGBTIQ+-specific presentations of elder abuse. They should take particular care to convey the fact that elder abuse is not just physical or sexual. They should also explain that services for people experiencing or at risk of elder abuse are open to people of all sexual orientations and gender identities and are staffed by people who have received comprehensive diversity training, if this is the case. It is further suggested that the Tasmanian Government make such training mandatory for organisations receiving State Government grants with an elder abuse component, and that additional tied funds be included in those grants to cover the cost of such training.</p>	<ul style="list-style-type: none"> • COTA Tasmania has now changed its educational materials to reflect this finding. • Other referral agencies will be advised of the importance of this finding and encouraged to adopt similar changes as best practice. • The Tasmanian Government will need to decide on mandatory elder abuse training for organisations receiving State Government grants with an elder abuse component, subject to government funding.
<p>3: Efforts to raise LGBTIQ+ people’s awareness of elder abuse must be supported by a program to raise the general public’s awareness of cultural abuse (see Section 3.1.2 below) as it relates to older LGBTIQ+ people.</p>	<ul style="list-style-type: none"> • COTA Tasmania has now changed its educational materials to reflect this finding. • Other referral agencies will be advised of the importance of this finding and encouraged to adopt similar changes as best practice.
<p>4: The design of resources that raise awareness of elder abuse among LGBTIQ+ people must be trauma informed.</p>	<p>COTA Tasmania, other local agencies and the Tasmanian Government should incorporate this consideration when designing and delivering future resources.</p>
<p>5: Resources to raise LGBTIQ+ people’s awareness of elder abuse must respond to diversity within the LGBTIQ+ community. There should be overarching resources that speak to LGBTIQ+ people as a whole and take an intersectional approach. However, these need to be supported by additional resources aimed at more narrowly defined audiences.</p>	<p>This consideration is particularly important in the local and national context in ensuring that resources do not take a too broad or too narrow focus.</p>
<p>6: Silver Rainbow training for aged care provider management and staff should be continued and a version developed for LGBTIQ+ people themselves.</p>	<p>The Silver Rainbow <i>LGBTI Aged Care Awareness Training Project</i> is managed by LGBTIQ+ Health Australia and is delivered collaboratively with project partners across every state and</p>

Findings	Impact
	<p>territory in Australia. It is funded by the Commonwealth Department of Health until 2023.</p> <p>This finding will be of specific use to the Tasmanian provider Working it Out (WIO) and LGBTIQ+ Health Australia when negotiating ongoing funding.</p> <p>Additionally, COTA Tasmania will provide awareness and advocacy through the National COTA Federation and Policy Council.</p>
<p>7: Research should be undertaken into how best to improve disclosure provisions <i>and</i> associated institutional responses in aged care.</p>	<p>An important finding for consideration by research institutions collaborating with Residential and In Home Care Aged Care Services.</p>
<p>8: Due to strong concerns in the LGBTIQ+ community about the potential for discrimination and abuse in aged care – concerns this research has found can overwhelm consideration of the potential for elder abuse by family and friends – resources should be developed to raise awareness simultaneously of LGBTIQ+ rights and prevention of abuse with reference to all aspects of later life, including possible aged care arrangements and potential abuse by professionals and staff. Referencing aged care arrangements may help ensure the resources attract attention and address the concerns of older LGBTIQ+ people more successfully than if the resources only discussed elder abuse by family and friends.</p>	<ul style="list-style-type: none"> • COTA Tasmania already includes references to all stages of later life in its educational resources. • Other referral agencies will be advised of the importance of this finding and encouraged to adopt similar changes as best practice.
<p>9: In recognition of potential barriers within the LGBTIQ+ community to contemplating elder abuse by family or friends, it is recommended that a trial be funded to test potential elder-abuse awareness messages with LGBTIQ+ people before implementing a campaign.</p>	<p>COTA Tasmania and WIO to collaborate on a trial to test any drafted promotional materials. This finding is dependent on future funding.</p>
<p>10: The credibility of elder abuse awareness raising will be substantially enhanced if LGBTIQ+ organisations and individuals co-design and deliver it, and LGBTIQ+ people are evident in generalist advertising campaigns. A trusted LGBTIQ+ organisation should be funded to co-design resources and deliver a peer education program to raise LGBTIQ+ people’s awareness of elder abuse.</p>	<p>COTA Tasmania and WIO to collaborate on this finding dependent on future funding for developing resources and conducting peer education.</p>
<p>11: Ensure advertising and other efforts to raise the general public’s awareness of elder abuse and family violence encompass diverse representations of older people, including older LGBTIQ+ people.</p>	<p>The impact of this broad finding is dependent on funding and which agency is developing the material.</p>
<p>12: Resources explaining how ageism can drive elder abuse should be based on an empowerment model that also acknowledges positive aspects of being an older LGBTIQ+ person.</p>	<p>COTA Tasmania, other local agencies and the Tasmanian Government should incorporate</p>

Findings	Impact
	this consideration when designing and delivering future resources.
<p>13: More comprehensive mixed-method research (including quantitative) should be undertaken to better understand how LGBTIQ+ people prepare for and experience ageing, including to what extent they recognise the need to take protective action to minimise their risk of elder abuse, such as putting in place enduring documents and advanced care directives.</p>	<p>This research is recognised as a first step in laying the foundation for future academic partnerships locally or nationally.</p>

2 Glossary⁶

Cisgender

A term describing people whose gender identity corresponds with the cultural expectations based on the sex they were assigned at birth.

Gender

Part of how you understand who you are and how you interact with other people. Many people understand their gender as being female or male. Some people understand their gender as a combination of these or neither. Gender can be expressed in different ways, such as through behaviour or physical appearance.

Intersex

Refers to people with innate genetic, hormonal, or physical sex characteristics that do not conform with medical norms for female or male bodies. Being intersex is a naturally occurring variation in humans and there are lots of ways someone can be intersex.

LGBTIQ+

LGBTIQ+ is an acronym for lesbian, gay, bisexual, transgender, intersex, queer, and questioning and other people of diverse sexual orientations and gender identities. This acronym is widely used and has been adopted by all Tasmanian Government Departments, however there are other terminologies and expressions that people use.

Queer

Queer is a term people often use to express fluid identities and orientations. Some people use queer to describe their own gender and/or sexuality if other terms do not fit. For some people, especially older people, 'queer' has negative connotations, because in the past it was used as a derogatory term.

Sex

The legal status that was initially determined by sex characteristics observed at birth. Sex characteristics are a person's physical sex features such as their chromosomes, hormones, and reproductive organs.

Sexual Orientation

Describes a person's physical, romantic, and/or emotional attraction to another person.

⁶ This glossary was published in Dwyer, A., Grant, R., Mason, R., and Barns, A. 2021, *Just Listen Properly, Like with Intent: LGBTIQ+ Tasmanians: Telling Us the Story*, University of Tasmania, Hobart, p. 2.

Transgender (Trans)

Transgender is an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Transgender people may identify as straight, gay, lesbian, bisexual, etc.

3 Background

3.1 Elder Abuse in Australia

3.1.1 Definitions of Elder abuse

Elder abuse in Tasmania is defined as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person”.⁷ However, the AIFS defined elder abuse somewhat differently in its prevalence study, including relationships where there is a power imbalance as well as relationships where there is an expectation of trust.⁸

In Tasmania, abuse of older people by current or past spouses or intimate partners is both elder abuse and family violence, but elder abuse by other family members such as children is not defined as family violence.

3.1.2 Types of Elder Abuse

Tasmania’s elder abuse strategy lists nine forms of elder abuse: physical, sexual, psychological or emotional, financial, neglect, social, spiritual, cultural and coercive control. Importantly:

Cultural abuse is the assault, challenge, or denial of a person’s cultural identity, of who they are and what they need. Cultural abuse is a distinct issue for Aboriginal older people and members of the CALD and LGBTIQ+ communities.⁹

Several forms of elder abuse are often present at the same time.¹⁰ In the case of older LGBTIQ+ people, additional layers of abuse may be motivated by “hostility towards a person’s sexual orientation or gender identity”, such as threats to “out” the older person.¹¹

3.1.3 Prevalence of Elder Abuse

Slightly fewer than 15% of older people participating in the national prevalence study experienced elder abuse in the 12 months prior to completing its survey. However, the prevalence may be higher, because the study did not capture information about abuse experienced by people who were not living in private dwellings, people without telephones, or people without the cognitive capacity to engage in a survey.¹²

⁷ Department of Premier and Cabinet (Community Partnerships and Priorities) 2023, *Lifelong Respect: Tasmania’s Strategy to end the abuse of older people (Elder Abuse) 2023–2029*, Government of Tasmania, Hobart, p. 6. Available at https://www.elderabuse.tas.gov.au/_data/assets/pdf_file/0019/303832/Lifelong-Respect-Tasmanias-Strategy-to-end-the-abuse-of-older-people.pdf

⁸ Australian Institute of Family Studies, op. cit., p. 17.

⁹ Department of Premier and Cabinet, op. cit., p. 9.

¹⁰ Qu et al., op. cit., p. 30.

¹¹ Australian Law Reform Commission, op. cit., p. 46.

¹² Qu et al., op. cit., p. 22.

According to the prevalence study, the category of people most likely to be abusive towards older Australians are children, intimate partners, children's partners, and grandchildren. Among others who may be abusive towards older Australians are friends, neighbours and acquaintances¹³.

3.1.4 State and National Responses to Elder Abuse

Tasmania's response to elder abuse is overseen by the Statewide Elder Abuse Prevention Advisory Committee (SEAPAC), comprising representatives of Government agencies and community organisations, including COTA Tasmania.

Tasmania's first elder abuse strategy was released in 2011, and the Tasmanian Elder Abuse Helpline, operated by Advocacy Tasmania with funding from the State Government, was established in 2012. The latest iteration of Tasmania's elder abuse strategy, *Lifelong Respect: Tasmania's Strategy to end the abuse of older people (Elder Abuse) 2023–2029*¹⁴ (the Tasmanian strategy) was released on 15 June 2023, World Elder Abuse Awareness Day.

In 2019, the Council of Attorney's General released Australia's first national plan responding to elder abuse. During development of the national plan, Tasmanian community groups provided input as individual organisations and through SEAPAC.¹⁵

3.1.5 Ageism and Elder Abuse

Ageism and elder abuse are related in several important ways. As noted in the World Health Organization's *Global Report on Ageism*:

Ageism may increase the risk of violence being perpetrated against older people...Negative stereotypes of older people (e.g. as dependent and burdensome), prejudices and discrimination dehumanize them and could contribute to making violence against older people more permissible.¹⁶

Both the national plan and the Tasmanian strategy to prevent elder abuse acknowledge a relationship between ageism and elder abuse:

Ageism, and associated negative attitudes towards the experience of ageing, includes perceptions that older people lack worth and make less of a contribution to our society. While this may not cause abuse of older people, it can contribute to an environment in which individuals who abuse older people fail to recognise that their behaviour constitutes abuse; other members of society fail to notice these negative behaviours or take action to stop them; and older people experiencing elder abuse blame themselves and are too ashamed to seek assistance.¹⁷

Ageism also contributes to social isolation,¹⁸ which can also increase the risk that elder abuse will not be detected.

¹³ Qu et al., op. cit.

¹⁴ Department of Premier and Cabinet, op. cit.

¹⁵ Council of Attorneys General 2019, National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023, Attorney-General's Department, Canberra. Available at <https://www.ag.gov.au/rights-and-protections/publications/national-plan-respond-abuse-older-australians-elder-abuse-2019-2023>

¹⁶ World Health Organization 2021, Global Report on Ageism, World Health Organization, Geneva, p. 54. Available at <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combating-ageism/global-report-on-ageism>

¹⁷ Council of Attorneys General, op. cit., p. 5.

¹⁸ World Health Organization 2021 op. cit., p. 52.

Ageism is keenly experienced by women, who report feeling increasingly invisible as they age. And it is believed to play a part in the underreporting of the sexual abuse of older women:

Older women are often represented within society as not being sexual. Therefore, an older woman might not be believed when she talks about an incident of sexual abuse. As a result, the number of reports of sexual assault against women declines with age. However, there's evidence to suggest that sexual assault is under-reported significantly by older women.¹⁹

Ageism is also believed to be partly responsible for increasing rates of sexually transmitted diseases (STIs) among older people around the world:

Older people are...less likely to seek diagnosis and treatment because there is limited information about STDs, a lack of sexual health services for older people and a fear of encountering ageist attitudes towards their sexuality.²⁰

This reluctance to report STDs when older may be heightened if the STD has been contracted through sexual assault. Thus, not only may ageism increase the risk of violence against older people, as noted by the WHO in the above quote, but it has the potential to compound its harms.

For more discussion of experiences of multiple forms of discrimination, abuse and/or trauma, see the "Ageism and Intersectionality" section below.

3.1.6 Awareness of Elder Abuse

Public awareness of elder abuse is generally believed to be low. We will know more when the AIFS delivers the results of subsequent survey funded under the national plan. In the meantime, the Tasmanian Government is raising awareness through advertising campaigns and by funding peer education and information sessions by community organisations such as COTA Tasmania and Advocacy Tasmania.

3.1.7 Elder Abuse Services in Tasmania

Tasmanians seeking assistance in relation to elder abuse are encouraged by Tasmanian Government advertising and other awareness-raising activities, including those of COTA Tasmania, to ring the Tasmanian Elder Abuse Helpline for information and referral to free specialist services. Some older people or their families contact COTA Tasmania in the first instance.

Services for Tasmanians experiencing or at risk of elder abuse include advocacy services provided by Advocacy Tasmania, free legal advice and case management provided by Legal Aid's Senior Assist, and free counselling and mediation provided by Relationships Australia's Elder Relationships Service. In the case of abuse of an older person by a spouse, intimate partner or former intimate partner, Tasmanian family violence services may also be available.

4 LGBTIQ+ Experience

4.1 Abuse and Discrimination Related to Gender or Sexual Orientation

The box below summarises older LGBTIQ+ people's experiences of abuse, mistreatment and discrimination that have been identified in available literature.

¹⁹ Seniors Rights Victoria n.d., "Sexual Abuse", COTA Victoria. Available at <https://seniorsrights.org.au/elder-abuse/sexual-abuse/>

²⁰ World Health Organization 2021, op. cit., p. 50.

Reduced services, inappropriate and/or restrictive services and practices, including inflexible intake and assessment procedures; pressure to “return to the closet” to access services; physical/rough handling; inflexible directives about which toilets to use.^{21 22}

Intentional and repetitive “misgendering” speech and behaviours.^{23 24}

Verbal abuse, inaccurate or derogatory language about gender and sexuality, and phobic jokes.^{25 26}

Negative attitudes and restrictive behaviours demonstrated by family members and others with regard to preferred gender and/or sexual orientation, for example:

- insisting that a person present as a certain gender at gatherings,^{27 28}
- withholding hormone treatment medication;^{29 30}
- denying access to grandchildren on the basis of identity,³¹
- separating same-sex couples in residential aged care facilities,^{32 33} and
- ‘deadnaming’, i.e. referring to a transgender person by their previous name.³⁴

Threats to “out” the older person (and/or reveal other personal or sensitive information relating to gender and/or sexual orientation) if abuse or mistreatment is disclosed to anyone.^{35 36 37}

²¹ Barrett, C. 2018, “LGBTI elders, abuse, discrimination and other difficulties: The Tango Project report on 2017”, p. 3. Available at https://www.lgbtiqhealth.org.au/tango_project_report

²² Allen, C. 2022, “LGBTQ abuse – an often unacknowledged form of elder abuse”, Compass. Available at <https://www.compass.info/audiences/lgbtqia/lgbtq-abuse-often-unacknowledged-form-elder-abuse/>

²³ Barrett, op. cit., p. 3.

²⁴ Australian Association of Gerontology 2019, *Disrespecting LGBTI Identity: A Unique Form of Elder Abuse*, Australian Association of Gerontology, St Kilda, p. 15. Available at <https://www.aag.asn.au/common/Uploaded%20files/AAG/2022/Archive/LQBTI%20Files/Disrespecting-LGBTI-identity-full%20report.pdf>

²⁵ Barrett, op. cit., pp. 2-4.

²⁶ Allen, op. cit.

²⁷ Barrett, op. cit., p. 4.

²⁸ Australian Association of Gerontology, op. cit., p. 19.

²⁹ Family Safety Victoria 2021, *MARAM Practice Guides: Foundation Knowledge Guide – Guidance for Professionals Working with Child or Adult Victim Survivors, and Adults Using Family Violence*, State of Victoria, Melbourne, p. 85. Available at https://content.vic.gov.au/sites/default/files/2021-09/371%20VS%20Full%20Set_0.pdf

³⁰ Hosking, D., Hosking, R., Orthia, L., Ee, N., Maccora, J., and McCallum, J. 2021, “I Don’t Want to be Treated Differently, Just Included”: Listening to LGBT Seniors, National Seniors Australia and LGBTIQ+ Health Australia, Canberra, p.30. Available at <https://nationalseniors.com.au/uploads/LGBT-report.pdf>

³¹ Gutman, G., Robson, C., and Marchbank, J. 2020, “Elder abuse in the LGBT community”, in A. Phelan (ed), *Advances in Elder Abuse Research: Practice, Legislation and Policy*, Springer, Cham, p. 153.

³² Hosking et al., op. cit., p. 30.

³³ National Center on Elder Abuse 2021, “Research brief: mistreatment of lesbian, Gay, bisexual, and transgender (LGBT) elders, National Center on Elder Abuse”, Alhambra, p. 3. Available at https://ncea.acl.gov/getmedia/ed85bf0d-b7a8-4467-80d3-3a5d78898c29/NCEA_RB_LGBT2021.aspx

³⁴ AAG, op. cit., p. 15.

³⁵ Merrick, H. 2022, “LGBTQ Elder Abuse”, Idaho Caregiver Alliance. Available at <https://idahocaregiveralliance.com/2022/06/03/lgbt-elder-abuse/>

³⁶ National Center on Elder Abuse, op. cit., p. 4.

³⁷ Australian Law Reform Commission, op. cit., p. 46.

Where an LGBTIQ+ older person is estranged from family members who do not acknowledge or accept their gender or sexual orientation, social isolation may develop, which can create increased vulnerability to elder abuse.^{38 39} As the ALRC notes, “Older LGBTI people may also be reluctant to disclose their sexual orientation or gender identity to services for fear of discrimination”, and/or services may fail to recognise and include families of choice as family members.⁴⁰

4.2 Trauma, LGBTIQ+ Experience and Elder Abuse

A history of trauma and/or abuse has been identified as a risk factor for elder abuse – specifically psychological or emotional abuse, sexual abuse and financial abuse.⁴¹ This has serious implications for the LGBTIQ+ community, which has higher rates of trauma than the general population.

4.2.1 Trauma and Its Effects

The Australian Childhood Foundation (ACF) provides a useful definition of trauma, as follows:

Trauma is the emotional, psychological and physiological residue left over from heightened stress that accompanies experiences of threat, violence, and life-challenging events. Traumatic experiences overwhelm your capacity to cope. That same capacity is influenced by hundreds of personal variables.⁴²

Potential effects of trauma may include:⁴³

- intrusive thoughts and memories, including “flashbacks”
- sleeping disturbances and nightmares
- hyperarousal or hypo arousal
- emotional dysregulation
- relationship difficulties
- anxiety
- depression.

These may develop following a single distressing event or, alternatively, result from ongoing events. Millan and colleagues explain that:

Complex trauma occurs when traumatic incidents are repeated, or when new, unique traumas continually occur. For instance, complex trauma may occur in families that struggle with domestic violence, addiction, poverty, chronic illness or ongoing community violence.⁴⁴

³⁸ Seniors Rights Victoria 2018, “Elder abuse, gender and sexuality”, COTA Victoria, Melbourne, p.7. Available at <https://seniorsrights.org.au/wp-content/uploads/2021/03/2018May1PolicyEAGenderSexualityDiscussionPaper.pdf>

³⁹ Note: Seniors Rights Victoria identifies older men are being particularly vulnerable to social isolation (ibid., p. 8).

⁴⁰ Australian Law Reform Commission, op. cit., p. 46.

⁴¹ Dean, A. 2019, *Elder Abuse: Key Issues and Emerging Evidence*, Child Family Community Australia, Australian Institute of Family Studies, Southbank. Available at: https://aifs.gov.au/sites/default/files/publication-documents/51_elder_abuse_0_0.pdf

⁴² Thomas, L. 2019, “What is trauma?”, Australian Childhood Foundation, Richmond. Available at <https://professionals.childhood.org.au/prosody/2019/03/what-is-trauma/>

⁴³ Substance Abuse and Mental Health Services Administration 2014, “Understanding the impact of trauma” in *Trauma-Informed Care in Behavioral Health Services*, Substance Abuse and Mental Health Services Administration, Rockville. <https://www.ncbi.nlm.nih.gov/books/NBK207191/>

⁴⁴ Millan, K. n.d., “Trauma and its effect on relationships”, Hartgrove Behavioral Health System. Available at <https://www.hartgrovehospital.com/trauma-effect-relationships/>

4.2.2 Trauma in LGBTIQ+ Communities

According to Livingston and colleagues,⁴⁵ “[e]pidemiological data suggests that individuals who identify as [LGBTQ+] experience trauma, including violence and victimization, at higher rates than the general population”. These authors also note that the prevalence of post-traumatic stress disorder (PTSD) tends to be higher in this community. Moreover, they explain how trauma can intersect with and be compounded by ongoing experiences of marginalisation and discrimination over the lifespan:

In addition to higher rates of trauma exposure and PTSD, LGBTQ individuals may experience added stress as a function of the social attitudes, stigma, and prevailing policies that include lack of protections against discrimination at work, housing, and in public spaces. These stressors can include systemic and institutional oppression, discrimination, and microaggression experiences that serve as persistent reminders of LGBTQ individuals’ minority status. These external and felt social stressors, or “distal stressors,” can condition LGBTQ individuals to anticipate rejection from others, experience shame, and to conceal their minority identity to prevent emotional pain, physical harm, or further trauma(s).⁴⁶

This intersection can have an impact on LGBTIQ+ older people’s willingness to seek help and has implications for service provision (see following section).

4.3 Help-seeking, Elder Abuse and LGBTIQ+ Experience

A troubling finding of the national elder abuse prevalence study was that only 36% of Australians who experience elder abuse seek help from a third party.⁴⁷ Shame, embarrassment, and concern about potential consequences for those demonstrating the abusive behaviour appear to be common barriers to older people asking others for help.⁴⁸

Research suggests help-seeking is likely to be an even more significant challenge for LGBTIQ+ people. This is supported by the findings of an Australian study involving LGBTI older people called *The Tango Project*, some of whose participants expressed concern about reporting or making complaints about experiences, for fear that situations or relationships would worsen as a result. Participants felt a need to “assert their rights more broadly” and “wanted LGBTIphobia in services to be addressed.”⁴⁹

Reluctance to seek help is likely to be even more pronounced if an LGBTIQ+ person has experienced trauma (see previous section). As Horsley explains, “life-long, lived experience of abuse, violence and discrimination can result in a high tolerance of violence in personal relationships and an unwillingness to seek help from services”.⁵⁰ For service providers, it is therefore crucial to ensure intake and assessment processes are sensitive and trauma informed. It is also important for workers to understand how a person’s background and lived experiences may affect their willingness to access support or take action, including reporting to police or making a complaint about elder abuse or discrimination.

⁴⁵ Livingston, N., Berke, D., Scholl, J., Ruben, M. and Shipherd, J.C. 2020, “Addressing diversity in PTSD treatment: Clinical considerations and guidance for the treatment of PTSD in LGBTQ populations”, in *Current Treatment Options in Psychiatry*, vol. 7, p. 54. Available at <https://link.springer.com/article/10.1007/s40501-020-00204-0>

⁴⁶ Ibid., p. 59.

⁴⁷ Qu et al., op. cit.

⁴⁸ Dean, op. cit.

⁴⁹ Barrett, op. cit., p.5.

⁵⁰ Horsley in O’Halloran, K. 2015, “Family violence in an LGBTIQ context”, ACON, Sydney, p. 2. Available at <https://sayitoutloud.org.au/wp-content/uploads/2015/01/Family-violence-in-an-LGBTIQ-context-Kate-OHalloran.pdf>

Lack of suitable and accessible support services are another potential impediment to seeking help, according to the Australian Human Rights Commission: when services are absent or not clearly visible, apprehension about help-seeking and reporting can increase.⁵¹

4.4 Ageism and Intersectionality

There appears to be a dearth of literature about how LGBTIQ+ people perceive and experience ageism. However, an important 2021 study of LGBTIQ+ people in Tasmania found study participants feared being older due to a lack of services and supports for ageing positively as an LGBTIQ+ person – particularly services such as aged care and affordable housing.⁵² Older participants also commented on the hardships they had endured that had paved the way for younger LGBTIQ+ people.⁵³

A recent report by Our Watch, a national organisation supporting the primary prevention of violence against women, has explained how ageism and sexism can intersect with discrimination against LGBTIQ+ people, heightening risk.⁵⁴ Extrapolating from this, it follows that other forms of discrimination and inequality discussed in the Our Watch report could also exacerbate harms caused by ageism and LGBTIQ+ discrimination. These include racism, inequalities of socio-economic status, digital exclusion and/or challenges associated with place of residence, such as lack of services in rural or remote areas.

5 Existing Elder Abuse Prevention Resources for LGBTIQ+ People

At the time of writing, Elder Abuse Tasmania, a website administered by DPAC, did not have a page directly addressing LGBTIQ+ readers.

The Tasmanian Government publishes an online fact sheet for LGBTIQ+ people about family violence⁵⁵, but it is limited to information about intimate partner violence. This is because, as stated earlier, abuse of an older person by a family member who is not a current or former intimate partner is not defined as elder abuse in this State.

Nationally, ACON provides information about elder abuse⁵⁶, family violence, and intimate partner violence on three individual web pages on its *Say It Out Loud* website. The elder abuse page is succinct but comprehensive. It has a section addressed to older people themselves and another addressed to people who may be concerned about someone they know. In both cases, checklists are provided to help the reader understand the kinds of concerns that may warrant action such as ringing the Elder Abuse Helpline, which is listed as a first point of contact.

⁵¹ Australian Human Rights Commission n.d. *Violence, Harassment and Bullying and the LGBTI Communities*, Australian Human Rights Commission, Sydney, p. 4. Available at https://humanrights.gov.au/sites/default/files/content/pdf/bullying/VHB_LGBTI.pdf

⁵² Dwyer et al., op. cit.

⁵³ *ibid.*

⁵⁴ Our Watch 2022, *Preventing Intimate Partner Violence Against Older Women*, Our Watch, Melbourne. Available at <https://www.ourwatch.org.au/resource/preventing-intimate-partner-violence-against-older-women/>

⁵⁵ Safe at Home 2015, “Family violence in same sex relationships”, Tasmanian Government, Hobart. Available at https://www.safeathome.tas.gov.au/_data/assets/pdf_file/0010/567334/Family_violence_in_same-sex_relationships_Sep15.pdf

⁵⁶ ACON 2023, “Abuse of older people”, ACON, Sydney. Available at <https://sayitoutloud.org.au/abusive-relationships/are-you-being-abused/abuse-of-older-people/?state=TAS>.

An interesting project conducted in Canada in 2015-2016⁵⁷ brought younger and older LGBTIQ+ people together to raise awareness of elder abuse through the co-creation of the following online resources:

- five posters, each with an image of an older person and a list of short written descriptions (e.g. “Transgender Woman, Quilter, Engineer, Emotionally ABUSED”) on one side and facts about elder abuse on the other side; and
- three short digital videos, depicting a scenario in which an LGBTIQ+ person is subjected to apparent elder abuse or mistreatment.

The materials were launched to the public at a series of town hall meetings. The journal article reporting on this project does not include a detailed evaluation, but the authors comment on the positive feedback received from participants and local professionals, and the number of requests for presentations and public screenings.

6 Approach Taken in the Study Reported in this Paper

In 2022, Working It Out called for expressions of interest from Older LGBTIQ+ people residing in Tasmania willing to participate in long interviews about elder abuse and ageism. Interested people were sent a detailed information sheet, including sample questions, and a consent form. Six older Tasmanians were interviewed: three lesbians (aged 61, 68 and 73 at the time of interview), a trans woman who is a lesbian (aged 80 at the time of interview), a bisexual man (then aged 67), and an intersex woman who is a lesbian (aged 66 at the time of interview). The interviews were conducted by COTA Tasmania, mentored throughout by Working It Out. As part of this mentorship, a staff member from Working It Out joined the staff member from COTA Tasmania in conducting the first research interview. All interviews were face to face. Interviews for the three participants who lived in southern Tasmania took place at Working It Out’s Hobart office. The other interviews were conducted in regional towns in north-west and central parts of the State. Interviews were recorded and transcribed or partially transcribed. Interviewees were given the opportunity to approve transcripts and notes, or to amend or adjust as they wished. The final transcripts were then read closely to identify themes. These are outlined in the following section, supported by deidentified quotes.

7 Findings for consideration

7.1 Participant Awareness and Experience of Abuse

7.1.1 Summary of Main Types of Abuse of Older People Discussed by Participants

- institutional or systemic abuse of older people based on their sexual orientation or gender identity
- coercive control by family members, including coercive control aimed at preventing an older person from living openly as an LGBTIQ+ person if they wished
- threats or actions by family members or friends to out an older LGBTIQ+ person who has not publicly disclosed their sexual orientation or gender identity
- institutional or systemic abuse of older people of any sexual orientation or gender identity
- elder abuse of older people of any sexual orientation or gender identity, particularly those with cognitive impairment
- being placed in aged care by a family member earlier than one would wish due to cognitive decline.

⁵⁷ Roberson, C., Gutman, G., Marchbank, J., and Blair, K. 2018, “Raising awareness and addressing elder abuse in the LGBT community: An intergenerational arts project”, *Language and Literacy*, vol. 20, no. 3, pp. 46-66.

7.1.2 Personal Experience of Abuse as an Older Person

Only one participant spoke at length about experiencing elder abuse herself, describing her experiences of coercive control,⁵⁸ emotional abuse and financial abuse. In so doing, she raised concerns about misunderstandings of what constitutes abuse. Significantly, she said she had not been aware until late in her marriage that coercive control was a form of abuse, or that some types of mistreatments that were not physical or sexual could still constitute family violence. This participant also said that even had she known of coercive control at that time, she would have assumed family violence services were only available to heterosexual couples:

I would have aligned it with heterosexual couples because they're the ones that get the most publicity. You read in the paper all the time about the man bashing his wife. (IV2)

7.1.3 Concern About Potential Elder Abuse

Several participants who said they had not experienced elder abuse themselves were able to envisage situations in which their own rights might be infringed:

...if I got to the stage that I had to rely on somebody else to do those things for me, possibly I'd be too far gone to appreciate being a member of Friendz [LGBTIQ+ social group] anyway or the groups that I currently go to. But for somebody else to take that right away or that privilege away, I would object to strongly. For me to throw it away is one thing, but for somebody to take it away is quite another. And if I'm cognisant enough to object, I would. (IV1)

Although the following exchange was good humoured, it touched on a genuine concern by IV 5 that her right to make her own accommodation and care choices might be taken away prematurely – a concern exacerbated by contemporary distrust of residential aged care widespread among our participants (see later section):

IV6: She thinks I'm going to put her in a nursing home too early [IV5 laughs]. That's an ongoing discussion we have...Seriously, she does think that I'm going to put her into the nursing home too early...

IV5: Cause she was a psych nurse. She's retired but if I make a mistake doing something she's jumping on it, and because of her training she will pick up the signs of dementia early. So I worry that I'm going to get dementia, because Mum got dementia, and I will end up in care earlier...

7.1.4 Awareness of Elder Abuse in the General Community

Participants had a broad understanding that any older person could be abused. This awareness arose from seeing advertisements for the Tasmanian Elder Abuse Helpline or witnessing abuse of an older person in their own community, as in the following example:

One of the guys I play golf with his wife became an alcoholic and she was really abusing him, giving him a hard time, so in the end he had to move out, but that went on for a long time. I just wished that had stopped earlier. (IV4)

⁵⁸ At the time of interview, coercive control was covered under family violence legislation but was not listed as a form of elder abuse. However, on 15 June 2023 the Tasmanian Government released a new State elder abuse strategy which included coercive control and cultural abuse as forms of elder abuse.

Several participants demonstrated an understanding of the challenges involved in identifying and responding to elder abuse. For example, one participant explained that a family member could hide abuse and deflect concern about an older person by misrepresenting them as cognitively impaired:

When its intra-family, it is so hard to make it visible and control it, because they just say, "Oh, she's getting old, she's losing her marbles, and this is what I'm doing to look after her." And that gets believed so much when in actual fact if they talk to her/him they're quite sane. They know what's going on, they know what they want to do. But the overall picture of them doesn't repeat that outlook. The outlook is, *They're old and frail and a bit mental – I'll look after them.* And that's where a lot of the control has actually germinated...what actually happens within the family is always so secretive and hidden. (IV2)

7.1.5 LGBTIQ+ Related Experiences of Elder Abuse

The participant who described her experience of coercive control (see above) referred to elements of her experience that related to her decision to transition during her marriage:

...it got so bad she actually said to me, if I stop HRT would I become a man again? And I said, "No, it doesn't work like that. If I stop HRT I become a post-menopausal female. That's all that will happen." The other day she says to me, "You're not a man, you're not a woman, you're queer." So she was pretty hurtful. (IV2)

When asked about aspects of elder abuse that might be unique to the LGBTIQ+ community, other participants gave hypothetical examples, such as threats to "out" a person if they didn't submit to a demand:

I could see that that would be made even more powerful – that ability for a family to do that – especially if people aren't out. Don't you? Like, they're not out, you can say, *You dirty lesbian, I'll tell everybody in the community that you're a lesbian.* (IV5)

Additionally, intersectionality was identified as having the potential to compound abuse in later life:

I still feel [elder abuse and ageism towards LGBTIQ+ people] would be different or more extreme because of people's lack of understanding. I do think there'd be a lot more that I'm not aware of that'd be going on. (IV4)

However, one participant felt generational change was likely to be decreasing the incidence of LGBTIQ+-specific elder abuse:

I think there's just so many of us [who are] out, but also so many people who are so beastly careless about it, that I don't think our sexuality is going to be the reason we get abused. (IV3)

Another participant who was single had concerns about what might happen when he became much older but did not consider that an LGBTIQ+ issue:

These matters [decisions about financial matters being taken away] is not an LGBTIQ problem. It's a problem of who controls whose money...You've got to separate out what you're actually objecting to, and what I would be objecting to is somebody taking control away from me, not because I'm gay or whatever but because I'm old and decrepit. (IV1)

7.1.6 Participant Experience of Abuse in Earlier Life

LGBTIQ+ people are more likely to have experienced abuse than people who are not LGBTIQ+ (see above), and life experiences shared by participants during our interviews highlighted the vital importance of a trauma-informed approach to raising awareness of elder abuse.

Two participants in our study related particularly harrowing details of childhood trauma. In one case the child repeatedly witnessed physical violence by his father against his mother and was himself physically abused by the same person. The other participant, who has a variation of sex characteristics (an intersex variation), conveyed her distress at the experience and traumatic legacy of medical procedures carried out before she was old enough to make her own choices, and talked about the extreme insensitivity of hospital staff who spoke about her situation as if she were not present.

7.1.7 Findings for consideration

Abuse experienced or witnessed by older LGBTIQ+ people may be related or unrelated to their sexual orientation or gender identity. At the same time, older LGBTIQ+ people experiencing or witnessing elder abuse may be embedded in communities and families of both LGBTIQ+ and non-LGBTIQ+ people. In addition, those who abuse older LGBTIQ+ people may or may not be LGBTIQ+ themselves. It is also important to always consider that older LGBTIQ+ people being addressed by an elder abuse awareness campaign may have a history of abuse predating any abuse in later life. Therefore:

Finding 1: Efforts to raise LGBTIQ+ people's awareness of elder abuse should be rights-based and supported by a Tasmanian charter of human rights.

Finding 2: Efforts to raise awareness of elder abuse among LGBTIQ+ Tasmanians should address LGBTIQ+ people of all ages and refer to both general and LGBTIQ+-specific presentations of elder abuse. They should take particular care to convey the fact that elder abuse is not just physical or sexual. They should also explain that services for people experiencing or at risk of elder abuse are open to people of all sexual orientations and gender identities and are staffed by people who have received comprehensive diversity training.

Finding 3: Efforts to raise LGBTIQ+ people's awareness of elder abuse must be supported by a program to raise the general public's awareness of cultural abuse (see Section 3.1.2) as it relates to older LGBTIQ+ people.

Finding 4: The design of resources that raise awareness of elder abuse among LGBTIQ+ people must be trauma informed.

7.2 Diversity Within the LGBTIQ+ Community

Participants in our study ranged from lesbian women and a bisexual man to a trans lesbian and a person with an intersex variation who is also a lesbian. Three were currently in a relationship, two had been entirely or mostly single since leaving marriages with heterosexual partners, and one had never been married or in a long-term relationship. With such a diversity of participants, it is not surprising our study found experiences of, and views about, abuse and discrimination can manifest differently, depending on people's sexual orientation and gender as well as their other life experiences. As one participant put it, "You've often got nothing in common with [other queer people] except that they're LGBTI" (IV5).

Diversity was also evident in comments some participants made about intersectionality. For example:

I'm a woman, I'm old and I'm a lesbian...There was a lovely joke by an American Congresswoman at one of her get togethers. She said she's Asian, she's a woman, she's a Buddhist – she named four things that she was, that she represented, and someone in the audience yelled out, But are you gay? And she said, Oh, no-one's perfect. Loved it. (IV3)

Nevertheless, analysis of interviews suggests there are likely to be aspects of elder abuse and/or ageing that are specific or more relevant to people of one LGBTIQ+ sexual orientation or gender identity than another (see, for example, IV2's comments on gender confirming surgery in Section 7.7 below).

7.2.1 Findings for consideration

Finding 5: Resources to raise LGBTIQ+ people's awareness of elder abuse must acknowledge and accommodate diversity within the LGBTIQ+ community. There should be overarching resources that speak to LGBTIQ+ people as a whole and take an intersectional approach. However, these need to be supported by additional resources aimed at more narrowly defined audiences.

7.3 Concerns About Mistreatment of LGBTIQ+ People by Aged Care Institutions or Staff

The study revealed a high level of concern about the potential for abuse of older LGBTIQ+ people in aged care settings, particularly those who are not open about their LGBTIQ+ status:

IV6: Those people that are in the closet have a very small gay community, so I don't know how many people would know he's gay? Three or four. Yeah, not many. So if he goes into a nursing home then he completely loses that whole community as those people move away.

IV5: That's what it's about. You have to hide who you are all the time [if you don't have gay people in your circle].

IV6: I can imagine if you ran into a Christian carer they can do anything really. You just have to look at the stuff online – things that people post.

Even after it was explained that the term "elder abuse" in Tasmania does not strictly encompass abuse by staff and professionals, the participants' conversation often returned to observed or potential discrimination by aged care institutions or staff. Concerns prioritised in participant discourse included:

- Discrimination against LGBTIQ+ people receiving aged care services in the home or residential aged care, which participants' discourse indicated they equated with psychological and/or social elder abuse. Examples included:
 - institutional failure to make opportunities available within residential aged care for LGBTIQ+ residents to socialise with each other, if that was their wish;
 - worker refusal to assist an older LGBTIQ+ person to socialise with other LGBTIQ+ people, if that was their wish;
 - discrimination by aged care workers in the form of neglect of the LGBTIQ+ person.
- attempts by aged care providers to be LGBTIQ+ inclusive that may unintentionally contribute to a sense of anxiety or risk in the older LGBTIQ+ person receiving care (e.g. inviting people to disclose their sexual orientation or gender on intake forms without the implementation of associated measures to ensure that the collection of this sensitive information resulted in benefits for those LGBTIQ+ people who chose to disclose and would not pave the way for mistreatment or neglect by secretly LGBTIQ+-phobic staff).

The level of concern expressed by some participants about the risks of abuse of LGBTIQ+ people in residential aged care and associated failures to protect their rights suggest much more training may be required for aged care providers. However, there was recognition that issues of disclosure on

intake are more complex than aged care providers and regulators may realise and there are unlikely to be easy solutions.

It is noteworthy that LGBTIQ+ people's concerns about aged care may arise long before they are older themselves, and may lead them to envision a private arrangement that would help them to avoid being discriminated against or abused by LGBTIQ+-phobic aged care workers:

It still goes back to people ignoring or people not feeling comfortable with it and so they isolate you, and that's not helping. A group of us when I'd just finished my nursing training in Sydney, there was a doctor who was gay, a couple of my nursing friends, and we always said our project was we were going to have our own nursing home so that gay and lesbians get looked after properly when they're older. So that was always a dream. (IV4)

Participants also raised more general concerns about people living in residential aged care, including concerns that there was insufficient care for residents with physical disabilities.

Several participants expressed an understanding of the differences between abuse by individual staff members and systemic abuse. For example:

I'd still go back to my point that I don't think aged care staff are given enough recognition by the government, by other nurses, and the aged care system does not have the time, as I said, not even feeding the elderly people. So, if anything could change along those lines, just with basic care. And they need better educated and trained staff, so for instance with LGBTI people, so they know about their rights and what happens...The government sometimes looks at nursing homes as god's waiting room, and you're past your use by date, and they don't give them the care that they need, and that does upset me. (IV4)

7.3.1 Findings for consideration

Finding 6: Silver Rainbow training for aged care provider management and staff should be continued and a version developed for LGBTIQ+ people themselves.

Finding 7: Research should be undertaken into how best to improve disclosure provisions *and* associated responses in aged care.

Finding 8: Due to strong concerns in the LGBTIQ+ community about the potential for discrimination and abuse in aged care – concerns this research has found can overwhelm consideration of the potential for elder abuse by family and friends – resources should be developed to raise awareness simultaneously of LGBTIQ+ rights and prevention of abuse with reference to all aspects of later life, including possible aged care arrangements and potential abuse by professionals and staff. Referencing aged care arrangements may help ensure the resources attract the attention and address the concerns of older LGBTIQ+ people more successfully than if the resources only discussed elder abuse by family and friends.

7.4 Barriers to Contemplating Elder Abuse and Ageism Within the LGBTIQ+ Community

There was broad agreement that LGBTIQ+ people would benefit from programs to increase awareness that they, too, could experience abuse in later life. However, even in such a small study, there was evidence of barriers – sometimes apparently subconscious – to contemplating elder abuse, and of risks associated with publicising elder abuse. This suggests there will be communication challenges in raising elder abuse awareness in the LGBTIQ+ community.

- Although one participant had experienced coercive control in a past relationship with a cisgender woman, there was limited evidence that participants could imagine themselves one day experiencing elder abuse from their current intimate partners, other relatives, or friends.
- Although several participants could imagine LGBTIQ+ discrimination being part of elder abuse for people who had not already come out (e.g. threats to out them), participants mostly expressed confidence in their own ability to protect themselves from elder abuse, at least while they had cognitive capacity.
- If potential for a personal risk of future elder was acknowledged, that acknowledgement tended to be understated or oblique.
- One participant suggested that LGBTIQ+ people frequently but mistakenly assume spousal violence does not occur in same-sex relationships.
- Participants demonstrated limited awareness of intersectionality related to the intersection of ageism and LGBTIQ+ discrimination. The participants' understandable concerns about experienced or potential LGBTIQ+ discrimination tended to draw the conversation away from ageism.
- Some participants' discourse suggested the possibility of unacknowledged personal shame. More often, however, participants reported witnessing a sense of shame in an older LGBTIQ+ person they knew.
- People who haven't come out yet or haven't yet transitioned were those for whom the participants expressed most concern.
- Some discursive correlations emerged that may warrant further investigation. For example, two participants who spoke of severe trauma in childhood were also less publicly open about their sexuality and/or gender than the other participants. These people were also single and reported difficulties forming long-term relationships. This is troubling for two reasons: 1. being single is a risk factor for elder abuse, and 2. for LGBTIQ+ people elder abuse can include threats of outing, refusal to allow an LGBTIQ+ person to express their sexuality or gender, and refusal to allow them to interact with LGBTIQ+ organisations and community groups.
- Publicity can be retraumatising. For example, there were several comments about the distress caused to trans participants, cisgender participants, and the broader LGBTIQ+ community by media reports of conflict about trans people in sport. For example:

IV6: Things like the recent anti-trans stuff in the election, that still affects me, because you see those people as part of your family, or part of the community, and just because it's so blatant.

IV5: Stirring up hate.

IV6: Stirring up hate. Even though it's not directed at me, yeah, you just feel for those people really because you can relate to it.

IV5: Well, you know how much psychologically it hurts them.

IV6: Yeah. And it's only one step to include all the gay community in that, or all the queer community in that...

7.4.1 Findings for consideration

Finding 9: In recognition of potential barriers within the LGBTIQ+ community to contemplating elder abuse by family or friends, it is recommended that a trial be funded to test potential elder-abuse awareness messages with LGBTIQ+ people before implementing a campaign to raise awareness.

7.5 A History and Spirit of Trust and Support in the LGBTIQ+ Community

Several participants were optimistic about the potential for members of the LGBTIQ+ community to raise awareness of elder abuse and support older LGBTIQ+ people who might be experiencing abuse.

These participants had a personal history of giving support to members of the LGBTIQ+ community. This information was often conveyed in a story that explained the social and institutional challenges

and barriers other LGBTIQ+ people encounter as well as the support they had received from the participant:

...about once a year on International Women's Day we'd have a rally, and of course I was always the lesbian speaker, and I think that at every rally some young woman would come up to me and say thank you, very shyly, and not really knowing— But I knew what she was saying. She was saying: *Thank you for being so normal and happy and proud.* I had one kid – I cried – she came up to me at a high school and said, “I still can't tell Mum but I'm going to tell my best friend tomorrow. Thank you.” (IV3)

Thirty years ago we were both boys. She had never been out of the house dressed as a girl. She lived alone. She's 84. So I said come down to my house as a girl. Bring clothes with you and get changed in my bedroom as a girl at my house. So she came down with a suitcase and got changed. And we sat and talked and had coffee. And I said, okay, now we're going for a walk together out in public. And that's where it started. We went for a walk around the block. (IV 2)

Some participants were motivated to participate in this study by a willingness to share their own experiences to help others avoid trauma or distress, or to demonstrate by example that a good life was possible:

I feel obliged to share all I can, because it might help somebody else. (IV2)

It is important to note that this was not the case for every participant. Not surprisingly, the stories of participants who had not come out entirely were sometimes more equivocal.

7.5.1 Recommendation

Finding 10: The credibility of elder abuse awareness raising will be substantially enhanced if LGBTIQ+ organisations and individuals co-design and deliver it, and LGBTIQ+ people are evident in generalist advertising campaigns. A trusted LGBTIQ+ organisation should be funded to co-design resources and deliver a peer education program to raise LGBTIQ+ people's awareness of elder abuse.

7.6 Gaps in Generalist Elder Abuse Awareness Campaigns

Gaps in LGBTIQ+ people's knowledge of elder abuse and elder-abuse services may be due in part to the absence of LGBTIQ+ people's faces and voices from generalist awareness-raising initiatives. One participant implied that including LGBTIQ+ people in generalist advertising about elder abuse would increase the likelihood of this message being conveyed effectively.

Advertising on TV's probably good. And inclusive advertising, not just straight people advertising, inclusive advertising. (IV6)

7.6.1 Findings for consideration

Finding 11: Ensure advertising and other efforts to raise the general public's awareness of elder abuse and family violence encompass diverse representations of older people, including older LGBTIQ+ people.

7.7 Participant Views on Ageism

7.7.1 Awareness of Ageism

Participants were aware that people can be discriminated against in the workplace and in social situations because of their age. One participant gave an example of the emotional toll that ageism can take:

I've got a friend who plays golf – she's in her 80s – and she had a bit of trouble at the golf club and one of the people with a title at the golf club gave her a hard time and told her that— she'd got upset with a couple of players and in front of everyone this person had put her down. The golf club was her life and I was so worried about her going home after that, after being humiliated in front of everyone and I rang her and she said, "Thank god you rang me. I was thinking about this and I was thinking about that." And that phone call to her was just when she needed it. And there's so many more out there. (IV4)

Another participant told a story that indicated her awareness that some ageism can be internalised:

The guy that had my unit before me, turns out one of the neighbours...watched the renovations and there's a brand new stove, and he said they would never give him one. And he loved to cook [but was down to one burner]. But it turns out...he never asked. He would never complain, cause he was old and vulnerable and thought if he demanded a new stove he'd be kicked out. And of course I just laughed and said, "Not happening with me, mate". (IV3)

One participant also gave an example of the treatment of older people during COVID. Here the imposed isolation of older people during the pandemic could be regarded as both ageism and systemic abuse:

The thing at the moment is the government has to be held accountable to make sure— For instance, the COVID stuff, I've just recently been in hospital and I noticed that poor elderly people... they were isolated, they didn't have visitors because of COVID, nursing staff didn't seem to spend a lot of time in the room with them, and I blame the system for that. I don't necessarily blame the nursing staff, but that to me is, that isolation is worse than anything else you can do. I know my mum, when she was in the nursing home, the worst thing that could happen to her, when she got isolated because [of] every gastro outbreak, even before COVID, she couldn't stand not being in a room— she loved socialising with the others out in the dining room. And things like that, they just break my heart when I see the elders not getting fed properly in nursing homes. There's no-one there sitting down and talking to them and helping them with their meals and I've seen that happen too." (IV4)

7.7.2 LGBTIQ+ People's Experience of Ageism and Ageing

LGBTIQ+ people may experience ageism in ways similar to, and/or different from, non-LGBTIQ+ people. IV1 was particularly attuned to the fact that ageism and elder abuse can affect people regardless of whether they are part of the LGBTIQ+ community or not:

...you can't tease that away from getting old. You can't say an LGBTIQ person, their rights have been trampled on, whereas a person of the same age, their rights haven't been. I mean, I've not experienced those sorts of problems. (IV1)

In the case of trans people, a comment that might be considered ageism or coercive control when directed towards a cisgender person acquires additional connotations of more serious cultural abuse when directed towards a person who is transitioning or who has already transitioned. This was evident, for example, in IV2's account of being told she should dress like an 80-year-old.

Disentangling ageism and LGBTIQ+ discrimination may be difficult at times, but for IV5 the distinction was usually clear, and the latter was far more hurtful:

I can't think of any instance when I've been discriminated against because I'm a lesbian *and* old, except maybe in the gay community...I'm enjoying exploring that question. But I can

certainly think of times when I've felt discriminated against because I was older. And I've certainly felt discriminated against because I'm a lesbian at times. And I can tell you that they're different. It hurts a lot more to be discriminated against for being a lesbian because when people are discriminating against you being a lesbian it's because they think you're a predator or you're a paedophile or there's something really wrong with you. Whereas if you're discriminated against because you're old, it's just because you're old, and everybody gets old eventually, so it doesn't hurt. It's like, oh this is going to happen to you later too...There are times when I think [there's a lot of ageism in the community] but I think because it happens to everybody it takes the pain out of it. Whereas being lesbian, it's much more specific, and it's dirty and repulsive to people who are homophobic. (IV5)

For trans people, ageism in the medical profession can be a roadblock to gender confirming surgery (GCS):

The only episode where it was significant was where the surgeon in Melbourne refused to do the surgery for the GCS because I was too old. I was over 75. And that was his only reason. He didn't know me, he'd never seen me. He just looked at my age and said, "Yeah, that's it, I won't do it." I thought that was a bit off, because he didn't consider—I sent him a letter that he should consider the ability of who requested the procedure to handle the procedure, not an arbitrary figure that he just draws out of a hat. I didn't get an answer, but I didn't expect one either. (IV2)⁵⁹

Like many older people, LGBTIQ+ people may feel they become invisible as they age.

Well, I disappear. It's funny because not so much on the bus, because they all see I'm old and offer me a seat, but pubs and cafes. Even my local. She can walk past me twice without seeing me, standing at the bar...and it's interesting. We put up with it – less and less do I put up with it... (IV3)

However, some LGBTIQ+ people may view aspects of this ambivalently, as it may also result in less interest from others in their sexual orientation or gender identity.

I guess too, the age thing – a gay mate of mine said it – cause people don't see you as a sexual being anymore – heterosexual or homosexual. It doesn't bother you quite as much because they see you as old and not having sex. That's their problem, not mine. It's ridiculous. Nobody stops having sex. Maybe sex stops being available to them but your bits don't lose their sensitivity just because you're old...[That's ageist stereotyping] that covers all of us, not just gay people." And yet paradoxically at the same time when it's LGBTIQ+ people there's a way in which it's kind-of de-stigmatising. (IV3)

Older LGBTIQ+ people may also feel that they are less concerned about what others think as they age. This may express itself in situations related to their gender identity or sexual orientation, or more generally:

For me it does have something to do with my age, because I might not have called it out [a very dodgy joke] 10 years ago. But like I say, there's a lovely old joke that says, As I got older I thought I was getting more patient. Turns out I just don't give a shit. So maybe we could put that in the column "advantage of age". Because you're much more comfortable in yourself. (IV3)

⁵⁹ IV2 later found a surgeon who did not see her age as an obstacle and performed the surgery.

7.7.3 Findings for consideration

Finding 12: Resources explaining how ageism can drive elder abuse should be based on an empowerment model that also acknowledges potential positive aspects of being an older LGBTIQ+ person.

Finding 13: Further research should be undertaken to better understand how LGBTIQ+ people prepare for and experience ageing, including to what extent they recognise the need to take protective action to minimise their risks of elder abuse, such as putting in place enduring documents and advanced care directives.

8 Conclusion

This research study was based on taking a deep dive into the testimony of six older LGBTIQ+ Tasmanians and understanding their insights into how elder abuse, ageism and LGBTIQ+ discrimination is understood.

While the findings of this report are one step toward addressing the relative absence of LGBTIQ+ people in research about elder abuse, the qualitative information provided has shaped thirteen important findings for consideration.

The findings address the critical advocacy, awareness, training, further research and funding required to fully address the prevalence and prevention of the abuse of older LGBTIQ+ people.

Of particular importance is ensuring a partnership approach by organisations to achieve common goals, and that inclusive co-design methods are established together with older LGBTIQ+ people and embedded in all aspects.

The results of this study will help inform the development and distribution of elder abuse information and resources for LGBTIQ+ Tasmanians and the general Tasmanian population. The results are also a valuable contribution toward assisting governments and organisations locally and nationally in addressing gaps and challenges, and in seeking to develop innovative and collaborative responses to a serious human rights issue.

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