

LGBTQ+ Older People, Abuse and Violence - Invisible Voices?

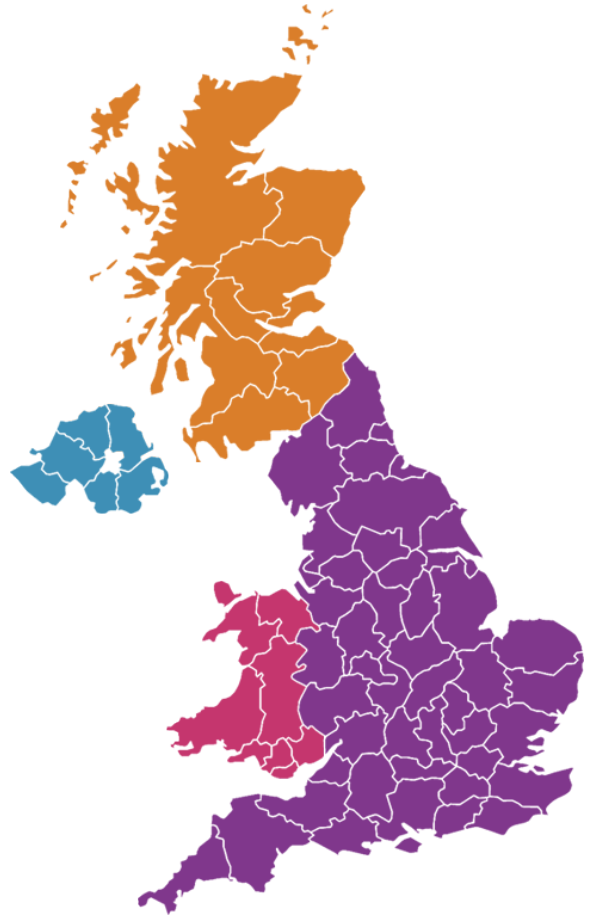


Policy Brief:
March 2026

LGBTQ+ Older Abuse and Violence – Invisible Voices?

KEY INSIGHTS

- **There are unique and intersectional effects of abuse affecting older LGBTQ+ people**
- **Older LGBTQ+ people may suffer from homophobia at care and nursing homes and re-closet themselves**
- **There are a lack of support services specialised to deal with abuse affecting older LGBTQ+ people.**



Recommendations

- **The development of specific multiagency LGBTQ+ cultural competency and abuse related training for practitioners in the NHS, social care sphere, and justice system.**
- **Ringfenced and long-term funding and support for by and for and specialist older person LGBTQ+ support organisations**
- **Pilot scheme for development of specialist LGBTQ+ care and nursing homes.**
- **Specialist services who support older people should recognise LGBTQ+ people as group at risk of domestic abuse and develop targeted responses to violence that fit the unique needs of each age group.**

LGBTQ+ Older Abuse and Violence – Invisible Voices?

POLICY PROBLEM

In 2018, Noel Glynn was abused by staff at the Albany Lodge Nursing Home in Croydon. Suffering from dementia, Noel was asked if he was gay, dragged into a room, and beat and burnt with a cigarette. Psychological abuse centred around “outing” Noel also occurred, with his partner Ted Brown (a pioneering activist in the UK’s LGBTQ+ and Pride movements) being referred to as Glynn’s “friend.”¹

The story of Noel’s abuse and his decade long relationship with Ted was made into the award-winning 2023 documentary *Ted and Noel*, broadening awareness and sounding an alarm to the issues that many older LGBTQ+ people face in care and nursing homes.² However, there remains an extremely limited body of research and attention focused on the needs and barriers to support for older LGBTQ+ victims of abuse and violence, as well as an inadequate focus from policymakers and the general public. All older people deserve specialist support and attention, no matter what gender or sexuality and this policy brief seeks to explore the unique dynamics and needs of LGBTQ+ older victim-survivors.

While the use of the term LGBTQ+ is used as a broader distinction throughout this piece to label gender and sexual constructs which are not hetero-normative, it is worth addressing that there is a risk though its use of homogenising the individual experiences under a collective acronym. Each group of older people under this banner have specific needs and barriers within the context of abuse, and a focus on the totality of LGBTQ+ older people may limit understandings and the development of specific policy, best practice, and legislation.

Much as with the abuse of older people in general, comprehension of the prevalence of abuse affecting older LGBTQ+ people is lacking, though the limited data that exists suggests a high level of victimisation among the community. A lack of prevalence understanding can be linked both to wider data collection issues affecting all older people, gendered, heteronormative, and ageist focuses on younger female victimisation, as well as unique and specific aspects of disclosure for older LGBTQ+. A recent UK study found significant gaps in knowledge and understanding about older LGBTQ+ people’s experiences of abuse, in part to do with intersectionality of identities and ‘polyvictimisation’³ Notably, as few services exist or cater specifically for LGBTQ+ adults over 60, accessing such a hard to reach group is a key barrier to building an evidence base or an understanding of abuse, and the academic literature that does exist on older victim-survivors focuses more on caregivers in nursing and care homes as opposed to abuse perpetrated by intimate partners, sons/daughters, or other family members.

Grossmann et al reported on a study of abuse among 113 lesbian, gay, and bisexual older adults aged between 60 and 88 years, over a fifth of those revealed that they had suffered physical, sexual, verbal, economic abuse and neglect by caregivers.⁴ Fredriksen-Goldsen, et al in a study of 2560 LGBTQ+ older adults, found that 82% of participants reported suffering victimisation at least once, and 64% at least three times in their lives.⁵ Bloeman et al

noted that 60% of LGBTQ+ adults over age 60 reported that they had suffered psychological abuse from a caregiver.⁶ Galop's 2020 report 'LGBT+ people's experiences of domestic abuse', states that victims/survivors over the age of 50 report the highest levels of abuse across all types of abuse, regardless of whether the perpetrator is a family member or intimate partner.⁷

As Sue Westwood and others note, the abuse of LGBTQ+ older people can be broken down into three sub categories,⁸

- Age related abuse of older people who are also LGBTQ+
- Homophobic, biphobic, and/or transphobic abuse.
- Abuse that is associated with the intersections of older age and homophobia, biphobia, and/or transphobia.⁹

While the abuse of LGBTQ+ older people include commonalities with the abuse of older people in general, there are also specific barriers to seeking help for domestic violence LGBTQ+ older victims. LGBTQ+ victims can encounter both stigma and lack of understanding of the problem of LGBTQ+ domestic violence.¹⁰

People within in the LGBTQ+ community may have had experiences of discriminatory sexual and gender attitudes towards them throughout their life span, and this does not stop during older age, but conversely may become more pronounced due to age related vulnerabilities, a lessened ability to avoid/to negotiate against such attitudes, and a higher chance of exposure to such attitudes within care settings.¹¹As such, older LGBTQ+ people who had come "out" earlier in their lives, may have stopped being "out" in any or all contexts due to a fear of discrimination.¹²

A qualitative research study with older LGBTQ+ people in the UK found that as with people from BAME backgrounds, the intersectionality of identities contributes to different conceptualisations of abuse, as well as different experiences with generalist abuse support services, as well as police and healthcare providers. These included social isolation due to stigma, internalisation of discrimination, and the intersection of discrimination from multiple minority identities (ie LGBTQ+ and age).¹³

A recent Dewis Choice report exploring the lived experience of older lesbian, gay, and bisexual adults sheds further light on a lack of understanding by support services, linked to a feeling of invisibility and otherness that LGBTQ+ older victim-survivors may feel themselves to have within a help seeking sphere.¹⁴

Key to this was a view of a heteronormative narrative and perception being common in generic support services, combined with ageism – notably that domestic abuse only happened by a man to a women, to younger women, that either all older people were heterosexual, or that sexuality in general was not a feature post 60.¹⁵ Stereotypical and ageist notions around sexuality and sexual abuse exclude all older victim survivors, but the added dimensions of heteronormativity and heterosexuality as a given may be oppressive and exclusionary to LGBTQ+ older people seeking help and can lead to reluctance to report domestic abuse, and sexual assault and rape offences, as well as an increased disbelief in victim-survivors' stories from law enforcement and support agencies.¹⁶

While isolation can be a prominent risk factor for all older people in cases of abuse, as well as additionally being an effect of abuse and violence (used both a tool by the perpetrator, but also self-neglect by the victim-survivor post abuse.), older LGBTQ+ adults are at higher risk of isolation compared to their heterosexual/cisgender peers. Isolation

for older LGBTQ+ people may also be linked both to geographical location, but also to the lack of familial support which is more common for older people from the LGBTQ+ community.¹⁷ While familial relationships may have fractured earlier in life, for those who “come out” in older age, rejection by their children can be especially challenging, abusive, and harmful.

“They would stand up for any gay person, but if I was to say anything about being a lesbian, my daughter would say ‘You dyke’ or something rude.... I mean, my daughter’s best friend is a gay man. But they don’t want their mother to be gay.”¹⁸

Because of conservative and traditional social norms, many older LGBTQ+ people may also choose to hide their sexuality from similarly aged friends and neighbours, or be excluded due to homophobic attitudes, and face isolation and barriers to help and support because of this – Susan Westwood relays the experience of Les, a 64-year-old cis-gender gay man suffering from homophobic abuse at his sheltered housing

“there were shouts of ‘Poof, poof’... over three years of abuse.... It never became physical, thank goodness, although there was one threat of that. Just shouted abuse day or night.”¹⁹

And Sally, a 73-year-old cis-gender lesbian women who came out to a close friend and was shunned, excluded, and abused.

“She had wanted to tell her friend ‘because I felt she didn’t really know me’, but they subsequently ceased be friends. She was told not to attend the funeral of a heterosexual neighbour because she was gay. One neighbour put a note through her door saying she didn’t want to have anything more to do her because she was a lesbian. Another rang her up and said, ‘Drop Dead’.”²⁰

As noted above, older LGBTQ+ adults, may have an additional barrier from having faced discriminatory abuse related to their sexual and/or gender identity across their lives by organisations including the police and health care providers,²¹ and may become fearful of dealing with these organisations in older age – especially in criminal justice or age-related care contexts. Older gay men, like all older male victim survivors may also suffer the fear of not being taken seriously, or not being believed,²² or being seen to be the perpetrator of violence by criminal justice and health organisations.²³

For all older people, there is a risk of abuse and harm at institutional care and nursing homes, but this risk is amplified for LGBTQ+ older adults. In the recent national study “Still Here, Still Proud: The LGBTQ+ Eldercare Crisis” over 70% of LGBTQ+ elders said they would rather stay at home alone than move into a mainstream care home and 85% of respondents said they would not feel safe being open about being LGBTQ+ in a typical UK care home.²⁴ Many of the concerns may be related to the standard of care in general,

“I can’t imagine anything worse to be in hell hole in the armpit of a care home, where I’m abused or neglected. I’d rather die, thank you!”²⁵

While more so, older LGBTQ+ people express fear related to a lack of understanding by care practitioners due to gender or sexuality, whether this is due to a lack of effective training, or because of homophobic/biphobic/transphobic views expressed and held by care practitioners.

"I worry that caregivers will not be experienced in dealing with trans bodies and health issues and I will at best not get the care I need and at worst be ridiculed, mocked or ignored because of the state of my body" ²⁶*

"There was one gay resident in the home, staff were so cruel to them, some staff treated this poor man as if he had something catching. I saw one staff member spit on this man whilst telling him to repent as he was a filthy pervert. Another staff member slapped this man around the back of his head, really hard. I reported it, I was horrified. The staff started shouting at me are you a pervert lover? Are you gay? Nothing was done, I went to the authorities and left"²⁷

In a report titled "Stripped of all Pride", Compassion in Care documented 486 reports of homophobic abuse in care settings and of LGBTQ+ staff who were afraid to disclose their sexuality.²⁸ This is likely only the tip of the iceberg.

Specialist support and attention is sorely needed to support older LGBTQ+ adults. Care, help, and empathy no matter one's gender or sexuality, not homophobia, ignorance, or invisibility.

Recommendations

- **The development of specific multiagency LGBTQ+ cultural competency and abuse related training for practitioners in the NHS, social care sphere, and justice system.**
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